



AdvantAge  
Ontario

Advancing Senior Care

# Feedback Submission on the Government of Canada Federal Immigration Levels Plan

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## Introduction

The Government of Canada is working toward returning to sustainable (i.e., lower) immigration levels and focusing immigration to fill labour gaps, strengthen key sectors of the economy, and support communities across the country.

Last fall, the 2026-2028 Immigration Levels Plan was tabled. Some key aspects of the plan were to reduce the temporary population to less than 5% of Canada's population by the end of 2027, and to keep the number of permanent resident admissions at less than 1% of the population after 2027.

The Government of Canada is now preparing for the 2027-2029 Immigration Levels Plan and is asking stakeholders and the public to fill out an online survey to help inform the plan that will be tabled this fall. The survey contains five open-ended questions regarding the impacts of the recent federal government immigration approach, recommendations on future temporary and permanent resident levels, long-term considerations when planning the future immigration system, and challenges and barriers affecting immigration.

AdvantAge Ontario provided feedback on the 2025-27 Immigration Levels Plan in 2024. The current submission will build from the previous submission by ensuring our advocacy is aligned with current realities and priorities and the impacts from recent changes to the system.

In preparation of this submission, we conducted consultations with members representing both rural and urban settings, as well as standalone not-for-profit (NFP) long-term care (LTC) homes and municipalities representing multiple sites that have experience and knowledge using temporary foreign workers (TFW) and/or international students as part of their workforce. The responses below reflect perspectives shared during these discussions, highlighting the day-to-day realities and impacts of the current federal immigration system on the seniors' care sector. They include recommendations for the federal government to improve the system to better support the seniors' care sector and ultimately ensure high-quality care for older adults.

Note: We submitted our responses through the government's online survey platform. This paper sets out the survey questions alongside the responses we submitted.

## Survey Questions and Responses

**Question 1: Last year's Immigration Levels Plan reduced arrival targets for new temporary residents and stabilized targets for permanent resident admissions. The Government of Canada also introduced additional measures to restore**

**balance and control in the immigration system by better aligning intake with processing capacity, labour market needs, and community infrastructure, while supporting transitions to permanent residence for individuals already in Canada. How has this approach affected your community or sector, and what impacts – positive or negative – have you observed so far?**

While the TFW program remains a critical tool for addressing chronic workforce shortages in LTC and continues to support the recruitment of international staff, recent changes to the TFW program and related immigration processes have made it more difficult for employers to effectively retain these workers. These changes have increased costs and uncertainty for employers and staff, disrupting workforce stability. This instability is making it harder for long-term care homes to maintain consistent staffing levels and meet Ontario's legislated 4-hours of direct care per resident per day requirements for PSWs and nurses. As a result, residents face reduced access to timely, consistent, and high-quality care.

One of the most notable impacts has been the reduction in work permit duration from two years to one year. Homes risk losing trained staff before PR applications can be completed. This change has also made it more difficult to maintain workers' status, as employers must now submit multiple Labour Market Impact Assessment (LMIA) applications for the same employee within a short period of time, increasing the risk of workforce instability and disruptions to continuity of care. This has doubled both application costs and staff time required to manage renewals, placing strain on homes that already have limited administrative and HR capacity. Many homes, particularly in rural and northern communities, do not have dedicated HR staff and must divert leadership resources away from resident care and operations to do this work. We recommend the federal government revert back to permit durations of two years for high-needs sectors, including long-term care and other seniors' care settings. This will reduce the risk of staff losing status before permanent residency (PR) eligibility is reached and reduce retention pressures for Ontario long-term care homes and senior's housing and services, directly impacting continuity of care and workforce stability.

The LMIA process itself has also posed challenges due to its complexity and long processing times. Our members have stated that applications can take up to 250 days to be processed, which is not compatible with urgent staffing needs in LTC. As a result, homes are unable to fill vacancies in a timely way, contributing to staffing shortages, increasing utilization of temporary staff, and compromising resident care. The complexity of the process has also forced many homes to rely on external consultants, costing up to \$10,000 per application, significantly increasing financial pressures on the sector. We recommend the federal government streamline the LMIA processes, such as through a facility-based approach, by allowing one LMIA per facility rather than per position, to reduce delays, minimize administrative burden, and improve the ability to maintain stable staffing levels.

Changes to job posting requirements (increasing from four to eight weeks) have further delayed hiring timelines. While there are often qualified candidates interested in working in LTC, the requirement to complete all LMIA steps before hiring delays onboarding and reduces flexibility in responding to immediate staffing needs.

These factors have also created uncertainty and instability for workers. Many TFWs and their families face unpredictable timelines and limited notice regarding application decisions, making it difficult to plan their lives in Canada. In some cases, minor administrative errors have resulted in severe consequences, including removal of the worker from the country and multi-year bans, despite significant investment from employers in training and integration. This uncertainty contributes directly to workforce instability in long-term care homes and other seniors' care settings, as employers risk losing trained staff with little notice, affecting continuity of care for residents.

Taken together, these changes are reducing the stability and effectiveness of workforce pathways in a sector that already faces structural shortages, with direct impacts on continuity of care. Our recommendations for restoring longer work permit durations for TFWs in the health sector, including a return to permit lengths of up to two years (prior to September 2024), and extending LMIA validity periods from the current six months to twelve months, will support workforce stability and continuity of care.

Without targeted adjustments for high-needs sectors such as long-term care, current policy changes risk further destabilizing an already strained workforce and compromising care delivery.

We recognize the Government of Canada's efforts to better align immigration intake with processing capacity, labour market needs, and community infrastructure. However, as noted above, this approach does not fully reflect the unique and critical role immigration plays in sustaining the healthcare workforce. Internationally trained healthcare workers supplement — rather than displace — Ontario-trained staff and help fill gaps that cannot be met through domestic supply alone. Internationally trained staff have long been a core part of the health workforce, and the need is only increasing. Immigrants make up approximately 25% of Canada's healthcare workforce and nearly 30% of care support roles, with over half of new nurses in Ontario being internationally educated. Ontario also hosts the largest share of internationally trained health workers in the country, and long-term care has seen a significant and increasing reliance on these workers. Other sectors, such as agriculture, have been recognized as a "preferred employer" in recognition of their reliance on international labour. Despite a similar and growing dependence in healthcare, including long-term care, healthcare has not been treated with the same level of targeted policy support. As outlined throughout our survey responses, healthcare requires a more tailored, needs-based immigration approach that reflects

these realities and addresses its distinct workforce pressures. While the trends we outline apply across the healthcare system, they are particularly pronounced in long-term care and other seniors' care settings, where workforce pressures are most acute as the population ages rapidly.

AdvantAge Ontario has been the trusted voice for senior care for over 100 years. We are the only provincial association that represents the full spectrum of the seniors' care continuum and our over 530 members include 88% of all not-for-profit and charitable LTC homes, 82% of the hospital-affiliated LTC homes and 96% of all municipal LTC homes. Over 160 of our members represent social housing, independent living, supportive housing, life lease, non-profit retirement homes, and developing members. While we are a provincial association, we advocate federally on targeted issues that directly affect seniors' care, long-term care, and the broader not-for-profit sector. Our goal is to be a constructive, solutions-focused partner to anyone committed to improving care for older adults across the country.

**Question 2: Our immigration commitments are to**

- **reduce the temporary population to less than 5% of Canada's total population by the end of 2027**
- **stabilize permanent resident admissions at less than 1% of Canada's total population after 2027, and**
- **increase the Francophone immigration target to 12% of permanent resident admissions by 2029.**

**What changes, if any, would you recommend to future temporary and permanent resident levels, and why?**

Current temporary and PR targets are not aligned with the realities of the LTC and home and community care seniors' sector. Immigration levels should be responsive to demonstrated labour market needs, with allocations tailored by sector and region to address critical workforce shortages. Without deliberate adjustments, targeted immigration levels risk destabilizing staffing, particularly in the healthcare sector, that is already operating under significant pressure. LTC homes in particular have indicated that, without access to immigrant workers, they would be unable to recruit enough staff locally to maintain operations. This is not new - these communities have recruited internationally educated healthcare professionals for years. In some cases, not making deliberate adjustments could result in reduced capacity or even closure, particularly in underserved rural and northern communities. This is an imminent and ongoing reality.

Some of our member homes in rural and northern communities have as much as 75% of staff internationally trained, with up to 25% on temporary work permits—a proportion that is

declining as renewals become more difficult. Even in regions with lower overall reliance such as more urban areas, immigrant workers still represent a critical share of the workforce over the federal immigration targeted levels, particularly in essential roles like personal support workers. These figures reflect a structural dependence on immigration to deliver care.

We therefore recommend increasing both temporary and permanent resident levels for in-demand health care occupations, including those in LTC and home and community care for seniors, and explicitly aligning these levels with sector-specific workforce shortages. Relatedly, existing program flexibilities, such as increasing allowable proportions of TFWs from 10% to 20% in rural and northern communities, must be consistently implemented across all provinces, including Ontario. Without national-wide implementation, high-quality international workers are leaving Ontario to work in other provinces, such as those in Atlantic Canada, that have a clearer pathway to permanent residency. This leads employers to lose staff they have already invested significant time and resources in recruiting and supporting. Not aligning immigration levels with LTC workforce needs will directly undermine the sector's ability to provide safe, quality care to residents.

**Question 3: Are there specific regional pressures, opportunities, or demographic trends that IRCC should consider when planning future immigration levels?**

There are significant demographic and regional pressures that must be central to IRCC's planning of future immigration levels, particularly as they relate to healthcare in rural and northern communities.

Canada is on the cusp of becoming a "super-aged" nation, with at least 21% of the population aged 65 and older. In Ontario alone, the senior population is projected to grow from 3 million in 2016 to 4.6 million by 2041, representing approximately one quarter of the population. In rural Ontario communities in particular, older adults make up 24% of the population, compared to 17% of urban communities. This demographic shift will place sustained and intensifying pressure on the healthcare system, particularly in rural and northern communities, that have long faced critical staffing shortages. Immigration will be essential to ensure healthcare has the workforce capacity required to meet the care needs of residents.

Rural, northern, and small- to medium-sized communities face significantly more acute and persistent workforce shortages compared to large urban centers. Smaller and more remote communities struggle to retain staff. These challenges are compounded by structural barriers, including limited access to affordable housing, lack of public transportation, and fewer local support for newcomers. When these homes aren't fully staffed, residents don't receive care.

Despite having the greatest need, many of these communities are excluded from, or inadequately captured by, existing federal definitions and pilot programs intended to support rural and northern immigration. For example, some northern or remote communities do not

qualify under current definitions or program criteria, while others located beyond program boundaries (e.g., beyond Sudbury) are facing rapid LTC expansion without the workforce pipeline needed to staff new beds. This misalignment between program design and on-the-ground realities is a critical gap that should be addressed.

We recommend that IRCC adopt a more regionally responsive and targeted approach to immigration planning. This should include expanding and refining rural and northern immigration streams to better reflect actual community needs, including revisiting eligibility definitions and geographic boundaries. Additionally, complementary investments in infrastructure and settlement support, such as access to affordable housing, transportation, and community-based services, will be important to retain newcomers, particularly in rural and remote areas.

#### **Question 4: Looking beyond 2029, what long-term considerations and priorities should guide Canada's immigration system?**

Looking beyond 2029, Canada's immigration system must shift from a short-term, temporary labour model to a system that prioritizes clear, stable, and accessible pathways to PR for high-needs sectors, including healthcare. The current overreliance on TFWs without predictable transitions to PR is creating workforce instability, retention challenges, and unnecessary administrative burden, all of which directly affect the quality of care for older adults.

There is currently no consistent or transparent pathway for many TFWs to transition to PR. Workers face significant barriers, including rigid eligibility criteria related to job titles, wages, and points-based assessments, which often do not align with the realities of LTC seniority-based unionized work environments. For example, many workers are employed in part-time roles due to operational constraints, yet immigration requirements prioritize full-time hours (defined as 30 hours per week), making it more difficult to qualify for PR. At the same time, employers cannot always guarantee full-time hours, creating a structural mismatch that leaves workers unable to progress despite actively contributing to the workforce.

Uncertainty around PR approval timelines further exacerbates these challenges. Workers and their families may receive little notice on application outcomes, sometimes facing the possibility of having to leave the country on short notice. This creates stress for workers and places additional pressure on employers, who are often left to help navigate complex immigration processes despite lacking the expertise or resources to do so.

To address these issues, Canada's long-term immigration strategy should prioritize retention as much as recruitment. This includes establishing clear, streamlined, and occupation-specific PR pathways for essential workers, particularly in sectors experiencing chronic shortages like LTC. Criteria should be better aligned with sector realities, including recognizing part-time and

variable-hour employment, and ensuring that wage thresholds and occupational classifications reflect actual roles within the care sector.

We recommend for Canada's immigration system to treat newcomers not as temporary labour, but as future permanent residents and members of our communities, particularly in essential services like LTC.

**Question 5: What challenges, barriers, or concerns exist in the immigration system that affect people's ability to come to Canada and achieve positive outcomes?**

There are significant and persistent challenges within Canada's immigration system that hinder both entry into the country and the ability of newcomers to achieve positive, long-term outcomes. These barriers require a more coordinated, transparent, and supportive system response.

A primary concern is the lack of accessible and coordinated settlement and integration support. While Canada is successful in attracting newcomers, there is insufficient investment in the services required to help them succeed once they arrive. Newcomers often face barriers accessing basic supports such as healthcare navigation, employment services, skills training, and foreign credential recognition. Language proficiency remains one of the most significant cross-cutting challenges, limiting access to employment and integration into communities. This is particularly important in healthcare, where communication is essential, and delays in language training and credential recognition can slow workforce integration and contribute to staffing instability in long-term care settings. Employers are often expected to provide support beyond their capacity, including navigating immigration processes and assisting with settlement needs. Foreign credential recognition processes remain another major obstacle. Internationally educated healthcare professionals, including nurses, often encounter unclear, costly, and duplicative requirements that delay or prevent them from practicing in their field. Misalignment between immigration requirements and regulatory bodies (e.g., differing language testing standards) creates inefficiencies and contributes to widespread underemployment of highly skilled newcomers. There is a critical need for clearer and better-aligned pathways that allow skilled professionals to contribute to their full scope of practice.

Inconsistencies and lack of transparency within the LMIA and broader immigration decision-making processes are also a major concern. Employers report variability in application outcomes, even when submitting similar applications, suggesting a lack of standardized criteria or guidance. In addition, some decision-makers may lack familiarity with the LTC sector or the realities of rural and remote communities, leading to decisions that do not reflect on-the-ground labour market conditions. Delays in application processing, limited communication, and difficulty securing timely guidance further exacerbate these challenges. These challenges place

additional pressure on long-term care homes, which must support workforce integration while maintaining consistent care for residents.

**Question 6: Would you like to share any feedback about your experience completing this survey?**

We appreciate the opportunity to provide feedback on the 2027–29 Federal Immigration Levels Plan. We also appreciate the government’s efforts to incorporate previous survey feedback by including more open-ended questions, which allowed for more detailed and nuanced input. This enabled us to better highlight the specific workforce challenges and realities facing the long-term care sector.

## About Us

For more than 100 years, AdvantAge Ontario has been the voice of not-for-profit seniors’ care in Ontario. We represent more than 500 providers of long-term care, seniors’ housing, supportive housing, and community service agencies, including most municipal and non-profit long-term care homes. We are the only association representing the full continuum of seniors’ care in the province.

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