



Research Snapshot:

A Picture of Foreign-Born Workers in Long-Term Services and Supports



Research bridging policy and practice

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Increased life expectancies and the projected growth of the older population has created a significant demand for long-term services and supports (LTSS) around the globe. Yet, the supply of paid LTSS workers and informal caregivers who can help meet this demand is shrinking dramatically.

Research suggests that an expanded migrant/immigrant LTSS labor pool presents one strategy for meeting future workforce needs.

During 2017, the Global Ageing Network and the LeadingAge LTSS Center @UMass Boston studied the complex issues associated with expanding the number of foreign-born workers in the LTSS labor pool. Researchers conducted an environmental scan and held interviews with LTSS providers in Australia, Canada, the United Kingdom, and the United States.

This research snapshot provides an overview of study findings about the prevalence, characteristics, countries of origin, and migration routes of foreign-born nurses and personal care assistants, and governmental policies that affect the ability of migrants/immigrants to work in host countries. For more information about key study findings, read the [full report](#).

Prevalence of Foreign-Born Nurses and Personal Care Assistants

Foreign-born nurses and personal care assistants make up an increasingly significant percentage of the LTSS workforce in many countries, as more providers of aging services rely on these workers to help ameliorate care gaps. The prevalence of these workers varies, depending on their position in the workforce and the setting in which they provide care.

Nurses: Foreign-born nurses make up approximately 5% of all nurses employed in the LTSS sector in most European and North American countries.

Personal care assistants: Foreign-born personal care assistants make up between 19% and 25% of the LTSS workforce in Canada, Ireland, the United Kingdom, and the United States.

Home care: Migrant LTSS workers are more prevalent in home care than in nursing home settings. This trend may be driven by:

- Less stringent requirements in the home care sector, and
- The nursing home's organizational structure, which may require more advanced language skills than the home care setting.

Characteristics of Foreign-Born Workers

Migrant/immigrant LTSS workers are predominately low-paid, middle-aged women. This population of workers tends to be older and to have a higher proportion of males, minorities, and Hispanics than the native-born worker population.

Comparison of native-born and foreign-born workers: Migrant/immigrant LTSS workers are more likely than native-born workers to:

- Work full-time,
- Earn lower wages,
- Experience less favorable work conditions,
- Be employed in the private sector,
- Hold positive attitudes about their supervisors,
- Demonstrate a willingness to learn new skills,
- Be satisfied with workplace morale, and
- Have a strong work ethic.

Education and qualifications: Foreign-born workers tend to have higher educational levels and more advanced qualifications than is normally required for the work they perform. Trained physicians may work as nurses, and trained nurses may work as personal care assistants, because the credentials and qualifications they earned in their countries of origin are not recognized in host countries. This lack of recognition can be a barrier for foreign-born workers, particularly nurses who might have difficulty earning new credentials in the host country.

Informal caregiving experience: Many foreign-born workers come from cultures that expect family members to care for older relatives. As a result, foreign-born personal care assistants often come to host countries with caregiving experience they gained through the informal care they provided for family members in home settings.

Countries of Origin

Foreign-born LTSS nurses and personal care assistants come primarily from developing countries, including the Philippines, India, Sub-Saharan Africa, Mexico, the Caribbean, and Eastern Europe. The Philippines dominates nurse migration to the United States and other countries that actively recruit foreign-born workers. In the European Union (EU), many foreign-born workers move to a host country from within the EU.

Several factors influence patterns of migration flow around the world, including migrants':

- Geographical proximity to the destination country,
- Emotional bonds to that country,
- Ability to speak the language of the host country, and
- Humanitarian issues.

Migration Policies and Routes

Immigration policies governing the LTSS sector vary significantly around the globe, as do migration patterns affecting labor markets in individual countries. Several factors shape international migration patterns for LTSS workers:

- **Host country policies:** These policies may govern the recruitment, admission, and retention of foreign-born workers, and can determine what requirements a country will impose on those workers.
- **Admission targets:** Narrowly-defined admission targets, which often don't identify LTSS workers, can reduce the number of foreign-born LTSS workers admitted to a country.
- **Labor market differences:** The labor market for foreign-born nurses tends to be global and regional. The labor market for foreign-born personal care assistants tends to be regional.
- **Formal recruitment efforts:** A host country might recruit workers from specific locales, like the Philippines and India. These formal recruitment efforts can influence migration patterns, particularly for nurses.

Managed migration: Managed migration schemes are formal frameworks created by source and destination countries to control the nature and scope of migration flows. These schemes feature policies and simplified procedures to facilitate the recruitment of foreign-born workers, govern their training, and protect their rights.

Historically, managed migration schemes have applied to nurses, but not to personal care assistants. However, in response to increasing demand for LTSS workers, several countries have expanded their managed migration schemes to include personal care assistants. Countries also have created permanent migration channels for aides, and special visas for LTSS workers. For example:

- **Canada:** The Live-In Caregiver Program admits migrant care workers to Canada if they fulfill certain criteria before admission. Live-in caregivers can apply to become permanent Canadian residents if they complete two years of live-in caregiving work within three years of their arrival.
- **Israel:** Private agencies recruit foreign-born workers to fill LTSS vacancies left by native-born workers. These agencies also train foreign-born LTSS workers while the workers are still living in their countries of origin. Foreign-born nurses and aides who work in the caregiving sector are registered and permitted to work in Israel for a period of up to five years, at which time they are required to leave the country. Israel has bilateral agreements in the caregiving sector with the governments of Nepal and Sri Lanka. These agreements govern the hiring of live-in caregivers who reside in the homes of their employers.

Unmanaged migration: Several countries rely on foreign-born, undocumented LTSS workers. Some of these countries issue work permits to undocumented migrant workers. They also implement regularization programs that give migrants who are in a country without authorization the opportunity to legalize their status. Regularization programs guarantee that foreign-born LTSS workers are paid a minimum wage, and have access to good working conditions and formal training, which can help ensure high standards of care.

Insufficient measures: Temporary and permanent migration routes generally have not proven sufficient to meet demand for LTSS workers around the world. This is because:

- Foreign-born LTSS workers who enter a country under temporary managed-migration schemes often move to different occupations once they gain permanent residence status.
- Intermediary agencies that implement migration procedures often do not recruit personal care assistants who cannot pay for their services.
- Job visas for LTSS workers have remained underutilized.

Next Steps

Countries around the world should consider the important role that immigration policy can play in helping nations meet the demand for long-term services and supports, and the need for a high-quality LTSS workforce. Using migrant labor as a solution to the world's elderly workforce challenges must be considered from the perspective of fair trade, human rights, and quality health and well-being. The following strategies may help nations around the world make progress toward achieving these goals:

- Reform migration admission policies to ensure that they address the need for LTSS migrant workers who can help meet the growing demand for care among older adults.
- Ensure ethical international recruitment practices by incorporating LTSS workers, including personal care assistants, in the World Health Organization Global Code of Practices on the International Recruitment of Health Personnel. The code promotes voluntary principles and practices for the ethical international recruitment of health personnel. The Organization for Economic Cooperation and Development has also developed a set of guidelines to support a quality and ethical process for the international transfer of human capital in the LTSS sector.
- Use formal channels to verify the trustworthiness of potential employers and employees, possibly through some type of registry.
- Implement effective workforce enforcement procedures to protect workers, consumers, and employers.