

Employment
Guidelines
For the Home
Care Sector:

THE WORKERS' PERSPECTIVE



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Introduction

As Ireland's population ages, the provision of quality home care presents a most significant challenge for the State. The home care sector has experienced unprecedented growth over the last decade, leading to significant privatisation. In the absence of legislation to govern the home care sector, the inevitable outcome is a sector with high fees, varied quality and standards of care, poor terms and conditions for workers, and a growing informality, increasingly serviced by migrant workers. In this burgeoning sector, there is a genuine concern that the rights and dignity of vulnerable stakeholders - including family carers, home care workers and those who use care supports and services - are being overlooked. The State recognises that quality care is linked to workforce development and planning,¹ yet the home care worker is often absent from the discussion on quality care provision. To respond to this gap, this document presents the worker perspective. 109 home care workers provided inputs and recommendations to these employment guidelines which, if implemented, could improve their capacity to provide better home care services while also providing decent and secure employment conditions for the workforce. However, in order for workers' recommendations to be realised, the structural issues described below must be addressed.

Demographics

Long-term Care (LTC) is the fastest-growing division in the health and social care sector in the OECD². This has significant consequences for the way healthcare systems respond to patient needs. The increasing numbers of older people with multiple chronic conditions will require new treatments and new care delivery models, necessitating changes in skill mixes and new ways of working for health professionals. The workforce will have to increase to keep up with these trends. As the proportion of women (traditionally the informal carers of older people) in the paid labour force increases, and family sizes are smaller, it is expected that less informal family care will be available for older people in the future, and that the State will need to provide more support in this area.³ The Central Statistics Office (CSO) projects that the population aged 65 and over could represent up to 28% of the total population by 2046, compared with 12% in 2011. The over-65 population is growing by approximately 20,000 each year while the over-85 population is growing by 4% annually.⁴

Growth of the Home Care Sector

Although a relatively recent sector to emerge, home care sector in Ireland has an estimated value of €340m.⁵ The sector has quadrupled since 2000, with approximately 150 companies providing home care nationwide.⁶ Formal home care services are delivered directly through the Health Service Executive (HSE), community and voluntary organisations or private providers. The HSE remains the largest provider of home care in the State, but there has been significant growth in private home care sector over the last decade. The HSE outsources the delivery of some home care services to private home care providers and the voluntary sector. The rapidly-ageing population has created a niche market for flexible and round-the-clock home care services which has been filled by the unregulated private home care industry.⁷ Approximately 12,000 workers are employed directly by the HSE and voluntary sector, with an additional 6000-8000 in the private sector - although this figure could be underestimated. Available data on the actual size of the private sector home care workforce is poor.

In many EU countries, the high cost and underdevelopment of formal home care services has given rise to the practice of families employing migrants, including undocumented migrants, as undeclared live-in carers for their ageing relatives. In Italy, migrant live-in carers are estimated to comprise about three-quarters of the total number of home carers. In response to this, Italy has introduced collective agreements setting standards for the sectors and employers who do not comply with employment and immigration standards can be prosecuted. Similar employment patterns can be seen in Ireland. MRCI data shows a high concentration of undocumented workers employed in the domestic work sector, many of whom are elder care givers.⁸ There is no official data available on the actual number of domestic workers employed as caregivers in Ireland.

Legislation and Regulation

There is no legislation to regulate the home care sector in Ireland. The HSE has initiated good practice with a number of policies aimed at driving quality in HSE services and through the public procurement process. The 2012 tender requirements introduced quality standards for 26 HSE Approved Providers which included sections on recruitment, training, supervision, health and safety, care plan assessments and other standards. The standards are also included in the service level agreements with external providers of home help services. However these

¹ HIQA (2012) National Standards for Safer Better Health Care, Department of Health

² OECD (2011) Help Wanted? Providing and paying for long-term care, OECD Publishing, Paris

³ Working Group on Long Term Care, 2008

⁴ Social Care Operational Plan 2015 HSE <http://www.hse.ie/eng/services/publications/corporate/socialcareopplan.pdf>

⁵ Analysis of Irish Home Care Market (2009) Irish Private Home Care Association (IPHCA) PA consulting Group, Ireland

⁶ Primetime A prime time documentary that aired in <http://www.irishhealth.com/article.html?id=18358>

⁷ Care Alliance Ireland, Family Carers In Ireland. Guiding Support for Family Carers, March 2015

⁸ Ireland is Home; an analysis of the current situation of undocumented migrants in Ireland; MRCI November 2014, showed 30% of the 540 surveyed were employed in the domestic work sector

standards do not include provision for employment rights for employees undertaking the delivery of the service. Since 1st April 2014 HSE directly-employed staff no longer have zero-hour contracts of employment, they now have an annualised hour contract which affords them a guaranteed number of hours per week. The contracts are monitored by the HSE with SIPTU to ensure they are implemented in a fair and reasonable manner.

In the absence of legislation, a number of private home care providers have developed individual guidelines and standards. These are not legally-binding, monitored, inspected or regulated by government, although all publicly-procured service providers are accountable under HSE monitoring procedures. The Health Information and Quality Authority (HIQA), set up under the Health Act 2007, has statutory responsibility for driving quality, safety and accountability in residential services for older people and adults with a disability in Ireland. Its powers do not extend to home care provision. The government has stated that it will extend the regulatory remit of HIQA to the home care sector by 2017.¹⁰ Other positive developments include standard setting through the Social Care Workers Registration governed by CORU,¹¹ although it is not clear whether professional home care workers will fall under the remit of CORU.

Employment Creation

In the coming years, the expanding care economy has enormous potential for job creation. Current trends across Europe show that the sector is dominated by women as well as other excluded groups such as migrant workers. If women, migrants, and other excluded groups are to have equal opportunities in the workforce, strategies to establish the home care sector as an equitable and sustainable employment sector must be developed and implemented, and should include a gender-based analysis and a migrant worker perspective. A well-resourced workforce with income security and the necessary competencies will be prepared to provide the high-quality care services needed.

Many existing care needs continue to go unmet or are addressed through unpaid care. Unpaid family carers provide the bulk of home care in Ireland. Their rights need to be recognised through government funding. Investing in developing the formal paid care workforce plays an important role in supporting this.¹² The government can support this development by increasing the workforce and introducing comprehensive legislation for the sector. This would guarantee that new and existing employment in home care will provide high quality care

alongside quality jobs where professional home carers can provide for themselves and their own families too.

What is Home Care?

The home care service is diverse, dependent on the care needs of each individual client and on the service provider. HSE directly-employed home helps are engaged in personal care and essential household duties. Home care workers employed by private and not-for-profit home care agencies may have different roles and titles, and domestic duties may be more prevalent.

People want to live meaningful dignified lives at home for as long as possible. Home care services and supports facilitate this through providing a spectrum of services.

Clarifications of Terms

Home-based care involves a number of different parties: the person in receipt of care supports or services, often at least one family carer, one or more home care support workers, and a range of other professional staff.

Informal/Family Care is unpaid care; in this context it describes those who provide unpaid care outside the professional framework and within a personal relationship for family, partners or friends in need of help because they are ill, frail or have a disability.

Formal Care is part of professional, paid healthcare services. In this context formal care refers to home care workers including domiciliary carers, home helps, home care support workers and home care assistants, who provide paid care in the client's home.

Personal Care refers to Activities of Daily Living (ADL) such as personal hygiene, mobility, toileting, bathing, dressing and authorised assistance with medication.

Domestic or Household Care refers to Instrumental Activities of Daily Living (IADL) which are essential in order to maintain the person in their own home e.g. feeding, nutrition, and environmental care such as cleaning, cooking and laundry.

Home Help refers to HSE-employed workers who provide personal and domestic care in the client's home.

Live-in Carer/Domestic Worker refers to a worker directly employed by an individual or family member as a live-in/out caregiver in the private family home.

⁹ HSE (2012) Enhanced Home Support and Personal Care Services Tender Specific Requirements

¹⁰ The National Carers Strategy, Department of Health 2011

¹¹ CORU is the State appointed body to register Health and Social Care Professionals

¹² The National Carers' Strategy - Recognised, Supported, Empowered (2011) Goal 2.1.7 Progress the development and implementation of national standards for home support services, which will be subject to inspection by the Health and Information Quality Authority (HIQA)

Agency Workers in this case refer to workers employed by private/not-for-profit home care service providers to provide care in clients' homes. Agency workers can work from one hour daily to multiple hours, with clients in multiple locations.

Emerging Trends for the Home Care Sector

Analysis of the home care sector across the EU reveals that in general, job conditions - pay rates, contractual issues and working times - are far less favourable than in other sectors. In Ireland, the sector has similar issues. Home care is a demanding job. Many workers are employed by more than one company and work for two or more in the same day. A small percentage of workers receive travel expenses, but the majority are paid only for the time spent in each client's home and not for periods of travel in between clients, resulting in very low wages. In general, employment contracts are weak with many non-HSE workers on zero-hour contracts. Overall, the sector has high staff turnover and anti-social hours. Unsurprisingly, there are difficulties recruiting highly-trained workers. This is a particular problem in rural areas where staff may be reluctant to take remotely-based clients as transit time is not included in payment.

Comprehensive quality home care requires a wide spectrum of care skills and competencies. This includes personal care; also referred to as Activities of Daily Living (ADL); such as personal hygiene, mobility, toileting, bathing, dressing and prompting with medication. It also includes domestic or household care referred to as Instrumental Activities of Daily Living (IADL), which are essential in order to maintain the person in their own home, e.g. feeding, nutrition and environmental care such as cleaning, cooking and laundry. With more complex and chronic conditions more complex skills such as suction feeding and palliative care are required to meet client needs. In the case of non-HSE workers, the role invariably lacks a clear definition or job description. Multiple job titles are in use, including home help, home care assistant, home care support worker etc. Terms and conditions, pay rates, progression, protocol and training all vary from one position to the next.

In a highly competitive home care sector, workers reported a reluctance to file complaints for fear of losing hours, clients or their positions. Uncertainty of working hours, reinforced by weak employment contracts, is counter-productive to fostering an open, transparent home care system where frontline workers feel supported to advocate on behalf of their clients. Migrant workers reported experiencing high levels of exploitation, poor terms and conditions, contractual issues and discrimination. Migrant workers and in particular black and ethnic

minority workers experienced a heightened risk of racism and discrimination, as some families/clients exercise a 'choice to discriminate', refusing services from workers based on their race, skin colour and ethnicity.

The Project

The aim of the project was to identify equality concerns, labour market disadvantage and employment issues experienced by workers in the home care sector (inclusive of both regular and irregular migrants). It builds on previous research carried out by the Migrant Rights Centre Ireland (MRCI)¹³ and funded by the Equality Authority, which identified poor terms and conditions of employment experienced by migrant care workers in Ireland, some of whom were employed in home care. Recognising that home care workers themselves are often excluded from decision-making structures on quality care provision, this project sought to empower workers by engaging them in the development of employment guidelines for the sector to improve their conditions and including them in the ongoing discussion on quality home care provision.

A partnership approach was used to ensure an inclusive approach and facilitate collaboration across multiple groups including family carers, migrant workers, trade union movement and employer bodies. Project partners used their established relationships with home care workers to identify workers to participate in the project. The Carers Association employs over 600 home care workers, SIPTU's membership comprises over 10,000 home care workers, and MRCI's Domestic Workers Action Group (DWAG) has over 500 members, many of whom are employed as elder care providers in private homes.

Meetings were held across a geographical spread covering rural and urban areas. 109 home care workers, the majority of whom were women, participated in 6 workshops. The workshop groups comprised Irish and migrant workers (regular and irregular immigration status) employed across the public, private and not-for-profit sectors, along with care givers employed directly in the domestic work sector.

Multiple stakeholders from the care sector, including State and civil society organisations, participated on the advisory committee (inclusive of senior rights, gender rights, disability rights, workers' rights, family carer rights, migrant rights and the HSE) in order to foster an inclusive approach to advising on the project and framework (see appendix one).

¹³MRCI (2012) Who Cares? The Situation of Migrant Care Workers in Ireland funded by the Equality Authority

Overview of Issues Raised by 109 Home Care Workers

Consultation with home care workers employed in all areas of the sector (public/private/not-for-profit) highlighted the following issues:

- A lack of recognition and value for care work.
- No enforceable standards for non-HSE home care sector workers - different pay rates, training, standards of care, duties and terms and conditions of employment depending on the service provider.
- Insufficient training provided to perform all aspects of their work.
- Companies asking workers to perform duties they are not trained in - e.g. injecting insulin, changing catheters, using hoists.
- Standard and quality of home care provided impacted by insufficient time with clients.
- Tight schedules with multiple locations: often workers have to cut short allocated time with clients to reach their next client on time.
- Unfair clocking-in systems: time spent in transit not recognised, workers can be left with low wages despite working long hours.
- Increased amount of paperwork, but no additional time allocated for client care.
- No budget allocation for travel, transport expenses or time in transit - a particular problem for rural workers who travel long distances between clients. Can result in rural clients being left without services.
- Discrimination/racism in the workplace is not appropriately addressed.
- Workers advocating for clients reported a fear of losing paid hours and/or clients losing hours of care if they make a complaint.
- No clear job description or delineation of roles for many private/not-for-profit workers.
- Occupational health and safety issues: one worker doing the job of two people; no hoists; broken/inappropriate equipment; no vaccines for influenza or Hepatitis A and B.
- Workers feeling excluded from the development of patient care plans and subsequent reviews. Workers not receiving information on clients and unaware of their personal/care needs before starting work
- Lack of support and opportunity for further training and education e.g. dementia care.

Consultations with migrant home care workers directly employed by families/individuals highlighted:

- No employment contracts.
- Working on call/night shifts without extra pay.
- Not receiving basic employment rights and entitlements such as minimum wage, annual leave, public holidays, overtime.
- No sick pay, no sick cover.
- Undeclared work.
- Employers not registering employees for tax purposes, so workers have no way to pay tax or make PRSI contributions.
- Working excessively long hours with no rest periods.
- Heavy workloads, including personal care and all domestic work.
- Occupational health and safety hazards including manual handling of patients without training, homes lack required equipment i.e. hoists, working with sick people.
- No job progression opportunities.
- No FETAC/QQI training provided.
- Insufficient training to perform all aspects of the work.: no training provided in manual handling, first aid, nutrition, elder abuse awareness, palliative care or working with challenging behaviours such as dementia.
- No relief workers to give respite.
- No job security.
- No health insurance despite working with sick people.
- No complaints mechanisms.
- No trade union representation or support system.
- No supervision.
- Blurred boundaries between work and private time.
- Racism, verbal abuse and exploitation.
- Reluctance to complain for fear of becoming homeless, jobless and losing one's immigration status.
- Difficulty in managing multiple relationships with family members.
- Emotional and psychological stress of living and working in the employer's private home.
- Emotional and psychological stress when clients pass away.

Conclusion

The consultations with home care workers highlighted the many serious issues arising from the lack of regulation in the home care sector over the last decade. The findings clearly demonstrate labour market disadvantage and equality concerns for the workers. Workers were passionate about caring for their clients, but expressed frustration with their employment situations and in general with the 'time on task' home care service model. Home care sector workers reported issues arising from weak contracts such as low-or-zero-hour posts, poverty wages, income insecurity and employment instability. Poor staff support and communication structures were reported. Workers felt underpaid and some felt underworked, while others felt overworked. Workers described feeling undervalued and excluded from decision-making processes. This has resulted in poor staff morale, work-related stress and a divided workforce.

HSE staff reported the most favourable terms and conditions of employment. Some issues identified by HSE staff/workers employed by HSE Approved Providers should be addressed by existing HSE policies and tender requirements. However, the findings show some gaps between official policy and workers' day-to-day experiences. By and large this was due to poor communication between workers, management and administrative staff, resulting in workers feeling undervalued and unsupported.

HIQA has established the National Standards for Safer Better Healthcare, which recognise that safe, high quality person-centred healthcare cannot be achieved without investment in the workforce. Poverty wages, weak contracts and the general undervaluing of home care workers must be addressed immediately in order to improve the quality of care services and maximise the employment potential presented by our ageing population.

Action Required

These actions will ensure the necessary framework is in place for implementation of the employment guidelines set out below.

Action 1: Legislation The Government should legislate to ensure the home care sector is regulated, licensed and independently inspected:

- Legislate to extend HIQA's role to the home care sector.
- License home care service providers.
- Establish national standards for accreditation of home care service organisations
- License and monitor training providers and enforce national standards of care and training within the sector.

Action 2: Registration & Accreditation: The Government should invest in developing career pathways from home care into the professional health and social care sector. It should establish a Registration Board tasked with:

- Setting up and maintaining a register of professional home care workers;
- Accessing and recognising qualifications gained outside the state;
- Approving and monitoring education and training programmes;
- Devising the code of professional conduct and ethics;
- Setting the requirements for continuing professional development in the home care workforce.

Action 3: Develop a National Home Care Strategy: The Government should establish a working group made up of multiple care stakeholders from Government, the community and voluntary sector and the trade union movement to develop a National Home Care Strategy to inform legislative and policy developments for the home care sector. Government should incorporate a partnership approach, inclusive of workers' perspectives (using a gender and migrant analysis) and be cognisant of the benefits of working with external groups to identify the needs of marginalised stakeholders.

Action 4: Labour Migration Policy: Government should establish intergrated labour and migration policies, responsive to labour market demands and changing demographics, which protect and uphold the rights of non EU/EEA home care workers:

- Introduce an employment permit for the home care sector. Employment permits must be flexible to facilitate mobility within the home care sector, in line with labour market demands.
- Introduce a regularisation scheme for undocumented home care workers to regularise their immigration status, formalise their employment, and reduce exploitation.
- Ensure enforcement of employment rights and equality legislation for all home care workers, regardless of immigration status.

**Following actions 1-3, it is envisaged that once agreed, parties would incorporate a holistic view of how we would like care to be delivered, recognising the multiple relationships (State/professional/family carer/client), and incorporate this approach to a model of service planning, design and delivery of care in the home.*

Employment Guidelines for the Home Care Sector

These Employment Guidelines are the recommendations of home care workers put forward during the consultation workshops. They respond to an identified gap in legislation, as well as gaps in existing policy implementation. The guidelines provide a home care worker perspective on the employment conditions and environment they require in order to improve their capacity to deliver quality care and to have secure decent employment at the same time. They offer policy- and decision-makers credible evidence and a valuable insight into the structural and practical problems faced by this often-excluded workforce, who are committed to delivering quality client care, including outside of contracted hours.

1. Regulation and Monitoring

- Establish a Professional Home Care Workers Register, similar to those of other healthcare professionals, to identify minimum qualifications and professional codes of conduct for home care workers.
- Establish a Joint Labour Committee (JLC) for the home care sector to set rates of pay and salary scales for the sector, in line with good practice in other health and social care professions.
- Enforce EU directives such as the Working Time Directive.
- Implement Section 42 of the Irish Human Rights and Equality Commission Act 2014 on a public sector duty on human rights and equality for the entire home care sector (either through procurement or regulatory HIQA standards).
- National Employment Rights Authority (NERA) should continue to conduct labour inspections in the private home sector and of home care providers, to ensure labour law compliance and to uphold workers' rights.
- Extend the role of HIQA to inspect the home care sector, to drive improvements in quality of home care provision.

2. Health and Safety of Home Care Workers

- All service providers should conduct safety, risk and environmental assessments and communicate potential risks/hazards to staff before commencement of service to the client. This should include assessment of risk travelling to rural settings, precautions for travelling at night, precautions for travelling to areas with no/poor mobile coverage, and assessment of property and equipment i.e. hoists, lifts, medical apparatus etc.
- Home care workers should be fully briefed about all underlying client conditions before work commences and checks put in place to ensure staff have the correct competencies to deal with them.

- All home care workers should be provided free vaccinations (Influenza/Hep A/B) to prevent and protect clients and workers against the spread of infectious diseases. This should be treated as a health and safety issue as well as a public health issue.
- All agencies should have clear codes and procedures to deal with bullying and harassment in the workplace. They should implement the Health and Safety Authority (HSA) Code of Practice on Bullying in the Workplace as well as the Code of Practice on Harassment and Sexual Harassment.

3. Employment Conditions and Roles of Home Care Workers

- All home care service providers should offer staff a variety of employment contracts, including the option of full-time contracts if requested (unless credible reasons for denying a full-time contract are provided).
- Standard employment contracts should be provided to all non-HSE home care workers with clarification of roles, responsibilities, duties, clear guidelines on domestic work and personal care work, rights and entitlements all clearly outlined. This should include sick/holiday/leave pay, cover for workers, maternity pay and pension contributions.
- Zero-hour contracts should be abolished across the home care sector (private/not-for-profit) and provisions made to establish minimum contractual hours for all agency workers.
- Human resources/office staff should utilise ground staff and their time more efficiently to improve allocation of hours to home care workers, to support greater income security for workers, and to foster a culture of carer/client consistency.
- Providers should, where possible, endeavour to guarantee days and hours of work for staff. Management should avoid spreading employee hours over prolonged periods for which they are not fully remunerated e.g. 4 clients between 7am and 7pm equating to 4 hours of payment.
- Provide Employee Handbook and training on company policies and procedures to all employees.
- All agencies should provide reasonable allowances for travel/mileage, phone, and compulsory staff training and for continued professional development of the workforce (if so desired). Workers should have the option to access bereavement/counselling supports when a client dies.
- All service providers should provide appropriate clothing for staff to perform their jobs (for example, latex gloves and uniforms).

4. Quality of Care

- Clarify the different skills levels within the home care workforce and identify appropriate training and educational requirements for each level. Train all home care workers to a minimum QQI/FETAC level 5.
- All training should have a practical basis: e.g. training should be related to the home environment, as opposed to hospital/long term care settings. Training should equip workers to deal with an increased number of patients with a variety and a complexity of illnesses, and should include training on control of infectious disease when needed.
- Time allocated to home care visits requires flexibility to facilitate the appropriate delivery of care to the person. Minimum time slots of one hour should be considered where possible. Where appropriate, the clinical team should ensure that a minimum of two carers are appointed to care for patients with more complex care needs, e.g. use of hoist.
- Better collaboration between home carers and the Public Health Nurse (PHN) is vital.
- Workers should be fully informed about client needs and conditions before starting with a new client. Home care workers should be involved in the review of client needs and facilitated to voice their own health and safety concerns.
- The home care plan should be accessible and visible in the client's home and family members should be aware of same.
- The client and home care worker should be introduced to each other prior to commencing the job to build a person-centred care approach.
- Efforts should be made to facilitate continuity of home care workers with clients to build trust and support patient-centred care.
- Emergency contacts should be visible in the home at all times.
- Structured support and supervision for home care workers should be provided on a formal and informal basis to nurture organisational practices that improve staff morale, combat work-related stress and fatigue and strengthen communication between staff and management.

5. Workforce Development and Training

- Strengthen the relationship between the labour market and educational institutions, ensuring accredited training providers meet QQI national standards.
- Educational/training accreditation should recognise skills acquired through years of experience in the field. Procedures are required for the recognition of relevant

qualifications obtained outside of the EU.

- Invest in the promotion of access to training, career pathways and continuous professional development, and promote greater access to FETAC/QQI training for migrants employed in the sector.
- Invest in building inclusive workplaces to address the growing diversity within the care workforce. This includes intercultural training for staff and management, cultural diversity modules in educational institutions and specific initiatives to tackle racism and discrimination in the sector.
- Promote attendance at ongoing/updated certified training as part of paid working time.
- Promote career progression routes through recognised accreditation to other health care professional courses.
- Improve job prospects, wages and terms and conditions of work in the sector to promote home care as an attractive education and career pathway.
- Invest in workforce trainings to ensure the workforce are equipped with the necessary competencies and skill mixes to cater for the multiple and chronic needs of home care clients e.g. palliative care, nutrition, promoting medication, health and safety, dementia, diabetes, infectious disease control, etc.
- Promote certified training courses for all home care workers where an employment relationship is demonstrated, regardless of their immigration status, in essential areas including first aid, elder abuse, manual handling, dementia care, challenging behaviour care, personal care and health and safety.

6. Complaints Procedures

- Extend provision for the Ombudsman to investigate complaints made within the private home care sector.
- Strengthen trade union membership for privatised home care sector workers and domestic workers, to facilitate representation in decision-making structures on standard setting in the sector.
- Utilise information sharing systems already in place for collaborations between NERA and HIQA to support improving quality in home care provision and upholding of workers' rights.
- Enforcement of the Employment Equality Acts 2008-2012 by all agencies through local policies, training for employers and employees and appropriate complaint and support mechanisms.

7. Racism and Discrimination

- Expand the public sector duty under section 42 of IHREC Act 2014 to include the private sector and therefore all home care employment sectors.

- Establish strict and clear policies to promote a zero tolerance policy where clients attempt to discriminate based on any of the nine equality grounds.
- Introduce contractual sanctions for home care agencies found to be in breach of equality and human rights legislation, to nurture a culture of acceptance and compliance.
- Ensure dissemination of equality and anti-discrimination policies to all staff, management, clients and family members. Such policies should also be publically displayed on all home care company websites by home care companies.
- Provide intercultural training to institutional staff of bodies such as HIQA and NERA to equip them to engage with the growing diversity in the workforce.

Appendix one

Details of the Workshops: Six consultation workshops with home care workers were held as follows:

- 2 workshops with migrant home care workers in Dublin, facilitated by MRCI (Private/not-for-profit agency staff/domestic workers)
- 1 workshop with migrant home care workers in Navan, facilitated by MRCI/Cultúr Migrant Services (Private/not-for-profit agency staff)
- 1 workshop with home care workers in Mullingar facilitated by MRCI/Carers Association (Private/not-for profit agency staff)
- 1 workshop with HSE Home Helps in Cork facilitated by MRCI/SIPTU (Public sector staff)
- 1 workshop with home care workers in Dublin facilitated by MRCI/SIPTU (Public sector/private/not-for-profit agency staff)

Advisory Committee: The terms of reference for the Advisory Committee group were to:

- advise on the overall framework for the guidelines
- advise on a mainstreaming strategy
- comment on draft guidelines
- participate in the seminar event

The members of the Advisory Group are as follows:

Aoife Smith	Migrant Rights Centre Ireland (Project Coordinator)
Gráinne O'Toole	Migrant Rights Centre Ireland
Miriam Hamilton	SIPTU
Paul Bell	SIPTU
David Lowbridge	The Carers Association
Stefania Minervino	Irish Human Rights and Equality Commission
Fidelma Joyce	Irish Human Rights and Equality Commission
Brenda Hannon	Health Services Executive
Liam O'Sullivan	Care Alliance Ireland
Zoe Hughes	Care Alliance Ireland
Orla O'Connor	National Women's Council of Ireland
John Kelly	National Employment Rights Authority
Marita O'Brien	Age Action Ireland
Suzie Byrne	Disability Rights Activist

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Coimisiún na hÉireann um Chearta
an Duine agus Comhionannas
Irish Human Rights and Equality Commission