ANNEX

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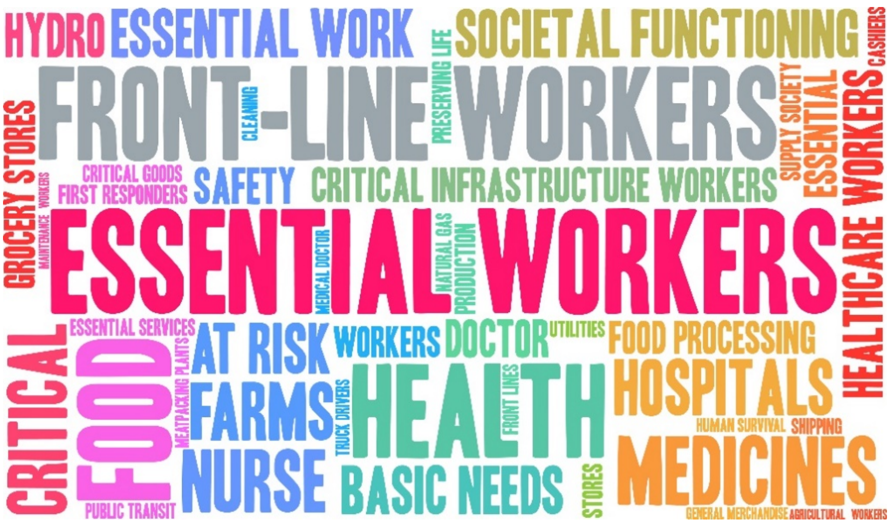
European Parliament

Revaluation of working conditions and wages for essential workers

Annex 3.3. - Country study on Ireland



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Revaluation of working conditions and wages for essential workers

Annex 3.3. - Country study on Ireland

Abstract

This country case explores the situation of essential workers in Ireland in the context of the COVID-19 emergency, with a focus on women and migrant workers in low-paid, frontline occupations. The study first provides a definition of essential workers in this country, together with key socio-demographic characteristics. It then analyses, based on existing literature and selected stakeholder interviews, the main impacts of COVID-19 on working conditions. Finally, it illustrates key policy measures and agreements adopted in Ireland to support essential workers and their personal and professional lives.

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LIST OF ABBREVIATIONS

CIF	Construction Industry Federation
COVID-19	Coronavirus Disease 2019
CSO	Central Statistics Office (Ireland)
DETE	Department of Enterprise, Trade and Employment
ESRI	Economic & Social Research Institute
EU28	European Union of 28 Member States (prior to exit of UK)
FDI	Foreign Direct Investment
GP	General Practitioner
HSA	Health & Safety Authority
HSE	Health Services Executive
INMO	Irish Nurses and Midwives Association
ISCO	International Standard Classification of Occupations
JLC	Joint Labour Committee
MRCI	Migrant Rights Centre Ireland
NACE	Standard Classification of Industrial Activity (Nomenclature générale des Activités économiques dans les Communautés Européennes)
NERI	Nevin Economic Research Institute
NOCT	National Outbreak Control Team
PPE	Personal Protective Equipment
PUP	Pandemic Unemployment Payment
SIPTU	Services Industrial Professional and Technical Union

EXECUTIVE SUMMARY

Background

This report was commissioned in summer 2021 and covers the period until autumn 2021. It uses secondary material including newspaper reports and a series of interviews with employment experts and stakeholders.

Aim

The report presents the experience of essential workers during the pandemic of COVID-19 in Ireland in the context of the Irish labour market and specific national employment regulation.

Key Findings

Essential workers and overall employment in Ireland

Because of the importance of tourism and the hospitality industry in Ireland as compared to most other European countries, a relatively large number of jobs were lost in the pandemic. International comparisons using standard definitions suggest a relatively large proportion of employment was classified as essential (and not 'teleworkable'). The somewhat different government classification of essential employment included agriculture and food production. On this definition about a half of essential workers were employed in the broader healthcare sector.

Using the government definition of essential work, essential workers were overwhelmingly female and disproportionately immigrants. Over 50 % of essential workers had children. Accordingly, the provision of childcare became an important issue during the pandemic.

Essential workers were disproportionately low paid and in precarious employment. However low pay and precarious employment were also characteristic of the hospitality sector, which was largely closed during the pandemic. Furthermore, not all essential workers were in precarious employment. In healthcare for example many workers were in regular employment. However, low pay is a feature of some occupations in healthcare such as healthcare assistants in nursing homes – an occupation almost entire female with many immigrants. Precarious employment, a high proportion of immigrants and low pay were also characteristic of meat factories. Workers in essential retail were mainly female and there were slightly more than the average share of immigrants. Finally, essential employment in transport ranged from unionised regular employment in public transport to precarious work in haulage and especially in delivery where bogus self-employment was widespread.

Impact of the pandemic on working conditions of essential workers

Overall key factors shaping the impact of the pandemic on working conditions were the extent of worker voice, the extent of social recognition and the extent to which precarious employment was limited.

Healthcare workers had significantly higher incidence of COVID-19 than the general population. This was especially the case for nursing auxiliaries and assistants. However, healthcare workers in hospitals were mostly in regular employment, able to voice their concerns through representative organisations and their work was clearly socially visible and recognised.

Nursing homes in Ireland are now largely privatised. Workers in elder care outside of the remaining state sector are almost entirely non-union and in precarious employment. Significantly, healthcare workers continued to be imported for both hospitals and nursing homes. During the pandemic nursing homes were breeding grounds for the disease. This was exacerbated by workers social invisibility, the lack of sick pay, the lack of childcare, frequent lack of training and crowded living conditions.

Workers continued to be imported by special permission from within the EU for the horticultural sector. It is clear that that health precautions (especially social distancing) were not enforced. In non-essential retail the situation was rather different: workers had social recognition as customer -facing and working conditions if anything improved. By contrast, within transport, conditions deteriorated for couriers despite increased demand.

Like nursing homes, meat factories were epicentres of the pandemic. Meat plants continued to import labour from outside the EU. The high incidence of the disease was exacerbated by poor working conditions, shared accommodation and common travel to work. Without union representation, workers here were voiceless.

Measures adopted to support essential workers

In Ireland, the overall government social and employment policy response focused on maintaining workers' income. This was consistent with the overall characteristic of the Irish welfare state to focus on cash benefits rather than public services and effective regulation. Thus, the response to the pandemic was defined by the simplicity and generosity of income support payment through the Pandemic Unemployment Payment. Importantly steps were taken to ensure that applications would not be deterred by concerns about immigration status. These and other measures ensured that living standards were not seriously undermined for most of the society.

Ireland is deficient in having no statutory sick pay so there was a risk that those ill with COVID-19 would continue at work rather than isolate. From 2020, those off work because of COVID-19 were able to claim the new COVID-19 Enhanced Illness Benefit. Free medical care and testing for COVID were also available. The childcare for essential workers was also expanded.

The response to the pandemic therefore was a dramatic expansion of the welfare state, but this was not initially matched by any intervention in employment conditions. While health precautions in residential homes and meat factories were eventually increased, the underlying employment conditions of their immigrant workers remained the same.

During 2021, some new high-level dialogue between unions and employers was promoted. This culminated in the tripartite agreement over the Work Safely Protocol, which is intended to govern return to work as the lock-down ends; the Protocol mandates worker representation in workplaces. At local level, especially in the construction industry, unions were also involved in defining the terms for the return to work. The Work Safely Protocol is an example of best practice.

Conclusions and policy implications

Where essential workers were socially recognised and had collective voice they were protected during the pandemic. By contrast, as in the extreme cases of residential care homes and meat factories, conditions of other workers -usually immigrants in vulnerable employment - deteriorated.

Stakeholders interviewed for this report stressed the need to increase workers' rights to representation in Ireland. The proposed Minimum Wage Directive should ensure greater bargaining coverage. Especially important in Ireland would be to expand the existing Joint Labour Committees to new sectors – such as the meat plants and residential homes.

1. NATIONAL DEFINITION, SHARE IN OVERALL EMPLOYMENT, AND MAIN CHARACTERISTICS OF ESSENTIAL WORKERS BEFORE COVID

KEY FINDINGS

Because of the importance of tourism and the hospitality industry, in Ireland as compared to most other European countries a relatively large number of jobs were lost in the pandemic. At the same time, a relatively large proportion of employment was classified as essential (and not 'teleworkable').

Especially in healthcare, many essential workers were in regular employment. Immigrant workers in vulnerable employment were over-represented both in sectors closed because of the pandemic (especially hospitality) but also in essential sectors including sections of caring work, retail, food production and transport (including couriers).

At the start of the pandemic, EU member states and the UK ordered the closure of businesses and institutions unless work was 'essential' and could not be carried out remotely. There were differences between member states in the definition of 'essential' workers, but the overall impact of the restrictions was shaped more by variations in the sectoral and occupational structure across Europe.

Early international research (Fana, 2020) used a fivefold classification of occupations: (1) Essential and fully active (2) Active but via telework (3) Mostly essential, partly active, not teleworkable (4) Mostly non-essential, partly active, not teleworkable (5) Closed. Because of the importance of the tourism industry, Ireland shared with the Mediterranean countries a very high proportion of employment in the 'closed' category: 12.67 % as opposed to 9.88 % for the EU28. At the same time, on these measures Ireland also had about 28 % of employment in the 'essential' category, as against about 25 % for the EU28 as a whole (Fana, 2020: Figure 1). According to the same source, essential workers in Ireland were marginally more likely to be women (48.26 % as opposed to 46.33 % of all workers), temporary workers (12.29 % as opposed to 9.76 %) and self-employed (16.3 % as opposed to 9.76 %) (Fana, 2020: Tables 4, 7, 8).

On 28 March 2020 the Irish government published a list of 'essential' occupations. Redmond and McGuiness (2020), use these definitions to analyse the characteristics of essential employees in Ireland. Using pre-pandemic (2017-2019) Labour Force Survey data coded by sector (NACE) and occupation (ISCO), they identify six 'essential' occupational groups: health professionals, health associate professionals, other health employees, armed forces, defence and public administration, retail sales, transport operatives. On this basis, essential employees amount to 22.01 % of all employees (Appendix Table 1). Particularly striking is the importance of the healthcare sectors, which together amount to more than half of all these essential employees. While this figure is somewhat lower than that of Fana et al, these six groups do not include all those explicitly listed as essential in the original government announcement, such as those working in agriculture and food production and other areas of manufacturing such as pharmaceuticals, computers and medical devices.

According to the same study, essential employees are overwhelmingly women (fully 70 %), partly because of the importance of the healthcare sectors where the three groups together are 90 % female. In terms of nationality, essential employees are also disproportionately non-Irish (14 %) including 18 %

of all transport employees, 16 % of retail and 15 % of all healthcare[1]. This study also documents that over 50 % of essential workers have children. Lone parents are also over-represented amongst essential workers, especially within the category of 'other health employees'. For most parents their children are young (two-thirds have at least one child younger than 14 years). Within couple households, 80 % of essential workers have a working partner and 20 % have a partner who is also an essential worker. Not surprisingly, childcare became a major issue during the pandemic.

During the pandemic it was claimed that those in the most vulnerable employment were compelled to continue working (e.g. Nolan, 2021), however, this is simplistic. Firstly, 'vulnerable' work can be defined to involve low pay, but also different forms of precarity (temporary contract, irregular hours, bogus self-employment). In these terms vulnerable workers in fact over-represented **at both ends** of the pandemic continuum: in the sectors that closed (above all hospitality and accommodation) and in the essential sectors that stayed open. In particular hospitality is characterised by poor working conditions (low pay, irregular hours, temporary contracts, even under-payment); most essential workers are women and many are immigrants; it is one area of the Irish economy where firms' business strategy has become dependent on low pay and continued access to precarious labour (Wickham and Bobek, 2016).

Secondly, the essential sectors are quite heterogeneous. The healthcare sector includes professionals and semi-professionals: doctors, nurses etc. Nurses were relatively well paid but there was widespread dissatisfaction with conditions; for doctors dissatisfaction with both conditions of employment and pay have long been ubiquitous. This has led to continual emigration of Irish-trained doctors and nurses (e.g. Humphries et al, 2019) while agency work - driven by nurses seeking short-term higher wages - is widespread. While in healthcare overall, non-nationals are under-represented (Enright et al, 2020), the Irish health system relies on the continued importation of qualified doctors, nurses and carers. Nonetheless, in the public sector these workers have secure and regular employment; they have voice either because of their social prestige and/or through their representative organisations.

By contrast, other essential workers are low paid. Within the healthcare sector itself, Redmond et al's category of 'Other Health Employees' includes health care assistants in hospitals and residential nursing homes as well as home-based personal care workers. Ancillary services (catering, cleaning…) had to continue in order to allow healthcare and other essential services (for example retail) to operate. Analysis of hourly pay shows that many groups of essential workers in the private sector earn well below the national average (Appendix Figure 1) and most of these essential workers were unable to work from home. The largest group here is essential retail, but also important are cleaning, security, transport, food manufacture and horticulture. And furthermore, 'Wherever you see low pay, you are likely to see poor working conditions…' (trade union researcher).

Within essential food production, approximately 15,000 workers are employed in meat factories. Overall immigrants make up approximately 30 % of this workforce, but in many factories the immigrant proportion is higher, with specific plants identified with particular nationalities. Most immigrants are from outside the EU, especially from Brazil. Many workers are agency workers, some essentially employed by an agency outside Ireland. This means they have limited access to employment rights and in particular lack any sick pay. Although working full-time in a workplace, many meat plant workers therefore do not have a full connection to their employer.

The essential transport sector included a variety of employment conditions. On the one hand, workers in public transport were in regular employment and usually strongly unionised (Hughes and Dobbins

[1] Note that immigrants are defined here in terms of nationality (citizenship) rather than ethnicity or birthplace; the analysis is restricted to 'employees' thus excluding self-employed.

2020). The sector has also seen a growth of irregular and precarious employment and self-employment. This trend has been noticeable within the haulage sector but is epitomised by the expansion of the so-called gig economy in food delivery (firms such as Deliveroo and Just Eat). Workers here are overwhelmingly (male) immigrants who are formally self-employed. Employment here is an example of the extensive 'bogus self-employment' in Ireland where employees are wrongly classified as self-employed even though they are effectively employees (NESC, 2020). Because of their irregular employment, workers' access to social welfare is constrained, because of their employment status their access to employment rights is drastically curtailed. The de-institutionalisation of the employment relationship (Kalleberg 2018) means that while the worker is controlled by the employer, the employer has avoided the responsibility to the employee which characterised the traditional standard employment relationship.

Finally, the boundaries of 'essential work' were quite fluid and changed. For example, all creches were closed in March 2020, but soon opened again for the children of essential workers. Some construction sites – not just those related to healthcare but also those in key FDI (Foreign Direct Investment) projects such as the new Intel facility in Leixlip - continued working or re-opened quickly.

2. MAIN IMPACTS OF THE COVID PANDEMIC ON THE WORKING CONDITIONS OF ESSENTIAL WORKERS

KEY FINDINGS

Healthcare workers were over represented amongst COVID-19 cases. Nurses and doctors were (and remain) over-worked and over-stressed, but they were able to voice their concerns through their representative organisations. By contrast, workers in elder care -almost entirely female and usually immigrants – were isolated in their workplaces and had little voice.

The transport sector showed the contrast between different employment statuses: conditions were protected for the unionised public sector workers while the conditions of more precarious workers (in particular couriers) deteriorated.

COVID outbreaks were extensive in two areas where vulnerable immigrants worked: residential care homes and meat factories.

The impact of COVID on workers in terms of both incidence and severity was initially assumed to depend on the extent to which their occupation was characterised by individual characteristics known to predispose towards severe consequences (age, pre-existing health conditions, risk of deprivation). Thus, 'often it is those occupations most essential to the running of society and the economy that have the highest risk of severe outcomes if COVID-19 is contracted' (Walsh et al, 2020: 17). Crucial also is the extent to which the occupation involved contact with those already affected by COVID, as was of course the case for many in the healthcare sector. However, the social organisation of work was also important. Thus, while independent farmers were assumed to be vulnerable to the disease because of their individual characteristics (age, health conditions such as asthma, etc.) (Meredith 2020) the actual incidence appears to have been relatively low given their relatively isolated working conditions.

One important differentiating factor can be seen as the extent of *voice* and *social visibility* of different groups of workers. Employee voice is well discussed in the literature (e.g. Dundon et al, 2004) and refers to the ability of employees to raise concerns directly with management or through representation (above all unions); it is interwoven with the extent of employee rights. Social visibility has only come onto the stage during the pandemic. It refers to the extent to which workers are seen *and recognised* by others – customers, citizens and the general public. In the pandemic, especially in the first lockdown, a feeling of national solidarity meant that 'we began to see people whom we don't [normally] see'… (trade union researcher). As we shall now argue, some groups of workers had always been visible, others became visible for the first time, but others remained invisible. Consequently, their working conditions deteriorated during the pandemic.

Healthcare workers were unsurprisingly most affected by COVID. Linking health surveillance data to census 2016 data, CSO (2020) calculated that nurses and midwives comprised 6 % of all cases during the reporting period, but 2 % of the (2016) population; even more over-represented were nursing auxiliaries and assistants (4 % of cases but only 1 % of the population) (Appendix Table 2). As already noted, healthcare itself is very differentiated. Those working in hospitals were coming into direct contact with patients and initially had high levels of incidence. At the start of the pandemic, there was a shortage of PPE (Personal Protective Equipment), protocols were only being developed, there were fears that the hospital system could be swamped. High incidence levels meant staff absences, which in turn increased, staff shortage and staff pressure. Staff at all levels were exhausted and reporting burnout. However, in the institutional settings, doctors and nurses were able to voice concerns their concerns through representative organisations and unions through unions and directly to management. Crucially, those showing any symptoms were immediately absent with sick leave and encouraged to report sick.

The situation in elder care was very different. Elder care work involves both care in the home ('home helps') and residential care (nursing homes). In parallel to the expansion of private-for-profit hospitals (Mercille 2018a), since the 1980s both forms of elder care have been increasingly privatised (Mercille 2018b). Care is largely funded by the state, but usually provided by private-for-profit organisations. Home care is provided largely through competitive tendering (Mercille and O'Neill, 2021); long-term residential care is provided largely through private-for-profit nursing homes.

Thus while about a quarter of the care workforce is directly employed by the publicly funded healthcare system, the Health Service Executive (HSE), most care workers are employed either by private companies or by agencies (Sweeney 2021). It is clear that those employed by the HSE have better conditions, not least thanks to trade union campaigns: HSE employees have higher pay, more regular hours and are more likely to be unionised (Murphy & O'Sullivan 2021). Carers are almost entirely female, and especially in the private sector include a significant proportion of immigrants. Amongst immigrants there is a career path that leads from working as a private domestic to working in a nursing home, but work is frequently dependent on a visa which links the immigrant to a specific employer, thus opening the possibility of exploitation and certainly ensuring silence (Coppari 2019). During lockdown, Ireland continued to import healthcare workers. Many hospitals were granted permits for large numbers of immigrant workers, while many nursing homes were granted individual work permits (DETE 2021).

At the start of lockdown, priority was given to 'cocooning' older people since it was assumed that they were most at risk if they contracted the disease. For those living at home this meant reducing all social contacts and isolation, but those in residential homes were essentially locked away out of sight with, for example, no visits allowed. As rapidly became clear internationally, residential nursing homes were breeding grounds for the disease (Fallon et al 2020). There were three immediate issues facing staff: a lack of equipment and training (especially in the private sector nursing homes), the absence of sick pay and the lack of childcare (Murphy & O'Sullivan 2021). Most fundamentally, cocooning led to a series of outbreaks of COVID-19 in nursing homes. Clearly, in most homes there were difficulties in enforcing social distancing so residents infected each other, while the endemic staff shortage exacerbated the use of agency staff moving between homes. All this was made worse by the crowded conditions in which most staff lived.

Agriculture and food processing were originally listed as essential sectors. Agri-food factories continued to work with, at least initially, few additional safety measures:

> "Workers in agri-food factories across Ireland have told us they are worried about their ability to keep safe at work during this crisis. They have said they cannot adhere to physical distancing and are working shoulder to shoulder, taking breaks at the same time, without extra hygiene facilities." (MRCI 2020a).

The horticulture sector in the Dublin region has become used to short-term migrant labour on temporary contracts. These workers are mostly from the EU and so do not require work permits; during the crisis they were explicitly exempted from travel restrictions. Nonetheless there was widespread popular concern that such workers were allowed to enter the country when almost all international travel was banned. Despite claim by employers that all fruit pickers had been screened, it was clear that living conditions made social distancing impossible (Hilliard 2020).

'Non-essential retail' was closed immediately in the first lockdown of March 2020. Given that 'essential retail' is not an existing statistical category it is not able possible to evaluate whether these retail workers faced a higher level of COVID incidence. Like healthcare workers, essential retail workers faced new protocols for working when it was initially unclear what working safely meant. Workers were frightened. They worried both that they could contract the disease and that they could bring infection into their families. There were new pressures in customer-facing work: management often explicitly wanted staff to be friendly to customers (trade union representative). In an industry where many workers had irregular hours, management often requested extra hours at short notice in a situation where accessing childcare was already a problem.

Unlike nurses, retail workers had never been publicly considered to be 'essential', but now they were quickly identified in media and government statements as 'frontline workers'. Especially in the first lockdown they benefited from the widespread public recognition that nurses already enjoyed. In retail as a whole unionisation is low (probably around 10 %), but a few large stores are unionised, while in other large stores union campaign for recognition but have not won negotiating rights (Mandate 2021). Even without trade union representation, management were under pressure for their staff not to be discontented. At least one major store gave a special bonus payment to staff (Tesco Ireland, 2020). Furthermore, large retail is dominated by large companies who tend to be brand conscious – and this suddenly involved their workers (trade union researcher).

In the transport sector, public transport was curtailed but continued to run with massive state subsidies, workers were not laid off and safety precautions were rapidly introduced. Like retail workers, workers' conditions benefited from the public nature of their work. By contrast in the private sector, services were curtailed, some workers laid off and safety measures appeared more ad hoc. Courier and delivery services expanded, but riders complained that their actual earnings were reduced. While riders were required to use masks and hand sanitiser, there were complaints that these additional expenses had not been reimbursed. Indeed, in both Dublin and Cork, riders organised public protests against these conditions (Malekmian 2020; Donohue 2021).

Approximately 15,000, mostly male, workers are employed in Irish meat factories. Overall immigrants make up about 30 % of this workforce, but in many plants the non-national proportion is higher, with specific plants identified with particular nationalities. Most immigrants are from outside the EU, especially from Brazil. During the pandemic work permits continued to be granted to meat plants (DETE, 2021). Meat plants were one of the major centres for COVID, meat workers accounted for fully 1,047 cases of COVID-19 as of 21 July 2020 (NOCT 2020). It was argued that this high level of cases was the result of (1) the physical nature of plants which made social distancing difficult (2) workers sharing accommodation and common travel to work (3) working through minor symptoms. However, an ad hoc survey suggested that relatively few meat plant workers shared accommodation, putting the blame for high rates on the conditions within the plants. Working conditions in plants appear to be exploitative and dangerous, with bullying and harassment rife (MRCI 2020; Special Committee 2020). Without union representation, meat plant workers were hidden and voiceless.

3. MAIN LEGISLATION, POLICIES, COLLECTIVE AGREEMENTS AND EMPLOYERS' MEASURES ADOPTED IN THE COUNTRY TO SUPPORT ESSENTIAL WORKERS

KEY FINDINGS

The overall government social and employment policy response focused on maintaining workers' income. This was consistent with the overall characteristic of the Irish welfare state to focus on cash benefits rather than public services and effective regulation. Thus, the response to the pandemic was defined by the simplicity and generosity of income support payment through the Pandemic Unemployment Payment. Importantly steps were taken to ensure that applications would not be deterred by concerns about immigration status. These and other measures ensured that living standards were not seriously undermined for most of the society.

Ireland is deficient in having no statutory sick pay so there was a risk that those ill with COVID would continue at work rather than isolate. From 2020, those off work because of COVID-19 were able to claim the new COVID-19 Enhanced Illness Benefit. Free medical care and testing for COVID was also available. The childcare for essential workers was also expanded.

The response to the pandemic therefore was a dramatic expansion of the welfare state, but this was not initially matched by any intervention in employment conditions. While health precautions in residential homes and meat factories were eventually increased, the underlying employment conditions of their immigrant workers remained the same.

During 2021, some new high-level dialogue between unions and employers was promoted. This culminated in the tripartite agreement over the Work Safely Protocol, which is intended to govern return to work as the lockdown ends; the Protocol mandates worker representation in workplaces. At local level especially in the construction industry unions were also involved in defining the terms for the return to work.

As in most countries, the initial Irish government response to the pandemic was to enforce lockdown, quarantine and social distancing. This was quickly followed by steps to ensure income maintenance for those who were suddenly out of work and to subsidise remaining jobs threatened by the crisis. Overall policy has been less concerned with the employment conditions of those still at work and until recently there has been little involvement of trade unions or even civil society organisations in policy formation.

The initial Irish response to the pandemic was noticeable for its rapidity and for the relative generosity and simplicity of benefits. The Pandemic Unemployment Payment (PUP) was more generous than the UK equivalent and was easy to access. In contrast to the UK, there was no attempt to integrate the PUP with other social welfare benefits, something that the Irish welfare administration would arguably have been incapable of achieving (Hick and Murphy, 2021). Migrant workers of whatever status have been allowed to access the PUP. The Department of Social Protection has explicitly not shared data with those controlling immigration - the GNIB (Garda National Immigration Bureau) and the Department of Justice. A similar focus on simplicity (and consequent generosity) was evident in the subsidies to employers: the Temporary Work Support Scheme (TWSS), subsequently reformulated as the Employment Wage Support Scheme (EWSS).

Coupled with other measures, such as a national rent freeze and an eviction ban, these steps ensured that in general the pandemic did not massively undermine living standards. They contributed to the remarkable social cohesion in Ireland during the pandemic. Since the PUP payment was considerably higher than the traditional unemployment benefit (Jobseekers' Benefit/ Jobseekers' Allowance), Ireland de facto moved towards income-related social insurance. Indeed, according to some estimates at least one third of all PUP recipients received payments larger than their previous earnings (Hick and Murphy, 2021).

The PUP essentially re-introduced income-related social insurance – traditionally seen as central to 'continental' welfare states - into the Irish welfare system. 'Middle class' incomes were also protected by an initial mortgage payment freeze. At the same time however, there was an expansion of universal benefits and services. Ireland has no statutory sick pay, and a major problem rapidly emerged that essential workers were unwilling or unable to take sick leave even when they had COVID symptoms and should have self-isolated. This was tackled by the introduction in 2020 of the COVID-19 Enhanced Illness Benefit paying a universal rate of €350 per week.[2] Further universal elements in the response to COVID included free GP consultations, free testing and free hospitalisation.

This policy response can be seen as continuing the Irish state as a 'benefits-rich, services-poor' welfare state. It is a welfare state with relatively generous cash benefits, but which then provides few and inferior services. Nonetheless, thanks partly to campaigns by women's organisations and the INMO (Irish Nurses and Midwives Organisation) childcare for essential workers was expanded (Cullen and Murphy, 2021).

As it became clear that meat plants and nursing homes were centres for the pandemic there were eventually targeted inspections. For meat plants a National Outbreak Control Team (NOCT) was established to make recommendations. Despite 'stakeholder involvement' there was in fact no representation of employees and no involvement of NGOs working with migrants. Detailed safety guidelines were produced and there were inspections by the Health & Safety Authority (HSA) of plants where outbreaks had occurred (NOCT, 2021). Subsequent outbreaks were largely contained. However, HSA inspections were seen as inadequate and while the industry is strongly regulated in terms of food safety and hygiene, 'the same level of regulation and protection is not extended to workers and their conditions of employment' (Special Committee 2020: 18),

Similar policy failures were identified in nursing homes. While interventions focused on immediate safety issues, physical facilities were not sufficient to ensure self-isolation and overall staffing levels remained inadequate (Special Committee 2020: 17). The need for salary structures and working conditions to be in line with the Department of Health Safer Staffing model remains unmet (Martin et al 2021).

While workers in meat plants and nursing homes remained largely voiceless and had little influence on their working conditions during the pandemic, this was not the case for workers in the construction sector. Partly this was locally organised groups, as when at the onset of the pandemic union-organised workers ensured that sites did not stay open illegally (union representative). When sites were allowed to continue working, as in the Intel site (currently one of the largest construction sites in Europe), union pressure ensured effective testing across the entire site (union representative). Also some retail workers received a wage increase as a pandemic bonus, partly due to union pressure (Tesco Ireland 2020).

An early return to work in construction was negotiated between the construction unions affiliated to the Irish Congress of Trade Union and the Construction Industry Federation (CIF) during 2020. Although not signed by all unions in the industry, this was a foretaste of the national agreement in 2021 between unions and employers governing the return to work. The Work Safely Protocol was first formulated in

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2 Whereas the PUP was completely individualised (and thus administratively simple), the Illness Benefit had additional rates for dependent household members.

autumn 2020; the current updated version (September 2021) is an example of best practice. It is a national level agreement, the result of tripartite discussions between government, employers and unions in the re-invigorated Labour Employer Economic Forum. Crucially it mandates communication between every employer and a Lead Worker Representative (Government of Ireland 2021). The protocol thus potentially provides a structure for worker voice in workplace safety.

4. CONCLUSIONS AND POLICY INDICATIONS

Where essential workers were socially recognised and had collective voice, they were protected during the pandemic. Where workers were able to articulate their concerns, whether to employers, government or civil society, protection was quickly put in place and co-operation with management was assured. Within key sectors, trade union organisation facilitated the exchange of experiences and the sharing of lessons learnt between enterprises.

Conversely, those areas where the disease spread rapidly were areas where working conditions deteriorated. In these areas – epitomised by private-for-profit nursing homes and meat processing plants – workers were unrepresented, unrecognised and silenced. Both these sectors are dominated by immigrants and in addition almost all staff in nursing homes are female. Employment here is often precarious: workers are not necessarily employed directly by the enterprise, they may have irregular hours and little job security, they have little access to sick pay or to adequate childcare. Protecting essential workers will therefore require a reversal of the 'de-institutionalisation' of the employment relationship. Essential workers need regular employment instead of precarious employment; they need an employment relationship that recognises the mutual responsibilities of employees and employers.

On this basis, several stakeholders in interviews reiterated the importance of consolidating workers' rights to representation. It is important to notice that Ireland remains almost the only country in the Western World where there is no right to union bargaining. Indeed, recently there have been constitutional challenges to the creation of sectoral bargaining institutions. An over-arching legal change is necessary to bring Ireland into line with European norms that recognise and anchor bargaining rights and make the country consistent with the pledges of the European Pillar of Social Rights.

In this context there is an important role for the current draft Minimum Wage Directive (European Commission, 2020) and in particular the proposal that member states should aim for a minimum of 70 % bargaining coverage. Currently, approximately 30 % of all Irish workers are covered by sectoral agreements. Raising this to 70 % will be a major challenge. Several stakeholders indicated that a realistic strategy to achieve this would build on the existing Joint Labour Committees (JLCs). Joint Labour Committees are sectoral organisations comprising an equal number of employer and worker representatives; the chair is appointed by the government. Where there is an Employment Regulation Order in place the JLC can set basic wage for the sector[3].

Currently there are JLCs operating in contract security and contract cleaning. These are two areas historically characterised by low pay and precarious work; both sectors have a high proportion of immigrant workers; nearly all contract cleaners are women. These JLCs have contributed to ensuring minimum pay rates are enforced in the sectors; they provided a floor for vulnerable essential workers during the pandemic.

There is also a JLC for the retail sector, but employers are currently refusing to participate. A first step to increasing bargaining coverage would be to ensure that existing JLCs are fully functional. The next step would be the creation of JLCs in sectors where there is low pay and/or precarious work. Both the residential care sector and the meat processing sector would appear to be ideally suited for JLCs: the sectors are relatively clearly delineated, they have multiple employers some of which are relatively large. JLCs in these two areas would enable a voice and recognition for two groups of vulnerable

3 For brief overview of the role of the JLC see: Citizens Information: https://www.citizensinformation.ie/en/employment/employment_rights_and_conditions/industrial_relations_and_trade_unions/joint_labour_committees.html.

essential workers who have been largely ignored in discussions of a 'bonus' for front-line workers. Crucially JLCs would provide a forum in which to wean employers from their anti-union stance and entice them towards the more co-operative position characteristic of employers in other sectors.

More generally, stakeholders reiterated that in overall policy terms this crisis could not be solved by the austerity programmes imposed on workers in the previous crisis. At its most general, this has been seen to involve the recognition of front-line workers and their needs. The high level of emergency payments during the crisis can be seen as a recognition of the need for a minimum living wage. Crucially the emergency measures to facilitate sick pay and childcare for essential workers should accelerate in Ireland the introduction of statutory sick pay and the continued expansion of childcare services. Finally, there has been a recognition that the privatisation of care services, in particular in elder care, has both undermined the standard of care and actually endangered workers. As was increasingly realised before the pandemic, the privatisation of care work creates new problems rather than solving old ones

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ANNEXES

Annex I – Stakeholder Interviews

Position	Organisation	Date of interview
Professor, Department of Sociology	National University Maynooth, member Council of State[4]	09/09/2021
Professor, Department of Law	National University of Ireland, chair of high level group to review industrial relations in Ireland	22/09/2021
Researcher	SIPTU (Services Industrial Professional and Technical Union)	15/09/2021
Researcher	NERI (Nevin Economic Research Institute)	09/09/2021
Lecturer	University of Limerick – Kemmy Business School, Department of Work and Employment Studies	14/09/2019
Trade Union Representative	SIPTU – Galway	23/09/2021
Trade Union Representative	Regional Officer, Unite the Union	21/09/2021

[4] The Council of State exists to 'aid and counsel' the President of Ireland. Available at: https://president.ie/en/the-president/council-of-state.

Annex II – Additional Tables

Table 1: Essential employees and total population

Employee Group	Per Cent
Essential Employees	
Health Professionals	5.47
Health Associate Professionals	1.46
Other Health Employees	5.09
Armed Forces	0.30
Defence and Public Administration	0.98
Retail Sales	7.17
Transport	1.54
Total Essential Employees	22.01
Other employees	77.98

Source: Redmond and McGuiness (2020).

Table 2: COVID-19 sample and general population by Broad Industrial Group as of April 2016

Broad Industrial Group	% COVID sample	% Census 2016 population
Agriculture, Forestry & Fishing (A)	1 %	4 %
Industry (B-E)	8 %	11 %
Construction (F)	3 %	5 %
Wholesale & Retail Trade (G)	11 %	13 %
Transportation & Storage (H)	3 %	4 %
Accommodation & Food Service Activities	7 %	6 %
Information & Communication (J)	2 %	5 %
Finance & Real Estate (K,L)	8 %	5 %
Professional, Scientific, Technical Activities (M)	3 %	6 %
Administrative & Support Service Activities (N)	6 %	4 %
Public Administration & Defence (O)	14 %	5 %
Education (P)	5 %	9 %
Health & Social Work (Q)	22 %	11 %
Other NACE Activities (R-U)	3 %	4 %
Industry not stated	4 %	7 %

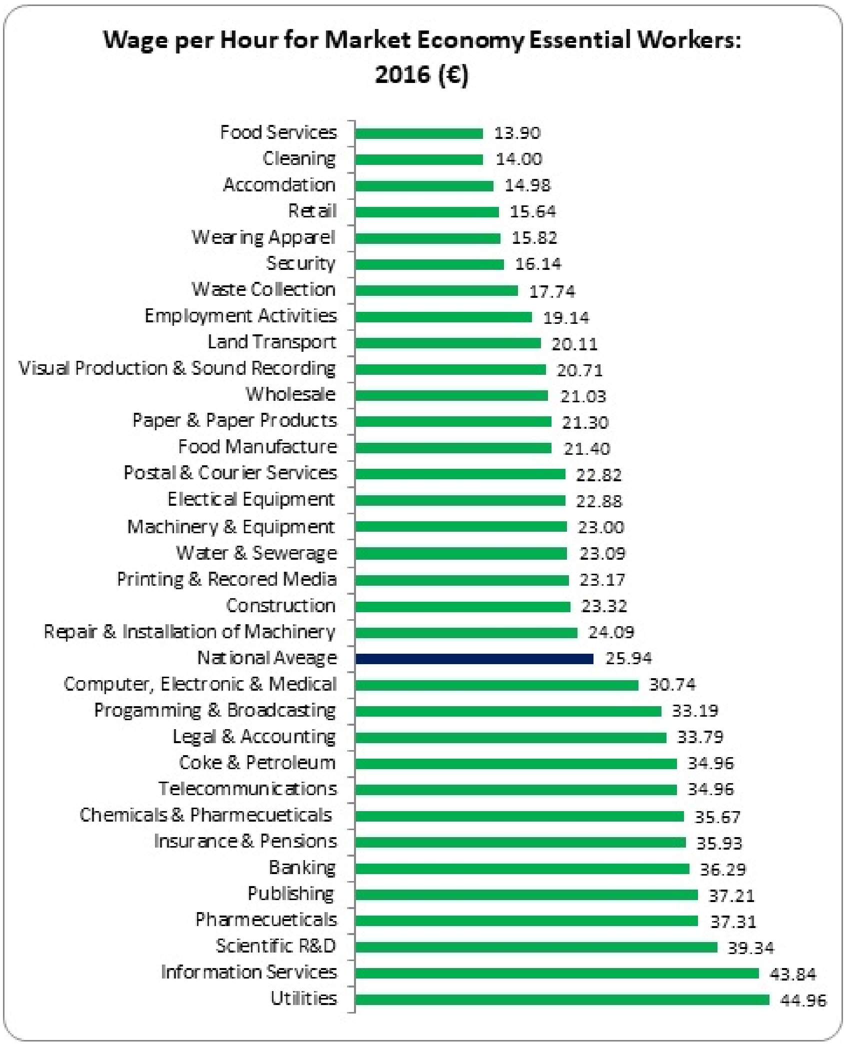
Source: CSO (2020) Reproduced from CSO(2020) Profile of COVID-19 in Ireland - Using Census 2016 Household Data to Analyse COVID-19 Cases from March to November 2020, Table 4.1.

Table 3: COVID-19 sample and general population by top occupations affected as of April 2016

Occupations	% COVID sample	% Census 2016 population
Nurses and midwives	6 %	2 %
Care workers and home carers	4 %	2 %
Sales and retail assistants, cashiers and checkout operators	4 %	5 %
Nursing auxiliaries and assistants	4 %	1 %
Other administrative occupations	2 %	3 %
Farmers	2 %	3 %
Cleaners and domestics	2 %	1 %
Medical practitioners	2 %	1 %
Kitchen and catering assistants	2 %	1 %
Food, drink and tobacco process operatives	1 %	1 %

Source: CSO (2020). Reproduced from CSO (2020) Profile of COVID-19 in Ireland - Using Census 2016 Household Data to Analyse COVID-19 Cases from March to November 2020, Table 4.3.

Figure 1: Hourly wages for Market Economy Essential Workers 2016



Source: Michael Taft, 'Essential Workers, Essential Living Standards, Essential Tools'.

Note: On The Front, 29 September 2020. Available at: https://notesonthefront.typepad.com/politicaleconomy/.

This country case explores the situation of essential workers in Ireland in the context of the COVID-19 emergency, with a focus on women and migrant workers in low-paid, frontline occupations. The study first provides a definition of essential workers in this country, together with key socio-demographic characteristics. It then analyses, based on existing literature and selected stakeholder interviews, the main impacts of COVID-19 on working conditions. Finally, it illustrates key policy measures and agreements adopted in Ireland to support essential workers and their personal and professional lives.

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