

IRCC Assures Improved PR Pathway for Caregivers

A sense of panic quickly spread among the caregiver community in early February when the Immigration, Refugees and Citizenship Canada (IRCC) announced in its website that it will stop accepting applications under the two caregiver pathways for permanent residence (Caring for Children and Caring for People with High Medical Needs) by November 2019. The original IRCC announcement read:

We will stop accepting applications for this permanent resident program on November 29, 2019. If you don't have two years of full-time work experience as a caregiver before it closes, you won't be eligible to apply.

A few days later, the IRCC Minister Ahmed Hussen, in response to a related question at the House of Commons, stated that: "Our government will continue to ensure a pathway for permanent residency for caregivers. In fact, we are conducting an assessment of the existing programs to improve them."

Subsequently, the IRCC revised the announcement in its website which now reads as follows:

We are reviewing the Caring for Children and Caring for People with High Medical Needs pilot programs to determine how caregivers will apply for permanent residence after the pilots expire on November 29, 2019. We will announce the details well before the pilots expire.

These 5-year pilot programs are scheduled to expire on November 29, 2019. To be eligible to apply for them, you will need to have two years of full-time work experience as a caregiver and submit your application before that date.

The Government is committed to ensuring that caregivers continue to have a pathway to permanent residence.

Hence, after the mild shock caused by the earlier announcement, affected caregivers are somehow relieved by the assurance that they would still have a path for permanent residence.

The initial news came as a big surprise to many despite the fact that the Ministerial Instructions which created these two caregiver pathways were meant as pilot programs and specified that they will expire five years from 30 November 2014. The policy pronouncement that came with these new pathways stated that caregivers will have an automatic path to permanent residence as before, and that these changes were meant to reduce the vulnerability of caregivers (hence the removal of the mandatory live-in requirement under the old Live-in Caregiver Program) and to facilitate better integration of caregivers into the Canadian labour market.

Most recently, the IRCC promised to expedite family reunification for caregivers and their families by addressing and eliminating the huge backlog of permanent residence applications under the now defunct Live-in Caregiver Program by the end of 2018. In addition, employers who would like to hire caregivers for people with high medical needs and those who would like

to hire caregivers for children with annual household income of less than \$150,000 have been granted an exemption from the \$1,000 LMIA processing fee.

These recent and previous "improvements" to the caregiver programs led many to believe that even if the Ministerial Instructions which created the caregiver pathway were to expire in five years, they will either be renewed or a better program will be put in place for the benefit of caregivers and their families. Therefore, when IRCC simply announced that it will stop accepting PR applications under the present caregiver pathways without any assurance that an alternative PR program will be introduced, the caregivers (and their employers) felt blindsided and even betrayed.

Thankfully, the announcement was clarified soon enough to allay fears that many existing caregiver work permit holders who are unable to complete the two-year work experience required under the caregiver pathways before the 29 November 2019 deadline may be forced to leave Canada or go underground. Without a guaranteed path to permanent residence, they will suffer the same situation faced by thousands of low-skilled workers who do not qualify for permanent residence under the present economic classes which are limited to those working in NOC O, A, B or those classified as high-skilled occupations.

A recent email from an IRCC official meant to clarify the numbers reported in a recent Toronto Star article confirmed that out of 2,730 applicants, a total of 1,977 (consisting of 1,100 caregiver principal applicants and almost 900 dependents) were approved for permanent residence under the two caregiver pathways three years after their launch in November 2014. This total number is still nowhere near the annual quota of 5,500 caregiver applications that was set for these programs. It is also a far cry from the average of 10,000 caregivers and family members who had been granted permanent residence each year under the old Live-in Caregiver Program (LCP) between 2004 and 2016, according to the data gathered by the Toronto Star.

Thus, in its ongoing review of the caregiver permanent residence pathways, the IRCC should seriously consider the pitfalls of the present program that failed to attract the same high numbers of applications under the old LCP. While far from the ideal, the LCP had been the subject of positive changes over the years largely due to the pressure exerted by well-meaning advocates. It behooves this government therefore, to revisit the positive aspects of the old program, assess what worked and make further improvements. These include the removal of the second medical examination requirement for the principal caregiver applicants and crediting overtime hours to enable the caregiver to complete the work requirement in less than 24 months. Aside from removing the live-in requirement and promoting family reunification, work permits should also be made open instead of employer-specific. This will not only reduce bureaucratic procedures, but will also help make it easier for caregivers to leave abusive employers without fear of losing status or violating the conditions of their authorized temporary stay in Canada.

With the continuing high demand for in-home caregivers by Canadian families with young children, elderly or people with disabilities, their services should be valued so much more and not any less.

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