

**Working Paper:**

**Who Cares?**

*The Experience of Migrant Care Workers in  
Ireland.*



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## 1. Introduction

The purpose of this paper is to document a needs analysis conducted by MRCI of the situation of migrant care workers undertaking care work with older persons in the private homes and in private residential care settings.

Over the last decade MRCI, through its work with domestic workers, identified an increasing trend of these workers taking up positions in the care sector. Trends also indicate that migrant workers will continue to play a significant role in the care sector into the future. These factors combined informed the need to develop an overall picture of the experience of migrant care workers.

The project was an initial needs analysis to gain an insight into the experience of migrant care workers. Rather than drawing a definitive set of conclusions, this paper sets the ground work for future activities in this area. It will be further developed and shaped by discussions with care sector organisations, bodies such as the Equality Authority and the Human Rights Commission, Health Service Executive, Health Information and Safety Authority, the Trade Union Movement and other stakeholders.

It is a growing area of concern that there are potential tensions between the rights of workers and the demand for affordable care. This study attempts to explore this on a more in-depth level within an equality and human rights framework. MRCI believes that care services or supports should be underpinned by Ireland's equality and human rights commitments enshrined in the Irish constitution, Equality Legislation, EU Law and international human rights instruments.<sup>1</sup> Consequently, the equality and human rights of all care workers including migrants should be upheld. It is within this framework that this paper is situated.

This paper sets out the current context, methodology, findings, conclusions and recommendations from the study. It seeks to develop a picture of the experiences of migrant care workers and strategies to address the issues raised.

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<sup>1</sup> Some of these rights include: Right to Equality and Non-discrimination, Right to vindication of the person, Right to bodily integrity, Right to effective remedy, social and economic rights including right to health and social services, right to personal liberty, right to individual privacy, right to respect for moral and physical integrity, family. Source: Human Rights Commission, Older People in Long Stay care, 2002.

## 2. Methodology

The aims of the study were:

- To conduct a needs analysis of the situation of migrant care workers providing care to older people in the private home and in private residential care settings. The project focused on workers employed through agencies, recruited directly by private care homes and private individuals.
- To engage migrant care workers to complete a survey, participate in focus groups and case studies designed to identify their unique experiences and equality concerns in care work.
- To provide valuable insights into and document the particular needs and situation of this vulnerable group of migrant workers, the majority of whom are women.

MRCI engaged over 115 migrant care workers using a community development and empowerment approach. 8 migrant care workers were facilitated to act as peer researchers to the project and advised on all aspects of its development. This involved:

- Delivery of 3 training workshops to provide the necessary skills and support required in order for them to undertake this research and complete surveys with their peers in the care industry;
- Provision of individual support to the 8 peer researchers to carry out the survey through regular phone contact, emails and one to one meetings;
- Production of a film with input from the group;
- A review on their experiences of carrying out the work.
- 80 surveys were carried out across the country with migrant care workers. The peer researchers conducted 30 of these and the rest were conducted by the MRCI's staff, Resource Centre and Board of Management and other migrant organisations.
- 2 focus groups were conducted targeting 27 migrant care workers which examined the following:
  - What are the key issues affecting migrant care workers?
  - What needs to change to improve the situation of migrant care workers?
- 4 case studies were carried out to examine in-depth the experience of migrant care workers in different care settings.

- Key stakeholders were identified and invited to be part of an Advisory Group to the project. The terms of reference for the group were to advise on the overall framework for the study and comment on draft research findings and recommendations. The members of the group are as follows:
  - National Women’s Council of Ireland
  - Services Industrial Professional and Technical Union
  - Inclusion Ireland,
  - Carers Association Ireland,
  - University College Dublin
  - Equality Authority

MRCI made contact with over two hundred migrant workers through the peer researchers and various outreach activities. Feedback from peer researchers revealed that some potential respondents were afraid to formally feed in their views. This was due to the fear that if they did they would be at risk of losing their jobs.

In order to ensure that survey participants reflected diverse nationalities and a geographical spread MRCI developed an outreach strategy. A geographical and rural urban spread was achieved with participants drawn from Cork, Galway, Limerick, Mayo, Sligo, Dublin, Wicklow and Laois.

### **Clarification of Terms**

It is important to acknowledge that many people in receipt of care supports are not over 65 years. However, the majority of the information accessed through the survey conducted for this study was in relation to older persons.

Care work encompasses a broad range of terms and positions. For the purposes of this study ‘care worker’ refers to:

- care assistants working in residential and nursing homes;
- home care workers employed by home care agencies;
- other agency workers;
- live-in care workers employed directly by older people or their families.

The study also focused on paid care work as opposed to unpaid work.

Care work providers referred to in this paper are:

- private agencies providing home care services;
- private agencies providing care workers to public and private nursing homes;
- private nursing homes.

### 3. Background and Context

#### Policy and Regulation

Care is a burning issue in Irish society. There have been many high profile cases in the media where older persons have been subjected to abuse and neglect in both home care and residential care settings.<sup>2</sup> Within this context, it is vital that where services or supports are required by older persons within the home or in nursing homes, all such provision, should be adequately resourced and centred on promoting the independence, dignity and autonomy of the person.

The Department of Health is ultimately responsible for government policy and allocation of resources for older people. It recognises through its policy objectives that older persons prefer to live with dignity and independently in their home and community.<sup>3</sup> However, there is no legislation to govern this policy. Also there is 'an absence of a regulatory structure for the delivery of professional care in the home.'<sup>4</sup> There is no agency or body that monitors and regulates the provision of home care supports to older persons in Ireland today.

The Health Information and Safety Authority (HIQA) was set up under the Health Act, 2007. 'It is an independent authority responsible for driving quality, safety and accountability in residential services for older people and adults with a disability in Ireland. HIQA develop standards and monitor compliance with standard and carry out investigations.'<sup>5</sup> All private nursing homes must register with HIQA. HIQA carry out inspections of these homes. However, their powers do not extend to home care provision.

The Department of Health's' care policy, resources and strategy are implemented on a daily basis by the Health Service Executive (HSE). The HSE is the main provider of care services to older persons. It provides both formal home care service/supports which consist mainly of home care packages and home help and nursing home beds. In 2010, it was estimated that

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<sup>2</sup> *Prime Time Investigates* programme in December 2010 found appalling standards of care by a number of private home care providers paid by the HSE. Leas Cross Scandal in 2005-2006 which led to the establishment of HIQA. Rostrevor nursing home in South Dublin where shocking level of abuse came to light as a government minister called for more protection for whistle-blowers in Ireland (2011). Oranmore Nursing home 2012 series concerns over the running of the home. Owen Riff Nursing home in Oughterard due to the neglect of patients was taken over by the HSE in 2012.

<sup>3</sup> Department of Health: The National Carers' Strategy Recognised, Supported, Empowered.

<sup>4</sup> Law Reform Commission, Legal Aspects of Profession Home Care, December 2011.

<sup>5</sup> For further information see <http://www.hiqa.ie/>

there was a total of approximately 30,000 beds in public and private nursing homes. In March 2011, the total public capacity was 8,388 beds.<sup>6</sup>

Care work is increasingly being outsourced by the HSE. 'In 2011, through the HSE, nearly 51,000 people (the majority aged over 65) received home help and 15,000 a home care package.'<sup>7</sup>The number of home care agency providers has increased significantly. In 2010 there were an estimated 150 companies providing homecare in Ireland.<sup>8</sup> In 2009/2010 there was a 38% increase in the private nursing home bed supply since 2003.<sup>9</sup>

It has been identified that 'from 2001 to 2010, there was a steady, although virtually silent, privatisation of many aspects of health care.'<sup>10</sup> The privatisation of care services/ supports is a critical issue that needs attention particularly in the 'absence of a regulatory structure for the delivery of professional care in the home.'<sup>11</sup> As highlighted by the National Economic and Social Council 'despite the amount of home care provided, and the increase in the number of private-sector home care providers in recent years, formal home care is as yet unregulated.'<sup>12</sup> Also 'budget reductions, with subsequent cutbacks in services, are having an impact on the extent to which service users are able to receive the services they need.'<sup>13</sup>

## Population and Trends

According to the 2011 Census Results, there are 549,300 persons aged 65 and over living in Ireland which constitutes almost 12 % of the population. Population trends indicate Ireland is an aging society. 'The number of people over the age of 65 is projected to more than double over the next 30 years with the greatest proportional increases occurring in the 85+ age group.'<sup>14</sup>

95 percent of those aged 65 and over live at home. Approximately 30 percent of this group live alone and 10 percent have a disability. In 2011, the number of elderly persons usually resident in nursing homes was 20,802 while the number of elderly recorded as being usually resident in hospitals across the country was 4,873.<sup>15</sup> There were 187,112 carers in paid work recorded in the 2011 Census.<sup>16</sup>

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<sup>6</sup> Minister for Health, Parliamentary Question at <http://debates.oireachtas.ie/dail/2011/05/31/00273.asp>

<sup>7</sup> National Economic and Social Council, Quality and Standards in Human Services in Ireland: Home Care for Older People, 2012.

<sup>8</sup> Primetime A prime time documentary that aired in <http://www.irishhealth.com/article.html?id=18358>

<sup>9</sup> Minister for Health, Parliamentary Question at <http://debates.oireachtas.ie/dail/2011/05/31/00273.asp>

<sup>10</sup> Irish Journal of Public Health: Boom to bust: its impact on Irish health policy and health services, Sara Burke' Vol 2 issue 1, 2009.

<sup>11</sup> Law Reform Commission, Legal Aspects of Profession Home Care, December 2011.

<sup>12</sup> National Economic and Social Council, Quality and Standards in Human Services in Ireland: Home Care for Older People, 2012, p 34.

<sup>13</sup> 'For example, the 2010 standardised procedures for home care packages outline that where funding is not available, clients may not receive all of the supports they need, or may have to wait for them. This is very unsatisfactory for those who need the care but cannot access it.' NESc report 46.

<sup>14</sup> Department of Health, Health in Ireland, Key trends, 2011 based on Census Results 2011.

<sup>15</sup> Press release Census 2011 Profile 2 - Older and Younger, May 2012.

<sup>16</sup> Central Statistics Office, Profile 8 Our Bill of Health. November 2012.

The increase in the older population is likely to result in a greater need for community-based health and social care services.<sup>17</sup>

## **Migration and Care Work**

The care work sector is increasingly diverse. Migrant workers make up 27 per cent of care workers caring for older people.<sup>18</sup> This trend is expected to continue. 'Research based on current trends, projections for the ageing population, and the expected shortages in the eldercare workforce indicate that the role of migrant workers in elderly care will increase in the future.'<sup>19</sup>

The types of immigration stamp held by migrant workers vary and will impact on the level of rights afforded to them by the State. For migrant workers coming from outside of the European Economic Area (EEA) an Employment Permit is required to work in Ireland which is issued by the Department of Jobs, Enterprise and Innovation (DJEI). Non-EEA migrant workers' legal status in Ireland is dependent on their work permit which ties and restricts the holder to work with the employer specified on their work permit. Should a worker leave their employer, they may also lose their legal entitlement to reside in the state. Other forms of immigration status such as stamp 4 and citizenship, entitle a person to access the labour market without the need for a work permit and gives them a higher set of rights.

Since 2009 the category of Domestic Worker was deemed ineligible for work permits. Some live-in care workers employed directly by families come within this category. A percentage of care workers working primarily in the private home are undocumented and have no entitlement to work. This category of worker is extremely vulnerable to exploitation.

The majority of care workers in Ireland are from the Philippines, Poland and to a lesser extent Africa. According to research on migrant care workers in Ireland 'these workers take up significant portions of the lesser-skilled eldercare positions, with workers from other European and regional countries assuming the remainder.'<sup>20</sup>

## **Defining Care Work**

There is a variety of terms used within the care sector to describe workers involved in the provision of care such as home help, care assistant and respite worker. However, there is a lack of an overall understanding about what these terms mean. 'This has led to confusion about the respective responsibilities of care workers in the various care settings.'<sup>21</sup>

Older persons have differing needs regarding home care which should be acknowledged. These can be influenced by geographic disparities, depending on what county they are in,

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<sup>17</sup> Law Reform Commission, Legal Aspects of Profession Home Care, December 2011.

<sup>18</sup> International Organisation for Migration, The Role of Migrant Care Workers in Ageing Societies: Report on Research Findings in the United Kingdom, Ireland, Canada and the United States, Research Series, 2010. P21- p22.

<sup>19</sup> International Organisation for Migration, The Role of Migrant Care Workers in Ageing Societies: Report on Research Findings in the United Kingdom, Ireland, Canada and the United States, Research Series, 2010. p22.

<sup>20</sup> IBID, p29.

<sup>21</sup> Interview with Clare Duffy, Carers Association Ireland, 2012.

depending on their locations in an urban or rural environment, and additional family and support mechanisms available to them.

In line with government policy to support older persons to live independently, with autonomy and dignity in their own homes, the values underpinning the way in which this is designed and delivered is an important part of this discussion. This should be based on human rights and equality principles.

## 4. Research Findings

### A. Description of Participants

The age of the survey and focus group participants ranged from 28-59 years with an average age of 40 years. 92 percent of participants were female and 8 percent were male. Participants were made up of migrant workers of 11 different nationalities. The following table represents the percentage of participants by nationality from the largest groups:

Nationality	Percent of total
Filipino	56%
Polish	7%
Africa	6%
Romania	4%
Irish Citizen	9%
Unknown	12%
Other	6%

The immigration status of the participants was as follows:

Immigration Status	Percent of total
Citizenship	17%
Stamp 4 Resident	39%

Work Permit	8%
Undocumented	8%
Student	7%
EU	13%

17 percent of immigrants who participated in the needs analysis have become Irish citizens. This reinforces the position that the Irish workforce is diverse and this will be a permanent feature into the future.

Those surveyed were recruited in the following ways:

<b>Form of recruitment</b>	<b>Percent of Total</b>
Agency	15%
Private Individual	5%
Directly by Private Nursing Home	44%
Directly by Public Nursing Home	28%
Charity	1%
Other (not specified)	7%

The focus of the study was to assess the experience of migrant care workers working in private home and private nursing home settings. The data that is analysed in the findings

section relates to their experiences. However, 28 percent of the surveys received were the views of workers in public nursing homes and hospitals. 1 percent of the workers surveyed worked for charities.

In relation to those working in private nursing homes and the private homes over half of them had undertaken the FETAC level 5 qualifications in care work and 36 percent received in house training. 23 percent of this group had medical and other relevant qualifications. For example, some were trained as doctors, nurses, physiotherapists and in social studies and were employed as care workers.

<b>Training</b>	<b>Percent of Total</b>
Fetac Level 5 or higher	57%
In House Training	36%
Other	32%

## **B. Terms and Conditions of work**

Some workers reported good pay and conditions, and decent overall treatment in their employment. However, many did not receive their basic rights, including overtime and bank holiday pay, among other rights and entitlements:

- 24 percent of participants had no contract of employment
- 22 percent did not receive extra pay for extra duties and responsibilities
- 22 percent did not receive payment for night duty
- 26 percent were not paid extra for working on Sundays
- 15 percent received no extra payment for working on a bank holiday
- 13 percent received no pay slips
- 10 percent were requested by their employers to pay for obligatory in house training which was conducted during their own time
- 7 percent reported being expected to be at work 30 minutes extra each day without additional pay

- 12 percent highlighted that a “banking system” operates within their workplace where the employer holds on to the workers payments for the bank holidays and the employee is required to apply to the employer to recoup it.

The data indicates that there is a high degree of non-compliance with basic labour law standards among those surveyed. There is a significant level of exploitation of migrant workers within private nursing homes and private homes.

As stated earlier 28 percent of the surveys received were the views of workers in public nursing homes and hospitals. 1 percent of the workers surveyed worked for charities. From the results of these surveys, basic employment law standards were complied with. The main issue that was raised by participants was discrimination in the work place. For example, migrant workers were seen to be given the “heavy jobs” and not treated with the same respect as their Irish counterparts by managers. The exploration of discrimination and less favourable treatment of migrants in the workplace based on grounds of nationality or ethnicity will require further research.

The majority of all participants chose not to complain about their pay and conditions. The reason given for not making a complaint was fear of losing their job, especially in the recessionary climate. In respect of those who had work permits, they would not complain as they are relying on their job to maintain their legal status in the country. Many reported their employers stating that if they complained “*they could join the dole queue*”.

*“I know my rights and benefits, but as a migrant it’s hard to complain especially when your employer has the right to terminate your work permit”.*

The majority of those surveyed were paid over minimum wage. However, many reported that they were on the same rate for many years without any increase. It was not within the scope of the study to examine years of service and lack of progression routes. This is an area that requires further attention.

*“I am qualified nurse and midwife in Poland. I have 13 years experience in my field but I can only get work as a care worker. I was promoted to a supervisor but I was not given an increase in my salary for the extra responsibilities.”*

In 3 percent of all those surveyed, evidence of gross exploitation was uncovered including:

- Non-payment of minimum wage
- Working in excess of 40 hours per week
- No contract of employment
- No holiday pay

*“I get paid under minimum wage and I work long hours and never get overtime. I am overworked. I look after the client but I must also clean the whole house, windows in and out and gardening. I do not get enough food. They do not pay my PRSI.”*

Lucy is from the Philippines. She is 43 years old. She was employed directly by a family to work as a fulltime live in carer with responsibility for an older woman with high support needs, living alone. Her employers applied for her work permit. The employment contract stated Lucy would work 8 hours daily, Monday to Friday, for minimum wage. In practice Lucy worked six and half a days a week, for up to 14 hours daily. She was on call at all times and had to tend to the older person at night. She worked every Saturday and took a half day on Sundays. She was grossly underpaid for more than four years receiving €300 per week. She did not receive holiday pay, overtime or bank holiday pay. Her duties included full care of the older person, cooking, laundry, cleaning, housekeeping and all other domestic duties. Although her contract was for a 40 hour week, Lucy felt responsible for the welfare of the older person, who required fulltime assistance. If Lucy left the house after her 8 hour shift or at the weekend the woman would not be cared for, fed or bathed. Lucy made a number of complaints to the family about the unfair conditions, which were always ignored. Lucy grew stressed by the heavy workload and her lack of personal time. She made a complaint to the National Employment Rights Authority. After the labour inspector visited, Lucy's employers decided they could not afford to pay her properly and they made her redundant.

### **C. Role of Care Worker**

In both the survey and the focus groups participants reported being consistently required to do extra tasks not specified in their contracts or exceeded their role of care worker. For example, workers reported being asked to undertake laundry in the nursing home environment, car washing, errands, emptying bins, care of animals, general cleaning such as cleaning windows and family rooms and kitchen duties not related to the care of the client such as heavy duty cleaning of ovens etc. Participants expressed concern as to the role of care worker not being clearly understood by employers. They highlighted that the impact of this lack of clarity is twofold:

- It undermines workers and leaves them feeling undervalued
- Reduces the quality of the care they can provide to the clients

The Carers Association of Ireland highlighted key areas of concern in relation to defining the role of care workers. It was illustrated that 'a respite worker, often referred to as a home care worker, in one area may not be allowed to administer medication but they can make a cup of tea for the person. While a home care assistant employed by the HSE may be permitted to administer medication but cannot make a cup of tea for the person.'

Also the Association identified that there are tensions between affordable care and workers rights. For example, in some cases an older person is given a direct weekly payment from the Health Service Executive (HSE) allowing him/her to purchase services privately under the Home Care Package Scheme.<sup>22</sup> However no guidance is provided by the HSE regarding their

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<sup>22</sup> The Home Care Package scheme is an administrative scheme, operated by the HSE aimed mainly at those requiring medium to high caring support to continue to live at home independently. Each support package is tailored to the individual needs. It may include: Services provided directly by the HSE, or Services provided on behalf of the HSE by a voluntary organisation, or a direct weekly payment from the HSE allowing purchase of services privately, or a combination of the above. Source: Citizens Information at [http://www.citizensinformation.ie/en/health/health\\_services\\_for\\_older\\_people/home\\_care\\_packages\\_for\\_carers.html](http://www.citizensinformation.ie/en/health/health_services_for_older_people/home_care_packages_for_carers.html).

new role as an employer. 'Family members often look for the most affordable option and they do not recognise their role as employers. Care workers can be abused because family members may not recognise their role as an employer and be unfamiliar with employment laws.'<sup>23</sup>

Care assistants recruited by agencies reported a significant variation in the type of tasks they were asked to carry out depending on where they were placed. While their contract specified that they were required to undertake light duties this was not the case where they were working. In the private home workers who were required to carry out tasks that are not part of the job description felt unable to object. They feared upsetting the employer and losing their employment.

Esther, 42, is from Malawi and lives in Dublin working as a care assistant. She is employed by a private company who provide a range of home care options to clients, some of whom are HSE patients. Despite having been with the company for more than three years, Esther has been overlooked in the allocation of more regular, suitable and less stressful assignments. Her wages have not increased since she started despite increases in her workload. Esther cares for an older couple in their nineties, living in their home five days, and then off five days. She starts at 8am and finishes at 10pm every day and is paid €90 per day. She is on call over night due to one of the older person's care needs. She does not receive any on call or overnight fee. The older person needs assistance to carry out all his daily functions. Esther is unable to lift him when he is uncomfortable and she needs assistance with this. She raised this with the management but no assistance was provided. She would like to progress to doing shift work with clients, where the flat rate is €11.50 per hour on weekdays, €12.65 on Saturdays and €18 per hour on Sunday, but she is never given the opportunity despite being with the company longer than some of her colleagues who get the shifts. *"They contact me when live in work comes up because they know they can't get anyone else to do it. I am the easy target. I have never raised a complaint about my conditions. I am afraid to lose my job. I know I am not being paid for the nights but I don't have a choice."*

The majority of those who participated in the study identified that the role of care workers needs to be properly understood by the all parties so that expectations of what is required in different care settings could be clear and tasks could be carried out effectively. It was highlighted that where roles are unclear it can lead to conflict and lack of effective delivery of care responsive to the needs of the person.

#### **D. Treatment and Experience**

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<sup>23</sup> Interview with Clare Duffy, Carers Association Ireland, 2012.

Over half of participants in the survey and the focus groups did not feel valued and respected by their employers. Workers reported the following incidents which underline poor treatment:

- Discriminatory verbal abuse by the employer when asking for basic entitlements. *“When I asked my employer for annual leave he told me you Filipinos are always looking for extras”*
- Inappropriate procedures in place to claim basic entitlements. For example, workers were required to request a day off two weeks in advance in writing. Others reported receiving text messages stating that their pay would be deducted for time off. Other reported not being paid on time and as such always being short of money at the end of the month. *“My employer is very manipulative and never pays me on time. He holds on to my bank holiday and annual leave pay for months. I can’t do anything about it as I’m afraid of losing my job. When staff speak up for themselves they get less hours.”*
- No notification to or consultation with workers on changes to the roster leaving workers in precarious working situations. *“They change my shift from days to nights and my working hours any time that suits them. Sometimes they change my roster without even asking me am I able to work those days. If you can’t turn up to work they just cut your hours.”*
- Over a quarter of participants highlighted that they were not allowed to speak their native language even on a personal break.

### **E. Discrimination**

Over 40 percent of participants identified that they felt discriminated against by their employers. This ranged from workers feeling their abilities were constantly being questioned despite long years of services and direct discriminatory and racist comments levied at workers based on their nationality. Where workers tried to address issues they were threatened by the employer. The majority of those surveyed indicated that discrimination is part of their daily working life but they feel as migrant workers it is a reality that has to be borne as Ireland is not their home country. The following provides a sample of the types of issues raised:

- *‘After working for almost 3 years my employer is still questioning my ability.’*
- *‘My employer told us if we were not happy at work we can go and queue in the dole or fly to Syria.’*
- *‘I was told by my employer that either you do as you’re told or we will replace you.’*
- *‘We were told by our employer if we did not want to work here anymore we had better go home to our country.’*

Migrant workers from African countries specifically raised the issue of racism and highlighted experiences of both verbal and physical abuse from employers and the older persons in their care. In all cases nothing was done to address this problem. There was also a perception that workers from African communities are required to do ‘more awkward’ and strenuous jobs than their white colleagues. It was identified that strategies and good practice is needed to address this widespread but hidden problem in the sector.

Helen works part time in a private nursing home. She is employed by an agency. She works two 12-hour shifts. She is from Nigeria and is currently studying in Ireland on a non- EU Student Visa. She is satisfied with her situation. In the nursing home, she is aware that the management tends to allocate the more labour intensive patients to migrant carer assistants as they will not object. Helen observes migrant care assistants under large amounts of pressure and stress at work for a number of reasons including the lack of knowledge about their rights, fear of losing jobs, and language barriers, which often results in migrant carer assistants being ostracised from English speaking staff. As people have difficulty understanding them, often they are 'left to work on their own'. She believes tensions between staff are mounting where she works and is worried that they are not being discussed and will erupt and potentially develop into racial discrimination. She believes there is a lot of pressure for migrant staff to 'fit in.' *Migrants can't access social welfare, so they are afraid to say no as they don't want to lose their jobs. Then it becomes routine to send migrants to residents with higher care needs as managers know they will go as they need the money to pay bills."*

The Employment Equality Act 1998 and the Equal Status Act 2000 promote equality of opportunity and prohibit discrimination on nine specified grounds in employment, and vocational training and in the provision of goods and services, education and accommodation. The nine discriminatory grounds are gender, marital status, family status, sexual orientation, religion, age, disability, race and membership of the Traveller community. Addressing discrimination at work is imperative and an urgent issue given the diversity of the workforce. Likewise putting in place preventative measures to create the conditions for a discrimination free workplace is also necessary. Strategies and agendas for action such as intercultural training and policies need to be put in place.<sup>24</sup>

## **F. Standards and Training**

30 percent of workers highlighted that they were not aware of the complaints procedure to report quality of care issues in relation to clients. In 52 percent of cases there were complaint procedures in place. In 21 percent of cases where a complaint procedure existed it was identified that that the complaints were not addressed sufficiently. As a result these workers felt that their complaints about standards were not taken seriously.

Good practice was identified in some agencies and nursing homes where complaints are dealt with immediately by management in a confidential fashion. Also, some agencies undertake monthly checks on the older person to ask them if there are any complaints. All of the participants welcomed the role of HIQA. It was highlighted that some nursing homes still operate with poor standards. For example, one of the participants noted that in advance of a visit from HIQA, the nursing home recruited agency staff to ensure staff patient ratios were correct on the day of the visit.

In relation to complaints by workers regarding their conditions of employment the majority stated that there were poor reporting mechanisms and ineffective procedures to deal with problems. Due to this care workers are afraid to make complaints as they can be poorly

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<sup>24</sup> An Agenda For Action, Achieving Equality in Intercultural Workplaces, Patrick Taran, International Labour Office (ILO) & August Gächter, Centre for Social Innovation, Vienna.

handled by supervisors and results in tensions between workers. Workers can experience isolation and repercussions if they complain. A key issue that emerged in the consultation process was poor management practices that operate within some private nursing homes and by some recruitment agencies, which can cause conflict between workers and lead to deterioration in working conditions and staff morale. It was highlighted that employers need to be aware of their responsibilities and the rights and entitlements of their workers.

### **G. Cultural barriers**

During focus group discussions it was raised that cultural issues and language barriers can be an issue in the workplace. It was acknowledged that sometimes it was not possible to understand Irish workers or older persons due to accent and speed of speech and vice versa.

Also there is a need for migrants and Irish workers to share culture and perspectives and norms arising from this. It was stated that it can be difficult to “break into” Irish culture and belief systems, as it would be for migrants in any country. Culture needs to be shared and valued. It was emphasised that without this approach, discrimination can take root within the workplace. It was highlighted that there is a need for language and cultural training to be provided by employers as part of induction programmes and intercultural programmes are required to cater for diverse workforces.

### **H. Accessing Rights**

31 percent of those surveyed had no access to information on their rights and entitlements. For those who were aware of their rights and entitlements, they identified the need for more in-depth information and enforcement of their employment rights.

Over 62 percent of participants were not members of any trade union. This group highlighted the need for care workers to be part of an existing trade union or a care workers union to be established that could:

- Inform employers and employees of the rights and entitlements of a caregiver;
- Ensure closer scrutiny and real accountability of this industry;
- Establish standard rate of pay both for private and public sector;
- Ensure there is a standard contract for care workers;
- Address discrimination and poor treatment of migrant workers.

Nancy has been employed as a carer in a private nursing home since 2005. When she started the conditions were good. After the company was taken over by a new company the standards started to slip. There were cutbacks, the budget was cut. Staff were no longer paid to take training, or given a day off to take mandatory training. Workers in the nursing home do not get paid extra for bank holidays or Sundays, overtime or nightshift. Workers are not paid their holiday pay until after they return from annual leave, if at all. According to Nancy there is general mismanagement of all staff. The management refused to recognise trade union membership. “We have been told that they (management) will never recognise the union and the union will never solve our problems.” The workers feel powerless and are frustrated with the management’s failure to recognise union membership. At every general meeting the workers complain but nothing changes. Recently, the

management introduced new contracts despite the staff being employed for years. Nancy believes that HIQA should include the safety of staff as part of the inspection. “If staff are not treated well and paid properly that also impact on the treatment of the residents. “

## **5. Conclusions and Recommendations**

### **Conclusions**

Care work and the rights of older persons and others such as adults with disabilities to live independently within their own homes and communities is clearly a human rights and equality issue. Care work needs to be placed within a human rights and equality framework backed up by the necessary legislation and resources required. This study and many others show the enormous gap between government policy on the one hand and practice on the ground on the other hand that needs to be seriously addressed. Without this shift, persons who require care services and those providing these services will become more marginalised and exploited into the future. This cannot be allowed to occur especially in a sector that is predicted to grow.

The undervaluing of care in society combined with the move towards the privatisation of care services and the lack of regulation in home care provision provides fertile ground for poor standards and exploitation to flourish both from those in receipt of care services and those providing care. The lack of value placed on care and the work of care workers is the fundamental cause of this problem. The rights of those being supported to live independently and cares in both paid and unpaid work need to be central to the debate, policy and practice in this growing sector.

The provision of care is complex and covers a wide spectrum of tasks, roles and skill levels. A greater level of clarity is required. Roles need to be defined and guiding principles for the

provision of care in all settings needs to be set out. More proactive dialogue between stakeholders including those in receipt of care supports and those providing care is required.

As demonstrated in this study, carers are committed to quality standards being adhered to but believe that standards are being undermined by poor conditions and the low level of training provided. Of particular concern are workplaces that do not have the structures and capacity to cater for a diverse workforce. Black and ethnic minority groups including migrant workers are particularly vulnerable given the risk of racism and multiple forms of discrimination. It is vital that their conditions of employment are upheld, that they are treated with equality and that they are free from discrimination and racism in the workplace. In order to ensure workers are free from discrimination and racism, employers need to be vigilant and proactive in creating these conditions.

Building solidarity between workers is core to creating greater equality in the workplace. Trade unions have a vital role to play in this. Workers need the opportunity to be supported and empowered to assert their rights and take action on issues that affect them including discrimination and racism.

## **Recommendations**

This was exploratory research and several aspects will require further study. Several recommendations were put forward by participants:

**Standard contract for all care workers:** A standard contract is needed for all care workers in order to ensure that pay and conditions of work are equal across the private and public sectors. The role of care worker needs to be clearly defined so that the multiple terms used to describe the role are streamlined. Key principles of equality and human rights should inform the relationship between the employee and those being cared for.

**Regulation:** The role of HIQA under the Health Act 2007 needs to be extended to include Home Care. HIQA should regulate and monitor all home care provision.

**Standards:** The HSE draft quality standards should be developed and implemented for all home care services.

**Anti-discrimination Measures:** Compliance with Equality legislation addressing discrimination at work is imperative and an urgent issue given the diversity of the workforce. Preventative measures to create the conditions for a discrimination free workplace are also necessary such as inductions and intercultural training.

**Membership of Trade Unions:** Migrant care workers should be supported to join trade unions where their specific concerns can be addressed as part of the broader remit to protect and advance the rights of all care workers.

**Resources:** Given the level of discrimination and exclusion experienced by black and ethnic minority workers including migrants, resources need to be allocated to understand the complexities of the issues and support these groups to be actively involved.