

IMAGINING THE POSSIBILITIES OF CARE IN OLD AGE: PERSPECTIVES OF
OLDER FILIPINO CARE WORKERS

A Thesis Submitted to the Committee on Graduate Studies
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ABSTRACT

Imagining the Possibilities of Care in Old Age: Perspectives of Older Filipino Care Workers
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Filipino immigrant care workers play a critical role in Canada's eldercare systems. Yet, little is known about their aging experiences and eldercare desires. This thesis draws on a qualitative study that employed a life history narrative approach (Brotman et al., 2020) to conduct five in-depth, semi-structured interviews with older Filipino immigrants (ages 59-80) employed in Canada's community-based and residential senior care settings. The purpose of this study was to understand how the transitions and trajectories in their respective life courses influence their own eldercare desires in old age. Ferrer and colleague's (2017) intersectional life course perspective was used to contextualize each participant's lived experiences, revealing how social, economic and cultural processes throughout the life course influence how they dream of care. Analysis revealed that older Filipino immigrant care workers dream of ideal eldercare in three ways: (1) aging across place; (2) through their networks of care; and (3) aging elsewhere.

Keywords: Intersectional life course, life history narrative, aging, care, Filipino immigrant care workers.

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Table 1: Research Participants

Chapter 1: Introduction

I grew up as the child of a Filipino immigrant who immersed me in the culture early in life. As a toddler, my mother hired my cousin from the Philippines through the Live-In Caregiver Program (LCP) to care for me. I spent weekends visiting my aunties in Toronto, Ontario. Whether we were at a park, beach, church or auntie's apartment, I was surrounded by Filipino immigrants, many who immigrated to Canada through labour programs such as the LCP in search of a better life. As a child and young adult, the history of migration among my Filipino family always seemed unknowable. My mother is the youngest of seven children who immigrated to Canada when she was 16 years old with my Lola (grandmother) through the sponsorship of her eldest sister. But that was all I knew. I remember being at these Filipino gatherings wondering, "I have seen this person a lot but how are they related to me or how does my mom know them?" When I was young, I believed my family was extremely large, I thought of all these women as my aunties and manangs.¹ But as I got older and began to talk about our family with my mother, she clarified that these people who I often thought of as biological family members were often care and domestic workers that became 'like family' to us. This is when my mother recalled a time in the mid to late 1980s where her eldest sister's one bedroom apartment in the St. James Town neighbourhood of Toronto, Ontario where she was living became a site of respite for live-in caregivers to spend the weekends away from their employers. This continued during the early years of my life in the 2000s with other live-in caregivers. I always sensed how important community was for my Filipino family. We always cared for each other by providing care to the children, the elderly, and

to anyone in need. My understanding of care and community among Filipino immigrants from my personal experiences inspired my thesis research.

Immigrant care workers play a vital role in Canada's older adult care sector (Atanackovic & Bourgeault, 2013). There is a long history in Canada of the recruitment and hiring of nurses, 'nannies,' 'maids,' and 'servants' from the Philippines who provide care for children, older adults, and people with disabilities (see Damasco, 2012; Cabanda, 2020; Novek, 2013; Oklikah et al., 2024). Canada has used labour and immigration schemes to attract care workers from the Global South to fill labour shortages in the care and domestic economies where labour is often undervalued, feminized, and racialized (Lightman, 2021). Filipino immigrant care workers provided care to older adults in private homes (Bourgeault et al., 2010) and Long-Term Residential Care (LTRC) homes such as nursing homes (Novek, 2013). Yet, little is known about the care needs of former and current older Filipino immigrant care workers as they age (Ferrer, 2017). Life course frameworks suggest that the life course of individuals is shaped by the transitions and trajectories such as job changes, marriages and separations, having children, migration, and retirement (Quadagno, 2022). Therefore, this thesis asks: How do transitions and trajectories in the life course affect the current lived experiences of older Filipino care workers? And: How do older Filipino retired care workers envision their care in the future? In Canada, there are persisting stereotypes that Filipino women are ideal caregivers as they are obedient, nurturing, and compliant (Khan, 2009; Tungohan, 2021). Yet, their assumed ethic of care is only leveraged to provide direct care to patients and clients, without considering their unique perspectives on how to improve eldercare. It is expected that older Filipino immigrants care workers who have years of experience

providing care to older adults will have unique perspectives on improving eldercare that have not been previously explored. These ideas of ideal care in old age are analyzed and used to make suggestions on Aging in Place policies and the delivery of LTRC.

This introductory chapter will set the foundations for my research. I provide an overview of labour and immigration programs, particularly the Foreign Domestic Movement and the Live-In Caregiver Program, which facilitated the influx of many Filipino caregivers to arrive in Canada to provide care for children, older adults, and people with disabilities. Then, the literature review will explain the previous research on aging Filipinos in Canada, with specific attention to older Filipino care workers and care relationships. The landscape of Canadian eldercare is presented through two primary approaches: Aging in Place and Long-Term Residential Care (LTRC). Finally, I explain the intersectional life course perspective guiding this study.

Immigration Context

Foreign Domestic Movement (FDM), 1981-1992

In 1981, the Canadian government introduced the Foreign Domestic Movement (FDM) program. This was a revised policy to address the disposability of racialized migrant labour and lack of permanent residency and citizenship avenues in the previous Temporary Employment Authorization Program of 1973 (Bakan & Stasiulis, 1994). The FDM program was designed to use migrant labour to address shortage of childcare workers (Bourgeault et al., 2010). This program allowed foreign domestic workers to apply for permanent, landed immigrant status after two years of live-in employment (Bakan & Stasiulis, 1994). To apply for permanent residency, the worker must "... prove their 'personal suitability,' 'cultural adaptation,' and 'self- and financial sufficiency' ..."

(Hsiung & Nichol, 2010, p. 768). If the worker unsuccessfully met the requirements on three occasions, they would be forced to return to their country of origin under law (Bakan & Stasiulis, 1994). During the 1980s, FDM workers were not explicitly protected by the Human Rights Code and were not allowed to engage in collective bargaining (Hsiung & Nichol, 2010). This made it difficult for FDM workers to lobby for better working conditions and permanent residency status, contributing to the precariousness of working in Canada.

Live-In Caregiver Program (LCP), 1992-2014

The Live-In Caregiver program (LCP) replaced the Foreign Domestic Movement program in 1992 to primarily attract migrant workers to care for older adults and people with disabilities (Bourgeault, 2010). The LCP is a stream of the general Temporary Foreign Workers Program (TFWP) designed to address labour shortages of workers who do in-home care and domestic labour in private households (Fudge, 2011). Many of these live-in caregivers who migrated to Canada between 1992 and 2006 were women from the Philippines (Spitzer & Torres, 2008). The LCP is also a highly gendered program, supporting predominantly female applicants. For example, in 2005, only 5% of workers admitted through the LCP were men (Fudge, 2011). The requirements to enter Canada through the LCP were more restrictive than the previous FDM program in two ways. First, LCP applicants must complete their two-year, full time live-in requirement within three years of arriving to Canada. Second, LCP applicants must have the equivalent of a Canadian high school education and one-year paid work experience related to the care work assigned in Canada (Bourgeault et al., 2010). In 2014, the government altered the LCP to remove the 'live-in' requirement and limited the number of permanent residencies

granted (Banerjee et al., 2018). At this time, caregivers could no longer apply to the LCP; rather, they would apply under the TFWP for a two-year permit (Drolet, 2016). The LCP's recruitment and migration were managed by the federal government but turned to provincial jurisdiction once the worker arrived in Canada. Therefore, there were inconsistencies in labour laws across the provinces and territories, as well as difficulties regulating work inside private homes (Bakan, 2016). Furthermore, the opportunity to apply for permanent residency after two full years of live-in employment within three years makes this TFWP unique because it offers a pathway to citizenship. Over 90% of foreign domestic workers who enter through the LCP applied for permanent residency, and 98% of applicants were successful (Fudge, 2011). Although LCP applicants could apply for permanent residency after completing the eligibility requirements, the pathway to this point and afterwards are often characterized by exploitation and hardship (Oklikah et al., 2024).

Stereotypical ideas that position Filipino woman as docile and submissive (Tungohan, 2021), along with the precariousness of working within a private home outside the regulatory state gaze contributed to the abuse and oppression that Filipino live-in caregivers faced (Nyaga & Torres, 2017). Permanent residency is argued as a tool for white families to control, oppress and manipulate their live-in caregivers (Nyaga & Torres, 2017). It is easy for the employer to terminate the contract for reasons such as simply not liking the work of the caregiver (Nyaga & Torres, 2017). If an employer terminated a contract, it was upon the individual caregiver with limited assistance from recruitment agencies to find a new employer and complete their two-year, full time live-in requirement within three years or risk losing the opportunity to gain permanent

residency (Bonifacio, 2008). Furthermore, LCP workers often faced economic disadvantages associated with living-in their employer's home. Although LCP workers had the advantage of reduced living expenses such as not needing to pay rent, this idea that workers were given some kind of shelter allowed employers to pay them lower than a live-out worker performing the same type of work (Khan, 2009). In many cases, LCP workers worked below the provincial minimum wage, and were subjected to unpaid overtime, abusive employers, and/or sexual harassment (Bonifacio, 2008). LCP workers were also denied or delayed public health insurance and excluded from provincial occupational health and safety legislations (Khan, 2009). Many Filipino LCP workers reported experiencing stress and mental health challenges associated with separation from their families. This lengthy separation of “mothering from a distance” to children left behind in the Philippines left Filipino LCP workers longing for reunification (Bonifacio, 2008). This background understanding of the immigration pathways for Filipino immigrants is a critical and pivotal part of the life course. These hardships and experiences of precarity may have lasting effects on Filipinos as they age.

Migrant Bodies as Disposable

The difficulty for Filipino care and domestic workers to obtain permanent residency status during the 1970s and 1980s in Canada has been depicted as the disposability of migrant labour that dominated and continues to dominate Canada's settler colonial nation. Migrant disposability situates temporary foreign workers as good enough to work in Canada for their flexible and cheap labour, but unfit to settle here, rendering them as 'human waste' (Stasiulis, 2020). Many domestic workers who immigrated to Canada through the LCP faced downward mobility and de-skilling, and

contract violations such as non-payment of salary, unpaid overtime, substandard housing, and insufficient food provision (Spitzer & Torres, 2008). Even though programs such as the LCP allowed individuals to apply for permanent residency, the working years leading up to the eligibility to apply treated these care and domestic workers as disposable. Furthermore, the inadequacy of retirement provision for retired domestic workers illuminates that this idea of migrants as disposable continues into retirement (Ferrer, 2017). Even though many Filipino immigrants contributed invaluable care and domestic work to Canadian society, the retirement provisions are not enough to support their basic needs for survival. Furthermore, Tungohan's (2023a) research demonstrates the ways that migrant care workers have been lobbying Canadian policy makers, as well as the everyday ways that communities of migrant domestic workers care for each other. More research is needed on how older Filipino care workers enact agency in their everyday lives, as well as opportunities to examine their community involvement to challenge the idea that they are disposable as they retire from the workforce. Equal attention could examine the policies and systems of domination, such as the inadequacy of retirement provisions, that render retired domestic workers as disposable and 'human waste.' Even though many retired Filipino domestic workers were offered a pathway to permanent residency and citizenship, the systems of oppression and structures of society may render this marginalized population as disposable and unworthy of a good old age (Ferrer, 2017; Ferrer et al., 2017b).

Literature Review

Despite decades of immigration programs that supported many Filipinos to immigrate to Canada as care and domestic workers, much research has focused on

Filipino immigrants during their working years (see: Cohen, 2000; Ronquillo, 2011; Pratt et al., 2020; Wang & Sangalang, 2005). Research is scarce on the aging experiences of Filipino immigrants, especially of those who have spent many years caring for older adults, children and disabled people. Current literature on older Filipino immigrants identifies recurring themes such as reciprocity and the importance of intergenerational and transnational relationships (Ferrer et al., 2017a; Alama, 2009; Koehn et al., 2022), and economic insecurity and poverty in old age (Coloma et al., 2013; Coloma & Pino, 2016; Ferrer, 2017). This body of knowledge reveals social and cultural processes of aging among Filipino immigrants in Canada, as well as the economic barriers to aging post-retirement, particularly for retired Filipino care workers.

Intergenerational care and support are a key practice of transnational immigrant families (Franciso-Menchavez, 2018). Older immigrants in Canada often play an important caring role in the lives of their adult children's lives by providing childcare to their grandchildren and performing household duties (Mandell et al., 2015). Ferrer et al. (2017a) describe this relationship among Filipino families as 'reconfigured reciprocity' which critiques the dominant perspective of filial piety that focuses on adult children who care for their older parents as an obligation to give back and respect their parents. Reconfigured reciprocity views older adults beyond passive receivers of care to consider them as active providers of care across generations, geographic locations, borders, and time (Ferrer et al., 2017a). For example, some older Filipino immigrants care for their grandchildren to allow their adult children to maintain employment (Ferrer et al., 2017a). This intergenerational exchange maintains relationships between grandparents and grandchildren but also creates isolation and loneliness as well (Kobayashi & Khan,

2021). One older Filipino retired domestic worker who lives with her daughter and grandchild describes their mutual care relationship as strained yet beneficial. In return for providing childcare support, her daughter provides housing because her retirement pension is not enough to support the cost of living if she lived by herself (Ferrer et al., 2017a). Immigration to Canada has shifted these notions that adult children are supposed to care for their aging parents to represent a more circular and reciprocal relationship where care is mutual and even passed down to the grandchildren. These reciprocal intergenerational relationships are important aspects of the aging process for older Filipino immigrants. Furthermore, remittances sent back to the Philippines by Filipinos in Canada are an example how Filipinos maintain transnational relationships into old age. Financial remittances through their working years, coupled with working in low-paying sectors with limited pensions, could severely affect the individual savings leftover once they retire (Ferrer et al., 2017a). However, financial remittances and balikbayan boxes² sent to family in the Philippines are an important way that older Filipino immigrants in Canada contribute to and support their transnational families (Ferrer et al., 2017a). Furthermore, older Filipinos have discussed how members of the community become 'like family' (Ferrer et al., 2017a). This might look like a social support network that offers information about services in the community, opportunities for under the table employment, and assists each other with basic care needs (Ferrer et al., 2017a). Ferrer et al. (2017a) argue that these reciprocal relationships of care reflect the need for advocacy and social group networks to support older Filipinos identified needs, as well as funding and spaces to support mutual relationships, especially within the community.

Economic insecurity is often identified among immigrant care workers in Canada generally (Lightman & Akbary, 2023) and older Filipino immigrants specifically (Coloma & Pino, 2016; Ferrer, 2017). Women who immigrate to Canada through care worker programs such as the LCP are more likely to live in poverty after the age of 65 as they often work in lower paying and precarious jobs with less private savings and pensions (Lightman & Akbary, 2023). This class of immigrants are also more likely to continue working in their older age (Lightman & Akbary, 2023). Older Filipino care workers often resort to working in the informal and underground economies to supplement their pensions that are inadequate to meet their basic needs (Ferrer, 2017). This can include part-time work and babysitting grandchildren (Coloma & Pino, 2016). One 64-year-old Filipino explains how she works part-time doing domestic work for three different employers to supplement her full-time position working in a food-processing factory (Ferrer, 2017). Furthermore, a study of 250 older Filipinos in Toronto, Ontario found that 7 in 10 live in poverty (Coloma & Pino, 2016). Moreover, families who sponsor their relatives from the Philippines must sign an ‘undertaking’ to provide full financial support and basic necessities for over 10 years, making older immigrants ineligible for social assistance. Older people who immigrate through categories such as the Supervisa (temporary visa for family members) are also ineligible for social assistance (Coloma & Pino, 2016). Coloma & Pino (2016) argue there are strong implications for older Filipinos’ economic status in old age based on when they migrate, through which program, and their age of arrival. Together, these studies demonstrate the relationship between the economic situations of older Filipinos and their immigration

pathways, occupations, and the state-run financial and social assistance programs that aid older people.

While immensely valuable, the literature on older Filipinos has insufficiently provided a comprehensive understanding of what it is like to age in Canada as an immigrant from the Philippines. These studies highlight the importance of hearing the voices of older Filipino immigrants to understand their precarious situations, especially related to economic insecurity. However, a noticeable gap in the research fails to discuss the ways older Filipinos would feel better supported into their old age in relation to structural changes or improvements. Furthermore, the research on older Filipinos, especially care and domestic workers, tends to focus on women as female Filipino domestic workers dominated the LCP due to its gendered nature and requirement to live within the employer's home. This reiterates the gendered notion that women are more often found within the private sphere (Nyaga & Torres, 2017). However, Filipino men often take on care work jobs including within the private sphere due to the difficulties attaining a white-collar job (Nyaga & Torres, 2017). Yet, little is known on the experiences of Filipino men as they age, especially those who work in care and domestic economies, as the research tends to focus mainly on older Filipino women. The current literature also focuses on older Filipinos living in urban cities such as Toronto, Ontario and Montreal, Quebec. This is important because these urban cities are primary destinations for Filipino immigrants (Lusis, 2005). However, there is little to no research on the aging experiences of older Filipinos on the outskirts of the cities or in rural communities. Therefore, understanding the experiences of older Filipinos in Canada could benefit from focusing on the needs from the individuals' perspectives, including a

more diverse gender analysis, and extending the research geographically beyond the urban cities.

Aging in Place

A review of ‘aging in place’ in gerontological literature reveals the absence of a clear definition of what it means to age in place, other than broadly referring to independently living at home and in community to avoid institutionalization in a long-term residential setting (Bigonnesse & Chaudhury, 2020). Even with an unclear encompassing definition of what it means to age in place, the perspectives of older adults are often absent from meaning-making (Bigonnesse & Chaudhury, 2020). Aging in place, or aging at home and avoiding institutionalization, is rooted in neoliberal ideology, and ideas of ‘successful,’ ‘productive,’ and ‘active’ aging where individuals are personally responsible for their aging (Settersten, 2021). Yet, existing aging in place policies demonstrate an urgency to address the growing number of older Canadians (Dalmer, 2019). Aging in place/at home strategies are also being used by provincial governments and health care ministries and agencies as a solution to reduce health care spending within an aging society (Marier, 2021b). The demographics of Canada show a trend of a growing aging and immigration population. For example, the 65 years and older age group is projected to increase at the fastest pace compared to other age groups almost every year until 2073 (Statistics Canada, 2024). With increasing immigration, 30% of all seniors in Canada are foreign-born and the population of visible minorities among seniors has grown from 2% of the Canadian senior population in 1981 to 8.1% in 2011 (Employment and Social Development Canada, 2018). Despite an increase in older immigrants in Canada, there is a lack of research on older immigrants’ perceptions,

preferences for and understandings of aging in place and how they policies and programs could benefit older immigrants (Au et al., 2024).

While there is a lack of comprehensive studies that specifically address age-friendly and aging in place/at home policies among older Filipino immigrants, there are other studies that point to the limitations of age-friendly and aging in place policies for immigrants and racialized minorities. Salma and Salami (2020) identify three themes that encompass the benefits and barriers of aging in Canada for Muslim older adults: (1) aging while living across places; (2) negotiating access to aging-supportive resources in a time of scarcity; and (3) re-envisioning Islamic approaches to eldercare. In this study, older adults acknowledged that while living in Canada comes with benefits such as Medicare, the desire to return to their homeland caused stress due to financial constraints and/or instability of their countries of origin (Salma & Salami, 2020). Salma and Salami (2020) describe this as “aging while living across places” as they physically age in place in Canada yet exhibit a longing for culture and community in their home country that are more willing to care for older adults in their desired ways. My research will draw on this idea of aging “while living across places” to consider how older Filipino immigrant care workers imagine themselves ‘aging across place’; rather than, ‘in place’ like many Canadian aging in place policies suggest. Furthermore, Salma and Salmi (2020) found that older adults had negative aging experiences because available services and policies did not appropriately address their cultural and religious needs. Outside of the mainstream age-friendly policies and programs, ethnocultural and religious organizations faced financial barriers to implementing age-friendly additions and modifications to supporting the needs of older Muslim immigrants (Salma & Salami, 2020). This shows

how ‘aging in place’ is understood and enacted differently, mainstream age-friendly policies do not adequately address specific cultural and religious needs of older Muslim immigrants, and stakeholders often face financial challenges implementing age-friendly design into their organizations. Therefore, aging in place and “age-friendly” policies do not generally target older, racialized immigrants.

Long-Term Residential Care (LTRC)

As of March 2021, there were 2076 long-term care homes in Canada (CIHI, 2021). These “[l]ong-term care (LTC) homes — also called nursing homes, continuing care facilities and residential care homes — provide a wide range of health and personal care services for Canadians with medical or physical needs who require access to 24-hour nursing care, personal care and other therapeutic and support services” (CIHI, 2021, para. 1). Institutionalization of older adults in LTRC facilities is one of the most common ways that care is provided to older adults with complex needs in Canada (Hirdes et al., 2011; Marier, 2021a).

There is contemporary debate over the continuation, restructuring or closure of LTRC institutions. The COVID-19 pandemic emphasized public concern over the state of the LTRC system, as residents accounted for more than 80% of Canada’s COVID-19 deaths during the first wave of the pandemic (Stall et al., 2020). Media exposure and whistleblower reports of poor working and living conditions for some LTRC residents during the COVID-19 included violations such as verbal abuse towards residents, inadequate cleaning and sanitizing of residents’ rooms, inedible food, understaffing (Tremain, 2021). Tremain (2021) argues the LTRC system in Canada is a neo-eugenic biopolitical concern where older adults and people with disabilities are devalued and

rendered disposable as for-profit LTRC facilities reap financial benefits while residents fail to receive proper care. LTRC homes, particularly the nursing home, have been long portrayed as oppressive institutions with poor standards of care as often reported in the media (Gilleard & Higgs, 2017). Gilleard and Higgs (2017) argue that these negative media depictions of LTRC reflect society's fear of old age. Since the COVID-19 pandemic, it has been documented that few older adults consider LTRC homes as an option following the media exposure of poor working and living conditions in these settings (Armstrong & Armstrong, 2022). However, these authors argue that LTRC facilities are essential in that they provide space for people to receive care in situations where private homes are not designed to support care at home. LTRC homes also offer a place of safety where someone is always there for the residents if assistance is needed (Armstrong & Armstrong, 2022). LTRC homes also provide enriching activities to engage the residents (Armstrong & Armstrong, 2022). Following suggestions that LTRC is essential in Canadian society, researchers are searching for ways to improve LTRC for workers and residents. For example, Armstrong and Braedley (2023) reflect on the COVID-19 pandemic to suggest that improving working conditions through adequate staffing, appropriate pay and benefits, autonomy and supportive leadership will produce better quality care benefiting residents.

Jeong et al. (2020) argue that there is an urgent need to consider incorporating culturally appropriate care services into LTRC homes as the population of older immigrants in Canada continues to increase. In Ontario, based on the 2016 Canadian census data, 13.9% of the population over 65 years old are immigrants and of this, 4.4% of immigrants who arrived in Canada after 1985 represent new nursing home residents

between 2013 and 2016 in Ontario (Jeong et al., 2020). A study comparing LTRC policy and practices in Canada and Sweden found that immigrant and racialized LTRC home residents in Canada sometimes experience systemic racism and exclusion as Western values and culture shape the delivery and design of many LTRC homes (Owusu et al., 2023). One study of racialized and/or ethnoculturally diverse LTRC residents, family and staff members in Alberta, Canada found that non-culturally specific LTRC homes often offer Western recreation and celebrated Christian-based holidays such as Christmas but fail to recognize diversity among the residents (Chamberlain et al., 2024). Another comparison study of ethnoculturally diverse residents (South Asians, Chinese, and mainstream Anglo-Canadians) in three Assisted Living facilities in British Columbia, Canada found that residents who were able to communicate in their own language and eat familiar food reported increased comfort and maintained continuity of religious and cultural customs and values (Koehn et al., 2016). Culturally specific LTRC homes are one way to address racism and xenophobia and create a sense of cultural safety for both immigrant and racialized workers and residents (Owusu et al., 2023). While culturally specific institutions may offer some comfort and continuity for immigrant and racialized older adults, the institutionalization of older adults is predominantly a Western, colonial phenomenon (Struthers, 2017; Desroches, 2004). This suggests that the institutionalization of older adults is not necessarily a typical way of caring for and supporting older adults. My research will show how older Filipino care workers do not imagine themselves within a LTRC home based on their own personal and cultural beliefs, and labour experiences that influence their perspectives on LTRC.

Theoretical Framework

Durst (2010) argues that social gerontological research often does not consider ethnicity, culture, and age as intersecting variables. Ferrer et al. (2022) found ethnogerontological literature on Filipino aging in the Global North does not adequately address the structural barriers and social relations that affect the aging experiences of older Filipinos. Similarly, social gerontological research has not adequately examined how racism infiltrates precarious labour sectors and immigration pathways to shape disadvantages across the life course for immigrant and racialized older adults (Ferrer et al., 2022). I use the intersectional life course perspective developed by Ferrer and colleagues (2017b) to examine how these intersections of ethnicity, immigration, labour, and care across the life course influence ideas of care in old age. I use this perspective (Ferrer et al., 2017b) to describe the participants' life history narratives and show how care in old age is influenced by the life course. Before describing the intersectional life course perspective, intersectionality and the life course perspective are separately discussed as they inform the intersectional life course perspective.

Intersectionality

Intersectionality is used to show how social markers of identity such as race, gender, and class intersect to shape complex social inequalities, directing attention to disadvantages (Crenshaw, 1991). The use of intersectionality as a theory is largely debated since its introduction in 1989 by Black feminist legal scholar Kimberlé Crenshaw in ways that Rice et al. (2019, p. 412) describe as “critical movements”. Carbado et al. (2013) describe how following the genealogy of intersectionality across time, disciplines and geographies reveals how the theory has travelled and indicates its future trajectory.

The future trajectory of intersectionality is to see how the theory is being applied and imagine where it can be employed elsewhere. This describes intersectionality as “always already an analysis-in progress” where it can be used in other social contexts and among diverse groups of people instead of being fixed to a particular social location (Carbado et al., 2013, p.304). Intersectionality is interdisciplinary in ways that extends across disciplines and subfields and has been used to engage with a variety of experiences and structures of power (Carbado et al., 2013). Within Aging Studies and Gerontology, Holman & Walker (2021) argue that intersectionality has been rarely used when studying aging and the life course. However, there are emerging attempts to integrate intersectionality and the life course perspective to analyze unequal aging experiences (Ferrer et al., 2017b). To further the debates on intersectionality, Rice et al. (2019) are concerned that research projects often use ‘intersectionality’ when there are characteristics of two or more social markers without recognizing that identities and differences exist within and are constructed by a broader social context. Therefore, Rice et al. (2019, p.412) explain, “...to do intersectionality justice, researchers must unequivocally orient to issues of power, positionality, and difference throughout their research processes.” In considering intersectionality in these ways, I reflect upon my own positionality throughout the design of my research study (see Chapter 2) and writing of my thesis. Also, I use the intersectional life course perspective to understand how transitions and trajectories throughout the life course of older Filipino domestic workers influence how they envision care in old age. The intersectional life course perspective draws on intersectionality as an analytical framework (Crenshaw, 1987; Collins, 2000)

and life course theory (Elder, 1994) to create a new framework that is better equipped to understand aging among racialized older adults (Ferrer et al. 2017b).

The Life Course Perspective

According to sociologist Glen Elder Jr. (1994), the life course perspective shows how social forces shape the life course and the consequences associated with it. He describes it as, "... a major change in how we think about and study human lives" where transitions and trajectories give way to exploring the dynamics of a person's life pathway (Elder, 1994, p.4). Elder (1994) identifies four key themes of the life course perspective: (1) the interplay of human lives and historical times; (2) the timing of lives; (3) linked or interdependent lives; and (4) human agency in choice making. The interplay of human lives and historical times suggest that individual life courses may be influenced by the specific historical time they were born into (Elder, 1994). Individuals may experience period effects where a specific historical event has an impact on society and may impact individuals differently depending on where they were in the life course at the time of the event (Quadagno, 2022). The timing of lives suggests that the individuals are impacted by *when* specific life events occur including how old they are at the time of the event and in which order the events occur in (Elder, 1994). The timing of specific life events throughout the life course are often "regulated by age norms" where cultural norms suggest if a person is 'on time' or 'off time' with the cultural expectations or milestones (Quadagno, 2022, p. 33). Linked lives examines the nature of human relationships and interactions of individuals between themselves and their family, friends, and peers over the life course (Elder, 1994). Lastly, human agency suggests that individuals are actors in

their own life courses, making choices in their own lives that are constrained by the social world that ultimately shape their life course and aging (Elder, 1994).

The life course perspective can take up two paradigmatic approaches: (1) the personological and; (2) the institutional (Dannefer & Settersten, 2010). Elder's life course perspective works within a personological paradigm that illustrates the importance that social change and timing has on the life course, especially by focusing on changes in the individual's life (Dannefer & Settersten, 2010). Although Elder's life course perspective begins to address the macro structures of society, the focus tends to be on the individual (Grenier, 2012). On the other hand, the institutional approach to the life course perspective focuses on how social policy and culture impact the social construction of individual aging and the life course. This approach considers how the distribution of resources and structural arrangements of society shape the life course of individuals (Dannefer & Settersten, 2010).

The Intersectional Life Course Perspective

The intersectional life course perspective draws on intersectionality and the life course perspective to reveal how structural inequalities can influence lived experiences of aging (Ferrer et al., 2017b). It takes a stepwise approach to consider the following elements: Step 1 – identifying life events, timing, and structural forces; Step 2 – locally and globally linked lives; Step 3 – identities and categories/processes of difference; and Step 4 – domination, agency, and resistance (Ferrer et al., 2017b). Step One suggests that the timing of life events and the structural forces that shape these events influence an individual's experiences throughout the life course (Ferrer et al., 2017b). This includes analyzing transitions in the life course such as education and marriage, as well as non-

dominant aspects of the life course such as immigration. Step Two suggests considering how linked lives extend across generations and geographical locations (Ferrer et al., 2017b). This encompasses the individual's intergenerational and transnational relationships across time and space, as well as providing an opportunity to consider larger effects of globalization and immigration. Step Three suggests that structural and institutional relations affect lived experiences and identities (Ferrer et al., 2017b). Incorporating intersectionality here, Ferrer et al. (2017b) suggest it is necessary to examine dynamic identities, categories of difference (such as gender), processes of differentiation (such as gendering), and larger systems of domination (such as colonialism, racism, and patriarchy) throughout the life course. Step Four considers agency, resistance and how the analysis produced through the first three steps can be examined within the larger systems of domination (Ferrer et al., 2017b). The strengths of the intersectional life course perspective reveal systems of power, situate and contextualize life history narratives, and provide a framework to "better understand the lives and experiences of people who are situated at multiple margins" (Ferrer et al., 2017b, p. 15). I will use this stepwise procedure to describe and analyze each participant's life history narrative. The intersectional life course perspective has been used to contextualize racialized immigrant older people's lives and to describe the life course until the present time. My research extends beyond a life history narrative to the present time to ask participants to consider the future of how they imagine their care in old age. Therefore, after applying the stepwise procedure to analyze each participant's life history narrative, I will further engage with the intersectional life course perspective

principles to show how larger structural forces and systems throughout the life course influence how they imagine care in old age as resistance to these structural forces.

In addition, the intersectional life course perspective attempts to do intersectionality justice in ways that Rice et al. (2019) argue for through its “means to better understand the relationships between the structural and institutional forces that shape everyday life narratives of older people at marginal and racialized social locations” (Ferrer et al., 2017b, p.11). Bridging elements of intersectionality and the life course perspective in the ways that Ferrer et al. (2017b) exemplify through the intersectional life course perspective is an attempt to doing intersectional justice according to Rice et al. (2019) because it can be used to examine how larger structural forces and systems of oppression and domination affect individuals. My research seeks to use the intersectional life course perspective to delineate the life history narratives of older Filipino care workers with attention to how larger structural barriers such as immigration, labour, and care influence their unique realities, histories, and imaginations of care in old age.

Thesis Roadmap

Chapter Two outlines the methodological approach. I begin with my own positionality and research values to situate myself within the research. I then describe the ethical considerations of the research process. Then, I detail the recruitment of participants, how data was collected through qualitative approaches, and how data was analyzed through thematic analysis. Chapter Three focuses on presenting and analyzing the data. Each participant’s life course, is profiled, detailed chronologically, and analyzed. Then, I present their ideal care arrangements for old age. Chapter Four discusses the three main themes of how participants imagine care in old age in these three

ways: (1) aging across place; (2) through networks of care; and (3) aging elsewhere.

These themes are then used to explain how it is used to critique to Long-Term Residential Care (LTRC). Chapter five concludes the thesis by reiterating the three main ways that participants envision care in old age. It also suggests future directions for furthering this research.

Chapter 2: Research Design and Methods

To understand how transitions and trajectories in the life course affect how care is imagined in old age among older Filipino care workers, I developed a qualitative, analytic study that focused on storytelling and delineating the participants' life histories (Brotman et al., 2020) from their perspectives.

In this chapter I begin with my positionality and research values to situate myself within my research and acknowledge my personal biases. Then, I describe the development and execution of my research study chronologically. I begin by describing the ethical considerations of the study. Then, I explain how participants were recruited and the challenges associated with this process. I describe how I used individual interviews with a life history narrative approach (Brotman et al., 2020) to collect data. I conclude by explaining how thematic analysis was used.

Positionality and Research Values

I position myself as an insider-outsider of my research. As a young, Filipino-white settler, cisgender woman, the way that I was raised along with my social location is embedded in how I designed my research study. I trace my maternal ancestry back to the Philippines as my mother immigrated from the Philippines to Toronto, Canada. My Filipino ancestors are Igorot, Indigenous peoples of the Cordillera in Northern Luzon, who endured decades of Spanish colonization, American imperialism, and Japanese occupation during World War II. My paternal family are European settlers who built their livelihoods in the fisheries and sawmills on the East coast of Newfoundland. Born and raised in a predominantly white, middle-class neighbourhood in the once small town of Brooklin, Ontario, I often felt like I was 'too Filipino' to fit in my neighbourhood, but

‘too white’ to fit into the Filipino community. I am somewhat removed from my Filipino community in the Scarborough-Toronto area that I once was immersed in as a child through my mother and network of Filipino aunties and cousins, many of them who were care workers. On one hand, I find myself as an insider, growing up in a Filipino family, immersed in Filipino culture. But on the other hand, I cannot speak or understand Philippine languages; therefore, my research may be missing nuances that emerge through language. Born in Canada, I do not embody lived experience with immigration and having only travelled to the Philippines once before, I do not fully understand the realities of living in the Philippines from a personal perspective. Even though aging and growing old is a universal experience, as a young person in my twenties, I acknowledge that my understanding of old age comes from listening to the experiences of older adults and what I have learned from the aging studies literature. Therefore, I consider my participants to be the experts of their own lives and experiences where I acknowledge that I am learning *from* and *with* them (Richardson, 2020).

Informed by my background in sociology and my upbringing in a working-class family, I view the capitalist society that I live in to be inherently problematic through the stratification of society and the exploitation of resources and people, particularly those who have been marginalized due to race, ethnicity, age, gender, sexuality, and socioeconomic status. Similarly, I sometimes view academia and research as exploitative through the extraction of knowledge and the domination of Eurocentric, Western theories and methodologies. Furthermore, I approach my research aware of the socio-political realities attached to the experiences of migration for Filipinos, and how colonialism and imperialism in the Philippines has a lingering effect on Filipino/as of the diaspora

(Tungohan, 2021). Therefore, my research aims to work within a desire-based framework rather than a damage-centered framework (Tuck, 2009; Tuck & Yang, 2013). Tuck and Yang (2013) often view social science research as “damage-centered,” where research is designed to document and describe individuals’ pain, humiliation, and hardships, especially among marginalized communities. This research process creates a narrative that positions these communities as broken and depleted (Tuck & Yang, 2013). Therefore, Tuck (2009) urges researchers to shift towards a desire-based framework that informs data collection and analysis, and explores collectivity and interdependency, ultimately giving voice and power to the researched community. This approach is also inspired by Tungohan’s (2023b) research on care activism among migrant care workers, many of whom from the Philippines, which focuses on highlighting the dreams, desires, and priorities of these communities to understand how they are driven by their ‘imagined communities’ for a better future. My positionality and research values ultimately inform the design of my research study, in attempts to maximize Tuck’s (2009) call for social science researchers to shift towards working in desire-based frameworks.

Ethical Considerations

This study, along with all amendments associated with inclusion/exclusion criteria and the recruitment process, was approved by the Trent University Research Ethics Board (Study Number #29185) before any recruitment and data collection began. Due to the interview nature of potentially vulnerable people and personal, potentially sensitive data, several steps were taken to ensure informed consent and confidentiality. When potential participants contacted me with interest in the study, I provided them with a digital copy of the consent form and eligibility screening questionnaire meant to provide

the participant with additional information about the study before an interview. At the individual interview, the consent form was verbally detailed and informed consent was obtained by signing the form before any data was collected. Participants were offered a \$30 Tim Horton's or Walmart gift card for their time which was given following the consent form and would not have been retracted if a participant decided to withdraw. Participants were strongly advised to use a pseudonym; however, were given the option to use their real name. Most participants used a pseudonym. Other participants used a nickname or a spelling variation of their name (*see Table 1*). All electronic correspondence (via email or Facebook Messenger) and paper copies of consent forms were uploaded to an encrypted Microsoft OneDrive file. All paper copies of consent forms, eligibility screening questionnaires, and audio recordings were destroyed once transferred to the OneDrive file. It is worth noting that three of the participants make connections to each other, myself, and/or my family members when describing their life course that are intentionally left out for confidentiality purposes.

Recruitment

In the beginning, I aimed to recruit five to seven participants using the following criteria: identified as being 55 years old or older, Filipino/a/x, work or worked as a care worker including home care workers and personal support workers, currently reside in the Greater Toronto Area, understand and speak English, born in the Philippines and immigrated to Canada through the Foreign Domestic Movement or subsequent Live-In Caregiver Program, and cared for an older person within the past 5 years either formally or informally. People with cognitive impairments and/or substitute decision makers could not participate in this study. I chose to recruit people starting at age 55 because I hoped

for participants who were positioned between providing care to older adults and starting to think about their own care and/or already receiving care. Digital information flyers were shared to my personal Facebook page and to specific Facebook groups of Filipinos living in the Toronto area (see Appendix A – Recruitment Flyer). Physical and digital copies of the information flyers were shared through word of mouth by my mother and aunts who have lifelong connections to Filipino care workers in Ontario. The information flyer asked potentially interested participants to contact me via email where I would then provide additional information about the study.

After about a month of recruitment challenges with these strategies, I made amendments to the inclusion/exclusion criteria and recruitment process. Through word of mouth, I was hearing that there were a few people who expressed interest in the study but did not meet the inclusion/exclusion criteria and/or email was an inaccessible form of communication. Therefore, in August 2024, I broadened my inclusion criteria to include immigration through family sponsorship and my recruitment process to include Facebook Messenger as a form of communication. Ronquillo et al. (2011) describes a “culture of migration” where various ‘push and pull’ factors promote migration to Canada for health care workers. Canada is seen as a place of opportunity where there are better working conditions than in the Philippines for health care workers and caregivers (Ronquillo et al., 2011). Even if potential participants did not immigrate to Canada through a labour pathway such as the FDM or LCP, their respective experiences with immigration and care labour have the potential to reveal interesting perspectives on care in old age. Anecdotally, I know of Filipinos who immigrated through family sponsorship who ended up working as care and domestic workers once in Canada. Similarly, one study on

Filipino health care aides in Manitoba note that most of their participants were sponsored by their relatives through a family reunification program (Novek, 2013). Broadening my inclusion criteria allowed for older Filipino care workers who were sponsored by a family member such as a spouse, parent, or other relative to participate. Moreover, the inclusion of using Facebook Messenger as a means of communication allowed for a more familiar way to contact me. Facebook is a common social media platform for Filipinos, used by 92% of Filipinos according to one study (Isip-Tan et al., 2020). Facebook has also been used among transnational Filipino families to emotionally care for one another while geographically separated and maintain familial bonds (Franciso-Menchavez, 2018). While there are ethical considerations to consider about the use of Facebook Messenger, I ensured that two-factor authentication and end-to-end encryption was enabled on my account, and uploaded screenshots of the messages to a password protected, standard encrypted folder on my Trent University Microsoft OneDrive, then immediately destroyed the images on my laptop's hard drive and deleted the messages from Facebook Messenger. Facebook messenger as a means of communication made participation more accessible for three of the five participants.

I was still looking for at least two more participants to ensure I had enough data to reach data saturation after the initial amendment. At the end of September 2024, I made another amendment to the inclusion criteria to include individuals who reside in the Kawartha Northumberland Region of Ontario and to increase the number of years since the participant has cared for an older adult from five years to ten years. This amendment did not change the focus of my research; rather, it broadened the geographical location of participants. Most participants were recruited through word of mouth by my mother and

auntie. One participant was recruited through snowball sampling (Babbie et al., 2021a). The reason that sharing the study information on Facebook failed to recruit any participants remains unclear as Facebook is used among many Filipinos of the diaspora (Aguirre & Davies, 2015; Isip-Tan et al., 2020; Franciso-Menchavez, 2018).

Five older individuals between the ages of 59 and 80 years old in the Greater Toronto Area (GTA) and Peterborough area of Ontario, Canada (See Table 1) participated in this study.

Table 1: Research Participants

Participant Name	Age	Gender	Marital Status; Children	Immigration Pathway to Canada	Primary Occupation
Naomi*	66	Female	Married	Live-In Caregiver Program	Personal Support Worker
Marylou**	59	Female	Separated; Two Sons	Family Sponsorship	Personal Support Worker
Elsha**	80	Female	Single	Live-In Caregiver Program	Live-In Caregiver
Estep**	67	Female	Divorced; Three Daughters	Live-In Caregiver Program	Personal Support Worker
Marta*	67	Female	Single	Live-In Caregiver Program	Registered Practical Nurse

*Participant chose their pseudonym

**Participant chose to use a spelling variation of their name or familiar name

Data Collection

A qualitative approach was used to understand the life histories of the participants and explore their envisions of care in old age. Each participant was first individually interviewed using the life history narrative approach (Brotman et al., 2020) and semi-structured interview (Bryman & Bell, 2019). The individual interview was divided into two parts that were completed in one session between forty-five minutes and three hours. These interviews took place in-person at a location comfortable to the participant, with

most of the interviews taking place at the participant's home and one interview at a private room located at a local library. These interviews were audio recorded with the participant's consent. Detailed notes were taken digitally for one interview where the participant did not consent to being audio-recorded but opted for notetaking.

The first half of the interview followed the life history narrative approach. The life history narrative approach draws on the life history and life story approaches to research (Brotman et al., 2020). Life history interviews are useful in understanding individuals' lived experiences across the life course and often include personal documents such as diaries, photographs, and letters to document an individual's story (Bryman & Bell, 2019). Brotman et al. (2020) argue that the inclusion of a participant's personal documents is a positivistic approach to understanding reality by verifying the 'truthfulness' of an individual's experience; therefore, they utilize a life history narrative approach where an individual's lived experiences are rendered as a life story in the way that is told where they are the expert of their own life. The life history narrative approach allowed participants to reflect on their individual life course and share their stories, revealing how life events and transitions influence how they imagine care in old age. In this first half of the individual interview, participants were asked to share their life story beginning at birth to the present. Participants were guided to discuss their childhood, education, family relationships, immigration trajectory, occupations, and retirement (if applicable) chronologically (see Appendix B – Interview Guide). The second half of the interview followed a semi-structured approach about envisioning care in old age. A semi-structured interview style ensured that the interview questions addressed a clear, focused topic with specific issues while allowing space for participants to interpret the questions

and answer freely (Bryman & Bell, 2019). This phase of the interview was dedicated to exploring what care meant to the participants, their ideal care supports and arrangements, and potential improvements to care systems for themselves as they age and their care needs become more complex. Example questions include: “Do you have a care plan for when you get older and may need some support with daily activities?”; “You mentioned you worked in _____ (ex. A nursing home, private homes, a retirement home etc.), would you consider this arrangement an option for yourself? Why or why not?”; and “If there were no obstacles and nothing stopping you, how do you imagine how you would ideally be cared for?” (see Appendix B – Interview Guide). These interviews used the life history narrative and semi-structured approach to explore how transitions and trajectories in participants’ respective life courses influence their ideal care models.

This study also had optional research activities that participants could consent to if they desired. The first optional research activity was the focus group. The focus group was intended to bring together participants who already participated in the individual interview to focus on phase two of the individual interview where we would discuss their ideal care arrangements. The focus group would take place online using Zoom and was expected to be approximately one hour and thirty minutes to two hours in length (Stewart et al., 2009). Guiding notes would be developed based on the themes that emerged during the participants’ individual interviews, maintaining a focus on envisioning care in old age. The advantage of the focus group approach allows for a dynamic where participants can build off each other’s ideas and opinions to bring light to issues and collectively construct meaning (Babbie et al., 2021b). In the context of my research, participants would have had anywhere from a week to month to personally reflect on their individual

interview before joining the focus group. Unfortunately, there was only one participant who expressed interest in participating in the focus group. It remains unclear as to why participants were not interested in participating in the focus group as they were not asked to provide a reason. Two participants voluntarily acknowledged that they were under time constraints as they were planning on travelling back to the Philippines for a few months.

The second optional research activity involved member checking (Brit et al., 2016) as a way to check for accuracy. First, participants were asked for their consent and interest in an opportunity to review their interview transcript or notes. This allowed participants to edit, change, add and/or remove passages that they did or did not want to be included in the analysis. Participants who consented to this activity had two options: to receive a digital copy, or to meet in-person to review their interview transcript and/or notes. Brit et al. (2016) argue that objectivist epistemology view the returning of interview transcripts to the participants as enhancing the accuracy of the data, whereas constructionists epistemology view it “as a way of enabling participants to reconstruct their narrative through deleting extracts they feel no longer represent their experience, or that they feel presents them in a negative way” (p. 1803). This constructionist interpretation of allowing participants to reconstruct their life history narrative and ideas on care attempts to work within the desire-based framework that urges researchers to meaningfully design their studies to allow for participants to share their wisdom and hope; rather than, pain and humiliation. Four out of five participants of this study agreed to participate in reviewing their transcript or notes. Two out of four of these participants reviewed their transcript or notes and expressed enthusiasm that no changes were needed.

Another participant disliked seeing their speech in text and made several additions to her life history narrative digitally. Similarly, another participant made several additions and corrections to her life history narrative by handwriting the changes. A second optional member checking opportunity asked participants if they would like to be contacted within the next year to provide feedback on the analysis and/or clarify any questions about their interview data. Three participants expressed interest and consent to member checking their data analysis and/or responding to any clarifying questions.

Data Analysis

I use thematic analysis to identify, analyze, and describe common themes among the life histories. The intersectional life course perspective focuses on four elements that contextualize people's lives; therefore, the thematic analysis develops ways to understand the themes within each element. Thematic analysis is used to compare perspectives, identify similarities and differences, and summarize key findings (Nowell et al., 2017). I follow a six-phase procedure to conducting trustworthy thematic analysis as outlined by Nowell et al. (2017).

The first phase was to familiarize myself with the "depth and breadth" of the data (Nowell et al., 2017, p.5). As I finished each interview, I spent the following two weeks transcribing the audio-recordings using the 'Transcribe' function in a Microsoft Word document. Then, I manually edited the document by listening to the audio-recording before sending it to the participant for review (if they consented). Once transcribing of the interviews were complete, I created a new Microsoft Word document where I began to take chronologically notes of each participant's life history and their envisions of care while making notes on how and where aspects of their life histories

could be analyzed by the intersectional life course perspective. These notes were used to document theoretical and reflective thoughts about the interviews to build familiarity with the volume and complexity of transcriptions (Nowell et al., 2017). The second phase was to generate initial codes by identifying and labelling relevant sections of text begin to develop ideas to answer the research questions (Nowell et al., 2017). For each life history, I went through each document in Microsoft Word highlighting sections of text with preliminary themes in different colours. I used a separate document to keep a codebook where each colour represented a different code (such as “immigration motivations”; “care work experiences”; “family relationships”). These codes were mainly used to assist with delineating each participant’s life history using the intersectional life course perspective and then the larger themes of envisioning care.

The third phase initiated the search for themes, or the development of themes based on the initial codes (Nowell et al., 2017). I reviewed the codes identified in the previous step to think of themes that capture common meanings and phenomena (such as “care work influences desires of and worries towards care”; “aging elsewhere”; “avoiding LTRC and institutionalization”). The fourth phase initiated a review of the themes with colleagues (Nowell et al., 2017). This is when I discussed by themes in-depth with my supervisor. The fifth phase included determining the significance of each theme and how it advanced the thesis (Nowell et al., 2017). These themes mainly focused on answering how the transitions in the life course affect how participants imaging their care in old age. The final phase, after all themes were identified, is to produce the report in a clear and logical manner (Nowell et al., 2017). The next chapter uses the intersectional life course

perspective to contextualize each participant's life history narrative and thematic analysis to present the three emerging ways that participants dream of care in old age.

Chapter 3: Analyzing Life History Narratives

This chapter will present an analysis of each participant's life history narrative, and the common themes related to envisioning care. First, each participant's life history and ideal care arrangements are presented. Then, their life history narratives are analyzed using the intersectional life course perspective.

Naomi

Naomi is a 66-year-old woman who was born in the Philippines. She is the oldest of eight children (four girls and four boys). She describes herself as a "second mother" as she often took care of her siblings and grandparents while growing up. Naomi was the first in her family to attend school. After high school, she moved to another city where she pursued a midwifery program in college. She found this adaptation culturally difficult as she had to adapt to the way of life and language of the Tagalog people.³ It was important and expected of Naomi to support her brothers and sisters financially, especially as they attended school. Realizing the pervasiveness of poverty in the Philippines, even if she worked very hard as a midwife in the Philippines, she still would not have enough money to live and support her family. So, she started her application to work abroad. First, she was hired as a nanny in Spain where she worked for six months. She found this transition very difficult as she missed her family a lot, but she had the company of three of her classmates from the Philippines, so they were able to comfort each other. A strong motivator for her living in an unfamiliar place was to just think about how she would be able to send money back to the Philippines to support her family. Soon, Naomi found the culture of Spain difficult⁴ and was not happy there, so she migrated to Italy where she continued working as a Nanny for two years. A friend had mentioned to her about the possibilities of working in Canada. In 1983, she applied

through the LCP and was accepted to work in Toronto, Ontario for a family with five children. While employed as a live-in caregiver, her employer allowed her to attend school in the evenings after obtaining a study visa. She was working during the day taking care of the children and going to school in the evenings to train as a health care aide (now known as a personal support worker). Naomi was adamant to pursue additional education and training because she could not imagine working as a *live-in* caregiver for the rest of her life. She held a positive view of the LCP because of the opportunities upon finishing her contract as a live-in caregiver. After satisfying the requirements of the LCP contract, she started the application process where she eventually became a Canadian citizen. Now that she was a Canadian citizen, Naomi was eventually able to sponsor her parents, one sister, and two brothers to come to Canada. Naomi also made a couple Filipino friends in Toronto who introduced her to a man in the Philippines who she started writing letters to. Upon visiting him in the Philippines, they decided to get married, and Naomi sponsored him to come to Canada. After her LCP contract, Naomi applied to work as a health care aide in a culturally specific nursing home where the residents were predominantly older Italians. The advantage of spending two years working in Italy made it easier to work in this setting because she knew how to speak Italian, and the residents often spoke little English. Naomi also completed a Dental Assistant program but realized soon after that she preferred working as a PSW with older adults. She continued working in the Italian nursing home full-time until she retired. Even though she currently describes herself as retired, she continues to work as a PSW every other Tuesday and Friday for a few hours providing care for an older person in their home to save money for when she can no longer care for herself and to keep her

busy. At the time of the interview, she explains she will be visiting the Philippines in a few weeks to care for and spend time with her elderly mother.

Naomi's Dream of Care in Old Age

Naomi is reluctant to age in Canada when her needs become more complex, and her and her husband cannot care for themselves independently. She describes, *“I view the life of the old people or when you reach old here in Canada, it's like it's sadness and forced acceptance of this situation or reality.”* After spending many years working in LTRC, she compares the setting to a *“prison”* where *“everything is controlled like the, you know, the meal time”* and *“[s]ome of what I see is that some of the children they just come once a month, some they don't. That's why [the] people [residents] are crying. They say ‘I am really in a prison... they dump me here in the nursing home.’”* Noting the isolation and loneliness in LTRC, she describes how older adults need to be loved, cared for and supported, especially emotionally by the family. Even though she holds this belief and dedicated most of her life to supporting her siblings, she does not expect her siblings, nieces and/or nephews to be involved in her care because she knows they are busy with their own lives. She has a strong desire to avoid LTRC and is hopeful that she can live in her home as long as she can with home care support but worries that she will not have enough money to afford it. When thinking about her options, Naomi imagines a happier life in the Philippines than if she lived in LTRC in Canada. While thinking ahead of her financial situation, she knows that she would have enough to support herself in the Philippines but would struggle in Canada with the cost of care options. Moreover, she would feel more comfortable in the community in the Philippines because she believes

her neighbours would help care for her, whereas in Canada, she does not feel the same way about her neighbours.

Contextualizing Naomi's Narrative: Intersectional Life Course Perspective

The intersections of race, gender, migration and labour show how transitions and trajectories throughout Naomi's life course are linked to wider structures of society. The timing and key events of Naomi's life course include migration. Migration for Naomi was motivated by two factors: her family and structural labour programs. Migrating throughout Spain, Italy, and eventually landing in Canada show how Naomi was making sacrifices in hopes of a better life for herself and her family back home in the Philippines. Her migration to Canada was facilitated by a larger structural labour program (the LCP) which was in part designed to outsource migrant labour to address shortages in the Canadian care economy (Fudge, 2011). This step towards becoming a citizen had lasting effects on her family. Even though she made sacrifices to leave her family and work in unfamiliar cultures and societies, her ability to gain citizenship allowed her to sponsor five of her family members and husband to join her in Canada. Furthermore, Naomi's life course reveals how she has always been linked to intergenerational and transnational family both locally and globally. Throughout Naomi's life course, she exemplified strong ties to her family, calling herself a "second mother." While she was living in the Philippines as a child, she would often have to take care of her siblings and when she went abroad to work, her care for her siblings shifted to providing financial support through remittances. When she became a Canadian citizen, her care shifted once again by sponsoring them to migrate to Canada in hopes of building a better life. Her strong ties to her family are further shown by her travel back to the Philippines in old age to care for

her elderly mother. It is evident that throughout Naomi's migration trajectory, she always found herself looking for ways to provide care and maintain relationships even from abroad. In Naomi's case, categories and processes of difference shape the types of labour she performs throughout her life course. As Nyaga and Torres (2017) explain, the LCP was highly gendered facilitating predominantly women and reflected Canadian white, masculine mythology that portrayed Filipino women as docile, submissive, and good caregivers. Therefore, racialized and gendered labour of caregiving shapes Naomi's lifelong obligation or expectation for herself to provide care for her family. She reflects on this, "*I was thinking most of the people say, 'oh you give everything to your brothers and sisters and their kids. But, what about you?' So, I said to myself 'it's OK as long as I help.'"*" This shows how Naomi's identity is shaped around her multiple caregiving roles that she performed both within her family, throughout her migration journey, and formal job in LTRC. Her strong caregiver identity extends into later life where she travels back to the Philippines to care for her elderly mother. Furthermore, Naomi's life narrative shows the various ways she enacted agency and resistance despite wider systems of domination and oppression. Naomi experienced poverty, loneliness in migration, and marginalization in a racialized and gendered labour sector. Although her migration trajectory was often precarious and governed by state policies, Naomi's dedication to her family and a better life led her to further her education and maintain important familial relationships. Her strong sense of caregiving is demonstrated through the life course as a resilient response to these barriers. She deviates from the dominant life course and ideas of the nuclear family by not having children, yet she still maintains strong caregiving informal and formal roles. She continues to provide caregiving support informally to her

mother in the Philippines and formally as casual PSW; therefore, disrupting dominant expectations of retirement and the view of migrant workers as disposable.

Elsha

Elsha is an 80-year-old Igorot woman who was born into a poor family and raised on a farm in the Philippines. As a young child, she often had to help her parents on the farm by planting rice and other vegetables. She remembers being as young as five years old taking care of her siblings. She would carry the youngest sibling on her back with a piece of cloth so she could do other household chores like cooking while her parents worked on the farm. After completing elementary school, Elsha worked as a housemaid for her auntie to earn money for higher education, although she only earned enough money to attend the “cheapest, cheapest school.” In college, she studied teaching and upon graduation she taught grade one and two for nearly ten years. She started to realize that people around her were leaving the Philippines to work abroad as nannies and caregivers.

Although she did not have a lot of money, this was during the time of the Green Revolution⁵ so her parents sold one of their cows to pay for an agent to help find work abroad. She obtained a job as a nanny in Singapore, expressing, *“I was so happy because my pay there in Singapore as a nanny was higher than the pay of the teaching.”* She knew her family was struggling financially, so she was determined to find better paying work to send money back to her family in the Philippines. While she was working in Singapore, her friend was migrating to Canada to work so she asked her friend to find her an employer as well through the LCP. In Canada, she first worked as a live-in caregiver for an older disabled man. This employer was very kind to her stating, *“[He] makes me a*

member of his family and I am treated well.” They even helped her family buy an additional rice farm in the Philippines by providing extra financial support. After this employer passed away, she worked as a live-in caregiver for an older woman with dementia. Another way Elsha was helping her family in the Philippines was finding an employer in Canada who could hire her niece to come to Canada. Elsha was happy that she could help her niece come to Canada. Once Elsha turned 65 years old, she retired from caregiving work and even though she considers herself retired, she still works as a house cleaner part-time to keep her busy and active. Now in retirement, she currently lives with one of her nieces where they live interdependently. She also enjoys managing her own time by visiting her friends, line dancing, and engaging in other seniors’ activities in her community.

Elsha’s Dream of Care in Old Age

Elsha describes how important it is for her to prepare for old age. She is trying to save as much money as she can in case she needs it in the future. She is currently living with her niece who provides her companionship and helps cover the cost of living (such as rent). Although she is still independent, she is content living with her niece because she recognizes that she is getting older and would have someone there to help her if she needed anything. She also recognizes that she has nieces and nephews who may care for her in the future because she is getting older. Furthermore, she hopes that she can stay at home and be independent as long as she can. She would consider a live-in caregiver but *“it’s not my dream.”* She would be comfortable with a family member providing “guidance” in ways such as reminding her to take her medications and a bath, but not necessarily providing hands-on, direct care. Furthermore, reflecting on her Philippine

culture and values she shares, “*we do not send [older people] to [a] nursing home. It is only here that we are Canadianized because there is no such nursing home in the Philippines, there is no nursing home.*” Although she has thought about the role of her community and family in her care, and the option of LTRC, she places a strong emphasis on focusing on herself in the present moment with a strong belief that “*I’m not in control of my life, if God will, God will take care of it.*”

Contextualizing Elsha’s Narrative: Intersectional Life Course Perspective

Elsha’s migration pathway to Canada and the timing of these events are key to understanding her life course and how she envisions care. The timing of Elsha’s labour and migration pathway is unique because she first spent a few years working as a housemaid before pursuing a teaching degree where she then spent a decade working as a teacher in the Philippines. After all these years, Elsha made a substantial decision later in life to 1) shift career paths from teaching to care and domestic work; and 2) search for work in other countries later in life than the other participants. These decisions are marked by her desire to improve her personal financial situation and to help her family. Her personal motivations are situated in a larger scheme where labour programs such as the LCP allowed her to work for two years before receiving permanent residency. Throughout Elsha’s life narrative, she often discusses how she grew up in poverty and even though she worked extremely hard in the Philippines, poverty was persistent throughout her life. Migration to Canada improved her financial situation considerably for her and her nieces; however, finances carry on as one of her main worries in old age from continuing to work part time to paying rent and saving for care support if needed. Elsha spent several more years in poverty in the Philippines and migrated to Canada

noticeably later in life than the other participants which suggests how the timing of migration and labour is linked to financial insecurities in thinking about care in old age. Lightman & Akbary (2023) found that post-retirement immigrant care workers who immigrate through a care labour program often rely on social policy programs such as the Canada/Quebec Pension Plan (C/QPP), Old Age Security (OAS), and the Guaranteed Income Supplement (GIS), but had less time and ability to contribute to private pension funds. Elsha's shorter timespan working in Canada could therefore contribute to her continued focus in older age, on saving money.

Elsha's life narrative reveals how family was central to forming her identity and aging. From a very young age, Elsha was helping her parents on the farm, then working for her aunt, then working abroad to improve her financial situation. For Elsha, her migration abroad was a reciprocal exchange between her and her parents/family. The income from the family farm was used to pay the agency for Elsha to find work abroad and in turn, she was sending remittances back to the Philippines. Despite challenges adapting to unfamiliar cultures, Elsha built a relationship that resembled family with her LCP employer's family where they even provided additional financial support to her family back in the Philippines. Her strong bond with her family is further exemplified by supporting her nieces to migrate to Canada for work and in search of a better life. The relationships she maintains with her nieces extend into how she envisions care as she currently lives with one of her nieces and expects to continue living with her in hopes that care will continue. Although Elsha made sacrifices to improve her financial situation, she maintained transnational familial relationships and built new social relationships in

Canada that reveal how the sense of family is interwoven throughout her identity and shapes how she envisions care.

Gender and gendering play a significant role in shaping Elsha's labour and care, even into old age and the future of her care. Elsha has arguably spent decades working in gendered and racialized work which reflects larger structural programs. Among Western countries, unpaid domestic labour performed by women to their kin has historically been among the white, middle class. Whereas, outsourced domestic labour is often performed by predominantly racialized, minority women (Lan, 2003). The LCP itself was a neoliberal approach that facilitated predominantly Filipino women to work in private homes that were outside the gaze of the government (Bonifacio, 2008), coupled with stereotypes of Filipino women as loving, docile, and submissive (Nyaga & Torres, 2017). Therefore, Elsha found herself streamlined into providing care and domestic work in private homes as both a result of gendered and racialized labour. In retirement and old age, Elsha continues to work as a cleaner in private homes part time to augment her income and save for the future if she needs to privately pay for care.

Elsha's agency and resistance is reflected in her motivation to actively search for work abroad and better opportunities for herself and her family. Even though she was working as a teacher for a decade, she uprooted her life to work abroad which improved her financial situation more than if she continued to work in the Philippines. She exemplifies agency by maintaining her strong connections to family and devotion to religion in times of systemic barriers that streamline her into gendered and racialized labour. Her dream to care for herself independently for as long as she can, as well as including her family members and faith into her care reflects her hopeful resistance to

LTRC. Care has many different meanings, and as such, Elsha's dreams of care show how broad the definition can be by encompassing physical, emotional, and spiritual care.

Analyzing Elsha's life narrative using the intersectional life course perspective reveals how migration, family, gender, race, and acts of agency shape experiences throughout the life course and influence how care in old age is imagined.

Estep

Estep grew up on a farm in the Philippines. Both of her parents were farmers, and she is one of twelve siblings, fifth in birth order. She remembers being as young as six years old helping with the planting and harvesting of rice, beans, and snow peas. Estep started school in grade one at the age of seven. She already knew the alphabet and how to write her name before attending school because her parents were involved in teaching her early in her life. Estep recalls being very shy when she was young but that did not stop her from being the valedictorian when she graduated from grade six. Estep knew from a young age that she needed to go to school or else she would have to continue with hard, manual labour on the farm. She enrolled in university but had to stop for three years because her parents could not afford it. During these three years, she was working odd jobs with her extended family such as potato farming and working at a restaurant so she could support her family and brother at university financially.

Once her brother graduated with a master's degree and started teaching at the university, he began to support her financially while she attended university. In return for financial support, Estep regularly provided childcare to her niece while working towards her Bachelor of Science degree in Agriculture, major in Entomology and minor in Horticulture. After graduating from university, she worked for an Entomologist as a

research assistant for 6 months. However, when her contract ended, she realized that she was not making enough money to help support her parents and siblings. She saw other people working abroad to send money home to the Philippines where their relatives built big homes and bought nice clothes.

Therefore, at 24 years old, she decided to apply to be a 'parents' helper' in Singapore. In Singapore, she lived with a family with two children. She did laundry, cleaned the house, cooked food, and cared for the children. While in Singapore, she saw no opportunities to advance or become a citizen. This is when she called her cousin who was in Vancouver, Canada and asked her to help her apply to work in Canada. Her cousin provided her with the documents. So, Estep told her current employer that she was planning to go to Canada and the employer arranged with their niece who was living in Toronto to hire Estep through the LCP. After some time, she was transferred to another LCP employer where she finished her contract requirements. The LCP was favourable to Estep because she eventually gained Canadian citizenship and was able to take courses while employed. On the weekends (her days off from live-in caregiving), she was going to school to become a health care aide, and she was also working towards a Dental Assistant certificate on Thursdays in the evenings. During her second year in the LCP, she married her husband and was soon pregnant with her first child while she was waiting for her permanent residency application to be approved after finishing her LCP contract. Estep then worked as a health care aide in the retirement home that her previous LCP employer managed before moving to Ottawa, Ontario to follow her parents-in-law. She faced no difficulties landing another job as a health care aide in a retirement home. After the birth of her third daughter, she sponsored her parents and two younger brothers (still

dependent) from the Philippines to help care for her children while she went to work. Her parents stayed for five years before returning to the Philippines after finding it difficult to adjust to life in Canada. Later, her mother-in-law wanted to move to Peterborough, Ontario so Estep and her family followed. Once in Peterborough, she was working part time as a PSW for a community care agency, part time at Walmart, and going to college to bridge her training from a PSW to a Registered Practical Nurse (RPN).

She could not finish the RPN program because it was financially difficult, especially because she had three young children at this time. Eventually, she divorced her husband and remarried, although he passed away five years later. After her second husband passed away, she took time off work to sell their summer home in Florida that he owned prior to their marriage just before the COVID-19 pandemic begun. Once the house was sold, she decided that she was not going to go back to work as a PSW even though her employer was calling her because they desperately needed workers. She wanted to return to work but her adult children were worried about her with the on-going pandemic.

Now that she is retired, she spends time golfing in the summer and curling in the winter. At the time of the interview, she is planning a trip to the Philippines to take care of her mother for a few months. One of Estep's final remarks expresses, "*you just don't understand how I'm so glad that I came to Canada after I experienced life in the Philippines.*"

Estep's Dream of Care in Old Age

Estep's worries and dreams of care as she continues to age in Canada are influenced by her experiences as a PSW and cultural values. She is starting to have

conversations with her daughters now about her wishes for care and death in the future. The most important wish for Estep is to remain at home, and care of herself independently for as long as she can. For Estep, the retirement home is not a viable option for her because it is not financially affordable, and she recognizes problems from her experience working in one. She shared stories of substandard care plans and staffing issues that she observed and often had to oblige to, noting that she did not like working in institutions. For example, she expressed concerns that residents only received assistance with one shower per week and had to eat meals at pre-determined scheduled times. She concludes, *“That's the things that I wasn't happy about. That's why I don't want to work in the institution with the nursing home or retirement home because I like to help all these people, but I can't. It's too much... That's why I'm talking, 'oh, my God. I don't want to be treated like this if I get in this institution.’ And that's why I don't want to go in this institution. I want to die in my house.”* For Estep, as she preferred working as a PSW in home and community care, she would prefer this option for herself if she needed assistance with activities of daily living. She is concerned with the cutting back of government-subsidized home and community care support, noting that she might have to spend more out of pocket for these services.

Furthermore, Estep recognizes the importance of family and community. Although she would feel comfortable with her daughters' involvement in her care, she understands they are very busy with their own lives, so she does not expect them to be involved with hands on, direct care. However, she explains that she trusts them to make decisions regarding her care if she is no longer able to make decisions. Estep notes that in her early years in Canada and often throughout her life, she would attend gatherings of

Filipinos where she says, *“Everybody is our family. There is no exceptions.”* She shares a story of how she would gather with other Filipino live-in caregivers at someone’s apartment where they would share food and stories and support one another. Even in her old age, she spends time supporting her Filipino friends in her community. One way she does this is bringing soup to a friend while she was sick. She hopes that she can maintain connections to Filipinos around her because *“[w]e take care of each other. I know how we feel each other. I know that we care for each other.”*

Contextualizing Estep’s Narrative: Intersectional Life Course Perspective

Analyzing Estep’s life narrative through the intersectional life course perspective reveals how migration, labour, transnational and local families, gender, race, and structural barriers influence experiences and shape her desires for care in old age. As she realized that other Filipinos are working abroad as caregivers and doing well by sending remittances back the Philippines, Estep’s migration is shaped by the economic culture of the Philippines. Labour migration from the Philippines was seen as an economic development opportunity for the country prompted by market demands for migrant workers who sent remittances to augment the country’s oil crisis of the early 1970s (Tigno, 2014). During a period where labour migration was encouraged by the government of the Philippines, Estep was noticing the mass migration of people in her community prompting herself to try working abroad as well. As previously discussed with Naomi and Elsha (see above), the LCP was a highly gendered and racialized labour program that contributed to the facilitation of her migration and labour to Canada.

Estep’s migration trajectory both across international borders and within Ontario are attached to her familial relationships. Transnationally, Estep has provided numerous

remittances when she first started working abroad to the current day where she still sends money back to her family in the Philippines. She sponsored her parents (and brothers) from the Philippines to help take care of her children while she and her husband went to work. Within in Ontario, she and her family moved a couple of times to follow her family-in-law. Recognizing the importance of family throughout her life course, she hopes that her children will play a role in her care as she has played an important caregiver role in her own family.

In addition, Estep's life narrative reveals that providing care is a lifelong journey for her both formally and informally. Estep's strong identity as a caregiver is shaped by the inequalities and wider structural barriers. Estep studied Agriculture and Entomology in university and held a research position with a professor. Yet, she worked in the care and domestic economy for most of her life. She provided childcare for her niece while she was attending university. Without her brother's financial support to attend university, she would not be able to afford it, so she exchanged this support with caregiving. Later in life, Estep also explains how she was transitioning between care roles from work to home while her children were young. She says, *"I had our first child a healthy baby girl and my husband and I were working shift work. I work night shift so that he will be home at night to take care [of] our daughter and I will be home during the day to take care [of] our daughter. So, I feel like I'm working 26 hours a day. That was a sacrifice - shift work."* When she was not taking care of her children, she was working as a PSW in a variety of settings, even trying to upgrade her training at times. Even into her retirement where she is starting to receive care such as physiotherapy, she is still planning a trip

back to the Philippines to provide care to her elderly mother. Estep's identity as a caregiver extends from a young age and continues into her retirement.

Finally, Estep's acts of agency and resistance to the LCP attempting to streamline her into undervalued and low-paying domestic work starts with obtaining certificates in health care aide and dental assistance. These opportunities allowed Estep to further her skills and education to obtain work as a PSW. Estep worked tirelessly to provide a good life for her children, often working multiple jobs, attending school to further her qualifications, and being a good role model for her children. All her hard work evidently paid off as she is proud that all her children are university-educated and building their own lives. Her life narrative reveals her strong matriarch role in providing a good life for her and her children despite the challenges and structural barriers that she faced.

Marta

Marta is a 67-year-old woman who was born in the Philippines and grew up in poverty with her mother, father, and eight siblings (four boys and four girls). She is the youngest of the family, so she often performed a lot of the domestic duties of the household such as cooking, cleaning, and laundry. When her mother passed away when Marta was 17 years old, she took on the matriarch role of the house because her sisters were living away in college dormitories. Her parents valued education wanting her to pursue teaching like her older sisters; however, most importantly “[t]hey encouraged [her] to go to school and finish something as a career that no one can take away from [her].”

Marta describes herself as a “*very ambitious person*” so when she saw people going abroad to work as caregivers and domestic workers, she started nursing school in

hopes of going abroad when she finished. After completing a two-year course in preparation for nursing and then her Bachelor of Science in Nursing, Marta applied to work abroad in Singapore as a domestic helper. Motivated by a “*greener pasture*,” Marta recalls, “*When I was still younger and said ‘OK, greener pasture, change of environment, okay support.’ So at least I can help my father, he is really- he is not working.*” She describes this transition as very sad as she felt sorry for leaving her father, but she always wrote letters to him while abroad. Marta worked as a domestic helper providing childcare, cooking, cleaning, and doing laundry in Singapore for one and a half years. She then applied to the LCP in Canada because she had friends who were going to Canada. The LCP was promising to Marta in her search for a greener pasture because she could eventually apply for Canadian citizenship and there were more opportunities for upward social mobility. Once in Toronto, she reconnected with an old high school friend who was also a live-in caregiver at the time. Eventually, she was introduced to other Filipinos in the community where they celebrated birthdays and had picnics in the park together. Marta never married, so she enjoyed these celebrations and social gatherings very much. She was never able to sponsor any of her family members to come to Canada as a single woman; however, she helped two of her nieces by connecting them with a Canadian agency to help them obtain caregiving contracts in Canada. After completing the requirements of her LCP contract, she worked for a staffing agency doing care and support work in the hospital and community settings. She also went back to school to become a Registered Nurse (RN); however, she was unsuccessful in the program. So, she obtained her Registered Practical Nurse (RPN) license where she started working in a LTRC home for six years before transferring to another LTRC home where she continues

to work for close to ten years. She is passionate and prideful in the care that she provides on the behavioral unit, often working with older adults with dementia. She is thinking about retiring soon, but so long as she is able to keep working, she enjoys it, and it keeps her busy.

Marta's Dream of Care in Old Age

When Marta thinks about care, she thinks about help, support, safety, and well-being. These four characteristics of adequate care are important for Marta to consider when she thinks about where and how she will be cared for in old age. Marta strongly thinks about aging in the Philippines. She would feel more comfortable with her nieces and nephews caring for her in the Philippines, noting the importance of family. Even if her family could not care for her completely, she would hire another caregiver to help her in her home. She already owns a house in the Philippines, so it would make it easy for her family to provide care within her home. Marta is not necessarily worried about financing her care if she ages in the Philippines because she would not need to pay rent.

When she retires, she hopes that she will be able to travel back and forth between Canada and the Philippines before she decides how to plan her care. The desire to travel back and forth between the 'host' country and country of origin has been studied among older migrant workers in Switzerland as both places provide significance to their lives (Bolzman et al., 2007). For Marta, she has nieces and friends in Canada that she still wants to spend time with but is balancing this with relationships with friends and family in the Philippines. When thinking about her care options in Canada, she would not consider the LTRC home unless it was her last option explaining, *"I know I don't like nursing home because I work at the nursing home. I know what it looks like to be in the*

nursing home.” LTRC is described as “*taking a chance*” for Marta because she explains that there are some good nursing homes and PSWs who promote safety and well-being of the residents, but it is not always like this all the time.

Contextualizing Marta’s Narrative: Intersectional Life Course Perspective

Marta’s life narrative shows how migration, gender, economic status, and labour of care affect her life course and how she envisions care in old age. Marta’s migration and labour trajectory work in tandem by shaping her experiences. Early on, Marta chose a career pathway in nursing because she was seeing other Filipinos going abroad to work in the care and domestic economies and hoped that she could go abroad as well. This was during a time where female, Filipino migrant workers were exported and commodified as cheap, flexible labour to fill particularly gendered occupations in the global economy (Tigno, 2014). Marta’s migrations are therefore shaped by socio-political climate of the Philippines state. Her migration pathway is also shaped by state programs in Singapore and Canada that facilitated her ability to work abroad. In Canada, the LCP provided an avenue to citizenship and opportunities for further education and training as an RPN. This led her to a “greener pasture” where she escaped pervasive poverty and improved her socioeconomic status. Marta’s migration to Canada is further shaped by her linkage to her family transnationally and locally. Her family, particularly her widowed father, motivated her initial migration to Singapore to send money back to him. This relationship reinforces Marta’s identity as a caregiver as she provided financial support through remittances and emotional support through letters from abroad. It is also situated within the rhetoric of the Philippine state as a sending country, where Filipino migrant workers were seen as the

“new national heroes and heroines” where migrants contribute to the economy through remittances (Rodriguez, 2002, 345-346).

Marta’s strong family relationships are further shown when she searches for agencies and avenues for her nieces to migrate to Canada to work. These relationships continue into old age as she continues to live with one of her nieces. It also extends into how she envisions her care in old age because she thinks about aging in the Philippines where her family members could provide care for her.

Gender, race, and migration status are intertwined to shape Marta’s experiences throughout the life course and into old age. Marta is university-educated in the Philippines with a Bachelor of Science in Nursing but faced de-skilling as she went abroad as a domestic worker in Singapore, then a live-in caregiver in Canada. After her LCP contract, even though she attempted to study and obtain her RN license in Ontario, she faced further de-skilling as she completed her RPN training and license requirements instead. De-skilling is a disadvantageous aspect of the LCP because even if immigrants are trained and qualified as professional care workers such as nurses and midwives in the Philippines, their credentials are often not recognized in the Canadian care sector (Atanackovic & Bourgeault, 2013). Gendered and racialized labour along with a lack of recognition of foreign credentials hindered Marta’s ability to obtain status as a RN, or the equivalent of the professional role she would have played in the Philippines. However, Marta’s identity is built strongly around her caregiving roles at work. Her experience as a live-in caregiver, RPN, her role in providing emotional support from abroad, and her relationships with her nieces show how caregiving extends into all aspects of her life. This further extends into how she envisions care because she considers her caregiving

roles as an RPN working in LTRC and transnational care to consider what her realistic and favourable options are. Furthermore, Marta demonstrated resiliency and agency throughout her life course, ultimately shaping her envisions of care in old age. Even though Marta is educated and trained as a nurse in the Philippines and could not obtain her license as an RN in Canada, she worked diligently to obtain similar qualifications to work as a licensed RPN. Her dedication to improving her credentials in Canada improved her socio-economic status leading to reduced financial worries in old age. In continuing to work, she challenges societal expectations of retirement and decline in later life. Her dedication to care work and status in a more professional role as an RPN allows her to see the potentials and pitfalls with her care options as she gets older. These experiences help her to realize the characteristics of good care and put her into a financially stable place to age in either of her choices: Canada or the Philippines.

Marylou

Marylou is a 59-year-old woman who was born in the Philippines. She was given up for adoption by her biological mother to her mother's brother (Marylou's biological uncle who raised her as her father) and family. At two years old, Marylou was sponsored through family reunification with her adopted mother, brothers and sisters by her father who was working in Toronto, Ontario as a tool and dye maker. Marylou had a good relationship with her family growing up, even though she describes her parents as strict. Marylou lived in Toronto until grade six when her family moved to California, USA where her father was relocated again for work. Attending school in California was a difficult transition for Marylou as she experienced racism and bullying. After high school, her parents encouraged her to study nursing in college.

Even though she was more interested in studying psychology, she fulfilled her parents' wishes and completed a nursing program to become a Registered Nurse (RN). She worked at a nursing home in California for about one year before moving back to Toronto. Knowing how difficult it was for her to become a nurse in the USA, she decided that she did not want to do the equivalency exams to become a RN in Ontario. So, Marylou completed a PSW certificate and worked in various care settings through a temporary staffing agency, including nursing homes, private residences of individuals, hospitals, and a group home at one point. Marylou preferred working in home care because she could provide more focused care than in settings with an overhead manager.

In her personal life, Marylou was in a common-law relationship with a man for thirty years where they raised two sons before separating. She maintains a very close and open relationship with her sons, and one of her adult sons still lives with her. She has four brothers who still live in the Philippines. She used to send Balikbayan boxes to help her brothers in the Philippines, but her brothers' requests became too much for her to do, especially while her children were still young. She maintains a very close relationship with one of her older sisters, the same sister that let her live with her when she moved back to Toronto from California. They always spend time together on the weekends and often travel to Jamaica together.

Marylou is now retired after she had a stroke that prevents her from working. After she stopped working, she would often visit her parents who were living in a LTRC home to bring them food and spend time with them. She enjoys her retirement by attending a fitness class twice a week and going to the local mall to walk around. At the end of the interview, Marylou reflects on her life course giving thanks to her biological

mother for giving her up to another family because she was able to leave the Philippines for a better life.

Marylou's Dream of Care in Old Age

Marylou has a unique perspective on caring for older adults because of her experience working as a PSW in various institutional and community care settings, as well as personal experiences receiving home care support after her stroke and often visiting her parents in the nursing home.

After Marylou's stroke, she received home care support twice a week to help her with daily activities such as showering and laundry until she could independently care for herself again. She found home care very helpful and would consider this in the future if it was not very costly. During this time, her oldest son also stayed home from college for one year to care for her. She notes the important role of her sons in her care as they are usually worried about her health and well-being; however, she describes them as very busy with their own lives, so she does not expect them to be involved.

Based on her experiences as a PSW working in a nursing home and visiting her parents who lived in a nursing home, she does not consider the nursing home as an option for herself and hopes she will never have to live in one. Marylou's parents were placed in a nursing home because her mother had dementia and her father was struggling with activities of daily living. While the nursing home was the best option for her parents because she could no longer take care of them due to complications after her stroke and her sisters were working, Marylou often found herself advocating for her parents whenever she went to visit, as well as ensuring that her mother would be placed in the same nursing home as her father who was already living in one.

She also worries about the quality of care being provided as she observed how the PSWs were under a lot of time constraints, leading to a lack of time for friendly interactions. For Marylou, compassion, care and honesty are very important traits for PSWs and health care staff to possess, and part of that is giving staff enough time to interact with residents. Marylou worries that if she lives in a nursing home, she will have trouble adapting to the care arrangement like how her parents did. For example, she worries that the available activities and food would be a lot different than what she normally is accustomed to. She suggests that nursing homes should offer enriching activities and meals that are tailored to the culture of and specific likes of the residents. Even though she makes these suggestions, she does not see herself living in LTRC.

Marylou's ultimate dream is to age in Jamaica. One of her older sisters whom she has a very close relationship with has a house in Jamaica that they vacation in. She hopes that in the future when her sister retires, they will be able to age together in Jamaica. Marylou explains how she would rather live in Jamaica than go into a nursing home. As long as she can financially afford it, there are people she could pay to take care of her in a similar arrangement to home care where someone provides care and support within her home. She likes this option because she can relate to the people and is very humble with the locals. Currently, this is not possible for her because she would not be able to afford her medication in Jamaica, especially her insulin. Marylou's dream is to avoid LTRC and age in Jamaica when she can no longer care for herself independently.

Contextualizing Marylou's Narrative: Intersectional Life Course Perspective

Marylou's life course is somewhat different from the other participants because she immigrated to Canada through a family reunification program as a young child rather

than via a labour program such as the LCP. However, Marylou's life narrative is interesting because her migration and labour trajectories still reveal unique perspectives on care for older adults. Even though Marylou did not make the decision to migrate in search of a better future, her initial migration to Canada through family reunification is a decision that her biological mother made so Marylou could have a better future.

The timing of Marylou's migrations from the Philippines to Canada then to the USA always aligned with her family's life. When she moved from the Philippines to Canada then to the USA, she was migrating with her family as her father was relocated due to work. She was expected to migrate to Japan following another job relocation for her father; but she purposefully did poorly in school so they would keep her in California with her mother. When she moved from California back to Toronto despite her father's wishes for her to stay in California with them, she was being supported by her older sister who was already living in Toronto by providing housing for Marylou. These transitions were often difficult for Marylou, often leaving behind friends and struggling to fit into a new community.

Marylou's life narrative shows how her life course is linked to her local and transnational family members, as well as through intergenerational connections. Marylou's family relationships shaped her experiences profoundly. Marylou's sister has always been a source of hope as they maintained a close relationship even while they lived in separate countries for a while. Since Marylou moved back to Toronto in her twenties, her relationship with her sister became stronger as they often spend holidays and many weekends together. Marylou's strong bond with her sister and interest in travelling together influences how she envisions care. Her sister is an important person in

her life, and she hopes that she can follow her sister who expects to spend her retirement in Jamaica. As Marylou imagines aging with her sister in Jamaica, she is beginning to think about how care will possible there. Marylou's migrations were shaped by her father's job relocations, then by her relationship with her sister who was already living in Toronto. Marylou was very close with her parents and this relationship had significant implications for her. For example, Marylou explains how her father had a well-paying job, so he encouraged her to pursue post-secondary education although he would only fund her education if she studied nursing. This was a difficult situation for Marylou because she wanted to study psychology, and she disliked the nursing program. Marylou's labour trajectory to eventually work as a PSW for many years was facilitated by her parents' financial support and encouragement to pursue nursing.

Noting the importance of caring for her family and all the support that her parents gave her throughout the years, she reciprocated this care when her parents got older and required additional care and support by visiting them at the nursing home. These interactions with her parents who were living in LTRC further built the intergenerational relationship with her parents, but it also furthered the reasons why Marylou would not consider LTRC for herself as she ages and may require additional care and support. Marylou's relationships with her sister and her parents are indicators of how experiences are often shaped by family members across borders and generations, and how these experiences can influence how care is imagined in old age.

Marylou's life narrative show how race, age, and gender implicate her caring labour and identity. First, Marylou shares how she experienced and witnessed racism while living in California which was also a driving factor for her migration back to

Toronto after she completed her education. She explained how difficult it was for her to attend school there because she was bullied frequently due to her race, which she rarely experienced while attending school in Toronto. After she finished her nursing degree, she was working in a nursing home in California before she moved back to Toronto. She notes that working in this particular nursing home was difficult for her because she witnessed other staff disrespecting the older residents and resorting to physically restraining the residents. Both experiencing racism and witnessing ageism, Marylou decided that she would move back to Toronto where she reconnected with her sister, experienced less racism, and worked towards being a better caregiver for older adults.

Similar to Marta's experience, Marylou also experienced de-skilling as her nursing credentials were not recognized in Canada, which led to her working as a PSW instead of obtaining the licensing for more professional roles. Although Marylou was constrained by the nursing standards in Ontario leading to her demotion to a less-professionally recognized and lower-paid care role as a PSW, these experiences shaped her identity and how she envisions care in old age. Her formative years studying to be a nurse and building her career in California exposed her to situations that prompted her to shape her own desire to be a better caregiver. Although she never went back to work formally as a PSW after her stroke, she expressed a profound passion for caregiving when her parents were living in a nursing home. Her experiences working in a variety of settings as a nurse then PSW and her relationship with her parents became embedded in her identity and sense of self-worth.

Agency and resiliency are shown throughout Marylou's life narrative. Marylou disrupts a traditional view of successful aging as avoiding disease and disability,

maintaining cognitive and physical function, and active engagement (Rowe & Khan, 1997). Despite experiencing a stroke that had lasting effects on her ability to use her right hand and leading to her inability to return to her job as a PSW, she still provided care for her parents in LTRC. Similarly, this extends into Marylou's envision of her and her sister caring for each other in Jamaica despite disability and age. Her strong identity as a caregiver is maintained throughout her life narrative and she is hopeful this will continue into older age when her sister retires, and they care for each other.

In conclusion, I have applied the intersectional life course perspective to contextualize each participant's life history narrative. I further this perspective by showing how the rich descriptions of each narrative can be used to draw connections between each participant's experiences and their ideas of care. The next chapter further amalgamates and explains the three common ways that these older Filipino care workers imagine care in old age: (1) aging across place; (2) through their networks of care; and (3) aging elsewhere. I also discuss how these models of care provide an effective critique of the current policy emphasis on aging in place and on the LTRC system.

Chapter 4: Discussing Hopeful Eldercare Alternatives

Integrating Tungohan's (2023b) use of Tuck's (2009) desire-based framework to look towards migrant care workers' dreams, desires, wishes, and primary concerns in understanding migrant activism, I use similar concepts for imagining care among older Filipino care workers. Bonifacio's (2008) question regarding Filipino live-in caregivers, "I Care for You, Who Cares for Me?" and my own "and in what place?" each are reflected in these Filipino caregivers' ideas and imaginings about care in old age. Reflecting on their respective life courses, these Filipino caregivers ideal care arrangements fall into three common themes: (1) aging across place; (2) networks of care; and (3) aging elsewhere. In this chapter, I discuss the promising aspects and limitations of each ideal care arrangement as described by the participants and reflected in the literature. I also demonstrate how an analysis based on an intersectional life course perspective can extend our understanding of how life events, timing, and structural forces, linked lives, identities and difference, and agency, domination and resiliency influence how they imagine care in old age. I draw on Tungohan's (2023b) politics of critical hope by focusing on the imagining of care futures that enable these older Filipino care workers to be hopeful that they will receive care in the ways that they desire.

Aging Across Place

Aging 'in place' is important to participants; however, it comes with challenges, worries, and desires to improve this reality. I suggest that 'aging across place' better describes this idea of physically 'aging in place' while also recognizing transnational relationships and the longing for home. The home is seen as a place of care where care is provided to maintain independence, environment, and social inclusion (Barrett et al.,

2012). Estep and Elsha both desire to age independently within their home for as long as they can with hopes they will not need to transition to LTRC. For Naomi, Marta, and Marylou who desire to age elsewhere (in the Philippines or Jamaica), they desire to age across place as they want to receive care within their home; however, the idea of home is not their current place of residence in which they spent most of their lives. Yet, they would still maintain transnational relationships and connections to their family in Canada. Labour and lived experiences, and providing and receiving home and community support services influenced how participants imagine and/or worry about the potentials of aging across place and what it means to call ‘home’ or ‘place.’

Financing and accessing home care services was discussed when imagining what in-home care could look like for each participant. In Ontario, there are three streams of home care: (1) attendant services; (2) Home and Community Care Support Services (HCCSS) and/or Ontario Health @ Home (OH@H); and (3) independently funded/fully private home care (Hande et al., 2024). Participants referred to HCCSS/OH@H and fully private home care avenues when discussing how home care may benefit them. Estep, Naomi, and Marylou each have experienced working as PSWs providing care to clients in their homes and in other institutional settings. When asked to discuss the possibilities of each setting that they have worked in as PSWs, they both indicated that they would consider home care as an option for themselves. Marylou’s experience receiving home care support after her stroke further reinforced the value of the care provided. However, Estep and Marylou are both worried about the cost of home care services. Government subsidized home care support would be helpful to Estep who worries about financing her care but “they’re cutting back on services. Well, why are they doing that? People [who

were] getting service like every day, they cut them back for three times a week.”

Similarly, Naomi shares that she would consider home care support to care for her but not in Canada because she would not be able to afford private care, especially if she required 24-hour care.

These concerns reflect the fragmented home care system where there is minimal public health care spending, as approximately only two to seven percent is allocated to home care in the Canadian provinces (Marier, 2021b). This poorly regulated public and largely privatized home care system is complex and difficult to navigate (Hande et al., 2024; Marier, 2021b). Older adults requiring additional home care hours can supplement government subsidized home care services by privately hiring a caregiver (Hande et al., 2024). This can be quite costly for individuals, especially for older adults with limited savings and/or pensions.

For example, Naomi explains that it would be more affordable to pay for a caregiver in the Philippines, augmented by additional care provided by family members and neighbours. As such, Naomi is negotiating the physical ‘place’ between Canada and the Philippines by comparing the most desired support of in-home care. Increased access to caregivers and household helpers in the home country of Indonesian immigrants living in Canada is also discussed in a similar fashion (Lukman & Merry, 2023). The direct positive experiences providing and/or receiving home care among Estep, Naomi, and Marylou leave these three women with a desire for home care support when they need it; however, they are worried about financing and accessing services, leaving them to think about alternatives such as support through their networks of care and/or aging elsewhere.

Through Networks of Care

Networks of care through informal caregivers such as family, friends, and neighbours, both locally and transnationally, was a common theme that builds on the desire to age across place. Informal care is physical and/or emotional care provided by family members of any age. This care can include several responsibilities including housework, yard work, personal care such as bathing, toileting, and dressing, providing emotional support and encouragement (Mandell & Wilson, 2011). I use 'networks of care' to describe the desire for family and informal care as it represents the social connections that these participants desire with extended family, neighbours, and community. This builds on Francisco-Menchavez's (2018: p.97) concept of 'community of care' that show the kinship and solidarity between Filipina migrants and their transnational and local communities.

Firstly, participants discuss the involvement of extended family such as brothers, sisters, nieces, and nephews; rather than, the nuclear family. Traditional ideals of the nuclear family position a married couple with the man as the breadwinner and the wife as a caregiver who would care for the children, reflecting a deeply gendered arrangement (Krull, 2011). The traditional nuclear family is not the focus of family caregiving in this research for the participants as their families deviate from this tradition view of family. Elsha and Marta are two single women who were never married. Naomi is married and never had children. And Estep and Marylou have children but are separated from their partners and now have other relationships. Naomi, Elsha, and Marta are all women without children who emphasize the importance of extended family providing care. Naomi has a strong desire to move back to the Philippines where extended family and

neighbours would care for her, but she also thinks about whether it would be possible for her to stay in Canada. *“I would also prefer if somebody of the family would come. You know it's- you're more comfortable. And when the family come... I am hoping and praying... My brothers, my sisters would come and help me. And if possible, I want them to be the one to care for me if possible. I don't know if it's possible, but that's my wish”* (Naomi). Naomi dreams of building a network of care through her family members.

Elsha describes how she hopes one of her relatives can provide “[g]uidance. Guidance like if you don't know how to take care of yourself, you forget to take a bath. Someone will say ‘ohh you did not take a bath, go and take a bath.’ Or ‘take your pills, don't forget your pills.’” Emphasizing the extended family, Elsha and Marta live with one of their respective nieces. Ferrer et al. (2017a) argue that older immigrants can be providers and receivers of care that is bidirectional - a critique of filial piety where the older adult is assumed to be a passive receiver of care. They argue that adult children are not the only providers of care, and that care can be provided across generations, geographical locations, communities, and time (Ferrer et al., 2017a). In these cases, the extended family is the idealized providers of care, and it is often reciprocated. Elsha describes her relationship with her niece, *“We care for each other... We are independent and we are- We live together in share the cost of the place where we are living.”* Elsha’s relationship exemplifies a reciprocal relationship where they are still independent individuals but care and support each other.

It is interesting that even though the involvement of family to provide care is important and often reciprocal as found by Ferrer et al. (2017a), it is not always expected to be reconfigured in a reciprocal way. Naomi worked very hard when she first moved to

Canada so she could give her younger brothers and sisters a better life in Canada by sponsoring them. When Naomi thinks about the possibilities of staying in Canada if her brothers and sisters' families could take care of her, she has doubts. "*[I am] not expecting [my] family all the time. They always say, 'OK, Auntie, we are. It's OK. We will be there.' You can't expect that, they have their family. They are busy. They are working now*" (Naomi). Naomi does not expect her extended family to care for her nor would she ask her family to do so. Whether or not her extended family feels obligated or desired to provide care to Naomi as she requires more care is a missing perspective. This is when Naomi describes how if she were to age in the Philippines, it would be very likely that her neighbours would become her network of care while maintaining transnational connections to her siblings in Canada by aging across place.

Similarly, Estep hopes to remain in her home but when she thinks about who will care for her, she shares, "*my family cannot afford to spend their time because of work and I don't want the matter to take them away from their work. You lose your job. It's going to get worse. A lot of things to consider.*"

Naomi and Estep think about their family's involvement in their care but do not expect their brothers and sisters, and children respectively as they do not want to burden them. In each of their life narratives when sharing their experiences as PSWs, both shared how it was upsetting to work with clients who wanted their family to visit but they never did and clients who would not reach out to their families because they did not want to burden them. Naomi and Estep realize how difficult it is for their families in Canada who are working to make time to be involved in their care, which they often saw with their older clients. This partly explains why Naomi wants to age in the Philippines because the

culture and expectations for caring for older adults is different. *“In the Philippines now you live with your grandparent, with your mother or whatever or your grandmother, you know. So that's why for me, I don't think I'm going to stay here when I can't afford myself.”*

However, while Naomi and Estep do not expect their family members to be involved; they maintain their own traditional Filipino values of respecting their elders by visiting the Philippines to care for their respective mothers for a few months. This furthers the idea that caregiving is lifelong, gendered and raced, which can be burdensome for women and have cumulative effects (Mandell & Wilson, 2011). In some ways, Naomi and Estep realize how challenging caregiving can be through their own experiences as providers; therefore, wanting to lessen the burden on their families by looking for other ways to be cared for in old age.

Another potential way to augment care needs in the future and to support aging across place or ‘in place’ is to look towards the role of community, particularly the Filipino community. Marylou shares that she attends a fitness class twice a week. Elsha explains, *“Maybe aside of my personal care to myself, I like to participate in this senior's program. Like there are seniors program that you can join. They can go anywhere, they even go for touring, touring anywhere abroad. And enjoy life.”* Naomi talks about the potentials of volunteering in the community, *“when you go out and mingle with other people, older people, you exchange ideas and then you can learn more then you can ask more support.”* Involvement in community programs are a way that participants maintain physical health and emotional health through connections with other older adults. Relationships and connections within the Filipino community is also a way that physical

and emotional care is provided. For example, Naomi observes, “*So most of the people I see the, you know, the Filipino people, they go dancing there in the, in the community. So, they love it. They're enjoying.*”

These opportunities allow for older Filipinos to support one another as Naomi explains. However, it can be challenging sometimes to implement cultural and religious needs into community services and programs (Salma & Salami, 2020). Estep explained that she used to be involved with the Filipino community in her area before, but it has been difficult to find a physical space to get to together. Estep finds it more difficult to access community services and supports tailored to older Filipinos in her area since the COVID-19 pandemic compared to Naomi and Elsha who can more readily access the Filipino community. This may be attributed to geographical location as Naomi and Elsha live in the GTA where the highest number of Filipinos reside (Cabana, 2022). The availability of community services and supports for older Filipinos is one way to avoid social isolation and loneliness as prevalent experiences for older immigrants (Koehn et al., 2022). It is evident that these older Filipino care workers are thinking about the possibilities of building care networks through informal caregivers such as siblings, nieces, and nephews, as well as through the community.

Aging Elsewhere

Immigration to Canada was seen by most participants as a hopeful transition filled with opportunities to obtain citizenship, work, support family members, and ultimately build a better life and search for a ‘greener pasture’ as Marta describes. Lundholm (2012) argues that migration in old age is a fairly rare phenomenon and is more often experienced by younger migrants in pursuit of employment and income security. This

reflects the experiences of most participants, like Naomi and Marta who both migrated in their younger years to work abroad after completing their education in the Philippines to escape pervasive poverty. Yet, aging in Canada becomes less ideal for Naomi, Marta, and Marylou when they think about needing additional care and support with their daily lives. Naomi and Marta visualize a future where they return home to the Philippines, and Marylou thinks of an alternative future of moving to Jamaica. This posits the question: where is the line drawn between Canada as a 'greener pasture' and the desire to uproot their lives to leave; and what influences this? I turn to migration transitions to address this.

Migration and the timing of migration is a key transition in the life course to understand how aging elsewhere is thought of to receive promising care. Friedrich and Warnes (2000) argue that migration is more common among older adults for the kinship purposes of requiring additional care and support, a desire to live closer to family members, and/or to return to regions of birthplace. Naomi thinks about moving to the Philippines permanently to age if she and her husband can no longer afford to age in place independently and financially. Her return to the Philippines would provide her with a happier old age because her neighbours would care for her, and she would not be confined to LTRC. Similarly, Marta imagines aging in the Philippines because she would receive preferable care by her family members in her home that she already owns. Furthermore, migration in old age is sometimes driven by 'environmental attractions' such as a warmer climate (Friedrich & Warnes, 2000). Marylou desires a future where she and her sister receive care in Jamaica. This is not a return to her birthplace but represents a vision where she can receive additional care through the locals who she

trusts would provide quality care, and her strong desire to live with her older sister. These accounts reflect Friedrich and Warnes (2000) view of factors contributing to migration in old age, and it also suggests how migration and care are interwoven. A motivating factor for Naomi and Marta to work abroad was strongly centered around transnational care and the ability to provide remittances to their families back home in the Philippines. Now in their old age, they dream of migrating back to the Philippines to receive culturally informed care that reflects their needs and desires through their networks of care. Thinking about care in a person's home country versus their host country in old age has not been specifically researched among Filipino immigrants in Canada, to my knowledge. However, one study on older Indonesians found that self-care was more favorable in Indonesia due to social supports available (such as family and household helpers) and access to alternative medicine (Lukman & Merry, 2023).

Although there is a strong desire to age elsewhere for Naomi, Marta, and Marylou, there are some barriers hindering the reality of these care arrangements. Even though Naomi and Marta would find comfort in being with and receiving care from family, friends, and neighbours in the Philippines, they leave behind family and friends in Canada who they would then be physically separated from. In addition, Marylou discusses the benefits of Medicare in Ontario as her diabetic medication would be difficult for her to pay for if she moved to Jamaica. This can be described as aging across places where the 'host' country offers benefits such as health care, but people still yearn for home, or in this case a place Marylou desires to call home (Salma & Salami, 2020). Migration can therefore influence and be influenced by desires of care in old age through

the idea of aging elsewhere by returning to an individual's country of origin like for Naomi and Marta, or a country with familial ties like Marylou and her sister.

Critique of Long-Term Residential Care

These desires to age across place, involve and strengthen networks of care, community supports, and/or age elsewhere reflect a critique of institutionalized forms of care. In Canada, institutionalization of older adults with complex care needs in LTRC facilities such as nursing homes is a normalized and common way to address an increasingly aging population (Chamberlain et al., 2024). Instead of investing in service-based models of care such as home care, older adults who cannot independently care for themselves are often placed in institutions (Marier, 2021b). Despite the LTRC system being a dominant form of providing care to older adults in Canada, it has also been known to be the last and worst option for individuals, further magnified by media coverage of the appalling conditions of LTRC homes during the COVID-19 pandemic (Armstrong & Armstrong, 2022). Admittance to LTRC home is best seen as “an indicator of an individual's failure to care for themselves, of the family's failure to care for them, and of the medical's system's failure to cure them” (Armstrong & Armstrong, 2022, p. 17). The desire to age across place, strengthen networks of care, and/or age elsewhere are acts of resistance to the dominant forms of care for older adults and the neoliberal ideology that underpins it. Based on participants' experiences providing formal and informal care to older adults in LTRC and/or their own cultural values, each participant expressed that institutionalized forms of care are not ideal if they can no longer care for themselves independently.

Naomi, Estep, Marylou, and Marta have interesting perspectives on LTRC as they have direct experience providing care as PSWs or as an RPN to older adults for many years of their respective lives. The lack of time, increase in workloads, and pressure from managers led to a decrease in the quality of care provided to older adults. For example, Estep transitioned from working in institutional care homes to community care because she found that she could not provide quality care if there were understaffed. Similarly, Naomi describes the morning shift as “go, go, go, go, go” helping each resident get dressed for the day. While Marylou was visiting her parents in LTRC, she noticed that the care staff were always in a rush, which limited the amount of time that they could spend providing compassionate, and “friendly” care. Estep sometimes worried about her clients in the retirement home who could not finish eating before their trays were cleaned up. This is echoed in one study that found understaffing in some care homes led to a less desirable mealtime experience because residents were often rushed as care workers had less time per resident (Lowndes et al., 2017).

Retrospectively, the participants reviewed their work experiences and even though many expressed the pride they took in providing care in institutions, they recognize that they worked in unsustainable conditions that produced less desirable care for the residents. Naomi highlighted patience as one of the most important characteristics she practiced while caring for older adults and knowing how difficult it was to keep on schedule while being patient with her clients. This makes her worry about receiving quality care if – as a resident – she needed extra time to receive care in a LTRC home with overworked and understaff care workers.

Other participants expressed fear that they may not receive care in a timely manner that is tailored to meet their individualized needs, so they also looked to other options such as aging at home with the support of their local and transnational care networks. For example, Marylou's experience with home care as a recipient was more positive as her care was tailored to meet her needs. The COVID-19 pandemic revealed the importance of including the perspectives of health care workers and caregivers as frontline workers in policy and decision making for managing future pandemics (Orhierhor et al., 2023). Therefore, the perspectives of care workers, many who are immigrant and racialized workers, in institutionalized care homes should also be considered when thinking about providing quality care for older immigrant adults.

My study showed how culture and tradition play a role in influencing how care in old age is desired. In the Philippines, there is a lack of a national institutionalized care and support system for older adults (Duaqui, 2013). This is described eloquently by Elsha who reflects on the idea of LTRC, "*we are Canadianized because there is no such a nursing home in the Philippines.*" Instead, family-based care where immediate and extended family provide care to older adults is rooted in traditional values (Duaqui, 2013). Naomi and Marta, reflecting on their experiences working in institutions, share how they hope to return to the Philippines when they can no longer care for themselves independently.

Having family members provide care is important to both Naomi and Marta, and living in LTRC would be difficult to facilitate this. For example, Naomi witnessed many sad residents while working in LTRC who seldomly received visitors and knowing that her family in Canada are working all the time to support themselves, she does not believe

her family would prioritize visiting her in LTRC. But, if she was in the Philippines, it is normal and expected that her family members and neighbours would provide care to her in her home.

Even though participants did not see themselves ever living in a LTRC home, they had suggestions on how to better to better support older Filipino immigrants in LTRC homes. Effective communication is important to provide quality, person-centered care, especially to older adults (Ménard et al., 2023). It can also build respectful relationships between staff, families and residents to make them feel valued (Barken & Lowndes, 2017). Naomi's experiences working in a LTRC home tailored to older Italians pointed to a few suggestions for providing culturally appropriate care to older Filipino immigrants in LTRC. Naomi's brief period working in Italy allowed her to learn Italian. She recounts that her ability to speak and understand Italian often helped her communicate effectively with the LTRC residents and that some residents preferred her care because she could converse in their language. Similarly, Marylou shared that her parents experience in LTRC could have been better if they had access to a care worker who could speak Tagalog.

While addressing language barriers in LTRC homes has been shown to improve the quality of care and increase health equity and inclusion (Ménard et al., 2023), culturally informed care should also be integrated into activities and food. Marylou describes how her mother always asked her to bring Filipino food whenever she would visit because she did not really enjoy the food served at the LTRC home. Estep thought of designing a residential care home for Filipinos that integrated their customs, traditions, and culture into everyday living to limit the number of adjustments during the transition

to a care home. In Ontario, there are only 57 out of the 626 LTRC homes (nursing homes) that serve ethnocultural groups (such as Indigenous, Chinese, French, and Italian) and religious groups (such as Christian, Catholic, and Jewish) (Ministry of Long-Term Care, 2023). Ethnocultural LTRC homes often employ staff who can speak the language and/or share the same culture, and the residents' cultures influence other aspects of the care home including activities, food, décor, and music (Ministry of Long-Term Care, 2023).

Although ethnocultural LTRC homes are tailored to suit the cultural needs of the residents, there are often obstacles to being placed in one. The average wait time for placement in an ethnocultural LTRC home is approximately five years, compared to the average wait time of 50 to 223 days (various per region) (Ministry of Long-Term Care, 2023). A LTRC home that is culturally specific to Filipinos may promote aging in Canada; although, participants had stronger desires to age elsewhere or outside of the dominant care systems than to imagine what a Filipino nursing home could look like.

The dreams and visions of care for these older Filipino care workers to age across place, utilize their networks of care, and/or age elsewhere reveals a disconnect between current care policies and their desires. The LTRC system is one of the primary formal eldercare strategies in Canada. Yet my study participants do not see themselves aging within LTRC facilities, even though ethnocultural LTRC homes are argued to promote the well-being and inclusivity of older adults (Ménard et al., 2023; Niki, 2023). These older Filipinos do not dream of receiving care in a LTRC home even if they were surrounded by Filipino culture within the care home. It implores the question of how care

policies and models can be informed by these marginalized voices to support ideas of aging across place and the avoidance of institutionalization?

Participants – older Filipino care workers – have decades of experience caring for older adults both formally in the Canadian eldercare system and informally within their communities that influence how they see their own care in old age and the future direction for eldercare strategies in Canada. Therefore, my study findings suggest future direction to acknowledging the voices and perspectives of immigrant care workers in developing desirable eldercare policies, especially for immigrants.

Chapter 5: Conclusion

This thesis took me on a journey of listening to the stories of older Filipino immigrant care workers and hearing their perspectives on care in old age – a journey where the dominant form of care through institutionalization is challenged by those who had direct experience working within the system. It started with the question of how do transitions and trajectories in the life course affect how older Filipino immigrant care workers imagine care in old age? And as I started listening to these care workers stories, I began to wonder where in the life course does the allure of Canada as a ‘greener pasture’ and a land of opportunities wear off. It is hard to pinpoint a specific time and to do so would be less important. The idea that some of these older Filipinos look towards the Philippines or elsewhere as a better place to receive care in old age is indicative of the inadequacy of Canadian care systems to address the needs of these immigrants. I discovered that even though these care workers stories were filled with hardships, sacrifices, love, joy, heartbreak, and many other feelings and emotions, the time they spent experiencing and imagining care gave these participants a sense of hope. Even though there were moments of worry and fear looking towards the future, participants drew on their experiences to share their hopes, dreams, and imaginations.

The hopeful care arrangements of aging across place, through networks of care, and aging elsewhere summarize the critical hope that participants hold onto as they think about themselves in care arrangements that suit their visions. Like a majority of other older Canadians (see National Seniors Council, 2024), participants expressed a strong desire to age at home and receive care at home. My participants provide perhaps a different view than what the National Seniors Council (2024) suggests, as my participants

describe negotiating 'home' and 'place,' and consider transnational and intergenerational support to age 'at home.' Participants considered the use of home care services but often expressed concerns about financing private care if needed. Strengthening and utilizing their networks of care were considered to support aging across place; however, some participants do not expect their family to be involved, or they turn towards their extended family and the community for potential care. Aging elsewhere, such as the return to the Philippines or a frequent place of vacationing, suggests that participants are pulled towards the potentials that other countries have to offer and pushed away from dominant forms of care in Canada. Furthermore, life course transitions and trajectories or migration, care, and labour influence whoever and wherever participants imagine their care. Care is a lifelong process that begins early in life and continues throughout the life course, regardless of time, geographical boundaries, and generations. These experiences of care labour whether performed transnationally, intergenerationally, formally or informally are influential in shaping identity and how care is desired in old age.

Future Directions

This study produced rich, in-depth insights into these older Filipino immigrant care worker's experiences which I have organized around three common themes. The sample size of this study is small and does not allow for generalizations of how care is imagined in old age among older Filipinos. Moreover, each theme of how care is envisioned is based on individual interviews. A collective opportunity using a focus group could have potentially enriched the findings as participants discuss their ideas for care; however, there was little to no interest in this aspect among the sample. Furthermore, while this study generated interesting perspectives on care in old age from

older Filipino immigrants who work/ed in institutional and community care for older adults to think about the future of care, a few perspectives are missing.

Although this study did not exclude men based on gender, unintentionally all participants were women. This may reflect the gendered nature of the LCP as it was very gendered as women had to reside with the private home (Nyaga & Torres, 2017). Even though care work is highly gendered, Filipino men have taken up jobs as caregivers in smaller numbers (Nyaga & Torres, 2017), their perspectives are missing from this study. Moreover, a common theme was thinking about the involvement or role of family members in care. Family involvement in care is thought of as comforting and desirable; yet, sometimes not expected. It is unclear if participants have a sense of not wanting to burden their families or if they are underscoring their family's desire to provide care. Family involvement in care is also highly gendered, menial, and devalued leading to the misperceptions of care work (Woodley et al., 2021). A study using dyadic interviews or focus groups to examine the perspectives of both the older adult and their family members who may potentially be involved in their care would further complete the picture of what family involvement could look like and how it could be supported through aging in place policies.

In conclusion, older Filipino immigrant care workers in the cases of personal support workers, a live-in caregiver, and a registered practical nurse who provided care to older adults in institutions, community settings, and within their own families revealed unique perspectives on the delivery and design of care for older adults. These perspectives and care visions reimagine aging in place to age across place, involve their networks of care, and/or imagine the possibilities for care in other countries. The strong

desire to avoid LTRC through their embodied experiences and understandings of the system suggests the misfits of dominant, institutional forms of eldercare in Canada where the struggle to see themselves in.

To better support participants' care dreams, there is a need to develop ways to support these networks of care (family, friends, and communities) to reduce the burden placed on providing care to these older Filipinos. Many of these perspectives are influenced by transitions and experiences within the life course related to migration, care labour, transnational and intergenerational relationships, and identities. The research on care workers often focuses on addressing and improving their working conditions (see Fitzpatrick et al., 2022, Booi et al., 2021), but they are very seldom asked if they would consider these care options for themselves and their family members. This study suggests that the voices of older racialized and immigrant care workers could be helpful in developing culturally informed and equitable care for older racialized and immigrant people in Canada. Overall, the unique perspectives of these older Filipino immigrant care workers reveal a rich, in-depth understanding of how they imagine care models that differ from the dominant models of care.

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Appendices

Appendix A: Recruitment Flyer



Participants Needed for a Study on Aging and Care

Looking for Participants:

- 55 years old or older
- Filipino/a/x
- Born in the Philippines and immigrated to Canada through the Foreign Domestic Movement or Live-in Caregiver Program or Family Sponsorship
- Working or previously worked as a domestic worker, including home care workers and personal support workers (PSWs)
- Cared for an older person within the past 10 years
- Currently living in the Greater Toronto Area (GTA), or the Kawartha Northumberland Region of Ontario



What I am researching:

- How do events in the life course affect the current lived experiences of aging Filipino domestic workers?
- How do older Filipino domestic workers envision their care in old age?

Participants will be asked to:

- Have a 1.5 - 2 hour interview with the student researcher about their experiences
- Join an (optional) focus group dedicated to envisioning care for older adults

**If you are interested in the study or have any questions...
Please email Alana Hart, MA Student:
alanahart@trentu.ca or send me a message on Facebook
Messenger**

Appendix B: Interview Guide

Interview Guide – Individual Interviews

Friendly greetings and introduction to who I am.

Read the consent letter to the participant. Ensure the participant has time to ask questions. Go through eligibility screening. If the participant fully understands and consents to participate, read through the confirmation agreement and have them fill it out and sign accordingly.

Thank the participants for their participation. Reiterate that their participation is completely voluntary, they can stop the interview temporarily or permanently, and skip any questions they do not want to answer. Remind participants that they can take a break at any time to use the washroom, have a drink, or take a couple minutes to step away from the interview.

Overview of Interview: This interview is divided into two phases. During the first hour or so, I would like to hear about your life story. During the second hour or so, we will transition to talking about how you envision care in old age for yourself and other older adults.

Phase 1: Life Story

This is the participant's life story. Therefore, the participant will guide the story. The researcher will prompt the participant to think about different events that might have happened. The following questions may not occur in this exact order; rather, it will depend on the individual's trajectory. These are suggested transitions and events to use as prompts:

1. Childhood
 - a. Family dynamics
 - b. Please tell me about your family growing up.
 - c. Describe the relationships between you and the person or people who cared for you while you were a child.
 - d. If you had to care for anyone growing up, please describe what this was like.
2. Education
 - a. Please tell me about your education and school and what it was like.
3. Marriage/Relationships/Family in Adulthood
 - a. If you are/were married, describe this relationship?
 - b. Tell me about any children you have? Grandchildren?
 - c. What is your relationship like with your extended family? In Canada? In the Philippines? Overseas?
 - d. Follow up - How do you feel about having family overseas?
4. Immigration to Canada
 - a. Through which program did you immigrate to Canada through: Foreign Domestic Movement or Live-In Caregiver program?
 - i. What was this process like for you?
 - b. Describe your motivation or reasons for immigrating?

- c. How did you make the decision to migrate?
 - d. Describe if you lived and/or worked in another country before coming to Canada?
 - e. Describe your family dynamics at the time of immigration
 - i. Did you already have friends and/or family in Canada?
 - ii. Did your friends and/or family come with you to Canada? If so, when?
5. Occupation(s)
- a. Describe your job(s) before immigrating to Canada? (if any)
 - b. Describe your job(s) you had/have in Canada?
 - c. Describe any additional training or education you had to do to in Canada.
 - d. If you are still working, describe what you do and why you continue to work.
 - e. Tell me about your experience working as a care worker in Canada
6. Retirement
- a. If you are retired, describe what it was like to retire?
 - i. How does retirement make you feel?
 - b. If you are not retired, describe why you continue to work?
 - i. Do you ever see yourself retiring? What would this look like?

Phase 2: Envisioning Care

Potential follow-up questions are included in the a,b,c list following the numbered question.

1. What does 'care' mean to you?
 - a. Include types of care – ex. Self-care, therapy, from family?
2. Do you currently receive care?
 - a. If so, describe this experience and relationship.
3. If not already receiving care: Do you worry about who will care for you?
 - a. Why or why not?
4. Do you worry about how you will be cared for as you get older?
 - a. Why or why not?
5. If already receiving care: Do you have any worries about who cares for you or your current care arrangement?
 - a. Why or why not?
6. If not already receiving care: Do you have a care plan for when you get older and may need some support with daily activities?
 - a. What does this look like?
7. Where do you plan on aging?
 - a. Is this arrangement ideal for you?
 - b. Is there anything that worries you about this plan?
8. If receiving care: is your family involved in the care you receive? If so, how?
9. If not receiving care: do you think your family will be involved in the care you receive? If so, how?
10. Do you think about needing more care as you get older? If so, what plans or arrangements do you have or will you have?

11. Question relating back to their experience: You mentioned you worked in _____ (ex. A nursing home, private homes, a retirement home etc.), would you consider this arrangement an option for yourself? Why or why not?
 - a. What wouldn't you like about this option?
 - b. What could potentially improve this option for you? For other older people?
12. What care supports are important to you to have as you get older?
 - a. What kind of support or resources would you need to make this possible?
13. If there were no obstacles and nothing stopping you, how do you imagine how you would ideally be cared for?
 - a. Why isn't this possible?
 - b. What resources would you need to make this ideal care system work?
14. How do you think the current care systems could be improved for older Filipinos in your area?
15. What kinds of resources or support systems could be offered to care for older Filipinos?
16. Conclusion question: Does care mean something different to you now?