

# BEHIND CLOSED DOORS

EXPOSING MIGRANT CARE WORKER  
EXPLOITATION DURING COVID-19





## WHO WE ARE

(1) **The Caregivers' Action Centre** is a grassroots organization based in Toronto, Ontario, made up of current and former caregivers. Since 2007, we have been advocating and organizing for fair employment, permanent immigration status, and access to settlement services for caregivers through self-organizing, research, and education. We are Caregivers, organizing for our rights!

<https://www.caregiversactioncentre.org/>

(2) **The Vancouver Committee for Domestic Workers and Caregivers Rights**, established in 1992, and is a community-based, non-profit organization that provides assistance to foreign domestic workers and caregivers in seeking improvements to their employment conditions and immigration status. CDWCR's mission is shaped by the belief that foreign domestic workers and caregivers provide valuable service to Canadian families and contribute to the economic, social, cultural and political fiber of the Canadian society. CDWCR membership includes caregivers, former caregivers and domestic workers, and community supporters.

<http://cdwcr.org/>

(3) **Caregiver Connections, Education and Support Organization** is a group of dedicated and caring volunteers serving caregivers, newcomers, and migrant workers in Toronto since 2007. CCESO provides a range of free programs and activities that help build confidence, self-esteem, and leadership skills.

<https://www.cceso.org/>

(4) **The Migrant Workers Alliance for Change** is a migrant worker rights coalition. MWAC includes individuals as well as Alliance for South Asian Aids Prevention, Butterfly (Asian and Migrant Sex Workers Support), Caregiver Connections Education and Support Organization, Caregivers Action Centre, Chinese Canadian National Council – Toronto, Durham Region Migrant Solidarity Network, FCJ Refugee House, GABRIELA Ontario, IAVGO Community Legal Clinic, Income Security Advocacy Centre, Migrant Ontario, No One Is Illegal – Toronto, Northumberland Community Legal Centre, OCASI - Ontario Council of Agencies Serving Immigrants, OHIP For All, PCLS Community Legal Clinic, SALCO Community Legal Clinic, UNIFOR and Workers Action Centre.

<https://migrantworkersalliance.org/>

The recommendations in this report are endorsed by Alberta Careworkers Association, PINAY Quebec, Migrante Canada, Migrante Alberta, and Association for the Rights of Household and Farm Workers (ADDPD/ARHW).

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# SECTION 1: INTRODUCTION

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# STOLEN HOPE: COVID-19 AND THE CASCADE OF CRISES EXPERIENCED BY MIGRANT CARE WORKERS

We migrant care workers come to Canada to work, with the hope of eventually reuniting with our families and gaining permanent residency. If we are able to complete 24 months of work under an employer-restricted work permit as a home care or child care worker, and fulfill educational and language requirements, then we and our families may be able to get permanent residency. We do this work from a position of precariousness that is created by Canada's immigration and labour laws. Under COVID-19 conditions have become worse for care workers, increasing labour exploitation, stolen wages, and stress.

COVID-19 has created a cascade of crises, shattering hopes for many. We now fear that permanent residency is slipping further away from us.

About two months into COVID-19 lockdowns, as provinces across the country moved to Phase 1 of the re-opening, one of the first sectors allowed to re-start was domestic services, including housekeeping. It would seem that employers had been exceptionally patient, going without in-home childcare, cleaning, or elderly care for months. In fact, the opposite is true.

There are approximately 25,000 migrant care workers in Canada today, almost all of whom live in employer homes. Many of us kept working during the pandemic. With schools closed and our employers working from home, our work intensified immensely. But we did not get paid for all of the extra hours we worked.

Some employers also refused to allow migrant workers to leave their homes. Employers were free to come and go, but their employees were not. Migrant care workers, the overwhelming majority of whom are racialized women, were cut off from social and personal support networks, unable to even send remittances home to families abroad in need. We continued to care for children, upkeep homes, and support the sick and elderly.

On the other hand, over 1 in 3 care workers lost their job, either temporarily or permanently, because of COVID-19. For many live-in care workers, job loss also meant loss of housing and having to search for alternative accommodation during a pandemic. Even if workers were not living in an employer provided home, few income supports were available to ensure our basic needs were met. Employment insurance or the Canada Emergency Response Benefit (CERB) was not accessible to many.

Immigration rules are responsible for this cascade of crises. Many migrant women care workers leave our home countries of the Philippines, Indonesia, India, Kenya, and Jamaica (among others) to travel to second countries like Hong Kong, Israel, Arabian Gulf countries and Cyprus before arriving in Canada. Here we must finish 24 months of work service before we can apply for family reunification and access our full rights. As a result, many of us have spent years, even decades, away from our loved ones, hoping each day to reunite with them.

Loss of work during COVID-19 has caused significant delays in our ability to eventually apply for PR. Finding a new employer, which was already difficult during normal times, is almost impossible during COVID-19. The employer must apply for a Labour Market Impact Assessment (LMIA), which takes 3-6 months under usual circumstances and takes much longer during the pandemic.

Only after the LMIA is obtained can workers then apply for a work permit, which also usually takes 3-6 months. That means it takes a year from the time we lose our jobs to the time we start working again. The extra delays under COVID are adding huge stress and delays in family reunification. If we leave a bad boss, or our employer passes away, we can be set back by years. Work permits expire within 24 months, so any work interruption requires a new work permit.

Care workers and our families are effectively in limbo. If dependent children get married or are in a common law relationship, or turn 22 years old, they can no longer be included in the permanent residence application. An extra year of wait time can mean indefinite family separation. New relationships or careers, pursuing education, moving cities - everything is on hold until we get PR, not just for us but for our families.

The constant fear of loss of immigration status hangs over our heads. As a result, many of us have fallen physically sick from the stress, and others report mental health challenges.

As the recession pushed women out of the workforce and resulted in decreased household incomes, migrant women workers employed in those households were fired. We have lost income, and in many cases the possibility of getting permanent residency. In other cases, as whole families began working from home, and schools, summer camps and daycares were shut down, we took on this added burden of care work. While this work is happening behind closed doors, it is not a secret. Even Prime Minister Trudeau's family employs a care worker.

The speech from the throne on September 23rd, and Prime Minister Trudeau's remarks later that day, both spoke specifically about the impact of this COVID recession on women. It is crucial to understand the ways in which migrant and non-status racialized domestic workers are impacted by the recession, as a result of unfair immigration rules, all while we provided essential care to Canadian families during the crisis.

Despite this cascade of crises, migrant care workers refuse to be silent. Supported by other care workers in membership based organizations like ours, migrant care workers continue to meet using WhatsApp group chats, facebook groups, and over video calls to provide support and problem solve with each other. It is in these collective conversations that the idea of a survey documenting migrant care workers' experiences first germinated, resulting in this report. And this report is just one piece. Since March of this year, hundreds of care workers have joined protests, signed petitions, and made phone calls to the Prime Minister. We are not victims, we are raising our voices for equal rights and full immigration status that we deserve.

## Summary of Findings

Over the last two months, 201 migrant care workers filled out a survey about their experiences living and working during COVID. Respondents were primarily from Ontario (141), followed by British Columbia (40), Alberta (14), as well as 3 from Quebec, one from Manitoba and one from New Brunswick. Most respondents kept working through the pandemic, but a significant number were laid off. All workers were severely impacted by the pandemic.

- **Labour intensification:** As employers, their children, or elderly parents remained at home during COVID-19, migrant workers faced significant labour intensification, working longer hours with more difficult work. Nearly 1 in 2 respondents (48%) that kept working reported longer hours of work. Since many employers prevented care workers from leaving the home even on weekends, many of us found ourselves working 10 to 12-hour days, seven days a week throughout the pandemic.
- **Unpaid wages:** Over 40% of respondents who kept working reported not being paid for any extra hours of work. The scale of labour intensification and wage theft is considerable. Most workers reported being paid for 35 hours a week, while working 50 to 65 hours while being on call at all times. Most workers work on public holidays without extra pay. Even working 50 hours per week (most workers reported working longer than 50 hours), while being paid for 35 hours, averages out to approximately \$226 in stolen wages per week, or \$6,552 in unpaid wages per worker over the last six months.
- **More than 1 in 3 workers lost their jobs, were forced to move and could not find work:** 73 workers lost jobs during COVID-19. As most care workers live in the homes of our employers, losing work means not only losing income but needing to find alternative housing during a global pandemic. In addition, workers who were laid off while waiting for their PR and Open Work Permit applications to be processed (and are therefore in implied status) cannot look for another employer until they receive a response to their application.
- **Denial of or difficulty accessing income support:** One in 3 respondents that lost work reported on-going problems in obtaining emergency income support including the Canada Emergency Response Benefit (CERB) or Employment Insurance (EI).
- **Employer control over movement:** Over a third of respondents that kept working (37.5%) reported not being allowed to leave the employer's home during the pandemic. In effect, migrant domestic workers are trapped by employers. Workers reported difficulty in getting groceries, sending remittances or accessing healthcare as a result. Another way employers controlled workers' movements outside of the work day was by barring workers from using public transit. Similarly, a third of the respondents that kept working reported being banned from using public transportation.
- **Worries about LMIA jobs and permit processing:** Nearly half of all respondents reported concerns about getting their employer to apply for an LMIA when their work permits expired, or finding a new employer who would apply for an LMIA. Without an LMIA, there is no work permit and no progress on the path to PR. This fear drives workers to accept greater labour exploitation. Almost all workers with pending permits reported delays in permit processing resulting in loss of access to income supports and healthcare.

- **Constant uncertainty about permanent resident status:** Many workers report uncertainty about the future, even if we are currently working. Nearly 60% of all respondents identified being worried about not being not be able to fulfill the 24-month work requirement to apply for permanent residency. This is the most common concern across all respondents. In addition, workers expressed concerns about passing the English language exam and getting educational accreditation equivalent to one-year Canadian post-secondary education, which are nearly impossible under current circumstances.
- **Family separation:** Family separation is a primary concern for migrant care workers. This includes ongoing fears about families facing COVID-19 crises abroad, while remittances are impacted by job loss or because workers are trapped in employer homes. Concerns are also high for dependent children getting older and being excluded from PR.
- **Health crises:** Access to basic healthcare is dependent on having a full-time job, an active work permit and an active Social Insurance Number, as well as the ability to visit a doctor. Most care workers face barriers at one or more of these points. But the cumulative stress of family separation, job loss or labour intensification, and fears about the future, is taking an enormous toll on care workers. Mental health supports, particularly talk therapy, requires both time and money that migrant care workers don't have. As a result, most care workers report limited or no access to health care, even during a public health crisis.

As many regions continue into the second wave of the pandemic, the conditions outlined in this report are reoccurring or worsening right now. The cumulative and cascading crises of COVID-19 demand an immediate response through policy changes that will ensure rights and protections for migrant care workers. The most crucial of these changes is full and permanent immigration status for all migrant care workers in Canada now, and full and permanent immigration status for all migrant care workers that arrive in the future. This will give migrants the ability to protect themselves against labour exploitation, ensure access to emergency income supports and universal healthcare, and reunite families. A fair society is only possible with equal rights for all, and equal rights for all are only possible if everyone in the country has the same immigration status. Further recommendations are outlined at the end of this report.

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SECTION 2:

**CANADIAN LAWS THAT  
CREATE MIGRANT  
CARE WORKER  
EXPLOITATION**

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# CANADIAN LAWS THAT CREATE MIGRANT CARE WORKER EXPLOITATION

As we wrote in our 2017 report, [\*Care Worker Voices for Landed Status and Fairness\*](#): “We do the necessary work that enables society and the economy to function. We feed and care for children so that parents can work. We provide the necessary support for the elderly to live out the last chapter of their lives in their homes. We care for people with disabilities to support their independence. Our domestic work, child rearing, and elderly care are all fundamental needs in the labour market and critical to the well-being of a growing and aging population. Yet we do this work from a position of precariousness that is created by Canada’s immigration and labour laws.”

Although changes introduced in 2014 are supposed to have removed the “Live-In” requirement of the Caregiver Program, almost all workers live in employer homes. Migrant care workers are in two main occupations: we take care of children or we take care of the sick and the elderly. However, most care workers do a variety of tasks including but not limited to: cooking, cleaning, taking care of plants and pets, taking children to parks, schools and appointments, giving medication to the elderly or sick, washing dishes, doing laundry, taking out the garbage, cleaning and providing personal care to the elderly and sick, washing cars, doing groceries, and more.

Migrant care workers in Canada may have their permits issued under either the Live-In Caregiver Program (1992-2014), as temporary foreign workers with Labour Market Impact Assessments (LMIAs) or through the Home Child Care Provider Pilot and Home Support Worker Pilot (June 2019 onward). But from our experience, our ability to work, access support and get PR is fundamentally hindered by various factors, including the following four situations we find ourselves in:

**1) Employer restricted permits:** Most migrant care workers are on employer-restricted work permits under the Live-In Caregiver Program (LCP), or as temporary foreign workers with LMIA’s. Those on active employer-restricted (“closed”) permits who are fired, laid off or quit are not allowed to work for any other employer. Employer-restricted permits are usually 24 months long but can be renewed. Working for the employer listed on the work permit allows workers to accrue 24 months of “work experience” necessary to apply for permanent resident status (PR). If workers are not able to get PR, for example, for not meeting other language and educational requirements, then we likely need to remain on an employer-restricted work permit in order to have valid immigration status in Canada as workers.

**2) Implied status:** Migrant care workers who have applied for and are awaiting a decision on work permit renewal or our Permanent Residency applications are considered to be in “implied status”. As a result of COVID-19 related delays in processing, many workers are currently in this limbo state. While on “implied status” our work permit, health cards and Social Insurance Number are all expired, but we are in fact allowed to stay in Canada and keep working for the employer under the terms of our last permit, which is usually an employer-restricted permit. However, if we are laid off or leave a bad employer, we are unable to work anywhere else or access emergency income support because our SIN is no longer valid. Migrant care workers on implied status are unable to renew health coverage.

**3) Open work permits:** Migrant care workers who pass the first phase of our PR application receive an open work permit while we await a final decision. Migrant workers who qualify under the Home Child Care Provider Pilot and Home Support Worker Pilot have access to occupational work permits. Due to COVID-19 related immigration processing delays, many workers have been waiting 6-12 months for these permits. Migrant workers who have faced exploitation and abuse - and can prove it - are able to apply for an ‘Open Work Permit for Vulnerable Workers’. Few workers have received this permit, but some do. While an open work permit allows us to work for any employer, we must still work in childcare or as in-home support workers for 24 months to be able to apply for PR.

**4) Non-status or undocumented:** Migrant care workers who are unable to renew our work permits in time, because we do not have an employer willing to apply for an LMIA, lose our immigration status and become undocumented. Since the 2014 changes in eligibility requirements for PR (higher English language and educational scores) and the difficulty finding employers during COVID-19, workers are becoming undocumented. At this time, it is not possible to ascertain how many migrant care workers have already become undocumented.

## Care Worker Immigration Programs in Summary

### Live-In Caregiver Program (1992 - 2014)

- Workers came to Canada with an employer-restricted work permit.
- Workers were required to “live-in” with their employers.
- Workers could work in in-home care or child care.
- Workers had to have a high school diploma and CLB Level 3 competency in English or French before arriving. No new qualifications were required to apply for PR after 24 months of work.
- Workers must have completed their 24 months of work within four years of their arrival under the live-in caregiver program.
- As of June 2019, workers that have not applied for PR through this program must now apply through the current Pilot programs.

### Caring for children or for people with high medical needs pathways for PR status (2014 - 2019)

- Workers who were not under the live-in caregiver process had access to apply for PR status until June 2019, if they had met certain requirements.
- Workers had to complete 24 months of work either in-home care or child care and were not allowed to move between sectors.
- Workers were not required to “live-in” with their employers, however most had no choice but to continue doing so. Workers had to have Canadian educational credentials of at least one year post-secondary education (or equivalent abroad) and prove CLB Level 5 competency in English or French before applying for PR.
- As of June 2019, workers that have not applied for PR through this program, must now apply through the current Pilot programs.

### Interim Pathway (June - October 2019)

- As a result of organizing and advocacy by our organizations against the unfair new requirements introduced during the Caregiver Program, the Interim Pathway was created for a brief period.
- Migrant care workers already in Canada and who had completed 12 months of work (instead of 24) were allowed to apply for PR through this program.
- The one year post-secondary education requirement was lowered to Canadian high-school credentials (or equivalent abroad) for workers applying during this period.
- The increased English language requirement of CLB Level 5 remained the same.

### Home Child Care Provider Pilot and Home Support Worker Pilot (June 2019 onward)

- Workers arrive in Canada on occupational work-permits after preliminary processing of their PR applications if they have a guaranteed job offer. Family members of the workers could be allowed to accompany them to Canada on their own work or study permits.
- In order to be eligible for the PR pilot, workers must show CLB Level 5 competency in English or French and Canadian educational credentials of at least one year post-secondary education (or equivalent abroad).
- In order to become permanent residents, care workers must remain employed either in child care or as a home support worker (and cannot switch sectors) for 24 months before being eligible to apply for permanent residency.
- Workers already in Canada can apply for PR through this program, so long as they meet the necessary entry requirements. Average processing takes over a year. Once in the program and upon completion of 24 months of work (within a three-year period), workers can complete their PR processing, and if successful, receive PR.

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# **SECTION 3: EXPOSING THE EXPLOITATION OF MIGRANT CARE WORKERS DURING COVID-19**

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## CHAPTER 1:

# STOLEN LABOUR: WORK AND INCOME DURING COVID-19



### Labour intensification

The COVID-19 lockdown meant that most employers were home. With daycares, school and summer activities closed, children too were at home. For migrant care workers, whether in elderly care or childcare, this has meant tremendous labour intensification. Indeed, nearly half the respondents that kept working reported longer hours of work. One worker reported working 14 hours a day, taking care of three children, and being responsible for all household chores seven days a week for four months without a break. Because of immigration rules and the requirements workers must meet to get PR, it is nearly impossible for workers to refuse this kind of labour intensification.

One worker, Benita, explained it this way:

***"I work non-stop as a live-in caregiver under elderly care program. Since pandemic I am working 24/7 for months without the chance of having my off day during the weekend. I have no choice since my work permit is tied to my employer until I am able to complete my 24 months experience and my contract that I signed with them."***

Many workers reported an increase in duties such as disinfecting and cleaning items coming in and out of the house.

### Unpaid wages

Despite these increased hours, workers are not earning more income. 40% of respondents who kept working reported not being paid for any extra hours of work. Most workers reported being paid for 35 hours a week, while working 50 - 65 hours and being on-call most of the time.

Angelica was one of those workers. She wrote,

***"I'm working more, longer hours! Since I am staying in the house even though I am on my day off I still have to work and no overtime pay."***

Anita echoed this concern:

***"I'm working more, longer hours!, my employer is very rich and big house they love to party and I works long hours then they didn't pay me for my over time"***

### Difficulty enforcing rights

Workers are well aware that they can be exploited in this way because the federal government has denied them full and permanent immigration status, and therefore the ability to refuse unfair working conditions. Evelyn wrote,

***"Treatment for care workers here in Canada isn't fair. The employer's taking advantage of workers without permanent paper."***

Speaking out against a bad boss, unpaid wages, or long hours is impossible for most workers. Making a Ministry of Labour complaint means workers can lose the job in question, and potentially lose their chance to get permanent residency in Canada. Employers know this and, particularly under COVID-19 when workers are more fearful of losing work, this forces workers to accept abusive and exploitative conditions in order to finish the 24-month work requirement.

As Liu explained,

***“I can’t have any concerns about working full time or 24/7 or working with extra kids around me, my goal is to get my PR and my kids and that’s it!”***

Many workers don’t complain about labour exploitation and unpaid wages even after they have left a job. This is because workers need employer recommendation letters to get new jobs that are essential for them to complete the 24 months of work that is required for PR. Permanent residence applications require proof of work, which requires remaining on good terms with previous employers even after leaving them.

### **Lost work and limited access to income supports**

Over one-third of the respondents, 73 out of 201, lost jobs during COVID-19. Twenty-three of the 73 workers that lost work reported on-going problems in obtaining emergency income support. This has resulted in enormous financial difficulties, because low-wage workers do not have an economic cushion to rely on while trying to find new employment.

Workers applying for CERB or Employment Insurance were required to send multiple documents including work permit copies. Many had trouble negotiating phone lines or online applications while struggling with housing and work instability. CERB or Employment Insurance requires a valid Social Insurance Number (SIN). Often workers were asked to provide valid work permits, even though they were on implied status and should have been able to qualify. Delays in work permit processing (which must be done before a SIN can be renewed), and closure of Service Canada offices has made SIN renewal difficult or impossible for many.

Julia is one such worker. She wrote,

***“They stopped my EI because my SIN expired. I can’t find a job because my SIN and Working Permit are expired. What will I do?”***

While many workers are not eligible for income support, many workers who are eligible reported withdrawing their applications because of a number of barriers in the application process. Workers who were eligible shared concerns about the penalty of criminality for CERB applicants who received the benefit in error, and worried that if they were in any way found to have applied inappropriately that it would impact their PR application. Instead, many workers simply chose not to apply or accept any work they could find, no matter how difficult or dangerous.

The newly announced Canada Recovery Benefit is only available to workers with a valid Social Insurance Number. This automatically excludes the growing number of care workers who are falling into implied status because of processing delays and issues finding work as a result of the pandemic.

### Difficulty finding work during COVID-19

Getting a new job requires finding an employer willing to apply for a Labour Market Impact Assessment (LMIA). To apply for an LMIA, employers must advertise the job on multiple platforms, vet applications, and then apply to Service Canada and prove that no Canadian citizen or permanent resident is available to do the job. Immigration consultants or lawyers will often charge \$1,600-\$3,000 to assist in such an application. These costs are often downloaded to the workers. The application may take 3-6 months, after which a worker must apply for a work permit. This can also take 3-6 months under normal circumstances, but is taking two or three times longer during COVID-19. During this period, migrant workers on employer-restricted permits are not allowed to start working for a new employer. Few employers are willing to wait this long to hire a worker.

Carol wrote,

***“Now I have a new employer. They applied for LMIA. I am working for them but my hours will not be counted for PR. We are still waiting but until now no update yet”.***

Melleah wrote,

***“My employer wants me to continue to work with her. But she wants me to pay for the new LMIA. I decided to find an agency and help me to find an employer to sponsor me. No one yet.”***

As many workers have fallen out of status and become undocumented over the course of the pandemic, restoring status, in addition to other income concerns, has become a priority for care workers.

CHAPTER 2:

# **STOLEN HOPE: DELAYS IN PERMANENT RESIDENCY AND APPLICATION PROCESSING**



Evelyn wrote,

*"I've been in Canada for almost 2 years now but i have only completed 7 months of on-permit experience in the 2 years i was here. 24 months is a really long requirement for getting PR. They should at least launch a program too for us soon so we are able to apply PR. Working while there is COVID is risky too with us nannies, not only for health care workers. We keep the children safe and we can't go anywhere since we are very cautious of riding public transit. They should open another path since there's lots of application backlogs and pandemic is still going on. Or better create another program for us to easily get our PR now. The new pathway takes lots of requirements and long processing time."*

### **Fear of not finishing 24 month work requirement**

The largest portion of respondents, nearly 60%, reported being worried that they will not be able to fulfill the work requirements necessary to apply for permanent residency. This includes those that are still working.

Migrant care workers that have lost work during COVID-19 face a major crisis if they are unable to complete the 24-month work requirement towards permanent residency before their work permits expire. Under current conditions, getting a new employer who will apply for an LMIA is extremely difficult, and that means effectively losing hope of getting PR and, as such, future stability and family unification.

Mariana says,

*"I am really worried about not finishing my 24 month service requirement in time."*

Dozens of other workers shared the same concern. Johanna wrote in,

*"I am still worried about my application for my PR because I lost my status here in Canada. I don't have a salary. And I need to support my 3 kids back home. Please help me to get my PR."*

Another worker wrote,

*"I'm 4yrs with my employer but can't apply to Permanent Residence because I failed the English test. My employer released me even though she did need a live in caregiver."*

Joy said,

*"I already applied for PR under the LCP (Live-In Caregiver Program) but got refused so I applied now under the new pilot but I lost my job because of COVID. Hope it won't affect my application. I lost my job last March 26 2020 before I applied for PR."*

### Difficulty meeting language and educational requirements

At the onset of the pandemic, English language testing centres and biometric offices in Canada closed. While English language testing centres have begun to reopen recently, appointments are hard to get. One worker, who preferred a paper test to using a computer, had to fly to Vancouver from Toronto to take her English test. The increased workload and stress of doing care work during a pandemic has also made it difficult for workers to meet requirements for passing a high level English language test and get their education accreditation.

Rahma explained,

**“I’m stressed with my bosses divorce fight and they put me in the middle all the time. I can’t focus on doing my paperwork and can’t pass the English test. I am a single mum with 4 kids. I am working hard to provide for my kids, and now I’m worried that I can’t reunite with them because Of the English test and the education evaluation.”**

### Difficulties and delays in permit processing

Consulates also shut down when the pandemic hit, as did institutions abroad from which workers need to get documents. Closed consulates meant that passports could not be renewed, and passports are required to apply for work permits and PR. Many workers who applied to renew expired work permits have still not heard back. As a result, while they continue to work, the time is not being counted towards their permanent residency requirements down the road. Furthermore, with work permits and SINs expired, leaving a bad employer becomes impossible.

Sunita wrote,

***“My greatest worry right now is this pandemic. I applied for my Permanent Resident application and open work permit for me and my family under the new pilot program for caregivers. However, it has been 9 months until now and I haven’t received any updates yet. Immigration Canada has been changing rules to other programs to become PR but they don’t seem to care for caregivers. Caregivers are considered frontliners too. We are working and paying taxes amidst difficulty and homesickness, so what big difference we are from the healthcare refugees who are now having a pathway toward PR? We take care of families when we are supposed to be taking care of our own here in Canada only if you open your borders to caregivers like us!”***

Another worker, Natalie wrote,

***“I still don’t have any update regarding my application. The last update was on feb 14 2020 stating that I and my dependents have passed medical, and i am worried because our medical exams will expire soon and I am scared we have to do it all over again. Please help!!”***

As rules were updated and the COVID-19 reality set in, many immigration lawyers and consultants, as well as recruitment agencies that workers often use, were either unaware of how to navigate the system or set up scams to profit off workers’ anxiety and lack of information. For example, rules around biometrics needed for PR applications were changed, many workers received contradictory information about these changes that severely delayed application times and subsequent decisions.

# CHAPTER 3: **FREEDOM DENIED**



### Control over housing and movement

One in 3 respondents (37.5%) that kept working reported not being allowed to leave the house, take public transit, buy groceries, send remittances or visit doctors during COVID-19. Workers were barred from meeting with friends or partners. The racism underpinning this denial of freedom is clear: even as employers went in and out, workers - primarily South-East Asian, as well as Caribbean, African and South Asian women - were treated as vectors of disease. Helen explained,

***"I can't even go out because my employer is scared that I might bring them the virus."***

Many care workers rent shared apartments where they live on the weekends. During COVID-19, employers banned workers from leaving the house on the weekend or going home to their apartments. Jhoon wrote,

***"I really want to go back to my apartment and it's only a walking distance from my employer's home but they won't let me"***

As Mona explained,

***"Due to the virus, I have no freedom, I hope that I can apply for PR in advance, I would like 1 years".***

In one case, two workers were given a weekend off to go camping after working for four months without a break. When they returned to their employer home, they were given permission by one of the spouses to bring into the house food that they had cooked on their trip. When the other spouse found out about the food brought in from outside, he fired the workers and asked them to move out the same day.

Other workers reported increased surveillance with cameras to ensure workers are not leaving the house without "permission". In many cases, workers are already denied privacy - many don't have their own bedrooms, sometimes sleeping in an open basement used by other family members. Some workers reported the locks being removed from their bedroom doors and even washrooms. Many workers complained of constant surveillance.

One worker reported taking care of a baby, and leaving the baby on a table to throw the diaper in the garbage in the same room. The employer called her in and reprimanded her, saying that he was watching her on the camera and said she left the baby for "2 minutes" unattended.

One worker reported her bank account being frozen for months and not being able to visit the bank to resolve the issue because her employer would not let her leave the house. As a result, the worker was unable to send remittances to her family for 3 months.

Some workers reported being forced to move with their employers to cottages, and not having any means to travel back to their apartments or access supports and services. Many live-out workers reported being forced to move into their employers homes during COVID-19. In one case, a worker reported being asked to pay rent by their employer after being asked to move in. Many workers talked about the lack of freedom, referring to it as "slavery".

The overt and subtle racism that informs employer behaviour is enabled by federal immigration rules. By tying workers to their employers and setting unreasonable requirements for PR, federal immigration rules force workers to accept abusive and exploitative working conditions. COVID-19 only exacerbated this power imbalance between workers and employers.

### **Barred from public transportation**

Over 1 in 3 respondents (35%) that kept working reported not being allowed to use public transit. Christie wrote,

***"It is illegal the way that employers want us to work as live in and not able to use the TTC (Toronto Transit Commission) or going out wherever we want to go."***

Helen shared a similar story, writing,

***"I'm just concerned about the 12-13 hours work with just 8hrs and late pay. Need to work on Saturdays and Sundays in order not to be starved. They're not forcing me to stay just inside the house, however, they're not allowing me to be in public transportation. Whenever i want to go outside and have some walk, I am obliged to inform them, and be back immediately. Therefore, it is simply a strategy not to leave the house during the weekend. I'm so sad for no freedom at all. "***

One worker was asked by their employer to buy a car so as to be able to travel to work and avoid public transportation. Buying cars or taking taxis have greatly increased worker costs but with no increase in salaries.

# CHAPTER 4: **UNSTABLE HOUSING IN A PANDEMIC**



As most migrant care workers live in employer housing, if they were fired during the pandemic they also became homeless. Since many of these workers were unable to access income support, as outlined above, and were without wages, their housing situation became grave.

Kelly wrote,

***"I submitted my application through the Interim Pathway. Due to Coronavirus my employer laid me off because they work at home so they don't need me anymore. My concern is I am not allowed to work for others because I am on implied status and waiting for my PR so I don't even have an open work permit or a SIN. It's really hard for me because I have a room to pay monthly and other bills that I need to pay aside from my family back home that needs my support."***

It is important to note that while evictions were banned in many provinces during COVID-19, this protection did not apply to workers who were fired and effectively evicted because they live with their employers.

Some workers were able to tap into social support networks to find short term places to stay. There is a slightly more established community of migrant care workers from the Philippines and Indonesia who have been coming to Canada for more years. By and large, workers from South East Asian countries were able to find emergency interim housing when they were fired. However, most were not able to stay with friends for too long. Most workers had to move to a shelter eventually. Caribbean and African workers, primarily Black women, who did not have well-established networks had no choice but to move into shelters immediately where possible.

One worker reported the employer placing surveillance cameras around the house, and insisting that she remain only on the main floor of the house. Her employers would scream at her and ask her to say aloud phrases like "I am a thief" and "I am lazy". When the worker refused, the employers physically confronted her. She was able to force her way out and escape, but the employers followed her down the street filming her. The worker was able to stay with a friend briefly but then had to search for shelter. There was no space in shelters in the city she was in (Oakville, ON), so she had to move to a shelter in Hamilton, ON. She was never paid by her employer and was unable to collect her belongings, including her documents for PR, for many months.

The unique situation of in-home care work means a worker's life can be completely upended when something goes wrong. Sleeping on friends' couches, moving from home to home, often without emergency income support, while also trying to recuperate unpaid wages from employers and supporting families back home creates a cascading crisis for workers. This, coupled with the inability to get work that can count towards permanent residency, is punishing for migrant care workers.

# CHAPTER 5: **STOLEN TIME: FAMILY SEPARATION AND IMPACT ON CHILDREN**



COVID-19 has also ravaged families and communities around the world, including the children and loved ones of care workers. Longer hours of work, unpaid wages, restrictions on mobility, and lack of privacy has made it more difficult to send money home and to be in contact with families.

Many workers reported that several family members in home countries had lost income because of COVID-19. The Philippines, one of the key sending countries of migrant care workers to Canada, has the highest number of confirmed COVID-19 cases in Southeast Asia, and ranks 9th in Asia and 21st in the world. This situation has caused significant increased stress for care workers here.

Ana is one such worker:

***“I’m always thinking about my family back home. This pandemic caused me so much stress thinking how to bring my family here in Canada. It’s not easy to be alone.”***

Widya, another migrant care worker explains,

***“I want to reunite with my family as soon as possible. My kid was only 4 years old when I left home. I do hope Canada will make it easy for us to reunite with family easily. I applied for PR this January but still haven’t received an acknowledgement. It is toooooo slow!!!”***

Kim explains,

***“I am still worried about my application for my PR. I lost my status here in Canada as I waited because of COVID. I don’t have a salary. And I need to support my 3 kids back home.”***

The delays in permanent residency processing during COVID-19 also gravely impacts families. Under current laws, if children of migrant care workers get married, or enter into a common law relationship or grow past 22 years old, they cannot be sponsored. A delay of even a few months means that families may never be reunited.

Loly is in this situation. She writes,

***“I applied for my PR in September 2019 and still no response. Just a few weeks ago I received an email to confirm that I couldn’t sponsor my only son because he is 23 years old now. I am really so sad about it because I have only one son. COVID delayed everything.”***

Jennifer wrote similarly,

***“I am worried about my kids that are getting older. I haven’t seen them for almost 5 years now.”***

Being far away from children who need support, while being stuck without work and risking not being able to get permanent residency, is debilitating.

Amy writes,

***“My biggest concern is I have to bring my son here as soon as possible because he is living with my brother in law. He was abused before and I am worried it will happen again. I need to process my papers to become a permanent resident soon so I can go back to work again.”***

Most migrant care workers have spent years apart from their families and made enormous financial, emotional and personal sacrifices to come to Canada to work with the hope of permanent residency. COVID-19 has disrupted these plans and many workers express grief and fear. Veronika writes,

***“I’m worried about disappointing my family.”***

This guilt, and the weight of stolen hope and promises, is such that many workers are unable or unwilling to share details of their experiences in Canada with families abroad. Many workers reported wanting to protect their families from worry and stress and therefore not reaching out to them for support. In such an environment, existing networks of friends and organizations like ours are the primary support system for migrant care workers.

# CHAPTER 6: STOLEN HEALTH: HEALTH IMPACTS AND ACCESS TO SERVICES



### Lack of sick leave

Care workers deal with the stress of family separation and concerns about permanent residency, work incredibly long hours and face labour exploitation, and yet we are unable to take time off when we are sick.

Many workers cited “No sick leave” as a primary concern. Employers assert inordinate control over workers’ lives and can lay off workers at will, threatening our ability to get permanent residency in Canada. This means that taking time off, no matter how sick we may be, is simply not an option. As Lydia writes,

***“I am still working during the coronavirus crisis, I am really concerned that I can not get PR if I get sick.”***

Live-in workers reported being assigned duties even when they were sick. Many workers are being forced to hide any ailments and illnesses. Under medical inadmissibility rules, if a migrant has health issues, they may not be able to get permanent residency. Workers are aware of this, and that means workers will often forego seeking necessary health care in the hopes of safeguarding their chance at permanent residency.

### Difficulty accessing medical care including mental health supports

With employers refusing to let workers out of the house even to send remittances home, being able to access healthcare has become very difficult. Even access to medication is impossible while trapped at home. One worker reported not being able to afford crucial heart medication, putting her life at risk.

Another worker reported breaking her foot, but being unable to access medical treatment for months until she eventually left the job and moved into a shelter. In another case, a migrant care worker was ordered to take a flu shot, which she did not want to do. She was told, “Brown people don’t have freedom in Canada.”

As medical services moved from in-person to telephone appointments, migrant care workers have been further excluded. Waiting for the doctor to call is not possible when we don’t have control over our schedules and we live with our employers. Workers without stable housing or income often lose access to their phones. In such a case, access to healthcare becomes increasingly impossible as does access to critical family and community support for mental well-being.

As Amalia writes,

***“I am very worried because my work permit finished soon and I don’t want to go back without nothing. I have been here for my family. I work hard because my family in the Philippines are so poor that they are suffering in this pandemic. Also there was a volcano eruption which made everything worse. My health also is not in good condition. My blood pressure and my kidney is my problem. I have these problems only since I got my PR refusal on December 24 2019. I was denied on Christmas. I am so sad and also my husband and my 2 kids. They cry because they think that we cannot be together.”***

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## SECTION 4: RECOMMENDATIONS

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## The Change Migrant Care Workers Need Right Now!

*“Nobody wanted for the pandemic to happen. It should not be taken against the care workers. We did our part. Let the government do theirs too.” - Jane*

*“This field of work seems to be another form of slavery when employers work you 24/7 and don't pay. The government can do 10 times better than what they are doing. Caregivers are part of the spine of Canadian society and it took numerous deaths and COVID-19 lockdown for them to see this!!!! Shame on the government!!!!” - Alisha*

Immediate changes must be made in current immigration laws and policies in order to put an end to migrant care worker exploitation.

### Full and Permanent Immigration Status for All & Landed Status Now

All migrant care workers in Canada, including those that have become undocumented, should be granted permanent resident (PR) status immediately. All migrant care workers arriving in Canada in the future should do so with permanent residency status, without exclusionary language or educational requirements, through a proposed Federal Workers Program (FWP) – Care Worker Stream, as outlined below.

Permanent resident status is the single most important change that would ensure migrant care workers can protect themselves against labour exploitation. PR immediately gives workers the ability to leave a bad job and make a complaint without fear of reprisals. PR means that workers can work in any sector, including in healthcare where workers are sorely needed. PR ensures that workers have a valid SIN, so they are able to access income supports if they are laid off. PR ensures access to essential healthcare services and immediately ensures family unification.

## Interim Measures to Ensure Rights for Migrant Care Workers

### Real access to PR: Reinstate the Interim Pathway with modifications

**1) Reduce the work experience requirement to 12 months:** Care workers should be able to apply for permanent residency after completing 1 year - or 1,950 hours - of work. This was the norm until 1973 and is currently the standard that applies under the Canadian Experience Class. Applying different standards to the work of racialized women is discriminatory. Many care workers have lost work during COVID-19 and are unable to accumulate the 24 months required under current circumstances. The reduction to 12 months was already made in the Interim Pathway which was arbitrarily closed in October 2019.

**2) Allow for care work in either Child Care or High Medical Needs Stream to count towards the one year work requirement:** Before 2014, the work that care workers performed in all three areas of care work (children, elderly, people with disabilities) counted towards their two-year work requirement. Separating the streams and requiring care workers to accumulate all their work experience within only one stream has forced many care workers not to leave abusive labour situations, or become undocumented. With fewer jobs available during COVID-19, not being able to count time in both streams makes it more difficult to qualify for PR. This was implemented in the Interim Pathway.

**3) Remove the requirement of 1 year Canadian post-secondary education:** Care workers must now have accreditation for one year of post-secondary education. To do this, care workers must either have post-secondary education prior to arrival in Canada which then must be recognized, or they must obtain a study permit and acquire one year of post-secondary education while in Canada. These options require that care workers pay high fees for accreditation or pay high international student tuition fees to complete one year of post-secondary study, while working extremely long hours at minimum wage. Moreover, any work that is done while completing post-secondary education in Canada is not counted towards the two-year work requirement for PR. This puts workers in an impossible situation and as a result, many care workers will be unable to apply for permanent residency.

**4) Remove the English language test prior to Permanent Residency:** Starting in 2014, the new pathways mandated that care workers meet a higher official language proficiency benchmark to qualify for permanent immigration to Canada. However, workers have not needed to meet this higher language benchmark in order to enter and work in Canada - until June 2019, new workers in Canada needed to meet CLB Level 3. As care workers have to qualify for an English language test prior to arriving in Canada, requiring a second English exam to stay is discriminatory and unnecessary.

**5) Eliminate the second medical when applying for permanent residency. Repeal Section 38(1)(c) of IRPA:** Since November 2014, care workers have been forced to complete a second medical exam at the time of their application for permanent residence. This requirement contradicts the “Juana Tejada” law, which eliminated the second medical testing requirement. Tejada, whose permanent residency application was rejected because she was diagnosed with cancer while working in Canada, actively sought to remove the second medical testing requirement. In COVID-19, migrant care workers have gotten sick as a result of employer behaviour, or are worried about being discriminated against for being sick. Getting medical exams in a timely manner is impossible in the current public health crisis. Furthermore, under Section 38(1)(c) of the Immigration and Refugee Protection Act (IRPA) an entire family can be denied permanent resident status if any member of that family is a person with a disability or has a chronic illness.

### Open Work Permits for Migrant Care Workers

“Tied” work permits are a modern form of indentured labour that deny care workers the right to circulate freely in the labour market like other workers. Tied work permits, coupled with lax monitoring and enforcement of labour standards, create the conditions that allow exploitative employers and predatory recruiters to abuse care workers with impunity. This has been severely exacerbated during COVID-19. If care workers try to leave abusive employment, the tied work permit system punishes them with lengthy processing times (between 6-12 months for new LMIA and work permits), during which care workers are not be able to access Employment Insurance or do documented work in order to survive. It is almost impossible for migrant care workers to find LMIA-approved employers during COVID-19.

**6) Open work permits for all workers immediately:** As a first step towards full and permanent immigration status for all, all migrant care workers - including those that are undocumented - should be granted open work permits so that they have the ability to protect themselves from bad employers during this crisis. This open work permit should be granted without any LMIA process.

**7) Open work permits for workers with pending PR applications:** Many migrant care workers have already applied for permanent residency but are waiting for a decision. During this time, their work permits have expired, meaning they can't leave a bad job or start a new job. Healthcare coverage and SINs are also tied to the expiry date of work permits. Granting open work permits to these workers will allow them to work, access emergency supports when needed and be able to protect their health.

### Labour Rights and Income Support

Migrant care workers are working long hours with low wages. Those without work are often unable to get income support.

**8) Increase the minimum wage:** The federal government must establish a minimum wage rate of at least \$15 an hour, or greater where the provincial or territorial minimum wage rate is higher, for all in-home care workers hired through the caregiver program. Furthermore, the federal government should require that all employers of in-home care workers under the two caregiver programs pay at least minimum wage plus a \$4 an hour pandemic pay top-up.

**9) Remove the requirement for a valid SIN for emergency income support:** There have been tremendous delays in work permit and PR processing, as well as SIN processing. This has left workers who have lost income or jobs in financial crisis. These workers need emergency income support immediately. The requirement of a valid SIN for the purposes of CRB or EI should be removed.

**10) Paid Sick Days:** Workers need paid sick leave. Provincial governments should require the provision of 7 employer-paid sick days, with an additional 14 days of employer-paid sick leave during public health outbreaks.

### Healthcare for All

**11) Health access regardless of valid health card:** With provincial health offices closed, and during a public health pandemic, it is essential that healthcare be made available to all regardless of having a valid health card. This must include COVID-19 testing and treatment. In Ontario, for example, while healthcare is supposed to be available regardless of status, many workers report being asked to pay fees by front-line administrators who have not been adequately trained. In British Columbia, interim health coverage for workers in implied status was introduced because of COVID-19, but is set to expire on October 31st.

**12) Access to mental health supports:** Establish mental health services for current and former migrant care workers to address the unique mental health challenges of migration, stringent requirements for PR, family separation, and a hyper-surveilled in-home care work model under employer-tied work permits.

### Ensure Family Unity

**13)** Spouses, children and other close family members should be allowed to come to Canada to accompany care workers, with open work and study permits of their own. The hardships caused by family separation for care workers and their children are well-documented and further exacerbated in COVID-19. Family unity promotes economic and social cohesion.

### Housing

**14)** Ensure adequacy of accommodation for live-in care workers. Standards should be set out in the LMIA with effective enforcement by ESDC. Establish a minimum wage floor for care workers as recommended in (8) above as a step to assist care workers in accessing decent housing when working on a live-out basis.

Federal Workers Program (FWP) – Care Worker Stream

We propose the creation of a Federal Workers Program (FWP) – Care Worker Stream as an Economic Class for permanent immigration as specified in the Immigration and Refugee Protection Act. Using the criteria of education, work experience and language ability that are currently used in Canada’s permanent immigration system (Express Entry), the proposed FWP has been designed to reflect the actual skills needed to deliver the care work that migrant care workers are currently providing.

The FWP Care Worker stream would support a proactive, systematic approach to delivering quality care through a new National Care Strategy developed by all levels of government to deliver public, universal, accessible, licensed, dignified child care, elder care and care for people with disabilities. Delivering dignified care depends on ensuring decent work for those providing it. This new permanent immigration stream will be factored into annual and multi-year immigration levels and will require modifications to Express Entry to reflect the real work requirements in the sector. We also propose that such programs be created for all low-waged migrant workers after real consultation with those groups of workers (e.g. agricultural workers, international students, refugees, undocumented people and others).

Our proposed care worker program should be organized as follows:

Criteria	Proposed Details	Reasoning
Modifying the Common Minimum Requirements	<p>Common minimum requirements are education, work experience, and language ability. The FWP-CW would maintain these categories but adjust the criteria to reflect the actual skills required to deliver care work in Canada and to establish a points threshold that is reflective of the actual requirements for care work.</p> <p>The federal government should guarantee processing of FWP-CW applications for permanent residency as part of developing a national care strategy for children, the elderly and people with disabilities which connects workers to a public, universal, accessible, licensed system of child care, elder care and care for people with disabilities that values care work as decent work.</p>	<p>Canada has a mixed economy and requires workers of all skill levels. It is important that workers of all skill levels can enter Canada with permanent residency status.</p> <p>At the same time, caregiving is skilled work requiring years of practice and constant learning. The skills that workers bring to this work must be recognized and rewarded with appropriate points for the purposes of immigration and in order to develop a national care strategy for Canada.</p> <p>The Federal Skilled Trades program is a precedent that shows that the permanent immigration system can be tailored to recognize the value and contribution of work in a mixed economy with jobs at various NOC levels.</p>
Modifying Education and Work Experience	<p>Foreign nationals with high school education and either work experience or training in care work should be able to apply for the FWP-CW stream under a modified Express Entry program. High school education need not be equivalent to completion of secondary school in Canada. Work experience need not be paid work experience but can include practical experience, too.</p>	<p>The FWP-CW stream will provide permanent residency in Canada for low-waged, racialized workers and their families from the Global South. It is critical that a permanent program continue to provide access to permanent residency to these workers.</p>

Criteria	Proposed Details	Reasoning
	FWP-CW applicants should receive a set number of points if they meet these threshold requirements. Achieving these points will then translate to guaranteed processing of applications in line with developing a national care strategy that recognizes the labour market gap in this sector. This process will also remove the need for individual LMIAs.	Despite the current structure of Express Entry, this new stream should not be skewed towards the exclusion of these workers, largely women, and their families. In providing such a program in the context of a national care strategy, Canada would lead the world in both immigration policy and in recognizing the value of decent care work.
Modifying Language Ability	<p>Foreign nationals applying in the FWP-CW stream with a score of CLB Level 3 should be able to qualify under the modified Express Entry Program.</p> <p>Applicants meeting this threshold should receive a set level of points towards the guaranteed processing of their applications in line with developing the national care strategy.</p>	Language ability should be assessed on a functional basis that is relevant to the work done by care workers. Migrant care workers currently in Canada – and who have worked for years in Canada – have been working successfully without meeting the elevated standards. Imposing a higher standard for permanent immigration does not correspond to the need for care work in Canada or workers' actual abilities to provide care.
Modifying Age	The age requirement should be eliminated.	The age requirement is discriminatory and does not reflect the level of expertise in a field or the future contributions of the primary applicant's family members.
Modifying the Job Bank	Once FWP-CW applicants have created their profiles in the Express Entry system, they should be able to seek employment as care workers in Canada via a national job bank tied to the development of Canada's care strategy.	Developing a national care strategy will utilize the job bank as part of a public, universal, accessible, licensed system of care. The job bank will remove the power of recruitment agents who are a significant source of exploitation. This job bank will give more bargaining power to workers.
Potential Employers	<p>Potential employers seeking care workers can use the job bank to find employees.</p> <p>Employers must pay processing fees (equivalent to current LMIA fees) when they register for the job bank, and when they hire a migrant worker.</p>	Using the job bank ensures that employers are registered for program integrity purposes, that employers can be charged relevant processing fees, and that compliance with decent work standards and contracts can be more effectively subject to proactive oversight. Currently, only childcare employers with incomes over \$150,000 are charged processing fees.

Criteria	Proposed Details	Reasoning
		As employers have to be registered, additional requirements can be integrated (such as advertising the job first for Canadian citizens or permanent residents). These requirements may be less relevant in the context of developing a national child and elder care strategy that recognizes the labour shortage in this sector on a default or ongoing basis.
Modifying the Labour Market Impact Assessment	The FWP-CW would eliminate the need for individual LMIA's. As part of its national care strategy, the federal government should conduct a regional and sectoral labour market assessment that recognizes current and future labour shortages with respect to care work in Canada. On the basis of this analysis, the government would identify the overall numbers of care workers who are needed in the labour market. This system-wide analysis would remove the need for LMIA's on an individual basis for employers in the FWP-CW stream.	<p>In response to the Auditor General's Spring 2017 report on Temporary Foreign Workers, ESDC committed to utilizing Statistics Canada and other sources to produce better regional labour market assessments, including projecting future shortages.</p> <p>Quarterly re-assessments allow for adjustment if employers continue to be unable to find care workers.</p>
Modifying the Points Calculation	Once workers in the FWP-CW stream meet the adjusted minimum point threshold, their applications for permanent residency must be processed. In order to develop the national care strategy, these applications will be processed separately from the current Express Entry pool. This processing should not be dependent on an immediate job offer.	The current system of selecting applicants with the maximum points in the Express Entry pool should not apply to the FWP-CW stream. Such a system automatically favors higher levels of education, language ability and experience. Such a system will not work for the care workers program or for the development of a national care strategy.
Permanent Residency and Family Unity	Primary applicants under the FWP-CW stream will be able to apply for permanent residence along with their family members (spouse or common-law partner & dependent children).	Family accompaniment is a significant determinant of mental and physical health for care workers and their families. Care workers and their families will integrate and settle into the country more easily when they arrive together.



