

COUNTRY REPORT

LUXEMBOURG

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Introduction

Luxembourg is a small country with the highest GDP per capita in the EU. Yet, the employment gap between men and women remains very large. In accordance with the population's high living standards, long term care insurance is covering most of the care needs. However, in household-related non-care PHS undocumented work continues to be culturally accepted. Tax deductions and a simplified administrative procedure for direct employment of domestic workers have been introduced in order to facilitate a transition from undeclared work to formal employment for households, but so far only high income households seem to have profited from it. As far as domestic workers are concerned, their situation has improved, but remains problematic especially in the case of migrant workers.



Factors supporting the growth and development of the field of PHS

Luxembourg has roughly half a million inhabitants, less than 1 per cent of the EU's population. Despite its small population, it has the highest GDP per capita in the EU. The population is projected to almost double in the next decades, reaching 1.0 million in 2070.¹ This rapidly increasing population is largely due to high immigration – 47.9 per cent of the country's population are not Luxembourg nationals.

Although Luxembourg has a relatively young population, it is ageing rapidly, due to increasing life expectancy. The latter was 82.1 years in 2017 and is among the highest across the EU. The increase in life expectancy has been driven by reductions in mortality rates from all main causes of death. The proportion of the population over 65 is with 14.2 per cent among the lowest in Europe, largely due to a steady influx of working-age population. However, this rate is projected to rise to nearly 24 per cent by 2050.² Demographic changes are taking place differently across the country, with some regions experiencing more significant ageing of the population.³

Undeclared work is referred to in Luxembourg as clandestine labour (“travail clandestin”). The number of cases is not available for Luxembourg and there is limited data on this issue.⁴ According to the Eurobarometer 2014, 45 per cent of the respondents say they have employed undeclared workers in the area of home cleaning.⁵ Undeclared work in PHS is

¹ European Commission (2019a).

² OECD/European Commission (2019).

³ Official Portal of the Grand Duchy of Luxembourg (2019).

⁴ European Commission (2015).

⁵ European Commission (2014).

culturally accepted in Luxembourg, with stakeholders agreeing that an awareness-raising campaign would be necessary.⁶

Women's involvement in the labour market has increased from 42.9 per cent in 1983 to 76.5 per cent in 2012, however the gap between men and women's activity on the labour market remains one of the largest in the EU. The childminding reform has contributed to the recent increase of women's labour market participation. As of 2010, 33.7 per cent of women with at least one dependent child worked part-time. Part-time work is the primary way for the reconciliation of family obligations with employment.⁷



Definition and development of PHS instruments

In Luxembourg there is no unitary definition for PHS.

Households employing PHS workers for cleaning, childcare and care for dependent persons are entitled to a **tax deduction**. They must declare their taxes and send a copy of the document to the Common Centre for Social Security ("Centre commun de la sécurité sociale", CCSS). Their request for tax deduction must be justified either by a CCSS attestation of the amount they declare on the platform or from an attestation provided by PHS companies. Households are entitled to a rebate of up to EUR 5,400 per year and no more than EUR 450 per month for both care and non-care services.⁸ The threshold has been increased following the 2017 election. It was part of a family policies reform, including the reform on childminding. It can be applied both with concern to direct employment and intermediary employment of domestic workers.

Direct Employment of PHS Workers is a simplified administrative procedure for managing staff in one's home. It covers employees who carry out domestic tasks in a private residence, provide childcare to children with disabilities or children under age 14, provide care or assistance to a dependent person who needs assistance with day-to-day tasks. Employers must draw up an employment contract for anyone who is not a relative or friend providing informal care. Contracts are mandatory except for self-declared employees (to the CCSS) and they can be open-ended or fixed-term, but they must be in writing and include the information specified in Annex 1.

Long Term Care Insurance includes benefits in-kind, cash benefits and pension contributions for informal carers. In order to have one's need assessed, people who want to receive benefits need to send an application to the National Health Fund. All persons registered with health insurance are entitled to LTC insurance. If services will be provided by a close friend or relative, this informal carer must be identified and evaluated so that the dependent person can receive a cash benefit instead of benefits in kind. Cash benefits are provided in a lump sum each week. There are ten levels of cash benefits (from 12.50 EUR to

⁶ Findings of Luxembourg workshop, 5.12.2019

⁷ Official Portal of the Grand Duchy of Luxembourg (2015).

⁸ Farvaque (2013); Guichet.lu (2018c).

262.50 EUR per week⁹, see Appendix 2), depending on the assessed need of the user.¹⁰ Long-term care is not means-tested and there is no waiting period. However, users must demonstrate a need for assistance that will persist for at least 6 months and requires at least 3.5 hours of help per week. Dependent persons are entitled to support with personal hygiene, nutrition and mobility, elimination and dressing, as well as household tasks. Upon request from the dependent person, the LTC insurance also contributes to pension insurance for informal carers.¹¹ The State Office for Assessment and Monitoring of the long-term care insurance is in charge of assessing the needs in activities of daily living and the other long-term care services and of designing care plans. Indeed, based on the assessment, it draws up a structured care plan providing the necessary assistance to those who request it, depending on which form of care is the most appropriate, be it home or institutional care.¹² All employees in Luxembourg contribute to the LTC insurance but trans-border workers (i.e. living outside Luxembourg) can benefit only from cash benefits in accordance with their local system.



Landscape of users

Beneficiaries cared for at home can receive personal care or in-kind services that they are entitled to from professional carers or from informal caregivers of their choice (generally a family member). Both types of service provision can be combined, which represents the most preferred type of care provision (used by 63.4 per cent of the home-care beneficiaries in 2016).¹³ LTC insurance covered a total of 13,742 people as of 2018 – 4,560 in the residential setting and 9,182 in the home care setting. Although the number of beneficiaries is currently higher in the home care setting, more recently the number of persons in residential care has been increasing more rapidly, and this is projected to continue in the future at an accelerating rate.¹⁴ Of the beneficiaries receiving care at home, 39 per cent were over the age of 80.¹⁵

The beneficiaries of tax deductions for PHS employment are mainly households with a high income. However, no exact data is available.

⁹ State Office for Assessment and Monitoring of the long-term care insurance (2019).

¹⁰ Guichet.lu (2018b).

¹¹ European Commission (2019b).

¹² European Commission (2019a).

¹³ European Commission (2019a).

¹⁴ European Commission (2018a).

¹⁵ Koch/Weisgerber (2011).



Financing of the main instruments and associated prices

Tax revenue generated by the implementation of the flat rate tax and simplified administrative procedure for direct employment of PHS workers was estimated at €1.43 million as of 2005 by CCSS.¹⁶

Assistance and care services for dependent persons are covered by long-term care insurance.¹⁷ As of 1999, all active and retired persons were required to contribute 1.4 per cent of their income to LTC insurance. The state contributes €140 million to LTC¹⁸ and there is also a contribution made by the electricity sector.¹⁹

In 2016, the share of formal in-kind spending dedicated to home care was with 29.7 per cent of the total public spending of Long-Term Care in-kind, slightly below the EU average of 33.9 per cent. This points to a potential rationalisation of expenditure, as home-care is a comparatively cost-effective way to provide long-term care, in cases where institutionalisation can be avoided. Also, the below-average unit costs of home care per recipient of 24.3 per cent²⁰ (versus 33.9 per cent in the EU) suggest that there is scope to shift resources towards home care and improve the system from a cost-efficiency perspective.²¹



Work arrangements

Direct household employment of PHS workers or a ‘family-as-employer’ arrangement is common in Luxembourg, comparable to its popularity in France. This is due to government incentives (tax deductions) and the overall high standard of living of households making use of this system. Provider models are also well developed.²² The employer has to register to the CCSS. The declaration replaces the contract most of the time. According to the law, no written contract equals permanent contract. Contracts are compulsory, but in practice few households sign one with their domestic workers despite the fact that a template contract is available on the CCSS website. Live-in domestic workers are rather rare.²³

Intermediary agencies are available for people who do not want to draw up their own work contracts or deal with tax authorities.²⁴ Intermediary agencies operating as placement

¹⁶ Eurofound (2009).

¹⁷ Guichet.lu (2018b).

¹⁸ It corresponds to 40 per cent of the expenses.

¹⁹ Koch/Weisgerber (2011).

²⁰ Measured as a share of GDP per capita.

²¹ European Commission (2019a).

²² Farvaque (2013).

²³ Oral communication during the Luxembourg workshop, 5.12.2019.

²⁴ Rao (2018).

agencies, comparable to the French “mode mandataire”, do not exist in Luxembourg. Instead, PHS agencies being the employer of PHS workers operate on the market.



Landscape of intermediaries and quality management

Among organisations providing PHS, there are both for-profit and not-for-profit organisations. The latter are mostly providing services within the LTC insurance schemes, but they also provide additional services that are fully paid by users.

Market entry to the care-giving sector is restricted to organisations approved by the Ministry of Family Affairs based on the fulfilment of certain quality standards and after adherence to a framework contract with the National Health Insurance, which determines the rights and obligations for providing the nursing care services.²⁵ Many of these companies are available online (Homehelp.lu, batmaid.lu, Appilux), but they remain the employer of domestic workers.²⁶ By the end of 2016 there were 24 registered, mostly private, ambulatory networks offering nursing care at home.²⁷

In Luxembourg, sole proprietorship companies are more popular than the self-employed model. There is a lack of adequate data, but at least 284 cleaning companies are registered in Luxembourg. However, there is no distinction between companies providing industrial cleaning and companies providing domestic cleaning, while some companies offer both types of services. The top 20 are big companies, whereas the others are rather small companies.

Employees contracted through intermediary agencies are vetted for quality, whereas directly contracted employees do not require training or certification.²⁸ The State Office for Assessment and Monitoring of the long-term care insurance is responsible for quality monitoring and for ensuring that the provided services match the needs of the dependent person. It also has the task of providing information and consultancy to protected persons and the bodies concerned with prevention and care of dependent persons. It comprises two consultation bodies:²⁹

- the Advisory Committee, composed of government representatives, representatives of beneficiaries and providers, social partners and the CNS, which consults on the evaluation of activities run by the care insurance, the regulations on technical aids, quality standards and the negotiation procedure of tariffs;
- the "Concerted Action", which gathers to examine the functioning of the care, care networks, institutions for elderly or disabled persons and propose improvements in the system. This brings together the ministers responsible for family affairs, health

²⁵ European Commission (2019).

²⁶ Rao (2018).

²⁷ European Commission (2019).

²⁸ Rao (2018).

²⁹ European Commission (2019a).

and budget or their representatives, organisations active in the fields of health, family and social action, and associations representing the beneficiaries of long-term care insurance.



Landscape of employees and degree of professionalisation

In Luxembourg, there are about 8.300 domestic workers in direct employment relationships. They are mainly middle-aged women. About half of them are trans-border workers mainly from France and Belgium, but migrant women from Poland and even overseas, such as Brasil or Cape-Vert, are also active in the sectors associated with PHS. They mainly work for professional cleaning companies, while using direct employment in private households as a complement of their main income.³⁰

There are no figures available on the exact number of informal caregivers; however in 2016, 6,609 beneficiaries, corresponding to 79.1 per cent of all recipients of care at home, received cash benefits or cash and in-kind benefits. If the informal caregiver does not benefit from a retirement pension, the long-term care insurance can pay the pension contribution of the informal caregiver. Until 2017, there were 3,625 recipients of pension contributions, 3,246 women and 379 men.³¹

According to the European Quality of Life Survey, 21 per cent of the Luxembourgian population has indicated to work as an informal carer:

Table 1: Informal carers as a percentage of total population³²

	Total	Male	Female	18-34	35-64	65+
Luxembourg	21%	19%	23%	16%	26%	14%

Stakeholders recognise that there is a lack of attractiveness in domestic work because no career paths are possible and no career development except seniority. There is no training or cleaning certification recognition. Enterprises representatives underlined that there are labels available to guarantee the quality of the work and some of them provide trainings internally for their employees.

In the care sector, career paths are well developed. Several diplomas are available, for example the paid dual training “Certificat de capacité professionnelle – Aide ménagère” (Certificate of professional competence – domestic help) at the „Lycée technique Bonneweg“ and at the private school Fieldgen.³³

³⁰ Oral communication during the Luxembourg workshop, 5.12.2019.

³¹ European Commission (2019a); Ministry of Social Security (2018).

³² European Commission (2018b).

³³ Ministry of National Education, Child and Youth Affairs (2015).



Wages

Payment of PHS workers must correspond to the social minimum wage, set at 12.38 EUR for a non-qualified worker and at 14.85 EUR for a qualified worker,³⁴ and include paid leave and paid public holidays. Full-time employees are entitled to 26 days of paid annual leave.³⁵

According to the Eurobarometer 2014, the median hourly cost for undeclared services (especially home cleaning) is EUR 12.3 per hour in Luxembourg.³⁶ The cost paid by the care insurance for one hour of care work is EUR 35, whereas the cost paid for one hour of domestic work from service providers is between EUR 25 and EUR 30.³⁷ PHS providers are subject to a reduced VAT rate of 8 per cent.

The hourly wage for directly employed domestic workers is between EUR 13 and EUR 16. Domestic workers thus receive the highest pay in Luxembourg, as compared to the other EU member states. The minimum wage is set at EUR 12.23 per hour.³⁸

The minimum monthly salary for a domestic worker is EUR 2000 and for a qualified domestic worker around EUR 2500.



Social dialogue in the field of PHS

Domestic workers in Luxembourg are excluded from legislation that caps the number of hours employers can ask them to work.³⁹ They are under-represented and they are only included in the social dialogue of the cleaning industry, established for industrial cleaning. As no specific social dialogue has been created for domestic work, the provisions of the collective bargaining of industrial cleaning apply for domestic cleaning, including a sectoral minimum wage of EUR 12.38 per hour.

A collective bargaining agreement for care activities is in place, with COPAS⁴⁰ being one of the employer's federations negotiating this collective agreement.

Social partners active in PHS are:

- Trade Unions: *Onofhängege Gewerkschaftsbond Lëtzebuerg* (OGB-L)⁴¹ and *Lëtzebuurger Chrëschtliche Gewerkschafts-Bond* (LCGB)⁴²

³⁴ Ministry of Social Security (2020).

³⁵ Guichet.lu (2018a).

³⁶ European Commission (2014).

³⁷ Oral communication during the Luxembourg workshop, 5.12.2019.

³⁸ Rao (2018).

³⁹ European Union Agency for Fundamental Rights (2019).

⁴⁰ COPAS (2019).

⁴¹ See: <http://www.ogbl.lu/>

- Employers: *Fédération des acteurs du secteur social (FEDAS)*⁴³, *Confédération des organismes prestataires d'aides et de soins (COPAS)*⁴⁴ and *Fédération des Industriels Luxembourgeois (FEDIL)*⁴⁵

Trade unions underline that many domestic workers are undocumented and therefore underpaid and suffer from a lot of abuses. Therefore, stakeholders stressed the importance of the implementation of a specific social dialogue on domestic work⁴⁶.



Policy Process

Households employing PHS workers must register the employee with the CCSS, which collects the flat-rate tax and social security contributions. Employers provide this institution with the declaration stating the net salary being paid to the employee.⁴⁷

In 1998, a simplified administrative procedure applying to all domestic workers was introduced, to help reduce the administrative burden for employers and encourage them to employ workers legally. New legislation effective from January 2009 subsequently introduced a single status of white-collar employee for all private sector workers. Under this system, the employer must cover the first 13 weeks of sickness leave for workers. As this entails a substantial cost for the employers of private domestic workers, an exception has been allowed, whereby the simplified procedure for the declaration of staff employed in private households is to be maintained, in order to prevent a proliferation of undeclared work in this sector once again. However, the flat rate in tax will be raised from 6 per cent to 10 per cent, in order to compensate for the decrease in sickness insurance income due to the reduction of the applicable contribution rate.⁴⁸

The Law of 19 June 1998 introducing 'dependency insurance' – that is, insurance covering services to people with a significant regular need for the assistance of a third person for necessary everyday activities – introduced a simplified administrative procedure applying to all domestic staff, with effect from 1 January 1999. This simplified administrative procedure has been obligatory for all paid work done on behalf of a physical person, exclusively in the context of private services and including: household work, childcare and the provision of assistance and care needed due to a person's state of dependency. The main actors involved in implementing this initiative are the CCSS and the employers – in this case, individuals or private households.

⁴² See: <https://lrgb.lu/>

⁴³ See: <http://www.fedas.lu/>

⁴⁴ See: <http://www.copas.lu/>

⁴⁵ See: <https://www.fedil.lu/>

⁴⁶ Findings of the Luxembourg workshop, 5.12.2019.

⁴⁷ Guichet.lu (2018a).

⁴⁸ Eurofound (2009).

As of 1 January 2009, with the introduction of the single status, the system of continued remuneration has been made generally applicable. The convergence of the systems for sickness cover is, from now on, based on the model used for private sector white-collar workers. The new scheme obliges the employer, in the event of work incapacity on grounds of illness, to guarantee the payment of the remuneration during the first 13 weeks of illness. The health insurance fund intervenes when the duration of the illness exceeds this period.

Long-term care insurance became a compulsory branch of Social Security in 1998.⁴⁹



Commonalities across countries

Luxembourg has some similarities with France and Germany in terms of PHS programs and structures. The long-term care insurance was introduced in 1999 as a new pillar of the social security scheme in order to cover needs of assistance and care for activities of daily living. The law was mainly inspired by the long-term care insurance set up in Germany; however, the principle of classifying the dependent persons into three levels was not upheld for Luxembourg.⁵⁰



Previous Instruments

The Law of 19 June 1998 introducing 'dependency insurance' brought about a simplified administrative procedure applying to all domestic staff. Previously, Article 330 of the Social Insurance Code obliged all employers to declare gross remuneration every month. This was quite a complex operation for the layperson, involving administrative procedures such as:

- determining the gross salary;
- calculating social security contributions;
- calculating tax deductions;
- submitting tax forms;
- declaring hours worked and salaries every month.

The Law of 13 May 2008 introducing a single status for private-sector employees abolishes the distinction between blue-collar and white-collar workers in the private sector. Previously, domestic staff fell within the scope of the blue-collar workers' status. Unlike white-collar workers, blue-collar workers did not benefit from the pay guarantee by their employer in the event of illness. For such employees, the relevant health insurance fund had to cover the remuneration right from the first day of illness.

⁴⁹ Koch/Weisgerber (2011).

⁵⁰ European Commission (2019a).




Promising practices

Trade unions mentioned an awareness raising campaign toward domestic workers that could help them to be aware of their rights and of the risks they are facing.


The simplified online registration procedure available in Luxembourg⁵¹ is in itself a good practice because it is widely used.

⁵¹ Guichet.lu (2018a).

Appendix 1: Necessary information in the employment contract between employer and domestic staff⁵²

	Necessary information in the employment contract between employer and domestic staff
	<ul style="list-style-type: none"> – the identity of the parties involved; – the start date of the employment contract; – the place of work; – the nature of the work; – the number of daily or weekly working hours of the worker (No right for holidays for small contracts); – the normal working times; – the basic wage or salary and, as the case may be, wage or salary supplements, perks, bonuses or profit shares agreed, as well as the frequency with which employees are to receive the pay to which they are entitled; – the amount of paid leave to which the worker is entitled, or, if this cannot be quantified when the contract is signed, how this leave is to be awarded and determined; – the notice period that the employer and employee must give if the contract is terminated or, if this cannot be quantified when the contract is signed, how this notice period is to be determined; – the duration of the trial period if any.

Appendix 2: Different levels of cash benefits⁵³

	Different categories of cash benefits, depending on the amount of assistance provided by the caregiver	
Level	EUR per Week	Amount of assistance provided by the caregiver
1	12.50 EUR	Fewer than 61 minutes a week
2	37.50 EUR	between 61 and 120 minutes a week
3	62.50 EUR	between 121 and 180 minutes a week
4	87.50 EUR	between 181 and 240 minutes a week
5	112.50 EUR	between 241 and 300 minutes a week
6	137.50 EUR	between 301 and 360 minutes a week
7	162.50 EUR	between 361 and 420 minutes a week
8	187.50 EUR	between 421 and 480 minutes a week
9	212.50	between 481 and 540 minutes a week
10	262.50	541 minutes a week or more

⁵² Guichet.lu (2018a).

⁵³ State Office for Assessment and Monitoring of the long-term care insurance (2019).

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