



Migrant Workers  
Alliance for  
Change

info@migrantworkersalliance.org  
www.migrantworkersalliance.org  
1-855-567-4722

Suite 223  
720 Spadina Avenue  
Toronto, ON, M5S 2T9

# Behind Closed Doors: Exposing Essential Migrant Care Worker Exploitation

Re: Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA) Study on Labour Shortages and Working Conditions in the Care Economy.

*"I came to Canada for my future and my family's future, but my employer took advantage of me and underpaid me because of my tied work permit. We should be given permanent residency upon arrival, along with our families, so that there is no complication for anything. They allowed us to come to Canada, we worked here, now we want fairness." - Karen Savitra, a migrant care worker from the Philippines who has been in Canada since 2016 and is a member of the Caregivers' Action Centre. She worked 12 hours a day, 5 days a week during COVID-19, but was only paid \$1,440 per month until she was fired because her employer moved out of town to escape the pandemic.*

*"I can't count the number of days I could not go home, moving from one job to another and working extra shifts, even getting stuck on duty due to the shortage of staff as a result of the pandemic. Even when the cases were dangerously high and no one was willing to go to work, I defied the virus, putting my life at risk to ensure the wellbeing of our seniors and adults with disabilities. I felt humiliated when the eligibility requirements excluded me despite meeting most of the requirements. I am here to call on the Canadian Government to grant all migrants full and permanent immigration status" - Fasanya Kolade, a Nigerian refugee who works in Long-Term Care in Newfoundland.*

## **About Us**

The Migrant Workers Alliance for Change is Canada's largest migrant worker led organization. We organize with migrant care workers, as well as migrant agricultural workers, current and former international students and undocumented people.

As of April 2022, we have 2,241 members who are temporary foreign workers in the various Caregiver streams who are predominantly Filipino, Indonesian, Indian and Caribbean women. About half of our membership cares for children, and the rest take care of people living with disabilities, or elderly people at home.

In addition, as of this month, we have 4,424 members who are refugee claimants or are undocumented who work in Long-Term Care or other residential care facilities. These are predominantly Nigerian and Ugandan families, as well as people from other African and Caribbean countries.

Our membership is active. That is, they attend monthly meetings, give direction via polls and surveys and participate in public activities. Our priorities and strategies are set by migrants.

Our submissions are on behalf of 6,665 migrant care worker members in our organization.

### **Experiences of Migrant Care Workers in the Temporary Foreign Workers Program**

In 2020, the Migrant Workers Alliance for Change joined with Vancouver Committee for Domestic Workers' and Caregivers Rights, and Caregiver Connections Education and Support Organization to conduct a survey of the impact of COVID-19 on migrant care workers. Our recommendations are endorsed by the Alberta Careworkers Association, PINAY Quebec, Migrante Canada, Migrante Alberta, and Association for the Rights of Household and Domestic Workers (ADDPD/ARHW).

We heard shocking stories of abuse including working every day without a break, thousands of dollars in stolen wages, workers being trapped in employers' homes for months, and being laid off and evicted. Care workers repeatedly expressed living in a cascade of crises, including lack of family unity as a result of being without permanent resident status.

201 migrant care workers, mostly racialized women, filled out a survey sharing their experiences of abuse, exploitation, fear and stress during COVID-19 and shared recommendations for policy changes. We found that:

1. 48% of care workers reported working longer hours of work, ranging from 10 to 12 hours a day, sometimes six or even seven days per week during COVID-19. Parents are home, as are the children and the work never ends.
2. 40% of the care workers who kept working, reported not being paid for extra hours of work, averaging out to approximately \$6552 in unpaid wages per worker over the last six months. Note that the average worker makes under \$17,000/year.
3. One in 3 survey respondents reported being forbidden by their employers to leave the house, take public transit, buy groceries, send remittances to families abroad or visit doctors during COVID-19. Workers were barred from meeting with friends or partners. In other words, they were trapped by their employers unable to send remittances, buy groceries or connect with social supports.
4. More than 1 in 3 respondents lost their jobs and were forced to move in the middle of a pandemic. For migrant care workers, job loss means no housing, no health care, and no income to support themselves and their families back home.
5. Most care workers reported limited or no access to health care, even during a public health crisis. Access to health care is dependent on having a full-time job, an active work permit and a valid Social Insurance Number (SIN) - and many are facing barriers to all three of these.

6. Workers that reported losing their jobs have extreme difficulties finding new work because of federal immigration rules, specifically the Labour Market Impact Assessment process or LMIA.
7. Nearly 60% of all respondents identified being worried about not being able to fulfill the 24-month work requirements to apply for permanent residency. This was the most common concern, and as we enter into a second wave of the pandemic, the fear of not fulfilling this requirement, and thus obtaining permanent residency, is only intensifying.
8. Many care workers are currently living in a limbo state because of COVID-19 related delays in processing immigration applications. These workers are considered to be under “implied status”; but while they are waiting, their work permit, health card and SIN are expired. This is true even for those that have applied for permanent residency.
9. Many, if not all, reported the many years of family separation as their primary concern, worrying about what would happen if family members were to fall ill and if they would ever see them again.

Migrant care workers explained the difficult conditions they were working in. Some of what we heard from survey respondents include:

- “I work non-stop as a live-in caregiver under elderly care program. Since pandemic I am working 24/7 for months without the chance of having my off day during the weekend. I have no choice since my work permit is tied to my employer until I am able to complete my 24 months experience and my contract that I signed with them.”
- “Treatment for care workers here in Canada isn’t fair. The employer’s taking advantage of workers without permanent paper.”
- “I’m working more, longer hours!, my employer is very rich and big house they love to party and i works long hours then they didn’t pay me for my over time”
- “I’m always thinking about my family back home. This pandemic caused me so much stress thinking how to bring my family here in Canada. It’s not easy to be alone.”

The situation has not improved. In the first quarter of 2022, we have provided intensive and long-term case support to 62 migrant care workers in the temporary foreign workers program, primarily in response to labour exploitation and difficulties navigating the immigration system. Migrant care workers continue to be exploited because they do not have permanent immigration status and therefore cannot assert their basic rights.

### **Experiences of Migrant Care Workers in Long-Term Care or Other Residential Care Facilities**

Make up of our membership:

- 19.5% of our current membership (of 4,424 members) are Personal Support Workers; 17% are direct hires at Long-Term Care homes, 35% are working at Long Term Care Homes via temporary help agencies and 26% are working in other residential care facilities taking care of youth, people with disabilities, or people with addictions.
- In March 2022, our members have worked for a median of 21 months in these facilities, that is they turned to these jobs during COVID-19 because of increased demand as citizen workers left these jobs during outbreaks. On average, our members have been in Canada for 41 months.
- The median wage of our members is \$18 per hour.

Here are our members concerns in their own words:

- “I am a single mother of 2 children aged 6 and 4. The difficult experience I had was the fear of bringing the virus home to my children and to my friend that is always with them anytime I'm at work. And how my children feel each day I come home after work when I will not allow them to touch, kiss or hug me until I bath and clean up. They always tell me then that I don't love them again, if I ask why they said that they will tell me it's because I don't allow them hug and kiss me any more. I always try my best to explain to them how much I love them and why I cannot allow them hug or kiss me any time I'm back from work. They became used to it eventually that at a point even if I'm off at work and I'm home with them, they would be scared to hug or kiss me until I tell them it's okay to do that today. My kids that cannot do without hugging and kissing me million times in a day now became scared to do that. It was an emotional moment for my kids and me. Even at my place of work, I became attached to the clients, I feel their pains, I can see how scared they are because of COVID, I watched many of them die of COVID; it was a moment I will never forget in my life.”
- “During COVID schools were closed, and they needed more PSWs. I went to a Seniors Centre and took a Home support worker program so that I could offer help because it was a hard time for everyone, more so the seniors who needed help. I completed the program and worked at this centre for over 220 hours between April and June 2020. I left my baby and my husband home to offer help because this is what I love doing. I put them in danger but it was fulfilling for me to be part of the heroes, essential workers. I applied for the Guardian Angels pathway because they needed those who worked during COVID for at least 120 hours which I had surpassed. But unfortunately I was denied because the immigration officer said that the place where I studied and worked is not an accredited school. I took it upon myself to offer and put my life at risk and my family and went and worked so hard but to get denied. I am worried, I am sad. Kindly listen and understand our situations. I am currently working in the community where I work like 11 hours a day with the vulnerable. It's unfair. I want to enroll in the nursing school but i can't enroll without PR status and be in position to get OSAP.”
- “I worked at the ICU in Queensway Carleton hospital. The experience is better not imagined. Not having my Permanent residence makes my life stagnant and in confusion. Not having a Permanent Residence makes one look like a nobody. There was this day, I applied for a program and was turned down because of my immigration status, it was heart shattering. Even my kids are rejected when they try to get services.”
- “During the COVID I worked in homes and retirement facilities. I saw first hand how difficult it was for residents and even staff to cope with the fear of not been infected by the disease. Even in this difficult situation, I personally persevered and was courageous doing my job caring for our seniors who felt abandoned and alone. I have been very depressed about my situation. I am here with my wife and 3 kids who have deeply integrated into the Canadian society. My kids speak English as their first language and they have also learnt French as a second language here in Canada. Now my kids speak French as an everyday language. My life would have been much better if we had our permanent resident status. I would have started pursuing my career in nursing; I would have been able to access proper medical care for my family and myself. Having our PR will also enable my wife and I grow in our respective jobs and assist us take better care of our children.”

- “I am a refugee claimant and a single parent with two little children I do part time overnight shifts as personal support worker in retirement home and residential homes so I keep my little children with a friend overnight because there is no got approved daycare for overnights jobs. And I worked throughout the COVID period assisting seniors with all their daily life activities. My life will be better and safer once I get PR. I will be able to go further with my education and work in order to give back to this society. I have passion for helping people in my society and I will really be glad to do this in Canada.”
- “I worked in a nursing home in Markham, it’s about 35 minutes drive from my home but that didn’t deter me, I was always available when other colleagues called in sick. In less than 5 months I had worked over 800hours, I worked lots of overtime because there was no one to cover shifts, I worked with covid resident without fear for my own life nor my daughters, I worked even when my doctor advised my otherwise because of my fragile back, I applied for the Guardian Angel and was denied because I didn’t work in the first wave of the pandemic, but you can all agree with me that the 2nd and 3rd wave was more devastating and a lot of PSWs left, but I stayed! I gave my all! Even now I’m getting ready to go and take care of those elderly helpless Canadians who need us now more than ever! I feel the right thing will be to grant us status by including refugee claimants in the pathway program ending soon, so we can stay in Canada, a place we already call HOME!!”
- “I have been emotionally drained and without a status, this makes it even worse, not knowing my fate. Please I need to status, I have called Canada my home! Don’t take this from me! I have been running all my life and to think that I’m here gives me so much joy, but this joy is short lived because as refugee without status I can’t do anything, my desire is to be a nurse but I can’t achieve that since I can’t go to school, I feel left behind in everything! It’s terrible to be in a country and not know if you belong here or not!”
- “I was working in a home that was hit by COVID in Hamilton in November 2020,I worked through the till February and I was pregnant, I felt so much fear reading that pregnant woman were dying from this virus, I was working 12 hours shifts, most of those months I was so anxious seeing residents dying from the virus and thinking that I was with them. Having my PR will help me bring my kids over, I will be less anxious knowing what my future will look like, not having my PR restricts me from studying as that is only for PR and not refugees.”

### **Our Recommendations**

Based on our experiences, we believe that Canada’s care strategy must strongly be focussed on ensuring increased rights and protections for migrants.

#### **Our central recommendation is Full and Permanent Immigration Status for All & Landed Status Now**

All migrant in Canada, including those that have become undocumented, should be granted permanent residency status immediately. All migrant care workers arriving in Canada in the future should do so with permanent residency status.

Permanent resident status is the single most important change that would ensure migrant care

workers can protect themselves against labour exploitation. Permanent residency immediately gives workers the ability to leave a bad job and make a complaint without fear of reprisals. Permanent residency means that workers can work in any sector, including in healthcare where workers are sorely needed. Permanent residency ensures that workers have a valid SIN, so they are able to access income support if they are laid off. Lastly, permanent residency ensures access to essential healthcare services and immediately ensures family reunification.

The pathways that exist for care workers in the temporary foreign workers program (Home Child Care Provider Pilot and Home Support Worker Pilot), or the ones for refugees (the asylum seeker program), or undocumented residents (the Humanitarian and Compassionate Applications) or the programs created during COVID-19 (the Temporary Resident to Permanent Resident program and the Guardian Angels program) are wrought with exclusions that make it impossible for most migrant care workers to apply. Permanent resident status must be made available to everyone without exclusions, including:

- No exclusion on the basis of “valid temporary resident status”: The Temporary Resident to Permanent Resident pathway was created in 2021, which included a pathway for migrants in healthcare. Only 7,001 applications were submitted to this stream, and the program was allowed to expire even though there were an additional 12,999 spots vacant. The primary reason for non-application by our members is that undocumented migrants and former refugee claimants are not considered to have “valid temporary resident status”. This restriction excluded the largest group of migrant healthcare workers in the country.
- No exclusion of low-skilled essential workers: Most immigration streams require high-waged work experience (National Occupational Classification O, A and B). However, the majority of migrant healthcare workers are engaged in low-waged work, considered low-skilled (NOC C & D). It is imperative that migrants in low-wage occupations have the same access to permanent residency as others.
- No exclusion on the basis of Canadian education: Care workers in the temporary foreign workers program must prove accreditation for one year of post-secondary education, migrants in other streams created during COVID-19 have had to show high-school accreditation. Many care workers came to Canada, and have worked in the care economy for years without having these qualifications or having the means to get their education accredited. These requirements means that care workers must either pay high fees for accreditation or pay high international student tuition fees to complete one year of post-secondary study, while working extremely long hours at minimum wage. Moreover, any work that is done while completing post-secondary education in Canada is not counted towards work requirements for permanent residency. This puts workers in an impossible situation and as a result, many care workers are unable to apply for permanent residency.
- No exclusions on the basis of language: Migrant care workers in the temporary foreign workers program must meet a high official language proficiency benchmark to qualify for permanent immigration to Canada. Other programs created during COVID-19 also set similar requirements for care workers. Working full-time and/or overtime, migrant care workers are able to communicate with their co-workers, their patients and clients in their care and live full lives in Canada. But many are unable to get the English language scores required for permanent residency. There is no need to test language competence, the fact that they have lived and worked here should be sufficient.

- No exclusions on the basis of length of work: Permanent residency programs created during COVID-19 required one year work experience, or very specific hours of work in certain periods to qualify. Migrant care workers applying through the regular streams (Home Child Care Provider Pilot and Home Support Worker Pilot) must prove two years of work experience. Particularly for migrant care workers in the temporary foreign workers program, this work is completed on employer dependent work permits and without labour mobility. Tying workers to employers as a condition of gaining permanent residency and requiring set numbers of hours of work gives inordinate powers to employers whose recommendations determine workers future.

It is also crucial that migrant care workers who have been waiting for years get permanent residency immediately. We urge the committee to recommend:

- *Clearing of the backlog:* There are at least 16,000 migrant care workers in the temporary foreign workers program who have made applications for permanent residency who have been waiting for years to hear back. During this time, their work permits expire, and they need employers to sponsor them to be able to keep working. While they are eligible for bridging open work permits, most have not received it for many years. Many of these essential workers have adult children in countries of origin who must remain in school, and remain unmarried and not have children until their families get permanent residency. In effect, migrant care workers here and their families abroad are frozen in limbo waiting for decisions. Similarly, there are over 45,000 refugees waiting to have their claims processed, in some cases for three or more years.

In addition to permanent residency for all, now and in the future, we call on you to ensure:

#### Open Work Permits for Migrant Care Workers

“Tied” work permits are a modern form of indentured labour that deny care workers in the temporary foreign workers program the right to circulate freely in the labour market like other workers. Tied work permits, coupled with lax monitoring and enforcement of labour standards, create the conditions that allow exploitative employers and predatory recruiters to abuse care workers with impunity. This has been severely exacerbated during COVID-19. If care workers try to leave abusive employment, the tied work permit system punishes them with lengthy processing times (between 6-12 months for new LMIA and work permits), during which care workers are unable to access Employment Insurance (EI) or do documented work in order to survive. It is almost impossible for migrant care workers to find LMIA-approved employers during COVID-19.

- *Open work permits for all workers immediately:* As a first step towards full and permanent immigration status for all, all migrant care workers - including those that are undocumented - should be granted open work permits so that they have the ability to protect themselves from bad employers. This open work permit should be granted without any LMIA process.
- *Open work permits for workers with pending permanent residency applications:* Many migrant care workers have already applied for permanent residency but are waiting for a decision. During this time, their work permits have expired, meaning they can't leave a bad job or start a new job. Healthcare coverage and SINs are also tied to the expiry date

of work permits. Granting open work permits to these workers will allow them to work, access emergency supports when needed and be able to protect their health.

#### Health Care for All

- Health care access regardless of valid health card: While healthcare is a provincial matter, it is the denial or delay of federal permits (work permits, refugee permits, permanent residency applications) that primarily make it impossible for migrant healthcare workers to access healthcare. We call on you to ensure decent health for those that care for all of us

#### Ensure Family Unity

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

#### Housing

- Ensure adequate accommodation for live-in care workers. Standards should be set out in the Labour Market Impact Assessment with effective enforcement and anti-reprisals protection.

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For more information, please contact  
Syed Hussan  
Executive Director  
416-453-3632 | [hussan@migrantworkersalliance.org](mailto:hussan@migrantworkersalliance.org)  
Migrant Workers Alliance for Change  
720 Spadina Avenue, Suite 223 | Toronto, ON, M5S 2T9