This phenomenological analysis explores the essence of migrant care workers’ online video narratives in Canada. Each year, more than 67 million individuals, primarily women, migrate as domestic workers from their home countries to higher-income nations. These countries, including Canada, rely on international migrants to boost their national economies, stimulate population growth, and address labour shortages. However, the pathway to permanent residency in Canada often exposes migrant care workers to abuse and exploitation, further exacerbated by the COVID-19 pandemic. In response, migrant care workers and advocacy organizations have utilized online platforms like YouTube to share personal narratives. This study examined nine narratives from two YouTube videos to uncover their content, storytelling techniques, and underlying meanings. Three main themes emerged: (1) communicating a sense of identity beyond care work, (2) unveiling the consequences of COVID and immigration policies, and (3) calling for action from the Canadian government. Through coding, clustering, and interpretation, the analysis revealed that the narratives underwent mediation by storytellers, editors, multimedia elements, and online platforms, resulting in both advantages and disadvantages. Care workers and advocacy organizations, intentionally or unintentionally, leveraged these advantages and disadvantages to empower the community and advocate for social justice. Understanding the essence of these online video narratives sheds light on the experiences of migrant care workers in Canada, amplifies their voices, and highlights their pursuit of social change. This analysis contributes to the broader literature on marginalized communities’ digital storytelling and underscores multimedia narratives’ power in advocating for justice.

Cette analyse phénoménologique explore l’essence des récits vidéo en ligne des travailleurs domestiques migrants au Canada. Chaque année, plus de 67 millions de personnes, principalement des femmes, migrent comme travailleurs domestiques de leur pays d’origine vers des pays à revenus plus élevés. Ces pays, dont le Canada, comptent sur les migrants internationaux pour dynamiser leur économie nationale, stimuler la croissance démographique et remédier aux pénuries de main-d’œuvre. Cependant, la voie vers la résidence permanente au Canada expose souvent les
travailleurs sociaux migrants à des abus et à l’exploitation, encore exacerbés par la pandémie de COVID-19. En réponse à cette situation, les travailleurs sociaux migrants et les organisations de défense des droits ont utilisé des plateformes en ligne telles que YouTube pour partager des récits personnels. Cette étude a examiné neuf récits tirés de deux vidéos YouTube afin d’en découvrir le contenu, les techniques de narration et les significations sous-jacentes. Trois thèmes principaux ont émergé : (1) communiquer un sentiment d’identité au-delà du travail de soins, (2) dévoiler les conséquences de la COVID et des politiques d’immigration, et (3) demander au gouvernement canadien d’agir. Grâce au codage, au regroupement et à l’interprétation, l’analyse a révélé que les récits ont subi la médiation de conteurs, d’éditeurs, d’éléments multimédias et de plates-formes en ligne, ce qui a entraîné à la fois des avantages et des inconvénients. Les travailleurs sociaux et les organisations de défense des droits, intentionnellement ou non, ont tiré parti de ces avantages et de ces inconvénients pour renforcer les capacités de la communauté et plaider en faveur de la justice sociale. Comprendre l’essence de ces récits vidéo en ligne permet d’éclairer les expériences des travailleurs sociaux migrants au Canada, d’amplifier leurs voix et de mettre en lumière leur quête de changement social. Cette analyse contribue à la littérature plus large sur les récits numériques des communautés marginalisées et souligne le pouvoir des récits multimédias dans la défense de la justice.
Introduction

This paper seeks to understand the essence of migrant care workers’ video narratives shared online. It focuses on migrant care workers who appeared in front of the camera and shared their lived experiences related to immigration. Migrant care workers’ narratives in video formats are shared on YouTube channels, social media platforms, and websites of grassroots organizations. In this paper, I used Interpretive Phenomenological Analysis (IPA) to analyze nine short narratives told by nine migrant care workers in two videos and unfold the content expressed within these narratives (what is said in the narratives), the methods employed in their storytelling (how the narratives are told), and the significance they hold (what do they mean), both in terms of their content and the techniques employed in their delivery.

Each year, more than 67 million people, mostly women, migrate as domestic workers from lower-income countries to higher-income countries in Asia, the Middle East, Europe, and North America (IOM 2020; Bhuyan et al. 2018, 613). Higher-income countries, including Canada, rely on international migrants to strengthen their national economies, boost their population growth, and eventually compensate for labour shortages (Banerjee et al. 2018, 4; Carlos and Wilson 2018, 118). Currently, the majority of migrant care workers in Canada are Filipino women who migrated because of extreme poverty and unemployment in the Philippines (CASJ 2008, 1; Nyaga and Torres 2017). Domestic and caregiving work (whether performed by family members or care workers) has been an important part of Canadian society since its colonial founding (Hanley, Larios, and Koo 2017, 121). Care is and always has been essential to the development of future generations of Canadians, as well as to the quality of life of the elderly, the ill, and those with special needs (Human Rights Watch 2014, 1). Canada is the only country that opens a pathway to permanent residency (PR), yet the current conditions to obtain permanent residency in Canada cause migrant care workers difficulties and make them vulnerable to different types of abuse and exploitation (Migrant Rights Network 2020a, 6).

In November 2014, the government of Canada introduced the Caregiver Program (CP), which allows migrant care workers to apply for permanent residency (PR) status through various caregiver programs after completing 24 months of full-time work as a live-in caregiver for children, disabled people, or the elderly (Banerjee et al. 2018, 5). Many Canadians view CP as benevolent because there is a path to permanent residency, but the current conditions to obtain permanent residency in Canada cause migrant care workers difficulties and leave them vulnerable to different types of abuse and exploitation (Migrant Rights Network 2020a, 6). For example, a closed work permit causes some specific problems. A closed work permit means that if care workers change...
their employer, they must apply for a new work permit for the new employer, which is a long process. Also, in this situation, care workers’ work permits expire, even though they may be waiting for a decision on the permanent residency they already had applied for, meaning they cannot leave a bad job or start a new one. Since the care workers’ healthcare coverage and the SIN are also tied to the expiry date of work permits, care workers do not have access to emergency support when needed. (Even though healthcare is supposed to be available in Ontario regardless of status, many workers report being asked to pay fees by front-line administrators who have not been adequately trained [Migrant Rights Network 2020a, 35]). Thus, to avoid these problems, care workers might prefer not to leave their employer, even if they are in an abusive situation (Banerjee et al. 2018, 6; Migrant Rights Network 2020a). This has forced many care workers not to leave abusive labour situations or become undocumented in Canada.

The COVID-19 pandemic intensified the challenges migrant care workers face in Canada. According to the report Behind Closed Doors (this is a collaborative report collected by four organizations made up of current and former care workers, which discusses the issues that migrant care workers face in Canada and highlights their demands), which is the result of hundreds of surveys filled out by migrant care workers during COVID-19, “COVID-19 has created a cascade of crises, shattering hopes for many” (Migrant Rights Network 2020a, 6). For example, care workers fear that permanent residency is slipping further away from them because the process of PR applications has become slower and more limited (Migrant Rights Network 2020a, 6).

Recently, both migrant care workers and non-profit organizations that advocate for migrant care workers’ rights have been using online platforms (such as social media accounts, websites, and YouTube channels) and multimedia elements (such as videos and photos) to share personal narratives. During the pandemic, these online platforms and multimedia elements became the most essential to continue advocacy. Therefore, both migrant care workers and organizations began using them more actively than before. In this situation, video storytelling was used frequently.

Even though the pandemic and long periods of lockdown led people to be more active on online platforms, the lockdown and pandemic were not the only reason that care workers began to share their stories in video formats more actively. Storytelling is a fundamental way of giving meaning to experience and making marginalized people’s voices heard (Harter, Japp, and Beck 2008, 3; Srigley, Zembrzycki, and Iacovetta 2018, 64).

Marginalized groups are barred from other opportunities to express their views and needs. Thus, online networks offer a much-needed opportunity for them to assert their presence and articulate their experiences (Lambert 2010; Lambert 2013; Steinberg 2016,
413; Hancox 2014, 1; Swerts 2015, 346). In addition, including multimedia elements within these online platforms provides them with an interactive means to shape their narratives (Shishko 2022, 401).

The subsequent section of this study aims to provide a comprehensive summary of the literature that focuses specifically on narratives of marginalized communities shared through online channels. The sources cited in this section predominantly consist of empirical studies, highlighting the extensive scholarly attention given to this topic. However, it is important to note that one of the sources utilized is a descriptive study conducted by Milan and Treré (Milan and Treré 2020).

**Literature review**

My survey of existing literature on online and/or digital storytelling by marginalized communities has revealed three primary areas of scholarly focus. The first group of researchers (Luqiu and Liao 2021; Levy-Fenner, Colucci, and McDonough 2022) focused on unravelling the meaning embedded within narratives shared online by marginalized individuals. By delving into the nuances and interpretations of these narratives, scholars aim to gain a deeper understanding of the experiences. The second group of scholars focused on the ways in which digital and/or online storytelling by marginalized people is used as a source of data about their community (Trevisan 2017; Milan and Treré 2020; Kimani-Murage et al. 2022; De-Lima-Santos and Mesquita 2023). The third group of studies described and evaluated digital storytelling projects in collaboration with marginalized communities. These projects typically involved the active involvement of professional mentors alongside marginalized individuals, with the shared objective of empowering the latter to shape their stories using multimedia elements (Eglinton, Gubrium, and Wexler 2017; Carter et al. 2021; Loignon et al. 2021; Parsons et al. 2023).

It is important to note that “digital storytelling” refers to workshops that include professional mentors and marginalized people aiming to help marginalized people shape their stories using multimedia elements (Shishko 2022, 400). While the primary focus of this paper extends beyond digital storytelling alone, studies that discuss this particular form of storytelling have been included in the literature review due to their relevance within the broader context of online and/or digital narratives shared by marginalized communities.

An example of a study within the first group is “Rethinking ‘The Personal Is Political’” (Luqiu and Liao 2021). Luqiu and Liao conducted this study by collecting 1904 stories from Chinese women who had experienced sexual harassment. The researchers aimed to understand how these women attributed meaning to their experiences of sexual harassment. Participants were asked questions such as “Have
you been sexually harassed or sexually insulted? If yes, have you told others? If yes, please provide details about your own experiences” (Luqiu and Liao 2021, 714). The collected stories were analyzed through narrative analysis and feminist standpoint methodology (Luqiu and Liao 2021, 714). The results indicated that online storytelling helped Chinese survivors of sexual harassment “to convey who they are” (Luqiu and Liao 2021, 723). While sexual harassment is generally regarded as a private matter in China, the digital platform and the anonymity option have allowed survivors to share their stories interactively. This, in turn, assists them in “reset[ting] their positions and put[ting] into practice the personal is political” (Luqiu and Liao 2021, 723). The authors concluded that the online stories of these survivors not only redefine sexual harassment, but also expose the power dynamics at play within the described situations, ultimately creating space for discursive politics in everyday life (Luqiu and Liao 2021, 708). This group of studies motivated me to explore the content of migrant care workers’ video narratives shared online.

The second group of studies argues that digital and/or online narratives can provide crucial data about marginalized communities who are often excluded from traditional sources of “official” data and news (Milan and Treré 2020). Moreover, these narratives can challenge the dominant news narrative (Trevisan 2017, 191). For instance, Kimani–Murage and colleagues conducted a qualitative study in Nairobi, Kenya, engaging community leaders such as village elders to gain insights into “the lived experiences of the urban poor in Kenya in the context of government’s COVID-19 response measures and its impact on the human right to food” (Kimani–Murage et al. 2022, 1). The study employed various data collection methods, including focus group discussions, in–depth interviews, key informant interviews, photovoice sessions, and digital storytelling sessions. A phenomenological approach was used to analyze the gathered experiences. The study revealed that the government’s COVID–19 measures in Kenya exacerbated the pre–existing vulnerability of “the urban poor” to food insecurity, thus violating their right to food (Kimani–Murage et al. 2022, 13). These studies have sparked my curiosity regarding the potential implications of migrant care workers’ stories for their community and the advantages and disadvantages associated with the care workers’ video stories shared online.

The third group of studies focuses on describing and evaluating projects where marginalized individuals’ narratives were developed and shared online. These studies discuss the outcomes of such projects and provide recommendations for scholars. For instance, Carter and colleagues’ study aimed to describe and evaluate an online project called “Life and Love with HIV” that aimed to create “an inspirational resource for women living with HIV” (Carter et al. 2021, 83). The project centred around topics
such as sex and relationships, emphasizing the right of women living with HIV to have pleasurable, fulfilling, and safer sexual lives. The authors recruited and mentored 12 women living with HIV from around the world (Canada, Australia, New Zealand, Kenya, South Africa, Spain, Nigeria, and the US) to write their own stories. A total of 43 stories were published, covering themes of pleasure, orgasm, bodies, identities, trauma, resilience, dating, disclosure, self-love, and motherhood (Carter et al. 2021, 83). The study employed a mixed-method evaluation, drawing on multiple data sources, including Google Analytics, stories and comments on the website, and team reflections from various meetings to evaluate the project. The short-term outcomes indicated growth in both the project’s social media community and website visits within 1.5 years (Carter et al. 2021, 83). The authors concluded that digital storytelling helps reframe the experience of living and loving with HIV as a collective rather than an individual one (Carter et al. 2021, 97). They also provided recommendations for future scholars, which included forging partnerships with communities affected by the topic of study to ensure the relevance and accessibility of knowledge; being aware of social structures within the targeted online platforms (e.g., misogyny) that foster fear and silence; providing peer support and mentorship for participants; promoting equity, diversity, and inclusion; implementing a structured approach to the writing process; and incorporating diverse art genres (Carter et al. 2021, 98–99). Carter and colleagues’ study, along with similar studies, has inspired me to explore how stories are told and shared by migrant care workers.

Method

Sample

I purposefully selected a sample of nine narratives from nine migrant care workers featured in two videos for this phenomenological study. The inclusion criteria for the narrators were as follows: a) being a member of the migrant care worker communities in Canada, b) physically appearing in front of the camera, and c) sharing lived experiences related to immigration. As for the inclusion criteria for the narratives, they had to meet the following requirements: a) being in a video format, b) being shared on online platforms that allow the sharing of longer videos, such as YouTube channels, and c) being created and shared after the outbreak of COVID-19.

Research design

My methodology is Interpretive Phenomenology, as I aim to understand the essence of the migrant care workers’ narratives shared online. My epistemology is Interpretivist as I seek to suspend my past knowledge of care work by bracketing my beliefs, feelings,
and perceptions to comprehend the phenomenon at a deeper level (Smith, Flowers, and Larkin 2022; Frechette et al. 2020). I am responsible for reflecting on my assumptions and maintaining coherence throughout the study (Creswell and Poth 2018; Kline 2008).

Procedure
I googled “migrant care workers in Canada” and discovered websites belonging to non-profit and grassroots organizations, including the Migrant Workers Alliance for Change, Caregivers Action Centre, Caregiver Connections, Education and Support Organization, and Migrant Rights Network. Migrant care workers have formed these organizations and alliances to advocate for the rights of the community in Canada. I thoroughly examined all the materials shared on their websites and YouTube channels, starting from February 2019 when COVID-19 began to spread. To ensure a comprehensive research approach, I also searched for “migrant care workers in Canada” on YouTube. I came across one video on YouTube and another shared on both the website and YouTube channel of the member-led organization Migrant Workers Alliance for Change. Both videos fulfilled all the inclusion criteria set for this study.

The first video, “Here and There: Personal Stories of Migrant Care Workers” (Myseum of Toronto 2021b), is a highly produced video storytelling exhibited in the sixth annual intersections festival of My Toronto, My Story, Myseum of Toronto (Myseum of Toronto 2021b, 2:37–2:39). The storytellers are migrant care workers who are members of the Caregiver Connections, Education and Support Organization. Myseum of Toronto is an art exhibition that challenges the tradition of museums by first, asking people “to share their ideas, stories, art, music, and artifacts,” and second, changing places of the exhibition all the time to make sure a variety of people can visit the exhibitions (Myseum of Toronto 2023). The intersections festival is “an annual city-wide art and culture festival that explores Toronto through diverse, intersectional perspectives” (Myseum of Toronto 2021b, 2:34–3:12). “Here and There: Personal Stories of Migrant Care Workers” (Myseum of Toronto 2021a) is a video that was an online live exhibition presented through Myseum’s YouTube channel on April 25, 2021. In this exhibition, the emphasis is on the intersectional identity of care workers, as only through collaborative efforts such as “Here and There: Personal Stories of Migrant Care Workers” can people “get a realistic and unique perspective from somebody else’s shoes” (Myseum of Toronto 2021b, 0:51–0:53).

The second video is a component of the report Behind Closed Doors (Migrant Rights Network 2020b), which was uploaded on both the YouTube channel and website of the Migrant Workers Alliance for Change on October 28, 2020. Behind Closed Doors (Migrant Rights Network 2020b) is a collaborative project curated by four organizations.
comprising current and former care workers. Its purpose is to delve into the challenges encountered by migrant care workers in Canada and advocate for their rights.

**Positionality**

My leadership in the field of gender and social justice, and five years of research and hands-on experiences supporting marginalized groups, position me to understand the unique challenges of migrant care workers in Canada. As an outsider to the migrant care workers’ community, my social location may impact my research outcome. To minimize the impact, I am accountable for building and maintaining trust with migrant care workers by positioning myself as an ally willing to work “with” rather than “for” the migrant care workers’ community. I have been listening to colleagues who migrated to Canada as care workers. I am determined to build partnerships with them and commit to engaging in ethical research based on their insight and feedback.

**Data analysis**

First, I watched the videos without taking notes to familiarize myself with the content. In the second stage, I began open coding by highlighting phrases that I believed presented the main arguments of each paragraph or sentence. Then, I paid attention to the multimedia elements (if used in the narratives) and how they were combined with words to shape the stories. In the third stage, I extracted nine significant phrases or codes from the two videos and copied them onto a Word document. I contemplated their meanings and formulated them. These significant codes included memories of the Philippines, family and friends, wishes, hobbies, immigration, COVID, status, abuse, and justice. I reflected on the multimedia elements in relation to the codes and added them to the codes. In the fourth stage, I grouped the codes into clusters based on their formulated meanings, resulting in three main themes: communicating a sense of identity that extends beyond care work to a fuller sense of self, unveiling the devastating consequences of the intersections between COVID and immigration policies in Canada, and calling the Canadian government to action. At each stage, I made notes about emerging ideas that I was unsure of where to fit. In the final stage, I interpreted the themes and explained their possible meanings based on the multimedia elements used to shape the stories and the platforms on which they were shared. Although the storytellers often disclosed names in their stories, I preserved their anonymity in this paper and attributed numbers to each storyteller (e.g., Care Worker 1, Care Worker 2, etc.).

I achieved methodological rigor by conducting a literature review and presenting initial methodological assumptions, the rationale for the approach used, and the methods. I maintained coherence by adhering to my epistemological perspective,
Interpretivism, which requires bracketing past experiences and keeping field notes for reflection purposes.

Results

**Communicating a sense of identity that extends beyond care work to a fuller sense of self**

I analyzed three of eight stories shared in “Here and There: Personal Stories of Migrant Care Workers” (Myseum of Toronto 2021a) that met all the inclusion criteria for this research. My analysis revealed that migrant care workers communicate a sense of identity that extends beyond their care work to a fuller sense of self by sharing their memories of people with whom they felt close back in the Philippines, specific local places in the Philippines, and their habits and hobbies.

In each of these stories, prior to a care worker sharing her narrative, the viewer is presented with the story’s title, a painting of the care worker’s face, a quotation from the storyteller that encapsulates the story’s theme, and an image that corresponds to the title and represents what “here” and “there” means for the storyteller, all accompanied by Filipino folklore music. Throughout the stories, the viewer can see the faces of the storytellers, as well as photographs that depict their loved ones, special places, habits, and hobbies.

In these stories, migrant care workers shared memories of people they felt close to when living “there.” For example, Care Worker 1 shared:

> Stretched out like I own the world, I am taken aback to a resting place on the way to my paternal grandparents’ home in the Philippines. They lived two kilometres away from our home. Time to time, I spent my weekend there. (Myseum of Toronto 2021b, 7:58–8:11)

While Care Worker 1 shares her memories of her “paternal grandparents’ home in the Philippines,” the viewer can see pictures of her childhood with family members (Myseum of Toronto 2021b, 8:08).

Care Worker 2 shared her memories of being “there” with loved ones before the COVID-19 pandemic began:

> Back in the days, when I was in the Philippines, I remember. I remember a place where ... you can have tight hugs and kisses to your loved ones. Where family gathering is your usual holiday plan. Those are the moments that I missed back there. (Myseum of Toronto 2021b, 21:12–21:38)
While Care Worker 2 shares her memories of “there,” the viewer can see pictures of “a place where you can have tight hugs and kisses to your loved ones” and “where family gathering is your usual holiday plan” (Myseum of Toronto 2021b, 21:33).

Care Worker 3 also shared her experiences with loved ones both “there” and “here” and highlighted the changes she went through after immigration:

I had my firstborn child at the age of 21. That’s when I started having my own family. I had my second-born child at the age of 27. Looking back, I consider myself so blessed. I had a husband on my side, I had a successful career, I had our own house, which we called our home, and two beautiful girls. What more can I ask for? During those times I can easily do all the tasks, the routines of raising kids, being a loving and caring mother and wife. I was all those things without being stressed as I got all the support and the help needed. I was young, energized to do all things, and had a mindset that I can do everything possible. Fast forward, here I am. I arrived in Canada more than a decade ago. A lot of thing has happened in those 10 years. I find myself married again at the age of 44, and I had my third child born at the age of 45. A bonus baby, so to speak, which changes my perspectives and purpose in life, for a better version of new me … as a calmer, more patience and learning new things once again. What a beauty of life at its best. (Myseum of Toronto 2021b, 24:24–25:48)

While Care Worker 3 shares her story, the viewer can see pictures of her family “there” (Myseum of Toronto 2021b, 24:05 & 24:22) and “here” (Myseum of Toronto 2021b, 25:25–25:50).

Furthermore, the storytellers shared their memories in specific local places “there” (e.g., how the place looks like and how it felt for the storyteller to be there). Care Worker 1 shared:

The walk to … [my paternal grandparents’ home] required a stop to rest because it was mountainous…. Every time I took a stop there, it feels so good. At the top are trees, then the bare grassy space, down there is a cliff. The drop was hidden with thick growth of bamboo, and there hidden is a trail somewhere along edge where you can climb down into the river. So, trees on the one side and river to the other side. The rest of the surrounding were trees. I remember also my LoLo, another relative. He had a nipa hut there in the middle of the grass space with a huge blackberry tree hovering over his small resting hut. I can imagine myself stopping there, putting my burden on the ground. I stretch my back, twisting my hips, and shaking my hands.
I remember taking a deep breath of fresh cool mountain air. Sometimes, I let down my long hair to let it breathe too. Drying the sweat, due to exertion. There are times I lay on my back stretched out like I own the world. With my hands under my head, I start to doze off, until my grandma shakes me to get up. (Myseum of Toronto 2021b, 8:18–9:46)

As Care Worker 1 shares her memories of the local places and the emotions she felt while being there, the viewer can see photos of the mountainous region (Myseum of Toronto 2021b, 8:20), the surrounding that has “the trees on the one side and the river to the other side” (Myseum of Toronto 2021b, 8:45), “LoLo’s nipa hut in the middle of the grass space” (Myseum of Toronto 2021b, 9:13), and a picture of a mountainous region adorned with fresh green grass and flowers that presents the storytellers’ feeling of “taking a deep breath of fresh cool mountain air” (Myseum of Toronto 2021b, 9:36).

Care Worker 2 shared her memories of local places “there” before the COVID-19 pandemic and her experience in an isolation room “here” during the pandemic:

I am here in Toronto, Canada. Year 2021. Inside my hotel room where 14 days I’ll be isolating with my youngest son. Just ended our second wave lockdown due to COVID pandemic. And now, fear is growing because a third wave might happen due to the increasing cases of different variants. Stay safe, keep your distance, wear masks, wash your hands properly, sanitize, stay at home, isolate. These are the words you usually hear and read all over the place or world. The changes in our daily routines, the way we show our affection, and how we socialize. Back in the days, when I was in the Philippines, I remember a place where you can go freely. A place where you can go anytime, anywhere, to chat, eat, or have a party all day! Where you can sing and dance without fearing you will catch the virus.... Those are the moments that I missed back there. (Myseum of Toronto 2021b, 20:13–21:38)

As Care Worker 2 recounts her experiences in both “here” and “there,” the viewer can observe photos of the “place where you can go anytime, anywhere to chat, eat, or have a party all day” (20:18), the Toronto Voluntary Isolation Centre, and the instructions for those in lockdown, as well as food packages left outside the isolation room’s door that exemplify how “the way we show our affection and how we socialize” has changed (Myseum of Toronto 2021b, 20:58–21:03).

Care workers also shared their habits and/or hobbies and expressed their feelings towards them. Care Worker 1 shared the origins of her habit of going somewhere with the assurance of finding something to eat:
It calls to me even now. Sometimes, I open my baon: cookies, candies, or bread, or chips. My habit, in case you might have wondered about my liking of food. It started when I was a kid, maybe on that frequent climb. I found out early that I just can’t go anywhere without assurance that I will have something to eat when I arrive at my destination. It can be a promise of treat or else I really have to have money allowance. That would likely be the case to the chagrin of my parents and grandparents. Well, that’s how it works with me. Either that or I’m not coming. (Myseum of Toronto 2021b, 11:17–11:57)

As Care Worker 1 describes her “habit of liking food,” the viewer is shown a photo of a local grocery store (Myseum of Toronto 2021b, 11:52).

Care Worker 3 shared her experience with a new hobby. She began by describing how she started the hobby, her initial feelings about it, and the challenges she faced while learning it:

Diamond Painting. I got a new hobby that I love so much, Diamond Painting. At first, I just thought of challenging myself. I ordered a big size to start with, taking the challenge to the fullest. I’m crazy, right? Am I creative? Am I going to finish? Am I going to like it? Or enjoy it? What if I got lazy? Too many questions in my mind. Mm–hmm, the answer? I don’t know. Let’s wait and see. I will take it as it goes on my own pace. So, first day, I am so excited. Opened the package and voila, too much in the package kit. I ordered the big one and there’s a lot of colours. I got overwhelmed and wanted to back out. But, of course, it’s just back of my mind, so I started it. At first, I don’t know what to do, so I have to google and watch the demo on how to do the diamond painting. While watching the demo, the video, on how to do it, I got a good tip on how to do it…. [J]ust relax, do one by one, find your rhythm, do as it goes based on your ability. (Myseum of Toronto 2021b, 26:08–27:39)

Care Worker 3 then revealed how the hobby made her feel once she mastered it:

And, soon enough, I find comfortable doing it one by one. I got the rhythm and then I started having fun. Hearing music while I’m doing it. And, I also dance on it while I’m doing it and I’m singing. I find so relaxing doing that. Three hours pass easily. I stop and I went to bed and I got asleep. A good sleep, in my mind, looking forward to do it again. (Myseum of Toronto 2021b, 27:44–28:17)

Care Worker 3 ended her story by expressing her emotions upon completing her first diamond painting work:
When I finished the first one that I did, I’m so excited. Got out of my house and looked for a better place to do the framing. So, I did it, I went to Michaels, only to find out it’s very expensive. But, yeah, no backing out. I want to do this masterpiece of mine. The first one that I did, and I did so much joy, I don’t care about the price. So, I asked them to frame it nicely. I choose the right colour, the right matting, double matting, and the good frame, the good wood to put in it. I love the design. The cherry blossom with the bridge, with the lawn. And whenever I look at it, I find it so relaxing. As soon as I got the, um, the first art that I did, I’m really, really excited. I put it in my wall. And when I look at it, it’s so beautiful. And I feel so accomplished looking at it, that I have something in me that I didn’t know, the creativeness that I, all my life, I believed that I cannot do art. But when I did this, oh, like, it’s possible that you can do it, if you, like, really want to do it. And if you’re finding joy and fun while doing it, you will feel more accomplished. And I love this masterpiece, and I am also very proud to tell people that, “Hey, this is me. This is what I did.” I did it with patience.

(Myseum of Toronto 2021b, 28:18–29:58)

While Care Worker 3 shares her experiences with her hobby, viewers can see photos of “diamonds for painting” (Myseum of Toronto 2021b, 26:14–26:25). When the storyteller mentions, “At first, I just thought of challenging myself,” the viewer is shown pictures of unfinished diamond paintings (Myseum of Toronto 2021b, 26:14). And when she says, “When I finished the first one,” and “I love this masterpiece,” the viewer gets to see finished photos of framed diamond paintings (Myseum of Toronto 2021b, 28:22 & 29:50).

Unveiling the devastating consequences of the intersections between COVID and immigration policies in Canada

The second theme, unveiling the devastating consequences of the intersections between COVID and immigration policies in Canada, was mainly evident in the stories shared in the video, “Behind Closed Doors” (Migrant Rights Network 2020b). Although the video is not as professionally produced as “Here and There: Personal Stories of Migrant Care Workers” (Myseum of Toronto 2021b), it is accompanied by music and includes images with written statements that depict some of the challenges experienced by migrant care workers in Canada, such as the statement, “In the midst of the COVID-19 pandemic, migrant care workers cannot access sick days or income support” (Migrant Rights Network 2020b, 1:15). The video ends with an image displaying a written statement that urges viewers to take action: “Take action now! Sign the pledge at www.StatusForAll.ca [and] learn more at www.MigrantRights.ca/BehindClosedDoors” (Migrant Rights...
Network 2020b, 3:45). It features six narratives from six migrant care workers, and since the narratives were very short, I analyzed all of them.

In this video, care workers unpacked how the intersections of COVID-19 regulations and immigration policies put them at a higher risk of abuse and shared their feelings about it. They expressed concerns about their relationships with their families in their home countries, their health and well-being during the pandemic, job security, financial exploitation, and their status in Canada.

Care Workers 4 and 5 shared their experiences of violence during COVID-19 and how the intersections of Canada’s immigration policies and COVID-19 regulations further increased their risk of violence. Care Worker 4 recounted being forced to isolate in her employer’s house due to COVID-19 regulations while her employers were free to come and go. She expressed her inability to leave the abusive situation because she is “scared” of losing her job since her work permit is tied to her employer:

My employer forced me to—to stay home for almost three months. You cannot go anywhere, you cannot meet your friends. Many people come and go to the house and not even wearing a mask. I can’t refuse, I can’t complain because I am being scared to lose my job. She will terminate me, I lost my job, and for me being lost my job is also losing my family future. (Migrant Rights Network 2020b, 0:03–0:26)

Care Worker 5 shared how being locked down in her employer’s house led to financial exploitation:

I was working there 19 hours every single day. They only paid me $600 every month. My holiday was start 10 o’clock and after when I came back home, and they still say, “Oh, you should work, we are going out, so you should take care of our kids.” So, even the holiday was not holiday. (Migrant Rights Network 2020b, 0:26–0:48)

Care Workers 6 and 4 shared their concerns about falling ill during the pandemic due to the lack of paid sick days for migrant care workers, which could potentially result in job loss if they become sick:

You think about you might lose your income, if you will not get paid, or if you lose your job because you’re ill. I can’t really straight tell them that I am really sick. (Migrant Rights Network 2020b, 1:23–1:44)

I know that if I get sick no one can take care of me as well. I am alone here in Canada. (Migrant Rights Network 2020b, 1:46–1:50)
Care Worker 7 explained how she was laid off due to COVID-19 regulations, jeopardizing her employment and immigration status:

I did not know what to do because I was laid off. I did not know whether I have been fired completely or not. Some of us care workers we don't have open work permit we are stuck with same employer. (Migrant Rights Network 2020b, 1:50–2:03)

Furthermore, Care Workers 6 and 7 revealed how COVID-19 regulations and immigration policies impact their relationships with their families back in their home countries:

I don’t want to lose my job of course because I have my family in the Philippines. I’m only the one supporting them. (Migrant Rights Network 2020b, 1:25–1:30)

You also have your family back home to support so they depend on you. (Migrant Rights Network 2020b, 2:03–2:08)

Care Worker 8 expressed how it is “hard” for her to be far from her daughters as she wiped away her tears:

My daughters are already 18 and 16, and it’s really hard because I miss most of their life already, and I want to provide them with a good life. You know, the promise of Canada. (Migrant Rights Network 2020b, 2:22–2:34)

Care Worker 9 shared how the rules in the employers’ house make the family separation even more challenging:

Because of the time difference, it’s hard because sometimes they need you, but they cannot reach you because you are working, and you cannot even hold your phone. Some employers didn’t want you to have the phones with you. Family separation is devastating because it’s mental and physically and emotionally. (Migrant Rights Network 2020b, 2:37–2:59)

**Calling the Canadian government to action**

Care workers’ demands can sometimes be found on news channels, but they are mainly shared on non-profit and grassroots organizations’ social media pages and YouTube channels. They are produced in creative ways, such as photos, hashtags, and videos. But this research focused only on videos. The third theme, calling the Canadian government to action, was evident in the stories in the video “Behind Closed Doors” (Migrant Rights Network 2020b).
After sharing their experiences of abuse caused by the intersections of COVID regulations and immigration policies, care workers mentioned their demands from the government of Canada. People who did not want their faces to be recognized covered them when speaking. It seems that the one demand that all of these immigrants, including care workers, have is landed status upon arrival. If care workers gain the landed status upon arrival, they will have many of the same rights as the citizens, reducing vulnerability at work and in the state.

Care Worker 8 shared how they believe their experiences of abuse are related to Canada’s immigration policies:

If you don’t have, um, like a good working environment, you tend to, like, stay with the family just because you have to stay employed. (Migrant Rights Network 2020b, 0:51–1:02)

Care Workers 5, 6, and 7 explained that obtaining permanent residency can provide them with the “benefits” they deserve and help minimize vulnerability to exploitation and abuse:

Because we don’t have a permanent residency ... our employers taking advantage and we are being abused. (Migrant Rights Network 2020b, 1:06–1:11)

We care workers need basic days for our own health for safety and for the well-being and safety of the family we were taken care of. (Migrant Rights Network 2020b, 3:22–3:33)

We deserve benefits as caregivers, and we work very hard to support Canadian families, and we contribute to Canadian society and economy. (Migrant Rights Network 2020b, 3:5–3:14)

Care Workers 5 and 9 highlighted their advocacy for “status upon arrival”:

We need permanent residency so we can take our rights. (Migrant Rights Network 2020b, 3:20–3:22)

We need landed status upon arrival. (Migrant Rights Network 2020b, 3:14–3:17)

Discussion and concluding thoughts
My survey of online video narratives by migrant care workers revealed that post-COVID-19, the narratives were crafted in creative ways and shared on various online
platforms, including YouTube. Through analyzing nine narratives by nine care workers in two videos, I was able to identify and explore three themes: communicating a sense of identity that extends beyond care work to a fuller sense of self, unveiling the devastating consequences of the intersections between COVID and immigration policies in Canada, and calling the Canadian government to action. My objective was to unravel what is said in these stories, how they are told, and what they mean both in terms of their content and the techniques employed in their delivery. To address my initial question, I analyzed the story content, and to comprehend the second question, I examined the extent to which the stories were mediated by facilitators (e.g., editors), multimedia elements, and the platforms (specifically, YouTube) on which they were shared. Lastly, I interpreted the story content and presentation based on literature concerning digital storytelling by marginalized communities.

The first theme, which focuses on communicating a sense of identity that extends beyond care work to a fuller sense of self, was prominent in the stories shared through the highly produced video “Here and There: Personal Stories of Migrant Care Workers” (Myseum of Toronto 2021b). I analyzed four out of the eight stories featured in this video. My analysis revealed that the care workers employed both verbal and nonverbal communication, such as laughter when recounting funny memories, to convey the nuances of their identities. They shared memories with their loved ones, specific places in their home countries, and their hobbies and habits.

It appears that, in this particular set of stories, the Myseum provided the storytellers with mentors and professionals who aided them in crafting engaging narratives and incorporating multimedia elements. This support could benefit the migrant care worker community to some extent. According to the Digital Storytelling Cookbook (2010), framing the stories is crucial for creating transformative and meaningful digital narratives (Lambert 2010, 9). The Cookbook argues that assisting storytellers in crafting their stories helps them understand the context of their lives and encourages interactive storytelling that prompts the audience to reflect on their own experiences and seek broader truths (Lambert 2010, 10, 14). However, in producing professional digital stories, marginalized experiences are filtered and curated before publication. This introduces a power disparity between the professionals and the storytellers. While the storytellers maintain some level of control over their representation (Bedford 2001, 31), their stories are not directly shared with the audience. Instead, professionals facilitate and mediate the storytelling process, which affects both the care workers’ control over their narratives and the viewers’ interpretation of those narratives.

The video is shared on YouTube, which is a suitable platform for videos. This online platform, through which this highly produced film is shared, allows the storytellers to
make their voices heard during lockdown when in-person museum exhibitions were closed. The online platform also gives care workers’ stories the potential to reach a larger audience than in a static museum presentation. Moreover, low-cost content managers like YouTube have made such videos more accessible than before (Srigley, Zembrzycki, and Iacovetta 2018, 304).

The second theme, which unveils the devastating consequences of the intersections between COVID and immigration policies in Canada, dominates the stories shared in the video “Behind Closed Doors” (Migrant Rights Network 2020b). In these stories, migrant care workers unfold the ways in which the intersections of COVID-19 restrictions and immigration policies put them at an even higher risk of abuse in Canada. They share concerns about their relationships with their families in their home countries, their health and well-being during the pandemic, job security, financial exploitation, and their status in Canada. In this context, unlike the previous section, where care workers present themselves as individuals, both the personal issues and the community’s issues become significant. The format of the stories is short and to the point, which helps the listener understand how and why current struggles emerge. Raising public awareness about the difficulties that care workers confront can reduce isolation for the subjects of violence, inspire pride in the struggles and successes of the care workers, and compel allies to support the cause by highlighting broader structural or ideological problems beyond the control of individuals (Srigley, Zembrzycki, and Iacovetta 2018, 240). Although this video is not as highly produced as “Here and There: Personal Stories of Migrant Care Workers” (Myseum of Toronto 2021b), it is edited and accompanied by multimedia elements such as music. Thus, the video is mediated by editors, which limits the agency of the storytellers to some extent.

The online feature of these stories contributed to the intended aim of raising public awareness. Feminist scholars argue that sharing the experience of injustice by the marginalized represents a political act, as they break into the public arena to tell their stories. However, Srigley, Zembrzycki, and Iacovetta argue that another layer of politicization is added when these voices are amplified online, due in part to the nature and origins of the internet itself (Srigley, Zembrzycki, and Iacovetta 2018, 299) because marginalized people’s voices are being highlighted in a public sphere using as amplification a tool that was not designed with them in mind. After all, marginalized groups’ words have been misconstrued, mistranslated, and misrepresented for years, and written transcripts have the potential to do this yet again, either through sins of overt omission or covert omission. It is unlikely that anyone would be able to read any of those cues from a standard written transcript. Evolving digital technology, however, has made it increasingly easy to put full audio online. This capacity to present original
recordings rather than just transcripts allows listeners and viewers to understand these stories better, as the sarcasm or uncertainty in a speaker’s voice, for instance, can change how we make meaning from an interview (Srigley, Zembrzycki, and Iacovetta 2018, 299–300).

The third theme, calling the Canadian government to action, was also prominent in the narratives shared through “Behind Closed Doors” (Migrant Rights Network 2020b). After sharing their experiences of violence, care workers expressed their belief that granting permanent residency and/or status upon arrival would reduce vulnerability to violence and afford migrant care workers the benefits they rightfully deserve, such as paid sick days. What is notable in their narratives is that they use the pronoun “we” instead of “I” and take the responsibility to speak for the community. Thus, their demand is relational, which means that landed status upon arrival helps to reduce violence against care workers regardless of each individual’s situatedness. Here, the discourse shifts from presenting personal desires to demonstrating unity and solidarity as a community.

The narratives shared by care workers in this context have the potential to be empowering, both individually and collectively, as they break silences. This process of sharing requires vulnerability (Srigley, Zembrzycki, and Iacovetta 2018, 64). By publicly opening up and narrating their difficult moments to express their demands, migrant care workers demonstrate courage in practicing vulnerability. This act enhances their understanding of their situation and explores transformative possibilities for improving their circumstances. In the context of calling the Canadian government to take action, care workers employed simple and clear phrases, which is necessary because care workers want to avoid any confusion and ensure that people understand their demands. Moreover, using simple and clear phrases demonstrates that care workers know what they want; they know what the solution is, and they propose it to the government.

The platform on which the video has been published aligns with the aims of the care workers, which is to advocate for their rights. The video was shared on the YouTube channel of the Migrant Workers Alliance for Change, a member-led organization. By sharing these videos on their YouTube channel, the organization demonstrates that rather than speaking on behalf of the care workers, they allow the care workers to speak for themselves. This approach is empowering for the care workers’ community as it highlights their agency.

The fact that this video is not highly produced can be advantageous because the organization does not need to invest significant amounts of money and time in creating video narratives. Furthermore, with less-produced videos, the boundaries between the producer and the consumer become blurred. This allows previously
underrepresented groups to have a platform to share their stories and experiences, increasing their visibility (at least for those who actively seek out such stories, as they are still technically in the public domain). However, it should be noted that since the video is simple, it may not have the same emotional impact on the audience that highly produced videos often have.

Overall, an online platform like YouTube, which allows users to upload longer video clips, provides users with “affordances” that enable specific types of activities (Page 2018, 11). On the one hand, these “affordances” can be beneficial for migrant care workers and organizations/networks sharing migrant care workers’ video narratives, as it allows for the production and dissemination of “persistent” and “replicable” stories (Page 2018, 11). “Persistent” stories can be easily reproduced, often on a large scale, while “replicable” stories leave traces of their presence online (unlike stories shared in face-to-face contexts, which are ephemeral and require recording and transcription) (Page 2018, 11). On the other hand, the stories of migrant care workers shared on YouTube are mediated by the platform due to the platform’s implementation of content moderation policies, ensuring videos adhere to its terms of service. This includes monitoring and removing videos that violate guidelines, such as those containing explicit content. This moderation process establishes a certain standard for content on the platform, implying that narratives shared on YouTube should be created in accordance with the platform’s policies.

To conclude, my analysis of nine narratives by migrant care workers in two videos has revealed that these narratives undergo mediation in four distinct ways, presenting both advantages and disadvantages for the storytellers and influencing the viewers and my own interpretation. Firstly, the storytellers themselves engage in mediation by selecting which aspects of their stories to share and which to withhold. Secondly, the stories are mediated by the editor(s) who assist the narrators in shaping their narratives or editing the videos. Thirdly, the stories are mediated through their digital format as incorporating multimedia elements such as music can influence the viewers’ understanding and emotional response to the story. Lastly, the stories are mediated by the online platform through which they are shared, as they are crafted to align with the standards and requirements of platforms like YouTube.

The stories shared by migrant care workers vary in terms of production quality, ranging from more professionally produced to less polished videos, each serving their own purposes on a specific online platform. Indeed, each type of video narrative analyzed in this paper has its own advantages and disadvantages. However, my observations indicate that care workers, intentionally or unintentionally, leverage these advantages and disadvantages to advocate for social justice within their community. The content
of the narratives in each video aligns with the manner in which they are presented and the significance they hold for the migrant care workers’ community. This serves as a testament to care workers’ resilience, agency, and empowerment.

**Limitations and suggestions for future studies**

This research has several limitations. Firstly, it did not analyze the videos’ production process. Secondly, care workers employ a variety of mediums, including hashtags, to create and share their stories, yet this paper solely focuses on videos. Thirdly, care workers have been sharing their stories before the pandemic, but this research only examined post-pandemic examples. Fourthly, this paper exclusively concentrated on YouTube channels, excluding video narratives shared on other online platforms such as Facebook.

Future studies could employ an intersectional feminist lens to analyze the stories of migrant care workers and understand how their experiences of abuse intersect with historical violence against racialized women. Additionally, these studies can explore the process by which these stories are created and mediated, revealing what is gained or lost in this process.
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Contributions

Editorial

Section and Copy Editor
AKM Iftekhar Khalid, The Journal Incubator, University of Lethbridge, Canada

Production Editor
Christa Avram, The Journal Incubator, University of Lethbridge, Canada

References


