

Social Workers' Perspectives on Care Arrangements Between Vulnerable Elders and Foreign Home Care Workers: Lessons from Israeli/Filipino Caregiving Arrangements

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ABSTRACT. OBJECTIVES: This pilot study addresses a universal social phenomenon of foreign workers of lower socioeconomic status who provide care to more affluent, but frail older adults. In Israel, foreign workers from the Philippines provide the majority of paid 24-hour home care services to older adults. To date, the views of social workers, who are highly involved in this arrangement of care, have never been evaluated. Hence, this study evaluates the advantages and challenges associated with

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such an arrangement of care from the perspective of social workers. **METHODS:** We conducted four focus groups with 31 social workers who work closely with Filipino home care workers, older adults, and their family members. **RESULTS:** Using grounded theory methodology, we identified motivating factors that contribute to the popularity of this caregiving arrangement among both Filipinos and Israelis. We also identified four major areas of challenge; these include the intimate nature of this caregiving arrangement as well as cultural, legal, and financial disparities. Social workers also discussed strategies they use to assure the safety and satisfaction of the involved parties. **DISCUSSION:** Despite the high need for this caregiving arrangement, many difficulties and challenges exist; these are partially due to very prominent cultural differences between the host culture, Israel, and the culture of the Filipino home care worker, and they are also due to legal, social, and economic differences ingrained in such a care arrangement.

KEYWORDS. Migration, caregiving, frailty, nursing, long-term care

This pilot study addresses a universal social phenomenon of foreign workers of lower socioeconomic status who provide care to more affluent, but frail older adults (Brush & Vasupuram, 2006; Chang, 2000; Ehrenreich & Hochschild, 2000; Glenn, 2000; Martineau & Willetts, 2006; Salazar Parrenas, 2001; Yeoh, Huang, & Gonzales, 1999). This trend is expected to increase as a result of the increase in life span. Other changes, such as the decrease in childbirth, increase in divorce rate, and the entrance of women into the workforce also are responsible for the almost universal decrease in informal social support (for example, unpaid caregiving provided by family and friends) and increase in formal support (for example, paid caregiving) for older adults (Burbridge, 1993; Jefferys, 1996; Kinsella, 2000).

The Benefits of Home Care. In recent years, 24-hour home care has become a popular alternative to institutional care because this arrangement fulfills the wishes of older adults and their family members (Gott, Seymour, Bellamy, Clark, & Ahmedzai, 2004; Keysor, Desai, & Mutran, 1999) and is cheaper than most other long-term care alternatives (Aronson & Neysmith, 1996). Furthermore, research has shown that home care allows older adults to stay in their familiar environment for a greater period of time by reducing use of medical services (Stuck et al., 1995) and delaying the development of disability (Elkan et al., 2001; Stuck et al., 1995). Home care services also have been shown to reduce informal caregivers' burden (Kumamoto, Arai, & Zarit, 2006).

Challenges Associated With Foreign Home Care. Despite the obvious advantages associated with home care, some of the challenges noted by care recipients include difficulties in establishing trust and a working relationship among the involved parties (Porter, 2005; Porter, Lasiter, & Poston, 2005) and the potential decrease in informal support available to the older adults as a result of the increase in formal assistance (Jette, Tennstedt, & Crawford, 1995). In addition, the intimate nature of this around-the-clock-work within the private realm tends to blur the boundaries between private and professional (Martin-Matthews, 2007) and may increase the potential for violence and abuse. Furthermore, dual dependencies are ingrained in the relationship between the home care worker and the care recipient. On the one hand, the care recipient is completely dependent on the home care worker for daily functions and on the other hand, the home care worker is completely dependent on the care recipient for employment as the work permit belongs to the older adult and not to the foreign home care worker (Amir, 2002; Ben Israel, 2007).

In the international literature, home care workers have been portrayed as the invisible caregivers, whose work is acknowledged only when problems arise. These women often are jeopardized on the basis of gender, ethnicity/race, religion, legal status, financial status, and employment status (Denton, Zeytinoglu, & Davies, 2002; Gilenn, 1992; Hayashi, Gibson, & Weatherley, 1994; Neysmith & Aronson, 1997). A substantial difference in power exists between home care workers and their employers. Even though the employers are frail and dependent, they and their family members represent the majority culture. The home care workers, on the other hand, capture low status positions that are not desired by others (Raijman, Schammah-Gesser, & Kemp, 2003), come from third-world countries, and have minimal knowledge of the host culture and its legal system (Ben Israel, 2007; Raijman et al., 2003). Furthermore, because they are confined to their clients' homes and often face significant language barriers, they have minimal social ties (Eustis, Kane, & Fischer, 1993). Researchers also have shown that even when the job description of the home care worker is well defined, the private nature in which the job is performed often changes the characteristics of the job and the worker is asked to perform additional tasks in the absence of adequate financial compensation (Aronson & Neysmith, 1996; Neysmith & Aronson, 1997).

Israel as a Unique Case. Similarly to the rest of Western society, Israel has been facing the challenge of taking care of an increasingly aging society, with the majority of older adults being taken care of in their homes. In

contrast to other countries where foreign workers can eventually become legal citizens, Israel has declared itself as a Jewish state open only to the absorption of immigrant Jews (Amir, 2002; Ben Israel, 2007). The Israeli law makes every attempt to limit the stay of foreign workers in the country and their prospects of becoming Israeli citizens are limited (Rozenhak, 1999). Following the Six-Day War, Palestinian workers from the occupied territories came to Israel as cheap and unskilled labor. However, in the early 1990s following the first Intifada (i.e., the Palestinian uprising), the entrance of Palestinians into the country was banned (Borowski & Yanay, 1997; Rozenhak, 1999). As a result, foreign workers from Asia, East Europe, and Africa were allowed into Israel to work in industries that have suffered from a shortage of available workers (Klein-Zeevi, 2003). In contrast to all other industries, for the home care industry, there has never been a predetermined limit on the number of monthly permits, and the number has been determined based on need only. The one industry that has been steadily increasing in size and popularity is the foreign home care industry, an industry that currently captures over 40% of the work permits in Israel (Heller, 2003).

Almost all 24-hour paid care is provided by foreign workers. In 2005, there were over 38,000 documented foreign home care workers, with Filipino home care workers capturing about 70% to 80% of the market (Heller, 2003). Other nationals involved in the home care industry include workers from Nepal, India, Sri Lanka, Romania, and the former Soviet Union. Foreign home care workers are different from the older adults they serve in many ways. Usually, they come from a different cultural background and hold different religious beliefs. In addition, many of the workers are not competent in Hebrew upon their arrival and many older Israelis are not competent in English. Moreover, usually there is a generational gap between the younger foreign worker and the older care recipient.

The employment of foreign home care workers in Israel is enabled through a complex procedure that involves the approval of several governmental agencies. Private nursing agencies are in charge of bringing the workers into the country and matching the foreign home care worker to the older adult. Social workers support older adults, family members, and foreign workers by providing educational and psychoeducational interventions to these individuals. The nursing agency also is in charge of supervising this caregiving arrangement and of assuring the welfare of the older adult (Weisblay, 2005). Those older adults who are entitled to take a foreign worker have to be severely impaired in their activities of daily living. Older adults do not receive governmental financial assistance directly; instead this assistance is given

toward purchasing services, such as around-the-clock home care. The most disabled individuals receive financial assistance towards the purchasing of 15.5 weekly hours of work. Hence, despite the financial assistance, the older adult and his or her family members pay about 70% of the monthly salary of the home care worker (about \$800) out of their own pocket (Weisblay, 2005). It is important to note that the average monthly salary in Israel is about \$2,000 at the present time. Hence, the employment of a foreign home care worker likely places a heavy burden on family members.

To date, the views of social workers involved in this caregiving arrangement have never been evaluated. The high involvement of social workers in the initiation and supervision of this arrangement makes their views particularly relevant. Given the increasing prevalence of this phenomenon, there is an urgent need to better understand it to maximize the benefits of this arrangement of care and to support vulnerable elders' goals of community living.

METHODS

Participants. Thirty-one social workers employed by the third largest nursing agency in the country and by another social work agency participated in four focus groups that lasted between 2 to 2.5 hours each. Three to ten social workers participated in each focus group. Focus groups were largely homogenous in terms of social workers' roles in the agency. Social workers were purposely selected to represent a range of geographical locations (north, center, and south of Israel, including both urban and rural areas) as well as different levels of interaction with the parties involved (from direct placement of the foreign home care worker to ongoing assistance to the older adult and his or her family). All but two of the social workers were female; all but two had a Bachelor's degree in social work or a related field. The other two had a Master's degree. On average, social workers had 7 years of experience working with older adults. Approximately 60% of the social workers reported to have some additional informal contacts with foreign workers as family members of older care recipients.

Procedure. We conducted open-ended focus group interviews to gain a better perspective on the experience of social workers with Filipino home care workers, the older adults they care for, and their family members. Each participant was first asked to discuss his or her experience working with Filipino home care workers and the older adults they care for. This was then followed by a free discussion. Sample questions included the

following: “Tell me about your experience working with Filipino home care workers; How is this different from/similar to working with other home care workers?; What are some of the challenges/advantages associated with having a Filipino home care worker?; How can we improve the care provided to older adults by Filipino home care workers?; How can we improve the quality of life of Filipino home care workers here in Israel?; How do you see the role of cultural beliefs and values in the care of older adults?” These questions were further modified in subsequent groups based on information gained in earlier focus groups.

Interviews were conducted by the principal investigator (LA) and the project research assistants (MK, LR). All had experience working with social workers and care managers and conducting qualitative interviews. We continued with data collection and recruitment of social workers to the point of content saturation (i.e., no additional information obtained).

Analysis. Interviews were audiotaped and transcribed verbatim. During interviews, one of the two research assistants (MK or LR) tracked down who made each comment. The principal investigator and at least one of the two research assistants independently coded each of the interviews. We coded data categories in stages, with each stage representing a more complex conceptual level (Strauss & Corbin, 1998). Each interview was first coded thematically for major content areas. Next, commonalities and differences across interviews were evaluated and themes were regrouped to represent major content areas that received considerable attention across groups and social workers. Data were not forced into preconceived themes, but instead an open-coding approach was employed, so that interview data guided the creation of the categories (Creswell, 1998). Searching for intertheme consistencies and contradictions, descriptive and then interpretive categories were created to represent interview data. The final stage was selective coding, which involves the identification of core categories to create a story line (Strauss & Corbin, 1998). These categories were subsequently integrated with relevant literature. We maintained an audit trail (Rodegers & Cowles, 1993) by recording the data analysis process and keeping records of all stages of analysis. All coding decisions were discussed and a consensus agreement was maintained. NVivo 7.0 is software used for the organization of large volumes of qualitative data. This software was used to organize and present qualitative findings within the selected categories. This paper summarizes themes related to the caregiving arrangement. Only themes that repeated in at least two focus groups were included in the present paper. Direct quotes from the text were used to illustrate these themes.

At the end of data analysis and write-up, we conducted member check (Lincoln & Guba, 1985) by asking several prominent social workers in the focus groups to review and evaluate our interpretation of the findings. In addition, we asked professionals (e.g., social workers, gerontologists, physicians, psychologists, and nurses) from other agencies that work with Filipino home care workers for feedback on the findings. We used the feedback to refine our interpretations.

RESULTS

Three major themes were identified during the interviews. These include: perceived motivation and advantages associated with this caregiving arrangement, perceived challenges associated with this caregiving arrangement, and techniques used by social workers to ease this arrangement.

Views of Social Workers About the Motivation for This Caregiving Arrangement—A Look at Filipino Home Care Workers

Money as a Motivating Factor. Social workers suggested that both sides are motivated to maintain this arrangement of care. The most frequently mentioned view was that Filipinos come to Israel to work and earn money: “They (Filipino home care workers) come here for the money. They cannot make the same amount of money in the Philippines.”

Israel as a Temporary Destination. Others attributed the arrival of workers from the Philippines to Israel to the view that relative to other Western countries, Israel has more lenient licensure requirements for home care workers and thus, serves as a temporary station to many Filipino home care workers on their way to more attractive destinations, such as London or Canada:

“Nowadays, most of the Filipinos have discovered Canada and London and after three, four years here, they can get a working permit over there . . . Because in Canada and London they don’t allow them in with less than three or four years of experience. . . . they make all the arrangements within a month and move to Canada or London. . . . They are called ‘Kosher Filipinos’ over there.”

A Social Norm of Immigration. Social workers also stated their view that Filipinos leave their families as part of a common social norm in the Philippines that advocates working in foreign states: “So many of their [Filipino home care workers] family members and friends have already done that [left to Israel], so it spreads around.”

Views of Social Workers About the Motivation for this Caregiving Arrangement—A Look at Israelis

Dependency of Israeli Society. To explain the popularity of this caregiving arrangement among Israelis, social workers emphasized the dependency of Israeli society and particularly of older adults on the care provided by Filipino home care workers:

“I think these workers give us the most efficient and the best solution for people who want to stay at home. Many people who would have had to leave their homes much earlier manage to stay thanks to these caregivers.”

Israelis Do Not Provide Personal Care. They attributed this to the view that no one else in Israel is willing to provide 24-hour caregiving services:

When I give a lecture to foreign home care workers, the first thing I say is, “You are the best! Israelis, despite the high unemployment rate, are unwilling to take on this type of job. Without your assistance, our elderly would have been subject to many atrocities, nursing homes, loneliness, etc.”

Home Care Is Better Than Institutional Care. Related to these beliefs was the belief that Filipinos provide a cheaper and better solution than a nursing home placement: “People go to a nursing home only if there is no other choice. You first try to stay home.”

The Views of Social Workers About Sources of Conflict and Difficulty Associated With This Caregiving Arrangement

Social workers and care managers attributed difficulties associated with this arrangement of care to the intimate nature of this work as well as to legal, financial, and cultural disparities between the parties.

The Intimate Nature of This Caregiving Arrangement. Several workers acknowledged that many Israeli elders and their families feel threatened by the entrance of a foreign home care worker into their home: “I had a couple, the man was very sick but cognitively intact and the woman had a cognitive decline. . . . She refused to let the care worker sleep in the house—only sleep out.”

Several workers stated that care recipients and their families expect the worker to become part of the family: “Israeli families are very warm. They immediately ‘jump.’ . . . She [Filipina home care worker] is our family. And I am telling them . . . that’s very nice, but she is a worker not a ‘lost’ daughter.” This expectation often is unrealistic:

“Some of them [Filipinos] really want their privacy. They eat on their own. They eat different things . . . even if they [Filipinos] come to all of our events. There is still some distance and it is good they keep a distance. It doesn’t need to be so intimate even though they know the older adult in the most intimate way.”

Need for Intensive Care. Related to this was the view that Filipinos invest in their social ties more than in the older adult they care for:

“They [Filipino home care workers] meet friends and start talking with them. I had a case where the Filipina spoke on the phone with her boyfriend for over two hours, and the older lady received a huge phone bill she had to pay . . . and she [Filipina] left the family because of this.”

Loneliness Associated With Home Care. Social workers also acknowledged that both sides, Filipino and Israeli, feel unsupported and lonely through this arrangement of care: “The worker often is lonely, has no support and no one to talk with. But I think that the care recipients many times also are in this situation, have no one to turn to.”

Financial Issues Associated with the Caregiving Arrangement

Filipinos Work for Money. Social workers thought that Israelis’ beliefs that Filipino home care workers “do their job only for the money” and Israelis’ criticism of Filipinos for leaving their families in the Philippines serve as a source of difficulty: “To many people here, they [Filipinos] seem like robots, without feelings, because they left their families and kids and came here to make money.”

Around-the-Clock Care. The high level of burden associated with an around-the-clock work schedule was noted as a major source of difficulty:

“There is this thing about vacation days, because they [Filipino home care workers] want more money, they don’t take a vacation. It’s very problematic. I ask, “How can you do this for 24 hours a day?” It’s not human, but they do it. They want the money. This is where I have problems.”

Israelis Pay for Services Out of Pocket. Paying for home care services out of pocket also was viewed as source of difficulty: “It’s a really hard population [home care] to deal with, because here people pay out of pocket. Unlike other services that are paid by the government, here people pay quite a lot of money.”

Paying for services also was viewed as a barrier to developing a more intimate relationship: “The workers look at the family as the source that pays their salary. This is why it is easier for them to open up to us [social workers].”

Legal Issues Associated with this Caregiving Arrangement

Abuse of Workers. Social workers expressed the belief that Israelis take advantage of the foreign home care workers:

“I see the neglect on the side of the family. Many times, the family is not appreciative enough and it gets to the point of taking an advantage and using the worker. The family doesn’t care about the worker, doesn’t allow her to take vacation days. . . . Israelis take an advantage of this innocence that the Filipino workers come with. . . . They come to a culture that takes an advantage and does not appreciate enough this innocence and kindness . . . doesn’t give money . . . doesn’t give food . . . doesn’t give a warm blanket in the winter . . . doesn’t allow them to take a vacation.”

Sexual Harassment of Workers. Sexual harassment of the home care worker by the care recipient or his or her family members also was mentioned by many social workers: “Many Filipinos want to work for men—they are easier to work for, have fewer demands than women. Even though, I also see the other side, that sexually they [Filipinos] get abused.”

Abuse of Care Recipient. The potential for abuse by Filipino home care worker also was noted:

“They [Filipino home care workers] come innocent with a strong will to work and then they meet their friends and become greedy. They care less about the older adults . . . They don’t mind leaving the family if they get more money elsewhere . . . They are taught how to manipulate the system.”

Ongoing Regulations. The ongoing regulations of this caregiving arrangement also were identified as a major challenge: “There are rules that help and rules that make it more difficult. Every day there is a new rule that comes up . . . Families feel alone confronted by all these rules and regulations.”

Cultural Issues Associated with this Caregiving Arrangement

Culinary Mismatch. Differences in food preferences and cooking styles between Filipinos and Israelis were viewed as a major source of conflict:

“One of the main cultural differences you see is related to food. For the same amount of money, you can get this rice or that rice, and the worker wants this rice. It’s enough that the family won’t be sensitive enough and won’t take the Filipina to the store to buy the rice that she wants that she’s gonna feel cheated. . . . Some families want workers from Europe, Romania . . . saying “it’s not gonna work with a Filipina, she will never learn how to cook this way.”

Communication Difficulties. Social workers believed that a major source of difficulty is that Filipinos are hard to interpret because they come from a different cultural context, are less open than Israelis, and often build an emotional wall between them and Israelis:

“We [social workers] always tell the families to talk, but it is really hard to try to understand the culture of the “other” and accept the culture of the “other” and the “other” does not give away his or her culture very openly. Especially not in the beginning. Many times, the culture, especially Eastern culture is so different that we don’t even know what questions to ask. We don’t understand the answers, we don’t understand the smiles.”

Vulnerable Groups Within Israeli Society. Social workers acknowledged that Israeli society is not homogenous and that certain groups are more prone to difficulties associated with this caregiving arrangement. These groups tend to have a more traditional lifestyle. Specifically, Sfaradi Jews, those of lower socioeconomic status, and religious families were viewed as having a harder time accepting and adjusting to a foreign home care worker: “There is this group, usually Sfaradi Jews that is unwilling to accept a foreign worker and as a result, there are multiple challenges and replacements . . . they [Sfaradi Jews] think of them as their slaves. . . . They don’t behave nicely.”

Social Workers’ Views on their Own Role in this Caregiving Arrangement

Preparation. Social workers identified four major tasks that they fulfill to ease the tension associated with this caregiving arrangement. Preparing both sides to the caregiving arrangement before their first meeting by clarifying expectations and roles was identified as a major task by many social workers:

“Whenever I am able to prepare the parties, I see good results. I identify past failures. . . . For example, a woman who had multiple caregivers in the past and she terminated with all of them. I can tell this woman needs some assistance in the bath, outside the house, but she is still cognitively intact, she is still able to cook to some degree, she might need some assistance picking up the sauce pan, but she can function and make small things on her own. It is important to identify expectations—what are the limits . . . what is the schedule [of the home care worker vs. the older adult] . . . when is she [home care worker] going to take a bath.”

Supervision. Social workers also identified their role as supervisors who are there to protect not only older adults, but also home care workers, from exploitation:

“We had a case when the children were abroad and some of the grandchildren were here, but they were not always available. So, the daughter [of care recipient] called me one day and she was very worried, because her mom had pressure wounds. I accompanied the daughter and a nurse to check on things We try to make sure

that the family won't abuse the workers. But some workers get bored and really want to do more than their defined job . . .”

Emotional Support. Providing emotional support to both sides throughout this caregiving arrangement also was identified as a major role:

“Accompanying both sides for the long run—that’s the idea. A caregiver enters the family for a long period of time. Usually a few years, there is crisis related to aging and there is burden and crisis related to the family . . . we are there to support them.”

Assisting both sides in establishing an emotional contact, beyond an instrumental contact was mentioned as a major task faced by social workers. This was often accomplished through pinpointing similarities between the sides:

“Very often, we talk about the expectations of the older adult and about the foreign worker, what’s gonna happen with her [Filipina]. . . . She is coming from a different place . . . from a foreign place . . . and the older adult says to me “ah . . . it’s not only me who is anxious, she is anxious as well, so that’s fine.” All of a sudden, there is a relief, she becomes human . . . she is also anxious.”

Sharing of personal information was another technique used to encourage trust and a working relationship: “Some of the workers don’t even know the meaning of the name of the care recipient. . . . You can connect between the families and the workers in so many ways, even by talking about their personal names.”

DISCUSSION

Given the universal nature of foreign home care and the expectation that such an arrangement of care will increase in prevalence in future years (Chang, 2000; Ehrenreich & Hochschild, 2000; Salazar Parrenas, 2001), there is an urgent need to further understand it. The present article summarizes findings from the Israeli experience in which social workers capture a prominent role in the initiation and maintenance of this caregiving arrangement. In this report, we first discuss the motivating factors for this caregiving arrangement based on the views of social workers and

then the sources of conflict and difficulty associated with this arrangement of care. Finally, we discuss the role of social workers in this caregiving arrangement and potential recommendations for improvement.

Social Workers' and Care Mangers' Views on the Motivation for this Caregiving Arrangement

Social workers believed that both sides, the Filipino and the Israeli, choose this arrangement of care as a last resort. The motivation for the encounter on the side of the Filipinos was primarily attributed to financial reasons. This view is somewhat contradictory to past qualitative research that has argued that social reasons rather than purely financial ones are the primary motive for migration (Ehrenreich & Hochschild, 2000). The fact that this argument did not come up in any of the interviews with social workers demonstrates that social workers' view of Filipino home care workers remains narrow and stereotypic and they fail to acknowledge the complexities of these care providers.

The motivation on the part of Israelis, on the other hand, was attributed primarily to lack of available caregiving alternatives in the country. As stated by many social workers, no one other than foreign home care workers is willing to perform the physical tasks associated with caring for older adults. In contrast to Israeli caregivers, Filipino home care workers were portrayed as performing some of the more physical tasks exceptionally well. They were viewed as an excellent solution for keeping older adults in their familiar environments. This solution was viewed as superior to a nursing home or to other long-term care options by many social workers. Further research is needed to verify whether, indeed, home care is the best alternative for older adults.

Because social workers often are the first to encounter frail older adults and their family members and are the ones to describe care alternatives to them, their views and beliefs likely guide the choices of families and frail older adults. If social workers believe that Filipino home care workers provide the best long-term care alternatives to older adults, it is highly likely that other alternatives such as a nursing home or a skilled nursing facility will be viewed less favorably by family members and older adults. Furthermore, if social workers portray the motivation of Filipinos for coming to Israel as being guided primarily by financial reasons or by the more lenient job requirements in Israel relative to the rest of Western society, family members and older adults would potentially view the workers more critically and might feel distant from them. Thus, any

future intervention to improve the lives of Filipino home care workers and frail older adults has to also address the views and beliefs of social workers.

Sources of Conflict and Difficulty Between the Involved Parties

Social workers and care managers identified four major areas of conflict and difficulty:

Between Private and Public. The provision of intimate care in the most intimate setting (i.e., one's home) by a total stranger was identified as a major source of difficulty. This arrangement turns "aliens" who come from a completely different culture and society into the main support figures in the lives of many lonely and frail older adults. The arrangement seems to constantly blur the boundaries between work and family; according to social workers, many older adults and their families expect Filipino home care workers to take the traditional role of a family member and provide the social support older adults are so eager for. Despite the fact that Filipino home care workers were described as willing to perform many of the physical tasks that usually are avoided by Israelis, social workers argued that not connecting to older adults at the personal level was a major limitation. Our findings show that the cross-section between formal and informal support often results in the allocation of "informal duties," such as support and friendship to formal caregivers. Similarly, in interviews with home care workers Karner (1998) found that emotional work encompasses a large portion of their job.

The issue of sexual harassment of home care workers also can be viewed in the context of a lack of clear boundaries; many times the worker sleeps in public areas within the house, such as the living room and provides the most intimate personal care to older adults. For cognitively impaired older adults, this may create a setting that promotes inappropriate sexual behavior. Hence, social workers and care managers should be particularly aware of this risk and protect not only the care recipient, but also the formal caregiver.

Financial Issues. The tension between the need of the older adults and their families for around-the-clock care versus the need of the Filipino home care workers for some free time of their own also seemed to create a conflict between the parties. Interestingly, social workers were able to identify this tension, but tended to be more understanding toward the needs of the older adults. Possibly, because they too are Israelis and about

60% of them have had some contact with foreign home care workers informally as family members of frail older adults. Social workers need to be aware of their over identification with the care recipients, because if adequate management is to be provided, both sides need to be supported.

Legal Issues. Many social workers reported neglect and disrespect on the side of Israeli families and elders. These can partially be explained by the fact that caring for older adults has been a devalued task by many in Western society (Feldbaum & Feldbaum, 1981; Happell & Brooker, 2001). When this task is performed by women of a less affluent society with limited social rights and limited knowledge of the host country, the potential for conflicts on both sides is high. Many times, home care workers are asked to perform additional tasks with no adequate compensation. The potential for neglect and abuse also was noted on the side of Filipino home care workers, with financial abuse being the most common. The strong dependency on the side of the care recipient was described as a precipitator of financial abuse. Because this caregiving arrangement often has no witnesses but a frail older adult and his or her foreign home care worker, almost any type of abuse can occur. Thus, supervision of this caregiving arrangement by professionals and the ongoing regulations associated with this arrangement are of utmost importance.

Cultural Issues. As expected, cultural issues also were identified as a major source of difficulty. The literature views food and eating habits as a social phenomenon in nature, with some arguing that food and eating habits may connect or disconnect between individuals and cultures (Pan, Dixon, Himburg, & Huffman, 1999; Sukalakamala & Brittin, 2006). Thus, it is not surprising that differences in food preferences and eating habits were identified as major sources of conflict in the present study. The Asian cuisine is very strange for the majority of Israeli elders and Israeli cuisine, especially kosher cuisine, stands in contrast to some of the favorite Filipino dishes. Those Filipino home care workers who were able to better adapt to Israeli culinary taste were viewed more positively. Furthermore, social workers acknowledged that many conflicts could be avoided by preparing all sides to respect the culinary preferences and the personal habits of the other party. Interestingly, many Filipinos were described as quick learners, capable of maintaining the Jewish tradition following a short explanation. Apparently, these skills they have gained in Israel make them marketable worldwide later on.

Language proficiency was rarely mentioned as a problem and Filipino home care workers were portrayed as quick learners of Hebrew. However, social workers identified many cultural differences in the expression

of emotions and needs as a major source of difficulty. Israelis were portrayed as outspoken, emotional, and, at times, demanding whereas Filipinos were described as reserved and acquiescent, especially during their first years in the country. Interestingly, once adapted to Israeli culture, Filipinos were not viewed in a more favorable light, but instead, were viewed as demanding, outspoken, and greedy, taking on less desirable Israeli characteristics. Apparently, it is those characteristics (e.g., patience, obedience, respect) that make Filipino home care workers so different from Israelis that also make them so attractive in Israeli society.

Social workers also identified specific groups within Israeli society (Sfaradi Jews and ultra orthodox Jews) for which acceptance of, and adjustment to, a Filipino home care worker seemed particularly difficult. These groups were described as more conservative in nature and less open to foreigners. Keeping the Jewish faith and having their own traditions of food preferences and eating habits require special consideration (e.g., keeping kosher food, keeping a distance between genders, etc.) that often stands in contrast to the Asian-Catholic tradition of the worker. In past research, these groups were found to utilize formal assistance at lower levels than the majority culture (Walter-Ginzburg, Guralnik, Blumstein, Gindin, & Modan, 2001). Thus, additional preparation and supervision by social workers might be required specifically for these cases. It also could be helpful to explore additional alternatives, such as home care by a relative, with these particular groups.

The Role of Social Workers. Establishing trust and a working relationship between the older adult and the home care worker are challenging even if the two come from more similar cultural backgrounds (Porter & Ganong, 2005). The challenges likely intensify if the parties come from very different backgrounds such as the case described in this paper. Based on the interviews with social workers, it appears that significant preparation has to take place for such an arrangement of care to work. Identifying similarities between the involved parties, such as the view that both sides are anxious and unsupported through this arrangement and that both sides hold the value of caring for their own family members yet leave the everyday care in the hands of others (e.g., Filipinos leave their children in the Philippines to work in Israel and Israelis pay Filipinos for taking care of their parents) can assist in the establishment of trust and solidarity among the parties. There also is a need to assist the involved parties in overcoming some of the perceived contradictions that were identified in the interviews (e.g., that one can be a competent caregiver, yet do the caregiving job for money or leave his or her children to find a job; or that

intimate care is provided for money). Clarifying expectations about the relationship between the parties and outlining the professional versus social/emotional aspects of this arrangement were identified as important tasks at the initial stages of the encounter. To assure the continuation of this delicate caregiving arrangement, which involves intense isolation and a risk for exploitation on all sides, social workers are required to provide constant support and empathy as well as supervision.

The current arrangement in Israel, in which private agencies receive money from the government that is then used toward the employment of foreign home care workers, puts social workers in a position where they may choose to maintain the caregiving arrangement at all costs. Furthermore, they are responsible primarily for the welfare of the care recipient and not for the caregiver. In current Israeli society, many inequalities are ingrained in the initiation and supervision process of this caregiving arrangement. In light of these inequalities, it is important to involve additional supervising bodies that aspire, as their goal, to protect both the older adults and the foreign home care workers and to “break” into the privacy and isolation of this caregiving arrangement.

Limitations. This study used a convenience sample of social workers from two agencies. Whereas these workers were purposely selected within the agency, the experiences and attitudes they expressed may not be representative of other agencies. To account for this, we conducted an extensive member check involving more than 20 professionals from other agencies to gain a broader perspective on these findings. Another potential limitation of the study is the fact that it does not incorporate the point of view of the other three parties involved: Filipino home care workers, older adults, and their family members. In the present study, social workers presented views that were highly value-laden and may not represent the views of the other stakeholders. However, given the scarcity of research on the topic and the fact that social workers represent a unique point of view, we decided not to integrate these findings with qualitative findings from interviews with the other stakeholders. Finally, the social workers interviewed in this study were all involved in employing documented foreign home care workers. It is highly likely that the experience of working with undocumented workers is very different from the views described in the present report and needs to be further evaluated in the future. Some may criticize the subjective nature of qualitative inquiry. However, given the scarcity of research and the need for in-depth understanding of the topic, qualitative research has been the recommended practice by many experts (NIH Culture and Qualitative Research Interest

Group, 2001; Patton, 1997; Willgerods, 2003). To assure greater reliability of the findings, we systematized the coding process by working in pairs or threesomes, identifying only those themes that emerged directly from the text, and conducting a member check at the end of data analysis and interpretation.

In summary, social workers have a major role in the initiation and support of this caregiving arrangement and their point of view is extremely valuable. Our findings suggest that despite the high need and obvious advantages associated with this caregiving arrangement, many difficulties and challenges remain. According to social workers, these are particularly due to very prominent cultural differences between the host culture and the culture of the foreign home care workers. Interestingly, however, when Filipino home care workers become more similar to mainstream Israeli society, difficulties remain and even intensify. Hence, legal, financial, and structural factors also challenge this caregiving arrangement.

In contrast to past research that has focused primarily on the minority status of the consumer as a potential source of difficulty and that has strived to accommodate to the specific needs of ethnic minority consumers, the present study demonstrates that more attention needs to be given to the minority status of the provider. As more and more older adults in Western society are likely to depend on the services provided by individuals of less affluent societies, it is our duty to continue to evaluate the specific needs and challenges associated with such an arrangement.

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