

June 9, 2026

To:

The Honourable Natalia Kusendova-Bashta, Minister of Long-Term Care
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
The Honourable David Piccini, Minister of Labour, Immigration, Training and Skills
Development

Dear Minister Kusendova-Bashta, Minister Jones, and Minister Piccini

I am writing on behalf of AdvantAge Ontario to raise urgent concerns about recent federal immigration policy changes—including reductions in Temporary Foreign Worker work permit durations, shortened Labour Market Impact Assessment (LMIA) validity periods, and evolving pathways to permanent residency—which are having immediate impacts across Ontario's seniors' care sector, including long-term care, seniors' housing, and community-based services, affecting staffing stability and the ability to meet legislated care standards, including the delivery of four hours of direct care per resident per day. Given the upcoming Federal, Provincial, and Territorial (FPT) Meeting on Immigration, we encourage the Province to reinforce these concerns with the federal government and work collaboratively toward appropriate solutions. At its core, this is not solely a labour market issue, but one that directly affects Ontario's ability to deliver safe, continuous, and high-quality care to older adults across the seniors' care continuum, including long-term care.

For more than 100 years, AdvantAge Ontario has been the voice of not-for-profit seniors' care in Ontario. We represent more than 530 providers of long-term care, seniors' housing, supportive housing, and community services across the province, including many nonprofit retirement home operators. AdvantAge Ontario is the only association representing the full continuum of seniors' care in Ontario.

Ontario's long-term care homes are facing sustained shortages of personal support workers and nurses that reflect broader health-system labour constraints, rather than employer-specific recruitment challenges. Despite ongoing efforts to strengthen recruitment and retention, current and projected long-term care needs greatly exceed the available domestic supply of trained workers. More broadly, immigrants already make up approximately one-quarter of Canada's health workforce, and in Ontario, internationally educated nurses now account for over half of new entrants to the registered nurse workforce, while also forming a significant share of care support roles such as personal support workers—highlighting their importance in sustaining long-term care delivery.

It has been estimated that for Ontario, 59,000 additional nurses and personal support workers will be required for long-term care (and even more for home and community care), by the end of the decade, to keep pace with our aging population, rising acuity, and system-wide demand. This gap is already manifesting across long-term care homes throughout the province.

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 for years, and the need is only increasing.

These pressures are most pronounced in northern and rural communities, where workforce shortages are longstanding and structural, but they are increasingly affecting urban homes as well.

Workforce needs in long-term care and the broader seniors' care sector differs from other sectors typically associated with the Temporary Foreign Worker program. In this context, internationally trained staff are delivering essential, regulated health care services to a vulnerable population, and immigration policies affecting these roles have direct implications for staffing stability, continuity of care, and the ability to meet legislated care standards.

Recent polling of AdvantAge Ontario members reinforces this reality. Approximately one-third of long-term care homes reported reliance on Temporary Foreign Workers and/or International Students, and a similar proportion indicate that disruption to these pathways would make it more difficult to sustain legislated care standards and would increase reliance on agency or temporary staff who are not familiar with residents or established care teams, affecting continuity of care.

We are also hearing from members that internationally trained health workers who begin working in Ontario are increasingly leaving for other provinces, particularly Atlantic Canada, due to clearer and more accessible pathways to permanent residency. This creates additional retention pressures for Ontario long-term care homes and has direct implications for continuity of care and workforce stability. This highlights the importance of Ontario's engagement in federal immigration programs and alignment with available pathways.

As part of our ongoing advocacy on this issue with the federal government, AdvantAge Ontario has called for targeted measures to stabilize the long-term care workforce, including:

- Restoring longer work permit durations for Temporary Foreign Workers in the health sector, including a return to permit lengths of up to two years (as per pre-September 2024), and extending Labour Market Impact Assessment validity periods from six to twelve months, to support workforce stability and continuity of care.
- Streamlining Labour Market Impact Assessment processes (such as through a facility-based approach rather than a per worker requirement) to reduce delays, improve efficiency, and support stable staffing levels and continuity of care.

- Strengthening and accelerating pathways to permanent residency for internationally trained health workers, and
- Improving access to federal rural immigration programs by addressing eligibility, application requirements, and associated costs.

In this context, we ask the Province to reinforce these recommendations with the federal government and to consider supporting or opting into available federal flexibilities for rural and underserved communities, where appropriate, to help address acute workforce shortages in long-term care.

We also note the federal government's intention to undertake further consultation on immigration pathways relevant to health and care workers. Recent federal measures reflect a shifting policy environment, including variations in allowable Temporary Foreign Worker caps across jurisdictions—from a standard 10% baseline to higher thresholds in certain sectors, including health care, and in rural settings (often in the range of 15–20%) in participating provinces such as Nova Scotia, Quebec, New Brunswick, and British Columbia. These measures have not been uniformly adopted across Canada, meaning that some provinces have greater flexibility to recruit and retain internationally trained workers than others, contributing to emerging interprovincial competition for health workforce talent. Alignment between provincial and federal positions will be critical to ensuring long-term care workforce needs, including recruitment and retention of internationally trained staff, are reflected in future policy decisions. We urge Ontario to opt into this increased flexibility, as other provinces have already.

AdvantAge Ontario has been actively engaging with federal political staff including Ministers, Parliamentary Secretaries, and officials on these issues, and is seeking Ontario's support in reinforcing the urgency of these concerns and their direct connection to resident care. We also urge the province to take advantage of the current flexibility on offer from the federal government as soon as possible.

We remain committed to working collaboratively with both the provincial and federal governments to support a stable and sustainable long-term care workforce that prioritizes resident outcomes. It will take coordinated action across both levels of government, including alignment between federal immigration policies and provincial supports, and targeted investment in provider capacity—such as funding for dedicated human resources roles within long-term care homes—to effectively navigate workforce planning and immigration processes. We would welcome the opportunity to discuss these issues further in advance of the FPT meeting.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Levin', with a stylized, cursive script.

Lisa Levin
Chief Executive Officer

CC:

The Honourable Doug Ford, Premier of Ontario
Dr. Karima Velji, Chief of Nursing and Professional Practice and Assistant Deputy Minister,
Health Workforce
Peter Kaftarian, Deputy Minister, Ministry of Long-Term Care
Deborah Richardson, Deputy Minister, Ministry of Health
Jonathan Lebi, Deputy Minister, Ministry of Labour, Immigration, Training and Skills
Development