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Putting Continuity in Continuing Care

Reimagining the Role of Immigration in the Recruitment and Retention of Healthcare Workers in Nova Scotia

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Staffing shortages in Nova Scotia's healthcare system are certainly not new[1], but two years into the pandemic, this shortfall has become a full-fledged crisis in the continuing care system, which encompasses long term care (LTC) and home care. As of November 2021, over a 10th of Nova Scotia's LTC facilities are refusing admissions due to staff shortages, further straining a continuing care system where more than 1000 Nova Scotians are waiting for home care services and 1500 are waiting for a LTC bed.[2]

The need for continuing care assistants (CCAs), who provide essential, direct care, is urgent. Several CCA recruitment strategies have been put in motion, including immigration streams to entice foreign healthcare workers[3] and refugees already living in the province[4] into these positions. Such recruitment seems necessary and newcomer-targeted strategies have the potential to make progressive changes in Nova Scotia's continuing care systems, but the current vision needs to be expanded. Currently, such strategies are myopic and ethically fraught. Decades-long trends

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show that retaining immigrant workers (and CCAs more generally) requires truly transformative changes to the working conditions, the organization of care labour, and immigration policies in the province.[5]

In August 2021, a new Nova Scotia government was elected promising swift and “transformative” improvements to healthcare, including action to address CCA shortages in their detailed “Dignity for Our Seniors” election platform.[6] Since their election, the new Minister of Seniors and Long-Term Care, has committed to increase staffing levels by legislating a 4:1 ratio of direct care/resident/day in long term care.[7] This is a significant increase from the current average of 2.45:1.[8] But, the proposed budget for recruiting and retaining up to 1400 new CCAs included no pay increase and no details on how to improve working conditions. Most disappointing is the platform’s lack of support for the most vulnerable CCAs in the sector—those working in home care and newcomer CCAs—which starkly contrasts the salary increases and pension contributions promised to foreign-born doctors.[9]

We critically examine the Province’s CCA recruitment plans, and the growing reliance on newcomers to address the staff shortages. We do so by drawing on relevant data and media accounts, as well as observations from the Halifax Refugee Clinic to foreground the lived realities of Nova Scotia-based refugee CCAs and healthcare workers as they struggle to navigate conflicting federal and provincial immigration policies.

Chronic issues retaining CCAs and newcomers in healthcare

Renewed efforts to attract foreign workers through provincial nominee programs (PNPs) over the last 20 years have increased Nova Scotia’s immigration rates. However, Nova Scotia’s most recently calculated 5-year retention rate (65%) for immigrants remains lower than every other jurisdiction outside of Atlantic Canada, and below the national average (70%).[10] Economic immigrants have the lowest retention rate (63%), whereas the rate is slightly higher for refugees (72%).[11] Compounding the matter are known factors in Nova Scotia, such as healthcare labour casualization, lack of mandated LTC staffing levels, high cost of living, low pay, and benefits[12], and minimal settlement infrastructure.[13] Taken together, these issues point to the likelihood that immigrant CCAs in Nova Scotia will struggle to build long-term viable careers in the province and may not stay.

CCAs make up most frontline continuing care workers and engage in the skilled, relational work of assisting LTC residents and home care users with essential activities of daily living, such as bathing and toileting. Despite this essential work, they are notoriously precarious, unregulated, and underpaid in most jurisdictions in Canada.[14]

They receive the lowest pay among health care workers—averaging less than $18/hour in Nova Scotia[15]—lower than the wage for CCAs in many other Canadian jurisdictions[16] and below the recent living wage calculations for Nova Scotia.[17] Furthermore, while precise data is not available in Nova Scotia, international research shows that racialized, migrant care workers often incur a “wage penalty”: they are often paid less than their native-born counterparts, and are also more likely to be employed in precarious, low-status, low-wage care jobs (e.g., casual home care CCA positions as opposed to unionized positions in acute care).[18]

CCA retention rates are low in many Canadian jurisdictions,[19] yet Nova Scotia is characterized by trends and policies that undermine their retention in key ways. For example, it has been identified as a province with reactive, rather than proactive continuing care planning[20] and a chronically underfunded continuing care sector that lacks adequate government oversight, even during the pandemic.[21]

Another troubling trend is that Nova Scotia has the highest proportion of privately-owned owned and operated LTC facilities in Canada (44% private for-profit; 42% private not-for-profit).[22] Similarly, most home support services are contracted non-profit and for-profit services that are not subject to comprehensive monitoring.[23] Such privatized models correspond with limited transparency and public oversight. Private for-profit facilities tend to have lower staffing levels, higher numbers of complaints, more transfers to hospitals, and more reliance on outsourced, casual staff. These characteristics undermine both quality of care and quality of work and thus the sector’s capacity to retain CCAs.[24]

Immigration strategies to “fix” the continuing care crisis

Foreign and refugee CCAs are in high demand and immigration policy at both provincial and federal levels have been modified to facilitate their rapid entry into continuing care. The Nova Scotia Office of Immigration and Population Growth has prioritized the applications of foreign health care workers[25] and the Nova Scotia Nominee Program (NSNP) has highlighted CCAs as a key “Occupation in Demand.”[26] The employer-driven Atlantic Immigration Pilot Program has been touted as an important recruitment tool for attracting CCAs and has since been made permanent.[27] The Province is also in the process of hiring two recruiters focused exclusively on recruiting foreign CCAs[28] and has launched a recruitment campaign advertising new tax returns for newcomer CCAs and other workers.[29] Recognizing the challenges of recruiting CCAs, employers in the care industry have also developed creative partnerships and policies around hiring newcomers.[30] One manager of a non-profit long term care home in Nova Scotia is quoted as saying: “The role doesn’t pay enough. There aren’t enough of them and the workload is too heavy. So, we’re in a position where we need to be creative.”[31]

An unprecedented, yet temporary, federal channel, "Temporary public policy to facilitate the granting of permanent residence (PR) for certain refugee claimants working in the health care sector during the COVID-19 pandemic," to support PR for failed or pending refugee healthcare workers[32] is a noteworthy example of the bureaucratically complex and restrictive recruitment strategy during the pandemic. While provincial programs typically tie together time-sensitive labour demands with the immigration process, the federal policy is perhaps the first of its kind to provide a clear-cut and direct causal connection between a very specific type of labour (direct care work, typically in a CCA position) conducted by a specific type of migrant (a refugee claimant with pending or failed refugee claim) and qualification for PR.

Neither provincial nor national policies have promising rates of successful PR applications through these programs. The number of successful PR applications through the NSNP have dropped significantly from 2015 to 2019, despite increasing recruitment.[33] As of May 1, 2021, none of the applicants to the "COVID-19 PR pathway for refugee care workers" in Nova Scotia had been approved for PR.[34] The immigration programs are often stressful, demoralizing processes to navigate. The PR application process is often intensive, and workers frequently require outside assistance. Closed work permits, such as those issues through the Atlantic Immigration Pilot, make it difficult for workers to leave abusive workplaces or find other employment if they are laid off or fired.[35] Moreover, they delay family reunification and contribute towards a workforce that is divided based on immigration status and racial hierarchies.[36]

The experiences of refugee claimants reveal the ethical and pragmatic limitations of relying on temporary recruitment policies to address these issues. The typical, historic process of seeking asylum is based on the concept of refuge[37], yet this pathway to PR has been re-configured to make refuge contingent on the exceptional conditions of the pandemic where care work is in particularly high demand. Refugee claimants working in the healthcare sector do not need to demonstrate their legitimate need for asylum, as per the requirements of the 1951 Refugee Convention, rather they must meet narrow eligibility criteria: a specific number of hours worked for a long, but very specific period of time during the pandemic to qualify for PR.[38] This precarity continues to degrade refugees' experiences of working in Canada even under the exceptional circumstances of the pandemic.

Econocentric immigration policy has serious shortcomings

This policy casts refugees as useful workers contributing to the Canadian care economy, and feeds into a "refugees as resources" discourse[39] that is increasingly popular with governments, policy makers, and some academics. While this discourse is a welcome departure from the toxic "refugees as burdens" political rhetoric, it epitomizes an

econocentric approach to immigration, which is defined by Dobrowolsky and Ramos as narrow in scope, emphasizing immigrants' economic contributions while skimping on the costs associated with recruitment and settlement.[40] Such an approach absolves the government of the responsibility to properly protect refugees in accordance with the international refugee protection regime, and suggests that only "worthy" refugees who can contribute to the economy are "deserving" of protection.[41,42] This policy also reinforces the structurally unequal relationship between the Global North and Global South and the notion that migrants and refugees from the Global South must prove their worthiness and value before being admitted—and then mostly likely on a temporary basis, unless they have the resources to apply for PR status.

What is more, refugee CCAs continue to be on the receiving end of opaque bureaucratic complexities, frustrations, and hardships, documented through numerous mainstream media stories from across the country.[43,44] Unfair employment policies span private and public LTC operators when it comes to hiring precarious, asylum seeking CCAs. For example, Northwood, one of the largest LTC providers in the province has been singled out by the media for implementing unfair practices when hiring asylum seekers during the pandemic.[45] Such stories contradict the lofty and aspirational discourse of the policy discussed above.

The staff of Halifax Refugee Clinic (HRC) recount how they have encountered various bureaucratic and administrative challenges while supporting several of their clients who were healthcare workers.

> [a] case was denied because they were five hours short of the required number of hours. And it was so unfair, because that person had actually done training on the job, and training is always counted as work. But the immigration office refused to consider that time as work, even though the employer does! And that person was denied.[46]

Together with timing, the type of labour performed was crucial.

> We have many clients who work in healthcare, you know, just not the direct patient care specified in the policy. They work as cleaners, janitors, housekeepers, in the laundry, in security. Why are they excluded? Is their work not essential to the facility? (personal conversation with HRC staff).[47]

These observations are in line with pre-pandemic research on how complex, time-sensitive bureaucracies frustrate and cause anxiety for newcomers on temporary permits who are struggling to obtain PR.[48]

Such immigration policy strategies may help with rapid recruitment of desperately-needed CCAs. However, as they are currently structured, these strategies are part of a temporary staffing solution that do very little to address long-standing issues of burnout and turnover in the continuing care sector. The implications for Nova Scotia

newcomers are more troublesome. Despite the high demand for these workers, the policies are econocentric and bureaucratically complex processes to navigate. Again, despite the essential contributions these workers make to Nova Scotia's continuing care systems, current immigration policies provide only tenuous stability and security for workers, particularly given the province's insufficient settlement infrastructure. These workers need and deserve PR status and full access to Nova Scotia health and social care infrastructure.

Working Conditions are Caring Conditions

Well-paid, well-supported CCAs stay in their jobs longer and can provide high quality, person-centred care. In contrast, when we view these workers as replaceable or interchangeable, we degrade the conditions of work and the conditions of care. Home care clients struggle when large numbers of workers enter their homes, sometimes daily, many of whom they do not know and find themselves constantly explaining what they need.[49] For LTC residents with advanced dementia, the challenges of having a revolving door of staff that do not know the residents, presents numerous barriers to providing high quality care.[50] Ideally, continuing care would support continuity in care relationships so that LTC residents or home care users would have consistent and familiar staff for the duration of their time in care. Research shows that policies, workplace culture, and practices that support relationship-oriented,[51] person-centred care are strongly linked to quality of life and quality of care for LTC residents[52] and home care users.[53] These conditions cannot be supported by a revolving door workforce that relies on temporary foreign workers who may feel ultimately unwelcome in Nova Scotia.[54]

Current immigration policies keep these desperately needed workers in limbo by making work permits precarious and pathways to PR bureaucratically complex, which further exacerbates long standing issues with CCA retention in the continuing care sector.

Precarious newcomers should not be treated as "just-in time workers" or stop-gaps in a hemorrhaging CCA workforce. In addition to structural changes to address working conditions and service fragmentation, Nova Scotia's immigration and healthcare sectors must work together to regularize newcomers, encompassing refugees and undocumented migrants, working as CCAs and offer PR status as part of their recruitment and retention plans.

Rather than the transformative action plan Nova Scotian residents need the Province's current recruitment plans outline mere tweaks to current policies that do little to address the chronic, long-standing CCA shortages. In particular, they do

nothing to address trends towards service fragmentation and labour casualization that undermine continuing care systems and ultimately fail newcomers who are relied upon to "fix" worker shortages.

If there is an ideal time for Nova Scotia to expand its vision of continuing care *and* immigration to making truly transformative change for both older people and people with disabilities and the CCAs that support them, it is now.

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