Filling the Care Gap

Integrating Foreign-Born Nurses and Personal Care Assistants into the Field of Long-Term Services and Supports

THE GLOBAL AGEING NETWORK®

LeadingAge LTSS CENTER @UMass Boston

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PART I: INTRODUCTION

Increased life expectancies and the projected growth of the older population have created a significant demand for long-term services and supports (LTSS) around the globe.

This demand comes at a time when the global population in need of care is increasingly frail, and the LTSS system is grappling with quality-of-care concerns. In addition, the current demand for LTSS is growing faster than the pool of workers available to provide those services and supports.

The sheer number of workers needed to care for an aging population with increased chronic care needs makes it imperative that new sources of workers are found. Most researchers predict that an expanded immigrant/migrant LTSS labor pool presents one solution to meeting future workforce needs.

During 2017, the Global Ageing Network and the LeadingAge LTSS Center @UMass Boston studied the complex issues associated with attempts to expand the foreign-born LTSS labor pool. Researchers conducted an environmental scan and held interviews with LTSS providers in Australia, Canada, the United Kingdom and the United States. The purpose of the study was to explore:

- Characteristics of the foreign-born LTSS workforce;
- Issues associated with hiring and retaining foreign-born workers, including:
  - » Factors shaping international labor markets and the migration of nurses and direct care workers,
  - » National migration policies, and
  - » Organizational interventions to support workers;
- Benefits and challenges associated with hiring and retaining foreign-born workers;
- Relationships between foreign-born workers and their co-workers, care recipients and employers; and
- Quality of care.

DEFINITION OF TERMS

"Long-term services and supports," or LTSS, refers to a range of health and social services that support older adults and persons with disabilities who have a reduced degree of physical or cognitive functioning and need help with daily living tasks. The major goal of LTSS is to minimize, rehabilitate or compensate for the loss of independent physical or mental functioning, and to maximize quality of life for older people with chronic disabilities. LTSS can be received in a residential care setting or at home.

"Activities of daily living" (ADL) usually refer to five basic activities: dressing, bathing, eating, using the toilet, and transferring in and out of bed or chairs. "Instrumental Activities of Daily Living" (IADL) include more complex tasks, such as the ability to perform household chores like meal preparation, cleaning and laundry; get around independently outside one's own home; and carry out important life management tasks, like shopping, financial management, medication management and using the telephone.

"Foreign-born workers" are migrant or immigrant workers who were born outside of the country in which they are working (host country), or whose parents arrived in the host country with the intention of staying permanently or temporarily, but never became citizens. Foreign-born workers include legally admitted immigrants, refugees, migrants, temporary workers and undocumented immigrants. The terms "migrants/immigrants" and "foreign-born workers" are used interchangeably in this report.

"Nurses" are licensed professionals who provide nursing services directly to care recipients, either in the home or in a nursing home/residential care setting.

"Personal care assistants" help older adults carry out basic activities of daily living. These workers provide most of the care that LTSS clients or residents receive. Personal care assistants are not licensed, and do not have any recognized qualifications or certification in nursing. They may also be referred to as "caregivers," "care assistants" and "aides."

Methodology

Environmental Scan

The environmental scan upon which this report is based included a review of pertinent literature and other sources of information, published between 2005 and 2017, about the foreign-born nurse and personal care assistant workforce across the globe. The project team initially limited the scope of the review to information published in the last five years (2012-2017). However, this limitation did not allow inclusion of several significant studies conducted prior to 2012. The environmental scan focused on these topic areas:

- Prevalence and characteristics of the foreign-born LTSS workforce;
- Countries of origin;
- Migration policies and routes;
- Challenges associated with employing foreign-born workers;
- Integration and support of foreign-born workers;
- How the employment of foreign-born workers impacts the relationship between those workers and other staff, care recipients and employers; and
- How the employment of foreign-born workers affects the quality of care provided to individuals.

The literature review included peer-reviewed articles, and published and unpublished reports, from research institutions, government agencies, non-governmental organizations and other sources, including these databases: Cochrane Library, Academic Search Complete, ERIC, Google Scholar, Social Sciences Index, PubMed, PsyINFO, Social Science Search, and ProQuest Direct.

Provider Interviews

Researchers conducted telephone interviews with human resource directors and operational managers at nine aging services organizations in Australia, Canada, the United Kingdom and the United States. These interviews were designed to help researchers understand the experiences and perspectives of providers that employ foreign-born nurses and/or personal care assistants. Interviewers asked providers questions about the:

- Percentage of foreign-born workers in their workforce;
- Qualifications of those workers;
- Process for hiring foreign-born workers;
- Integration of and support for foreign-born workers;
- Foreign-born workers' relationships with colleagues and care recipients;
- Perceived challenges associated with hiring foreign-born workers, and strategies for overcoming those challenges;
- Perceived benefits associated with hiring foreign-born workers; and
- Lessons providers have learned, and recommendations for other providers.

The following providers participated in the interviews:

PROVIDERS	COUNTRY
Beatitudes Campus	United States
Benetas	Australia
Deaconess Abundant Life Services	United States
Fellowship Senior Living	United States
Goodwin House	United States
Presbyterian Homes and Services	United States
RSL Care	Australia
Somerset Care	United Kingdom
Tabor Village	Canada

★ **FINDINGS FROM THE PROVIDER INTERVIEWS CAN BE FOUND THROUGHOUT THE REPORT IN SECTIONS LABELED WITH A RED STAR.**

PART II: KEY FINDINGS

Increasing Demand for Services

The aging of the population is a global phenomenon. One in eight individuals worldwide will be 65 and older by 2030. According to some estimates, people aged 65 and over will make up 26% of the total population in Organization of Economic Cooperation and Development (OECD) countries by 2050 (Fujisawa and Colombo, 2009).[1]

The number of people who are 85 and older—often called the "oldest old"—is also increasing, and makes up the fastest growing population segment in Europe, the United States, Canada and Australia. The oldest old will increase their share of the global population by 2.5 times between 2008 and 2050, and are expected to make up 10% of the population of OECD countries by 2050 (Fujisawa and Colombo, 2009).

Japan and Germany have the highest share of the oldest old in the world (17% and 15% respectively). The oldest old will make up 25% of Japan's total population by 2030 (Fujisawa and Colombo, 2009; Stone, 2016; Colombo et al., 2011). This trend is expected to continue as the "baby-boom" generation grows older and life expectancy continues to rise (Fujisawa and Colombo, 2009; He, Goodkind and Kowasl, 2015).

Age alone does not determine the demand for LTSS, even though the probability of needing such care increases with age. A key factor influencing LTSS demand is the functional capabilities of the older population, and the level of support that members of this population require in order to complete daily tasks. Service utilization increases with age, with adults who are 85 and older being four times more likely to need long-term services and supports than adults aged 65 to 84 (Gaughler and Kane, 2015).

65+ will make-up 26% of the population in OECD countries by 2050.

85+ will increase their share of the global population by 2.5 times between 2008 and 2050.

85+ four times more likely to need LTSS than adults aged 65-84.

Support ratio decreasing from 1:12 to 1:4

1 For this report, the 30 OECD countries include: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States.

One in eight individuals worldwide will be 65 and older by 2030. According to some estimates, people aged 65 and over will make up 26% of the total population in Organization of Economic Cooperation and Development (OECD) countries by 2050.

Across the OECD, half of all LTSS users are aged 80 years and older. Between the late 1990s and early 2000s, the share of the older population with disabilities had been on the decline in five of 12 OECD countries studied. However, disability rates have been on the rise in Belgium, Japan and Sweden, even as they remain stable in Australia and Canada. It is projected that the number of older Austrians in need of LTSS will increase by 40% between 2005 and 2025. The number of older Japanese with LTSS needs will almost double from 2.8 million in 2000 to 5.2 million in 2025 (Fujisawa and Colombo, 2009).

Shortage of Informal and Formal Caregivers

Labor shortages in the LTSS sector abound around the world, despite increased demand for LTSS and for the caregivers who provide that care. One recent study found that providers in the United Kingdom, the United States, Canada and Ireland report a general shortage of native-born workers who are qualified for or interested in taking LTSS positions (Spencer, Bourgeault, Martin and O'Shea, 2009).

Fewer personal care workers: Providers, consumers and policy makers express particular concern about the dwindling supply of personal care workers who provide the majority of hands-on care. This decline is due, in part, to two factors.

First, the size of the global working-age population is shrinking dramatically. That population is expected to decrease from 67% of the total global population in 2010 to 58% of the total global population in 2050 (Fujisawa and Colombo, 2009).

Second, women in the working-age population, who are more highly educated and have expanded employment opportunities, are less likely to be attracted to LTSS jobs because those jobs feature:

- Poor working conditions,
- Low wages,
- Few work-related benefits,
- Physically and mentally demanding work,
- Long and irregular work hours,
- Lack of recognition for the value of the work,
- Few opportunities for career progression, and
- Precarious work conditions (Priester and Reinardy, 2003; Stone, 2016).

Fewer family caregivers: Adding to concerns about labor shortages are projections of a likely decrease in the availability of family caregivers in Europe, Asia, the United States and Canada (Stone, 2016). The ratio of adults who are over age 65 to adults who are under 65—called the "support ratio"—has fallen in recent years around the globe. In 1950, a support ratio of 1:12 meant that there was one person over 65 for every 12 people under 65. In 2050, the support ratio is estimated to be 1:4 (Badkar and Manning, 2009 in Ngocha-Chaderopa and Boon, 2015).

Decreases in the number of family members, including spouses and children, who are available to provide care to older relatives can be attributed to:

- Plummeting fertility rates,
- Increasing childlessness rates,
- Increasing divorce rates among middle-age and older adults,
- Greater workforce participation among older women who were traditional caregivers, and
- Social policies that are reducing or eliminating public pensions and not allowing individuals, including potential family caregivers, to retire early (Colombo, et al., 2011; Stone, 2015).

To maintain the current ratio of family caregivers to individuals with ADL restrictions, the total number of family caregivers would need to increase by about 20%–30% in some countries (Colombo et al., 2011).

Some countries, including Australia, Canada and the United States, report that more than 20% of their formal LTSS workforces are migrants, and those numbers are increasing.

Prevalence of Foreign-Born Nurses and Direct Care Workers

Faced with declines in the number of native-born workers willing to work in the LTSS sector, several developed countries are adopting workforce development strategies that feature the recruitment of foreign-born individuals. As a result, migrant workers are filling more LTSS jobs in a few countries (Redfoot and Houser, 2005; Colombo et al., 2011).

For example, 11 OECD countries[2] reported that the share of foreign-born workers in 2008 was larger than the share of native-born workers for organizations offering services and supports to children, people with disabilities and older adults. A 2006 EUROFAMCARE study found that 17 out of 23 European countries relied on private migrant care workers at least occasionally (Lamura et al., 2008). Some countries, including Australia, Canada and the United States, report that more than 20% of their formal LTSS workforces are migrants, and those numbers are increasing (Fujisawa and Colombo, 2009). For example, the following countries have experienced significant average increases in the number of foreign-trained or foreign-born LTSS workers:

- **Canada and the Netherlands:** 6% increase between 2001/2002 and 2006
- **United States:** 12% increase between 2005 and 2006, with a particularly large growth (33%) among foreign-born home care workers
- **United Kingdom:** An increase from 7% to 18% in the proportion of foreign-born workers between 2001 and 2009

Prevalence of Migrants: Nursing and Personal Care

A 2010 study found that migrant workers concentrate in "more-skilled jobs" like nursing in the United Kingdom and Ireland. In contrast, migrant workers tend to be concentrated in personal care assistant jobs in the United States and Canada because direct-care jobs in these countries are readily available, tend to be unregulated and are in high demand (Spencer et al., 2010).

Foreign-born nurses: The reliance on migrant workers to fill LTSS nursing positions in the United Kingdom and Ireland may be driven by a shortage of native nurses. This shortage is due, in part, to the preference among native nurses for jobs in public hospitals and acute-care settings. In addition, government agencies in the United Kingdom, Ireland and several Canadian provinces have established bilateral agreements with India and the Philippines to actively recruit nurses (Spencer et al., 2010).

Foreign-born nurses are more likely than their native-born counterparts to work in LTSS settings. In most European and North American countries, the share of nurses who are foreign-trained, foreign-national or foreign-born often exceeds or is close to 5% of all nurses employed in the LTSS sector (Rodrigues, Huber and Lamura, 2012; Fujisawa and Colombo, 2009).

Foreign-born personal care workers: Foreign-born personal care workers have a major presence in the LTSS sector. Studies show that foreign-born care assistants make up between 19% and 25% of the LTSS workforce in Canada, Ireland, the United Kingdom and the United States (Spencer, 2010). The following data illustrate the over-representation of migrant workers in the LTSS sector relative to the general workforce:

- One in four personal care assistants in Canada and Australia is foreign-born, according to a recent study.
- In 2015, 59% of all regular foreign-born workers in Israel worked in the caregiving sector, and this represented the largest percentage of foreign-born workers across all sectors.
- Almost one in four personal care assistants in the United States is an immigrant. The total number of immigrants in direct care continues to grow, from 520,000 workers

2 Austria, Belgium, France, Greece, Ireland, Italy, Luxembourg, Portugal, Spain, Switzerland and the United Kingdom.

Foreign-born workers tend to have a higher education and more advanced qualifications than is normally required for the work they perform.

in 2005 to 860,000 workers in 2015. When accounting for independent providers,[3] approximately 1 million immigrants work in direct care (Espinoza, 2017).

- In Israel, foreign-born LTSS workers who, in the past, were legally employed under the "Foreign Workers Law" but no longer meet at least one of the criteria required by that law, represent 73% of all foreign-born workers who meet this criteria.[4] (Center for International Migration and Integration, and Population and Immigration Authority, 2016).

Prevalence of Migrant Workers: Home Care

Migrant LTSS workers are more prevalent in home care than in nursing home settings. In the United States, the home care workforce has higher percentages of immigrants than nursing assistants: 28% compared to 20%, respectively (Espinoza, 2017). The higher prevalence of immigrants in home care may be driven by that setting's less stringent requirements. In addition, the organizational structure of the nursing home may require better language skills than the home care setting (Rodrigues, Huber and Lamura, 2012).

The highest share of foreign-born workers in home care is reported for countries, located in the Southern European rim and Austria, that experience "migrant-in-the-family" care patterns (Rodrigues, Huber and Lamura, 2012). Through these patterns, migrants tend to gradually substitute for family members in their traditional role as primary informal caregivers for older relatives (Fujisawa and Colombo, 2009).

Migrant home care workers are more prevalent in the private sector and among workers providing informal care. In the United Kingdom, 79% of migrant care workers are employed by a private-sector organization, compared with just over half of United Kingdom-born workers (Shutes and Chiatti, 2012; Anderson, 2007).

★ THE PROVIDER PERSPECTIVE ON THE FOREIGN-BORN WORKERS

LTSS providers participating in this study reported varying proportions of foreign-born workers within their personal care assistant and nurse workforces. However, providers confirmed the findings of this study's environmental scan by reporting higher percentages of foreign-born personal care assistants than foreign-born nurses. According to provider reports:

- The percentage of personal care assistants who are foreign-born ranged from 25% to 95% across organizations.
- Approximately one-fourth to one-third of nurses are foreign-born. One provider reported that less than 5% of its nurses are foreign-born, while another reported that more than half of its nurses are foreign-born. More natives apply for nursing-level jobs than personal care assistant jobs.

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 have a higher proportion of males, minorities and Hispanics than the native-born worker population.

Characteristics of Migrant/Immigrant Caregivers

- › Work full-time
- › Earn lower wages
- › Experience less favorable work conditions
- › Work in the private sector
- › Hold positive attitudes about their supervisors
- › Willing to learn new skills
- › Satisfied with workplace morale

3 Independent providers are employed directly by consumers through publicly funded consumer-directed programs.

4 "The "Foreign Workers Law" (1991) defines a "foreign worker" as "a worker who is not a citizen or a resident of Israel." The legality of a worker's status is dependent on the fulfillment of two conditions: (1) The employer has in his/her possession a valid employment permit for one of the sectors for which foreign employment has been approved by the government; and (2) The foreign worker has a valid work permit for the same sector, and he or she is registered with the employer holding the employment permit (Center for International Migration and Integration, and Population and Immigration Authority, 2016).

Recent studies conducted in the United States and other countries have found that migrant/immigrant caregivers are more likely than native-born caregivers to:

- Work full-time;
- Earn lower wages;
- Experience less favorable work conditions, such as working longer hours and being assigned to the night shift; and
- Be employed in the private sector (VanHooren, 2012; Shutes and Chiatti, 2012; Khatutsky, Wiener and Anderson, 2010).

On the positive side, migrant/immigrant caregivers were more likely than native-born LTSS workers to:

- Hold positive attitudes about their supervisors,
- Demonstrate a willingness to learn new skills, and
- Be satisfied with workplace morale (Khatutsky, Wiener and Anderson, 2010; Sloan, Williams and Zimmerman, 2010).

Foreign-born workers tend to have a higher education and more advanced qualifications than is normally required for the work they perform. This phenomenon can be attributed to the fact that credentials and qualifications earned in workers' countries of origin are not always recognized in host countries. Overqualified migrant workers are more likely to be found in Canada, Spain, the United Kingdom and the United States.

Foreign-born nurses with unrecognized qualifications may take personal care assistant jobs. Many of these nurses work part-time, and a significant number work in the informal sector or shadow economy (Rodrigues, Humber and Lamura, 2012; Christensen, Hussein and Ismail, 2016; Fujisawa and Colombo, 2009).

Credentialing as a barrier: Nations establish education and credentialing requirements to help ensure quality of care. However, these requirements can also be used as a mechanism for limiting the admission of LTSS workers. In many host countries, foreign-trained workers need to prove their competency either by passing a national qualification examination and demonstrating language competence, as required in Japan, or by participating in a period of supervised practice and adaptation, as required in the United Kingdom.

The lack of recognition of credentials from the host country can be a barrier for foreign-born workers, particularly nurses who can have difficulty passing the licensing exam for nursing. The mismatch between a worker's qualifications and the demands of the job can negatively affect the migrant employee's sense of well-being and, by extension, the delivery of quality care (Ngocha-Chaderopa and Boon, 2015). To remedy this situation, some Italian regions provide professional training to potential LTSS workers in their home countries. Some not-for-profit providers organize training programs to help migrant LTSS workers satisfy required standards (Redfoot and Houser, 2005; Fujisawa and Colombo, 2009).

★ THE PROVIDER PERSPECTIVE ON WORKER CHARACTERISTICS

In general, providers believe foreign-born workers have a strong work ethic, and have job-related experience and qualifications that are similar to native-born workers. Some foreign-born workers, especially refugees or asylum seekers, may not have direct experience in aging services. They may have been professionals in other sectors, including hospitals, manufacturing or the automobile industry, and may have received the required training as a caregiver in a relatively short period of time.

Some personal care assistants have extensive experience. In many cases, this experience comes from informal care the workers provided for family members in the home setting. Many foreign-born workers come from cultures where family members are expected to care for older relatives.

Credentialing: Providers interviewed for this study confirmed the environmental scan's findings that the foreign-born workers they hire, particularly at the personal care assistant level, may have higher education and qualifications than is required for the job. A few providers described situations in which physicians work as nurses, and nurses work as personal care assistants. This tends to be less of an issue for nurses who come from countries with qualifications and standards that are similar to the host country, such as nurses from the Philippines who work in the United States, and British nurses working in Australia. In contrast, nurses from the Philippines may have difficulty working in the United Kingdom, which does not always recognize their credentials and may require their "re-qualification."

One provider suggested that aides with nursing qualifications from their countries of origin accept the fact that they are not using all their skills and qualifications on the job. This provider reported that few overqualified aides move into nursing positions because they typically work more than one job and don't have the time or money to pursue the required education.

Countries of Origin

Geographical proximity, bonds to the destination country, similar language, and humanitarian migration flows play major roles in establishing patterns of migration around the world (Stone, 2016; Rodriguez, Huber and Lamura, 2012; Fujisawa and Colombo, 2009).

For example, foreign-born personal care workers and nurses originate primarily from developing countries, including the Philippines, India, Sub-Saharan Africa, Mexico, the Caribbean and Eastern Europe (Porat and Iecovich, 2010; Brusch, Sochalski and Berger, 2004; Fujisawa and Colombo, 2009; Center for International Migration and Integration, and Population and Immigration Authority, 2016; Espinoza, 2017;

Negin, Coffman, Connell and Short, 2016).[5] The Philippines dominates nurse migration to the United States and other recruiting countries. In the European Union (EU), many foreign-born workers also originate from within the EU.

★ THE PROVIDER PERSPECTIVE ON COUNTRIES OF ORIGIN

Table 1 lists the predominant countries of origin of foreign-born workers reported by LTSS providers interviewed for this study.

Migration Policies and Routes

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:** Host countries have unique policies for the recruitment, admission and retention of foreign-born workers, and have developed these policies based on current and historical patterns. Only some countries, such as the United States, Canada, Australia and New Zealand, have been open to permanent immigration.
- **Narrowly defined admission targets:** Migrant workers interested in LTSS nursing and personal care jobs are often admitted outside of employment or targeted visa classes because few admission policies target LTSS workers. The immigration systems in several countries, such as Australia and the United States, do not allow the direct recruitment of personal care workers from overseas (IOM, 2010; Negin, Coffman, Connell and Short, 2016).
- **Labor market differences:** The labor market for foreign-born nurses tends to be global and regional, while the labor market for foreign-born personal care assistants tends to be regional.
- **Host country recruitment infrastructure:** Formal recruitment efforts, established by a host country in specific locales like the Philippines and India, can influence migration patterns, primarily 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.

Managed migration schemes feature policies and simplified procedures to facilitate the recruitment of foreign-born workers and govern their training and protection (Redfoot and Houser, 2005; Fujisawa and Colombo, 2009). These schemes have historically applied to high-skilled workers, such as nurses. However, some countries have made managed migration schemes available, on a limited basis, to personal care assistants. These assistants, where admitted, are generally allowed to work in host countries on a temporary basis for the period covering the initial offer of employment. In Canada and France, workers are required to obtain a new work permit for each employer. Other countries allow migrant workers to change employers without renewing a work permit (Fujisawa and Colombo, 2009).

To varying degrees, countries offer visas to skilled classes of workers, including registered nurses, physicians and other health care professionals. However, these visas are not earmarked for professional workers in LTSS (Spencer et al., 2010). Admission to the host country generally requires a review of the individual's:

- Health care credentials,
- Qualifying exams or certification in the host country health care system, and
- Language proficiency examinations.

Nurses must navigate complex credentialing systems in order to practice their professions after immigration (Spencer et al., 2010).

Table 1: Countries of Origin Reported by LTSS Providers

COUNTRY OF PROVIDER	COUNTRIES OF ORIGIN FOR NURSES	COUNTRIES OF ORIGIN FOR PERSONAL CARE ASSISTANTS
United States	Philippines, Ethiopia, Ghana, Uganda, Sierra Leonne, Eritrea, Kenya, Liberia, Nigeria, China, Japan, Finland, Mexico, Bosnia, Russia	Caribbean, Jamaica, Haiti, Nigeria, Colombia, Paraguay, Uruguay, Peru, Mexico, Philippines, China, Japan, Ethiopia, Ghana, Uganda, Sierra Leonne, Kenya, Liberia, Nigeria, Eritrea, Russia, Bosnia, Finland
Australia	India, China, Philippines, Nepal, Pacific Islands, Zimbabwe, United Kingdom, New Zealand	New Zealand, Philippines, India
United Kingdom	Philippines, South Africa, Spain, Portugal	Japan, Slovakia
Canada	Philippines, China, India, Kenya, South America	Africa, Serbia, Bosnia

5 It should be noted that data for many of the studies are from five to 10 years old.

In response to increasing demand for LTSS workers, several countries have simplified their recruitment and migration procedures to allow the hiring of migrant LTSS workers. For example:

- Spain, Canada and Finland have simplified their labor-market tests for LTSS workers (Fujisawa and Colombo, 2009).
- Austria has lifted its federal quota on the maximum share of people from non-EU countries allowed to work in the LTSS sector (Fujisawa and Colombo, 2009).
- Italy exempts nurses from its migrant quota. Migrant care workers in the LTSS sector are not required to submit proof of skill or experience (Fujisawa and Colombo, 2009).
- The United Kingdom views LTSS caregiving as an occupation with recognized shortages. This means that applicants satisfying certain requirements are provided easier access to jobs, and those jobs are not subject to resident labor-market tests (Fujisawa and Colombo, 2009; Colombo et al., 2011).

Managed Migration for LTSS Workers in Canada, Japan, the EU and Israel

Several countries, including Canada, Japan, Israel and EU countries, have created permanent migration channels for aides, and special visas for LTSS workers.

Canada: Canada's Live-In Caregiver Program admits migrant care workers to the country if they fulfill certain criteria before and after admission (Spencer et al., 2010). The vast majority of workers in the Live-In Caregiver Program have been women from the Philippines, followed by individuals from Britain, Slovakia and Jamaica (Colombo et al., 2011).

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. Before being admitted to the Live-In Caregiver Program, the prospective migrant must produce evidence of:

- A job confirmation letter and a written contract with the employer,
- Successful completion of an equivalent Canadian secondary school education,
- At least six months of training or at least one year of full-time paid work experience in the past three years,
- Language fluency, and
- A work permit.

Canada's Live-In Caregiving Program admits migrant care workers into the country if they fulfill certain criteria before and after 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.

Japan: Japan's bilateral agreements with the Philippines, Indonesia and Vietnam allow a limited number of nurses and personal care aides to work in the country indefinitely once they acquire appropriate language proficiency and qualify as LTSS workers by passing national exams (Fujisawa and Colombo, 2009; Spencer et al., 2010).

European Union: Within the EU, non-EU nationals can acquire residence after five years of working under renewable permits sponsored by the employer (Fujisawa and Colombo, 2009; Spencer et al., 2010).

Israel: Israel recruits foreign-born workers to fill LTSS vacancies left by native-born workers. Private recruitment agencies are responsible for finding placements for foreign-born workers in the caregiving sector, overseeing their employment, and helping to arrange workers' medical and national insurance. Training for workers is conducted in the country of origin (Center for International Migration and Integration, and Population and Immigration Authority, 2016).

Israel only permits foreign-born nurses and aides to work in the caregiving sector and within specified geographical areas. The recruitment of foreign caregivers is not capped by quota, but is determined by the need for caregivers, and by additional criteria that are based on the performance of the private recruitment agencies.

Foreign-born workers are registered and are permitted to work in Israel for a fixed period of up to five years, at which time they are required to leave the country. The ministers of the interior, finance and economy reached joint decisions regarding extensions of work permits beyond the allotted period.

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.

The bilateral agreements are designed to help employers recruit highly suitable workers who are aware of their rights and obligations in Israel. For example, a telephone hotline, established as part of the bilateral agreements, offers a resource for foreign-born workers in their own language. Calls into the hotline are registered as inquiries or complaints. Depending on the type of inquiry or complaint, the individual is referred to relevant units in government ministries that are authorized to address the issue (Center for International Migration and Integration, and Population and Immigration Authority, 2016).

The bilateral agreements have helped to eliminate illegal recruitment fees and reduce the costs associated with arriving in Israel. For example, a worker hired through the bilateral agreement with Nepal will pay $743 to enter the country, compared to $10,688 for workers from the Philippines, which has no bilateral agreement with Israel.

Impact on Supply

Temporary and permanent migration routes generally have not proven sufficient to meet demand for LTSS workers, for several reasons:

- Foreign-born workers who enter a country under temporary managed-migration schemes often seek ways to move into different occupations once they gain permanent residence status, or as other work opportunities arise. This is particularly true for nurses who take LTSS jobs on a temporary basis.
- Intermediary agencies that facilitate recruitment and manage migration procedures often do not recruit personal care assistants who cannot pay for such services.
- Job visas for LTSS workers have remained underutilized, possibly because LTSS jobs are not viewed as an attractive option for these workers (Fujisawa and Colombo, 2009).

Unmanaged Migration

Providers in some OECD countries—including Austria, Greece and Italy—rely extensively on foreign-born, undocumented LTSS workers who have overstayed their visas, gained fraudulent entry with false documents, or had an illegal border crossing (Fujisawa and Colombo, 2009). The length of stay among these workers can vary. For example, Eastern Europeans migrating to Western European countries are often characterized as "short-term."

Several OECD countries—including Austria, Germany, Greece, Italy, Portugal and Spain—issue work permits to undocumented migrant workers. These countries 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 (Fujisawa and Colombo, 2009).

Employers struggle to recruit native-born workers and without foreign-born workers they would not have the staff and capacity to keep their doors open and provide services.

★ THE PROVIDER PERSPECTIVE ON MIGRATION POLICY

Providers participating in this study reported that the bureaucratic visa process, with its collection of requirements and paperwork, can be:

- **Time consuming:** Employers must keep abreast of changing sponsorship and visa-related rules, particularly for nurses.
- **Expensive:** In the UK, employers must meet salary requirements for nurses and personal care assistants, in addition to paying immigration and sponsorship fees.
- **Inconvenient:** One provider reported that bureaucratic delays can result in workers not receiving the approvals needed to continue working legally at the organization, even though they submitted paperwork on time. This delay requires the employer to remove the workers from the schedule, and give the workers an extended leave of absence until the approval arrives.

Providers recommended streamlining the process for work permits and visas to remove these barriers.

Hiring and Retaining Migrant/Immigrant Workers

Local Recruiting

Local recruitment of foreign-born workers already living in the host country is often the first option for many providers. Employers in several countries are required by law to conduct resident labor-market tests, and advertise vacancies locally before obtaining permits for workers they recruit directly from other countries. Local recruitment of foreign-born workers is faster and less expensive than international recruitment, and helps providers avoid the bureaucracy associated with immigration procedures and regulations (Spencer et al., 2010).

Personal care workers tend to be recruited through informal networks, and through local or regional advertising (Spencer et al., 2010; Cangiano and Walsh, 2013). The informal networking system provides useful connections between migrants in destination communities and non-migrants still living in origin communities, and can link migrant workers to LTSS employment opportunities. Employers rely on this referral-based hiring system, and often use it to employ extended family networks (Novek, 2013). This social connection pathway is advantageous for employers because it is inexpensive. It also reduces the risk of hiring new staff because current employees who recommend members of their social network for a job will have a stake in the success of those recruits.

Foreign-born care workers may benefit from training that helps them understand the role of older adults in society, death and dying practices, how to care for older adults, and how to interact with older persons who are living with dementia.

Through another local recruitment strategy, LTSS providers may partner with community organizations serving and representing immigrant populations. These organizations can help identify foreign-born workers who are already living in the host country and may be interested in caregiving (Priester and Reinardy, 2003).

International Recruiting

Nurses may be hired internationally through formal channels, such as recruiters, employment agents and certification boards. Recruitment agencies are responsible for handling the bureaucratic aspects of attracting and employing foreign-born workers, which include ensuring the legal status of nurses and processing immigration paperwork. Agencies have the ability to identify skilled workers who are not as tightly integrated into migrant networks, and to connect foreign-born workers with language classes and other educational resources that can help prepare them for the job.

On the negative side, recruitment agencies can be unregulated in the host or source country. This lack of regulation raises questions about whether recruitment practices should be monitored more closely (Redfoot and Houser, 2005; Spencer et al., 2010). Employers have expressed other concerns about recruitment agencies, including their high costs and their tendency to distance the employer from the worker-selection process. Employers also question whether:

- Recruiters follow ethical practices when making commitments to migrant workers,
- The recruitment process is transparent, and the information provided by recruiters is accurate, and
- Agencies are recruiting high-quality workers.

Codes of Practice

Steps have been taken to address the limited codes of practice regulating international recruitment. The World Health Organization Global Code of Practices on the International Recruitment of Health Personnel, approved by the World Health Assembly, promotes voluntary principles and practices for the ethical international recruitment of health personnel. It also serves as a guide and reference for all member states (World Health Organization, 2010). The United States and other nations have their own policies and voluntary codes of conduct that attempt to improve recruitment in health care. However, few policies and codes are specific to LTSS workers. Policies and codes that do apply to LTSS workers often fail to address personal care workers (Spencer et al., 2010; Cangiano and Walsh, 2013).

Employers face obstacles as they attempt to comply with regulations and procedures that apply to hiring migrant workers residing outside the host country. These obstacles involve:

- Demonstrating that a vacant position cannot be filled locally or nationally;
- Preparing a job contract that meets certain wage levels and contractual agreements under national labor laws;
- Following a lengthy recruiting and hiring process that features delays in the visa process, time-consuming paperwork and limited opportunities to obtain work permit visas;
- Remaining abreast of immigration laws, which can be in flux due to economic changes at home and geopolitical events abroad; and
- Paying additional costs, depending on the method employers use to recruit migrant workers (Fujisawa and Colombo, 2009).

★ THE PROVIDER PERSPECTIVE ON RECRUITMENT

Providers report that they are struggling to recruit workers within a labor market where job openings far outnumber available workers. Nearly all the providers in this study hire foreign-born workers because these are the individuals who apply for open positions. Organizations receive few applications from native-born workers, who are not interested in LTSS work.

Providers maintain that they could not provide services without the foreign-born workforce. One organization operating in different regions of Australia hires migrant care workers on an ad-hoc basis when it experiences a shortage of workers. This practice usually occurs in rural areas.

Most providers in this study reported that they do not have targeted strategies for recruiting workers from abroad. These providers often hire foreign-born nurses and personal care assistants who already reside in the host country and have the right to work in the country. Taking advantage of EU-related policy changes, some EU providers proactively recruit foreign-born workers when Eastern European countries join the EU.

Mission- or faith-based providers report long-standing success with recruitment agencies, which have an easier time recruiting workers by referral and word of mouth. For the most part, however, providers find that bringing workers into the country can be a difficult process, due to the expense of working with international recruiting agencies, and the fact that many countries do not offer visas for personal care assistants.

Providers in four countries described their participation in formal international recruitment programs:

- **United States:** In the United States, Presbyterian Homes and Services (PHS) has worked with International Nurse Recruitment since 2001 to actively recruit registered nurses from the Philippines. In 1999, the organization also partnered with a religious workers' program to actively recruit Befriender nursing assistants from Cameroon, Africa. The Befriender program was eventually retired. However, some of the nursing assistants recruited from the program still work at PHS.
- **United Kingdom:** For 20 years, Somerset Care actively recruited foreign-born nurses and "carers" as a sponsor in a government program that helped non-EU nationals come to the UK. The program was retired in 2008. As a sponsor, Somerset Care paid an annual fee and a per-worker fee, and provided the minimum annual salary of £30,000 set by the government.
- **Australia:** Australian providers can benefit from a formal program called Given the Chance, which helps create employment pathways for asylum seekers with work rights. Workers in the program have access to mentors and English-language classes.
- **Canada:** Health Match BC, the provincial health authority in British Columbia, recruits foreign-born workers primarily from other provinces of Canada, the United States and the Philippines.

Providers speculated that the LTSS field may be of interest to foreign-born workers because they come from cultures that have high respect for elders, and because they are exposed to caregiving from an early age. In addition, personal care assistants can become certified in a relatively short time, and LTSS jobs provide entry into the host country's workforce.

Mirroring the findings of the environmental scan, providers reported using traditional advertising and marketing methods to recruit all workers, including foreign-born workers who live in the local area. In addition, these providers cited word of mouth and referrals from current foreign-born workers as a significant recruitment strategy. For this reason, one U.S. provider makes a point to let current staff members know about open positions, and receives many referrals from foreign-born workers who belong to strong networks. Another U.S. provider sends job postings to a refugee resettlement agency that shares the news with clients who are looking for work. The provider finds this relationship beneficial, especially because the agency prescreens all applicants.

Peer mentors or companions can help foreign-born workers understand current practice, alleviate isolation, access learning resources, face challenges, develop their identity and build professional competence.

Integrating Workers into the Organization

The quality of care provided by migrant and immigrant care workers, and the relationships they develop with co-workers and residents/clients, will depend on how well these workers adapt to their host country and workplace.

Foreign-born workers can experience a social and cultural distance between themselves and native-born workers and care recipients. They must learn culturally appropriate behaviors and skills so they can competently provide services and supports to care recipients in the host country. They also must acculturate themselves to the host country's customs and ways of caring. The success of their acculturation and socialization will affect their own well-being and their ability to provide culturally congruent care. Quality of care can be affected by the degree

of staff acculturation, and by the level of communication and cultural understanding among residents, foreign-born workers and native-born staff.

LTSS providers have a significant role to play in helping migrant workers adjust to the culture of the organization and the local community (Ho and Chiang, 2014). These providers carry out this role most often through orientation, training and workplace supports.

The timing of support and training outreach can be important. Cultural differences in care approaches and norms around aging have been found to affect how well workers transition from the care system of one country to another (Walsh and Shutes, 2013). The period of transition immediately following arrival can be critical to the successful integration of a new international worker. Workplace acculturation has been shown to develop in phases, and should be addressed across the entire transition process (Walsh and Shutes, 2013; Ow Yong and Manthorpe, 2016).

Ways to Help Support Migrant/Immigrant Workers

- › Value the nursing assistant
- › Celebrate diversity
- › Allow flexible scheduling
- › Conduct effective evaluations
- › Form small work groups
- › Be strategic when matching workers and clients

Orientation

Properly orienting a foreign-born worker is a key component of acclimating the worker to the organization. During the first few months of employment, it can help to stagger the recruitment of migrant staff so adequate support can be provided to each new worker.

Foreign-born workers can be paired with colleagues who have a similar language or culture. These peer mentors or companions can help foreign-born workers better understand current practice and the expectations of supervisors, can help alleviate any sense of isolation that workers might have, and can increase workers' access to learning resources. Studies have found that mentors increase the psychosocial resources available to help migrant care workers face challenges, develop their identity and build professional competence (Sherman and Eggenberger, 2008; Sidebotham and Ahern, 2011; Chowdhury and Gutman, 2012).

Cultural Competency Training

Cultural competence refers to the ability of health care providers to understand their own and their clients' cultural beliefs and practices, and to provide care in a manner that does not impose one's own system of cultural preferences on others. As defined by Cohen, Gabriel and Terrell (2002), cultural competence is "the knowledge, skills, attitudes and behavior required of a practitioner to provide optimal health care services to persons from a wide range of cultural and ethnic backgrounds."

Foreign-born care workers may benefit from training that helps them understand the role of older adults in society, death and dying practices, how to care for older adults, and how to interact with older persons who are living with dementia. Cultural competency training can improve care by:

- Enhancing self-awareness about the worker's attitudes toward people of different racial and ethnic groups;
- Increasing knowledge about cultural beliefs and practices, and about attitudes toward aging, death and dying; and
- Building communication and other skills.

Organizations can also assist with the acclimation of foreign-born workers to the organization by developing policies and procedures that address:

- Culturally competent practices that include and support diverse perspectives,
- Staff commitment to valuing the potential of each employee,
- How cultural knowledge can be incorporated into delivery and receipt of services,
- Human resource management practices addressing and enhancing social and professional relationships that migrants/immigrants develop during their introduction to the organization, and
- The need to provide information and access to community resources so barriers and difficulties faced by the foreign-born workers can be minimized (Priester and Reinardy, 2003; Ow Yong and Manthorpe, 2016; Ho and Chiang, 2014; Lehman, Fenza and Hollinger-Smith, 2016).

Training native-born workers: Organizations can ensure that supervisors and co-workers are sensitive to, and have training in, diversity and cultural competence. Building the capacity of supervisors and co-workers to identify, understand and respect the values and beliefs of others can facilitate the placement and acceptance of foreign-born workers in the workplace. Through training and programs, native-born supervisors and co-workers can:

- Define their own identities and assess how that identity influences their interactions,
- Assess how organizational practices foster or hinder cultural competence, and
- Build effective cross-cultural communication.

In addition, organizations can teach supervisors about the knowledge and skills that foreign-born workers need, including content related to cultural norms, practices that promote intercultural understanding and integration, the culture of disability in the host country, and the organization's culture and norms (Ow Yong and Manthorpe, 2016; Walsh and Shutes, 2013).

Workplace Supports

Employers can adjust the workplace environment to support the foreign-born worker. Some possible steps include:

- **Valuing the nursing assistant:** In some cultures, the value of the person is determined by the level of training the person has received, or the educational degree the individual has achieved. LTSS employers can find a way to acknowledge the importance of migrant workers, particularly aides, and their role in caring for the older adult.
- **Valuing diversity:** Organizations can promote contributions that different cultures bring to the workplace.
- **Flexibility in scheduling:** The potential for overtime often attracts migrant care workers to LTSS jobs. However, workers can become burned out by LTSS schedules. Supervisors can design schedules that allow workers to put in longer hours without jeopardizing care.
- **Effective evaluations:** Supervisors can learn how to deliver effective feedback to foreign-born workers who, for cultural reasons, are not accustomed to give-and-take dialogues. Supervisors who do not take cultural differences into consideration when offering feedback could end up discouraging workers and decreasing their motivation.
- **Job-enhancing relationships:** Job-enhancing relationships, fostered through small work groups, can help the foreign-born worker adjust to the workplace environment. Supervisors can use these small work groups to demonstrate and monitor standards of care, and to distribute and rotate tasks among workers with varying talents and interests. Small work groups may be a natural adjustment vehicle for migrant caregivers who typically work closely with one another and rely on each other for social, care and job-related tasks.
- **Strategic matches:** Employers may find it helpful to match workers and clients from similar backgrounds as a way to strengthen the relationships between migrant care workers and clients. This practice can help prevent language and cultural issues (Priester and Reinardy, 2003; Bourgeault, Atanackovic, Rashid and Parpia, 2010; Ho and Chiang, 2014).

★ THE PROVIDER PERSPECTIVE ON INTEGRATING FOREIGN-BORN WORKERS

Training: None of the providers participating in this study reported conducting a separate orientation or training for foreign-born workers. The one exception was the now-retired orientation and training program at Somerset Care, which offered a separate cultural immersion training for foreign-born workers. Somerset Care's training for foreign-born workers focused primarily on local culture and resources, and offered help with short-term tenancy during workers' first six months in the UK.

For the most part, providers report that their training and orientation programs for foreign-born workers are similar to the programs provided to native-born workers. Providers believe the information covered during these orientations and trainings should be applicable to all workers, while covering issues relevant to migrant/immigrant workers. Providers maintain that all workers need to understand the organization's culture and expectations. Nevertheless, several providers also conduct a separate orientation or training on cultural issues to help migrant care workers socialize with others in the organization and address any possible concerns. This training is often offered through a partnership with an outside organization.

Generally, training programs help personal care assistants and nurses learn about the culture of the organization, its policies and procedures, and its expectations for how work is performed. Specific training topics can include:

- Respect for individual choices,
- Appropriate care for the clients and residents,
- Diversity issues,
- Resident-directed care,
- Safety, and
- Communication.

Personal care assistants or nurses may receive additional training, or be asked to work with a manager, to address any gaps in skills. These gaps might be identified during the initial orientation/training or through regularly scheduled evaluations and check-ins. Additional training can be offered in-house or through a partnership with an outside organization, depending on the needs of the worker.

Not all providers offer additional training, however. One provider decides whether to provide extra training on a case-by-case basis, after determining if it makes more economic sense to let the employee go.

Some providers use mentors to familiarize workers with organizational practices and expectations. But few providers create special roles for mentors working with foreign-born workers. A few providers match mentors based on the country of origin. But, generally, mentors have similar roles, whether they work with foreign-born or native workers.

Policies and practices: Generally, providers do not have formal practices or plans to help integrate foreign-born workers into the organization. Organizational policies may address culture and diversity, and may require a certain level of training to address specific issues. However, it is not clear whether existing organizational policies incorporate all components of culturally competent practices.

Most commonly, providers in this study organize on-campus social activities to celebrate different cultures and traditions. Staff members and residents participate in these celebrations, which can help workers understand cultural differences and socialize with colleagues. A few providers have identified individuals within the organization who can offer guidance when cultural differences threaten to spark potential conflict.

One provider in the United States has developed and implemented a formal cultural competency and diversity plan. That organization's structure, policies and services demonstrate awareness of, respect for and attention to the diversity of workers, care recipients and family members. The diversity plan addresses:

- How the organization will respond to the diversity of its stakeholders;
- The knowledge, skills and behaviors that staff members will need to work effectively across cultures; and
- The importance of understanding, appreciating and respecting differences and similarities in beliefs, values and practices within and between cultures.

The U.S. provider implements its plan by hosting diversity programs and publishing a newsletter that focuses on diversity issues. Several years ago, the organization worked with a cultural anthropologist who helped it resolve conflicts among different ethnic groups.

Community support: Generally, providers don't support foreign-born workers with settlement issues because many foreign-born workers already reside in the country when they accept an LTSS job. Some providers refer foreign-born workers to service agencies, or provide foreign-born workers with lists of agencies that can assist them. One provider reported that residents who have worked for service agencies will help new immigrant families with settlement issues, and connect these families to community resources offering information about pro bono attorneys or help with immigration problems.

The Somerset Care program that was retired in 2008 took a formal and active approach to offering community support and resettlement, and helping workers obtain drivers' licenses, housing and additional community supports. While Somerset Care originally intended to provide this assistance only for the first six months of resettlement, it became difficult to discontinue supports because foreign-born workers came to depend on them.

PART III: BENEFITS ASSOCIATED WITH EMPLOYING MIGRANT WORKERS

Foreign-born workers bring numerous benefits to employers and care recipients. Providers interviewed for this study cited more benefits than challenges associated with hiring foreign-born workers.

Quality of Care

There is limited research on the impact of foreign-born workers on quality of care. For the most part, the research that does exist indicates that hiring foreign-born workers in eldercare positions has little impact on quality of care or the relationship among employees and staff (Walsh and O'Shea, 2010). However, organizations that did see changes found the impact of foreign-born workers to be largely positive. Some general quality-related issues do arise for employers, particularly in relation to English-language competency and other communication issues like cultural knowledge and sensitivity to client needs. These issues are discussed in the next section of this report.

There is some evidence that actively diversifying the LTSS workforce by hiring immigrant and migrant workers may improve client outcomes. This phenomenon is documented in research by Sullivan and Mittman (2010), which concluded that ethnic and linguistic minority populations may reap benefits from a diversified LTSS workforce. These benefits include job satisfaction among caregivers. The benefits for residents/clients include satisfaction, understanding of medication instructions, and overall compliance. Benefits increase when a resident/client and caregiver have similar race and linguistic abilities.

Positive Perceptions of Migrant Care Workers

Employers and care recipients have many positive perceptions of migrant care workers, and view them as having characteristics that make them well-suited for the LTSS sector. These characteristics include:

- A strong work ethic;
- Respect for older people;
- Willingness to learn new skills;
- Willingness to work all shifts;
- The right skills, including professional care and soft skills;
- Commitment to care for older people;
- Compassion;
- Reliability;
- A strong sense of responsibility; and
- Loyalty to the organization.

Foreign-born nurses and personal care assistants report receiving respect from co-workers. Nurses report high levels of respect. Some nurses report that the host country offers them greater responsibility associated with nursing practice, and better technology, than their countries of origin. These work experiences give foreign-born nurses a sense of professional self-worth (Redfoot and Houser, 2005). Nurses also report developing close and personal relationships and friendships with care recipients (Walsh and Shutes, 2013).

Foreign-born workers from some countries, such as the Philippines and Haiti, come to their jobs with extensive informal care experience because they were raised in cultures where younger adults care for their aging relatives. In addition, relationships between migrant/immigrant workers and older clients are described as loving and caring, based on friendship and familial ties (Cangiano and Shutes, 2010; Priester and Reinardy, 2003; Spencer et al., 2010).

★ THE PROVIDER PERSPECTIVE ON QUALITY OF CARE

The providers interviewed for this study did not see a difference in the quality of care provided by foreign-born and native-born staff members. No provider identified any negative impact on quality associated with hiring foreign-born workers. Because quality of care is so critical to providers, they hire staff members who meet qualification and training standards, or they provide training to address any gaps. Providers maintain that positive or negative quality-related issues can surface with any staff member, whether that staff person is foreign-born or native-born.

Provider comments align with environmental scan findings that the personality traits of foreign-born workers make them well-suited for LTSS. A few providers felt that the job of caring for elders was more of a "calling" for foreign-born workers. Some providers also described the resiliency of these workers, particularly workers who came from countries in conflict.

Employers and care recipients have many positive perceptions of migrant care workers, and view them as having characteristics that make them well-suited for the LTSS sector.

Staff Diversity and Enriched Relationships

The hiring and employment of migrant/immigrant workers helps to create a diverse workforce and build a culturally competent system of care to meet the needs of an increasingly diverse consumer population. These foreign-born workers can provide linguistically and culturally appropriate support to older adults, and can offer employers the opportunity to match elders with workers who share their culture. This is particularly beneficial in highly diverse countries like the United States, Canada and the United Kingdom (Priester and Reinardy, 2003; Negin, Coffman, Connell and Short, 2016).

Some research focusing on the home care setting shows more positive relationships between foreign-born workers and care recipients in home care settings than in institutional settings. However, there is great variation depending on the country (Ayalon, 2009; Iecovich, 2011; Meintel, Fortin and Cognet, 2006). Qualitative interviews conducted with 40 foreign-born workers employed in the Irish domiciliary care sector revealed a mostly positive, family-like relationship with care recipients (Doyle and Timonen, 2009; Timonen and Doyle, 2010). These findings are in contrast to Ungerson's (2004) comparative research on home care in Austria, France, Italy, the Netherlands and the UK, which suggests that foreign-born workers employed in the home care system tend to have a more "distanced" and "professional" relationship with care recipients.

Overall, providers described positive relationships between foreign-born workers and their colleagues.

★ THE PROVIDER PERSPECTIVE ON DIVERSITY AND RELATIONSHIPS

Providers interviewed for this study were most likely to cite cultural diversity as a benefit associated with hiring foreign-born workers. This diversity exposes staff members and care recipients to different cultures, varying perspectives and new ideas. It gives all stakeholders the opportunity to learn various approaches to viewing and solving problems.

Providers enjoy celebrating cultural differences, and use those celebrations as an opportunity to forge connections between care recipients and staff members. Some residents/clients have traveled extensively throughout the world and have visited the home countries of foreign-born workers. This shared experience can provide a bridge between caregivers and care recipients, provide opportunities to share and hear stories about caregivers' home countries, and make residents/clients more comfortable with and appreciative of the fact that they can interact with a diverse staff.

Overall, providers described positive relationships between foreign-born workers and their colleagues. Providers believe these relationships are not any different than the relationships native-born workers have with other staff members. Providers maintain that staff members see themselves as part of one team, with no divisions among ethnic groups. Workers support and rely on each other. In one organization, a supervisor is helping a foreign-born worker gain citizenship. When foreign-born workers achieve this goal, the organization celebrates the occasion at an all-staff meeting, in resident town halls and through the organization's newsletter.

Providers also describe positive relationships between foreign-born workers and care recipients. These providers report that, in most cases, foreign-born workers do not have issues with discrimination. Because of the diverse composition of the local community, many care recipients are accustomed to and accepting of care provided by individuals from different ethnic groups.

Many providers interviewed for this study described foreign-born workers as caring and compassionate individuals who take pride in their work and enjoy taking care of people. One provider noted that the organization takes deliberate steps to ensure that relationships between residents/clients and foreign-born workers are positive. The organization educates staff about organizational expectations, finds the right people based on their understanding of the resident/client's needs, and makes the right match with the resident/client to facilitate positive outcomes.

Enhanced Recruitment and Retention

Migrant care workers can fill care gaps within geographic areas experiencing a serious labor shortage, and can mitigate shortages in both the formal care sector and the grey labor market where caregivers are employed directly by families (Stone, 2016; Doyle and Timonen, 2009; Priester and Reinardy, 2003; Spencer et al., 2010).

Enhanced Recruitment

Foreign-born workers can offer their employers access to a large, informal network of nurses and personal care workers. Typically, this network aids in the recruitment of caregivers, rather than nurses, and is most effective in areas where local and regional recruitment agencies play a large role.

Increased access to this informal network is viewed as an important bonus of employing foreign-born workers because it saves employers a substantial amount of time and money during the recruitment process and brings an increased level of comfort to the migrants/immigrants employed by these organizations (Spencer et al., 2010). Half of the Irish providers in a 2010 study cited these networks as a distinct advantage associated with

Providers report that without foreign-born workers, organizations would not have the staff to provide services and supports, and would have to close their doors.

hiring foreign-born workers. Those sentiments were shared by 31% of Canadian providers and 27% of British providers. Only 25% of American providers cited these networks as an advantage associated with hiring foreign-born workers.

Low Turnover

There is some evidence that foreign-born workers demonstrate more loyalty, and experience less turnover, than native-born workers. Employers suggest that turnover rates among foreign-born workers do not pose the same magnitude of difficulty for them as turnover rates among native-born workers.

Only 25% of providers in the United Kingdom, the United States, Canada and Ireland reported worker turnover as a problematic aspect of employing migrants/immigrants. Low turnover among migrant/immigrant workers may be attributed to the strong networks that form among immigrant groups coming from the same nation or region, or visa-sponsorship arrangements that bind the migrant/immigrant worker to the sponsoring employer (Spencer et al., 2010).

Foreign-born workers offer employers access to a large, informal network of nurses and personal care workers and create a pipeline of workers to fill the shortage.

★ THE PROVIDER PERSPECTIVE ON RECRUITMENT AND RETENTION

Almost all providers participating in this study report that their ability to create a pipeline to fill labor shortages is a primary benefit of hiring foreign-born workers. The number of older adults needing services far surpasses the current available worker pool, and native-born workers are not applying for LTSS jobs. Providers report that without foreign-born workers, organizations would not have the staff to provide services and supports, and would have to close their doors.

Providers' positive experiences in recruiting and retaining foreign-born workers mirrored the findings of the environmental scan. Organizations credited foreign-born workers with helping them better understand and meet the needs of a diverse resident or client population. While not all providers calculated turnover rates based on ethnicity, some expressed the belief that the turnover rate for foreign-born workers might be lower than for native-born workers. Providers attributed this belief to the fact that visa requirements make it difficult for foreign-born workers to change jobs.

An Australian provider speculated that foreign-born workers have a lower turnover rate because they experience less family movement than native-born workers, who tend to move often. Women, who make up a large percentage of the Australian LTSS workforce, will often accompany husbands who move for job opportunities. Foreign-born workers do not always have this flexibility to move around the country.

Similarly, UK-based providers reported that, despite a generally high turnover in social care, foreign-born workers may have had longer tenures than native-born workers, prior to Brexit. The long tenure of these caregivers was attributed to the fact that they were participating in a government-sponsored program that required them to work for five years before they could qualify for "indefinite leave to remain" status.

Lower Staffing Costs

Employers that hire foreign-born workers can keep staff costs relatively low and can help organizations manage their budgets. This financial benefit may be particularly compelling to families hiring workers in the private market. While the wages for migrant care workers may seem low relative to native-born workers, the wage differentials between destination and origin countries can be significant. This is especially important to workers who send a remittance to families left behind (Stone, 2016; Spencer et al., 2010).

Benefits of Migrant Workers

- Quality of care provided to residents and clients
- Staff diversity and enriched relationships
- Enhanced recruitment
- Low turnover

PART IV: CHALLENGES FOR EMPLOYERS AND WORKERS

Working Conditions

Like other LTSS workers, foreign-born workers find their jobs to be stressful and demanding due to work schedules, resident/client health, staffing levels and heavier workloads. In addition, these workers also can experience irregular terms and conditions and employment practices, including long work hours that may occasionally be out of compliance with the employment contract and employment law. This was particularly true for workers whose immigration and/or employment status was problematic either because they had overstayed their student visas, were employed by people who did not fulfill their responsibilities for employer tax/insurance contributions, or worked directly for older people and their families (Spencer et al., 2010).

Studies show that migrant workers tend to be overrepresented in jobs that:

- Have low social status,
- Are characterized by hard or unpleasant working conditions with considerable insecurity,
- Have limited chances of job mobility,
- Are usually performed in an unstructured work environment, and
- Involve an informal, highly personal relationship between supervisors and subordinates.

Migrant workers accept these conditions because the pay is relatively higher than paid jobs available in their country of origin (Van Hooren, 2012). In addition, migrant care workers may view LTSS as an opportunity for employment in the host country.

Wage Discrimination

Some foreign-born workers do not receive compensation for all hours worked, and may have wages withheld. This is particularly true:

- In the home care environment, which is subject to fewer regulations, and where a care recipient can be both the client and the employer; and
- For workers who overstay their visas or are employed by older adults and families to provide live-in care, and whose employment status may be questionable.

Abuse and Exploitation

Migrant care workers have limited power to exit jobs with poor working conditions if they depend on their employers to help them keep their work permits. Lack of awareness about their rights, and lack of familiarity with the legal system, can keep migrant care workers from using the legal system available to them (Shutes, 2012; Timonen and Doyle, 2010; Spencer et al., 2010; Shutes and Chiatti, 2012; Novek, 2013).

Foreign-born workers who are not hired through managed migration schemes also have the potential to experience exploitation. When formal agreements do not exist between a host country and countries of origin, there is unlikely to be any oversight infrastructure to ensure that workers are not physically, financially or emotionally exploited by consumers and family members (Stone, 2016). Exploitation could take the form of providing low wages and offering few, if any, benefits or social protections. In addition, workers hired privately run the risk of foregoing job guarantees and job stability.

A study of 245 Filipino live-in caregivers in Israel evaluated working conditions and exposure to abuse. Overall, more than 40% of the foreign-born caregivers reported that they:

- Were asked to do more than was specified in the job description without adequate financial compensation;
- Did not receive a day off per week;
- Were verbally abused by being shouted at, yelled at and cursed; and
- Did not receive adequate amounts or types of food.

Communication

Language difficulties in oral and written communication represent one of the greatest challenges to employing foreign-born workers in the care of older adults. Foreign-born workers may not be proficient in the same language as their care recipients, family members and co-workers. However, the literature and the experience of providers indicates that these language issues can be resolved with training and patience.

Types of Language Difficulties

Language difficulties are not necessarily limited to grammar, vocabulary or knowledge of terminology. They may also include:

- The use of slang and colloquialisms;
- Difficulties with dialect;
- Variations in accents, form of speech and intonation; and
- Talking speed.

Impact of Language Difficulties

Language difficulties can create challenges for both native-born and foreign-born workers. For example, in a study of migrant caregivers in the United Kingdom, a Zimbabwean caregiver shed light on the fact that both workers and care recipients can have difficulty understanding accents. "I find it hard myself, it is sometimes hard to explain myself to older people you know, because of the accent, and I can't understand some of them, they have got a typical strong accent," she said (Spencer et al., 2010).

Lack of language proficiency can undermine confidence in the ability of migrant caregivers to understand the instructions provided by managers and nurses. Language-related misunderstandings can threaten the quality of care delivered to care recipients when the foreign-born worker does not understand instructions about how to deliver care, or cannot communicate the day's occurrences well enough to enable another caregiver to discharge his or her duties effectively and efficiently (Ngocha-Chaderopa and Boon, 2015).

Care recipients may be less accepting of the care they receive when they struggle to understand foreign-born workers. When foreign-born workers use their native language, it can create barriers between them and co-workers or care recipients who do not understand that language. This behavior can be viewed as an inappropriate form of social exclusion that could be perceived to be potentially distressing for residents/clients.

Language difficulties can make it particularly challenging for a migrant/immigrant worker to provide care to older people with cognitive or sensory impairments, and can lead to reduced efficiency in performing tasks. These difficulties can also compromise the delivery of care by making it difficult for the worker to understand the older person's needs and preferences. (Stone, 2016; Ow Yong and Manthrope, 2016; Priester and Reinardy, 2003; Cangniano and Shutes, 2010; Spencer et al., 2010; Walsh and Shutes, 2013).

Language barriers are not necessarily as great a concern for migrant/immigrant LTSS workers who are assigned to care for individuals with communication difficulties, however. These residents/clients require workers who are skilled at using other ways of communication, such as showing patience, kindness and attention to general client needs (Spencer et al., 2010).

Communication and Quality

The ability to communicate, understand cultural norms and deliver care in a culturally appropriate manner is fundamental to the development of relational aspects of care (Walsh and Shutes, 2013). Language and cultural differences can affect quality of care if those differences result in higher error rates associated with barriers to communication, or lack of familiarity with medical terms and equipment, medicines or practices (Dussault, Fronteira and Cabral, 2009; Martin et al., 2009). Interestingly, staff members participating in research by Walsh and Shutes (2013) believed relational aspects of care were more strongly related to quality than the training they received. However, it is important to note that training and skill acquisition can also improve the quality of relationships.

Resolving Communication Barriers

Communication barriers can be resolved through rigorous language-based criteria and training programs. For example, a provider in New Zealand adopts a coaching strategy with migrant workers who have identifiable "accent issues" or problems with "speaking very fast." The provider emphasizes to migrant/immigrant employees that they need to make sure everyone involved in the communication is understood, to use simple English (or the language of the country), and to speak slowly. Several New Zealand providers screened out workers when they did not have confidence in the workers' language skills. Other providers integrated migrants with native-born employees to help improve their communication skills and language proficiency (Ngocha-Chaderopa and Boon, 2015).

Providing access to language training, either within the workplace or through external training, can improve language proficiency and the development of relationships with care recipients. This language and communication competency training can address professional jargon, slang and colloquialisms, and teach communication skills to help immigrant workers overcome potential cultural and language barriers they may face on the job. Language training also can help workers develop connections with neighbors, colleagues and care recipients (O'Neill, 2011; Walsh and Shutes, 2013; Ho and Chiang, 2014; Spencer et al., 2010).

★ THE PROVIDER PERSPECTIVE ON COMMUNICATION

Providers interviewed for this study reinforced the findings of the environmental scan by citing communication as the primary challenge they face when hiring foreign-born workers. These providers reinforced current research by offering similar insights into the types of communication issues they face, and the potential effects of these issues on residents/clients, fellow workers and quality of care.

Providers cited additional challenges that surface when foreign-born workers speak their native language in front of clients or colleagues. They expressed the concern that this practice damages teamwork, injures the dignity of residents/clients, leads to feelings of exclusion, and causes feelings of discomfort. Providers reported that some staff members and residents/clients believe they are being "talked about" when workers speak another language in front of them.

Providers take different approaches to supporting workers who do not have language proficiency or are difficult to understand. Few of the providers interviewed for this study have a formal language program onsite. One U.S provider sponsors a Literacy Council that addresses language differences and suggests culturally appropriate terms. Many of the providers interviewed for this study have policies dictating that staff members always speak the host country's native language while working. When this policy is ignored, a supervisor will speak with the foreign-born worker and help them understand why the behavior isn't appropriate.

Addressing communication issues:

› Connect workers with additional training and outside group to address language and cultural differences.

› Engage residents to help workers improve language proficiency and communication.

› Offer management support and assistance.

Other providers take the following approaches to addressing communication issues:

- Connect the worker with an outside organization for language-proficiency training.
- Ask certain residents to help workers improve their language proficiency and communication.
- Ask a staff member to help a worker who has difficulty with writing and translating.
- Depend on a manager or supervisor to address communication issues individually.
- Use a translator to assist the individual. One provider keeps a list of languages spoken by foreign-born workers, and uses the services of a translator to ensure that messages transmitted while coaching or disciplining workers are fully understood.
- Ask a manager to provide support to resolve specific miscommunication issues. The manager's role in mediation can vary. Providers did not report taking a particular approach, and suggested that mediation is offered on an individual basis and is based on the manager's preference.
- Encourage workers to slow down when they are speaking to care recipients. In some situations, this can help the person make himself or herself more easily understood.
- Work with outside groups that address language and cultural differences.

Cultural Differences and Relationships

Barriers to the development of relationships with co-workers and care recipients can extend beyond language ability or accents to include cultural dissimilarities. Migrant/immigrant workers may have dissimilar cultural expectations of day-to-day behaviors and experiences, and may lack awareness of culturally appropriate social behavior. In addition, differences in perceptions of aging and care, and the way care is delivered, could affect service delivery and create serious relationship problems, such as conflict or stress in the workplace (Stone, 2016; Cangiano and Shutes, 2010; Priester and Reinardy, 2003; Stevens, Hussein and Manthorpe, 2012; Spencer et al., 2010).

Cultural preferences regarding care can become obstacles to successful relationships if the caregiver does not understand and address those preferences (Office of Minority Health, 2001). These cultural preferences can ultimately manifest as discrimination, which can impede the effectiveness of care (Redfoot and Houser, 2005).

Care recipients may ascribe specific skills or characteristics to a migrant/immigrant worker based on the worker's ethnicity or nationality. Care recipients may not accept care from the foreign-born worker, or may prefer native-born caregivers because of the recipients' level of comfort with shared language and culture.

Cultural competence: Research has found that cultural competence greatly influences the ability of nurses and aides to provide care and disease management to diverse patients (Tyler, 2003). In addition, cultural understanding by residents, native-born staff and foreign-born workers fosters positive job outcomes, including improved team functioning, lower turnover and reduced stress (Ulrey and Amason, 2001).

Migrant care workers may require extra training to adjust and better understand the cultural environment and differences in the delivery of elder care. The content of this training is not primarily "medical" in nature, but is related to organizational culture, person-centered care, the care environment and sensitivity to clients' needs. The organization may need to help the migrant/immigrant worker arrange this training and register with the appropriate professional organizations (Ho and Chiang, 2014).

Additional Supports: The employer may also need to provide additional supervision and support to address any cultural and language barriers (Cangiano and Shutes, 2010; Spencer et al., 2010; Ho and Chiang, 2014). Management support is critical to mitigating the negative impact of cultural differences on staff. This support should take place during transition periods to the host country, and after the worker experiences racist or discriminatory behavior. If migrant workers are not supported by management, the well-being and stability of the workforce and, ultimately, quality of care can be impacted (Stevens, Hussesin and Manthrope, 2012).

The employer may also need to provide additional supervision and support to address any cultural and language barriers.

Communication barriers and cultural norms and expectations about provision of care are consistently noted as barriers to developing strong relationships between caregivers and care recipients. However, these barriers can be mitigated through adequate training (Ayalon, 2009; Porat and Iecovich, 2010; Walsh and Shutes, 2013). The UK government addressed these issues by modifying migrant employment policy and improving access to training and language classes.

Resolving Cultural Differences

Resolving cultural differences requires that staff and care recipients receive training and education about the racial and ethnic composition of the workforce and different cultural beliefs. Managers may help reduce misunderstandings that occur because of cultural differences by encouraging employees to discuss their concerns and talk about cultural differences that may have contributed to the misunderstanding. This can increase workers' awareness of their attitudes toward people of different ethnic or racial groups, and the central role of culture in people's beliefs, attitudes and behaviors.

★ THE PROVIDER PERSPECTIVE ON CULTURAL DIFFERENCES

Providers in this study reported that cultural differences can affect how a foreign-born worker perceives aging, disability and care practices.

Death and dying: Foreign-born workers who have different beliefs about death and dying may be uncomfortable working with or delivering care to clients who are receiving hospice care. Some foreign-born staff at one organization were uncomfortable giving comfort medication because they believed it would speed up the dying process for the resident or client. The workers became more comfortable with the process after the provider brought in an outside group to educate staff about hospice and palliative care.

Typically, the first approach in addressing differing beliefs about death and dying is to remind the worker about the organization's expectations about how work is performed, and the need for staff members to respect the individual choices and beliefs of residents/clients. Other providers have implemented these strategies:

- Ask the organization's chaplain or spiritual leader to help workers understand the organization's approach to death and dying.
- Find someone, such as the chaplain or a co-worker, to implement a specific practice with dying residents/clients.
- Pair foreign-born workers with care recipients of a similar culture to avoid discomfort.
- Reassign the foreign-born worker when issues arise around death and dying.

Misunderstandings among co-workers: Cultural differences and different perspectives can also result in misunderstandings between and among co-workers, and can affect how a foreign-born worker acclimates to the organizational culture. One U.S. provider reported that several foreign-born workers are more direct and forceful in voicing their concerns than native-born workers. For example, foreign-born workers who have high standards may get frustrated with other staff and express those frustrations in an inappropriate manner. The employer addressed this situation by talking with the foreign-born workers and asking them to let managers coach the staff members in question. The employer encouraged the workers' dedication, but felt it necessary to help those workers soften their approach.

Evaluations: Several human resource directors reported making changes to help a foreign-born worker adjust to an evaluation process that is different than what the individual experienced in his or her home country. A few providers have included more verbal communication in the evaluation of foreign-born workers to ensure that these workers understand what is being communicated. Several human resource directors noted that they modify their approach to the evaluations depending on the needs of the individual, foreign-born or native.

Racial and Ethnic Discrimination

Racial and ethnic discrimination can be demonstrated through overt forms of verbal abuse and expressed ethnic and racial prejudice, or through more subtle assumptions about the foreign-born worker based on his or her ethnicity or nationality, such as the perception that migrant care workers are incompetent or uneducated (Priester and Reinardy, 2003). Visible social markers—including dress, skin color, language proficiency and accent—can be used to classify workers. Skin color is the strongest trigger for incidences of discrimination

and racism, particularly for migrant workers who identify as black African.

Discrimination by Clients

Workers report that care recipients exercise a variety of discriminatory behaviors, ranging from treating workers negatively because of their ethnicity to offering compliments that reflect discriminatory perceptions of worker ethnicity. In both circumstances, the worker's ethnicity plays a role in how he or she is perceived by the client, although the overall tenor of the comments changes over time (Martin-Matthews, Sims-Gould and Naslund, 2011).

Prejudice on the job may be exacerbated by the fact that native-born workers and clients may prefer to work with native-born workers. In one study, 41% of UK employers reported that migrant care workers were not always well received by older care users (IOM, 2010). In another study of home care workers in Canada, foreign-born workers reported instances where clients:

- Did not trust them;
- Were quite "mean;"
- Refused help, particularly with personal care;
- Phoned the agency to specify that they did not want an ethnic person in their home; or
- Refused entry at the door after hearing the foreign home care worker's accent.

Discriminatory attitudes can become a barrier to developing trusting and caring relationships between the caregiver and the care recipient. The passage of time and development of good relationships can help mitigate racist attitudes and responses, and can reduce some of the misunderstandings that initially emerged in the face of different cultural practices. Care recipients can become more accepting of workers from different ethnic groups once they get to know them (Stevens, Hussein and Manthorpe, 2012).

Discrimination by Employers

Foreign-born workers describe experiences of discrimination by employers in such areas as scheduling work hours, assigning responsibilities for different tasks, setting pay rates and providing overtime compensation (Spencer et al., 2010; Ho and Chiang, 2014; Doyle and Timonen, 2009; Martin-Matthews, Sims-Gould and Naslund, 2011). Support mechanisms for workers experiencing this racial discrimination are not always known or available to the employee.

Discrimination by Colleagues

Few studies have focused on the relationship between foreign-born workers and other staff who are both native-born and foreign-born. Work by Timonen and Doyle (2010) found patterns of discrimination between foreign-born and native-born staff in the institutional setting. Conflicts primarily arose due to barriers with communication, including poor language skills, and perceived differences in productivity and approaches to work. Respondents often perceived and classified their colleagues in terms of racial groups and/or nationality, attributing to them blanket stereotypes based on these attributes.

Doyle and Timonen (2009) found that some members of the LTSS workforce are more likely to experience discrimination than others. For example, the experiences of European, South Asian and African foreign-born workers differ significantly, with workers from African countries reporting higher levels of discrimination than European workers.

There is some research to show that migrant nurses, or "skilled" staff, experience more negative interactions with fellow workers than direct care staff. This is largely believed to be due to communication and perception issues at work (Allan and Larsen, 2003; Bjorkland, 2004; Anderson, 2007; Withers and Snowball, 2003). Research has revealed that factors such as unequal workloads, negative cultural stereotypes, and perceptions that foreign-born workers are antisocial because they speak native languages, all lead foreign-born workers to feel that they are discriminated against by staff and managers.

Addressing Discrimination

Foreign-born workers have used a variety of strategies to deal with culturally based hostility. These include:

- Phoning the supervisor;
- Using coping strategies that include ignoring the hostility, getting used to it, letting it go, not taking it personally, or remaining calm;
- Using communication strategies;
- Learning about the clients/residents' cultures, preferences and routines;
- Accommodating the clients and taking a "kind" approach to them; or
- Asking to be removed from the case, leaving the situation or suggesting that the client call the agency (Martin-Matthews, Sims-Gould and Naslund, 2010).

The support of managers can be an important factor in mediating the outcomes of the worker's experience with racism.

Employers have a role to play in addressing the discriminatory actions of managers, co-workers and care recipients. For example, they can make co-workers and care recipients aware of the importance of the foreign-born workers to the organization, and can acknowledge and accept full responsibility for the discrimination that a worker experiences. The support of managers can be an important factor in mediating the outcomes of the worker's experience with racism (IOM, 2010; Ho and Chiang, 2014; Doyle and Timonen, 2009).

Employers use a variety of strategies to help migrant workers who encounter racist or discriminatory action:

- **Ignore:** The most passive approach is to advise the new migrant care worker to ignore any form of racism. The employer may even excuse the racism due to issues beyond the care recipient's control or influence, including the fact that the care recipient is living with dementia or mental instability.
- **Accommodate:** A non-migrant caregiver may be assigned to the resident in question. Employers tend to rationalize this approach by invoking different historical norms and the care recipient's inability to change.
- **Integrate:** The migrant care worker may be integrated into the organization by introducing the worker to the care recipient, and providing information about the care worker to the care recipient prior to meeting.
- **Defend:** The likelihood of a recurrence of racially abusive behavior toward workers could be reduced by defending the migrant worker, and providing written warnings to the family (Ngocha-Chaderopa and Boon, 2015).

Discriminatory acts are most commonly addressed through education and one-on-one interaction between the staff members and care recipient/family members who are involved.

★ THE PROVIDER PERSPECTIVE ON DISCRIMINATION

Overall, providers participating in this study said it was uncommon for care recipients or colleagues to behave in a discriminatory manner toward foreign-born workers. Several providers located in diverse geographic areas reported that residents/clients are accustomed to being around people of different cultures.

Some providers reported that discriminatory acts do occur. Clients sometimes make inappropriate remarks or express a preference for native-born workers who represent a cultural background that is similar to their own. When these situations occur, employers sometimes attribute the behavior to the care recipient's neurological or memory issues. It should be noted that several providers reported that they are more likely to encounter situations in which care recipients refuse care because they prefer caregivers of a certain gender, rather than a certain nationality.

A few providers reported situations in which care recipients or colleagues have had difficulty with a foreign-born worker because that worker's home country is, or was, at war with the care recipient's or colleague's home country. In other instances, care recipients might incorrectly identify a foreign-born worker as someone with an ethnic origin that has historical significance for the care recipient.

For the most part, employees are encouraged to report any form of discrimination to their supervisor or manager. Some providers operate a corporate compliance hotline that employees can call if their concerns about discrimination are not being addressed, or if they prefer anonymity. A few providers noted that aides who are embarrassed to report discriminatory acts will tell the manager they no longer want to work with the client, but will not provide details. Management must dig for the information, providers report.

Discriminatory acts are most commonly addressed through education and one-on-one interaction between the staff members and care recipient/family members who are involved. Managers and supervisors may follow these strategies:

- Educate the resident/client and family members about the organization's zero-tolerance policy for discrimination of any form, and explain that the workforce consists of people from different countries.
- Try to mediate between the aide and resident/client.
- Help the care recipient and family member understand cultural differences.
- Move the aide when these steps have not been effective.
- Explain to care recipients and their family members that if they are looking for an aide with a specific ethnicity or color, they should seek care in another organization.

Other Challenges

Meal Preparation

Foreign-born workers may find it challenging to prepare foods that are familiar to and preferred by the care recipients, but are unfamiliar to the worker. Employers can provide training and support on the preparation of meals familiar and appealing to clients. In one case, a Muslim aide did not want to prepare bacon, a favorite of the home care client. The employer suggested that the aide offer pre-cooked bacon that the client could heat up. This allowed the aide and care recipient to continue working together.

Scheduling

Workers with families in other countries may request paid time off to make extended trips to the home country. These requests often cause staff shortages and scheduling issues, especially if several foreign-born workers make such requests at the same time because they want to celebrate country-specific holidays like the conclusion of Ramadan. Providers report that it can be difficult to honor everyone's requests.

Some providers address this difficulty by asking staff to make leave requests in advance so the organization can devise a schedule that works for the staff members and the care recipients, and reduces stress on the system. One provider reported shortening shifts when staff members request time off to celebrate specific country holidays. Another provider calls on part-time staff to work more hours on a temporary basis when other workers take holiday leave.

PART V: RECOMMENDATIONS

As global aging increases the demand for LTSS workers, it is likely that developed regions of the world will continue to rely on foreign-born workers to fill gaps in care. These workers will come primarily from developing countries.

The following recommendations are based on the findings of this study's environmental scan and provider interviews.

A Provider To-Do List

- Establish guidelines to support culturally competent practices.
- Offer orientation, training and support to foreign-born workers.
- Combat discrimination and exploitation.
- Don't compromise on quality.
- Focus on communication, empathy and patience.
- Make foreign-born workers feel welcome by embracing other cultures.
- Don't focus on unwarranted fears.
- Offer non-medical leave.

Guidelines and Policies

Guidelines are essential to support a high-quality and ethical process for migrants/immigrants who work in the LTSS sector. Consideration also should be given to the regulation of recruitment agencies and the evaluation of the recruitment industry.

Employment policies should recognize issues that are unique to migrant workers, and should be designed to improve the working conditions or enhance the caring skills of these workers. These policies should reflect culturally competent practices for staff and supervisors.

Orientation and Training

Offering the proper orientation, training and support to foreign-born workers can facilitate migrant workers' acclimation to the organization and culture, and their understanding of care delivery practices. Initial and ongoing training should be an integral mechanism for providing foreign-born workers with the skills and knowledge they need to do a quality job. This training can include cultural competence and communication, including language proficiency.

Discrimination and Exploitation

Discrimination and exploitation should be combated. Employers should monitor discrimination, provide access to information and advice on employment rights, and implement formal mechanisms to address and resolve any conflict between care recipients or co-workers and migrant workers.

Policies must ensure fair compensation and benefits as a way to avoid the financial exploitation of this workforce. In addition, external intermediaries should be brought into the process to ensure that labor and quality-of-care standards are met when migrant workers are directly employed by older people in their own homes.

Immigration Policy

Countries need to consider the important role of immigration policy in meeting global care demands and addressing the need for a high-quality and stable LTSS workforce. Migrant admission policies may need to be reformed so LTSS migrant workers can be integrated into policy making for older adult care.

Recommendations from Providers

The providers participating in this study offered general advice to organizations considering the employment of foreign-born workers, a strategy that they felt was worth the investment.

- **Do not compromise on quality.** Implement programs, structures and policies that address expectations for foreign-born workers. Maintain rigor around clinical qualifications, and create a framework for evaluating the different sets of qualifications that foreign-born workers have. These processes help ensure that all workers are following the same care delivery standards. Hire the best workers, regardless of ethnicity. If workers have gaps in their skills, link them to programs and provide training.
- **Focus on communication, empathy and patience.** Address any misunderstandings and provide support to workers who may need to improve their language proficiency. Phrases or words can have different meanings to each culture. Each person is an individual, and employers may have to modify how they communicate, based on the person.
- **Embrace different cultures and establish programs, including cultural celebrations, to make workers feel welcome.** It is important to be aware of, sensitive to and familiar with the cultures that workers bring to their jobs. Native-born workers should be open-minded about these differences. There should be an extensive buy-in up front to ensure that current staff accept foreign-born workers. Efforts to help foreign-born workers feel part of the organization will ease the acclimation and integration process. Workers who have difficulty because of cultural issues should be linked to programs or provided training to address those issues.
- **Don't focus on issues that you think "might" happen.** Most foreign-born workers want to do well and take pride in their work. Many fears about hiring foreign-born workers are unwarranted.
- **Be prepared to offer non-medical leaves of absence.** Every three-to-five years, foreign-born workers may request leaves of two-to-three months so they can go home for an extended stay.
- **Provide housing assistance.** Offer discounted employee housing in your own apartments, or work with nearby apartment buildings and rental agencies to secure housing within walking distance of your community. The ability to live near work is valued by the foreign-born workers as they learn their new culture, get a driver's license and save enough money to purchase a car.

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