



PRESMA: Partnered
Research
Examining Services with
Migrants in Agriculture

Pathways & Pitfalls:

Service Provision for
Migrant Farmworkers in
Southern Ontario

2025



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Research
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Services with
Migrants in
Agriculture**

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Project Partners



We wish to recognize our incredible organizational partners that made this work possible (page 1 of 2):

Alliance for Healthier Communities*

Blessed Sacrament Church (Simcoe)

Bridges Niagara

CARE for International Workers*

Caribbean Workers Outreach Project (Niagara)*

Centre for Migrant Worker Solidarity (Simcoe)*

Community Legal Clinic – Brant, Haldimand, Norfolk*

Cornerstone Community Church

Friends of Lynden Agricultural Workers

Gateway Community Church

Grand River Community Healthcare Centre*

Health and Social Services - Haldimand and Norfolk

“The Hub” (Niagara)

Migrant Worker Community Program

Migrant Worker Support Program, Legal Assistance of Windsor

The Neighbourhood Organization*

Niagara Community Legal Clinic

Niagara Public Health

Niagara Migrant Worker Interest Group*

Niagara North Family Health Team

Project Partners



We wish to recognize our incredible organizational partners that made this work possible (page 2 of 2):

Norfolk Community Help Centre
Norfolk County Health Care Accessibility Community Committee
Norfolk Seasonal Agricultural Worker Community Committee*
Occupational Health Clinics for Ontario Workers (Migrant Farmworkers Program)*
Positive Living Niagara*
Quest Community Health Centre*
REACH Niagara
South Essex Community Council
Southridge Community Church - Vineland
St Albans Anglican Church (Beamsville)
United Food and Commercial Workers Union (UFCW, Canada)*
Welland McMaster Family Health Team
Windsor-Essex Bilingual Legal Clinic*
Windsor-Essex Local Immigration Partnership
Workforce WindsorEssex - TeamWork Project

**denotes founding project partners*

Collaborators/ Contributors



We wish to recognize our academic collaborators who offered guidance along the way:

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List of Acronyms



EI - Employment Insurance

ESDC - Employment and Social Development Canada

MAW - Migrant agricultural workers

SAWP - Seasonal Agricultural Worker Program

SSHRC - Social Sciences and Humanities Research Council

TFWP - Temporary Foreign Worker Program

WSIB - Workplace Safety and Insurance Board



Background and Policy Context

Every year, tens of thousands of migrant workers enter Canada to supply the agricultural sector with temporary labour through the Seasonal Agricultural Worker Program (SAWP) or the Agricultural Stream of the Temporary Foreign Worker Program (TFWP). Both of these programs afford workers limited freedoms and protections. Challenges to workers' safety and dignity in both their working and living conditions are well documented.

Largely in response to these challenges, the federal government rolled out temporary funding schemes to initiate or expand targeted supports and services for migrant agricultural workers. Starting with a pilot of the Migrant Worker Support Network in British Columbia in 2019, subsequent iterations were launched in Ontario, Quebec and the Maritimes in 2020. In 2022, the federal government solicited calls to select community organizations to provide support under two areas: airport orientation and community-based services. Over 110 community organizations across Canada were funded through the Migrant Worker Support Program through a budget of \$30 million dollars up until 2024. At the time of writing, developments are underway for the next iteration of funded support services.

Despite the importance of these services and supports, service provision alone cannot address the structural vulnerability faced by migrant agricultural workers (MAWs). Without significant structural changes to Canada's temporary migrant agricultural programs and greater investment in, and collaboration by, the Canadian government, service providers will be unable to address the unique challenges and needs faced by this population.

It is within this context that we are sharing what we learned from MAWs and the organizations that support them, about the challenges, opportunities, priorities, and limitations of service delivery within Canada. Currently, changes are underway to reform the TFWP streams for the agriculture and fishery sector. Our recommendations anticipate these changes and the implications they may have for MAWs and the many organizations committed to supporting them during their time in Canada. Ultimately, all levels of government are responsible to support the health and wellbeing of migrant agricultural workers. In this light, our recommendations speak to the need for more comprehensive support and services for this population through the investment of all levels of government.



Study Overview

In 2021, academic and organizational partners came together to envision a research project that could harness the lived experiences of MAWs in Ontario. Through funding from the Social Sciences and Humanities Research Council (SSHRC), recruitment and data collection with MAWs began in the summer of 2022. In total, 131 migrant worker participants and dozens of service provider focus groups were conducted over two seasons (2022, 2023) and during the spring of 2024. MAW participants hailed from various countries and TFWP streams, and were employed across 3 regions of focus: Haldimand-Norfolk, Windsor-Essex and Niagara.

While the majority of MAW participants were Mexican or Caribbean, we also recruited individuals from other parts of Central and South America, and the Philippines. We connected with MAWs across the three regions in multiple ways to gather feedback and reflections on our preliminary analysis, including participation in recreational events and outreach at grocery stores. Initial findings were also shared with our partner organizations to elicit further input and necessary context. Key activities are summarized below.

Data collection	Partner engagement	Worker outreach	Knowledge Mobilization
131 farmworkers and dozens of service providers participated in group or individual interviews	4 cross-regional meetings 7 regional meetings, and quarterly updates/communication	Roughly 400 migrant farmworkers or more were reached at various public-facing events	2 peer-reviewed publications; several presentations for professional and academic audiences

Building on what we know

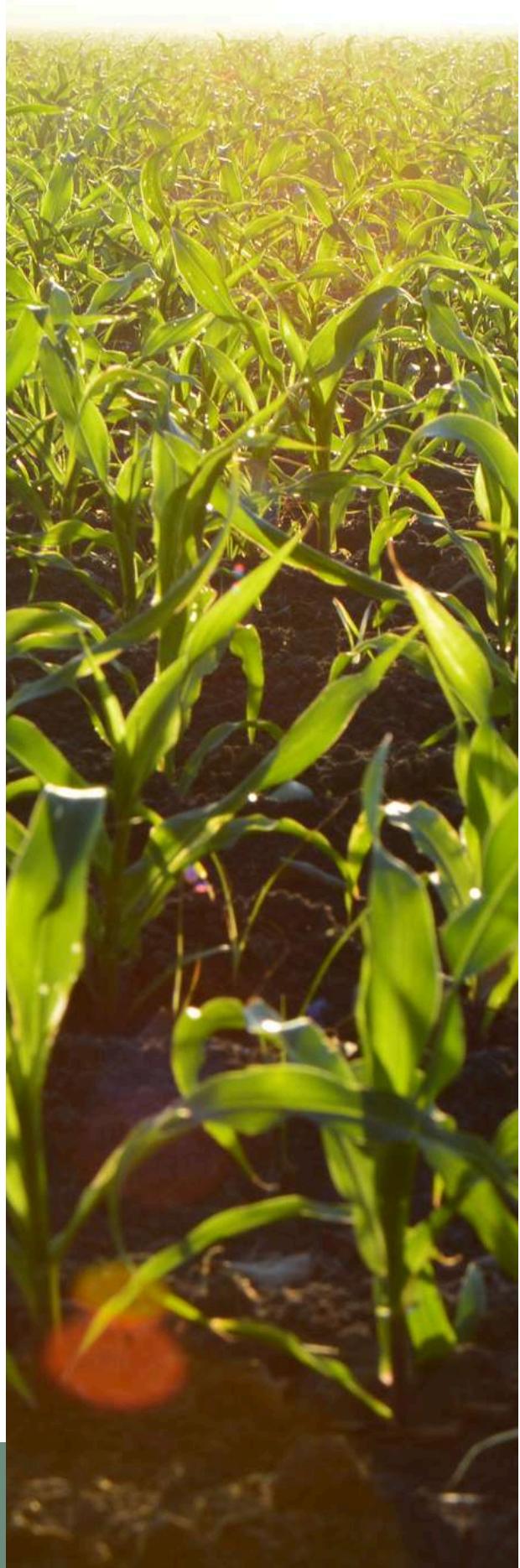
Testimonies provided by participants echoed and confirmed what previous research has shown; MAWs face significant barriers and require complex forms of support to overcome the isolation and precarity that often characterizes their time in Canada.

The stories shared with us also provide direction and insights that can ensure service development is aligned with MAWs' needs and priorities, and that service delivery proactively addresses the barriers faced by MAWs who are seeking help.

Understanding strengths and challenges in context

Support organizations and service providers in Southern Ontario are active and innovative in developing strategies to meet the needs of MAWs across the province and they are crucial to the health and wellbeing of this population. However, the scope and capacity of these organizations is often limited and complicated by several factors, including:

- overly prescribed and rigid mandates that do not necessarily align with MAWs' priorities
- short-term funding commitments that undermine sustainability of programming for migrant agricultural workers, and
- limited capacity to provide legal advocacy services or address broader structural exclusion, which paradoxically reinforces workers' urgent need for various supports.



Key Findings





Exclusion as cause and consequence

Barriers, ineligibility, and inaccess

Our analysis of collected data has confirmed the types of barriers faced by MAWs to accessing and navigating services across several regions of Southern Ontario which have been previously documented. Furthermore, interviews provided greater insights into the role of broad-based exclusion in determining MAWs' ability to access services and utilize supports.

The exclusion of MAWs was manifested as both

- ineligibility for services, protections, and entitlements (e.g. exclusion from certain employment standards) and/or
- out-of-reach entitlements (e.g. lack of access to unmediated health care).

In this way, MAWs experienced exclusion as a significant strain on accessing support. Furthermore, given the limited supports available, MAWs also experienced further disenfranchisement within broader society.

Table 1: Barriers and analysis

Documented/confirmed barriers	Additional analysis
<p>Structural ← Individual</p> <ul style="list-style-type: none">• Lack of unmediated translation and/or transportation• Geographic isolation, long work hours• Ineligibility from full employment standards• Conflict of interest or limited trust in authorities• Community-level indifference or racism• Inaccess to benefits (e.g. employment insurance, parental benefits)• Risk of repatriation, loss of livelihood, loss of status• Temporary status and limited rights	<ul style="list-style-type: none">• Limited awareness of services/supports• Reliance on self to safeguard livelihood, “not rock the boat”• Spectrum of risk of help-seeking depending on support type (see below)• Reciprocal relationship between access to services/entitlements and belonging• Inaccess experienced as racism, devaluing, “lack of recognition”• Loss of control, dependence on authorities creates double-bind when help-seeking

Various points of precarity

Due to the structural conditions of the TFWP, MAWs in Canada have precarious employment and immigration status, are dependent on employers to be called back for subsequent employment in Canada, and are vulnerable to repatriation. These various points of precarity limit the kinds of support MAWs' felt comfortable accessing. Because of this broader context, participants' accounts indicated that their ability/willingness to access certain types of help was largely determined by a spectrum of risk to their livelihood.



Table 2: Spectrum of risk when help-seeking (examples)*

Low-Risk	Low-Moderate Risk	Moderate-High Risk	High Risk
<ul style="list-style-type: none">• Provision of groceries or basic supplies• General church services• Public events	<ul style="list-style-type: none">• Tax services• Applying for benefits (EI, parental benefits)• Employer-mediated transportation for general needs (e.g. groceries)• Recreational programming	<ul style="list-style-type: none">• Employer-mediated healthcare• Private insurance• Workplace injury compensation• Independent access to healthcare• Help-seeking from sending-country officials	<ul style="list-style-type: none">• Workplace board injury compensation claim (WSIB)• Legal aid for wage theft, human rights abuse• Status regularization (e.g. permanent residence application)• Violation reporting to Canadian officials

**These are only examples as there will be significant variability depending on the migrant worker, the organization providing services, and the relationship with employers*



Service delivery amidst inequity

MAWs' experiences as a guide to greater alignment and access

Considering the structural inequities faced by MAWs in Canada, our team examined the possibilities and challenges for service provision to comprehensively meet the needs of MAWs. Challenges with language, literacy, communication, transportation, geographic isolation, employer-mediated services, and disjointed care (e.g. loss of follow-up) are well-known barriers when it comes to MAWs' help-seeking (for more barriers, see page 10 above). These barriers were reflected in MAWs' testimonies.

A key concern was that most MAWs lacked awareness of the organizations that could support them, especially outside of government representatives, sending country government staff, or private insurance companies. Even amidst this widespread lack of knowledge about available services, participants identified several key priorities that might guide service delivery of organizations.

Figure 1: Priority Service Needs from MAW interviews

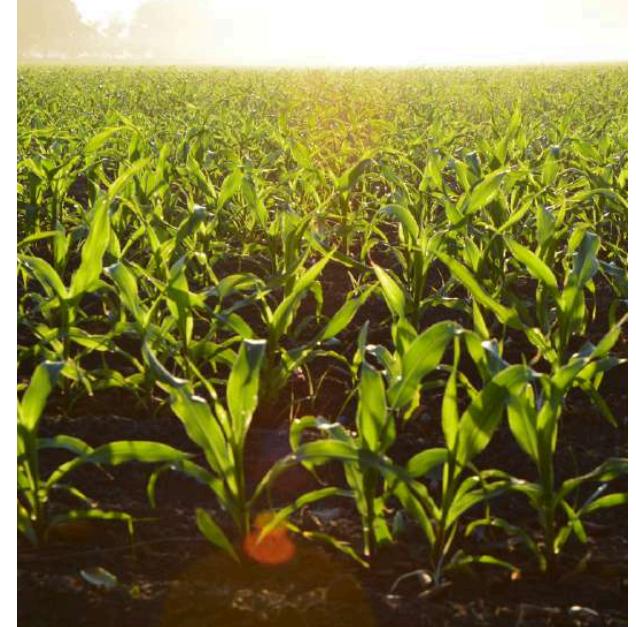


Access points and friction points

While participants who did make use of services offered by community-based providers were generally satisfied, MAWs often did not believe these services could fully address the more complex challenges they faced.

Furthermore, all participants reported weighing the pros and cons of accessing help, even for the most seemingly benign services. Common factors that influenced MAWs' decision/willingness to seek help included:

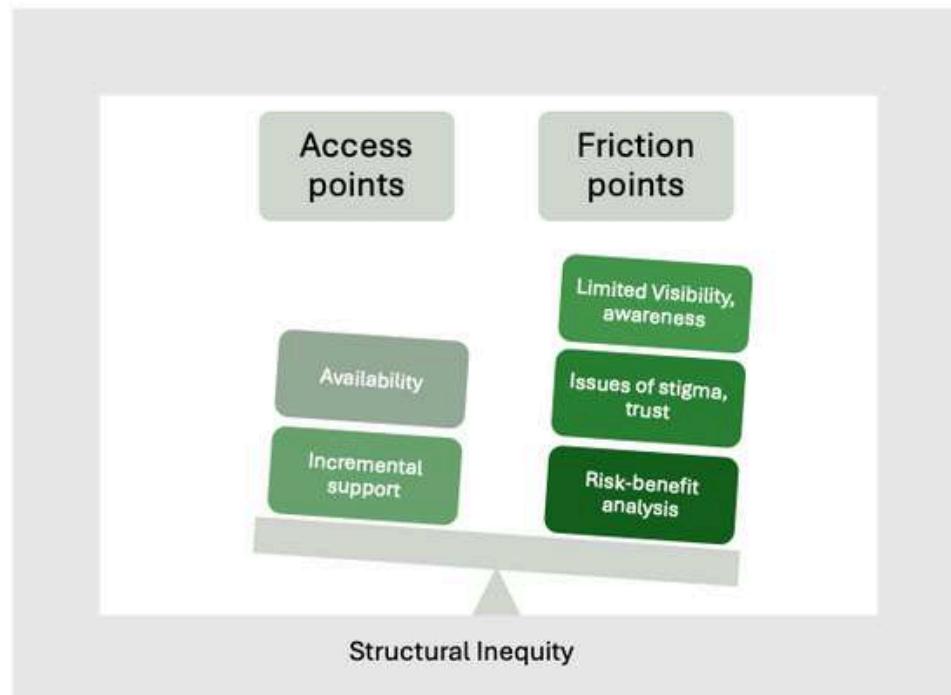
- Stigma and surveillance when requiring help due to cohabitation with other MAWs and employer-mediation, especially for sensitive issues (e.g. mental health support).
- Concern they would receive inferior treatment due to racism, especially in health care settings.



- A lack of predictability of the outcome of services, alongside a justifiable concern of being singled out, losing work, or being deported.

In all regions, MAWs highly valued the service providers who made themselves available and who were willing to invest in trust-building towards incremental triaging of critical issues.

Figure 2: Access points and friction points influencing support use



In their own words

Selected quotes from study participants

“A lot of these institutions are not so established, so many of us don't know much about them because they are not advertised a lot. It would be nice if one of them came in and talked more about these things but then it goes back to the employer who doesn't allow anybody from the outside to come in... If I had known about the legal clinic before I would have saved all of that money. [...]”

“We need someone to highlight and explain their legal rights because you may not have a full understanding of their rights. So many may get an injury on the job and the doctor states that you can work and some employers want you to work but the workers need to know their rights and also, they should get paid for the time they are off.”

“Well, the coworkers feel afraid to talk and ask to know what organizations help or support us because of fear. You stay quiet, but now that [I] have the opportunity to speak, there are 3 coworkers who are sick. One of them has a hernia and it is difficult for him to keep working but he has people that depend on him, just like us. He pretends to be strong and with the medicine they give him, they barely took him to the doctor and just [like] that he's back to work.”

In their own words

Selected quotes from study participants

“Well, in my case, because [English] it’s a basic thing to move around here. For anything. Even at work, you need English. If you don’t know or can’t understand, it’s very difficult to express your needs. And there are many things you need to do at the bank, at work, in the supermarket, grocery shopping, all that.”

“... just the fact that it’s so far, or having to go find them [mental health support], or things like that, then that’s another reason you don’t go look for them. Because like I said, we lose time, we lose money and most of the time, if you go, the others are going to say we are not okay, it’s a way of making us easy targets. If you are already not okay, if you add that, the situation won’t end well.”

“We would like to speak out about something but we have risks and you as an individual can’t be the only person going to stand up and speak about your problem, because you’re going to be the problem. So even if there is someone or a group who could help you, it’s going to make your employer angry, so you just wouldn’t do it.”

Recommendations



Amplifying effective service models

Programs and services targeting MAWs often already incorporate many of the critical recommendations we identified for this population (see below, and Appendix 1). However, due to overwhelming demand for these services, many study participants reported limited or no access to these organizations. To address this gap, sustained investment in infrastructure and funding is required to enable these organizations to expand their reach and scale up their services to meet regional demand. Furthermore, general service providers, including emergency healthcare, inspection agencies, law enforcement, libraries, the Canada Revenue Agency, and the WSIB, must be equipped to refer individuals to specialized organizations and integrate the recommendations outlined here into their own programming.

Ongoing education about entitlements and benefits

Starting from the beginning of their work season, MAWs must be proactively and consistently engaged throughout their time in Canada to better orient them to their entitlements and to support them in making claims and accessing benefits. Examples of these entitlements include workers' compensation, employment insurance, and health care benefits. Social and recreational spaces, where trust has already been established, are great environments to build awareness and to invite further disclosure as needs arise. Outreach workers could assess the informational needs of MAWs, ensuring they are aware of support groups and services beyond their consulate/liaison or private insurance such as settlement organizations, advocacy groups, outreach workers, and labour unions.

Independent support through workplace safety and injury compensation

Across Canada, MAWs require accessible mechanisms and navigational support to access (a) preventative resources (e.g. information, protective eyewear, gloves, training) and (b) entitlements and benefits when injured on the job. A third-party case manager (without affiliation to the employer or sending/receiving country) and a team of support people is required to address complex needs that emerge from injury compensation (e.g. income and housing support, medical accompaniment). Eligibility for compensation must be made clear to workers through both government and support organization communication.



Information and access to permanent residency status

Since MAWs' precarity is, in part, a result of being hired on closed work permits, their temporary immigration status, and overall dependence on their employers (e.g., housing, access to services), interventions to address this precarity are required. Orientations and education for MAWs should include realistic and up-to-date information regarding the possibilities of and pathways to attaining permanent residency in Canada in order to prevent predatory actors from capitalizing on MAWs' lack of information.

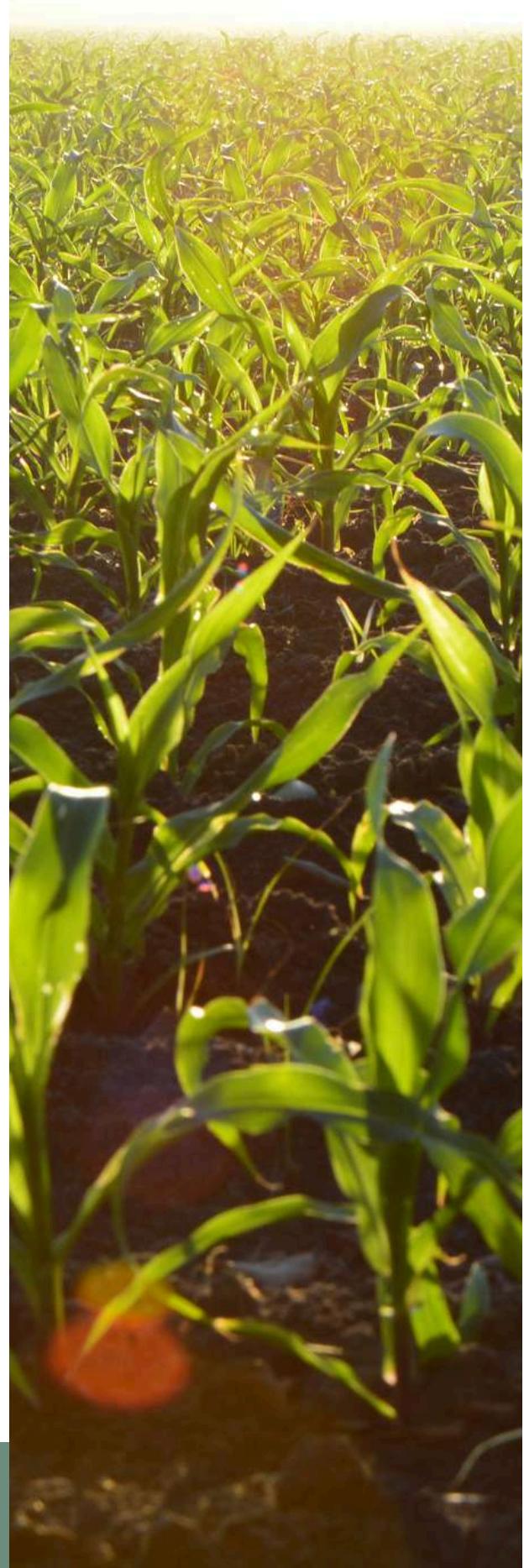
Furthermore, policy interventions that address the structural precarity of this group are warranted. MAWs require open work permits with greater support for work transfers, accessible emergency housing, and income support to exit unsafe work/living environments. Ultimately, MAWs need, and deserve, permanent residency status upon arrival.

Accessible and dignified health care

Accompaniment, navigation, and other mechanisms are required to safeguard individual's privacy and to ensure timely access and proper follow-up care. Evening and weekend hours are essential to facilitate access to care for MAWs. Common-place barriers (see below) must be addressed to prevent avoidable medical complications. Unique outreach strategies are required to address health issues that are often stigmatized (e.g. mental health concerns).

Build psychosocial, spiritual, and recreational networks

Investment in social and community events and gatherings is necessary to address immediate isolation, but also to expand the limited networks of support of many MAWs. Face-to-face communication instills a sense of being valued and helps establish trust that is foundational to address a variety of sensitive or serious issues faced by this workforce. Organizing spaces that incorporate and introduce other front-facing services not only contribute to a sense of belonging, but also encourage intersectional collaboration that offers a more comprehensive support landscape for MAWs.

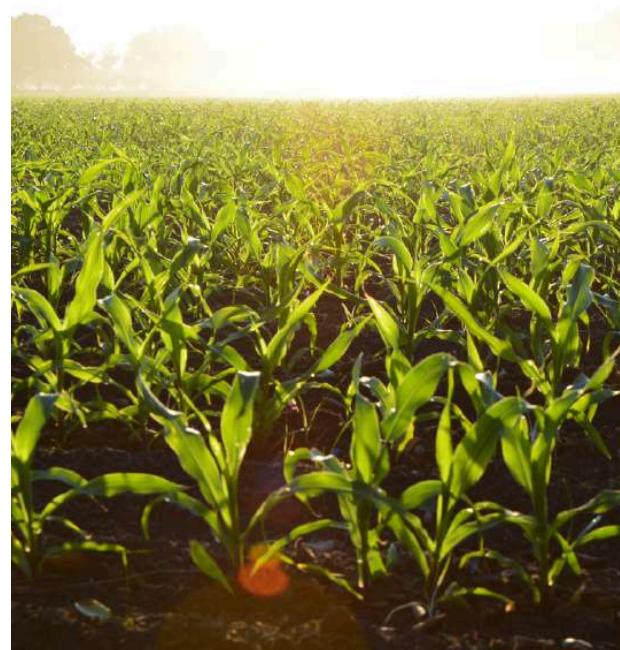


Address cross-cutting navigational barriers and promote independent, arms-length services

Across all domains, MAWs require arms-length accompaniment and case management of complex issues that ensure privacy and that do not threaten their standing in the program (e.g. through involvement of employer, sending country official, etc.). All service providers, whether inspectors, health care providers, legal advocates, or others, must engage in proactive outreach and meaningful two-way communication with MAWs that is not mediated by employers or their associates.

Front-facing services must also provide sufficient translation and interpretation in the MAWs' preferred language, and should include both written and alternative formats to accommodate individuals who may have lower literacy levels. Unique accessibility issues should also be taken into account in all service delivery, including accommodation for

- (a) long work hours and compressed seasonal work;
- (b) geographic isolation and lack of transportation;
- (c) experiences of racism and xenophobia; and
- (d) justifiable concerns of repatriation and/or loss of livelihood, as well as general mistrust.



A role for all levels of government

All levels of government can support the expansion of services, outreach efforts, preventative measures and enhanced accessibility of services.

For example, municipalities can invest in community events and local transportation, provincial governments can oversee more proactive and engaged health care services, and federal governments can reform inspection regimes to involve more arms-length and meaningful communication (and follow-up) with MAWs.

Beyond improving the service provision landscape, all levels of government have a role in addressing the systemic elements within Canada's TFWP that create unique vulnerabilities for MAWs. For instance, policy changes related to housing standards (municipal); access to health care and WSIB entitlements, and the elimination of agricultural employment standards exemptions, including the legality of collective bargaining (provincial); and access to federal benefits such as EI alongside pathways to permanent status in Canada (federal) are necessary to improve the health, safety and wellbeing of MAWs.



Appendix 1: Existing services/models that exemplify recommendations

Independent support through workplace safety and injury compensation

Some organizations help migrant farmworkers across Ontario to file claims and navigate the provincial workers' compensation systems, including the [Industrial Accident Victims Group of Ontario \(IAVGO\)](#) and the [Occupational Health Clinics for Ontario Workers \(OHCOW\)](#). These organizations work closely with a variety of worker-centred support groups and services, such as the [Migrant Worker Ministry](#) and the Friends of Lynden Agricultural Workers (FLAW) to accompany workers throughout the process, which typically requires financial assistance, housing, immigration services, and moral support. Providing a variety of arms-length services to MAWs is crucial for injured workers to be able to navigate the complex needs that arise from pursuing workplace compensation.

Ongoing education about entitlements and benefits

Several strategies can be employed towards supporting MAWs in understanding their entitlements and benefits. For example, health and information fairs are valuable opportunities for service providers to share key details about workers' entitlements and benefits in accessible, high-traffic community spaces. Targeted events for underrepresented migrant worker populations are especially critical, as these groups often require tailored language support and customized resources. For example, the [Asian Community AIDS Services](#) and the [Occupational Health Clinics for Ontario Workers](#) hosted the *Asian Migrant Farm Workers Health and Information Fair* in Windsor-Essex. Held at a central, well-known venue, the event brought together multiple community partners to provide resources on health and safety, legal services, and benefits such as dental care and massage therapy. Materials were made available to workers in Thai, Tagalog, and English. Ongoing education and navigation support for migrant farmworkers is crucial, particularly when addressing complex health and employment benefit needs. For example, [South Essex Community Council \(SECC\)](#) offers a dedicated

team of support personnel who assist with issues such as income support, maternity and paternity leave, employment benefits and work-related injury or illness claims. They provide resources and information in multiple languages, with Spanish-speaking staff available to offer personalized support.

Accessible and dignified healthcare

Numerous healthcare providers serving MAWs recognize the need to employ various strategies to ensure access to comprehensive health services, implement preventative healthcare measures, and maintain continuity of care. For instance, Quest CHC runs the Seasonal Agricultural Worker Health Program (SAWHP) in Niagara, which provides primary health care, health promotion, and community capacity-building services to MAWs in the region. To address gaps in healthcare accessibility and deliver comprehensive care, Quest launched a mobile health clinic in 2023. Working closely with the local public health unit, the clinic has proactively identified where farmworkers will be housed, enabling stronger relationship-building with MAWs. The mobile unit also offers a variety of specialized services and supports. In Norfolk, as part of their International Agricultural Worker Program, Grand River Community Health Centre has recently expanded its team by hiring additional medical personnel and community workers to provide continuous healthcare and mental health services at their clinics. In addition, ensuring the presence of in-person Spanish interpreters played a crucial role in ensuring culturally appropriate communication. The centre has also deployed two medical vans that visit farms to provide on-site care. These efforts have enabled the centre to increase the number of farms utilizing their services and expand their reach to more migrant farmworkers in the area. Windsor Essex Community Health Centre provides a healthcare outreach program for migrant workers and their families, including on-site primary care. It offers a Sunday walk-in clinic at their Leamington location and provides navigation support to workers. The Windsor Essex Ontario Health Team has a Mobile Medical Support clinic that is stationed at community events and travels to various locations in the region providing primary care, mental health and chronic disease support.

Build psychosocial, spiritual, and recreational networks

Several churches in Southern Ontario provide communal spaces for migrant farmworkers, providing both gathering areas for social and spiritual support, along with a range of front-facing services. These spaces are vital for building trust and fostering social belonging, while also encouraging help-seeking for complex issues. Southridge Migrant Farmworker Ministry in Southgate Community Church - Vineland serves as a space for community and spiritual engagement. In addition to matching farms with families in the community to integrate migrant farmworkers with local residents, Southridge hosts a bi-weekly dinner for migrant farmworkers, which coincides with a free store, a health clinic, and a legal clinic for migrant farmworkers. In Virgil, The Farmworker Hub at Cornerstone Church includes a free store distributing clothing and toiletries. Through a partnership with Quest Community Health Centre, the Hub also provides healthcare services and health promotion for workers without requiring an OHIP card and offers translation in multiple languages. A similar model can be seen at St. Albans Anglican Church, which also provides a bike restoration program and store to assist workers in need of transportation. Likewise in Haldimand-Norfolk, the Huron Farmworkers Ministry provides spiritual support and hosts recreational events for local workers. They collaborate with TNO, an organization that operates an office at the Simcoe Town Centre where migrant workers can drop in for information and assistance.

Address cross-cutting navigational barriers and promote independent, arms-length services

To promote cross-coordination and reduce navigational barriers, some regions have adopted a hub model for service provision. For example, the Niagara Migrant Workers Interest Group (NMWIG) collaborates with local organizations to deliver essential services to workers in the Niagara region. NMWIG coordinates the efforts of individuals and member organizations – Bikes for Farmworkers, Christ Church Anglican, International Migration Research Centre, Bridges Niagara, Occupational Health Clinics for Ontario Workers, Positive Living Niagara, Quest Community Health Centre, Welland McMaster Family Health Team – across various areas, including advocacy, healthcare, transportation,

nutrition, financial support, employment standards, health and safety, and language and education. This model allows member organizations to pool resources and align services more effectively, ensuring better support for workers in the region.

Police above here?

A role for all levels of government

Efforts have been made to enhance federal, provincial and municipal coordination in expanding community services for migrant farmworkers. In Windsor-Essex and across the Windsor-Sarnia economic region, migrant worker supports are funded in part by the Migrant Worker Support Program (MWSP) through Employment and Social Development Canada (ESDC). This funding is distributed through Workforce WindsorEssex's TeamWork Project and is a collective model, ensuring that multiple organizations work together to provide coordinated and comprehensive support for migrant workers. Through the project, a network of partners – Collège Boréal, Legal Assistance of Windsor, Migrant Worker Community Program, Occupational Health Clinics for Ontario Workers, and South Essex Community Council – work together to increase awareness of migrant workers' rights including employment, health and safety, and avenues for recourse. They also aim to foster community inclusion through social, cultural and recreational initiatives. Also funded through the federal MWSP, TNO's Worker Support Services program provides resources and services to migrant workers across Ontario in collaboration with several municipal and local partners, including Polycultural Immigrant & Community Services, Quinte Local Immigration Partnership (QLIP), Grand River Community Health Centre, and The Diocese of Huron.

Information and access to permanent residency status

Advocates and expert groups, including the Migrant Worker Health Expert Working Group, Justice for Migrant Workers, the Migrant Rights Network, and Kairos Canada, have long called for granting permanent residency (PR) status to MAWs upon arrival in Canada. While the federal government has explored strategies under the prospective Temporary Foreign Worker Agriculture and Fish Processing Stream to improve labour mobility within sectors, these efforts fall short of addressing the root causes of exploitation. Open work permits and PR on arrival are essential reforms that would grant MAWs greater autonomy, equal rights, and the ability to contribute to Canadian society without fear of reprisal or deportation. These changes are critical to dismantling the power imbalances inherent in Canada's TFWP and ensuring dignity and security for all MAWs.

Contact us for further inquiries

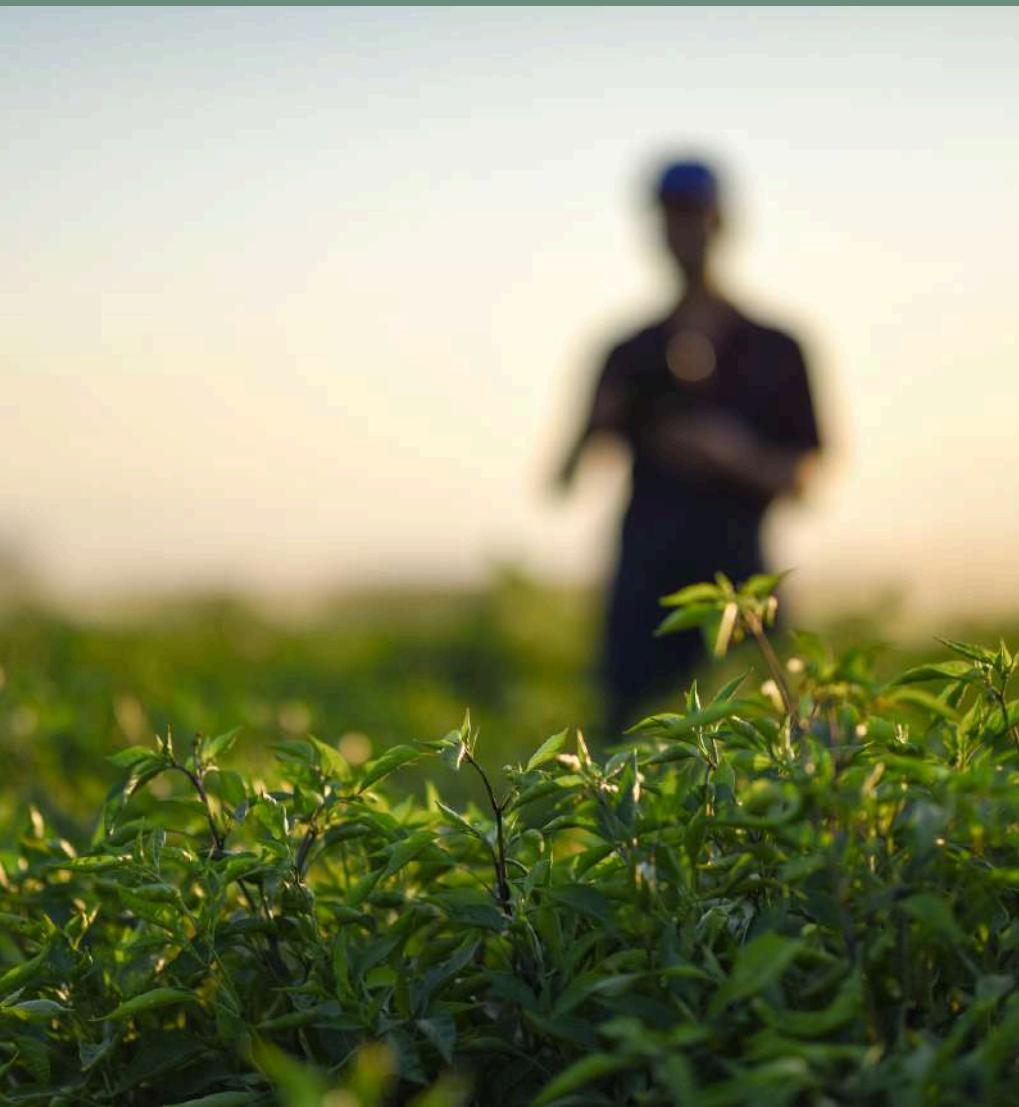
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