

## Consultation on Proposed Guiding Principles to frame the State's Economic Migration Policy

There are in the region of 360,000 family carers in the Republic of Ireland<sup>1</sup>. Many of these family carers are not in a position to provide full-time care to the person in need of support, due to work or other commitments. Therefore, to adequately care for a dependent family member, paid care workers are needed to supplement the unpaid care provided by the wider family/neighbours and friends. The demand for care and support in the home is evidenced to be increasing yearly. Demand for all day/daily informal home care by people aged 65 and over with disabilities is predicted to expand by 23,500 in the Republic of Ireland by 2021, representing a 57% increase over a decade<sup>2</sup>. Thus, the need for care is intensifying at the same time as families find it increasingly difficult to provide care in the home. As a consequence, there is a growing demand for state governed and market-based and voluntary care services<sup>3</sup>. More people are being cared for at home now, who have more complex care support needs. The economics of the inappropriate use of expensive acute hospital beds shifts the pressures to the home care area.

It is clear, therefore, that there is a mutual interest between home care workers and family carers to create safe, equitable and positive environments to provide care. We are aware that many families choose to engage with home care workers privately (either through a formal employment contract, an agency or through the 'black market'), as their need for homecare support tends to exceed that provided formally by the state. We are aware of some families hiring 'live-in' home care workers who are qualified but who are living here 'undocumented' – and therefore have no access to legal protections, limited access to training and further education, and who currently have no recourse to gain work permits for their existing undocumented work through the existing systems.

<sup>1</sup> Central Statistics Office, 'CSO Releases Irish Health Survey Results', 16 November 2016, <http://cso.ie/en/media/csoie/newsevents/documents/pressreleases/IHS2015.pdf>.

<sup>2</sup> Maev-Ann Wren et al., 'Towards the Development of a Predictive Model of Long-Term Care Demand for Northern Ireland and the Republic of Ireland' (Centre for Health Policy and Management, Trinity College Dublin, 2012).

<sup>3</sup> C Murphy and T Turner, 'Organising Non-Standard Workers: Union Recruitment in the Irish Care Sector', *Industrial Relations Journal*, 2014.



This submission raises three points which need to be addressed by the Departments proposed Guiding Principles to frame the State's Economic Migration Policy. This should not be seen as an exhaustive list of concerns, nor as being representative of a collective opinion of the membership of Care Alliance Ireland. We anticipate that a number of our member organisations will make their own submissions on this topic.

### **1) Need to focus on social and health benefits of migrant workers**

We are disappointed that the core focus of the guiding principles continually refer in a linear and narrow quantitative way when reviewing the economic impact of incoming migrant workers. Whilst this is an important factor in deciding upon migrant worker strategy, it should not be the sole marker. As mentioned above, the demand for care in the home is increasing steadily with our ageing population. Having readily available care workers to provide quality, skilled and compassionate care is a critical component of a well-functioning liberal democracy with a welfare state model approach to society's well-being. Furthermore, their availability to provide the care work often enables the family members of working age (in particular women) to remain in the paid workforce, generally on wages significantly above the average wage. The reality across the globe is that in relatively wealthy countries, foreign care workers are relied upon significantly to provide care. Whilst EEA labour is likely to continue to play a key role in care worker availability, we also need to be open to facilitating more non-EEA labour to provide an increasing level of that care. The ageing demographics of the three key 'labour source' countries named in the departments document, namely Poland, Lithuania and Romania are not conducive to a significant and consistent long-term supply of care workers.

Family carers are at heightened risk for experiencing poor mental and physical health, loneliness, social isolation, broken sleep and other challenges in comparison to members of the general population. Having access to qualified, documented home care workers in the private or public home care system can go some distance to alleviate these challenges. The benefits of having access to these services cannot be overstated.

## **2) Migrant home care workers and family carers**

Following from the above point, the relationship between family carers and home care workers is a critically important one. Family carers wish to be able to access the extra care and support that their family member requires, and to do so safely and with the security of knowing that the home care worker will be available with consistency.

Various enablers to quality relationships between home care support workers and family members have been identified, including, but not limited to: common goals; spending time together; continuity; honest communication; mutual respect; compassion; friendliness; reciprocity; and shared values. Conversely, numerous barriers to positive relationships between home care support workers and family members have also been identified, including, but not limited to: lack of contact; disregard for expertise; unrealistic expectations; and the structure and approaches of associated professional services<sup>4</sup>. It is clear to see that continuing to unnecessarily put barriers in the way of cultivating strong, mutually respectful relationships between migrant home care workers in particular is not going to benefit those in need of care, and their families and loved ones.

## **3) Access to work permits for migrant home care workers**

A major point of concern for Care Alliance Ireland is the continual refusal to open up the work permits scheme to home care workers themselves. The scheme for work permits continues to be 'employer-led', which cuts out a large section of those family carers seeking to employ a home care worker to provide care in the home independently of organisations. We are aware of many individual family carers who are forced into the 'black market' of accessing care workers for their family members. This in turn disbars them from accessing such schemes as tax relief for monies paid for home care.

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<sup>4</sup> Care Alliance Ireland, 'Literature Review on the Relationship between Family Carers and Home Care Support Workers', 2014.

## **Background Information on Care Alliance Ireland**

There are in the region of 360,000 family carers in the Republic of Ireland. Family carer support is provided by a number of organisations, including those dedicated solely to carer support and others who support carers as part of their response to individuals with specific conditions.

Care Alliance Ireland is the National Network of Voluntary Organisations supporting family carers. Our vision is that the role of family carers is fully recognised and valued by society in Ireland. We exist to enhance the quality of life of family carers. We achieve this by supporting our 85+ member organisations in their direct work with family carers through the provision of information, developing research and policy, sharing resources, and instigating opportunities for collaboration.

Our legitimacy derives from our membership base which includes carer organisations and virtually all of the disease/disability-specific organisations currently providing services to Ireland's family carers. Our membership comprises organisations both large and small, and both regional and national.

We work with organisations in order that they can enhance the information and supports they provide to family carers. We provide them with opportunities to collaborate on initiatives including National Carers Week, a multi-agency and multi-disciplinary Family Carer Research Group, and joint policy submissions. We actively encourage collaboration in all our projects. We provide cohesion to those organisations working to support family carers. We commission relevant research that supports quality interventions in the lives of family carers.

By focusing on these functions we enable more of our member's resources to go directly to coal face services.

## **Contact**

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