

Migrant Workers in the Home Care Sector: Preparing for the Elder Boom in Ireland



INTRODUCTION

As Ireland's population ages, the provision of quality home care presents one of the most significant challenges for the state. The unregulated home care industry has experienced unprecedented growth and has led to significant privatisation of the home care market over the last decade. An inevitable outcome of the lack of regulation is a home care sector with high fees, varied quality and standards of home care provision, poor terms and conditions for workers, and growing informality, serviced by migrant workers. Rectifying this situation and preparing for the elder boom will be a defining social justice and equality issue for Ireland over the next 20 years.

Currently, migrants are over-represented in care and domestic work. Labour market demand will continue to draw on migrant workers to meet Ireland's home care needs into the future. The Migrant Rights Centre Ireland (MRCI) has been working with migrant workers employed in care and domestic work since 2001, and is deeply concerned about the vulnerability of this cohort of workers whose voices are absent from the ongoing debate about the provision of quality care in Ireland and who constitute an invisible home care workforce.

This paper outlines the current home care context in the EU and Ireland and highlights equality concerns and labour market disadvantage experienced by migrants employed in the sector. It makes policy recommendations to improve standards of care and employment conditions in the home care sector through the use of a migrant perspective and equality framework. The paper builds on previous research conducted by the MRCI in this area, and is informed by MRCI data and a series of participative workshops with home care workers.

AGEING EU POPULATION: THE CARE CRISIS

Long-term Care (LTC) is the fastest-growing division in the health and social care sector within the OECD.¹ The number of individuals aged 65 and over is projected to almost double over the next 50 years to reach 152 million in 2060. The number of people living with long-term illness and disability is also projected to increase.

This has significant consequences for the way healthcare systems respond to patient needs. The increasing numbers of older people with multiple and 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 double by 2050 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.² Across the EU, labour shortages have been identified in the care sector, where supply – particularly of highly-skilled staff – cannot meet the demand for services.³

- 1 OECD (2011) Help Wanted? Providing and paying for long-term care, OECD Publishing, Paris
- 2 Working Group on Long Term Care, 2008
- 3 Eurofound (2013) More and better jobs in home-care services, Publications Office of the European Union, Luxembourg

PERSONAL AND HOUSEHOLD SERVICES (PHS)

The EU Commission is currently engaged in the development of innovative strategies to address the spiralling demand for elder care in Member States. It predicts 5 million jobs could be created in the establishment of a sector termed Personal and Household Services. In addition to tackling high unemployment across Europe, plans for the PHS sector include addressing undeclared and informal work in the domestic work and home care sector and increasing tax revenue by supporting workers to transition from informal to formal work.⁴ Introducing migration policies which support these labour market strategies is an integral aspect of developing a successful PHS sector, as there is continued demand for migrant workers in the provision of these services.

ESTHER

Esther (42) from Malawi was employed by a private company providing a range of home care options to clients, some of whom were HSE patients. Esther cared for an older couple in their nineties. She would live in their home for five days, and then have five days off. Her day started at 8am and finished at 10pm, but she was on call overnight due to the male client's care needs. She was paid €90 per day, and never received on-call or overnight fees.

The male client needed assistance to carry out all his daily functions. He had a catheter and had to wear a urinary sheath. Esther had no formal training in either and felt embarrassed and ashamed when confronted with such intimate duties. The patient was allocated one hour of HSE home help each morning to assist with his mobility and bathing. The rest of the time Esther was unable to lift him when he was uncomfortable, as she needed assistance with this. She raised this with the management but no assistance was provided.

Despite living in close proximity to many of the agency's clients, she was never given the day shift positions. "They contacted me when live-in work came up because they knew they can't get anyone else to do it. I was the easy target. I never raised a complaint about my conditions. I was afraid to lose my job. I know I was not being paid for the nights but I don't have a choice."

After an Irish worker complained about the lack of hourly rates, the situation improved and Esther began to do 12 hour shifts thereafter for which she received an hourly rate.

⁴ European Commission Staff Working Document on exploiting the employment potential of the personal and household services, Strasbourg, 2012

HOME CARE, GROWTH AND LABOUR MARKET DEMAND IN IRELAND

Ireland has the fastest-ageing population in Europe. 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, which places the largest pressure on services, is growing by some 4% annually.⁵ In 2014 registered deaths decreased by 3.1% (or 923 deaths).⁶ The number of people living with dementia and other long-term illnesses is also increasing significantly. Of the 549,300 persons aged 65 and over, 95% live at home, approximately 30% live alone, and 10% have a disability. As the population ages, attitudes towards care and quality of life are changing. People want to remain at home—to live independently with dignity for as long as possible—giving rise to the development of a thriving home care sector.



2011: population
aged 65+
549,300



2046: population
aged 65 +
1,400,000

Formal home care services are delivered directly through the Health Service Executive (HSE), community and voluntary organisations or through private providers. Although it is a relatively new sector, the home care industry has an estimated value of €340m.⁷ It has quadrupled in size since 2000, with approximately 150 companies providing homecare nationwide.⁸ The rapidly-ageing population has created a niche market for flexible and round-the-clock home care services – a niche filled by a burgeoning unregulated home care industry.⁹

⁵ Social Care Operational Plan 2015 HSE <http://www.hse.ie/eng/services/publications/corporate/socialcareopplan.pdf>

⁶ CSO Vital Statistics Yearly Summary <http://cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2014/#.VXhelEb9ktF>

⁷ Analysis of Irish Home Care Market (2009) Irish Private Home Care Association (IPHCA) PA consulting Group, Ireland

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

⁹ Care Alliance Ireland, family Carers In Ireland. Guiding Support for Family Carers, March 2015



Every **15 minutes**
someone in Ireland turns **65**



Every **30 minutes**
someone in Ireland turns **80**

Of the **549,300 persons**
aged 65 and over



95%
live at home



approximately
30% live alone



10% have
a disability

Pressure to reduce the cost of the public health care system has resulted in outsourcing of HSE home care services to a highly competitive market vying to secure HSE tenders. This has raised concerns among not-for-profit providers about sustaining quality services. While for-profit providers claim they can offer equivalent services for less, evidence suggests that home care workers employed by private agencies have less favourable pay and conditions.¹⁰

€2.1
BILLION

Value of unpaid family
care provided yearly

€655.1
MILLION

Total HSE budget
for Services for
Older People, 2015

A GROWING INFORMAL CARE MARKET

Catering for an ageing population requires additional public spending. Public long-term care expenditure largely depends on how much a country relies on informal care. Estimates suggest that the economic value of unpaid family care as a percentage of the overall cost of long-term care in EU Member States ranges from 50% to 90%.¹¹ The Carers Association of Ireland estimates that informal carers provide over €2.1 billion worth of care per year, significantly more than the 2015 HSE budget of €655.1 million for Services for Older People.¹²

Cuts have been made to HSE home help and home care supports in recent years, although small budgetary increases are promised for 2015 in response to the growing demand for services.¹³ The Fair Deal Scheme which provides financial assistance for nursing homes does not extend to home care. As a result home care can be a more expensive option. This has led to a flourishing informal home care sector.

Home care work became more attractive during the recession due to high unemployment rates, but as Ireland moves into economic recovery the shortage of care workers

¹⁰ Care Alliance Ireland, family Carers In Ireland. Guiding Support for Family Carers, March 2015

¹¹ Eurocarers (2014), 'Informal carers: invaluable but under pressure' available at <http://www.eurocarers.org/userfiles/file/Newsletters/Newsletter%20-%20Issue%20no%2012-2014%20-%20ready%20for%20circulation.pdf>

¹² Health Service Executive National Service Plan 2015 <http://www.hse.ie/eng/services/publications/corporate/sp2015.pdf>

¹³ €5m additional to provide Home Care Packages to 600 additional clients in 2015. Source: Social Care Operational Plan 2015 HSE <http://www.hse.ie/eng/services/publications/corporate/socialcareopplan.pdf>

will become more evident.¹⁴ The traditional female family carers, once heavily relied upon to care for older relatives, are either retiring or joining the labour market. Skills shortages in the area of home care provision will become more apparent. There will be increased demand for paid formal care workers, many of whom will be migrants.

The underdevelopment of formal long-term care services in Ireland and many European countries has given rise to the practice of families employing migrants, including undocumented migrants, as undeclared live-in carers for their ageing relatives. For example, in Italy, migrant live-in carers are estimated to comprise about three-quarters of the total number of home carers. Similar patterns can be seen in Ireland. MRCI data shows a high concentration of undocumented workers employed in this sector, many of whom are elder care givers.¹⁵ Despite demonstrable demand for home care services, CSO statistics for the domestic work sector (which includes home care workers employed directly by families/individuals to care for older persons in private homes) shows the official number of domestic workers in Ireland has contracted from 10,400 in 2008 to 6,500 in 2014.¹⁶

According to PPSN figures, only 286 non-Irish nationals were employed in domestic work in 2014.¹⁷

The lack of official data to accurately capture the actual numbers of migrant domestic workers providing home care is a serious gap. This is exacerbated by the fact that a significant proportion of elder care in private homes is informal, undeclared and provided by undocumented migrant workers.

¹⁴ Solas, summary of occupation from a job seekers perspective <http://lmi.solas.ie/chart.aspx?bc=105>

¹⁵ 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.

¹⁶ Quarterly National household Survey , Central Statistics Office

¹⁷ CSO Foreign Nationals: PPSN Allocations, Employment and Social Welfare Activity; January 2015 <http://cso.ie/en/releasesandpublications/er/fnaes/foreignnationalsppsnnallocationemploymentandsocialwelfareactivity2013/#VPWQ3Hy sUhZ>

NATASHA

Natasha (30) from Mauritius has been working in home care for four years. She left her previous job with a private home care agency because of the poor terms and conditions. She was given a client just out of hospital, a stroke survivor who could not stand and required two carers. She asked to be removed from that client because of the poor standards of care. The HSE were aware of previous complaints made about this company's poor standards. Natasha never received a review of her work practice in the 2 years she was there. She informed the management that her manual handling was out of date and she was told to update it in her own time. She had firsthand experience of racism when a client refused to allow her in his home. "Did the agency not mention to you that my carers are white?" She contacted the agency to report the incident, but there was no follow up on this matter. Natasha believes that management need to introduce HR and intercultural policies that reflect the diversity of the staff in order to challenge discrimination in the workplace and address fears that some older clients have about migrant workers.

LABOUR MIGRATION AND EMPLOYMENT LAW

Ireland operates an Employment Permit system for workers from outside of the EU. The workers immigration status is dependent on continued employment with a single employer. Until 2009, some of Ireland's eldercare needs were fulfilled under this system; at this point, the State ceased issuing permits for the domestic work sector in all but the most limited circumstances. By 2014, those limited circumstances also became ineligible. New permits granted for the domestic work sector, which includes carers employed in the private home, peaked in 2004¹⁸ and dropped dramatically by 2014.¹⁹

An inevitable outcome of the absence of government labour migration policy in this area is a home care sector populated by informal and irregular workers – students and undocumented migrants. These vulnerable groups experience barriers accessing their employment rights and frequently remain in exploitative situations. It is the MRCI's experience that international students tend to find employment in low-paid and unregulated sectors; many are now working for private home care agencies. Student migration now represents the largest category of non-EEA migrants (52%) to Ireland. In 2014 there were 49,500 non-EEA students, compared to 28,021 in 2005 and 41,415 in 2010.

¹⁸ Department of Jobs, Enterprise and Innovation (DJEI) Work Permit Statistics 792 new permits issued for domestic work 2004. 10 new permits issued in 2014. <http://www.djei.ie/labour/workpermits/statistics.htm>

¹⁹ Department of Jobs, Enterprise and Innovation Work Permit Statistics <http://www.djei.ie/labour/workpermits/statistics.htm>

Despite the absence of a domestic work employment permit, demand for migrant workers in this sector has not diminished. The disconnect between labour migration policy and employment demand has resulted in a growing undeclared and exploitative system.

AN UNDER-REGULATED HOME CARE SECTOR

The Department of Health is ultimately responsible for government policy and allocation of resources for older people. The Government ostensibly recognises that older persons prefer to live with dignity and independently in their homes and communities, but there is 'an absence of a regulatory structure for the delivery of professional care in the home.'²⁰ There is no agency or body that monitors and regulates the home care industry. The Health Information and Safety 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, although government has stated it will extend the regulatory remit of HIQA to the home care sector by 2017.²¹

The Department of Health's care policy, resources and strategy are implemented on a daily basis by the HSE. It is the main provider of care services to older persons. It provides formal home care services which consist mainly of home care packages (these provide medium to high dependency care supports) and home help hours (assistance with personal care and domestic work). The latter service has been in steady decline, with more emphasis being placed on delivery of home care packages. The HSE drafted National Quality Guidelines for Home Care Support Services in 2008, which have yet to be finalised – but are being implemented. They extend only to services procured through the HSE, leaving a cohort of privatised companies and franchises to apply their own standards. A number of private home care providers choose to apply standards developed by private sector companies. These include franchise agreements and accreditation regimes but none are legally binding, monitored, inspected or regulated.

In 2012, HIQA published National Standards for Safer Better Healthcare with the stated aim of driving improvements in the quality and safety of health care services in Ireland; however, these standards do not apply to home care, which is considered social care rather than health care.²² Regulation of social care work is anticipated through the establishment of a social care workers register to be maintained by CORU, the state body with responsibility for regulating health and social care professionals.²³ It is not clear that home care will

²⁰ Law Reform Commission, Legal Aspects of Profession Home Care, 2011

²¹ The National Carers Strategy, Department of Health 2011.

²² HIQA (2012) National Standards for Safer, Better Health Care.

²³ Full list of professionals set out under Health and Social Care Professionals Act 2005, this includes the registration of social care professionals by 2016.

be included in this process. Other unregulated sectors have recognised the growth potential presented by the ageing crisis. The Irish au pair industry has expanded services into the eldercare market advertising the au pair for senior care as an affordable alternative to the cost of private elder care in the home.²⁴ Such practices undermine the value of care work, mitigate the quality of care services and drive down employment conditions.

EMERGING TRENDS FOR THE HOME CARE SECTOR

Analysis of the home care sector reveals that in general, job conditions – pay rates, contractual issues, working times – are less favourable than in other sectors.²⁵ Home care is a demanding job: many workers have more than one employer and work for two or more people in the same day, agency workers are only paid for the time spent in each client's home and not for periods of travel in between clients. The sector has high staff turnover and anti-social hours. Unsurprisingly, there are difficulties recruiting highly-trained workers.

Research conducted by the Migrant Rights Centre Ireland in 2012 into the experience of migrant care workers showed high levels of exploitation, poor terms and conditions, contractual issues, racism and discrimination, particularly for black and ethnic minority workers. In a highly competitive market, workers are reluctant to assert their rights for fear of losing their positions.²⁶ Migrant workers experience a heightened risk of racism and discrimination as families/clients exercise a 'choice to discriminate', refusing services from workers based on their race, skin colour and ethnicity.

Comprehensive quality home care requires a wide spectrum of care skills, from bathing and cleaning to more complex skill requirements including dialysis, suction feeding and palliative care. Depending on the employment it can include or exclude domestic duties such as cleaning, cooking, and fire lighting, and/or personal caring duties such as washing, feeding and bathing. 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.

²⁴ <http://www.aupairagency.ie/findAuPairForSenior.php>

²⁵ Eurofound (2013) More and better jobs in home-care services, Publications Office of the European Union, Luxembourg

²⁶ MRCI Who Cares? Experiences of migrant care workers in Ireland (2012)

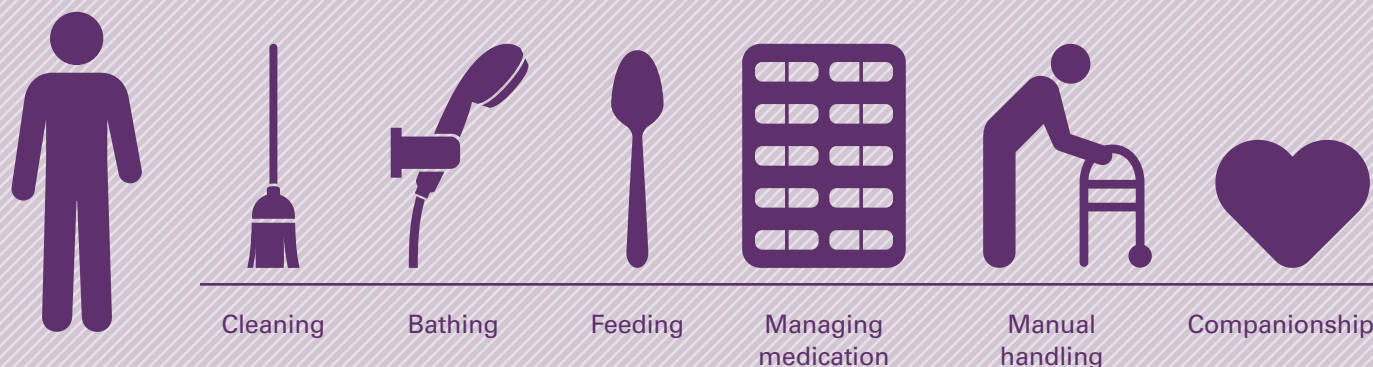
MRCI'S CONSULTATIONS WITH HOME CARE WORKERS IN 2015 HIGHLIGHTED THE FOLLOWING ISSUES:

- A lack of recognition and value for care work.
- No enforceable standards for the home care sector worker, different pay rates and terms and conditions depending on the employer.
- Tight schedules with multiple work locations often results in workers having to cut short allocated time with clients in order to reach their next client in time.
- Standard and quality of care provided impacted by insufficient time with clients.
- Growing complexity of client needs is not compatible with a rigid services delivery model which lacks the flexibility required to respond efficiently to patient care needs.
- Insufficient training provided to perform all aspects of the work.
- No budget allocation for travel, transport expenses or time in transit – a particular problem for rural workers who travel long distances between clients.
- Discrimination and racism in the workplace is not addressed.
- Prohibitive complaints mechanisms result in workers losing paid hours and clients losing hours of care if they file a complaint.
- No clear job description or delineation of roles.
- Occupational health and safety issues: one worker doing the job of two people; no hoists; inappropriate / broken equipment; no vaccinations for influenza or hepatitis A / B.

MRCI'S CONSULTATIONS WITH MIGRANT HOME CARE WORKERS DIRECTLY EMPLOYED BY FAMILIES / INDIVIDUALS ALSO HIGHLIGHTED THE FOLLOWING ISSUES:

- No employment contracts.
- Working on call/night shifts without extra pay.
- Not receiving minimum wage, annual leave, public holidays, overtime.
- No sick pay, no sick cover.
- Excessively long hours with no rest periods.
- Heavy workloads including care and all domestic chores.
- 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 training provided.
- No training in manual handling, nutrition, first aid, elder abuse, challenging behaviour training such as dementia.
- No relief worker to give respite.
- No job security.
- No health insurance, despite working with sick people.
- No complaints mechanisms.
- No trade union representation or support system.
- Isolation in employers' homes.
- Difficulties managing family relationships
- Blurred boundaries between work and private time.
- Racism, verbal abuse and exploitation.
- Reluctance to complain for fear of becoming jobless, homeless, and losing one's immigration status.

THE ROLE OF A HOME CARE WORKER



EMERGING POLICY ISSUES

There is an opportunity to develop a caring economy with the potential to create revenue and decent employment, while ensuring we are providing older people with high quality and safe home care so they can live independently with dignity. Developing this sector requires regulation to establish sustainable infrastructures which recognise that quality jobs and high quality care are intrinsically linked.

Pressure for companies to secure business for the lowest possible cost is feeding the race to the bottom, sustaining precarious and insecure employment for home care workers and negatively affecting the quality of care being provided.

An inevitable outcome of the lack of sectorial standards is the tension between public and private sector workers. This has created a hierarchy of workers, with public sector workers on top and migrant workers experiencing the least favourable conditions at the bottom of the ladder.

The high cost of home care renders it inaccessible to many, leading to a growing informality of the sector. This is evidenced by the number of families opting to employ migrants, including undocumented migrants, as live-in carers, often for less than the minimum wage. This facilitates discriminatory practices whereby migrant workers are providing fulltime flexible care for payments below legal minimum wage.

The absence of a migration analysis in policy and data is a serious gap and hinders the development of the sector. The continued restrictions on employment permits for this sector are extremely short-sighted and fail to recognise the intersection between labour market demand and immigration policy. Regular channels of migration are essential to facilitate labour market demand for home care workers and to ensure decent working conditions for non-EEA workers. Effective migration policy would also help to curtail the growing culture of hidden undeclared home care work.

CONCLUSION

The development of standards for home care has been an ongoing debate over the last decade. The absence of industry-wide home care standards and the lack of transparency regarding the cost of services have generated huge competition within the industry. This has resulted in a flooring of the cost of services which has negatively affected both care standards and working conditions.

Home care operates in a complex web of relationships between the state, the provider of services, home care workers, family carers, employers, and the home care client. Quality care requires recognition of all stakeholders and inclusive policies to cater to the needs and rights of all groups.²⁷

In general, home care workers experience labour market disadvantage. Migrant workers are more at risk of multiple forms of discrimination based on immigration status and ethnicity. They are often subjected to less favourable treatment than their colleagues and can experience racism at work.

The Government has a responsibility to ensure equality in the workplace and to protect the right to work free from discrimination. Strong policies are needed to ensure equal treatment for migrant home care workers; this will require immigration policies that are in sync with labour market demand, to ensure all workers can access their rights and entitlements.

The rapidly-ageing population has the right to age with dignity at home through accessing quality services. Reimagining the provision of home care in our communities requires innovative and sustainable solutions including the valuing of care, recognition of all stakeholders and the creation of decent jobs. A crucial initial step is to regulate home care providers to ensure consistent standards of care delivery and quality working conditions.

POLICY RECOMMENDATIONS

The following recommendations will require political will, budgetary resources and a multi-stakeholder approach to ensure their implementation.

Regulation and Monitoring

- Regulate the home care industry by **extending HIQA's powers of inspection** to the home care sector with immediate effect.
- **Establish national standards** for the employment of all home care workers to improve working conditions, provide quality care and retain staff. This includes ensuring **guaranteed hours of work** for agency and HSE employees (including the **prohibition of zero hour contracts**) and introducing **model contracts** with clear delineation of roles and responsibilities.
- **Establish a register of professional home care workers** to foster high standards of professional conduct, professional education, training and competence among home care workers.
- **Create legal channels of migration** for non-EU/EEA home care workers. Introduce an employment permit for 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 and formalise their employment.

²⁷ Care Alliance Ireland (2015) Literature Review : Relationship between family carers and homecare support workers. The Irish Human Rights and Equality Commission Bill 2014

- **Ensure enforcement of employment and equality legislation** for all home care workers, regardless of immigration status.
- **Establish an independent complaints mechanism** for home care workers to report abuse and expose public interests concerns. Ensure this mechanism supports and protects undocumented workers filing reports.
- Improve official data gathering to **address data gaps** in the employment activity of migrant workers in the sector.

Workforce Development and Planning

- **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 training** for migrants employed 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 education institutions and **specific initiatives to tackle racism and discrimination** in the sector.

Empower

- **Support families/individuals directly employing care workers** in their homes to comply with employment legislation. This includes informing employers of their **legal obligation to register as a single employer** with Revenue.
- **Resource and facilitate home care workers**, inclusive of migrant workers, to **collectivise concerns** and **participate in the decision-making structures** determining standards for the sector.

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MERCY

Mercy (52) from the Philippines is a live-in carer. She is an undocumented worker. She was hired in 2013 by a family in South Dublin to care for their mother, who has dementia.

Mercy lives and works in the woman's home 6 days a week. She lives out on Sundays and has to pay for private rented accommodation even though she only stays there one night a week.

Mercy works 17-hour days, starting at 6 o'clock each morning when the woman wakes and needs to use the bathroom. Mercy spends the entire day with the woman, taking her to activities, going for two walks a day, accompanying her to dementia group and social club. Friday is their special day together: they go for a walk and coffee together as a special treat, which the woman likes. Mercy is happy caring for the woman, whom she says is very kind "except for when she is stressed, then it is very challenging."

Mercy provides round-the-clock care. She washes and showers the woman. She is responsible for giving the woman her medication, which Mercy collects from the chemist. Mercy prepares all the food and does all the cleaning in the house, which she says she does not mind as it helps to cope with the stress and mental exhaustion of caring for a patient with dementia. She has no professional training in care. She has no training in dementia care or caring for persons with challenging behaviour. This is the second job she has had as a home carer for a person with dementia. Mercy's workday finishes at 11pm, when the woman goes to bed. She feels mentally exhausted. On Sundays a family friend comes to cover Mercy's day off.

Mercy is happy with the family. Her only wish is for immigration papers. Mercy is a single mother; her children are in the Philippines. Her father is ill and Mercy wishes she had the freedom to travel home and care for him in the way she cares for the woman in Ireland.

"It's a big sacrifice to make to leave my children, but I am the only one who can help give them a better life. I hope to have my immigration status one day to go home and see them."

The Migrant Rights Centre Ireland is a national organisation working to promote justice, empowerment and equality for migrant workers and their families.

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