

## **POLICY BRIEF**

### **Urgencies Surrounding the Home Care Worker Immigration Pilot Program**

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#### **Executive Summary**

This policy brief examines the consequences of the recent pause of the Home Care Worker Immigration Pilot (HCWIP) and the urgent need to reopen pathways to permanent residence (PR) for migrant care workers in Canada. Despite promises of PR from Immigration, Refugees, and Citizenship Canada (IRCC), recent changes to the care worker pilot programs have left many workers in highly uncertain and vulnerable positions. The study, conducted by the Migrant Care Worker Precarity Project, a Social Sciences and Humanities Research Council (SSHRC)-funded research study from 2022–2030, highlights four key issues:

1. **Pause to the Home Care Worker Immigration Pilots:** By not reopening the HCWIP permanent resident application portal on March 31, 2026, IRCC has prevented migrant care workers who already live and work in Canada from actualizing its promise of PR. For the first time in 36 years, these workers cannot access PR and remain in highly precarious immigration and employment positions.
2. **Permanent Residency Processing Delays:** Workers across all care worker immigration streams face extensive delays of 24 to 70 months. This is up to 500% longer than internal processing targets. These delays have led to more than 30,000 PR applications from migrant care workers remaining in administrative limbo in IRCC's "inventory."
3. **Migrant Care Workers in Canada are Struggling:** Migrant care workers in Canada are struggling to navigate life and work under the changing (and now closed) pilot programs. Their children continue to age, workers face losing their own status, and workers experience undue stress and health inequities.
4. **Inadequate Data and Lack of Transparent Reporting:** As of May 2026, we have yet to receive current program statistics and documentation, despite ATIP requests made in March 2025. Our research continues to document the failure to collect and publish data on care workers' working conditions, program effectiveness, and longitudinal trends.

To fulfill the promise of PR made to migrant care workers in Canada, we recommend:

1. Immediately reopen the HCWIP portal to accept care worker PR applications and remove unnecessary English and educational requirements to simplify the application process for care workers *already living and working in Canada*. Provide migrant care workers with an open work permit while they wait for their PR.
2. Provide PR for care workers in Canada without caps and sub-caps that limit the number per year. Going forward, ensure *PR is immediately granted upon arrival* for new migrant care workers entering Canada.
3. To support family reunification, freeze the age of dependents at the time of the worker's *arrival in Canada* so that dependent children do not run the risk of "aging out" of the dependent category on the primary applicant's PR application.
4. Implement a *regularization program for out-of-status workers* since many migrant care workers who are now out of status became such due to rapid and inadequate program changes. Provide out-of-status migrant care workers with open work permits while regularization is being established.
5. Improve efficiency to *meet internal IRCC migrant care worker PR application processing time targets*. Provide migrant care workers in the backlog with open work permits.
6. IRCC must also *meet its legislated responsibilities* to release requested information on the HCWIP and care workers' PR applications while rigorously tracking and reporting migrant care worker numbers, wages, and working hours.

We most strongly recommend meaningful implementation of the government's promise of PR upon arrival; this would significantly help eliminate PR backlogs, address the concern around aging dependents, and reduce the stress care workers experience due to uncertain status in Canada. Providing PR upon arrival is the most effective and promising policy change to reduce precarity for migrant care workers while enhancing the sustainability of workers to meet Canada's labour needs.

## **Our Research Study**

The Migrant Care Worker Precarity Project research team is funded by SSHRC. Our team includes six academic and community-based researchers and partners from Thompson Rivers University, Simon Fraser University, Oregon Health & Science University-Portland State University's School of Public Health, BC Federation of Labour, and the Vancouver Committee for Domestic Workers and Caregivers Rights. Within a framework of feminist political economy and health equity, we:

- Conducted discursive and critical statistical analysis on 28 ATIP requests and population statistical data from Statistics Canada and other federal bodies, resulting in over 1000 pages of documentation.
- Engaged in qualitative research, including 36 individual interviews and 5 focus groups with migrant care workers who experienced caregiver program changes during their time in Canada.
- Piloted a national survey for migrant care workers covering themes of labour conditions; family separation; work-related illness, injury, and stress; and applying for PR.
- Work meaningfully across sectors — from higher education to labour organizing to government policy — to amplify migrant care workers’ concerns around their work, immigration, and health.

Our outcomes have been regional, national, and international in scope:

- Meaningful community engagement with migrant care workers across six public events in Vancouver, Burnaby, and Edmonton
- Publications featured in *The Conversation*, *Policynote.ca*, the *International Feminist Journal of Politics*, and the newly-released *Occupational Health in a New World of Work Handbook* (Springer)
- Our 74-page research report is featured on the Canadian Centre for Policy Alternatives (CCPA) website, accompanied by press releases from BC Federation of Labour and CCPA-BC Office
- Policy briefs shared and discussed with the General Director, Family and Social Immigration Branch, IRCC; NDP Critic of Immigration, Refugees, and Citizenship and member of the Parliamentary Standing Committee on Immigration and Citizenship; Executive Director of the Temporary Foreign Worker Program Branch of Economic and Social Development Canada; and the BC Minister of Labour
- Policy brief entitled, “Ensuring the Success of the New Care Worker Pilots: Applying Lessons from the Past,” published by the Canada Excellence Research Chair in Migration and Integration website and co-authored by leading migrant scholars and research chairs
- Media appearances on CBC’s *The Current* with Matt Halloway, CBC Radio Vancouver Early Edition, CBC French Television, OMNI News Filipino, CityNews 1130 CKWX, Radio NL 610AM Morning News, CFBX 92.5FM – The X – Campus & Community Radio, and Migrante-AB Social Media.
- Speaking engagements at York University’s *From Future to Future Symposium* (Toronto), the *Metropolis Identities Symposium* (Vancouver), the *Creating Sustainable Work Conference* (Stockholm), *BC Federation of Labour Convention* (Vancouver), and the *Canadian Ethnic Studies Association* (Edmonton), the *Society for Applied Anthropology Conference* (Portland), and the *BC Studies Conference* (Vancouver).
- A newly secured SSHRC Partnership Development Grant, extending our research across BC and Alberta until at least 2030

## **POLICY BACKGROUND**

Canada has long relied upon migrant care workers, predominantly women from the Philippines, to perform temporary labour in Canada. These women fill the gaps in childcare provision and home support needs (Bagon et al. 2025; Shaw 2025; Tungohan 2023; Tungohan et al. 2015). Since 1992 (and earlier), these workers have entered Canada on temporary work permits, often tying their stay to their employers or occupations. After six months of work, which has been successively reduced from twenty-four to twelve months, many care workers hope to apply for and gain PR, establishing a life in Canada for themselves and their immediate family members.

While many countries rely on migrant care workers to fill care gaps, Canada uniquely entices them with the promise of permanency (Parreñas 2015; Pratt 2012; Stasiluis and Bakan 2005; Tungohan 2023). Despite Canada's permanent need for care workers, program changes in 2014, 2019, and 2025 have eroded the accessibility of PR for many care workers, altering the path introduced in the early 1990s.

Against this backdrop of shifting eligibility, it is important to note that the promise of PR for migrant care workers has been reflected in IRCC statements several times over the last seven years:

***“Through these new pilots, 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.”***

— IRCC, June 15, 2019

***“The new pilot programs will provide home care workers with permanent residence (PR) on arrival in Canada.”***

— IRCC, June 2, 2024

The promise of PR for migrant care workers has been a staple in Canada since the early 1990s: the Live-in Caregiver Program (1992–2014) was followed by the Caregiver Program (2014–2019), the Home Childcare Provider Pilot and Home Support Worker Pilot (2019-2024), and the Home Care Worker Immigration Pilots (2025–2030). Despite these changes, the status of migrant care workers in Canada is still contingent and temporary, based on exploitative labour conditions and changing PR requirements. Further, there are still arduous and ever-changing

permanent residence application processes — and now closed portals — that make the promise of PR even further out of reach for these workers.

## **Key Findings**

Our findings reflect ongoing challenges with and critiques of Canada’s caregiver programs (Bagon et al., 2024; Massie, Minh, and Shaw, 2024; Minh et al., 2026; Shaw et al., 2024a; Shaw et al., 2024b; Shaw et al., 2026). These include the vulnerabilities and exploitation that come with precarious status in Canada, as well as new concerns about the labyrinth of changes introduced over the last ten years and a lack of transparency and accountability in the pilots’ delivery and oversight. We also observe that, despite the federal government often celebrating changes to caregiver programs, care workers are increasingly falling through bureaucratic gaps and are unable to access the promise of permanency in Canada. This is despite Canadian families’ and industries’ permanent needs for their valuable labour and their economic, social, cultural and political contributions to Canada’s social fabric. These issues are increasingly urgent given that IRCC has not reopened the migrant care worker PR application portal. The portal is now “paused” from March 31, 2026 until March 30, 2030, pending other announcements by the Minister of Immigration.<sup>1</sup>

Below, we detail four key issues with the current state of the Home Care Worker Immigration Pilots Program (HWCIP):

### **1. PR upon arrival remains unfulfilled:**

The HWCIP, when announced on June 3, 2025, via IRCC's new release, promised immediate pathways to immigration for care workers: “The new pilot programs will provide home care workers with permanent residence (PR) on arrival in Canada.” PR upon arrival has been a demand of care workers and their advocates for decades.

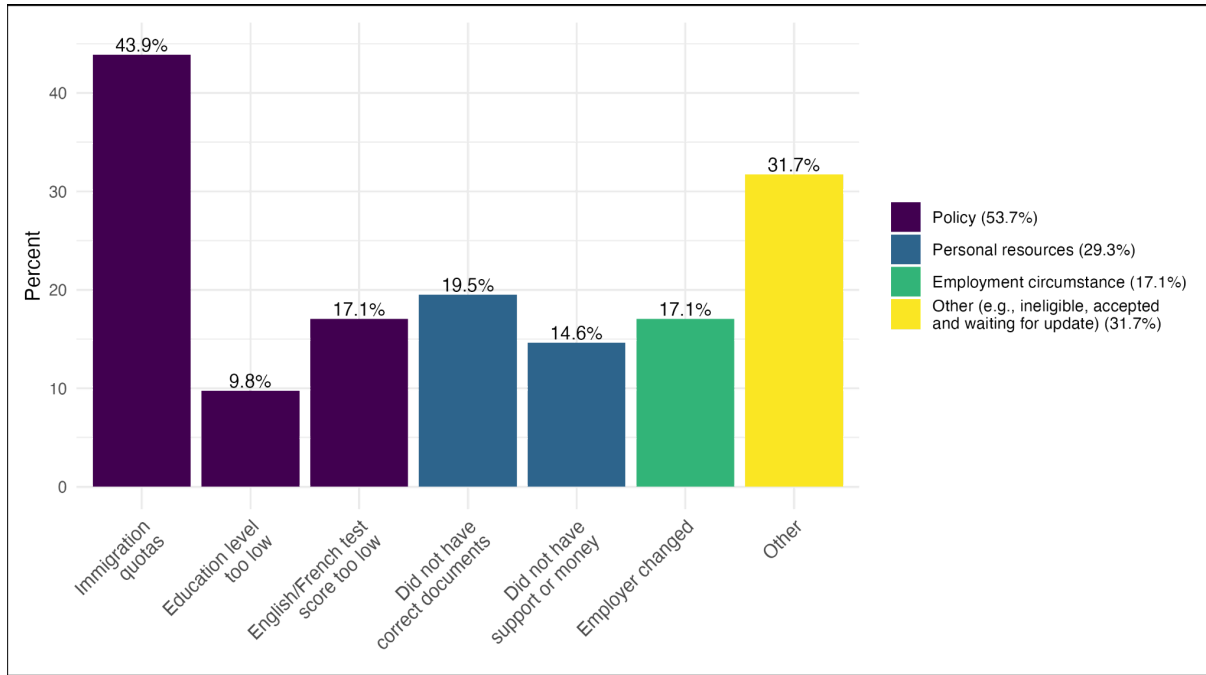
However, while care workers celebrated this announcement, the HWCIP would ultimately open the PR application portal *only to those already in Canada*. HWCIP has yet to offer PR upon arrival to new arrivals in Canada. Further, the care worker PR application cap was reached within hours of the portal’s opening on March 31, 2025. As our survey of migrant care workers in the Vancouver Lower Mainland from October 2025 to January 2026 shows, current immigration program caps are the primary reason migrant care workers already living and working in Canada were unable to access secure, reliable pathways to PR (see Figure 1). Such a short application

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<sup>1</sup> IRCC Ministerial Instructions published in the Canada Gazette by the IRCC Minister Lena Metlege Diab on December 12, 2025, in accordance with subsection 87.3(6) of the *Immigration and Refugee Protection Act*.

window and restrictive program quotas left many unable to successfully complete and submit their applications despite months, and even years, of preparation.

**Figure 1.** Prevalence of barriers to submitting permanent residency applications in 2025 as reported by migrant care workers living and working in Vancouver, Canada (n=41)



Data source: Migrant Care Worker Precarity Survey; data collected from a community sample of 84 migrant care workers (57 actively employed) in British Columbia, Canada, between October 2025 and January 2026

Now, as the application portal did not reopen on March 31, 2026, care workers who have met their labour requirements in Canada have no direct means to have the promise of PR fulfilled. Notably, this is the first time in 36 years, since the start of the Live-in Caregiver Program in 1992, that Canada has not had an active migrant care worker program with a possible pathway to PR. This leaves migrant workers and their advocates with the perception that care workers were invited to come to Canada under false pretenses.

Care workers came to Canada for an opportunity to work, earn money, and improve their own and their families' lives. Challenges that come with the decision to leave their homes and their families carry a heavy toll and guilt (Bagon et al. 2024; Shaw 2025). But they continue to sacrifice, and having to remain in Canada under intense uncertainty despite continued promises from the Federal Government places them in impossible situations to navigate in terms of Canadian bureaucracy, exploitative labour conditions, and the toll of transnational family needs.

Care workers are already working in the economy, paying taxes, and integrating into Canadian society. In most ways, they live the same existence as someone with PR, but without the security of the paperwork and the physical support and presence of their families.

## **2. Permanent residency processing problems and delays:**

For those workers who have already applied to a migrant care worker program in the last three decades, thousands of them remain trapped in processing stages. Data received from ATIP requests shows that even migrant care workers who entered Canada through the Live-in Caregiver Program (1992–2014), now defunct for twelve years, are still caught in PR processing delays. 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 a 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.

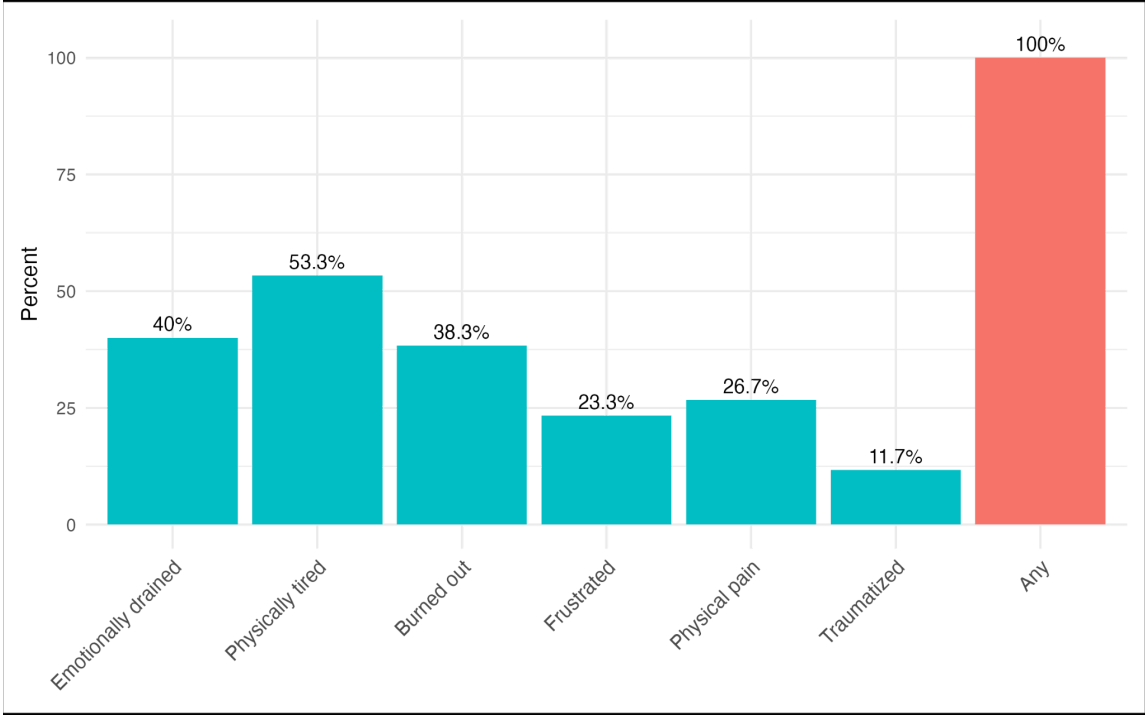
While care workers who initially entered Canada through the Live-in Caregiver Program are perhaps the most dramatic example of processing delays, internal IRCC data show that *not a single migrant care worker program* has its PR processing time below double the intended target. Both the 2014 pilot programs, including the Caring for Children Stream and High Medical Needs Stream, which have been closed to applicants for more than seven years, also have PR processing rates *more than 500 percent over their target times*. These processing times are much higher than those of other immigration streams — a disparity that has not been addressed by IRCC despite our team’s repeated meetings with IRCC representatives and publications concerning the issue.

At the close of the recent programs in June 2024, there remained over 37,000 individuals “on inventory” at IRCC; this means care workers and their family members who have not yet had their applications processed and may still face years of waiting before they are deemed to have even completed eligibility. The future of these care workers, and their family members, including their children, remains uncertain as Canada continues to dramatically and unexpectedly change program requirements or close applications to the pilots.

The migrant care workers we surveyed (see Figure 1) and interviewed expressed that the short window to apply for PR before the application cap is reached, the heightened requirements for education and English language scores, and the long delays in application processing are stressful and exhausting. This leads not only to prolonging family separation for an unknown amount of time — irrevocable time for families awaiting reunification in Canada — but also to ongoing submission to exploitative work conditions that have health consequences (Bagon et al. 2024; Minh et al. 2026; Shaw 2025). As findings from our 2025–2026 survey of care workers in the Lower Mainland show, this workforce experiences a high prevalence of poor work-related

mental health outcomes; all care workers reported becoming either emotionally drained, exhausted, burned out, frustrated, in physical pain, or traumatized due to their working conditions at least several times a week or every day (see Figure 2). There is an immense burden placed on migrant care workers in Canada as they are forced to endure the consequences of precarious labour.

**Figure 2.** Prevalence of work-related mental health challenges experienced several times a week or every day among migrant care workers living and working in Vancouver, Canada (n=60)



Data source: Migrant Care Worker Precarity Survey; data collected from a community sample of 84 migrant care workers (57 actively employed) in British Columbia, Canada, between October 2025 and January 2026.

**3. Inadequate data and program evaluation**

Our use of ATIP requests emerged from frustration with the lack of publicly available data on well-known but poorly documented issues within Canada’s caregiver programs. For example, it is broadly understood, socially and anecdotally, that a significant proportion of migrant care workers in Canada are Filipina women and that these workers often endure exploitative working conditions, including wages below minimum standards. However, finding statistical data to substantiate these claims proved incredibly difficult and, at times, impossible.

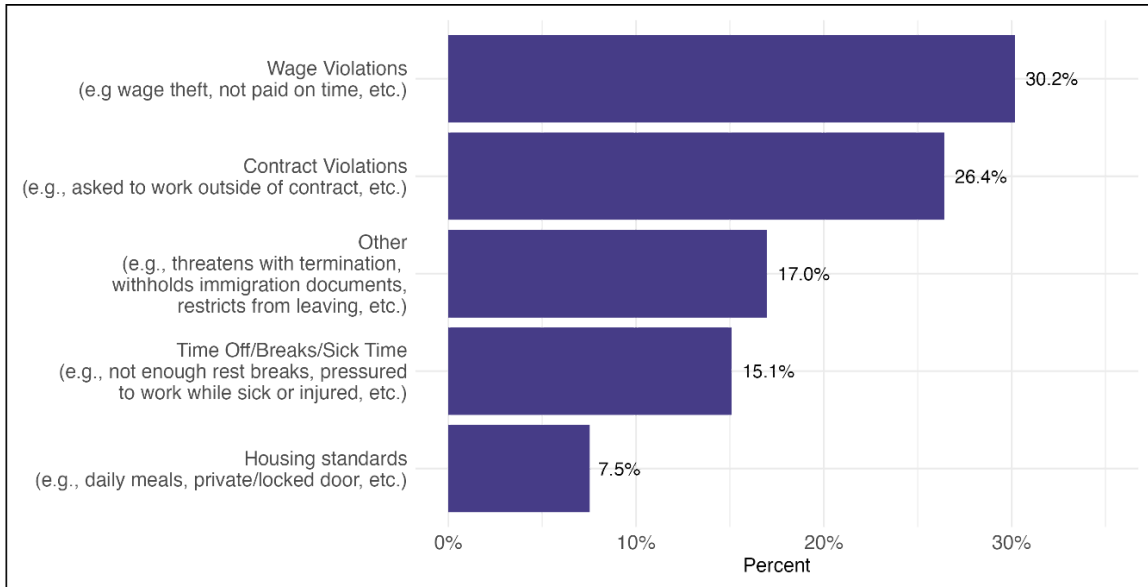
These issues in statistical and other reporting structures for non-permanent residents have been increasingly recognized within the Federal Government and Statistics Canada, and are referenced in the 2025–2027 Immigration Levels Plan. However, acknowledgement of the broader problem

is not sufficient to address the ongoing precarity faced by care workers already working in Canada on temporary visas and remaining in vulnerable positions.

While research has long documented that migrant care workers are integral to Canadian society, there remains a notable gap in government-funded research on these workers and their experiences. The absence of reliable and accessible statistics on non-permanent migrant workers, including care workers, impedes efforts to quantify racial inequities and address concerns of exploitation within federal labour programs. Despite being launched as five-year pilots meant to *inform* future policy decisions, the lack of rigorous assessments and comprehensive data collection raises concerns about potential harm to migrant care workers. It hinders advocacy for improved protections and rights. The framing of these initiatives as pilots inherently suggests experimentation, evaluation, and evidence-based refinement. Yet the Federal Government's inability to produce basic data on worker conditions fundamentally undermines the premise of the pilots as testing grounds for better programs.

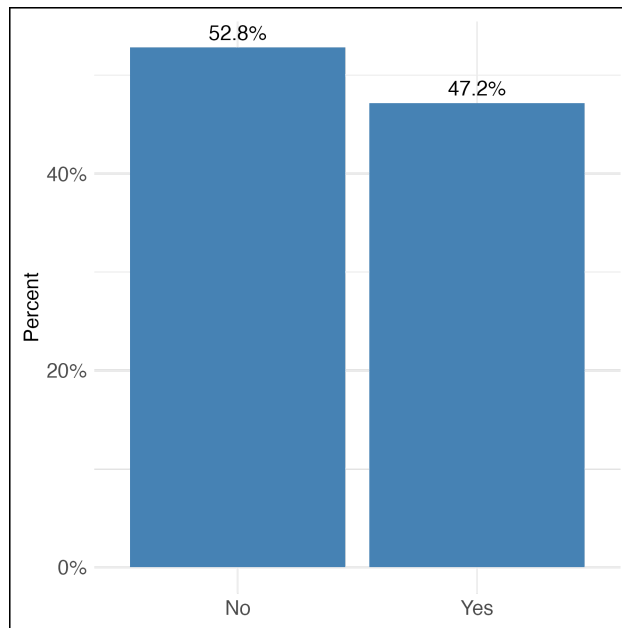
The surveys and interviews we have conducted paint a bleak picture of the conditions of migrant workers. Our 2025–2026 survey of migrant care workers in the Lower Mainland suggests that wage and contract violations remain common in this workforce and require comprehensive monitoring across Canada (Figure 3). Violations of workers' rights to decent and dignified housing are also a concern among the large proportion of those workers who live with their employers (Figure 4). Our interviews with workers further support these findings, showing that care workers are earning minimum wage or less, working gruelling hours, living in unsafe conditions, and struggling relentlessly with the high cost of living, among other key issues. Adequate data collection on non-permanent resident care workers, who have repeatedly been shown to be among the most vulnerable in our society, is crucial. How can a pilot program be meaningfully assessed without the systematic collection and analysis of outcomes for its participants? This contradiction reveals a profound disconnect between stated policy objectives and administrative practice.

**Figure 3.** Prevalence of employment and housing standards violations experienced by migrant care workers currently working in Vancouver, Canada (n=57)



Data source: Migrant Care Worker Precarity Survey; data collected from a community sample of 84 migrant care workers (57 actively employed) in British Columbia, Canada, between October 2025 and January 2026.

**Figure 4.** Percentage of migrant care workers currently working in Vancouver, Canada who reported living with their employers (n=57)



Data source: Migrant Care Worker Precarity Survey; data collected from a community sample of 84 migrant care workers (57 actively employed) in British Columbia, Canada, between October 2025 and January 2026.

**4. Addressing the Needs of Migrant Care Workers in Canada:**

Exploitative working conditions continue to shape migrant care work in Canada, even after years of policy reform. Migrant care workers report underpayment, wage withholding, unpaid overtime, and employer practices that foster insecurity and deter them from asserting their rights (Bagon et al. 2024; Caregivers' Action Centre 2020). These harms have been exacerbated by shifting federal pathways and the closure of pilot programs, leaving many workers uncertain about their future and increasingly vulnerable to abuse. For those with children abroad, prolonged family separation remains a persistent source of emotional distress, particularly as children age while reunification timelines remain unclear or out of reach (Bagon et al. 2024; Pratt 2012; Shaw 2025; Tungohan 2023).

Employment standards and enforcement mechanisms remain inadequate to address these realities (Minh et al. 2026). A largely complaints-based system places the burden on workers to report violations, despite significant fear of retaliation, job loss, or jeopardizing immigration status (Minh et al. 2026). In high-cost provinces such as British Columbia, limited affordable housing options continue to push workers into live-in arrangements. These arrangements blur the boundary between work and personal life and increase employer control over workers' time, mobility, and living conditions. Combined with precarious or uncertain immigration status, this creates conditions where excessive hours, unpaid labour, and constant oversight become normalized and difficult to challenge.

The health impacts of these conditions are significant and cumulative. Findings from our 2025–2026 survey show that migrant care workers experience high levels of chronic pain, injury, and exhaustion from physically demanding labour, long hours, and limited access to rest or sick leave (Figure 2). Many care workers report being compelled to work while ill or being exposed to unsafe conditions without adequate protection, particularly during the COVID-19 pandemic, a time that drew many care workers back into employers' homes to reduce exposure risks and set the expectation that care workers will work while ill or injured (Bagon et al. 2025; Caregivers' Action Centre 2020). Recent survey findings further highlight how stress, sleep deprivation, and poor nutrition contribute to worsening health outcomes. These inequities are produced by systemic exploitation and immigration precarity that undermine workers' wellbeing and intensify long-term physical and mental health harms.

## **Recommendations**

- 1. Immediately reopen and stabilize the permanent residency pathway for care workers.** Re-open the HCWIP application portal and end the recurring pauses and closures that leave care workers with no viable pathway to realize the promise of PR. Care Workers already in Canada should be able to apply for PR at any time once eligibility requirements are met without restrictive caps, deadlines, short application windows, or high bars for English language and educational requirements. Notably, these

individuals are already in Canada and working, fulfilling ongoing labour needs with their existing skills.

- 2. Provide PR for care workers in Canada without caps and sub-caps, and ensure PR is immediately granted upon arrival for new migrant care workers entering Canada.** Honour the federal commitment made to care workers by granting PR to those who have already applied, been accepted, or been brought to Canada under programs promising permanency. Implement a stable, permanent program that provides PR upon arrival for newly arriving care workers, rather than temporary pilot programs that abruptly shift, pause, or close.
- 3. Freeze dependent children’s ages at the time of first arrival to prevent family separation.** Amend program rules so that dependent children’s eligibility is locked at the time the care worker first arrives in Canada, preventing children from “aging out” of the dependent immigration category due to government processing delays, program pauses or closures. The possibility of children “aging out” of the dependent category while the HWCIP remains closed is a key point of stress for care workers longing to reunite with their children in Canada.
- 4. Implement a regularization program for out-of-status workers.** Introduce a targeted regularization program for migrant care workers who have fallen out of status due to program delays, closures, changes in requirements, or employer-related vulnerabilities. This includes workers who lost status while awaiting PR decisions or who were unable to apply due to capped or inaccessible application portals. For care workers who have fallen out of status, provide open work permits while the regularization process is underway.
- 5. Eliminate backlogs and meet processing time commitment.** Commit to a time-bound strategy to eliminate application backlogs and meet stated PR processing targets. This includes prioritizing long-standing applicants, particularly those from earlier programs, and publicly reporting real-time data on processing times and application inventories. It should also include increased funding to hire and effectively train workers in the IRCC departments that will regularly handle the tasks. Migrant care workers in the backlog should receive open work permits to support labour mobility and flexibility.
- 6. Increase transparency and release timely public data on care worker programs.** IRCC must publish clear information on the future of caregiver programs, pilots, and pathways, including planned program design for 2026 and 2027, reopening dates, detailed statistics on applications received and processed in 2025, and care workers who will be included under the Immigration Levels Plan. IRCC must also comply with ATIP timelines and release the requested data without delay.

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