



**ALPHS**

Advancing Personal and Household Services



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**PROMISING  
PRACTICES  
REPORT:  
ADVANCING  
PERSONAL AND  
HOUSEHOLD  
SERVICES PROJECT**

# Partners

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# SUMMARY

As demographic changes are reshaping Europe, the Personal and Household Services (PHS) sector is emerging as one of the prime growth areas for employment in the economy. The COVID-19 pandemic underlines the need to formalise the multiple and overlapping economic activities taking place across households in order to provide a marginalised workforce of mostly women and immigrant workers with the kind of social recognition they deserve. Beyond this, formalisation would contribute to equitable and sustainable growth which would benefit workers, service users and all other stakeholders in the PHS ecology. While fully acknowledging the unevenness that persists across European member states, this report underlines the fact that the goal of establishing social recognition, professionalisation, increased public funding, sectoral collective bargaining and social dialogue structures have yet to be fully achieved across all EU member states. To this end, the report suggests that it will be more important than ever to strengthen the PHS sector along these lines and to realise these goals together as different PHS stakeholders move into a post-COVID-19 world.

A primary challenge when discussing PHS in the European context is the lack of a common European definition. From member state to member state, these workers have different legal standings, are governed by different health and safety

regulation, and are trained differently for similar work. In line with the EU's goals of harmonising standards and creating the impetus for industrial convergence, European convergence of professional and vocational recognition as well as working standards must be our goal in this sector. Another challenge is the effort to eradicate undeclared work and formalise existing work arrangements. Tax credits or reductions and social voucher programmes are among the more promising practices in this regard. One obstacle that cannot be overlooked in formalising this work is cultural differences in the organisation of care for young, elderly and disabled family members. This needs to be recognised by society as well as at all levels of government, but must not undermine workers' existing terms and conditions or create an uneven playing field for enterprises in the sector.

Despite these above-mentioned limitations and challenges, there are many emerging promising practices, which we not only want to highlight but also consider important enough to scale up in the future. Digital platforms and networks exist in many areas as a way to connect workers with potential employers. There are far fewer examples of digital professional networks of workers working together to support each other or find common ground. Because workers are isolated, we believe there is value in connecting workers digitally to share practice and employment-related issues.

Professional profiles for this sector range from the highly skilled and educated to the low-skilled with no formal training. Stakeholders in the PHS sector need to work towards professional recognition and skills validation so that the workforce, which consists primarily of migrant woman, can use their skills and have these recognised regardless of which EU member state they work in. Tripartite social dialogue is not prevalent, and some countries show little or no interaction between workers, employers, and government. Since it was found that this connectedness ranges from very formalised to non-existent, this is an area that needs to be developed, and which would have positive impacts for workers, employers and governments alike. The Ad-PHS project has thus made a unique contribution to bringing these different stakeholders together, ensuring a collective discussion and establishing networks at the national level which previously did not exist. As mentioned above, some governments have introduced tax incentives to eradicate undeclared work. Social vouchers have also been a strategy in this fight to recognise PHS work. Although tax incentives have been most popular, social vouchers have shown themselves to be a promising practice. For this reason, there are now social voucher experiments taking place at the local and regional level in numerous EU member states. As the PHS workforce is predominantly migrant women, it is necessary to think about how alternative business models can empower these marginalised communities. While employee voice through trade unions and collective bargaining represent traditional forms of worker representation, a solution also requires worker cooperatives which provide these workers with the opportunity for economic independence, a means to balance their work and family life in new ways and potentially can contribute to

sustainable growth in new ways. Ultimately, this alternative business model of worker cooperatives will create better working and care environments for workers and clients.

Many countries across the EU have recognised PHS workers in law. In Spain, there is a legal declaration and online registration for household employees, all of whom are required to have a social security number. Spain has other legal requirements for the employer, but for workers, there have been several efforts recently to formalise their work and end undeclared work. The PHS sector in Italy is legally defined as domestic work, which on its turn is defined as employment meant to provide services to a family. Therefore, the instruments promoting the domestic sector mainly focus on regulating the employment relationship. In Belgium, PHS workers are recognised legally and have the same labour and social rights as any other workers.



# GENDER, MIGRATION AND THE DEMAND FOR PHS

Home care, domestic work and home support are mostly carried out by women. As more and more women move into paid work, basic domestic care needs have had to be outsourced to workers from outside the family. While in previous generations larger extended families would assume care responsibilities, the slimming down of the family has created a market gap to be filled by paid labour. As people continue to live longer and longer, extended families are also growing, and looking after their elderly members for longer periods. Therefore, care needs emerge at both ends of the lifecycle, both for children and for older people.

The intersectionality of gender and demand for PHS work is therefore the basis of both a social and a political dynamic playing out in multiple ways across Europe. Migration is typically seen as a triple-win situation, where the sending country, the care worker as well as the receiving country benefit. However, this is questionable given that migration often creates a care gap within sending countries, as mothers/daughters no longer can care for their children or older relatives. Migration also creates a gap in the receiving country, which does not develop the capacity for workforce development. This means that it is more important than ever to develop professional profiles,

social dialogue and collective bargaining structures, social voucher programmes, worker cooperatives, and new sustainable digital networks in Central and Eastern Europe and South-Eastern Europe, amongst others. The COVID-19 pandemic has exposed the vulnerability of the older segments of our European populations. These promising practices need to be generalised across the European Union so that older people can age in dignity.

Countries with faster-growing aging demographics are also seeing higher demands for PHS. And with differing definitions of PHS across Europe workers of varying skill are most likely moving to places where they can find work. Lower skilled migrant workers also are more likely to face discrimination and workplace problems than other workers, and in this sector, we are specifically talking about women. We can also see that countries with policies that support families in need of homecare have a greater uptake in professional care.

As Nazio<sup>1</sup> stated, the devaluation of care work has led to many problems specifically for women. In their working years, they have often had to interrupt their careers to care for children or parents. This in turn has led to a lower earning potential and

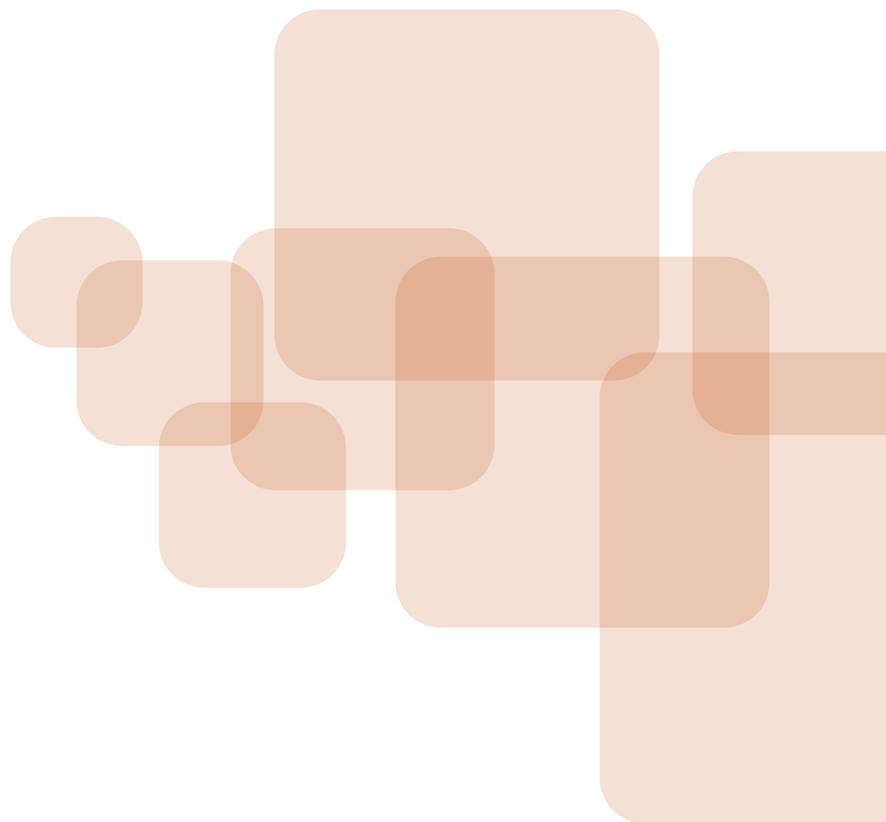
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<sup>1</sup> Nazio, T. (May 2019). Who cares? Securing support in old age.  
Retrieved from: <https://population-europe.eu/policy-brief/who-cares>

less access to pension security later in life. And as women age, they are more likely to need care since they live longer than their male counterparts. This scenario is for women who stay close to their families, whereas those who migrate not only face these issues but also often leave behind children and elderly parents for others to care for. Formalising care and offering recognised training and skills validation would help to value this work, and contribute to recognising the real value of women's work.

In the light of recent events related to COVID-19, we must also look at how PHS workers are being ignored, and left without access to basic personal protective equipment (PPE), as most

PPE is prioritised for acute care. They suffer no priority testing for frontline workers, continued unregulated working hours, no access to psychological harm prevention, no guaranteed provision of safe and accessible transport, no hazard pay, no paid sick leave and health benefits, and often no recourse to a safe area for rest breaks. This is a blatant example of how this work and the wider sector are not valued by society; the work is mostly dismissed and is putting many people at risk as this pandemic spreads through the community.





# PROMISING PRACTICES

In this section, we review promising practices from the country reports and profiles written as part of the EU-funded Ad-PHS project. This overview highlights areas where the potential for scaling up has been identified, and pockets of work that should be considered in other EU member states or contexts. It is important to note that context (legal, social, and cultural) is very important when thinking about home support practices and what may be applicable in other contexts. This is by no means a comprehensive review, but rather the report outlines many of the practices that we know about, where we see the potential. Above all, these can guide stakeholders at the national and EU levels.

## **DIGITAL PLATFORMS AND NETWORKS**

Digital networks are most commonly being used to connect workers to employers. These types of networks are used in Austria, Belgium, France and Ireland. This type of network does help to procure work, but it does not support workers connecting with each other or learning about their rights. On that same note, it does not help employers to learn what rights workers have, or help them to ensure that they are providing a healthy workplace.

An example which illustrates that not all digital platforms and networks lead to the Uberisation of PHS comes from Estonia. Here, the digital capacity is being built to map the elderly and people with disabilities with high support needs. This type of capacity building will ensure that clients are identified, and also help to plan for the care needs of the community. There are limitations to this practice, but it could also be used to predict care needs for the future. In this sense, this digital tool is remedying current care needs and has

the potential to become a useful tool in understanding changing care needs. This will become increasingly necessary as care needs become more complex.

Digital networks and tools can also be used to upskill and develop the workforce. Italy, for example, is using online training to improve workers' skills and knowledge. This online training goes hand in hand with the use of welfare vouchers. This is a promising practice because it supports the up-skilling of workers, and also helps to formalise training in the sector. While online training can be a good way for workers to set their own pace in learning, studies have evidenced that the relational nature of learning and skills development requires a good mixture of classroom work, practical learning and the sharing of different experiences. Online learning tools should be complemented with vocational training that ensures a dialogical process and equips PHS workers to cope with real-life situations and learn from those with more experience. Last but not least, digital platforms can be used to combat

loneliness and isolation among older people. A prescient example of this is being developed in Hungary. As older people lose their mobility, isolation contributes to psychosocial risks and issues. PHS workers are often among the few people who have close caregiver bonds with their clients. That is why the platform is another way for older people to engage socially.

## **PROFESSIONALISATION**

As discussed earlier, PHS workers vary in qualification and training levels, ranging from very little and informal training to advanced and post-graduate degrees. Depending on the EU member state, requirements may vary. While some countries have no minimum requirements, some have a mix, while others again have very specific requirements. This section outlines the countries with no requirements, specific requirements, and finally a mix of both.

### **Low requirements**

Both Germany and the Czech Republic have no federal policy about minimum education for homecare, which is a result of their vaguer national definition in comparison to other EU nations. In the Czech Republic, the majority of PHS work is done informally due to the cultural expectation that families will care for both children and the elderly. The lack of federal recognition of PHS contributes to the overall lack of professionalisation across the sector. Although there might be low requirements, there are many initiatives in Germany towards a better professionalisation of PHS workers, such as the Kompetenzzentrum Professionalisierung und Qualitätssicherung Haushaltsnaher Dienstleistungen managed by Fulda University. Germany has also depended on a gendered household structure, with one person (generally the male member of the

household) seeking work outside the home and the other (generally the woman) taking responsibility for all care. As more women have entered the workforce in Germany and moved up in the division of labour, the demand for in-home support has increased dramatically. However, the formalisation of this work remains low. It is in this context that community organisations are more likely to offer training for PHS workers on topics such as hygiene and working with patients with dementia. In both these countries, it is evidenced that PHS workers require formalised training as this would help them to solidify their important role in their communities.

### **Specific requirements**

Specific requirements take the form of ‘registrations’ or specific certificates to perform PHS work. Such legal requirements can help countries to identify workers. It does not necessarily translate into workers receiving more training. In Spain, for example, carers – including non-professional family carers - must be registered with social security, which helps to declare PHS work even where formal certification for domestic workers does not exist. One good example comes from the Spanish state, where the government has promoted accredited VET programmes to enhance professionalization in the sector. In particular, the Lan Berri provincial government (Provincial Government of Bizkaia) has integrated social employment and professionalization models for PHS workers. This programme is helping many PHS workers to become recognized. In other areas of Spain, local governments are enlarging the PHS workforce by integrating persons at risk of exclusion and long-term unemployed through commercial companies in the social economy. Hereby, it is necessary to strike a balance between the integration of long-term unemployed

and the goals of higher recognition for the sector. If the former occurs without the latter, this policy can contribute to a devaluation of the profession.

Another promising example comes from Finland where a 3-year competence-based vocational qualification in Household and Consumer Services has emerged. With PHS being one of the ten fastest-growing employment sectors for women in all age groups such schemes are urgently needed.

Current examples of the professionalization of PHS work are promising. However, the undervaluation of women's work in society needs to be borne in mind when designing equitable and sustainable PHS policies. In order for this work to be recognised and valued appropriately, the Dutch case is illuminating. In the Netherlands, childminders must be certified and accredited by the childcare bureau, even grandparents must meet the same standards if they are going to receive the childcare allowance from the state. This means that informal care provisions are increasingly valued and recognised as well. This works against a dualization in the PHS sector, with an increasingly skilled and certified workforce catering to richer clients, while informal provisions and undeclared workers become more common among lower income groups.

### **Mixed requirements**

Given the lack of a clear definition of PHS services and the fact that multiple activities fall under the sector's remit, it is unsurprising that different types of service provision require qualifications while others do not require any.

In Hungary, for example, professional qualifications are required for care jobs, yet so-called support jobs do not require training. Ireland is a good example of a

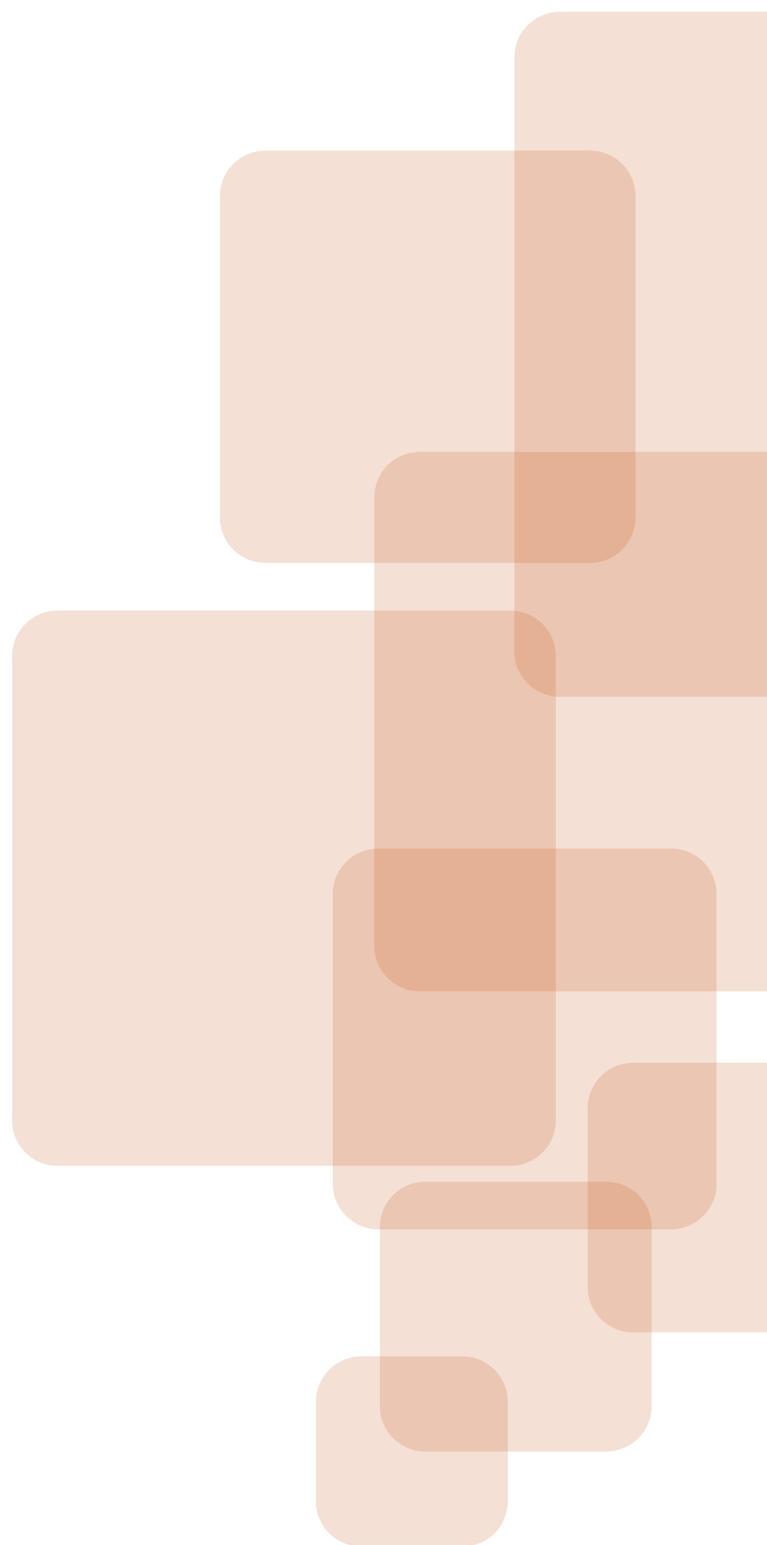
country that is currently in the transition of trying to professionalise the PHS sectors. In Ireland, the amount of family-provided care is decreasing and the demand for professional care is on the rise. Many low-skilled migrant women are working in this field, and the government is trying to upskill these workers through a review of health care assistants and follow-up training for these workers.

Four years ago, Italy introduced training, qualification, and certification for PHS workers, and has so far trained 7,000 workers. Although the training is not mandatory, this is an effort to formalise the sector and standardise knowledge for these workers. Several worker cooperatives and social enterprises (e.g. Spazio Aperto Servizi) are retraining unemployed persons to work in PHS. Another project, PRODOME, focuses on the professionalisation of domestic workers. There are also efforts at regional level to professionalise this work. Meanwhile Malta is currently working on a 'Work placement scheme' which supports practical and vocational training in three specialities: the "Vocational Education and Training Award in Child Care (0-3 years)", the "Vocational Education and Training Award for Care Workers for Persons with Disability", and the "Vocational Education and Training Award for Care Workers for the Elderly". This training is not mandatory to work in the field but it should help to professionalise care.

Austria is another example of a country with various types of qualifications. Interestingly, it has a rent-a-granny programme that recognises experiences and connects older workers to childcare needs. Equally Estonia, which has a low degree of professionalisation, has started to offer various qualifications. In Denmark, the rate of professionalisation is notably higher: although there are no mandatory

qualifications, about two-thirds of PHS workers are skilled health care assistants. In France, minimum qualifications are compulsory if PHS workers employed by an organisation (but not in direct employment) take care of “dependent” people, that is older people, children below three and disabled persons.

Across EU member states, there seems to be no consensus on what level of professionalisation is appropriate. The result is a patchwork of professionalisation and training. As recognising the value of this work is the most important objective, professionalisation should be policy-makers’ and politicians’ top priority. It needs to be ensured that the accreditation process does not limit or exclude workers. At the same time, increasing the requirements too high may negatively impact workers’ participation.





# SOCIAL DIALOGUE STRUCTURES

Across many countries, stakeholders agree that tripartite social dialogue is desirable and is the most effective way to deal with the challenges in the PHS sector. This would allow workers, governments and employers to achieve the best possible working conditions and environments, meet the challenges of an ageing society and meet the need for increased PHS provision. Although there are several examples of high levels of social dialogue, the reality is that in most countries there are few or no meaningful structures that support an ongoing and long-term social dialogue.

Spain, Italy, Belgium, and France are the leaders in formalised social dialogue. Each of these countries can count on the active involvement of trade unions, governments and employers. However households that employ carers directly are a major concern. This one-to-one employment relationship is very hard to regulate, as it is difficult for employers and trade unions to bargain. Social dialogue is also more prevalent on the care side. For example, in Spain, there are collective agreements between care workers and companies but no collective agreements on the non-care side.

In Italy, a national collective agreement has resulted in Ebincolf, which is an organisation managed by social partners

which are all signatories of the national collective agreement. The organisation seeks to standardise and monitor many working conditions, such as wages, as well as check on the well-being of workers, and respond to training needs. Among other initiatives, it is also working on the health and safety of workers.

Belgium is also a shining example of social dialogue, where joint committees of trade unions and employers negotiate new collective agreements every two years that cover wages, working conditions, etc. Joint Committee no. 322.01 has also specifically focused on increasing training, and supporting all workers to get training, by providing a subsidy that covers 100 per cent of the cost. This type of initiative, especially the specific Sectoral Training Fund that has been set up, has improved the situation tremendously.

France has three main trade union confederations (CGT, FO and CFDT) working in this sector. PHS is covered by three different branches: employees of private employers (life assistants, family employees, home childcare both indirect and through intermediate employment), home care (mainly employees employed by non-profit, service-providing associations) and private services companies. These three collective agreements represent the

epitome of social dialogue. However, as in the other examples above, there still lacks support for workers in direct employment relationships.

Moving away from these examples, other countries are at varying levels of sophistication. Ireland is currently working to establish a statutory scheme for home care based on broad stakeholder participation (union, state, employer), which will also include a universal definition of home care. National collective agreements should greatly improve working conditions for domestic workers. Interestingly, a national negotiated code of conduct for domestic workers, subject to controls by labour inspectorates, has been implemented, which should ensure standards for domestic workers. In Hungary, most PHS work is provided by the public sector, which follows a public sector employment model. Again, it is the one-to-one employment relationships that lack regulation in Hungary.

The Czech Republic, Germany, Finland, and Slovakia have elements of a promising social dialogue, but a truly tripartite relationship is lacking. In the Czech Republic, for example, there are many collective agreements but the lack of a unified legal or governing body has made it difficult to establish a coordinated dialogue. Similarly in Germany, the Federal Ministry for Family Affairs, Senior Citizens, Woman and Youth (BMFSFJ) and the Federal Employment Agency are part of the social dialogue landscape, but a truly tripartite system is lacking. In Finland the industry is fragmented, and although many collective agreements exist, they are not working together to level the playing field for the whole sector. In Slovakia social dialogue is happening in small pockets but has failed to materialise at the national level. And finally, in 2016 Slovenia organised a one-time dialogue that included long-term and home care, but this has not resulted in a long-term and on-going discussion.



# GOVERNMENT INCENTIVES AND PROGRAMS

Historically, government intervention mostly focuses on care services through allowances, services in kind or specific leaves. As such, the Czech Republic has a care allowance to assist dependant persons to access care. Similarly in Estonia, leave is offered to family carers needing time off work. Caregiver benefits and allowances provided by local authorities also exist for people who support people in need. Estonia also proposes in-kind benefits, which include home care, organised by local governments.

Malta has two programmes that help to provide people with PHS, the Home Help System and CommCare. Both programmes assign some hours to a person in need, based on a care plan, which is sometimes negotiated to allow a person to stay longer in their community. Malta also has a carer's allowance (pension) which allows people to stay at home and look after a sick relative.

Slovakia has two types of care allowance, one for childcare and the other for elderly persons. They both support families to look after the person in need. However, the carer can be anyone older than 18 capable of providing the care. France also has a public allowance for autonomy which is aimed at people over 60, which is awarded based on the medical and social needs of the recipient.

In the last two decades, governments have introduced new incentives and programmes in the form of either social vouchers or tax incentives. Both are ways in which governments are attempting to recognise and formalise this sector. These efforts are also the most prevalent among the promising practices discussed in this report. It is worth mentioning that we must always look at these initiatives with a critical lens, to better understand how they are improving or working to improve both the worker and the end-user experience.

## **SOCIAL VOUCHERS**

Social vouchers are instruments developed by public authorities to meet a policy objective by promoting a social behaviour, including through fiscal incentives. They are developed in multiple ways across countries as they adapt to local contexts, although in the field of PHS they all pursue the policy objective of making the sector more affordable and creating formal and high-quality jobs.

Belgium is seen as one of the best example of a social voucher use system. The Service Voucher scheme for non-care related services (house cleaning, laundry, ironing, sewing, etc.) aims to reduce informal work in domestic work and to support work-life balance. As such, every Belgian resident can purchase up to 500 vouchers per year

(1,000 for families). The first 400 vouchers (800 for families) cost €9 each, and an additional 100 vouchers (200 for families) cost €10 each. One voucher corresponds to one hour of work. End-users must contact a registered provider that will select a domestic worker to perform the service. Service providers hand over the vouchers received to issuers to get reimbursed (between €23.02 and €23.39 per voucher) A 'respect your worker campaign' creating awareness of PHS and improving the workplace environment has been launched within the framework of the Service Voucher scheme.

In Italy, there is a Company Welfare Voucher that allows companies to provide their employees with non-monetary benefits such as health care, long-term care, education, training and family care. Employees can opt for a voucher that gives them access to long-term services supplied by a dedicated network of service providers.

The Tichete Sociale is a social voucher system in Romania that allows some local administrations to support persons in need with basic services such as grocery shopping.

France has a programme, the Prepaid CESU<sup>2</sup>, which enables third parties (companies, local authorities or social agencies) to prefund the purchase of PHS. These social vouchers are used by companies, as well as by local authorities and social agencies, to distribute social allowances. The vouchers can be used to pay a domestic worker directly employed by the user, a child-minder, a registered PHS provider or a childcare organisation outside the household. The Prepaid CESU

is a tool to boost the affordability of PHS which enhances how people in need of PHS may access the services without paying out of their pockets.

In Germany the state of Baden-Württemberg provides social vouchers to highly qualified workers to help them afford formal PHS services to support them with their unpaid work if they wish to increase their working hours<sup>3</sup>. These vouchers, initially worth €8, could be used to hire PHS workers for activities such as cleaning, ironing and laundry. The workers had to be regularly employed, i.e. in a full employment relationship including the payment of social contributions. This type of voucher is therefore offered to keep workers in the workforce when otherwise they may have had to exit to care for a family member.

All in all, social voucher programmes aim to make PHS services more accessible and affordable to the end-user while formalising the workforce in the sector. This creates a win-win situation for both workers and users, but requires upfront public investment which can partly be offset by the fiscal earn-back effect generated by the programmes. The current COVID-19 crisis has put personal and household services into renewed focus. Public investment in this area requires greater initiative from the European Commission and institutions at this moment in time.

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<sup>2</sup> Prepaid CESU is a policy tool that must be distinguished from declarative CESU. The latter is addressed in the section on the rights and obligations of stakeholders.

<sup>3</sup> This pilot project was conducted between March 2017 and February 2019.

## TAX INCENTIVES AND DEDUCTIONS

Tax incentives and deductions are another tool, complementary to social vouchers, that governments can implement to support access to PHS. The main difference that tax incentives or deductions show is that people have to pay money up front, and in turn, will be given a tax benefit.

In Spain, the government has introduced a procedure by which it takes over the obligation to pay the social contribution for non-professional family carers. Historically, family carers were not recognised, and the motivation for this process is to highlight the importance of these workers who are mainly women. In a similar vein is the 'Women 40' programme in Hungary, which is an early retirement scheme directed at women who have made retirement contributions for 40 years and now intend to look after children. Like the rent-a-granny programme in the Czech Republic, this programme is also for grandmothers who want to look after their grandchildren and support a dual-income family. Ireland has three types of tax benefits: the tax credit for employing carers, the home care tax benefit, and the childcare services relief.

All these programmes give benefits to the payer. Programmes of this type recognise the PHS service because if the user is to receive the benefit the carer must be paid and have a formal work agreement. Italy, France, Belgium, Sweden, Austria and Germany also all have tax reductions geared to PHS services. The important note here is that if you are a person or a family with little to no taxable income, you cannot benefit from these programmes unless a similar tax credit is available (as is the case in France for example). So, access is based on the assumption that care is needed when there is a person who is working outside the home. The drawback is that

if a person has limited financial resources and is in need of care, these types of tax reductions do absolutely nothing to help them.

Denmark has two schemes, the 'housing-job scheme' and the 'domestic care scheme', both of which support non-care work except for childcare.

Luxembourg gives a tax reduction to households paying PHS workers for cleaning, childcare and care for dependent persons. Likewise, in France households can claim up to 50 per cent of PHS costs against taxes, and service providers also charge a reduced VAT rate. In France, tax interventions have been the primary interventions by the government.

Slovakia offers a tax bonus to parents for each dependent child. It is somewhat unclear what the intended use of this bonus is, but we can assume that it could be used for PHS services within the household.



# WORKER COOPERATIVES

Worker cooperatives are important in ensuring that worker rights are protected and that workers have a good work environment. Worker cooperatives can empower some of the most disenfranchised and marginalised women workers in our economies. They can help this group of workers to balance their work and family lives, and to access funds and training which would be impossible for one worker to organise. This report identifies several promising examples of worker cooperatives. Creating a strong worker cooperative is an important step for improving all aspects of the PHS system.

Italy has the most worker cooperatives, of which we will cite two. Spazio Aperto Servizi is a social cooperative which provides home support to distressed adults, and mediates in conflicts between parents and children. For people with disabilities, it provides residential and daycare, summer camps, holidays and respite care. Eighty percent of employees are women, and most work part-time. The working environment favours interpersonal relationships and sharing. The co-operative has invested a lot in training, in both operations and management. Most of the workers are members and participate in the definition of the business plan and in the planning and organisation of services. Bottega dei Servizi is a consortium of 12 worker and social cooperatives that provide care and domestic services in the area of Ravenna. They offer a wide range of services to

families to meet individual needs. They have created a system able to guarantee the legality and quality of services, their financial accessibility and sustainability.

Worker cooperatives are active in the PHS sector also in Spain. REDES is a non-profit social co-operative that provides care services in one of the most disadvantaged neighbourhoods of Madrid, Pan Bendito. It was founded by a group of women who were taking part in a project to care for elderly people and wanted to convert their activity from a voluntary to a professional basis. The range of different professions involved includes psychologists, social workers, social educators, speech therapists, geriatrics assistants, physiotherapists, career counsellors, and lawyers. REDES offers care services to 1,000 people. The quality of its work is high because its highly participatory way of working raises morale and ensures a stable team.

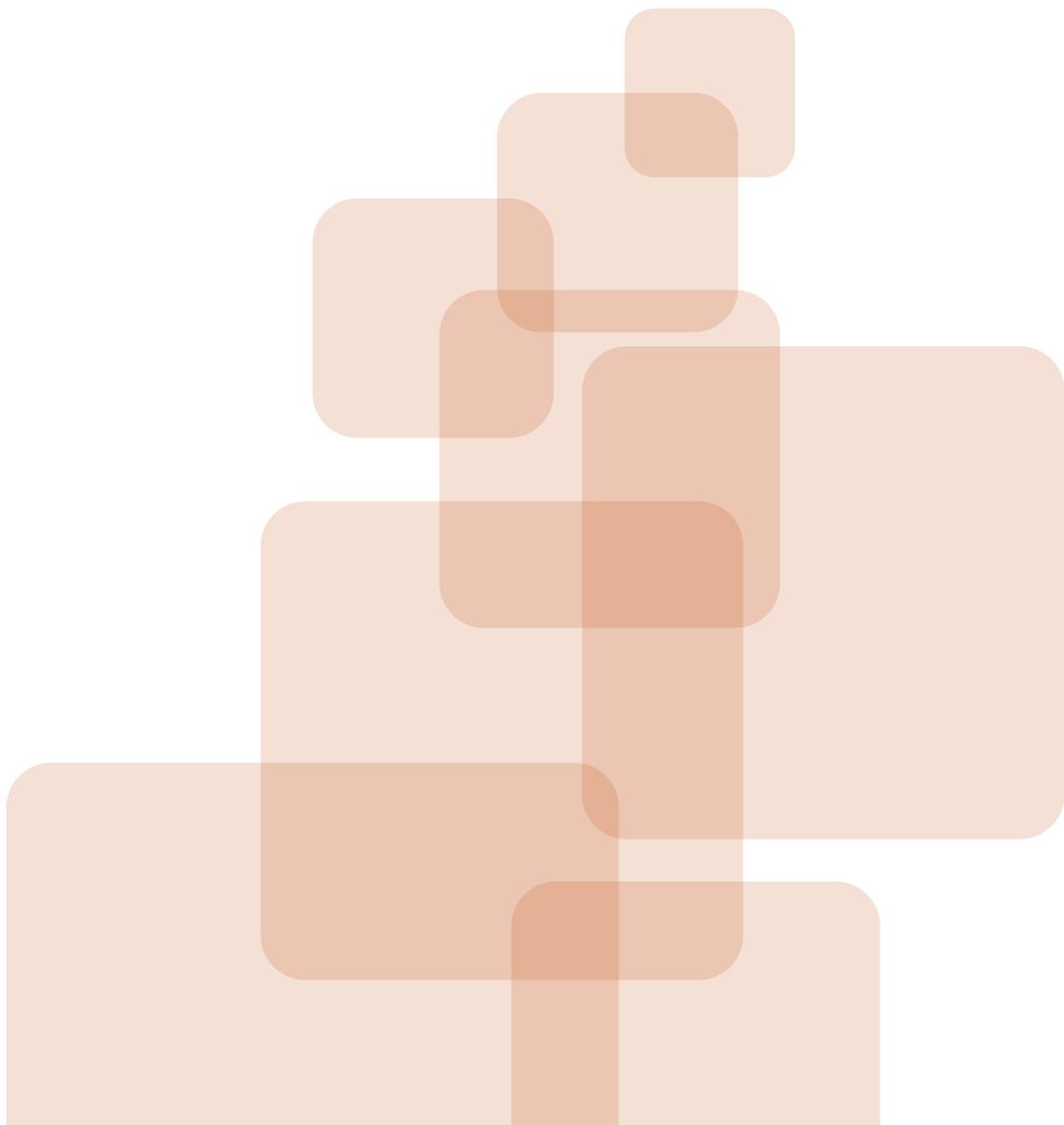
In France, MDSAP is a co-operative created in 2009 that brings together more than 500 PHS provider organisations. They provide a wide variety of PHS across the whole country, including home care of the elderly, meal delivery, babysitting, school tutoring, cleaning, gardening, and administrative and IT assistance. Its operation is based on the pooling of resources (financial, human, know-how, etc.) and is structured around six core values: independence, involvement, resource pooling, democracy,

shareholding, and solidarity.

In the Netherlands, Coöperatieve Vereniging Gastouders Nederlands was founded in 2018 by self-employed child carers to offer professional services for children aged 0 to 13 years old. Associated child carers jointly decide on the policy, the training, the working conditions and the tariffs. Therefore the cooperative is also a powerful tool to enable its workers to exercise control over their working conditions.

In Ireland the Great Care Co-op, run by the Migrant Rights Centre Ireland, supports domestic workers, victims of forced labour, students, and documented workers and

families. Currently, it handles about 2000 cases per year. It stands up for the rights of undocumented migrants, and is currently setting up Ireland's first care co-op run by migrant workers. It continues to focus on collective action, building stronger communities, and better workplaces.





# RIGHTS AND OBLIGATIONS OF STAKEHOLDERS

In order to ease domestic workers' formal employment by end-users (i.e. direct employment relationships), many countries have introduced instruments that enable them to easily declare a domestic worker and to meet employers' social security obligations. These instruments can be referred to as “declarative and remuneration systems”.

Italy has a voucher booklet for families. Each voucher is worth €10 and can be used to compensate workers for work activities that do not exceed 1 hour. The Accompanying Allowance is an economic benefit provided by the National Institute of Social Security (INPS) to those who meet the legal requirements. Additionally, there are two service voucher schemes, introduced in 2017. One is tailored to private individuals who wish to use vouchers to pay workers who provide domestic and care services, while the other is tailored to 'other clients' such as self-employed workers, professionals, entrepreneurs, associations and NGOs, as well as public administration bodies. Individual regions also offer assistant allowances for the elderly according to local resources and procedures.

It is worth stressing that private actors have also implemented interesting practices such as the bipartite certification system launched in Sweden (“*Auktoriserat Serviceföretag*”) thanks to which PHS companies prove their seriousness and responsibility towards workers and customers. In Italy, within the framework of the National Collective Agreement on Domestic Work, the social partners created Ebincolf. This bilateral body seeks to establish an observatory to monitor working conditions in the PHS sector, calculate the average standard earnings, assess the level of implementation of the National Collective Agreement in different regions and areas as well as regulations on migrant workers, check the welfare and social situation of domestic workers and respond to their training needs, and provide analyses and proposals on occupational safety.



# CONCLUSION

The lack of a common European definition of Personal and Household Services contributes to the unevenness of different practices across different EU member states. As workers have different legal standings, are governed by different health and safety regulations, and are trained differently for similar work, this promising practices report has tried to draw out the best practices from as many EU countries as possible. This allows the reader and stakeholders at the national level and across different contexts outside the European Union to locate different practices in comparison to other countries.

The main areas of focus for future policy-making are the development of social dialogue and collective bargaining structures, the development of worker cooperatives, the development of online platforms and networks which go beyond the Uberisation of PHS services, and above all the professionalisation of PHS services so that workers can move from a lifetime of different jobs to a career, which can provide a better life for themselves and their families. If necessary, interested parties can turn to the Tailored Guidance and the Country Reports which have been produced as part of the Advancing PHS project to obtain more details on the promising practices highlighted in this report.

The Ad-PHS promising practices report has thus made a unique contribution by bringing different examples from different stakeholders together and ensuring a collective discussion. In line with the project, it hopes to inspire the establishment of networks at the national level which previously did not exist.

