

Work Package 2 – Deliverable 2

REPORT ON HOME CARE SERVICES' EMPLOYMENT CONDITIONS AND INDUSTRIAL RELATIONS AT COUNTRY LEVEL BEFORE AND AFTER THE COVID-19 CRISIS

IRELAND

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Employment Regime

This section examines the employment regime and industrial relations context relevant to care and domestic work in Ireland. We begin with an overview of the context in the cleaning sector and home care sector.

1. Context

1.1. Cleaning

Determining the number of domestic cleaners in Ireland is not straightforward, as it is often associated with the informal economy and migrant/undeclared labour. However, the Central Statistics Office (CSO) finds it one of the top occupations,¹ increasing significantly during each intercensal period. See Table 1 below.

Table 1 – Cleaners and domestics working in Ireland, 2011–2016–2022

Census Year	Cleaners & Domestics (ISCO 911)
2011	32,189
2016	32,738
2022	35,106

Source: CSO

It is not possible, however, to disaggregate any further and determine the locus or employment status for this occupation. The numbers above, therefore, represent cleaners in both domestic and commercial settings, contract cleaners and those directly employed in commercial settings, both public and private sectors. The Irish Contract Cleaning Association, the principal representative body for the industry, claims to represent approximately 27,000 people, though not all of these can be considered cleaners in any event (Labour Court, 2023).

The numbers in Table 1 are unlikely to include all, if any, of those working in the informal economy. Such undeclared work is estimated by the European Labour Authority (ELA) as at 5% in Ireland in 2019, higher than the EU27 average at the time of 4%, though waged employment (as opposed to bogus self-employment) is a much smaller proportion of that total.² In addition, the ESRI confirms that "undocumented workers are more prevalent in caring positions, particularly in elder care and in cleaning roles".³ Employers paying more than €40 per week to a domestic worker are required to register as an employer with the Revenue Commissioners, but compliance rates are

¹ <https://www.cso.ie/en/releasesandpublications/ep/p-cp11eoi/cp11eoi/ioscs/> - Figure 2.2

² https://www.ela.europa.eu/sites/default/files/2024-02/IE-UDW_factsheet-2023-fin.pdf

³ https://www.esri.ie/system/files/publications/RS64_0.pdf

difficult to estimate. Irish Revenue Commissioners' efforts to tackle the shadow economy have not focussed on domestic workers but on a range of other sectors.⁴ It should be noted that there are significant differences between domestic and commercial contract cleaners. A Joint Labour Committee (JLC) has existed for contract cleaning since the 1980s. JLCs are independent bodies comprised of equal numbers of employee and employer representatives operating under the auspices of the Labour Court, who agree on pay rates and conditions via an Employment Regulation Order (ERO). A proposal from the JLC is presently being considered by the Labour Court. It proposes an increase of 11.76% to the hourly rate, bringing it to €13.30 per hour (the national minimum wage is currently €12.70 per hour). For further comparison purposes, the JLC report quotes starting rates in retail at €13.53 per hour, while directly employed cleaners in the health service start at €15.05 per hour. This proposed ERO makes no change to any of the other previously agreed conditions regarding hours of work, overtime rates, on-site facilities, pay slips, certificates of employment and a death-in-service benefit of €5,000.

1.2. Homecare

In Ireland, the demand for home care services is projected to increase significantly by 2030 (Wren et al., 2017). 65,246 people (aged over 65) received some form of home support in 2019 (Walsh and Lyons, 2021). Of this, approximately 53,000 received the publicly funded home support scheme, while it is estimated that a further 14,000 recipients also purchased private home support. Walsh and Lyons (2021) estimate that 11,600 people purchased private home support only. In terms of labour, this equates to an estimated 24.7 million home support hours across public and private home support in 2019 (Walsh and Lyons, 2021). Demand for home care continues to increase, with 5,312 people on waiting lists for home support in 2022 (Sherlock, 2022), a figure which had increased to 6,400 in 2023 (Sherlock, 2023). O'Neill et al. (2023) highlight that the period following the 2008 economic recession facilitated the accelerated growth of private providers as government policy led to scaling back on public expenditure and employment. Furthermore, they argue that the competitive tendering system implemented in 2012 underpinned the accelerated expansion of the private for-profit providers in the home care sector. Government spending analysis shows that private provision funding increased from 5% in 2006 to 40% in 2019 of care provided (Mercille and O'Neill, 2021). In 2022, 38% of the home-support services in Ireland were delivered through direct provision, and 62% were delivered through indirect provision. The 62% of non-publicly provided care is provided by a mix of non-profit but increasingly profit-led organisations, e.g. Comfort Keepers, Home Instead, and Bluebird Care. According to Domina (the domestic work observatory), in 2022, approximately 4% of domestic workers were employed directly by families.

As is the case in many other EU countries, the associated demand for care workers continues to increase; however, meeting this demand with a supply of suitably qualified and experienced labour is challenging. In terms of employment, there are currently 18,000 home care workers in Ireland. The HSE employs over 5,300 and the

⁴ https://www.ela.europa.eu/sites/default/files/2024-02/IE-UDW_factsheet-2023-fin.pdf -page 4

remaining 13,000 are employed in the private and non-profit sectors (Oireachtas Debate, 2023).⁵ In Europe, 38% of the long-term care workforce is aged 50 and over, while in Ireland, this is even higher, with data from the Health Service Executive (HSE) indicating that 42% of the workforce is aged 60 and over (Sherlock, 2022). Demand for care workers has meant that employment permit regulations have been amended to include care workers. The right to work of non-EU nationals and persons seeking international protection has been restricted and strictly confined to their work permits and residency permissions (Arnold et al. 2017). The Department of Enterprise, Trade and Employment operates the system of work permits in Ireland. The two main categories are Critical Skills Employment Permits and General Employment Permits. While the former work permit facilitates applicants from a list of eligible occupations, Migrant Rights Centre Ireland (MRCI, 2020) highlights that the list is highly gendered, facilitating employment opportunities mostly for men. A Stamp 1 General Employment Permit covers all occupations, including home carers, unless excluded under the Ineligible List of Occupations for Employment Permits.⁶ Both types of work permits facilitate the State in tackling labour shortages.

Home care workers were not included in the list of jobs eligible for a General Work Permit until January 2023. This was despite organisations such as Care Alliance Ireland (a national network of voluntary bodies supporting family carers) calling for changes to the system due to a shortage of carers for many years. Addressing the shortage of care workers in Ireland was identified as an urgent priority for the government during and after the pandemic. A cross-departmental Strategic Workforce Advisory Group was established in March 2022 to examine and formulate recommendations to address the challenges in frontline carer roles in the home support and long-term residential care sectors. The report was published on 15 October 2022. Providing an overview of the work of the group and its key findings, the report presents a suite of sixteen recommendations spanning the areas of recruitment, pay and conditions of employment, barriers to employment, training and professional development and sectoral reform, including a recommendation urging for increased use of work permits. Subsequently, the Statutory Homecare and Home Support Services Instrument authorising the issuance of 1,000 employment permits for home care workers was signed on 16 December 2022. The Department of Enterprise, Trade and Employment guidelines, in respect of care workers and home carers, stipulate that a minimum annual remuneration of at least €27,000 is required for a full-time employee (based on a 39-hour working week, equivalent to an hourly rate of €13.31). The service-level agreements that approved providers must meet state that English is the language of choice unless otherwise specified by the service user/carer. Where possible, efforts should be made to facilitate clients receiving a service in their own first language. First-time home care work permit holders must remain with the same employer for at least twelve months. When applying for an employment permit renewal, care workers must prove that they have attained a

⁵ Content cited in government debate, available here: <https://www.oireachtas.ie/en/debates/debate/dail/2023-11-08/6/>

⁶ <https://enterprise.gov.ie/en/what-we-do/workplace-and-skills/employment-permits/permit-types/general-employment-permit/>

relevant QQI Level 5 qualification in health and social care (or equivalent) within the first two years of their employment in Ireland. Dáil Éireann (Irish parliamentary) Debate indicates that in the first eligible year of the scheme, the Department of Enterprise, Trade and Employment has issued 476 employment permits for this category of workers, less than half of those available.⁷ It is also worth noting that the spouses and children of General Work Permit holders have permission to reside in Ireland temporarily. However, unlike the families of the workers on Critical Skills Employment Permits, they are prohibited from entering the labour market.

The system of work permits in Ireland is operated on an 'employer-led' basis, which Care Alliance argue meant that family carers seeking to employ a home care worker to provide care in the home independently of organisations were precluded from doing so and instead forced into the 'black market'. McGinnity et al. (2020) highlight that non-EEA migrant women have considerably lower employment rates than all other groups. Across all non-EEA migrants, Africans experience the lowest level of employment. O'Connell's (2018) research revealed that the employment rate for African men stood at 50.2%, while for African women, it was as low as 37.8%. Lower odds of securing employment may push certain societal groups towards low-quality, precarious, risky and/or informal jobs.

Domestic/care work involving labour intermediaries has been identified as an area of interest for undeclared work (Hastings, 2021). However, no specific data on the care sector was identified. Overall, according to the European Labour Authority (2023), which examined the extent of undeclared work based on the Labour Input Method (LIM), in 2019, 7.3 % of total labour in Ireland was undeclared work. Domestic workers in Ireland have the same protections under the law as any other worker. Legislation following the ILO Domestic Workers Convention 2011 (No. 189)⁸ defines a domestic worker as "any person engaged in domestic work within an employment relationship in or for a household or households. A person who performs domestic work only occasionally or sporadically and not on an occupational basis is not considered a domestic worker."⁹ Ireland ratified the Domestic Workers Convention No.189 in 2014, only the third country in Europe to do so. In addition, there is a Code of Practice for Protecting Persons Employed in Other People's Homes.¹⁰ Key provisions of the convention include the provision of written contracts and a right to collective bargaining. However, it has been noted that without greater regulation of care work, employers tend to stray from their original employment agreement and request that carers do more work for no extra pay. This has prompted advocacy groups such as the Migrant Rights Centre of Ireland (MRCI) to launch campaigns such as the 'My Fair Home campaign' in 2016 to bring care workers together to discuss standards in home care as many migrant carers were facing discrimination, poor pay and conditions.¹¹ The

⁷ <https://www.oireachtas.ie/en/debates/question/2024-01-17/450/>

⁸ https://webapps.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:2551460

⁹ https://www.workplacerelations.ie/en/what_you_should_know/employment_types/domestic-workers/

¹⁰ Available at: https://www.workplacerelations.ie/en/what_you_should_know/codes_practice/cop10/

¹¹ More information on the MRCI My Fair Home Campaign is available here <https://www.mrci.ie/my-fair-home/>

Immigrant Council of Ireland have also highlighted the negative experiences of migrant domestic workers, who report a higher rate of instances of labour exploitation and physical, emotional and sexual violence than any other profession.¹² They highlight an example of control where a worker's passport was confiscated by the employer and their visa allowed to expire because the employer did not follow the immigration registration procedures, leaving them in a vulnerable, trapped position. The Forced Labour Action Group successfully campaigned for a definition of forced labour to be brought into Irish law through the Criminal Law (Human Trafficking) (Amendment) Act 2013. Founding members of that group formed the Great Care Coop in 2017, Ireland's first carer-owned cooperative in home care.

While official and reliable statistics are not available, according to MRCI (2020), approximately 15,000 to 20,000 undocumented people are working in Ireland. Their status makes their living and work situation extremely vulnerable and easily exploited. A significant proportion of those workers are home carers and cleaners. In 2014, MRCI identified the home care workers as one of the largest groups engaged in informal employment in the Republic.

2. Employment Conditions

2.1. Pay and working hours

Significant structural changes have occurred in the home care sector over the past two decades. While once employed quite informally, those working in home care achieved improvements in pay and conditions as a result of sustained, lengthy campaigning by trade unions to have home helps pay scale aligned with other healthcare workers, including written contracts, pay premiums, maternity leave, pension and a daily travel allowance (Murphy and Turner, 2014). However, outsourcing and public tendering arrangements have seen a greater share of care work move from direct public sector employment towards private sector or non-profit organisations (Section 39 organisations, as they are known, funded by the health service).¹³ Existing collective agreements did not cover these areas, where up to a third of workers were estimated to have no guaranteed hours, instead relying on zero-hours working arrangements where they had low or no guaranteed hours and were only offered work should the employer require them (Murphy and O'Sullivan, 2021). In terms of working hours, O'Neill et al. (2023) found that workers across all settings would like more hours: 75% of public care workers, 59% of private care workers and 59% of non-profit care workers. They also found that 27% of respondents to their study had multiple employers. This indicates that despite the high demand for workers, underemployment is an issue in the sector. Furthermore, trade unions highlight that within private companies operating in the home care sector, there are issues of concern with regard to covering travel expenses for staff where workers often

¹² Immigrant Council of Ireland <https://www.immigrantcouncil.ie/story/mariaam>

¹³ Section 39 organisations are non profit organisations funded by the HSE under Section 39 of the Health Act 2004 operating typically in work relating to care and social inclusion.

commute significant distances between clients without that time or cost being remunerated. Additionally, there has been downward pressure on how much time carers are given to spend with a client, where private providers utilise shorter visit times compared with the HSE's minimum visit time of 30 minutes (Murphy and O'Sullivan, 2021). When it comes to career status and progression, a study by Timonen and Lolich (2019) of care workers in Ireland found that the sector was not viewed as attractive. Their findings revealed comparisons with working in the retail industry, which has similarly low entry requirements but has advantages in terms of the predictability of working time and location. They found that home care roles were described as having little scope for career progression compared to carers working in residential care or nursing home settings.

As of 2023, publicly employed home care workers will receive at least €13.10 an hour (above the minimum wage) and be paid while they travel (O'Regan, 2023). To put that in context, the living wage in Ireland stands at a rate of €14.80 per hour (Living Wage Ireland, 2024). Publicly employed home care assistants earn €32,723 per annum, rising to €41,488 (Costa, 2023). As of January 2024, to apply for a work permit to the Department of Enterprise for a home carer or a healthcare assistant, the salary requirement is set at €30,000, an increase from the previous €27,000. This is expected to increase to €34,000 in 2025 and to €39,000 in 2026 (Costa, 2023). However, the trade union SIPTU expressed reservations regarding whether or not those salary changes would be reflected in private sector employers. Employers in the private nursing home sector voiced concern about the affordability of the new rates, and the Department of Enterprise Trade and Employment agreed to defer the increase in the minimum rate of pay required to be provided to healthcare assistants from outside the EEA (Ibec, 2024). Unfortunately, there is no reliable data for the average pay rates of healthcare assistants in the private sector (Arlow, 2023).

O'Neill et al.'s (2023) study of home care workers compared employment conditions across public, non-profit and private settings. However, their study acknowledges that unionised (public sector) workers were easier to access. Therefore, more is known about their working conditions compared with non-unionised workers in private providers. Their findings showed that in the public sector, 90% of carers were in trade union membership, compared with 57% of those employed by non-profit providers and only 9% of carers employed by private providers. O'Neill et al. (2023) found that workers in private providers were less likely to have pension entitlements, travel allowances or additional pay for unsociable hours. They also found that care workers employed by private providers perceived higher levels of job insecurity and were more likely to have less predictability of hours. In contrast to the findings on substantive issues like pay, O'Neill et al. (2023) found no statistically significant difference in how care workers rated the level of support they received from employers across each employer type.

2.2. Training

Since 2001, several courses have been created in Ireland to facilitate training to become a Health Care Assistant (HCA)¹⁴ or carer in a variety of settings, including home care (Conyard et al., 2020). These courses have since been incorporated into the Quality & Qualifications Ireland (QQI) system and form part of the HSE recommendations for providers in the sector. In 2016, HCA and Carers Ireland (the Irish National Social Association for HCAs and Qualified Carers) was established to provide information regarding carer and HCA welfare, working rights and guidance on qualifications and regulations pertaining to care provision (Conyard et al., 2016). Although qualifications are strongly encouraged, Conyard et al. (2020) found that 16% of HCAs did not have a full formal qualification. Of relevance is that there is no legal requirement for HCAs and Carers outside the public sector to have full formal training. In publicly funded providers, workers can undertake employment while under a period of shadowing and supervision, provided they have undertaken a minimum of two relevant modules or a partial QQI qualification in care. In contrast, no stipulations exist regarding those providing care in a privately paid-for capacity.

2.3. Representation

In terms of representation, home care assistants are represented by several bodies. The HCA and Carers Ireland centres on providing support and access to training for about 15,000 members (across home care and residential care), including many care workers employed by private for-profit and non-profit home care providers. In terms of trade union representation, the Services Industrial Professional Technical Union (SIPTU) has approximately 6000 members (mostly in public or non-profit settings). In terms of achieving improvements for home care workers, SIPTU and, to an extent, Forsá (the main public sector trade union in Ireland) have campaigned and successfully negotiated better rights and protections for public sector (HSE) care workers (Murphy and Turner, 2017). This began by addressing the ad-hoc, informal nature of home care working conditions that existed prior to the early 2000s when campaigns commenced to have collective agreements put in place to recognise care workers as employees and have their employment conditions and pay scales aligned with other health service workers (Murphy and Turner, 2014). Over time, publicly employed care workers accumulated improved terms, including guaranteed minimum hour contracts, paid travel time between clients, travel expenses, and additional payment for unsociable hours (Murphy and O'Sullivan, 2021). However, private-sector care workers employed by non-profit and for-profit providers did not benefit in the same way, as employers were not party to such agreements (Murphy and O'Sullivan, 2021). Trade unions have concentrated organising activity on restoring pay and conditions in Section 39 (non-profit) organisations (mentioned earlier) that did not automatically have their pay restored as public sector workers did as the economy emerged from austerity.

¹⁴ Typically the title Health Care Assistant has been used in residential care and nursing home settings with carer or home support worker more commonly the term used in home/domestic care settings. The training for both roles share significant similarities with content and modules relating to care of the elderly, infection control, handling etc

2.4. Care Platforms

The possibility for profitability, combined with limited regulation in home care currently (though greater regulation is expected to be introduced), means the sector is one in which it is relatively easy for new organisations to become established, including platform-based models. However, to date, there is limited evidence of any major presence of platforms in the Irish context. There are a number of possible reasons for this. It may, in part, be due to the fact that the regulatory environment in Ireland is currently in flux. Thus, new providers may be hesitant to enter the market until planned reforms are confirmed.¹⁵ Alternatively, with limited enforcement addressing informality in the sector, platforms may see limited opportunities to enter the market. Furthermore, the HSE currently operates an approved provider list on a regional basis, meaning that public funds can only be directed to those approved in each region. Therefore, while organisations like Care.com and Mindme.ie have a presence in Ireland, their use by families is typically limited to privately paid-for care, thus limiting the extent to which they can grow in the Irish market compared to countries with less restricted cash transfer-based systems of care. Instead, what is of note is the extent to which some traditional home care providers have transitioned their business models to develop a platform approach. Home Care Direct is one such organisation in the Irish context. Home Care Plus established Home Care Direct (HOD), a commercial care platform, in 2018. The organisation leveraged technology to improve how carers and clients are connected and how care is delivered. The model provides an alternative model to traditional agencies and can address some of the inefficiencies within the current system, including difficulties in recruiting care assistants, as it provides workers with greater flexibility. The organisation facilitates clients and carers in arranging the provision of care services via their platform, termed a companion app, suggesting significant cost savings are possible for clients. On the website, the organisation emphasises the ease with which care arrangements can be made and highlights the positive role of technology for the user in monitoring the care relationship by giving them real-time information on when Carers/Personal Assistants have arrived and left, as well as offering updates through digital journal notes that Carers/Personal Assistants complete after each visit.

The organisation argues that its model can address some of the issues associated with care work, such as low wages, lack of guaranteed hours, low job security and limited career paths. It highlights how working in this model can lead to better outcomes for workers compared to traditional care agencies, where a lack of predictable working hours and travel allowances can decrease the attractiveness of the work. While the messaging regarding the quality of care is central to traditional care agencies, the platform combines this with an emphasis on quality working conditions for workers by highlighting that workers can be better rewarded, creating a win/win for carers and clients. The organisation seeks to highlight the quality of the carer

¹⁵ Work is ongoing on the development of a new home support programme <https://www.oireachtas.ie/en/debates/question/2023-05-16/690/#:~:text=Work%20is%20ongoing%20to%20progress,a%20person's%20assessed%20care%2Dneeds.>

selected for inclusion on the platform, noting that only a very small percentage of the Carers/Personal Assistants they interview get accepted onto the platform.

The platform allows workers to set their own hourly rates, which vary depending on experience/qualifications; they then receive these payments via Home Care Direct. Testimonials from workers on the site suggest that workers understand their self-employed status, with one describing the situation as *"technically working for yourself but they take care of taxes and insurance"*. Once signed up to the platform, clients can access a list of carers based on geographical proximity. Sparsely populated rural locations have been highlighted as one of the factors contributing to inefficiencies in the Irish home care sector. One of the goals that Home Care Direct promotes is the localisation of care by ensuring carers can build a pool of clients in the same area that they live. This is, in fact, a core aim of most platform-based organisations in all sectors, which usually apply mechanisms that minimise distances and travel time between workers and clients. The contractual arrangements allow for the payment of expenses and mileage, which are not always paid by private agencies, increasing the platform's attractiveness to workers. These fees, however, are negotiated directly between the client and the carer.

2.5. Cleaning Platforms

Larger international platforms are also present in the market, providing a mix of eldercare, childcare and domestic services. Care.com is one such example. On its site, it indicates that *"the average hourly rate for elderly carers in Ireland is between €12 and €16"*; however, a review of carer profiles indicates a number of profiles offering a rate of €10 per hour. As a client, there is an option to undertake a subscription (monthly/yearly), which allows for contacting any providers directly and, according to the site, *"save time by hiring from better-matched candidates"*. Carers can create a carer profile for free and search for jobs by type of care and location. On the website, Care.com issued a caveat stating, *"Care.com is not a recruitment or other agency and any screening it does of members is limited and should not be relied upon. Members are solely responsible for selecting an appropriate employer or carer for themselves or their family, and employers are solely responsible for obtaining and reviewing any necessary Garda vetting or other identity, verification, background, or reference checks before hiring a carer. Each employer is also responsible for verifying the age of the carer they select, as well as that carer's eligibility to work in Ireland."*

3. Industrial relations in the sector

Trade union representation in the health sector in Ireland is delineated mostly along occupational lines. The FORSA trade union generally represents the administrative and management grades and most healthcare professionals in the public service. SIPTU represents those working in support grades in both the public and private sectors and some nurses and professional grades such as radiographers and laboratory technicians.

SIPTU have traced the evolution of the Home Care Support Worker grade and union's role therein over the past 30 years from a point where 'home helps' were paid a nominal fee by the local health authority for daily care visits to elderly neighbours. The role evolved, and such home help workers became regular employees of the health service, which was subsequently organised by SIPTU in the 1990s. This has led to a consolidation of and improvement in conditions of employment for a grade now referred to as Home Care Support Workers. These workers are involved in the direct provision of the HSE's Services for Older People, accounting for 38% of such provision, the remaining 62% being provided by indirect provision (Department of Health, 2022). Those involved in direct provision are in membership of the trade union SIPTU. Therefore, union density in the public sector is estimated to be quite high, with a study from O'Neill et al. (2023) finding that 90% of public home care sector respondents were union members.

While there is a high density in the directly employed public sector workforce, there is no evidence of any trade union activity amongst care platform workers, nor any plans to focus a campaign on such workers in the near future. A representative from the organising unit explained the two routes to union organising campaigns: *"[workers] give us a call... and we... figure out what it is you want to change and how you're going to do that. And then the other part of it is that we'd have kind of big strategic campaigns where we kind of look at specific sectors and say, OK, we're going to go after that."*

Care workers on platforms have not approached union organisers, and there are no current plans to focus a campaign there either. The organisers acknowledged that there "is no issue organising the directly employed staff" but organising such "a widespread and far-flung workforce... [would be]... literally impossible".

One of the recommendations emerging from the strategic workforce advisory group for homecare (2022) relates to the creation of an appropriate mechanism to reach an agreement in the private and voluntary sectors with respect to pay and pensions for home support workers and healthcare assistants. Similarly, the union view is that there needs to be some right to collective bargaining but also ways to support workers to organise, with one organiser stating: *"You can have all the legislation you want around sectoral or local bargaining [but] if you don't have a right for workers to be able to organise, I don't see how they're going to be able to effectively exercise those rights."* Successful organising campaigns require workers to engage with each other, another feature limited by the nature of home care work carried out in private households, whether through a platform or not. The organiser reflected this isolation from other workers as a concern: *"What people need [is] to be able to talk to each other about being in the union. They need to be able to talk to each other about what their rates of pay are and what their issues are as well. They need to be able to hold meetings..."*

While trade unions have no knowledge of care platform workers just now, they acknowledge that the system as currently structured allows for the introduction of more platforms and that mode of working. All interviewees agreed that *"the public system is being gutted"* and that *"Government has shown over many years a hands-off approach when it comes to homecare... and a willingness to let the private sector*

provide these services". One organiser noted that home care has always been considered *"the poor relation"* and linked with that a political *"inclination to outsource"*. The home care system is *"under-resourced and under-staffed"*, with *"the number of hours required greater than the staff that's available"*. Organisers contend that the home care posts available in the public sector are full-time and therefore associated with better terms and conditions but have little flexibility, which can be prohibitive for workers who may then opt for the flexibility on offer elsewhere. *"People want to work less ... a four-day week or... flexible working ... and the platforms could accommodate that"*. One organiser noted that while care platforms are not a major feature of the sector, those working in the sector are using other social media tools, such as Facebook groups, to source work. One organiser saw it, this could act as a precursor to formal platform work and is evident across social media in Ireland. There exists *"an informality in the Irish context that's maybe unique to Ireland"*. Care workers offer their services on social media in a way that *"looks like platform work... except for the absence of the app"*.

Trade union representatives expressed concern about the implications of further privatisation via platform working for union organising, for the workers and clients. Such employers *"would have no tolerance at all for the trade unions"*, making organising even more difficult. It is a development which should be resisted according to organisers in the sector in terms of worker conditions but also because of the potential lack of oversight of workers with vulnerable clients. Unions also expressed concerns regarding platform work implications for the gender pay gap and the gender pension gap, with so many workers in the sector being female. *"If it becomes a feature of the provision of health service at a critical mass, it will be a challenge for all of us, regardless of who we currently represent, and it will need a whole different approach"*. The current situation in the sector is that publicly employed workers are covered by the most recent public service pay agreement, which was concluded at the national level in January 2024 (awaiting ratification). The national executive committee of SIPTU have voted to accept the agreement. For health care assistants, the union points out that the new public service agreement provides for mechanisms to normalise industrial relations in the public service, a bargaining mechanism to allow workers to deal with their grade-related issues, and, significantly, include procedures that protect our members against unilateral outsourcing (SIPTU, 2024). If these proposals are accepted, SIPTU members will be covered by the provisions until the end of June 2026. For workers in non-profit organisations (Section 39 organisations), SIPTU and Fórsa engaged in negotiations at the Workplace Relations Commission (WRC) for an interim agreement on pay terms and the suspension of planned strike action. In July 2023, a ballot for industrial action took place following the breakdown of WRC talks regarding pay disparity between these section 39 employed workers and their counterparts employed directly by the state. The proposals include backdated pay increases backdated to April 2023, along with commitments to address the funding issues in the sector. The unions are seeking that in the future, funding for organisations should have regard to the terms of public service pay agreements.

4. Enforcement

The Health and Safety Authority (HSA) has said it will target the gig economy as part of its latest strategy 2022–2024. The HSA said its targets for the next four years would include increasing the inspection programme, focusing on sectors with higher risks of incidents and fatalities, and targeting activities in sectors in the gig economy where vulnerable people and migrant workers are employed. In its work programme for 2023, the HSA has stated it will consider options for influencing and enhancing engagement with sectors, including the health and social care sector. However, no explicit reference has been made to whether that extends to home care-based work. The provisions of care fall under the criteria of domestic workers, and, as such, the Domestic Workers Convention applies. The Workplace Relations Commission, the body responsible for labour standards enforcement in Ireland, clearly sets out the requirements for domestic workers regarding pay and working conditions. Domestic workers who feel that their employment rights have been breached can file a complaint with Workplace Relations Information and Customer Services, and this will be dealt with either through an inspection or at a hearing by a Workplace Relations Commission Adjudicator. However, the vulnerability of such workers may negate their ability to report infringements. Where the place of employment is a private household, inspectors require the owner's permission to enter. The Code of Practice on Employment in Other People's Homes requires the inspector first to issue a standard appointment letter and their published information leaflet on domestic workers. Employers may refuse permission to enter. The WRC conducted a pilot inspection operation in the personal and household sector in 2022. There were 33 announced inspections and 44 contraventions detected. Most contraventions concerned the keeping of working time records (26) and terms of employment (12) (Workplace Relation Commission, 2022).

In regard to the regulations, all employers must keep detailed records concerning all employees; these records must be kept for three years. Failure to keep the required records is an offence and may lead to prosecution. Workplace Relations Commission Inspectors may require such records as part of an inspection. However, the regulatory effectiveness is questionable in a platform arrangement where there is no formal employment relationship either with the platform or the client receiving care, thus further complicating the ability to regulate standards and limiting the effectiveness of the Domestic Workers Convention.

After years of campaigning by civil society organisations, on 31 January 2022, the Irish Government opened a regularisation programme for undocumented migrants, offering them the opportunity to establish legal residency rights, access the labour market, and, subsequently, a pathway to Irish citizenship. The scheme was open to those who had resided in Ireland long term (four years or more) and wished to regularise their residency status. The cost of applying was set at €550 for single applications and €700 for family submissions. The homecare sector was one of the key voices in the debate on regularisation. Homecare workers have spoken about how the lack of legal residency rights and inability to obtain work permits adversely affect their living and working conditions and how both push them to the societal margins.

The regularisation scheme closed on 31 July 2022, with 6,548 applications submitted for 8,311 people.¹⁶ The success rate for the applicants was approximately four in five.¹⁷ Despite efforts, such as the regularisation scheme, the disaggregated nature of the homecare work system in Ireland pushes migrants into further vulnerability. Migrants working in the homecare sector experience marginalisation and social exclusion, frequently poor working and pay conditions, exploitation, discrimination, and verbal, physical and sexual violence at work. Mistreatment is infrequently reported as migrants are reluctant to make complaints for fear of losing their source of income. The personal risks associated with ill-treatment at work occur much more frequently for migrant women than men, as the homecare industry is highly gendered and, due to limited opportunities in other sectors, overrepresented by women from a migrant background (MRCI 2020). Among these are also women who have gone through the system of international protection and Direct Provision (Irish bed and board system for persons seeking asylum). The women report experiencing misogyny, degradation, discrimination and even incitement to prostitution. The latter has been linked to their social and economic status and how others are exploiting the extreme levels of poverty and deprivation that they experience. Moreover, many of the women are survivors of gender-based violence, which further increases their vulnerability. Intersectional disadvantage, embedded in gender and ethnicity, affects migrant women's experiences of work in Ireland (Grubanov-Boskovic et al., 2020). Factors such as lack of experience in the Irish labour market and limited knowledge of services and entitlements, the burden of primary caregiving without support networks, social invisibility and the feminisation of exploitation and abuse as well as, for some, years of institutionalisation in the Direct Provision system, all pose additional barriers to the labour-market integration. Women still residing in rural centres of Direct Provision also face isolation and further difficulties in developing community ties, accessing education and finding work (AkiDwA 2019). AkiDwA (2020; 2019) argues that tackling labour-market integration barriers for migrant women requires a gender-sensitive and trauma-informed approach to their integration. As it stands, Ireland has no specific policies focusing on the employment of migrant women.

¹⁶ <https://www.oireachtas.ie/en/debates/question/2023-04-18/991/>

¹⁷ <https://www.irishtimes.com/ireland/social-affairs/2023/08/10/four-in-five-undocumented-people-who-applied-to-regularise-their-status-in-ireland-were-successful/>

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