

A Decade of Migrant Care Worker Programs: Addressing Racism and Precarity in Canada

Final Report



Understanding
PRECARITY
in BC



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office



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The Migrant Care Worker Precarity Project Team

The MCWP team was convened by **Cenen Bagon**, a long-time activist in the Filipinx community and in the migrant justice, labour, and feminist movements in Canada since 1979. In her advocacy work, she has participated in discussions and assisted in research activities to produce government briefs for the advancement of the rights and equality of migrants and marginalized and racialized workers, women, and girls. She has been a steering committee member of the Vancouver Committee for Domestic Workers and Caregivers Rights (CDWCR) since its formation in 1992. She is also an active member of the BC Employment Standards Coalition since it was organized in 2010 and Canada's country-wide alliance of migrant-led justice organizations called Migrant Rights Network since its formation in 2018, both representing CDWCR. For more information about CDWCR, please visit <https://www.cdwcr.org/>.

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Executive summary

For more than a century, Canada has seen thousands of migrant care workers enter the country to provide much needed care work. Since the 1950s, migrant women of colour making a living through care work have often been denied or barred from accessing clear pathways to permanent residency and navigating exploitative work conditions. In June 2024, Immigration, Refugees and Citizenship Canada (IRCC) announced impending new pilots for migrant care workers. While the announcement brings hope that “new pilot programs will provide home care workers with permanent residence (PR) on arrival in Canada,” we identify persistent problems with Canada’s migrant care worker programs and demonstrate why permanency upon arrival is a requisite for necessary program changes. Given the ongoing and structural issues of Canada’s migrant care worker programs, the newest pilots will also need other critical improvements to ensure dignified work and meaningful inclusion for much-needed care workers in Canada.

Our team engaged in mixed-methods research in 2023-2024 to evaluate Canada’s latest iterations of care worker pilots. Our primary focus was the 2014 Caregiver Pilots under the Temporary Foreign Worker Program and the 2019 Home Child Care Provider and Home Support Worker Pilots under the International Mobility Program. Employing methods borrowed from critical discourse analysis, criminology, and investigative journalism (Walby and Luscombe 2020), we examined records obtained from IRCC and interviews with migrant care workers. Our findings reflect ongoing critiques of the care worker programs identified by our research participants, community partners, and even internal IRCC documents. These include the vulnerability and exploitation that come with workers’ precarious status in Canada; more recent concerns about the labyrinth of changes as a result of successive pilot programs introduced in the last ten years; and a lack of transparency and oversight around the pilots’ delivery. We also observe how despite the federal government often celebrating changes to the care worker programs, care workers have become increasingly precarious, losing sight of the promise of permanency in Canada. This is despite their significant contributions to the Canadian economy and the well-being of families as well as a long history of activism and hard-won battles with the Canadian government. While we celebrate Canada’s newest commitment to “provide home care workers with permanent residence (PR) on arrival in Canada” ([IRCC 2024b](#)), we also identify nine key recommendations that arise from our research and that continue to demand attention from IRCC and the forthcoming pilots:

Recommendations

1. Implement the promise of permanent residency upon arrival for all migrant care workers entering the country, in a one-step application process, as promised in the June 2024 IRCC announcement.
2. Develop a permanent immigration program for care workers as soon as possible.
3. Assure regularisation for undocumented care workers including for those who have fallen out of status, especially due to the rapidly changing nature of the 2014 and 2019 pilot programs.
4. Eliminate the current backlog and “inventory” of migrant care worker permanent residency applications, prioritising and allocating spaces in the multi-year levels plan to those already in Canada, and ensuring there are no caps or limits on the number of accepted, processed, and approved PR applications from those already in Canada.
5. Create wider and more dispersed windows of time to apply beyond January 1, or use a lottery system for selecting applications to process, so that care workers abroad have a fair chance of coming to Canada and performing much-needed care provision.
6. Implement more robust worker protections for care workers, including making available and mandating employer education, alongside permanent residency upon arrival.
7. Comprehensively track and transparently publish foundational labour market data including hours worked, wages, and number of actively working individuals for those who enter Canada under a migrant care worker program, past and present.
8. Ratify the International Labour Organization (ILO) Convention on Domestic Workers (C-189) to ensure that the working conditions of migrant care workers in Canada meet those established by the ILO Convention on Domestic Workers.
9. Develop a comprehensive plan to build the capacity of community-based organizations that assist migrant care workers to navigate Canada’s complex immigration and employment rights systems, provide education and social support, and advocate for better conditions for this group of vulnerable and often marginalized workers.



Chapter One: Introduction

Canada's Changing Care Worker Programs Since 2014

For decades, activist groups like the Vancouver Committee for Domestic Workers and Caregivers Rights (CDWCR) have advocated and laboured to organize for permanent resident status upon arrival for all migrant care workers in Canada. Community-led advocacy from CDWCR along with Toronto's Caregiver Connections Education and Support Organization (CCESO), Migrant Workers Alliance for Change (MWAC), Migrante Canada, Gabriela-Ontario and other migrant-led organizations in the cross-Canada migrant justice alliance called the Migrant Rights Network (MRN) has led to important changes. These include the removal of live-in requirements for care workers in 2014, the possibility of being accompanied by family members on temporary permits in 2019, and the reduction of in-home work requirements to be eligible for permanent residency from 24 months to 12 months in 2023 (Tungohan 2016, 2023). On June 3, 2024, the Canadian government announced its commitment to finally establish permanency upon arrival through two new migrant care worker pilot programs that are expected to be implemented in late 2024 or early 2025 ([IRCC 2024b](#)).

Over the last decade, these hard-won victories have also come with less desirable changes. Despite some care worker “wins” in Canada's various iterations of its care worker programs in 2014 and 2019, a lack of permanent status for migrant care workers in Canada has exacerbated their precarity. Until the proposed new pilots are implemented and permanent resident status is granted immediately upon arrival, there remains arduous and ever-changing permanent residence application processes with years-long wait times. A lack of permanent status for migrant care workers is rooted in Canada's racist history of distinguishing citizens from non-citizens and is a core reason why workers remain precarious and exploited by employers.

Canada has long relied upon migrant care workers to fill labour gaps in Canada. These women fill the gaps in childcare provision and home support needs (Kelly et al. 2011; Pratt 2012; Tungohan 2023; Tungohan et al. 2015). However, there is a long history of labour and immigration intersecting with settler-colonial and white supremacist nation-building in

Canada (Bannerji 2000; Thobani 2007; Tungohan 2023). Between the 1890s and 1920s, the settler-colonial state of Canada first drew care-providing women predominantly from the white European countries of Ireland, Finland, and England and provided them with permanency upon arrival, materializing the Eurocentric vision of what the nation would become (Bannerji 2000; Bakan and Stasiulis 1994; Tungohan 2023).

As the demand for care provision grew, the Canadian state looked elsewhere and began the “West Indian” or Caribbean Domestic Scheme in the 1950s (Sharma 2006; Stasiulis and Bakan 2005; Tungohan 2023; Walia 2010), extracting the human labour of Black migrant workers from the Caribbean while systematically rejecting them from the prospect of citizenship. Their bodies were marked as “Other,” only permitted to work and otherwise subject to racist exclusion. Here, we see citizenship cast alongside race with some migrant care providers being seen as “desirable” immigrants and others being deemed “undesirable” (Bannerji 2000; Thobani 2007). Ethel Tungohan argues that “in Canada, migrant care workers have historically been relied upon to provide care work. A racial hierarchy from most to least desirable has long existed, with Europeans at the top, and Asian and Caribbean women at the bottom” (2023, 22; also see Bakan and Stasiulis 1997). Nandita Sharma (2002), through the examination of parliamentary texts from the Canadian House of Commons from 1969-1973, positions care worker programs as a way for the Canadian state to reproduce these women as “anti-members” of Canadian society; despite their contribution to the Canadian economy through both work and tax payment, they are not afforded the same rights as those deemed Canadian citizens.

The creation of the Non-Immigrant Employment Authorization Program (NIEAP) in 1973 was a key point when the Canadian government continued to search for ways to meet employer demands for low-paid workers through temporary labour migration. The NIEAP continued, however, in the refusal to offer migrant racialized workers the opportunity to stay in Canada through permanent residency or citizenship (Sharma 2006). After much protest and political advocacy from care workers, activists, and allies across major Canadian cities, the Foreign Domestic Movement (FDM) was introduced by the federal government in 1981 (Tungohan 2023). Importantly, for the first time since the creation of NIEAP and in response to care worker activism, the FDM came with a pathway toward permanency for care workers who were eligible to apply for PR after two years of employer-specific live-in care work (Tungohan 2023; Bakan and Stasiulis 1994).

As Nalinie Mooten concludes in her 2021 report for the Policy Research, Research and Evaluation Branch of Immigration, Refugees, and Citizenship Canada (IRCC), the Canadian state is complicit in sustaining racist exclusion and labour extraction. Mooten notes that while many times labour conditions and work permits are highlighted as key issues in the literature concerning temporary migrant worker programs, there are deeper concerns in the wake of history. Mooten writes,

There is also a wide consensus that, in the case of the Seasonal Agricultural Worker Program and the Caregiver Streams, their unequivocal rootedness in racism and discrimination inform the current nomenclature of immigration policies. In other words, though racism may no

longer sustain or substantiate these programs, they may not be free of racism, due to the fact that they arose from racism. Some scholars point out that racism and discrimination are an intrinsic part of the matrix that make up these programs, depicting it as 'institutional racism.' Others note that the rootedness of racism within these programs cannot be ignored, and that though explicit racist ideas may no longer sustain them, they may still have a discriminatory impact that prevents the full 'humanization' of racialized migrants. (2021, 7)

Mooten calls for an intersectional (Crenshaw 1989; Tungohan 2016) lens that examines systems of oppression concerning gender, race, and class and, importantly, also points to geography and immigration status as key to understanding today's current programs, the lived experiences of oppression faced by migrant workers, and what justice means for migrant care workers labouring and living precariously in Canada.

Since the 1980s Canada has increasingly relied on women from the Philippines to fill the gaps in care amid state-sponsored labour export policies in the Philippines (Kelly et al. 2011; Pratt 2012; Rodriguez 2010) and the continuation of the international division of reproductive labour or “the three-tier transfer of reproductive labour among women in sending and receiving countries of migration” (Parreñas 2015, 29). In 1992, the Canadian government introduced the Live-in Caregiver Program. From 1992 to 2014 (and like the FDM before), care workers entered Canada on a temporary work permit, tying their employment, immigration, and housing status in Canada to the single employer specified on the work permit. After twenty-four months of live-in labour, many care workers planned to gain the permanent residency for which they had already applied before coming to Canada, establishing a life in Canada for themselves and their immediate family members such as children and spouses, who may also be included on the worker's application for PR.

While many countries rely on migrant care workers to support their care gaps, Canada was forced by care worker activists to respond to the call for a path to permanent residency since the push of the FDM. While Canada uniquely lures workers with this promise (Parreñas 2015; Pratt 2012; Stasiluis and Bakan 2005)—a promise care worker advocates and activists worked hard to secure over many decades—the reality of achieving PR seemed to be slipping away for many amid the 2014 and 2019 program changes. While the announcement brings hope that “new pilot programs will provide home care workers with permanent residence (PR) on arrival in Canada,” we identify persistent problems with Canada's migrant care worker programs and demonstrate why permanency upon arrival is a requisite for necessary program changes. Given the ongoing and structural issues of Canada's migrant care worker programs, the newest pilots will also need other critical improvements to ensure dignified work and meaningful inclusion for much-needed care workers in Canada.

Below, we further outline the migrant care worker programs and changes since 1992:

Canada's Live-in Caregiver Program (1992-2014) — The LCP was Canada's longest-standing care worker program. Similarly to the FDM that began in 1981, the LCP allowed migrant workers to enter Canada on a closed work permit that tied care workers to their one 'sponsoring' employer. Under the LCP, the employer applied for a

Labour Market Opinion (LMO), and the federal government would approve or deny the application. Once approved, the worker could apply for a work permit using the employer's LMO. The employer did not pay to apply for a LMO, unlike the Labour Market Impact Assessment (LMIA) that would come in 2014. Migrant care workers had to live in their employers' homes and complete 24 months of eligible work within 36 months until 2009 and then 48 months from 2009 to 2014. After meeting this 24-month requirement, care workers could then apply for permanent residency for themselves and their immediate family members.¹ While many aspects of the program problematically enabled worker exploitation, including the live-in requirement, the possibility of permanent residency was hard-won by care worker advocates and activists who came before and fought for the pathway to PR during the early FDM (Tungohan 2023).

Canada's Caregiver Program (2014-2019) — In 2014, the Canadian government removed the live-in requirement, after decades of activist work from care workers, advocates, and allies, allowing migrant care workers to live outside of their employers' homes (Tungohan 2023). In addition, the program divided workers into two categories or classes: the Caring for People with High Medical Needs Class and the Caring for Children Class. A Labour Market Impact Assessment (LMIA) was now required of employers, costing employers \$1,000 per LMIA (unlike the cost-free LMO under the LCP). This was a taxing additional requirement as some employers illegally offloaded this cost onto care workers, asking them to pay for the LMIA as a condition of their employment. Care workers were still required to complete 24 months of work to be considered eligible to apply for PR. However, a new limit on the annual number of PR applications was set at 5,500, with 50 percent of this limit allocated to each class of applicants. New educational and English language requirements were also introduced with care workers now needing the equivalent of one year of post-secondary education and a Canadian Benchmark Level (CBL) score of 5, which was higher than the CBL 3 required under the former LCP. As Natalie Drolet (2016) notes, those who had entered Canada under the earlier program remained eligible to work but were potentially ineligible to obtain permanent residency under these new requirements as they were made to apply under the new requirements.

Canada's Home Childcare Provider Pilot and Canada's Home Support Worker Pilot (2019-2024) — In 2019, the Canadian government replaced the existing care worker program with two five-year pilots mirroring the two categories of workers under the previous program. The pilots expired in June 2024. The two pilots maintained the annual cap of 5,500 PR applications overall, with 50% of this cap allocated to each

¹ It is notable that under all care worker programs listed since 1992, a care worker can opt not to include their immediate family members on their PR applications but there must be a valid reason. IRCC does not want care workers to apply for their family members' PR later on, thus this initial PR application is vital to many beyond the care worker herself.

pilot program.² These programs experienced very high demand, especially the Childcare Provider Pilot; the caps often filled on the same day the application portal opened — January 1st. In 2023, sub-caps for PR applications were implemented, establishing a maximum number of applications: 1,650 for applicants who have not yet completed their work requirements necessary to gain PR (“Gaining Experience” category) and 1,100 for applicants who have completed their work requirements necessary to gain PR (“Direct to PR” category). In 2023, IRCC also reduced the work requirement from 24 months to 12 months in response to care worker activism and demands. Other features of this version of the program included meeting migrant care workers’ demands for family migration with the possibility of care workers bringing their children and spouses on student and work permits, respectively. Resulting from calls for more labour mobility, migrant care workers who entered Canada under this program are granted occupationally specific work permits, allowing them to switch employers within the sector and garner more choice in terms of for whom they work. However, those already in Canada under an earlier program are still required to obtain closed work permits through the LMIA system. Effectively, there are two sets of rules around work permits for those in Canada depending on whether they arrived before or after the 2019 changes.

Canada’s Interim Pathways (2019) —Implemented following demands from the newly formed Migrant Rights Network in 2018 and various activist organizations working hard to support precarious care workers, these pathways consisted of two short-lived 90-day windows in 2019. These pathways were for migrant care workers already present in Canada who were caught between earlier program changes. It allowed them to apply for PR without the additional post-secondary education requirements implemented in the 2014-2019 program. The pathways were temporary measures to meet the demands of care worker organizations and to combat confusion and a lack of information for migrant care workers eligible for PR.

Newly Announced Pilots (to begin late 2024 or early 2025) – In June [2024\(b\) IRCC](#) announced new care work pilots that will give care workers permanent residence upon arrival in response to decades of activism and organizing. The pilots will also end the restriction of workers exclusively to in-home care work, additionally permitting employment with organizations. PR Eligibility requirements have also been modified. Requirements now include: CLB level 4, the equivalent of a Canadian high school diploma, recent and relevant work experience, and an offer for a full-time home care job. Full details of the pilots have not yet been released. The verbatim text of this announcement can be found in Appendix A.

Program delivery update: Home Child Care Provider Pilot and Home Support Worker Pilot (2024e) – New ministerial instructions have changed PR requirements for pending PR applications through the expired 2019-2024 pilots. The work

² Quebec is excluded since it has its own system under the Canada-Quebec Accord and the Quebec Selection Certificate (QSC).

requirement has been reduced from one year to six months. For the Gaining experience category, changes include IRCC now accepting work experience from outside of Canada, work experience from up to 36 months prior to the application, and work experience from after application submission until demonstration of the experience. The verbatim text of this announcement can be found in Appendix A.

While extensive research has been done to understand and critique Canada's former Live-in Caregiver Program (1992-2014), leading to the program's overhaul in 2014, far less is known about workers' experiences under the more recent federal programs that have been in place since 2014. We found this to be especially true for the 2019 pilots. Anecdotally, grassroots organizations supporting migrant care workers, such as CDWCR, have witnessed, supported, and organized migrant care workers in their struggles to navigate program changes without much clarity from IRCC on what to expect regarding the PR application process once they have met their work requirements. There have also been smaller subsequent changes to the program in 2023, leaving many migrant care workers lost in a maze of changing temporary labour programs, PR requirements, and PR application caps. This study examines the two sets of care worker pilots that Canada implemented in the last decade, the 2014 Careworker Pilots under the Temporary Foreign Worker Program and the 2019 Home Child Care Provider and Home Support Worker Pilots under the International Mobility Program. We examine the extent to which they lived up to their promise of offering a clear pathway to permanent residency for workers. We further consider and recommend ways that the forthcoming 2024 care worker pilots may avoid repeating the mistakes of earlier programs by addressing several of the key issues emerging from our analysis of the 2014 and 2019 pilots that continue to cause migrant care worker precarity in Canada.

Research Methods

The Exploring the Intersections of Immigration Policy, Racism, and Precarity for Migrant Care Workers (MCWP) research team was initiated after a call from long-standing Vancouver-based activist and co-founder of the CDWCR Cenen Bagon, who identified a pressing need to investigate the rapid and complicated changes occurring to Canada's migrant care worker programs since 2014. We responded to CDWCR's call by convening a team composed of four academic researchers, two community-based organizers, and two research assistants under the larger SSHRC-funded [Understanding Precarity in BC Partnership](#) (UP-BC).

Our study was guided by these initial research questions:

1. How do migrant care worker programs — and associated immigration and labour policies — reinforce structural racism by disproportionately burdening and precaritizing migrant women of colour in terms of a) accessing permanent status in Canada and b) accessing labour rights?
2. How have the burdens of racism, precarious work, and uncertain immigration status for migrant care workers (with and without documents) changed along with the newer pilot programs that were introduced in 2014 and 2019? How could better labour and immigration policies mitigate these issues?

3. How do racism and precarious status shape the current employment-related experiences of migrant care workers, especially with their employers? What are those experiences and how do they inform other aspects of workers' lives?
4. How are ongoing issues of racism and precarity within migrant care worker programs compounded or exacerbated by the COVID-19 pandemic?
5. What novel policy recommendations or strategic actions can be offered to support the demands of migrant care workers who face ongoing labour precarity and racism while working in Canada?

Political Economic Research

In April 2023, we received funding from UP-BC to conduct our research. We started with political economic research on internal documentation and statistics received via *Access to Information and Privacy (ATIP)* requests from the Government of Canada, specifically IRCC. Alicia Massie with support from Noemi Rosario Martinez facilitated our ATIP requests, obtaining 26 responses and over 1000 pages for analysis. The documentation received, both discursive and quantitative, helped us pinpoint what IRCC identifies as key issues in the care worker programs, rationales for their changes to the caregiver programs, and gaps and problems that continue to go unaddressed. IRCC documents included statistical information such as intake, processing times, and acceptance rates of PR applications through Caregiver streams and demographics of workers applying through the 2019-2024 pilots, as well as textual information in the form of Ministerial memos, instructions for processing care workers' PR applications, and other internal documents referencing the care worker pilot programs. The textual documents were assessed using content and thematic analysis (Braun and Clarke 2023), looking specifically for references to changes and implementation of changes to the Home Support Worker Pilot and Home Child Care Provider Pilot from 2019-2024. Examination of these documents by several members of our team ensured reliability in our interpretations.

Qualitative Research

After receiving ethics approval from our universities via harmonized RISE review in May 2023, we conducted four focus groups and 30 individual interviews with migrant care workers across the Lower Mainland of British Columbia, the unceded territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Nations, reaching a total of 37 care worker participants. Interviews and focus groups included in this report were conducted between July and October 2023.

We engaged in snowball sampling through connections we made with migrant care workers. This first introduction to prospective participants led to many more introductions as one care worker would introduce us to several more within her friend group. Rapport and trust through these connections led to quick uptake among participants in the Coast Salish area. Although we intended to invite prospective participants more widely, including in the Interior regions of BC, we were not successful due to our lack of connections in the area. As recruitment was going so well in the Greater Vancouver area, we decided to focus our efforts there.

The recruitment process showed how overworked care workers are and how little mobility and freedom they have to pursue other avenues beyond their work. Many more participants were interested in joining the study, but had great difficulty in participating due to their living-in conditions, the locations of their work, and the respective travel cost, despite our offer for travel reimbursement. This reveals the isolation care workers face, especially those in remote areas without easy access to transit, and those who are not yet connected with support networks. All participants received honouraria along with bus tickets and childcare expenses as compensation for their involvement in the research. Refreshments and snacks were also provided for the focus groups and the knowledge mobilization event.

Criteria for participant inclusion asked for those who came to Canada under a migrant care worker program, who arrived in Canada during or after 2014 (during which a succession of care worker program changes began), and who had experienced at least one change in pilot programs between their arrival and the present. While most participants aligned with this criteria, we met a few individuals who had come under the older Live-in Caregiver Program and/or who had not transitioned to a new or different program from the one in which they arrived. In the spirit of inclusion and listening to these workers' knowledge of past and present care worker programs, we invited them to join the project and found their contributions equally valuable in addressing the research questions. All but three of our participants identified as Filipina, while the remaining three identified as being from elsewhere in the Southeast Asia region.

All participants received the consent form prior to the interviews and focus groups. They received informed and ongoing consent – upon setting up the interview appointment, prior to the beginning of the interview, before the start of a focus group, and finally upon receiving their transcript, for which they could make edits or withdraw participation.

The one-hour interviews and focus groups were conducted around the Metro Vancouver area. The interviews reached a total of 30 participants and the 4 focus groups involved a total of 20 participants (some participants completed an interview and focus group, while some did one or the other). All participants are/were care workers who arrived in Canada from 1997-2023. The interviews were held in-person and, occasionally, over the phone. The care workers were free to choose the time and location of their interview based on their availability and comfortability. Locations chosen were public areas such as quiet corners of cafes and, most frequently, quieter parts of public parks around Greater Vancouver. For care workers, these quiet corners of public spaces often times grant them more privacy and autonomy than their day-to-day life in their employers' homes.

The focus groups took place in the South Vancouver area and within the private residences offered for research purposes. Interviews and focus groups were held on Sundays and often during the evening as these were the only options care workers had outside of their working hours. Many had only one day a week of rest and Sunday was the only day more interested participants were able to attend the focus groups.

The informal focus groups and semi-structured interviews allowed participants to freely navigate the questions and spend more time on issues or events on which they wanted to contribute knowledge and experiences. In our interviews participants were free to share their knowledge and experience in both Tagalog and English, and in some cases Bisaya. This approach allowed for a more nuanced understanding of their perspectives and ensured effective communication without language barriers. We acknowledge that language plays a significant role in shaping personal narratives, and providing participants the opportunity to share their experiences in their first language allowed for greater depth and expression through emic (insider) terms and multiple lexicons. This approach fostered a deeper connection and understanding between the interviewer and participants, ensuring that the meaning of their experiences was accurately captured.

Transcription, Translation, and Data Analysis

English was transcribed verbatim. We have used square brackets to indicate subtle changes for clarity and context while maintaining the original intent of the participant. Tagalog and Bisaya were translated into English in ways that most accurately reflected the conveyed meaning. All quotes have an original language noted to provide some context on which interview excerpts were transcribed verbatim versus translated.

All interview and focus groups transcripts were analyzed using content and thematic analysis (Braun and Clarke 2006). Content analysis includes examining the overt, manifest meaning of speech or text (Hsieh and Shannon 2005; Prasad 2008) and thematic analysis facilitates consideration for latent meaning (Braun and Clarke 2006). We employed both deductive and inductive coding, examining some of what we expected to find (deductive) as well as what emerged organically and sometimes unexpectedly (inductive) (Emerson et al. 2006). Most members of the team engaged in the initial codebook creation by analyzing the first five transcripts together to ensure some inter-coder reliability (Braun and Clarke 2023). We then conducted thematic mapping to set our codebook and explore and understand the relationships between themes (Byrne 2021; Kiger and Varpio 2020). We then divided up and analyzed the remaining transcripts, often checking on each others' work. We wrote analytical memos in our shared analysis workbook to capture key ideas and points of connection (or disconnection) as they unfolded in the time we spent with transcripts (Emerson et al. 2006).

Notably our different positionalities, disciplinary training, and research areas granted us different perspectives with the data and this enabled rich discussions and a wide range of insights into the data — much more than might be garnered with a single researcher.

Knowledge Mobilization

In addition to our interviews and focus groups, we also generated feedback through two knowledge mobilization events and political advocacy meetings. The knowledge mobilization events were pivotal for consulting with our participants, other CDWCR members, and workers and experts in the area of care worker justice on their feedback on our findings and recommendations. Political advocacy took place through formal meetings conducted with key actors in the labour and migration sector, including policymakers in the fields of labour and

immigration, allied MPs and MLAs who are critics on immigration, refugees, and citizenship, and also with IRCC directors in charge of care worker programs. We learned some relevant contextual facts in these meetings as well as refined our approach to making meaningful policy recommendations.

With these qualitative methods combined, we were able to reach a wide range of individuals who are involved and impacted by the issue. All of these activities assisted us in creating a constellation of knowledge from those holding different positions within the area of migrant care worker programs and rights, helped us refine our presentation of the findings and recommendations, and triangulate our data to ensure its accuracy and validity. More importantly, the research design highlights the voice, knowledge, experiences, and agency of care workers, who are the target beneficiary community of our work. Additionally, we also emphasize the contribution and organizing of CDWCR and their involvement and provision of support, information, and community advocacy.

Limitations of the Study

We recognize that we are working with a limited data set. Notably, we engaged in snowball and purposive sampling for interviews and focus groups. This means that our participants were primarily Filipina-identifying and located in the Greater Vancouver area. While this is not an entirely representative sample, internal IRCC (2023b) documents show that 71% of the PR applications received between 2017 and 2021 under all Caregiver Programs were submitted by citizens of the Philippines, making Filipinas the largest group of applicants by far, even as their percentages have declined in recent years. Despite the demographic and geographical limitations of our study, we heard repeated stories about work conditions and challenges applying for permanent residency, giving credence to the notion that these are shared sentiments and experiences among migrant care workers in BC. We also heard about the importance of political organizing and advocacy, as well as the importance of organizations like CDWCR in building knowledge, community, and action among care workers and offering education, empowerment, and hope for better futures.

Further, our ATIP requests resulted in limited data from the federal government and due to the nature of such requests, we are unable to determine if they are comprehensive in nature. We have worked to interpret the data based on the information we have been provided and have accepted quantitative data from the IRCC at face value. Undoubtedly, some of our interpretations of this data may be incomplete, and we invite the federal government to respond with additional information or clarification. What would be most useful in this regard is more transparent and timely publicly available information on the state of migrant workers in Canada from IRCC.

With the impending implementation of the new 2024/2025 pilots, and the possibility of a future permanent immigration program for migrant care workers, our findings implore IRCC and other federal government branches and bodies to make clear their policies, processes, aims, and information concerning temporary migrant workers, including care workers, to ensure equitable outcomes for this important segment of the workforce in Canada. We also amplify

the call for the federal government to work closely with migrant care worker organizations and advocacy groups to implement the recommendations of the Migrant Rights Network ([Migrant Rights Network 2023](#)) in the upcoming pilots and permanent immigration progra



Chapter Two: Working Conditions

The Imperative for Policy Reforms to Safeguard Migrant Care Workers

And so I went to the migrant center. I was crying so much ... I was crying all the time. I was pleading them and asking them for help, because I don't have anywhere to go to. I told them I escaped my employer because I was being abused. [originally in Bisaya]

Despite changes to the migrant care worker programs over the past ten years, migrant care workers continue to experience exploitation and abuse. Most workers remain compelled to live in employers' homes in spite of the removal of the live-in requirement in 2014 because of the financial constraints placed on them by their low-wage work and high costs of living ([Caregiver's Action Centre et al. 2020](#)). According to the Government of Canada, the median wage of home child care providers (NOC 44100) in the Lower Mainland of BC is \$18 per hour — only slightly above the province's minimum wage ([Job Bank 2024a](#)). The median wage for home support workers (NOC 44101) is higher, although below living wage, at approximately \$23 per hour ([Job Bank 2024b](#)). Further, the limitations placed on migrant care workers by their restrictive work permits, whether tied to a single employer or a single occupation, while they labour toward permanent residency deny migrant care workers the right to circulate freely in the labour market like other workers (Pratt 2012; Walia 2010).

According to Supriya Routh (2019), while provincial and federal employment standards exist to protect migrant care workers from exploitation, they frequently fail to do so for two main reasons. First, Routh finds that while migrant care workers are nominally entitled to the same legal protections as Canadian workers (e.g., minimum wage, overtime pay and vacation provisions), gaps in access to employment protections for workers in private residences, migrant or otherwise, are substantially greater than for employees in other sectors. For example: in-home care workers lack of access to meaningful collective bargaining due to the highly isolated nature of working in an employer's home, employers' often very limited knowledge of employment standards given that they may only employ one care worker, and the perception that private residences are off limits to labour inspection (Routh 2019). Second, Routh argues that the design and enforcement of employment standards and protections are insensitive to the particular experience of migrant care workers as temporary

foreign workers, which in practice means that many of their basic workplace rights exist only on paper. A lack of meaningful access to employment rights combined with the intersections of sexism and racism faced by migrant women workers are also confounded by experiences of social exclusion, limited access to social and economic benefits, limited labour market mobility, illegally low wages, poor working conditions, racialized discrimination, having passports illegally withheld, and fear around exercising their employment rights (Routh 2019). The result is a highly gendered and racialized workforce that provides needed care labour under worse conditions and with less protection from important regulations than other workers in BC (and Canada).

Thus, even as the 2014 and 2019 pilot programs made incremental changes to migrant care workers' experiences of employment (such as the option to live out of their employers' homes), they crucially enabled exploitation by continuing to classify migrant care workers as 'temporary'. We heard this message from the migrant care workers that we interviewed. Their stories, included below, demonstrate how temporary status reinforces migrant care workers' subordination in the workforce and compromises their ability to exercise their rights. Specifically, our research revealed that their lack of permanent immigration status makes migrant care workers vulnerable in five key areas relevant to employment standards and protections: (1) wages; (2) roles, tasks, and working hours; (3) employment security; (4) exposure to abuse; and (5) unsafe working conditions. Temporary status with restrictive work permits, coupled with lax monitoring and enforcement of labour standards in private residences, has created conditions that allow irresponsible employers and predatory recruiters to exploit migrant care workers with impunity under the migrant care worker programs that have existed until now ([Caregiver's Action Centre et al. 2020](#)). In order to understand how the new 2024/2025 pilots and permanent immigration program for care workers could improve their work lives, we must assess the present conditions care workers are experiencing.

Wages Withheld

Until the new pilots offering permanency upon arrival come into effect, migrant care workers rely on their employment to maintain their documented status in Canada, making them vulnerable to being underpaid. In her search for employment after losing her job, for example, one worker we interviewed recounted how a potential employer agreed to give her work on the condition that she would be paid less than the legal minimum wage:

I try to find a family [to employ me] and I talk to many family. It's hard when they offer me. They want to hire me but you know what? They say like, "If I hire you, I can do work permit for you but when I pay, I'm going to show to the government like minimum wage but I can pay you less than minimum wage." So tricky. [originally in English]

Her experience illustrates how employers can take advantage of workers' temporary status and need for a valid work permit to pressure workers into accepting substandard pay.

Even when employers pay workers the correct hourly wage, many use tactics to avoid paying care workers for all the hours they work. Employers have the power to unilaterally manipulate

what does and does not count as paid work and paid work time. Employers make these decisions on a situation-by-situation basis, sometimes without complete knowledge of their employer obligations, inconsistently deciding when to award or withhold payment, including payment for overtime work. One worker recounted how her employer not only resisted fairly compensating her for work tasks but also became hostile in response to her attempts to exercise her rights:

She didn't pay me the hour and I just talk to her like, "Hey, why you didn't count the hour for me [to drive us] from here to [your vacation spot]?" And she said, "Because... you didn't spend time with the kid. So, it's just you come here so I don't need to pay you." ... And when I tried to show her the paper and she tried to make excuse... in the end, she called to the government and the government say I'm right and then she paid me. But before that, she got upset to me and she yelled... And our relationship is bad more, bad more. [originally in English]

In situations where employers actively obstruct the fair payment process, care workers are placed in lose-lose scenarios—either having to assert their rights and risk conflict with their employers, potentially facing job loss in the process, or having to accept exploitation in order to stay employed and maintain a less adversarial working environment. Because of the pressure to stay employed that is placed on migrant care workers by the conditions of their work permits, employers are often able to get away with both poor treatment and unfair compensation of migrant care workers. As noted in the introduction, while migrant care workers who entered Canada under the 2019-2024 pilots can change employers with occupation-specific work permits, those who arrived prior to 2019 are bound to their closed- or employer-specific work permits. The loss of a job thus has more dire consequences for status in Canada for those who came under earlier care worker pilots and programs.

Contract Violations

Care work is unique as an occupation in that the boundaries and limits around tasks, schedules, and roles can be hard to define. This absence of definition makes it easier for employers to make demands and harder for care workers to refuse them. Further, migrant care workers experience racialized devaluation within an already highly gendered and undervalued sector (Stasiulis and Bakan 2005; Walia 2010). Migrant care workers therefore have a higher likelihood of being overworked and asked to do hazardous work outside of the duties specified in their employment contract while enduring irregular and unpredictable schedules and no overtime pay. Further, migrant care workers told us that employers often expected not to have to adhere to the terms of their written contracts because they considered care workers to be “part of the family”: a remark that activists and scholars have long criticized as it misconstrues the nature of this paid labour and the employer-employee relationship (Bakan and Stasiulis 1997). Being conditioned as ‘part of the family’ allows for more exploitation as workers are compelled to do extra unpaid labour as a form of filial obligation.

One woman recalled multiple contract violations by her employer, ranging from unpredictable hours, to extraneous tasks, to unpaid overtime, as well as imposed work outside of the contract and extending her hours in spite of the initial agreement:

*In my contract, I only have 40 hours a week. So 9 to 5. But then I had a shift, which is a 12 midnight up to ... 10 in the morning. So it's fine. No problem with that. But then every week I serve 42 hours, but they only pay me the 40 hours. And they let me work some gardening too, when in fact, it's not in my job description in the contract. But because ... I want to be in good relationship with them [my employers], I do all the things that they want me to do ... after work and during my free day ... And I have no chance to say no. But they give me compensation, but it's not that much... even though I serve 5 hours they only just give me \$20. I don't know ... I didn't complain about or anything because I have no choice; I need to stay with them ... My feelings are hurt – So all those one year that I served, that I be with them, just being a waste. I mean, it will not be used as my experience for me to file for my PR application.
[originally in English]*

This worker faced additional consequences due to her employer's demands: her employer required her to relocate from one province to another. Under the conditions of her work permit, relocation to another province was not allowed. This work experience then fell outside of her work permit, deeming the work illegal according to the terms of her stay in Canada and inapplicable to her work requirements.

These conditions of work infringe on the rights of migrant care workers as established by the International Labour Organization's Domestic Workers Convention, 2011 (No. 189), Article 10, which states that "Each Member shall take measures towards ensuring equal treatment between domestic workers and workers generally in relation to normal hours of work, overtime compensation, periods of daily and weekly rest and paid annual leave in accordance with national laws, regulations or collective agreements, taking into account the special characteristics of domestic work." Article 8 also states that workers are to be given a "written job offer, or contract of employment that is enforceable in the country in which the work is to be performed, addressing the terms and conditions of employment referred to in Article 7, prior to crossing national borders for the purpose of taking up the domestic work to which the offer or contract applies." In the case of the last worker, her employer did not meet normal hours of work, did not provide adequate overtime compensation, and did not honour the agreed-upon contract.

Further, these experiences illustrate the power imbalance facing migrant care workers. In this case and others, they are forced to extend themselves to adapt to their employers' demands, sometimes being forced to do work outside of their work permit or "illegally," all while their employers wield extraordinary control over both their working conditions and their opportunities to achieve PR. Together, a lack of permanence, poor employment standards enforcement, and a lack of employer education concerning obligations restrict migrant care workers' ability to enforce their rights.

Employment Insecurity

For migrant care workers, temporariness and employment insecurity go hand-in-hand and reinforce one another. Migrant care workers' experiences of employment insecurity—either not having enough hours of work when employed or facing sudden job loss with no recourse—have their roots in two key components of their work programs: (1) imposed temporary status combined with employer-restricted or occupation-restricted permits, as has been seen in the care worker programs from 1992 to 2024, and (2) the lack of protections for workers who experience workplace exploitation and abuse in these undervalued and precarious jobs, which could remain an issue with the new pilots if better oversight and assurance of worker rights are not implemented. Without permanent residency upon arrival, employment insecurity threatens the potential to gain PR, prolonging migrant care workers' temporary status and putting them at risk of deportation. As one care worker puts it:

... I think this is the one [challenge] that I observed. Because, for my side, it's like I will work only for one employer, I can't do part-time...So, that's what I feel like: I can't move. [originally in Bisaya and English]

In combination, restricted work permits and temporary status —historically key aspects of care worker programs — have ensured that migrant care workers were reliant on their employers for both economic security and legal status, with few options when their employment situations change. This will continue to be the case for many care workers who are in Canada under old programs and pilots if they are not quickly transitioned into permanency with the implementation of the new pilots.

Changes to the employment situations of migrant care workers often happen suddenly and without notice despite employment standards regarding the need for notice or pay in lieu of notice. There are also a number of potential risks for job loss unique to care work: their employers die (if they are working for elderly clients); their childcare circumstances change (if they are caring for children); their employers go on vacation (and don't want them to come along); or their employers decide to terminate them without notice or explanation. One care worker recounted her experience of termination after requesting vacation time to go to her mother's funeral in the Philippines:

...the problem is when my mom is died and [I] asking them for going home in Philippines to attend [her] burial, they terminated me. I don't know what my, what is my wrong or what is my fault? ... In the morning, they give me already the termination paper and then they asking me to pack up, pack up, pack up, go, go and pack. Automatic[ally] in the morning they called the taxi like they terminate me at that day... So It's hard if you work, like if you are not PR ... if you have a working visa only, it's very hard. [originally in English and Bisaya]

Her experience highlights both the extraordinary demands and unique vulnerability to employment insecurity faced by migrant care workers. Migrant care workers' ability to navigate the demands of overseas work, isolation from their communities, and family responsibilities are constrained by a lack of benefits and protections, and by their reliance on

their potentially unpredictable employers for employment and the chance of economic stability. Maintaining good relations with employers and preserving employment also has implications for future opportunities for permanent residency for those who entered Canada prior to 2024. There is therefore much at stake for many migrant care workers presently in Canada who hope to persist through the work requirements and stay permanently in Canada.

Those who remain in Canada with temporary status may continue to face employers who leverage workers' precarity to their advantage. In some cases, employers do so by neglecting or obstructing workers' permanent residency applications; in other cases, employers directly threaten migrant care workers with job loss and deportation if they don't comply with work demands. One care worker described how her employer used job loss as a threat to compel her to accept unfair pay and forced overtime:

They terminated me because they always told me that if I can't handle it they threatened me that they will find someone. But they never did it. But I could not take it anymore. I worked all around and I am so tired working. And, they did not pay me fairly and my hours were staggered and too much and they were not good. So, I had enough; I told them that I wanna sign a one-month notice. But instead, they terminated me. Ok fine, terminate me. [originally in Tagalog]

Her situation illustrates the ways that workers' temporary status gives employers the power to exploit workers. Unlike in the previous story, many other care workers detailed how they often stay with their employers despite being threatened because of the challenges they faced when switching to new employers. As one care worker recalled, she endured an abusive employer and contract violations in the hopes of getting her PR:

My work is more than as a caregiver, as in like I'm a slave. It's really too much. I didn't expect it would be like this, but I endured it. They said that I should just endure it; as long as I get my PR. I've been with them almost four years. I endured it. [originally in Filipino]

Experiences of "endurance" and persisting through abusive work were frequent amongst the care workers in our sample. Yet, despite this endurance and willingness to work beyond the contract and beyond the indicated work hours, migrant care workers remain easily disposable by some employers.

Working (and Living) Conditions and Experiences of Abuse

Whether co-living with their employer or living away from their employers' homes, care work largely occurs behind closed doors. As such, employers can exert a level of control over care workers' labour that workers in other sectors are not subject to given the close and intimate connection between the work life and private life, which are entwined with in-home care work. The care workers we interviewed described being subject to their employers' control in terms of the work location, work time, and the freedom to come and go, which affected workers' ability to access transportation, social networks, medical services, and community support. Living with their employer further increases the likelihood of abuse as the home is both the workplace and the site of rest and shelter. The blurred lines between work and home create a

situation in which employers treat care workers as if they are always ‘at work’, potentially on call, forced to work overtime hours, isolated, and entitled to little time off from work. In one of the more harrowing stories that we heard, one care worker told us about her experience of both on-call overtime work, as well as financial abuse by her employers.

I was abused at that time... I was living-in at that time... In the contract, it said I will work for just like five days and eight hours every day. But, I didn't expect that I will. That there's overtime work at night. And then Saturday and Sunday sometimes I have work. And then I don't have [a] salary. I didn't expect that. . . I did not have a salary. My employer did not give me a salary...And when I left them, I only had \$280 in one year and six months that I worked for them. They also took my GST [tax credit cheque]. They took my tax return when I filed my taxes. [originally in Bisaya]

This participant's experience highlights both the risks for abuse that intimate household-based employment sites can place on care workers, as well as the failure of provincial and federal governments to ensure employment standards in these employment settings. Critically, migrant care workers' temporary status under programs and pilots from 1992-2024 renders their employment, legal status, as well as their shelter needs in Canada highly dependent on their employers. Without effective prevention, monitoring, and enforcement, this abuse can become invisible behind the closed doors of the private home.

Housing

Employers cannot require a caregiver to live in their home. However, if an employer and foreign caregiver decide that a live-in arrangement is the most suitable for the needs of the person requiring care or to assist the TFW, there are certain criteria that must be met. Specifically, employers must ensure the:

- accommodation is being provided in the home of the person receiving care
- accommodation is private and furnished bedroom
- bedroom door has a lock and safety bolt on the inside
- bedroom meets the municipal building requirements and the provincial/territorial health standards
- foreign caregiver **isn't** charged room and board for the accommodations, as per the policy, under the TFWP

Employers must complete the "Bedroom description" section of the LMIA application form.

Employers of low-wage in-home caregivers who aren't providing live-in accommodations must ensure that suitable and affordable accommodation is available to the TFW. In addition, these employers should be prepared to provide proof (for example, newspaper ads) that affordable housing is available in the community where the TFW will be employed.

Meanwhile, employers of high-wage in-home caregivers don't have to meet this requirement.

Figure 1: Screenshot taken of <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/caregivers/child-care-home-support-worker/some-experience-about.html%C2%A0> on February 14, 2024.

IRCC mandates employers to provide decent accommodations if a care worker in the 2019-2024 pilots lives in an employer's home. Given inadequate regulation and enforcement, however, many migrant care workers experience subpar living and working conditions. One

care worker detailed how her employer did not comply with the accommodation standards above:

In our contract, everything doesn't get followed. I thought the room is for me only. I didn't know that I was living with someone else. So, that's one of the factors. Because in our contract it said that I have a solo room... We have a living room. We have a bedroom. But my bedroom is like this: split the living room. Like, there's no door. I just put a curtain to so I can have some privacy.... So, at the end of the day, even though I complained, I will be ignored. So, I just decided to ignore it... You can complain. But here, you have to endure. You have to endure as long as you can. You have to be humble. You have to be patient. [originally in Filipino and English]

This was a recurring story among some of the care workers we interviewed. Some of them did not expect to be living with someone in their accommodation; others lacked doors to their rooms. Such tactics are not only in direct violation of employers' legal responsibilities to care workers, but also deny care workers the rights to privacy and rest, effectively keeping workers in a state of being always 'at work'. As the International Labour Organization's Domestic Workers Convention, 2011 (No. 189) states in Article 6, domestic workers are entitled "if they reside in the household, [to] decent living conditions that respect their privacy."

Many migrant care workers arrive at their workplace straight from their country of origin or their intermediary destination, without having seen the living conditions that they have signed onto. This workplace will then become their accommodation for months or years unless they choose to find a new employer. Those who are unlucky to have received sub-standard accommodations may consider trying to live-out. However, this decision is difficult for many care workers whose minimum wage jobs do not provide them the means to afford the additional costs of living. As one worker explained:

I choose to live out. Before, I tried to live in and it was not [a] good experience for me because they hold your time [take up your personal time]. So when you rest, when you're already resting, anytime they will knock on your door and you have to work and you can't say no because you live with them. So, it's like, it's a bad experience as a live-in worker. So, that's why I chose to live out. After my 8 hours, you [are] now free. You can do anything now. You are free. I'm living out now, although it's difficult because the bills are very expensive. You can't save money. That is the disadvantage. [originally in Filipino]

Having to grapple with unaffordable housing and living costs while living-out leaves migrant care workers mostly opting to continue living in their employers' homes. This way, they are able to save more money to remit to their home countries, even at the cost of their privacy and extra (often unpaid) work hours.

Unsafe Working (and Living) Conditions During Covid

Imbalances between employers and migrant care workers in power and vulnerability were magnified during the COVID-19 pandemic (The Caregivers' Action Centre 2020). Migrant care workers reported higher rates of job loss and increased exposure to exploitative employment conditions amidst a shifting public health and economic crisis. With the advent of COVID-19, some workers who were living-out at the time were asked by their employers to live-in with them again due to the fear of contracting the virus. COVID essentially brought live-in arrangements as employers barred workers from interactions outside the family bubble. One care worker explained, "...the reason why the second employer let me stay in was because of COVID. They didn't want me to travel all the time."

This return to the live-in status, exacerbated by fears of being sick, resulted in increased surveillance and exploitation. For example, despite only being contracted to take care of children, seniors, or people with special needs, care workers became primary caregivers of their employers when they got sick, and became frontline workers against COVID-19 in their employers' homes. As one care worker stated:

And even though you're sick, you have to work. Because no one will take your time. And they said that the grandpa has COVID, so I just worked since I had COVID as well. Even though you feel really bad, you still have to work. That's what really made me cry, because they really don't consider that you're already sick. And, you're supposed to have sick leave, right? . . . my fever was really high. But, when I felt a bit better, they said, "Ohh, can you work now?" So, then I worked even though I still felt very sick. I didn't want them to say that I was lazy. That's what I can say that is not good. But you have no choice. ... That's one violation; that actually, I should have 5 days of sick leave with pay right? [originally in Filipino]

Not only were migrant care workers forced to take up front-line care work with little support for their own care needs, processing times for their PR applications and work permit extensions took especially long during the COVID-19 pandemic (The Caregivers' Action Centre, 2020).³ These delays prolonged workers' precarious legal status and thus their dependence on their employers. Such circumstances highlight how migrant care workers' interests may be invisible to and readily deprioritized by both their employers and the Canadian government.

Ineffectiveness of Current Enforcement Models

In BC, employment standards generally fall to the provinces and enforcement is formed around a complaints-based system at the provincial level. Enforcement must be initiated by a workers' complaint. This process limits migrant care workers' ability to realise their statutory rights because they may be less aware of their rights, or they may have greater difficulty

³ In our February 2024 discussions with directors at IRCC, they acknowledged falling behind in PR application processing during COVID times due to their offices being staffed by "no one."

exercising their rights due to their temporary status. One care worker discussed the considerations that care workers have with regard to lodging complaints:

...for others, while they're still waiting for their papers, they are made to work overtime without pay. But, they don't complain. They endure because they want their papers to arrive and they just leave afterwards, which is so unfair. So, I think for that, I think protection is needed for those kinds of workers, who don't have documents or those who are waiting for their documents. For their right[s to be respected]. [originally in Filipino]

Practically, this means that migrant care workers have fewer options for protecting themselves from workplace exploitation especially when they feel they cannot complain until they attain permanent status in Canada. While IRCC's newly proposed pilot offering permanent residency status immediately upon arrival may remedy some issues of precarity for these care workers, it is imperative that those caught in older programs and pilots or who have fallen out of status receive permanency and regularization. While a permanent immigration status provides a baseline to better assert worker rights, this must also be accompanied by better enforcement of employment standards for domestic workers, employer education, and valuation of care work and workers



Chapter Three: Permanent Residency

The Unsettling Reality of PR Processing Delays for Migrant Care Workers, 2019-2024

Care activism for migrant care worker activists involved winning policy victories that would improve the lives of migrant care workers and their families. Given that migrant care workers know, through their own experiences, how restrictive policies can be, seeking policy improvements was [and is] vital. (Tungohan 2023, 20).

In the 2019 news release "Canada Caring for Caregivers," Immigration, Refugees, and Citizenship Canada (IRCC) optimistically introduced Canada's new pilot programs aimed at attracting care workers to the country. As noted in the introduction, this was the second set of significant changes introduced since the long-standing Live-in Caregiver Program was revamped in 2014 after extensive activism by care workers and advocacy by migrant and labour rights organizations and allies fighting the exploitative nature of these programs (Tungohan 2023).

The main feature of the 2019 care worker pilots was the promise of a quicker and more accessible process for obtaining permanent residency for migrant care workers. However, as we show, the federal government fell far short of its promises, making permanent residency a slow, complicated, and increasingly confusing maze for many who sought to fill gaps in our labour market and establish a life in Canada. As we demonstrate, IRCC is aware of many of the issues surrounding care workers' PR application barriers but has so far failed to implement feasible and effective solutions. This leads us to question if in fact the federal government "cares" for care workers at all or abandons them by design through the inception of temporary foreign worker programs in Canada.

While the June 2024(b) IRCC announcement about the new programs makes promises about permanency upon arrival for migrant care workers, it does little to explain exactly how IRCC will contend with the number of care workers presently in Canada without permanent

residency. Neither does it explain how it will address the backlog of applications that have been sitting, unprocessed, in “inventory” for years. It also leaves unaddressed undocumented migrant care workers who have lost their status due to the PR requirement changes between successive previous pilots. In this chapter, we examine these issues as they unfolded in the 2019-2024 pilots and as they will likely haunt what comes for migrant care workers in the next few years as IRCC attempts to roll out a new pilot.

Permanent residency has been a central demand of care worker advocates and activists since the mid-20th century when migrant workers protested their temporary status under the Non-Immigrant Employment Authorization Program (Bakan and Stasiulis 1994; Sharma 2006; Tungohan 2023). As Ethel Tungohan importantly notes, “Migrant care worker activists have been at the forefront of lobbying Canadian policy-makers to improve policy on migrant care work” (2023, 20). One of these wins was the possibility of permanent residency for care workers in 1981 with the Foreign Domestic Movement and in 1992 with the Live-in Caregiver Program. As Tungohan argues, care worker activists have continued their push for faster, more efficient, and more inclusive promises of PR ever since. In response to these demands, the Government of Canada noted in the same 2019 news release that “Canada is caring for its caregivers by launching two new pilots that will help caregivers who come to this country make it their permanent home” and that “caregivers will also benefit from...a clear transition from temporary to permanent status, to ensure that once caregivers have met the work experience requirement, they will be able to become permanent residents quickly.” While the 2019 pilots may have sounded like a clear path toward permanent residency, they unfortunately led to more — not less — residency precarity for migrant care workers during this time period (see Wadehra 2021). Our research examines the realities of access to permanent residency for migrant care workers by peeking behind the scenes to assess whether the promised outcomes of the two 2019-2024 pilot schemes — a faster and more accessible PR process for care workers — were achieved.

Fluctuating Permanent Resident Application Caps

The year 2014 would see the introduction of a new cap of 5,500 migrant care workers who could apply for permanent residency per year (Banerjee et al. 2017; Caregivers Action Centre et al. 2018). These caps were then maintained in the 2019-2024 pilots. As noted earlier, such caps are intended to be sample sizes to test the new programs and pilots and to learn about and improve such programs (personal communication, IRCC directors, February 20, 2024). For care workers, the addition of caps would become prohibitive for many who hoped to attain permanency in Canada.

In May 2021, IRCC elected to equally split the 5,500 cap between the two 2019-2024 pilots: the Home Child Care Provider Pilot and the Home Support Worker Pilot, allotting a maximum of 2,750 applications to each (Canada Gazette 2021). The rationale for why these caps were needed was sparse, with IRCC stating that it was an issue of efficacy: “The implementation of this intake cap allows the Department to better manage intake under the caregiver pilots” (IRCC 2022b, A-2022-62459).

A memorandum dated April 9th, 2021 to the Minister of Immigration, Refugees, and Citizenship entitled “Managing Applications under the 2019 Caregiver Pilots” details the struggle IRCC was experiencing with applications received under the new pilots. It explains that there were “significant delays in processing applications” and the department now had a substantial, and seemingly unmanageable, backlog:

In 2020, unprecedented challenges associated with COVID-19 impacted processing efforts of applications for permanent residents under the 2019 Caregiver Pilots. In combination with higher than anticipated demand for the Home Child Care Provider Pilot, approximately 3,570 applications were received under this class in 2020, however only approximately 380 applications were entered into processing in the same calendar year. Furthermore, approximately 1,400 applications were received under the Home Support Worker Pilot in 2020, but only about 120 were entered into processing. (IRCC 2021a, 1A-2022-86882)

On November 30, 2022, a second memorandum was issued, again detailing concerns with permanent residence application processing under the care worker pilots. This memorandum explained that many applicants “are not ready to become permanent residents” due to the two-year Canadian work experience requirement. This memorandum explains how as of November 14, 2022, of the approximately 12,500 applications representing 31,000 people (including principal applicants and eligible family members), 90% were in the Gaining Experience category; according to IRCC’s internal memorandum, the majority of these applicants were awaiting the first step of being pre-assessed for permanency and issued a work permit while waiting abroad (IRCC 2022a, 1A-2023-24356).

Something needed to be done. IRCC proposed to the Minister two routes forward, both of which were ultimately accepted. The first recommendation followed care worker demands to reduce the work experience requirement under the care worker pilot programs from 24 to 12 months, a change eventually implemented in November 2023.

The second recommendation, detailed in yet another memorandum dated Dec 2, 2022(b) (A-2022-62459), addressed the overwhelming majority of applications coming through the “Gaining Experience” category. The memorandum spoke to re-aligning the caps for the “Gaining Experience” and “Direct to PR” categories to follow more closely what IRCC wanted from the care worker pilots — a 60/40 split whereby the “Gaining Experience” category would now have 1,650 maximum applications, and the “Direct to PR” category would have 1,100 maximum applications.

IRCC further divided each category with “sub-caps,” which established a certain allocation for online applications and a separate allocation for paper applications. In our February 2024 communications with IRCC directors, this aligned with the technological shift to accepting more online applications, while maintaining some room for paper applications was seen as an inclusive measure for those unable to submit electronic applications (IRCC personal communication, February 20, 2024).

A Mismatch Between Application Caps and Applications Received

The data we received from IRCC in 2023 indicates that the current care worker pilots consistently received a high number of applications over and above the cap numbers from 2020 to 2022. The data indicates that after 2019, the first year of the current pilots, the number of PR applications received by IRCC quickly grew to over 10,000 [see Figure 2].

| Caregiver Program | 2019 Related | | | 2020 Related | | | 2021 (as of Oc 18) Related | | | Total Related | | |
|---------------------------|--------------|-----------|-------|--------------|-----------|--------|----------------------------|-----------|-------|---------------|-----------|--------|
| | PA | Dependant | Total | PA | Dependant | Total | PA | Dependant | Total | PA | Dependant | Total |
| Home Child Care Pilot | 978 | 1,276 | 2,254 | 3,475 | 4,332 | 7,807 | 2,773 | 3,751 | 6,524 | 7,226 | 9,359 | 16,585 |
| Home Support Worker Pilot | 357 | 386 | 743 | 1,413 | 1,615 | 3,028 | 1,449 | 1,754 | 3,203 | 3,219 | 3,755 | 6,974 |
| Grand Total | 1,335 | 1,662 | 2,997 | 4,888 | 5,947 | 10,835 | 4,222 | 5,505 | 9,727 | 10,445 | 13,114 | 23,559 |

Figure 2: Table demonstrating the number of permanent residence applications received under the care worker pilots as of October 18, 2021. “PA” indicates “primary applicant.” Data source: ATIP request 1A-2023-18363 from IRCC.

IRCC (2023 a, 1A-2023-17841). indicates it has received 37,568 applications under the care worker pilots from January 2019 to January 2023 [see Figure 3]. It is notable that these numbers in Figure 2 are “in persons,” meaning they include Primary Applicants (or workers) and their dependents. From Figure 1 above, we can garner that PAs may constitute about 43 percent of all applications counted “in persons” or Primary Applicants plus their dependents.

| Caregiver Pilot Program and Year of Received Date | Processed | | | | | Total received |
|---|--------------|----------|---------|-----------|-------|----------------|
| | On inventory | Approved | Refused | Withdrawn | Total | |
| Home Child Care Pilot | 20,602 | 2,075 | 1,335 | 1,005 | 4,415 | 25,017 |
| 2019 | 1,149 | 753 | 299 | 91 | 1,143 | 2,292 |
| 2020 | 6,330 | 607 | 732 | 496 | 1,835 | 8,165 |
| 2021 | 5,281 | 584 | 254 | 351 | 1,189 | 6,470 |
| 2022 | 5,976 | 131 | 50 | 62 | 243 | 6,219 |
| 2023 (January) | 1,866 | | | 5 | 5 | 1,871 |
| Home Support Worker Pilot | 10,841 | 506 | 636 | 568 | 1,710 | 12,551 |
| 2019 | 326 | 209 | 167 | 47 | 423 | 749 |
| 2020 | 2,212 | 179 | 364 | 339 | 882 | 3,094 |
| 2021 | 3,524 | 118 | 103 | 145 | 366 | 3,890 |
| 2022 | 4,652 | | 2 | 31 | 33 | 4,685 |
| 2023 (January) | 127 | | | 6 | 6 | 133 |
| Grand total | 31,443 | 2,581 | 1,971 | 1,573 | 6,125 | 37,568 |

Figure 3: Table demonstrating the number of permanent residence applications received between January 1, 2019 and January 31, 2023 under the care worker pilots, broken down by program type, year of the received date, and current status as of March 21, 2023 (in persons). Data source: ATIP request 1A-2023-17841 from IRCC.

The 2021 “Managing Applications under the 2019 Caregiver Pilots” memorandum offers some context for PR application numbers, though not enough to explain the consistently high number of applications listed in the IRCC statistical tables. Referring to the cap of 2,750 for each of the pilots, the memorandum explains that before 2020, “where the volume of applications received was considerably lower, the Department managed this cap flexibly because there was no risk of exceeding 2,750 applications processed in any given year” (IRCC 2021a, 1A-2022-86882). However, beginning in 2020, the department quickly became overwhelmed. The memorandum explains that more than 3,500 applications were received in 2020 under the Home Child Care Pilot alone, with only 380 being entered into processing in the same calendar year [see Figure 4].

BACKGROUND:

- In June 2019, the Government launched the Home Child Care Provider Pilot and the Home Support Worker Pilot, economic class pilot programs, pursuant to Ministerial Instruction authorities under section 14.1 of the *Immigration and Refugee Protection Act* (the Act).
- These authorities provide the Minister discretion to create pathways to meet economic immigration goals and priorities, with limits on volumes and duration. Subsection 14.1(2) limits the number of applications that may be processed in a year to no more than 2,750

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s.21(1)(a)

-2-

PROTECTED B

applications in a pilot class. In previous Ministerial Instruction pilots created under section 14.1, where the volume of applications received was considerably lower, the Department managed this cap flexibly because there was no risk of exceeding 2,750 applications processed in any given year.

- In 2020, unprecedented challenges associated with COVID-19 impacted processing efforts of applications for permanent residence under the 2019 Caregiver Pilots. In combination with higher than anticipated demand for the Home Child Care Provider Pilot, approximately 3,570 applications were received under this class in 2020, however, only approximately 380 applications were entered into processing in the same calendar year. Furthermore, approximately 1,400 applications were received under the Home Support Worker Pilot in 2020, but only about 120 were entered into processing.

•

In order to be considered processed, an application must have been entered into processing, at a minimum. The Department's position has, and continues to be that an application is not "entered into processing" until it has gone through a completeness check. For this reason, we are proposing other avenues to process the 2020 cases outside this year's processing limit of 2,750 applications per pilot.

- Furthermore, interest in the Home Child Care Provider Pilot continues to be high, with the Department having received just over 2,000 applications for the pilot as of mid-March 2021. It is anticipated that a sufficient number of applications will have been received by the end of April to fill the pilot's legislative processing limit for 2021.

Figure 4: A subsection of pages 1 and 2 of the "Managing Applications under the 2019 Caregiver Pilots" received via ATIP release 1A-2022-86882 as received (and redacted) from IRCC.

This memorandum offers a possible explanation for the high number of applications received in that they explain that the caps "[limit] the number of applications that may be processed in a year to no more than 2,750 applications in a pilot class" (IRCC 2021a, 1A-2022-86882). The caps then appear to not apply to applications *received* (which are higher) nor to applications *approved* (which are lower), only to those *processed*.

As is explained in this same memorandum, IRCC was — and still is — experiencing serious delays with entering applications into processing; one possible answer is that IRCC kept receiving applications due to the extremely low number being entered into processing, thus

suggesting there was still "room" for applications in the processing stage without taking into consideration the high number of applications awaiting that stage.

But, such a hypothesis does not hold up to much scrutiny. In 2022, the application website indicated that as of January 17, 2022, IRCC had "received at least 2,750 applications" for the Home Child Care Pilot and was closed to new applications [see Figure 5]. As of 2023 and 2024, IRC portal and indicating through a small banner on the webpage: "Cap reached" [see Figure 6].

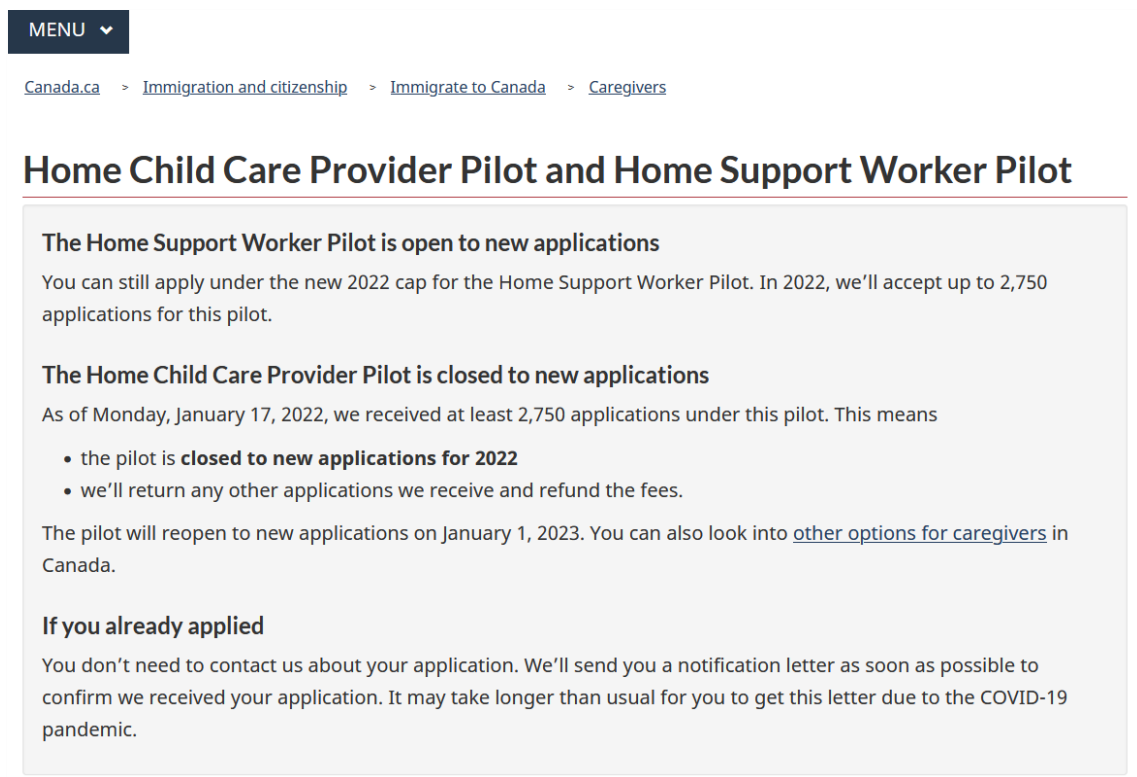


Figure 5: Screenshot of <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/caregivers/child-care-home-support-worker.html> taken April 11, 2023 via the Internet Archive Wayback Machine. The image shows the 2022 Home Child Care Provider Pilot PR application portal closure.

Home Child Care Provider Pilot and Home Support Worker Pilot: Gaining experience category

You can apply to the Gaining experience category through the Home Child Care Provider Pilot and Home Support Worker Pilot if

- you've never worked full-time as a caregiver in Canada or
- you have **less than 12 months** of work experience

You'll submit a work permit application with your permanent residence (PR) application. If you meet the requirements, you'll get a work permit that lets you work as a caregiver for any employer. After you get at least 12 months of qualifying work experience, you'll send us proof and we'll make a final decision on your PR application.

Sections

Who can apply

Find out the eligibility requirements

Take a language test

Submit proof of language skills in English or French



Processing times

[Check processing times](#)



Fees

Starting from: \$CAN 1,340



Status

Home Child Care Provider Pilot:

- Online **Cap reached**
- Alternate format **Cap reached**

Home Support Worker Pilot


Open

Figure 6: Screenshot of <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/caregivers/child-care-home-support-worker/some-experience-about.html> taken April 4, 2024. The image shows the 2024 care worker pilots application status including the small “Cap reached” banner under the Home Child Care Provider Pilot PR application portal status.

Thus, despite the high interest and consistent influx of applications for these programs, the newly introduced sub-caps for permanent residency applications have even further narrowed the submission window, creating an exceedingly brief opportunity for applicants to submit their documents. The sub-caps have been beneficial in some regards: for example, the addition of the “Direct to PR” sub-cap helped some care workers who already have work experience to apply for PR. Prior to the sub-cap, those already in Canada with work experience were unable to apply for PR because the spots were taken up quickly by applicants who now fall under the “gaining experience” class. However, the window has been rapidly shortening for those applying under the “gaining experience” class. In both 2023 and 2024, IRCC’s application portal both opened *and* closed in rapid succession on January 1st — the first day of the year and a statutory holiday, meaning that migrant care workers are often not able to receive help with submitting their applications from advocates [see Figure 7 and Figure 8].

The Home Child Care Provider Pilot

Gaining experience category


 **All caps have been reached for the Gaining experience category**

This means the Gaining experience category is **closed to new applications for 2023**.

- You won't be able to start or submit an application for this category in our portal, and any paper applications will be returned.
- Online applications that weren't submitted will [expire](#) from the portal after about 30 days.

Applications for this category will reopen in 2024. You can also explore other [immigration programs](#).

Direct to permanent residence category

 **The online application cap has been reached for the Direct to permanent residence category**

- You won't be able to start or submit an application for this category in our portal.
- Online applications that weren't submitted will [expire](#) from the portal after about 30 days.

Online applications for this category will reopen in 2024. You can also explore other [immigration programs](#).

The alternate format cap for this category remains open to new applications.

2023 caps

In 2023, we'll accept up to the following number of applications in each category:

- Gaining experience category: 1,650 applications, including
 - 1,500 online applications | **Closed as of January 1, 2023**
 - 150 alternate format applications | **Closed as of February 1, 2023**
- Direct to permanent residence category: 1,100 applications, including
 - 1,000 online applications | **Closed as of April 19, 2023**
 - 100 alternate format applications

Figure 7: Screenshot of <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/caregivers/child-care-home-support-worker.html> taken June 21, 2023 via the Internet Archive Wayback Machine. Shows 2023 "Gaining Experience" and "Direct to DR" application closure dates.

[Canada.ca](#) > [Immigration and citizenship](#) > [Immigrate to Canada](#) > [Caregivers](#) > [Home Child Care Provider Pilot and Home Support Worker Pilot](#)

Home Child Care Provider Pilot and Home Support Worker Pilot: Gaining experience category


You can apply to the Gaining experience category through the Home Child Care Provider Pilot and Home Support Worker Pilot if


- you've never worked full-time as a caregiver in Canada or
- you have **less than 12 months** of work experience


You'll submit a work permit application with your permanent residence (PR) application. If you meet the requirements, you'll get a work permit that lets you work as a caregiver for any employer. After you get at least 12 months of qualifying work experience, you'll send us proof and we'll make a final decision on your PR application.

Sections

- [Who can apply](#)
Find out the eligibility requirements
- [Take a language test](#)
Submit proof of language skills in English or French

 **Processing times**
[Check processing times](#)

 **Fees**
Starting from: \$CAN 1,340

 **Status**

Home Child Care Provider Pilot:

- Online | **Cap reached**
- Alternate format | **Open**

Home Support Worker Pilot

Open

Figure 8: Screenshot of <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/caregivers/child-care-home-support-worker/some-experience-about.html> taken January 24, 2024. Shows 2024 "Gaining Experience" online

application closure already in place on the date of the screenshot, although this is less explicit than Figure 7 of the precise date of this closure, which was January 1, 2024.

Because of these application caps and quick closures of the application portals as the sub-caps are reached, we found that migrant care workers tried to apply for permanent residence through other streams such as the short-lived temporary resident to permanent resident (commonly referred to as “TR to PR”) pathways, which also emerged in response to care worker activism and calls for alternative routes to PR amid the mess of changes. However, these pathways were also extremely time limited. One care worker we interviewed explained,

I was about to submit my TR to PR application but it was only hours after...and it closed on me. I had complete documents for IRCC. Suddenly — it was so fast that the IRCC [application portal] closed. I was so frustrated. I’ve already gathered my documents completely and suddenly it closed. When I woke up in the morning, I was so weak. I felt so weak. I felt exhausted because it’s like your effort your money — your expenses for the requirements — and then it’s back to zero. The CENOMAR [a Certificate of No Marriage Record issued by the Philippines government], the NBI [a police certificate issued upon request by the National Bureau of Investigation]. It’s only valid for one year...So, we voice that they should bring back the TR to PR pathway because there’s more benefits with PR, especially for caregivers. [originally in Filipino]

Despite the implementation of sub-caps, data from IRCC and insights from department directors reveal an enduring and substantial demand for these care worker programs. A glaring disconnect persists between the high volume of applications received and the significantly lower sub-cap limits — an issue that has not been adequately addressed by the department. Moreover, the frequent adjustments to the number of allowable applications, discrepancies between caps and actual departmental statistics, and the opaque correlation between the number of applications received and the conferral of permanent residency statuses contribute to a pervasive atmosphere of confusion and persistent precarity. This situation leaves migrant care workers, their family members, advocates, and researchers alike grappling with what appears to be an uncoordinated approach to policy implementation and significant under-resourcing of application processing despite decades-long persistent calls from activists for permanency upon arrival and landed status for all migrant workers.

The current opacity and thin explanatory justification for the sub-caps underscore a misalignment in how IRCC manages application volumes relative to the real demands and obstacles faced by the program. Going forward, it is unclear if the federal government will continue to institute caps and subcaps for the next care worker pilots. We recommend that migrant care workers already in Canada should be able to apply for permanent residence without being blocked by caps or subcaps, reflecting the activist argument that if care workers are good enough to work, they are good enough to stay. For prospective care workers abroad who would like to apply to come to Canada with permanent residency upon arrival the government must adopt a more transparent and evidence-driven methodology for setting and revising caps. Such an approach should more accurately mirror the intense demand for care

provision by employers and the necessity for and promise of permanency upon arrival for all migrant care workers.

Slow and Low Processing: Permanent Resident Application Reviews

According to IRCC's [check processing times webpage](#), the average wait time for a permanent residency application under the 2019-2024 pilots was 31 to 34 months [see Figure 9]. This shows no improvement over the last few decades since the three-year wait remains relatively the same as the time it took to process PR applications under the old Live-in Caregiver Program (Mas 2014).

Canada.ca > Immigration and citizenship > My application

Check processing times

Our processing times show how long it took us to process most applications in the past for each application type. As we process more applications and clear our inventories, the numbers will change. The numbers shown may not reflect how long it will take us to process an application you submit today. [Find out how we calculate processing times.](#)

If you've already applied, learn how to [check your application status](#).

* Select an application type: (required)
Economic immigration

* Which economic class application? (required)
Caregivers

* Which caregiver program? (required)
Home Child Care Provider Pilot

* When did you apply? (required)
On or after April 30, 2023

* How much work experience did you have? (required)
12 months or more

Get processing time

Home Child Care Provider Pilot: Direct to permanent residence category
🕒 31 months ⓘ

Figure 9: Screenshot taken of <https://www.canada.ca/en/immigration-refugees-citizenship/services/application/check-processing-times.html> on January 24, 2024. This is one example of the 31- to 34-month wait times for PR application processing illustrated on the IRCC website.

Long wait times not only affect care workers in Canada and ready for permanent residency, but also those seeking to come to Canada and/or fulfill their work experience requirement. “Gaining experience” applicants must wait for their initial application to be processed or “pre-assessed” prior to having their work permit granted. At the time of writing (August 2024), IRCC’s Check Processing Times webpage indicated a 31 to 37-month wait for those in this category. As noted earlier, those already in Canada with complete work requirements are also waiting similar amounts of time to gain PR. These years-long delays affect care workers, Canadian employers, and the Canadian economy which depend on such care providers. Parents with children and people with sick loved ones cannot continue to wait three years for a care worker whose application sits in the “Gaining Experience” category. Thus, there is much work to do at IRCC regarding these pending applications and the new pilots to be

implemented in late 2024 or early 2025. While IRCC (2024b) intends to “admit over 15,000 caregivers as permanent residents” to Canada from 2024-2026, its plans to do so are unclear since in most recent years IRCC has not made headway in decreasing the large application processing backlogs to meet the needs of the Canadian population and care workers awaiting their move to Canada. For those already in Canada, the wait for their permanent residence application to be processed is also unbearably long. Data received through our ATIP requests also shows that migrant care workers who entered via the Live-in Caregiver Program (1992–2014), defunct for almost a decade, are *still* caught in a purgatory of PR processing. As per IRCC statistics dated March 2021, at that time there were 1,303 total Live-in Caregivers in the permanent residency processing inventory (IRCC 2021b, ATIP release IRCC A-2021-64016).⁴ The latest new release from IRCC (2024b) states that “Today, less than 1% of that Live-in Caregiver Program inventory remains” of the 60,000 that existed in June 2014, meaning that 600 applications remain *ten years later*. Data received in March 2022 and dated “Since January 1, 2021” show Live-in Caregiver PR processing times to be 70.57 months — more than five and half years. IRCC’s processing time target for this group is just 12 months. This leaves IRCC at a staggering 588 percent over their target time.

Live-in Caregiver Program PR applicants still in the PR processing system have the worst processing times of all programs related to migrant care workers. But, they are not an anomaly; internal IRCC data shows that no single migrant care worker program has their PR processing time at less than *double* the intended target time.

Both of the 2014 pilot programs, including the Caring for Children Stream and High Medical Needs Stream, now also closed to applicants for more than 4 years, also have PR application processing rates of more than 500 percent over their target times [see Figure 10 and Figure 11]. As per IRCC statistics dated March 2021, at that time there were 101 PR applications from the 2014-2019 pilots in inventory; there also remained 1,222 PR applications for the 2019 interim pathway in inventory at that time (IRCC 2021b, ATIP release IRCC A-2021-64016). It is notable that in our February 2024 communications with IRCC directors, they identified that the applications that remain from the older programs like LCP (1992-2014) and the Caring for Children and High Medical Needs Streams (2014-2019) are likely the most complex ones, hence the time delay, since the more straightforward applications would have likely been processed already in a more timely fashion (personal communication, Feb 20, 2024). Nonetheless, the PR processing delays are clear across all migrant care worker programs.

⁴ While there may be more updated numbers, this is the most recent information we have received at the time of writing.

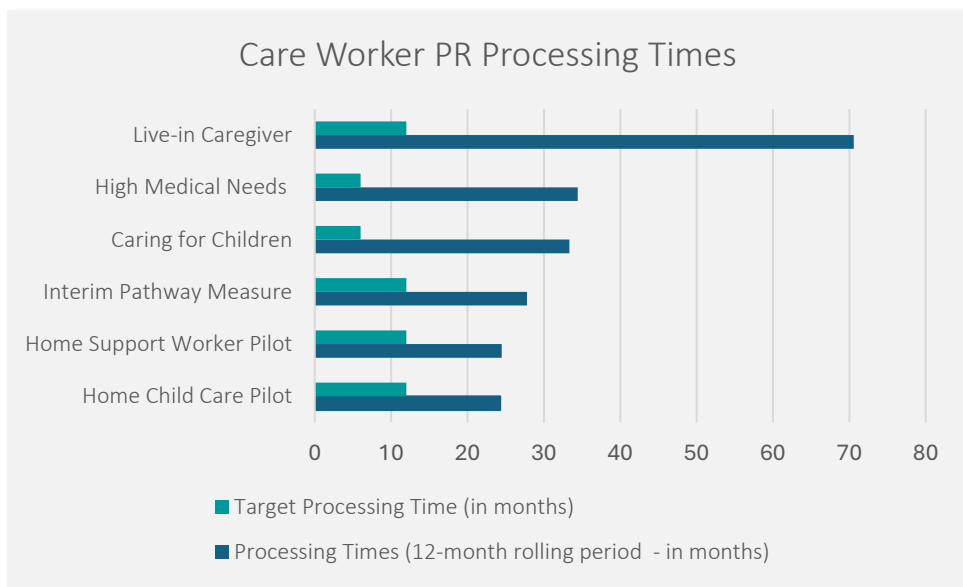


Figure 10: A bar chart showing care worker permanent residence application processing times from 2019-2021. The green bar indicates the target processing times and the red bar indicates actual processing times. Data source: ATIP request A-2021-64016 from IRCC.

| Care Worker Pilot | Processing Times (in months) | Target Processing Times | Compliance of Processing Times Ratio |
|---|------------------------------|-------------------------|--------------------------------------|
| Caring for Children Pilot (2014-2019) | 33.35 | 6 | 556% |
| Caring for People with High Medical Needs Pilot (2014-2019) | 34.43 | 6 | 575% |
| Home Child Care Provider Pilot (2019-2024) | 24.28 | 12 | 202% |
| Home Support Worker Pilot (2019-2024) | 24.48 | 12 | 204% |
| Interim Pathway Measure (2019) | 27.79 | 12 | 232% |
| Live-in Caregiver Program (1992-2014) | 70.57 | 12 | 588% |

Figure 11: A table that indicates the migrant care worker programs, their timespan from 1992 to 2021, and target versus actual PR processing times. In all cases, actual processing times are at least double the target times. Data source: ATIP request A-2021-64016 IRCC.

Further data shows that this situation has only continued to worsen since 2021. Processing times for PR applications from migrant care worker programs increased in 2022. Figure 12 tracks recent processing times compared with the Canadian Experience Class,⁵ demonstrating that these processing time issues do not seem to be across the board at IRCC, but rather are particularly acute for migrant care workers.

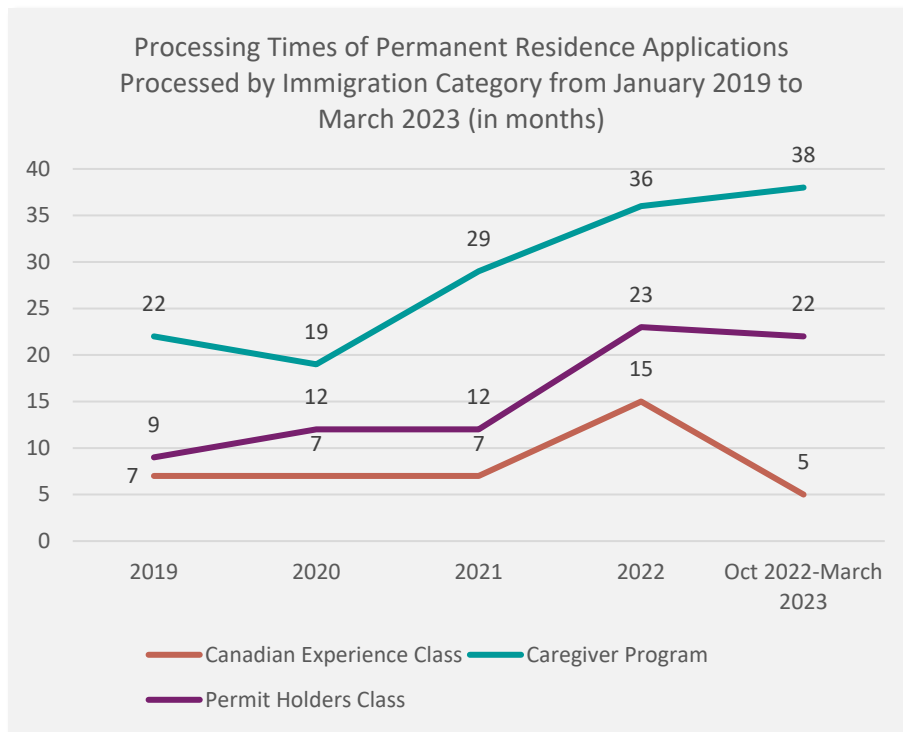


Figure 12: A line chart that indicates processing times for PR applications from January 2019 to March 2023. The gray bar indicates Canadian Experience Class PR applications. The blue bar indicates the Permit Holder Class PR applications. The yellow bar indicates PR applications from migrant care worker programs. Data source: ATIP requests from IRCC.

The problems do not lie solely with processing times either. Data obtained through our ATIP requests reveal an almost unbelievably low percentage of applications that have been fully processed.

The number of PR applications approved under the Home Support Worker and Home Child Care Provider Pilots as of March 21, 2023 numbered just 2,581 out of the staggering total of 37,568. Those rejected: 1,971. This means, according to the IRCC data provided to our team, only 3% of applications in their inventory had been processed as of March 2023 [see Figures 13, 14, and 15].

⁵ Canadian Experience Class is defined by the federal government as being “for skilled workers who have Canadian work experience and want to become permanent residents” (IRCC 2024c). Hence, the federal government seems to have fewer issues expediting the PR applications of workers deemed “skilled” while sidelining the important *and skilled* labour done by care workers, a much needed segmented of Canada’s labour force.

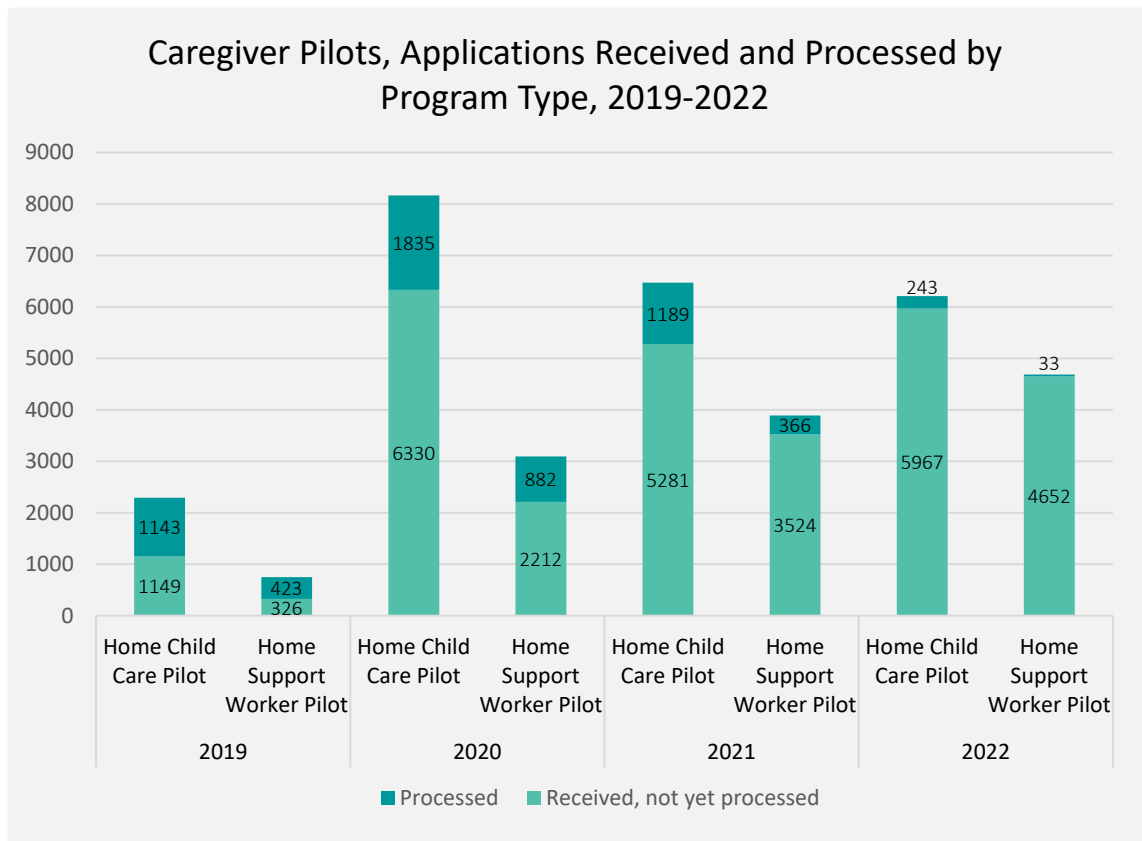


Figure 13: A stacked bar chart indicating the number of applications received and processed as of March 21, 2023 for each of the Home Child Care Provider and Home Support Worker pilot from 2019-2022. Data source: ATIP request 1A-2023-17841, from IRCC. Data table is included below as Figure 15.

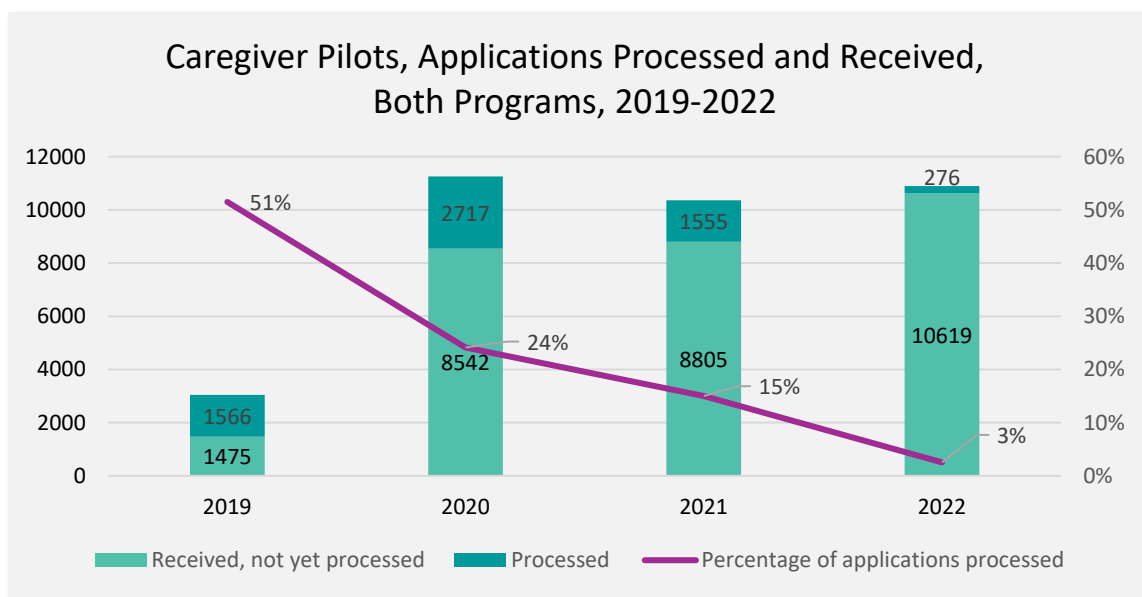


Figure 14: A combination stacked bar and line chart demonstrating the number of applications received and processed under the care worker pilots from 2019-2022, as of March 21, 2023. The blue bars demonstrate the number of applications received but not yet processed and the

yellow bars demonstrate the number of applications processed. The red line indicates the percentage of applications processed for each year. Data source: ATIP request 1A-2023-17841, from IRCC. The original IRCC data table is included below as Figure 15.

| Caregiver Pilot Program and Year of Received Date | On inventory | Approved | Refused | Withdrawn | Total | Total received |
|---|--------------|----------|---------|-----------|-------|----------------|
| Home Child Care Pilot | 20,602 | 2,075 | 1,335 | 1,005 | 4,415 | 25,017 |
| 2019 | 1,149 | 753 | 299 | 91 | 1,143 | 2,292 |
| 2020 | 6,330 | 607 | 732 | 496 | 1,835 | 8,165 |
| 2021 | 5,281 | 584 | 254 | 351 | 1,189 | 6,470 |
| 2022 | 5,976 | 131 | 50 | 62 | 243 | 6,219 |
| 2023 (January) | 1,866 | | | 5 | 5 | 1,871 |
| Home Support Worker Pilot | 10,841 | 506 | 636 | 568 | 1,710 | 12,551 |
| 2019 | 326 | 209 | 167 | 47 | 423 | 749 |
| 2020 | 2,212 | 179 | 364 | 339 | 882 | 3,094 |
| 2021 | 3,524 | 118 | 103 | 145 | 366 | 3,890 |
| 2022 | 4,652 | | 2 | 31 | 33 | 4,685 |
| 2023 (January) | 127 | | | 6 | 6 | 133 |
| Grand total | 31,443 | 2,581 | 1,971 | 1,573 | 6,125 | 37,568 |

Figure 15: A data table indicating the number of permanent resident applications received between January 1, 2019 and January 31, 2023 under the migrant care worker pilot (Home Support Worker and Home Child Care Provider), broken down by program type, year of received date, and status as of March 21, 2023. Data source: ATIP request 1A-2023-17841, from IRCC. An ATIP request for updated statistics made on 22 April 2024 was not fulfilled in over 90 days prior to publication, despite a legal response time of 30 calendar days under the Access to Information Act (R.S.C, 1985, c.A-1) Act (Government of Canada 2024).

Our ATIP data also indicate that in 2022, of the low number of PR applications processed, approximately 28% were refused (50 applications refused of the 181 processed, excluding those withdrawn) [see Figure 16].

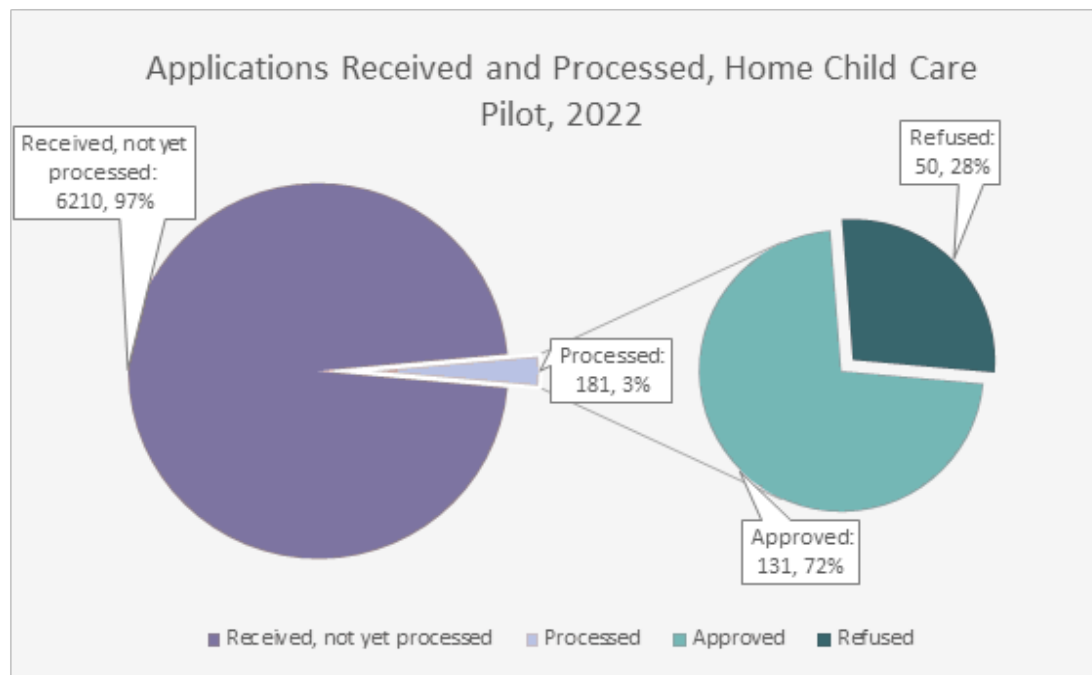


Figure 16: Two pie charts demonstrating the number of applications received and processed in 2022. The larger purple pie indicates the number of applications received and processed. The

smaller green pie shows the number of applications approved and refused of the PR applications processed.

IRCC went from processing approximately half of all received applications in 2019 to astonishingly low numbers of newly received applications by 2022 [see Figure 14]. It is unclear what happened in 2021 and 2022 that drastically reduced processing numbers overall — the COVID pandemic may be partly to blame as IRCC experienced staffing issues, but 2020, the height of the pandemic, showcased much higher processing numbers than 2021 or 2022. The incredibly low rates of PR application processing (and relatively high rate of denials) fail to align with the consistent care worker activist demand for permanency and the "clear, direct pathway to permanent residence" promised by the federal government in its 2019 news release (IRCC 2019) announcing the program changes in response to these calls from care workers, advocacy organizations, and allies. As a result, there is a large backlog of care worker PR applications in process or waiting to be processed as of the end of the 2019 pilots. How these PR processing issues will be attended to as the new pilots begin in late 2024 or early 2025 has yet to be seen but it is imperative that IRCC follows through with its commitment to offering permanent status to migrant care workers in a timely manner by meeting its own processing targets for those presently in Canada under earlier programs and pilots.

The Toll of Failed Promises on Migrant Care Workers

As a research team, we have the privilege to devote time and energy to navigating the labyrinth of PR application processing for migrant care workers at the federal level. Even with our level of formal education, English language proficiency and expertise in immigration policy, understanding the rapid-succession changes, shifting caps and sub-caps, and outcomes has been an unexpectedly arduous process. For the migrant care workers we interviewed, the process is also immensely stressful and exhausting:

But until now, I applied [in] January last year. So [this] January is coming. So, two years [since my] application still — now, even my open work permit is not with me yet. So, I'm still waiting [and] hoping even though I'm sick and tired [of] waiting and waiting. But, I need to be strong for myself, for my family. You know, mentally sometimes it's so hard.[originally in English]

Care workers often expressed exasperation at encountering cap limits within the short window of time the application portal remains open. One care worker expressed her frustration and recommended increasing the opportunities or windows to submit PR applications:

Well, I don't have any options. My only option is to wait, because every January is the application for the PR for caregivers, unless they have another program to speed up [the processing times] or they add [to the caps]. Let's say they just make it every six months. Like every six months they open a pathway for caregivers, you know. Right? Because it's like in a year it's only every January for the caregiver PR applications. So, maybe if they do that twice a year like every six months because there's slots for caregivers ... If there's full slots this year, it will open again only next January. So, when they opened January 1, January 2, you have to apply fast. Because that happened to

me with the TR [temporary resident] to PR [permanent resident] when they opened the TR to PR pathway. They had like 20,000 [applications] for my category. So, by the time I was able to apply, it was gone. It was filled. [originally in Filipino]

The open and close date of the PR application portal often falls on January 1st, as the last interviewee noted. As a statutory holiday in Canada, those applying for PR on what may be the only day of the year to do so would be unable to access support as federal government offices are closed. This begs the question of whether this date is by design — a means to the federal government to further abandon care workers to their own devices or pay someone else with more knowledge and know-how to submit the application on their behalf.

The long and unpredictable PR application processing times were the most challenging and uncertain part of the journey toward permanency for the care workers we interviewed. We heard numerous stories about years passing without a word on the outcome of the application:

So, I'm confused about when I will get PR. It's been so long. It took three years. And they said processing is sometimes 12 months, and then it became 24 months and then it became 36 months and now it's the three-years anniversary this August for the application. Today is the 37th month of my submitted PR application and now it's difficult because...it's very limited what you're able to do here if you're just a live-in caregiver. [originally in Filipino]

The requirements for permanent residence admissibility are also a maze of changes that add to the burden care worker experience in their application processes. In 2014, an approved English exam with a minimum Canadian Language Benchmark (CLB) score of 5 was added to the PR admissibility requirements. This is higher than the CLB 3 needed to work in Canada, and, under the earlier Live-in Caregiver Program, no English exam was required to apply for PR ([Caregivers Action Centre et al. 2018](#)). It is notable that the CLB exam, which is privately administered, is a way of both establishing a barrier to PR and allowing exam providers to profit from the process through the migration industrial complex (De León 2015; Walia 2013). Notably, the June 2024 news release (IRCC 2024b) indicates a reduction in these requirements after many calls from care worker activists. Under the next pilots, care workers would need to have CLB level of 4 and the equivalent of a Canadian high school diploma. While this is better than what has been in place since 2014, a CLB level 3 is often seen as more aligned with what the work requires and more attainable for migrant care workers, including those already in Canada and performing care provision.

Many of the care workers we spoke with found this CLB 5 requirement additionally stressful since, as many explained, they were already in Canada and speaking English to the extent required for their jobs. The exams are expensive and administered by private third parties; at several hundred dollars per exam, some care workers are repeating the exam several times, spending thousands of dollars to achieve the CLB 5 score. This language requirement, they

suggested, established the bar unnecessarily high for the work they perform. One care worker explained:

That language requirement is very difficult for us. It took me a few tries, and every trial cost a lot of money, because there are pathways that — my exam is passed, but there are cutoffs. And, they closed it [The application portal closes once the cap is reached.] really fast, and then they added new requirements. At that time, they lowered it, but I didn't have passports for my children yet. That's why I didn't make it in time. So they returned my requirements. And now they wanted a higher score. I needed a few more points... So I took another exam. It's a lot of expenses, that exam. Very taxing. [originally in Filipino]

A temporary migration status often signifies precarity in Canada, where one's stay is contingent upon one's work. For many migrant care workers, their temporary status comes with a deep sense of unease and insecurity (Banerjee et al. 2017; Wadehra 2021). As Rupa Banerjee and colleagues suggest in their 2017 report, the ways that a permanent status has become more difficult to obtain since the closure of the Live-in Caregiver Program indicates a "deepening precariousness" among care workers. Although the 2019 Home Support Worker Pilot and Home Child Care Provider Pilot introduced occupationally-specific work permits for those arriving outside of Canada,⁶ the inclusion of PR application caps, time-limited applicant portal windows, and increased English language requirements causes workers to feel even less mobile and free within Canada. For example, care workers told us,

... In my stay here, [with temporary residency status] it's like I don't have freedom. It's not totally like some of the Filipinos or people here that they are PR, like they can choose, or they can go anywhere for the work. [originally in Bisaya and English]

Another care worker explained,

Oh yeah, the PR...if someone stay[s] with one family for two years, or even you collect the date, the time, the hour[s] for two years, roughly two years, and then you can apply for PR. But mine is a little bit rough because you see, I changed [employers]. Yeah...that take me three years instead of two years to apply for PR. And then I mean, it's about the patience too, how patient you are. Because some of my friends, they're not happy at all too but they just don't want to skip, you know what I mean, skip the process. If they're just patient with one family, and then they get PR. Now they're free, kind of. [originally in English]

For care workers, the implications of not gaining permanent residency are significant in terms of their labour *immobility* and how they endure precarious and exploitative employment. For some, their inability to continue working with particularly harsh employers and their inability to

⁶ This occupationally restricted work permit, which was an improvement to the previously closed or employer-tied work permit, was implemented in response to care worker activists who demanded more labour mobility, allowing care workers on temporary visas to switch employers within their sector.

move freely between jobs and employers, if they arrived on closed work permits that require LMIA's prior to 2019, meant that they sometimes had to work in undocumented ways:

It really affected me so much because of my situation. I mean, I'm not working with my employers directly, and I was thinking how can I apply for this PR since I'm no longer working with them. So, I don't know what to do but just keep on going... I got this employer but she didn't help me for anything, so I did it my own way. [It's] so hard to pay for everything; nobody helps me regarding the money and everything [needed for the PR application]. So, I need to work hard illegally. I need to find ways, to manage everything, to pay for everything...it's sad and I'm waiting for the result of [the PR] application. [originally in English]

Further, the lack of permanent residence also means prolonged family separation and the inability to establish a life in Canada despite contributing meaningfully to our care economy. Family separation was tied to a lack of established permanency in Canada and economic instability as care workers are often stuck in low-paying jobs in a system that undervalues their skills and care work in general. Care workers expressed how time was passing in irrevocable ways:

Yeah, for my children if still, okay, [I hope] that I can get them. I'm hoping that next year or 2025, my child will be 16 at that time. So, there's still a chance that they can still enter here [as sponsored dependent family members]. So 16 and 14. So, I'm hoping. But there are [other care workers] here that after how many years here, [and] they're still not yet permanent residents. [originally in Bisaya and English]

Many care workers hoped they would obtain permanent residency and bring their dependent children to Canada before they aged out of this dependent category.⁷ These concerns and lived experiences of precarity had implications not only for family relationships but also for mental health and the overall well-being of all family members caught in the unactualized dream of permanent residency:

Depression is a big [issue] because now you can't sleep. You know, you [are] just crying with no reason. I'm not sure if you've experienced being homesick, but of course I'm a solo parent. I'm thinking of the situation of my children back home, even though they're already older. But being a mother, you can't help but think. And especially with the bad things that happened between me and my employer, it hurts me. It's like you can't work and move properly. It's like all your movement is surveilled. Like, you have to be very careful if you make a mistake. Once you make a mistake, they might fire you. So, you have to be careful that in case you might say something wrong, and they will report you. Because there's been many instances that I complained... Like, however I explained myself; they didn't believe me. I'm still at fault. So what's the point of arguing; you just have to endure it. It affects really my mental health. That's the most difficult part. [originally in Filipino and English]

⁷ To be eligible for the dependent category, children must be below the age of 22.

Policy victories, as Ethel Tungohan (2023) explains, have had many positive effects on care workers. For example, after extensive work done by activist organizations calling for new and immediate ways to clear up the confusion and backlog in PR applications, the federal government opened two interim pathways in 2019 and allowed eligible care workers to apply through the “TR to PR” (temporary resident to permanent resident) path during COVID. These options were intended to meet care worker demands and be temporary measures for those caught in the program changes. Activist organizations like the Migrant Rights Network encouraged and supported thousands to apply through the 2020 TR to PR pathway because it did not have the additional post-secondary education requirement that was added to the care worker pilots in 2019. However, because of the way that pathway opened and closed so quickly, most of the applicants ended up in the backlog. English assessment websites also crashed as a result of the 2020 TR to PR pathway, leaving only those with existing English language exam certificates eligible to apply. For some care workers, a lack of knowledge about these temporary pathways — the interim pathways of 2019 and the TR to PR pathway during COVID — meant they missed their chance to apply:

- *If I saw that interim at that time, I would have applied already.*
- *I actually don't know my pathway. I'm honest because I don't know what is my pathway. I don't have any idea. Because when I entered here I thought my sister-in-law guide me. Actually, I don't have any idea what is I'm going to apply what pathway I want to apply. [originally in English]*

For many care workers these were windows of hope, although cast too short or still remaining too complex to navigate:

- *I didn't apply for that [interim pathway] because I missed some requirements. I haven't complied yet. So, I waited for two years. I waited for two years and the interim was already replaced with another pathway. So, in my case I only waited for 10 months before I became PR. I was afraid because it was COVID and so many hearsays that says: “It will take too long. You have to wait up a couple of years before you get your permanent residence.” [originally in English]*
- *I didn't apply through the interim pathway, because when the time came that I was about to apply, the TR to PR opened. So, I applied to that, and I did not go through the interim pathway. Because in the interim, even if it's just one year, you can start applying. But they changed: it was again 24 months. So, I applied through the 24 months requirement and not through the interim pathway. [originally in Bisaya]*

For many care workers whom we met, activist organizations sharing information about workers' rights and pathways to permanency were central to their sense of hope and navigating the federal immigration system:

- *I keep working and working. I never speak it out to her [my employer]. And just keep in my mind or in my heart that [discontent]: "Ok, it's ok. It's ok ma'am. I will do this. I will do that. No problem. No trouble." But when I came in this organization, CDWCR, I know my rights. I know how to deal with it; how the situation it is. So, now I speak. I learned to speak out to my boss. [originally in English]*
- *And then I was so lucky that when I go there [to Migrant Workers Centre BC], someone listened on me and then times fly and I fight for my rights. [originally in English]*
- *Before, I am a member [of the Migrant Worker Workers Centre]. I am a member until 2020. They helped nannies to apply for PR and then you go into their office and then they help your PR to check before you send in the immigration officer. [originally in English]*
- *There are some that help you like CDWCR. They assist you in studying for the English language exam to get a higher score so we reach the requirements... They also give you advice because for us, who don't have a lot of experience here, we don't know. We don't have much information and that's where they guide us. [originally in Filipino]*
- *I only participated in CDWCR, because when I arrived here, I didn't know anyone. And because of that group, I knew a lot of people. And they became like a shoulder to lean on. [originally in Filipino]*

Amid the labyrinth of changing PR application requirements, portals, and delays, migrant care workers sought and received important community-based supports from advocates and allies. While permanent residency upon arrival will certainly help to remedy some of the precarity care workers have faced under their temporary statuses, these community-based organizations will remain important for workers seeking to understand and navigate their employment rights. While this does not remove the onus from the federal government to do its part in improving care worker programs and provincial governments from doing their part in enforcing employment standards, it does highlight the need for both the federal and provincial governments to provide dedicated financial support to these community-based organizations, which are doing crucial work to assist migrant care workers navigate Canada's complex immigration and employment rights systems, and provide education and social support to mitigate the harm care workers have experienced. As well, new challenges will undoubtedly

arise as the impending pilots are implemented in 2024-2025. With this, organizations already in place and connected to migrant care worker individuals and communities should be supported in doing direct system navigation, advocacy, and educational work in Canada.

Conclusion: Canada Must Follow Through on Its Promises to Care Workers

Since the advent of the Foreign Domestic Movement and the Live-in Caregiver Program, many care workers came to Canada under the guise of a promise of permanent residence resulting from decades of care worker activism lobbying for better working and living conditions in Canada (Tungohan 2023). CDWCR, Toronto's Caregiver Connections Education and Support Organization (CCESO), Migrant Workers Alliance for Change (MWAC), Migrante Canada, Gabriela-Ontario, and the Migrant Rights Network (MRN) continue to press for important program and policy changes in the name of justice for migrant workers. Despite the many oppressive requirements of the former Live-in Caregiver Program, such as the requirement to live with employers and maintain a closed employer-tied work permit, no cap on the number of PR applications, no further English language requirements, and no new medical tests meant a heightened possibility of actualizing permanency in Canada. Since 2014, this promise of PR has been touted by IRCC in response to care worker activist demands, yet, as our research shows, the chances of migrant care workers not only becoming permanent residents but even having their applications assessed became a long, drawn-out uncertainty.

With the IRCC announcement of the new pilot programs (2024b), we are hopeful that migrant care workers will be provided with permanency immediately upon arrival. We are also hopeful that the realigned English and education requirements of a CBL level 4 and the equivalent of a Canadian high school diploma will make the application process for PR more attainable, especially for migrant care workers who are already in Canada and seeking permanent status. We do not yet know how IRCC will attend to the numerous PR applications in their current inventory and what will happen to migrant care workers in Canada who have yet to obtain permanency or who have fallen out of status entirely amid so many program and pilot changes. We also do not have a clear picture of whether there are any plans by BC's provincial government to improve the enforcement of employment standards and workers' rights for domestic workers in the care sector since this work remains undervalued and exploitative even for those with permanent status. We also recognize care workers' and employers' needs for a permanent immigration program for care workers after more than a decade of time-limited pilot programs in this area — care workers deserve an immigration pathway that is clear, not time-limited, and reflective of the activism into which care workers have long invested their time and energy.

In conclusion, we can draw upon an IRCC news release (IRCC 2019) to reflect on the recently proposed changes, the new pilots, what is gained, and what is not yet addressed: Is IRCC caring for caregivers? Further, has IRCC crafted "a clear transition from temporary to permanent status, to ensure that once caregivers have met the work experience requirement, they will be able to become permanent residents quickly" in meaningful ways that respond to

care worker calls for justice? And finally, has IRCC followed through on its "commitment to improve the lives of caregivers and their families who come from around the world to care for our loved ones"? Our research clearly shows that from 2019-2024, the answer is a resounding *No*. While the live-in requirement was dropped with the end of the Live-in Caregiver Program in 2014 after decades of activist struggle and policy victories (Tungohan 2023), care workers have faced more precarity than before with diminished chances of making the PR application cap, a limited time window in which applying for PR is even possible, rising costs associated with meeting application requirements even after working for some time in Canada, incredibly low application assessment rates, and unacceptably long wait times for the PR application assessment, far exceeding IRCC's targets.

Internal IRCC government documents, our communications with IRCC directors, and IRCC's news release ([2024b](#)) indicate that the federal government is aware of these issues and is attempting to address some concerns, namely that "The new pilot programs will provide home care workers with permanent residence (PR) on arrival in Canada." As the 2019 Home Support Worker and Home Child Care pilots have ended and the new pilots are not yet in place as of the time of publication, we call upon IRCC to meaningfully follow through with implementing all of the recommendations of the Migrant Rights Network ([Migrant Rights Network 2023](#)) and live up to its own recognition that "Caregivers from abroad are invaluable to Canadian families. Their hard work makes a difference in the lives of those they care for, including children, seniors and persons with disabilities." ([IRCC 2024b](#)).



Chapter Four: Data Gaps

Unseen and Unaccounted Migrant Care Workers in Canadian Statistics

I worked long hours as live in. I can't count the hours. So now I switch to live out, so that I can make sure that I work only 8 hours. With my first job as a stay out, they were also abusive, because they let me work more than one hour, and they don't pay me. They forced me to go travel with them, even on my day off; I'm not comfortable with it. They just made me sleep in the living room while they slept in the bedroom. It was not comfortable at all. [originally in Filipino]

The exploitation that care workers experience due to their lack of permanent status and the devaluation of their work are undeniable, as demonstrated in the preceding chapters. And though the stories that care workers shared with us are important, we acknowledge that our study is small scale. Understanding the full scope of the migrant care worker experience necessitates publicly available governmental statistics on non-permanent migrant workers in Canada, particularly data disaggregated by type of work and/or migration stream. Without this data it is difficult to holistically make sense of and advocate for the rights and protections of migrant care workers, as well as of working non-permanent residents (NPRs) more broadly. Neglecting to rigorously track and properly engage with data on migrant care workers—particularly data from pilot programs designed to provide the information needed to develop future programs—perpetuates harmful patterns of marginalization of migrants and their work.

A report using data from the 2021 Census enumerated some of the disadvantages faced by non-permanent residents (NPRs) which are not exclusive to but do include migrant care workers (Tuey and Bastien 2023). Compared to the rest of the Canadian population, non-permanent residents are more likely to be racialized, live in inadequate housing, do work that requires no formal education, and be overqualified for the work that they perform (Tuey and Bastien 2023). These facts demonstrate that special consideration needs to be taken of NPR working conditions, as NPRs exist at the intersection of multiple forms of oppression, further exacerbated by their lack of permanency.

NPRs also experience below average wages—data from the 2021 Census indicates that the mean employment income for a woman without permanent status employed in NOC 43-45⁸ (work through the 2019-2024 pilots falls under NOCs 44100 and 44101) is \$28,213. This compares to \$32,874 for an immigrant woman and \$36,823 for a non-immigrant woman in the same broad occupational category. However, this data is not further disaggregated by specific occupation, which makes it impossible to determine wages for NPR care workers specifically. Part of this wage gap is assumed to come from the fact that NPRs tend to receive work that is among the worst-paid in Canada, such as care work in private households. For example, 2006 Census data found that care work was simultaneously the most common occupation for NPRs and one of the worst paid jobs in Canada (Thomas 2014). This speaks to the problems with using workers' temporary status to restrict them to certain jobs or sectors, denying them the possibility of finding better remunerated work. It also follows labour segmentation theory whereby the labour market is divided into relative better and worse jobs in terms of pay and working conditions, with the worse jobs more often allocated to racialized workers, women workers, and elderly and younger workers (Reich, Gordon, and Edwards 1973). Kimberle Crenshaw's (1989) important observations on intersectionality — how racialized women experience particular forms of marginalisation or exclusion from certain sectors of labour market — are also relevant here.

CIBC research suggests that Statistics Canada underestimates the number of non-permanent residents in Canada (Zimonjic 2023), something that Statistics Canada acknowledges to be true (Tuey and Bastien 2023). This is a symptom of the systemic racism embedded in Canada's immigration policy. It should not be possible, or acceptable, for such a large group of workers who are so important to the Canadian economy, to be so poorly tracked, particularly when this has material consequences for their wellbeing. Canada seems all too ready to exploit the labour of NPRs, but not to offer them the support they need.

It seems that the IRCC could be the ideal organisation for Statistics Canada to partner with in order to track working conditions, including hours and rates of pay, for participants in the pilot programs. An ATIP request initiated by our research team has revealed that the IRCC does not systematically monitor either the incomes or the hours of care workers in Canada under work permits at present [see Figure 17].

⁸ NOC 43: Assisting occupations in education and in legal and public protection

NOC 44: Care providers and public protection support occupations

NOC 45: Student monitors, crossing guards and related occupations (Government of Canada 2023)

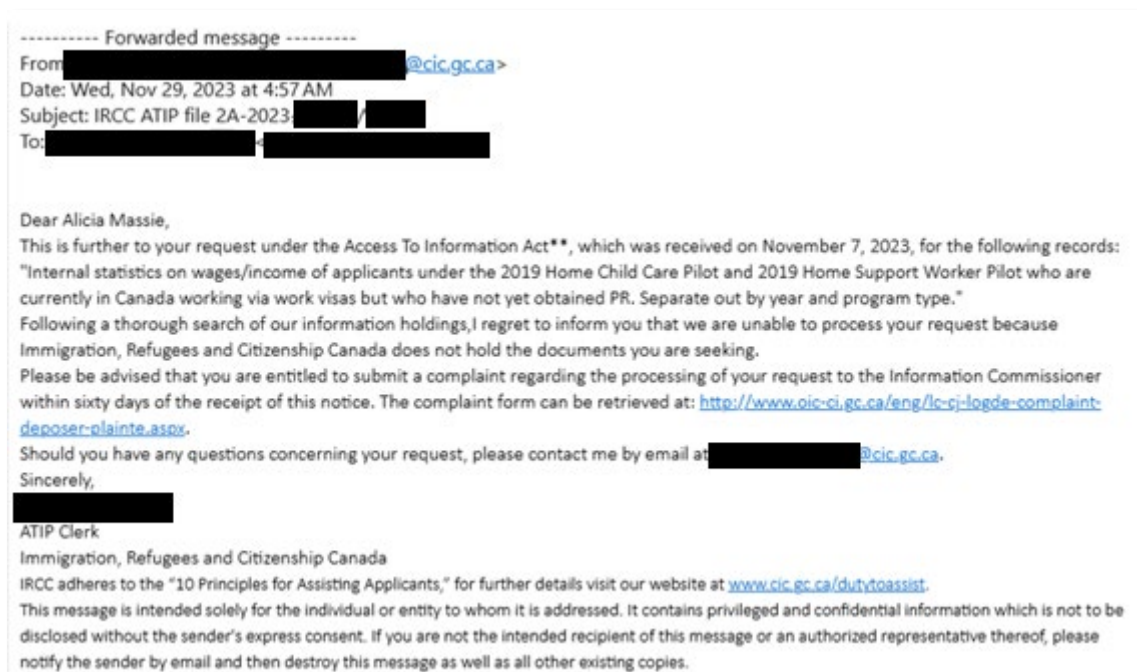


Figure 17: Screenshot of an email follow-up regarding our team's ATIP request, dated November 29, 2023.

However, those workers applying for PR through the "Direct to Permanent Residence" category of the 2019 care worker pilots were required to submit wage data with their PR applications as part of their Proof of Work Experience in Canada. This data should allow IRCC to track the wages of workers who performed care work while on work permits.

Proof of Work Experience in Canada

Upload proof of qualifying work experience in Canada in an eligible occupation. For the periods of work experience listed in your application, include:

- employer reference letters;
- copies of your T4 tax information slips and your Notice of Assessment (NOA) issued by the Canada Revenue Agency (CRA).

If you can't provide any of the above, you can provide:

- a combination of other supporting documentation for the periods of work experience listed in your application. This could include
 - copies of a record or letter of employment from the employer in Canada
 - work contracts and
 - pay stubs

Important: when submitting your tax information, be sure to block out your Social Insurance Number (SIN) to protect this personal information.

Employer reference letters must include all of the following information:

- the specific period of your employment (i.e. from/to dates)
- your position
- a description of your main responsibilities and duties
- the corresponding [National Occupational Classification](#) (NOC) code (if you know it)
- your total annual salary and benefits
- the number of hours you worked per week
- employer's name and signature, full address, telephone number and e-mail address (if this applies).

Figure 18: A screenshot of IRCC's IMM 5983 E Document Checklist for Permanent Residence - Home Child Care Provider or Home Support Worker.

IRCC must also evaluate the wages of care workers not yet in Canada. Workers in the “Gaining Experience” category of the 2019 care worker pilots must receive an Offer of Employment ([form IMM 5983 E](#), [IRCC n.d.](#)) which includes information on wages and hours. IRCC officers then evaluate the “genuineness” of the job offer on several points, including “whether the wage specified in the job offer is aligned with the prevailing wage in the province or territory where the work will be carried out” ([IRCC 2023a](#)). The prevailing wage for Home Child Care Workers (NOC 44100) is \$18 in British Columbia at the time of publication, according to the Wage Bank ([Job Bank 2024a](#)). However, many of the workers we interviewed reported earning minimum wage—an unsettling discrepancy. Though it’s difficult to make definitive claims around wages based on our sample size, the disparity between the prevailing wage and the wage data we gathered is troubling.

Another data point that is essential for understanding the working conditions and forms of exploitation experienced by migrant care workers, and all NPRs, is the hours they work. Statistics Canada defines full-time work as 30 hours per week, the same hours required by the IRCC through the care worker pilots ([IRCC 2024d](#), [Statistics Canada 2023](#)). However, many of our interviewees reported working 40 hours or more each week. The lack of accessible data on hours makes it difficult to determine how widespread this discrepancy is, while also preventing a clear understanding of how common it is for care workers to work overtime hours. It also makes it difficult to answer questions around earnings differentials within a specific occupation. Are observed earnings gaps between non-permanent and Canadian full-time workers due to actual differences in hourly wages paid or because some groups work more hours while others work less? How can we fully understand different earnings between immigrant and non-immigrant workers in the same field without knowing what proportion of people in each category are working 30 compared to 40+ hours per week?

The 2019 pilot programs were nominally supposed to inform future policy decisions, providing a testing ground for policy. In one conversation we had with officials from IRCC, the pilot caps were actually described as a “sample size” (personal communication, February 20, 2024). However, without rigorous assessments, ongoing evaluation, and comprehensive data collection on the programs and their participants, future policy will likely be based on incomplete information that may well continue to harm migrant workers. Further, the lack of publicly available data on migrant care workers labour market experiences and PR application processing times creates challenges for community organizations and migrant care workers supporting care workers and advocating for improved protections and rights. While some limited data can be accessed through pricy custom data orders from Statistics Canada, ATIP requests to IRCC, or by academics through Research Development Centers (RDCs), these sources remain out of reach for most people and community-based organizations—particularly the care workers who are actually described in and affected by this data.

Comprehensive statistics on wages and hours worked disaggregated by occupation and/ or migration stream must be collected and made publicly available and accessible for both

transparency and accountability. Ultimately, Canada's (lack of) collection and dissemination of data about migrant care workers, the 2019-2024 pilots, and about NPRs more broadly, is also a question of data stewardship and democratization. It is important not just to collect and analyse this data, but to make sure that the groups most affected have input on and access to data about their own lives. It is clear that the current methods of data collection and dissemination are not serving this vulnerable group of workers in Canada.



Chapter Five: Key Policy Recommendations

I hope they don't make it difficult for us, because there's a lot of us have been working here for a long time. Some are undocumented and can't apply for PR because of the requirements. We have been paying taxes for a long time. And many of us have already sent applications for a long time and don't have status. Those who arrive after us already get PR before us. We've already spent so much money. We're so stressed with the requirements. Some have committed suicide because of the requirements, because of the difficulties. I hope they consider us. [originally in Filipino]

Our analysis points to a number of policy gaps that need to be addressed in order for Canada to fulfil its promise of providing a clear and timely path to permanent residence for migrant care workers and in order to reduce the precariousness and exploitation of migrant care workers in Canada.

- 1. Implement the promise of permanent residency upon arrival for all migrant care workers entering the country, in a one-step application process.** As Minister Miller stated in his June 2024 verbal briefing, PR should be a one-step application process whereby migrant care workers are truly granted PR upon arrival (rather than after one or two years of work). Permanent residency for all migrant care workers is the most effective policy change that could reduce worker precarity while enhancing sustainable ways to meet labour needs in Canada. Status for all is a longstanding activist demand and should become law.
- 2. Develop a permanent immigration program for care workers as soon as possible.** Since the end of the Live-in Caregiver Program in 2014, migrant care workers have fallen under successive “pilots” or temporary programs, lasting only five years at a time and capping permanent residence application to very low numbers each year. This has led to tremendous and often un-navigable changes for workers, including those who fall in between programs, unable to transition to the next pilot and unable to meet changing requirements for permanent residency, and those who meet all the requirements but are unable to submit their application before the caps are filled (often on the same day that applications opened for the year). The [newly announced program](#) (IRCC 2024b) is yet another pilot. A permanent immigration program for care workers, as we outline in Chapter Three, is a necessity to set out a more stable means to migrant care workers to come to Canada and upon which Canadian families can rely.

3. Assure regularization for undocumented care workers including for those who have fallen out of status, especially due to the rapidly changing nature of the 2014 and 2019 pilot programs. IRCC's [June 2024\(b\) announcement](#) unfortunately makes no mention of

undocumented care workers and the particular precarity that these workers experience without immigration status or employment protections in Canada that render them highly vulnerable to workplace abuse. Regularization *must* be part of or parallel to the implementation of the forthcoming pilots and the introduction of a permanent immigration program for care workers.

4. Eliminate the current backlog and “inventory” of migrant care worker permanent residency applications, prioritizing and allocating spaces in the multi-year levels plan to those already in Canada, and ensuring there are no caps or limits on the number of accepted, processed, and approved PR applications from those already in Canada.

Permanent residency processing problems and delays have increasingly become an issue for migrant care workers who fall under older or existing programs, not only due to persistently long waiting times for application reviews with IRCC but also due to the implementation of PR application caps and subcaps in the last several years for those attempting to transition to permanency after coming to Canada as temporary care workers. While the federal government intends to “admit over 15,000 caregivers as permanent residents” to Canada between 2024-2026, there is no clear plan in place to address the current PR application processing backlog and the existing “inventory” of applications that have yet to enter processing, especially for those presently living and working in Canada with temporary status. It is imperative that Canada's new immigration program for care workers remove all caps or limits on permanent residency applications from those already in Canada who meet the requirements. In the words of our community partner CDWCR: If migrant care workers are good enough to work in Canada, they are good enough to stay.

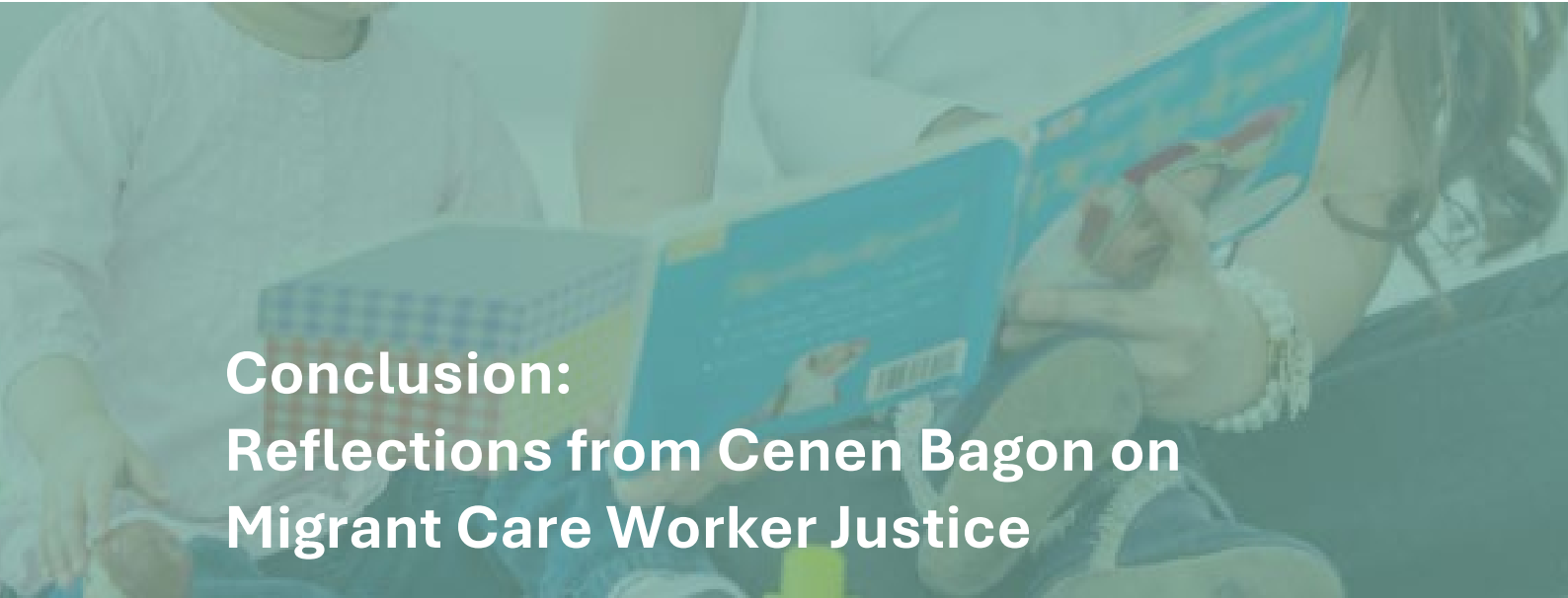
5. Create wider and more dispersed windows of time to apply beyond January 1st, or use a lottery system for selecting applications to process, so that care workers abroad have a fair chance of coming to Canada and performing much-needed care provision.

Canada needs more flexibility and fairness for those outside of Canada who are seeking to come and work in our care sector. Under the recent 2014 and 2019 pilots, migrant care workers have experienced a low cap on application numbers, with IRCC only permitting 5,500 applications per year. In recent years, some components of this cap, or “sub-caps” have filled in just one day — January 1. This leaves many prospective care workers out of luck in terms of submitting their application. We propose wider and more dispersed windows of time to apply, or a lottery system, so that care workers abroad have a fair chance of coming to Canada and performing much-needed care provision.

6. Implement more robust worker protections for care workers, including making available and mandating employer education, alongside permanent residency upon arrival. Enforce fair labour standards so that employers must respect care workers' labour rights. Exploitative work conditions and precarity persist despite ten years of

changes to the care worker programs; we identify that permanent status is an important *basis* for reducing the exploitative work conditions — including unpaid overtime, extraneous and hazardous tasks, and poor treatment – but that more robust worker protections for domestic workers and employer education for employers of migrant care workers must be mandated, made available and enforced.

- 7. Comprehensively track and transparently publish foundational labour market data including hours worked, wages, and number of actively working individuals for those who enter Canada under a migrant care worker program, past and present.** Glaring data gaps have made migrant care workers invisible in federal government statistics and published data. While we recognize that labour conditions are usually the jurisdiction of provincial governments, the federal government obtains important data such as records of employment and tax information from care workers when they show evidence of finishing their work requirements under the two-step PR application process of the 2019-2024 pilot programs. Recording and tracking this data would be a beneficial step in assessing the care worker programs and conditions. The federal government indeed does this statistical work for permanent residents and citizens according to National Occupation Codes (NOCs), but not for those who fall under “temporary” status despite receiving relevant data through PR applications.
- 8. Ratify the International Labour Organization (ILO) Convention on Domestic Workers (C-189) to ensure that the working conditions of migrant care workers in Canada meet those established by the ILO Convention on Domestic Workers.** The ILO states that C-189 (2011) is a set of binding international standards aimed at improving the working conditions of tens of millions of domestic workers worldwide. Unfortunately, Canada has refused to ratify this Convention so far despite repeated calls from groups like the Canadian Labour Congress to ratify and implement the treaty. Our research clearly shows that the working conditions of migrant care workers in Canada often fail to meet those established by the ILO Convention on Domestic Workers, and therefore ratifying the Convention could lead to important improvements for migrant care workers.
- 9. Develop a comprehensive plan to build the capacity of community-based organizations that assist migrant care workers to navigate Canada’s complex immigration and employment rights systems, provide education and social support, and advocate for better conditions for this group of vulnerable and often marginalized workers.**



Conclusion: Reflections from Cenen Bagon on Migrant Care Worker Justice

Care activism for migrant care worker activists involved winning policy victories that would improve the lives of migrant care workers and their families. Given that migrant care workers know, through their own experiences, how restrictive policies can be, seeking policy improvements was [and is] vital. (Tungohan 2023, 20).

We conclude this report where we started, with words from our project convenor, Cenen Bagon. Cenen initially put a call out to the Understanding Precarity in BC partnership to find a team of researchers interested in investigating questions of ongoing racism and persistent precarity built into Canada's caregiver programs and as experienced by migrant care workers. Our team came together to offer different expertise and to follow Cenen's lead, motivation, and courage.

Cenen first started her activist work in 1979 among others in the Vancouver Filipinx community. Amid the ongoing violence under the dictatorship of then-President Ferdinand E. Marcos in the Philippines, Cenen worked to educate Canadians about Marcos' repressive government including human rights violations, extrajudicial killings, tortures, disappearances, and incarcerations. It was through this activist work that Cenen met migrant care workers who, facing few economic opportunities in the Philippines and political unrest, migrated to Canada in hopes of building better lives for themselves and their families. However, many of these workers experienced labour exploitation and abuse. It was from these connections, to not only those from the Philippines but also from other Asian countries, Latin America, and the Caribbean, that the Committee for the Advancement of the Rights of Domestic Workers (CARDWO) was created in 1979 (Tufail 2024).

With few resources but plenty of community support among labour activists, feminists, farm workers, human rights advocates, and church organizations, CARDWO called for care workers' permanent residency immediately upon arrival. This was (and is) a means to establish a baseline of stability for care workers from which they could better assert their labour rights, establish their lives in Canada, and increase the visibility and value of care work as essential and permanent (rather than temporary) work. These calls were echoed by similar groups of workers, advocates, and activists in Toronto and Montreal and continue to this day (Tufail 2024). The Vancouver Committee for Domestic Workers and Caregivers Rights (CDWCR) grew from CARDWO and was established in 1992.

On December 16, 2021, less than 18 months after Migrant Rights Network launched its campaign for Status for All migrants, the federal government made a commitment to ensure permanent resident status for migrant students, workers, and undocumented people. However, this commitment is yet to be honoured at the time of publication three and a half years later.

The Migrant Care Worker Precarity Project would not have come to fruition without the tireless work of Cenen, the collective of CDWCR, and all those who came before. It is with this in mind that we conclude this report, but do not end our work, with a letter from Cenen that celebrates wins, presses for justice, and asks vital questions about the federal government's next steps on implementing future pilot programs — and hopefully a permanent care worker immigration program.

A Letter From Cenen: On Victories in Essential Work and the Need for Migrant Care Worker Justice

For generations, care work has been an essential and permanent labour need in Canada. From the 1800s, when European women were recruited to work as domestic workers and become permanent residents, to the 1950s, when women from developing countries were brought in without the promise of permanency, and from 1981 to the present, when migrant care workers from developing countries were enticed by the possibility of permanent residency, the need for care work has been undeniable. These workers have filled critical roles in child care, elderly care, and care for people with challenging health needs, making invaluable contributions to Canadian families and society.

Despite the essential and permanent nature of care work, care workers themselves are often undervalued, especially racialized women. They enter Canada as temporary migrants, sometimes remaining in limbo for over five years, during which they are separated from their families. The Migrant Care Worker Precarity Project emphasizes what care workers have long expressed — this separation from families leads to numerous challenges for workers in terms of their mental health and well-being. The time of separation also risks children aging out of the dependent immigration category at age 22. Workers are also at risk of losing their immigration status, income, and basic needs if they lose their jobs or must navigate changing pilot programs and PR requirements. This precarious situation affects not only the care workers but also their families back home, leading to physical and mental health struggles due to prolonged separation, vulnerability in Canada, and prolonged and persistent precarity. No one deserves to live this way. Thus, the call to immediately address the backlog of permanent residency applications from care workers in Canada must be taken seriously — there is no more time to wait for the federal government to fulfill its promises to these workers.

Resilient foreign domestic workers, caregivers, and their long-time advocates have fought tirelessly for recognition in Canada. The principle is simple: if care workers are good enough to work here, they are good enough to stay with permanent resident status immediately upon arrival. We are encouraged by the steps taken by Prime Minister Justin Trudeau and IRCC

Minister Marc Miller through new pilot programs, announced on June 3, 2024, that respond to these decades-long calls for justice. The research presented in this report emphasizes why the federal government must follow through with this promise. Further, the federal government must move away from short-term pilot programs and establish a permanent care worker immigration program to meet the permanent and rising demand for care workers across Canada.

The new pilot programs are a cause for celebration. After 45 years of collective campaigning, the federal government has finally acknowledged the essential and valuable contributions of care workers. These pilot programs, whether lasting two days, two weeks, or two years, mark a significant step towards justice. Care workers should not face vulnerabilities or exploitation under temporary programs.

As our research shows, temporary worker status creates a power imbalance between employers and workers. Temporary migrant workers, fearing jeopardy to their permanent residency applications, often cannot speak out against violations and abuses. Permanent residency combined with robust worker protections and employer education could help to provide stability, granting care workers the rights and resources to fight against exploitation and discrimination. These measures could also support the health of the Canadian economy, allowing employers to work with peace of mind, knowing that they understand their employer obligations and that their households are cared for.

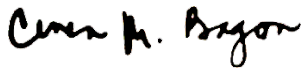
However, the recent announcement leaves several concerns unaddressed. We are concerned about the regularization of care workers who have fallen out of status amid changing pilot programs. We are also concerned about when the new pilot programs will be put into effect, how long they will last, and how they will be effectively evaluated, leading to a permanent care worker immigration program. Application caps are also concerning since historically application caps have meant caps on the number of permanent residence applications from care workers. While we acknowledge the need for application caps from those applying outside the country (and, with the newly impending pilot programs, receiving permanent residency immediately upon arrival), we stress the need for no caps on PR applications from those already in Canada. Care workers in Canada deserve quick and effective transitions to permanent residency now.

As the federal government looks to roll out the new pilot programs announced on June 3, 2024, we also ask the federal government to cautiously consider the research presented in this report and the decades of activist calls for justice. IRCC states that candidates will be eligible to apply for the upcoming pilot programs, which come with permanency immediately upon arrival, if they “receive an offer for a full-time home care job” and that “they will also be allowed to work for organizations that provide temporary or part-time care for people who are semi-independent or recovering from an injury or illness” ([IRCC 2024b](#)). Following ILO Convention No. 189, this work must be decent work and aligned with standards set out in each province for all workers. The federal government must not only robustly assess these job offers but also support provinces in ensuring robust worker protections and employer education are offered through meaningful channels.

For care workers already in Canada, we encourage clear and efficient transition to permanent residency. This should happen through expeditious addressing of the backlog of PR applications sitting in IRCC's inventory and through support for workers who have fallen out of status or whose status is precarious in term of ability to transition into the new pilot program — which is said to come with permanent residency in a clear one-step process. These workers need to be prioritized in IRCC's next steps.

The research presented in this report reflects calls echoed across the decades and shows that migrant care worker precarity is not a problem of the past, but persistent in the present. Importantly, migrant care worker precarity has heightened since the 2019 pilot programs came into effect, evidenced through care workers' own stories of insecurity and exploitation and through IRCC's poor management of care workers' PR applications. The Migrant Care Worker Precarity Project reveals new urgency for the thousands of care workers in Canada, their family members awaiting reunification, and Canadian families dependent on the care economy to support their loved ones — children, elderly people, and people with disabilities — at home.

In Solidarity,

A handwritten signature in black ink, reading "Genen Bagon". The signature is written in a cursive, slightly slanted style.

Genen Bagon of the Vancouver Committee for Domestic Workers and Caregivers Rights and the Migrant Care Worker Precarity Project Team

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Appendix A

Newly Announced Pilots (to begin late 2024 or early 2025) – We have included the details below verbatim from the [June 2024\(b\) IRCC announcement](#) and its subsequent program delivery update:

News release

June 3, 2024—Toronto—Caregivers from abroad are invaluable to Canadian families. Their hard work makes a difference in the lives of those they care for, including children, seniors and persons with disabilities.

As the Home Child Care Provider Pilot and the Home Support Worker Pilot come to a close later this month, the Honourable Marc Miller, Minister of Immigration, Refugees and Citizenship, today announced new, enhanced caregiver pilots. This will allow caregivers to continue to come to Canada, as we work toward making the caregiver pilot programs permanent.

The new pilot programs will provide home care workers with permanent residence (PR) on arrival in Canada. They will also be allowed to work for organizations that provide temporary or part-time care for people who are semi-independent or recovering from an injury or illness. This new pathway means that caregivers can more easily find proper work with reliable employers and have clear, straightforward access to permanent resident status as soon as they arrive in Canada.

Through these new pilot programs, candidates interested in working in Canada's home care sector will be eligible to apply if they meet the following criteria:

- attain a minimum of level 4 based on the Canadian Language Benchmarks (CLB)
- hold the equivalent of a Canadian high school diploma
- have recent and relevant work experience
- receive an offer for a full-time home care job

These new PR on arrival pilot programs mark an important step forward in Canada's efforts to meet the evolving home care needs of its diverse population. More information will be available before the full launch of the pilots, including full eligibility criteria and details on how to apply.

Program delivery update: Home Child Care Provider Pilot and Home Support Worker Pilot (2024e)

This section contains policy, procedures and guidance used by IRCC staff. It is posted on the department's website as a courtesy to stakeholders.

June 24, 2024

The ministerial instructions were amended on June 16, 2024, mainly

- to reduce the work experience requirement from 12 months to 6 months
- for the Gaining experience category, to

- accept work experience gained outside of Canada
- accept work experience gained up to 36 months before the application is made, as well as work experience gained between the period of application submission and the date that the applicant demonstrates having acquired the work experience
- clarify that applicants have only one opportunity to submit their work experience to IRCC for a decision on their permanent residence application

These amendments apply to pending applications.

The instructions are currently being updated to reflect the changes, and a banner was also added on various pages to give an overview of the changes. Additional updates will be published as soon as possible. In the meantime, initial clarification has been provided in the section on Gaining experience applicants who submit their work experience before IRCC issues the occupation-restricted open work permit.

About the Vancouver Committee for Domestic Workers and Caregivers Rights

The Vancouver Committee for Domestic Workers and Caregivers Rights (CDWCR) is a community based, non-profit organization that provides information and assistance to migrant care workers seeking improvements to their employment conditions and immigration status. CDWCR advocates for migrant care workers and their families to be granted landed status upon arrival in Canada. CDWCR's mission is shaped by the belief that foreign caregivers deserve respect and recognition for the valuable, permanent services they provide and their important contributions to the betterment of the Canadian society. It is guided in its operations by the principles of inclusiveness, antidiscrimination, anti-oppression and respect for all. CDWCR has been a 100% volunteer organization since its founding in 1992. Its members are migrant care workers who arrived in Canada from the 1980s up to the present day, as well as community supporters. CDWCR is a member of Migrant Workers Support Network (MWSN), Coalition for Migrant Worker Rights Canada (CMWRC), Migrant Rights Network (MRN) and the BC Employment Standards Coalition (BCESC). See more at <https://www.cdwcr.org/>.

About the Canadian Centre for Policy Alternatives, BC Office

Established in 1997, the Canadian Centre for Policy Alternatives – BC Office (CCPA-BC) investigates key challenges facing our province through independent research, analysis and expertise. The CCPA-BC proposes real, workable solutions to advance social, economic, racial and environmental justice. Find out more at policyalternatives.ca/bc | Short-form articles: policynote.ca | Social media: @CCPA_BC on X, threads and Instagram.

About the BC Federation of Labour

The BC Federation of Labour (BCFED) is the voice of working people in British Columbia. We include labour unions representing over 500,000 working people throughout British Columbia.

Taking inspiration from the slogan “What we desire for ourselves, we wish for all,” the BCFED advocates for union and non-union workers alike, in every sector of our economy. As part of the Canadian Labour Congress, we work with them to advance the interests of working people across the country and around the world.

The BCFED helps ensure the labour movement speaks up for working people with a strong, united voice through such efforts as:

- coordinating solidarity among all of BC's unions during workplace disputes such as strikes and lockouts
- supporting unions' organizing efforts with training and coordination
- with our partners, educating and training workers in fields like occupational health and safety
- developing consensus and shared positions on crucial issues, and speaking out on behalf of the BC labour movement
- advocating with governments for changes that put workers front and centre, around everything from workplace safety rules to budgets and economic policy

- sharing policy knowledge and expertise with affiliate unions and community allies
- supporting labour's work toward Reconciliation, equity, and human rights
- pooling resources, and coordinating and running campaigns on the issues that matter most to working people.