

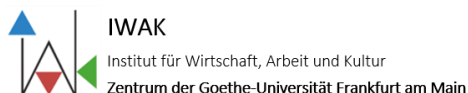
DEVELOPING THE RIGHTS AND OBLIGATIONS OF EMPLOYERS AND WORKERS

ALPHS

Advancing Personal and Household Services



Partners



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BACKGROUND

Personal and household services (PHS) are labour-intensive sectors. Domestic work and homecare are among the fastest-growing occupations in today's service economies. According to recent estimates, an additional 2.8 million jobs for personal care workers will be created by 2025.¹ More than 400 million people worldwide engage in this work. For Europe, official figures estimated that there were 6,3 million formal PHS workers in 2020.² It also estimated that one million undocumented (often migrant) workers are doing this work in Europe.³ We should note here that undocumented and undeclared workers are different – however the categories can often overlap.

An undocumented worker is a worker without the proper legal paperwork to perform work. In contrast, an undeclared worker is someone who is working outside the legal framework (and often not paying taxes). The main difference is that undeclared workers may have the legal right to work in the EU. The overlap tends to occur when undocumented workers are also doing undeclared work, and this is almost impossible to estimate or track from a state level. Both these types of workers are vulnerable and face higher levels of discrimination.

Even though PHS allows for higher participation in other areas of the economy by freeing up families to engage in other activities, it remains undervalued. In many countries, the jobs are characterised by an absence or low level of labour and social protection and ultimately marked by a power imbalance between PHS workers and their employers. The power imbalance is mainly due to people's homes becoming workplaces that expose workers to increased risk, discrimination and vulnerability. The cultural assumptions that PHS is unskilled and not a profession leads to some employers not viewing themselves as employers, and therefore not seeing the need to take on the formal employer role. They do not consider working conditions or take on responsibility for the working environment in a structured way. The fact that many employers can also be people in vulnerable situations (in particular in the case of homecare) also leads to cases of abuse against the employers.⁴ For example, if the employer is a person with a disability, they may be at higher risk of abuse.

At present, there are too many systems that derogate from normal working conditions (as in Germany with mini-jobs, in Spain with the special system for domestic employees or in the Netherlands with the service provision at home - see the national reports). These systems exist mainly to reduce the cost (less social contributions associated with fewer rights).

In some European countries, forms of domestic work and homecare are still not considered 'work', and therefore go undeclared and unrecognised. So far, only seven EU member states (Belgium, Finland, Germany, Ireland, Italy, Portugal and Sweden) have ratified the ILO Convention 189. This is why we see the ratification of the 189 ILO Convention as an essential first step. However, it would be remiss to assume that ratification automatically improves the rights of PHS workers; there is still much work to be done in all countries. Consequently, many PHS workers still do not have the same rights as other workers, and often work in legal grey zones. For example, in a survey of 400 female migrants carrying out domestic work in the Czech Republic, 53% said they did not have any employment contract.⁵ The predominantly migrant women working in these jobs frequently work without sick pay, pensions, holidays, or other standard benefits. In Ireland, for example, a survey of 500 undocumented migrant workers revealed that 30% of them were employed in private homes as domestic workers, the majority caring for older adults.⁶

These employment conditions call for a better understanding of employers', workers' and other stakeholders' rights and obligations, including those of the end-users such as the elderly, children, and people with disabilities.

1 https://skillspanorama.cedefop.europa.eu/en/analytical_highlights/care-workers-skills-opportunities-and-challenges-2016#_what_are_the_trends_for_the_future__2_

2 Lebrun (2020).

3 https://www.effat.org/wp-content/uploads/2018/11/effat_booklet_domestic_workers_in_europe_en.pdf

4 https://www.age-platform.eu/sites/default/files/22495_guide_accompagnement_EN_low.pdf

5 SIMI (Sdružení pro integraci a migraci/Association for Integration and Migration): Domestic Work – Overlooked and Underrated, <https://picum.org/worked-15-hour-days-7-days-week-caring-domestic-care-workers-vital-us/>

6 See Migrant Rights Centre Ireland: Ireland is Home. An analysis of the current situation of undocumented migrants in Ireland, <https://picum.org/worked-15-hour-days-7-days-week-caring-domestic-care-workers-vital-us/>



**FUNDAMENTAL RIGHTS
AND OBLIGATIONS
OF DIFFERENT
STAKEHOLDERS**

The stakeholders in the PHS field are both the employers and the workers, but we must also consider the receiver of care, also known as the end-user. Sometimes the end-user is not the employer, whereas in some cases they are the same. When the end-user is also the employer, there must be a degree of caution because this person could also belong to a vulnerable group.

According to Eurodiaconia's guidelines on homecare services, 'it is essential that public authorities safeguard users against low-quality providers of homecare and provide users and/or their families with the necessary instruments to exercise their rights'.⁷ Given the increasing emphasis on 'person-centric services', it is necessary to investigate the rights and obligations of workers and employers, as well as end-users. Person-centric care gives end-users greater autonomy and prescribes a more active role and greater control in the care relationship.

To be able to offer person-centric services, there needs to be a level of training and awareness for all stakeholders. The obligation cannot fall to one or the other; all parties must create the environment for this care to happen. For example, we could turn to the UN Convention on the Rights of Persons with Disabilities which enshrines the right of people with disabilities to 'live in the community with choices equal to others' and requires that states give access to 'a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community and to prevent isolation or segregation from the community' (Art. 19).

When it comes to long-term care service users, the United Nations Principles for Older Persons, adopted by General Assembly resolution 46/91 of 16 December 1991, states that 'Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities' as well as that '[o]lder persons should be able to reside at home for as long as possible'.⁸ It is also widely understood that the ageing process often includes developing long-term impairments, thus meaning that older persons with support needs fall under the principles of the UN CRPD.⁹ We can leverage these other existing legal frameworks to improve PHS.

However, we should be focusing on the enforcement of ILO C189, Article 3.2, which states that there are four dimensions to domestic workers' fundamental rights at work '(a) freedom of association and the effective recognition of the right to collective bargaining; (b) the elimination of all forms of forced or compulsory labour; (c) the effective abolition of child labour; and (d) the elimination of discrimination in respect of employment and occupation.' Moreover, member states ought to set and enforce a minimum age for domestic work consistent with ILO Conventions 138 and 182.

In those countries where we have seen ratification, we need to follow up and ensure compliance. More recently, at the European level, an EESC opinion on live-in care workers states: 'Employed live-in care workers must not be excluded from relevant EU and Member State employment-related regulations, including, among others: proper remuneration, health and safety protection, social security and the right to freedom of association and collective bargaining'.¹⁰ These are just a few examples of current frameworks outlining where obligations exist. A fuller review needs to be carried out, which would review all the existing frameworks. This review should consider the impact of these frameworks and whether or not they are effectively implemented in the local context.

7 <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2016/02/Homecare-guidelines-FINAL.pdf>

8 <https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

9 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

10 <https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

LABOUR CONTRACTS



Examples of labour contracts exist in many different contexts, and it is essential to highlight here that where social dialogue and collective bargaining are non-existent, some countries and organisations have developed templates for labour contracts for families to use. Workers have the right to a labour contract, which includes references to corresponding legislation, and transparent and predictable working hours and conditions, among other stipulations. There are also examples of guidelines and websites that support employers and workers negotiating a new contract. In the absence of collective bargaining, individual workers are at a disadvantage and often do not have the power to negotiate better working conditions. Women, migrants, people of colour and speakers of a language other than the dominant language in the work environment are all at a significant disadvantage when it comes to labour contracts. These situations are incredibly ripe for exploitation.

According to Caritas Europa 'Live in-care workers must have the same labour rights as other workers in the destination country'.¹¹ Thus, the rights of the country where the person is working should apply. Guaranteeing the application of this will require EU member states to coordinate with one another. To ensure these fundamental employment rights are safeguarded, it is necessary for EU member states to 'delink work permits from one particular job or employer and offer the possibility to change the type of permit and status in a particular country'.¹²

The ILO Convention 189, Arts. 16-18, stipulate sufficient access to courts, tribunals or other dispute resolution mechanisms. In many cases, this will require those who are currently working in the sector to regularise their status. It is suggested that member states create a 'firewall', a clear separation between labour authorities and immigration enforcement. Beyond that, EU member states should guarantee effective and accessible compliance mechanisms and have provisions for labour inspection, enforcement and penalties.

¹¹ <https://www.caritas.eu/live-in-care-workers-need-to-be-better-protected-and-accompanied/>

¹² <https://picum.org/worked-15-hour-days-7-days-week-caring-domestic-care-workers-vital-us/>

EMPLOYMENT MODELS



There are different employment models and organisations, including non-profits, non-governmental organisations, public and private companies. On the one hand, there is direct employment. On the other hand, there are intermediaries or service providers. In other cases, PHS workers operate as self-employed people.¹³

There are also service voucher systems implemented by government and employment agencies which hire workers directly. Based on ILO Convention 189, Art 15:

- employers have the responsibility to guard employees against fraudulent recruitment practices;
- fees that are charged should not be deducted from remuneration.

According to Caritas Europa ‘for recruitment to succeed from the perspective of all stakeholders, recruitment/exchanges must be fair, humane, respectful of human rights, and responsibly designed’.¹⁴

It is worth remembering that all homecare employers must ensure that:

*‘the nursing and care staff provided are assisted on-site, assisted with technical and personal questions and have an available contact person in their language of choice. The experience of being left alone with the unpredictable risks in the household of a single person in need of long-term care, or unable to reach a family member in acute decision-making situations, is one of the special burdens of live-in care workers, which should be averted in the placement design’.*¹⁵

This is true for all PHS employers, and needs to be part of the best practices for employers.

¹³ For the definitions of the different employment models, please refer to the Ad-PHS state of play report.

¹⁴ <https://www.caritas.eu/wordpress/wp-content/uploads/2019/11/191129-Fair-Care-final-declaration.pdf>

¹⁵ <https://www.caritas.eu/wordpress/wp-content/uploads/2019/11/191129-Fair-Care-final-declaration.pdf> - this refers to recruitment agencies but the Ad-PHS consortium believes it is applicable to all.



**RIGHT TO ORGANISE,
FREEDOM OF
ASSOCIATION AND
COLLECTIVE
BARGAINING**

PHS workers are difficult to organise. They work in relative isolation, independently in homes, or in multiple homes each day. In some cases, it may be days, weeks, or months before a PHS worker is in contact with a colleague, and for those workers who are directly employed, they may rarely speak to other workers outside their workplace. Some organisations have been working to organise these workers by raising common issues, such as occupational health and safety. EFFAT developed a toolkit to support trade unions in the efforts to organise these workers, and other promising practices have come from trade unions.¹⁶

There is collective bargaining between the unions and associations representing private household employers in France, Germany, and Italy. There is collective bargaining between unions and individual companies supplying workers to households in EU member states such as Belgium, Finland and Sweden, among others. Unions negotiate agreements with these companies on a one-to-one basis.

Some key considerations for collective agreements to address are:

- Personal and household workers often live in poverty;
- No retaliation against workers for complaining to an employer about labour law violations;
- Time-poor workers: it is necessary to have predictable and transparent working times so that domestic workers can participate in union activities;
- Access to information in their language of choice via social media, email, SMS etc.;
- The voucher scheme in Belgium has contributed to the organisation of employers, enabling collective bargaining to be useful.

One of the most important rights for workers and employers enshrined in ILO Convention 189 is the freedom of association and right to collective bargaining. This right needs to go hand in hand with the predominantly women workforce's 'right to organise'. Member states must create adequate conditions to build up a social dialogue in the sector at the national level. The European Union should support developing and structuring employers' and workers' organisations at the European level with the longterm goal of developing a European Social Dialogue. These organisations should lead to a reduction in unlawful employment, primarily in direct employment, and will promote individual rights in a collective context. The aim is indeed to regulate working relationships between employees and employers and to enable all stakeholders to be aware of their rights and obligations.

Ensuring that these 'time-poor' workers can make use of the 'right to organise' and participate in union activities is essential to improving the industry. EU member states need to guarantee that workers have predictable and transparent working times in line with European Directive on Working Hours, the Directive on Transparent and Predictable Working Conditions¹⁷ and the Directive on Work-Life Balance.¹⁸ Beyond this, there are many good practices from outside the European Union which can ensure that PHS workers can access their rights. Amongst others, New York State mandates employers 'not to retaliate against a worker(s) for complaining to an employer or the Labour Department about labour law violations'.¹⁹ Workers should not be afraid of reporting violations, and although a mandate may exist, it will also take collective action and support for workers to be able to stand up for themselves, especially those in a one-to-one relationship with their employer. In certain European countries, collective bargaining has led to the signing of national collective agreements to improve the quality of employment and the working conditions of PHS workers. In Italy, the social partners of the direct employment sector have identified a poor knowledge of Italian or even often illiteracy by migrant workers as a barrier to accessing their rights and collective agreements. In this context, and to enable a more significant number of workers to know their rights, the collective agreement has been translated into six languages, thus introducing versions in Russian and Romanian, alongside traditional versions in Italian, English, French and Spanish. The social partners have universally accepted this experience as a success as it has led to a broader understanding of the sector in Italy. However, one challenge that remains is that these collective agreements are not well-publicised.

¹⁶ https://www.effat.org/wp-content/uploads/2018/11/effat_booklet_domestic_workers_in_europe_en.pdf

¹⁷ <https://ec.europa.eu/social/main.jsp?catId=1313&langId=en>

¹⁸ <https://www.consilium.europa.eu/en/policies/work-life-balance/>

¹⁹ <https://labor.ny.gov/legal/laws/pdf/domestic-workers/facts-for-domestic-workers.pdf>

Effective protection against all forms of abuse, harassment, and violence (ILO C189, Art. 5)

It is easy to say that workers should not tolerate abuse but, as mentioned above, workers are often isolated. Adequate protection against all forms of abuse, harassment, and violence, including physical, psychological, or sexual (based on sex, gender, ethnicity, religion, etc.) needs to be negotiated, and this can be achieved through social dialogue, organising workers, and most importantly collective bargaining.

One of the fundamental rights which needs to be guaranteed is respect for the privacy (ILO C189, Art. 6) of both the worker and the end-user (UN Principles on Older Persons, 14). Neither PHS workers nor care and service users should have to tolerate abuse of any kind. It is in this context that Eurodiaconia argues for ‘care for carers’ as this ‘prevents burnout risks’.²⁰

Transparent and predictable working time (ILO C189, Art. 7, Art. 10)

Many workers have unclear working hours owing to the flexible nature of clients’ demands and needs. These arrangements should however not exacerbate current states of inequality. As mentioned above, the EU’s Working Hours Directive and more recent Directive on Transparent and Predictable Working Conditions²¹ ensure both that employees have fundamental rights, and that employers know how to inform their workers. However, it should not be forgotten that PHS workers employed directly by families or households are excluded from the scope of the recent Directive on Transparent and Predictable Working Conditions if their actual working time (per household) is equal to or less than an average of three hours per week in a reference period of four consecutive weeks. It is also interesting to note that it foresees that “Member States should be able to establish specific rules to exclude individuals acting as employers for domestic workers in the household from the requirements laid down in this Directive, concerning the following matters: to consider and respond to requests for different types of employment, to provide mandatory training that is free of cost, and to provide for redress mechanisms that are based on favourable presumptions in the case of information that is missing from the documentation that is to be provided to the worker under this Directive”. These exclusions put workers in direct relationships in a situation that is more likely to suffer from abuse.

According to ILO C189, PHS workers are entitled to normal hours of work with daily and weekly limits on hours worked, weekly and daily rest, and paid employee leave:

- minimum 24 consecutive hours of weekly rest;
- overtime compensation;
- stand-by work: flexible but need for protection from ‘never-ending’ hours of work.

It is worth noting that based on the European Working Time Directive (Directive 2003/88/EC of 4-112003 concerning the organisation of working time), working hours can be no longer than 13 hours per day and 48 hours per week (including overtime) on average, considering a 4-month reference period. The minimum rest per 7 days is 35 hours’ continuous rest (24 hours plus the minimum nightly rest of 11 hours), and as soon as the working day is longer than 6 hours a minimum rest break needs to be given, the details of which will have to be regulated at the national level by law or collective agreement. This could change when constant care is needed, so although this directive is well-intentioned, it may not be enforceable in all contexts. The directive can also be replaced through the collective bargaining process or how it is applied at the national level.

Many workers have unclear working hours, and many are employed by agencies working on zero-hour contracts. Contracts of this type lead to long hours without rest, and exploitation of workers.

²⁰ <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2016/02/Homecare-guidelines-FINAL.pdf>

²¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019L1152>

To improve contracts, here are some things to consider, which employers should also detail on worker's pay slips:

- payment intervals (weekly, fortnightly or monthly);
- rate of pay per hour;
- details of overtime payments in respect of all hours above the agreed norm;
- details of all tax or social security deductions;
- details of other deductions from pay (which can only be made after prior agreement).

Working time should be maintained contractually, and employers and unions should include this in their sectoral collective agreements or law. For example, in Italy Law No. 339 on Domestic Work, which dates from 1958, covers working time, weekly rest and holidays. The unions say it has made an essential contribution to recognising paid domestic work as 'work'.

Employment rights (ILO C189, Art. 8)

According to Eurodiaconia's guidelines on homecare services, 'it is essential that public authorities safeguard users against low-quality providers of homecare and provide users and/or their families with the necessary instruments to exercise their rights.'

- Rights of the country where the person is working should apply;
- According to Caritas Europa 'Live in-care workers must have the same labour rights as other workers in the destination country';²²
- Member States should coordinate with one another;
- To ensure employment rights, it is necessary to 'Delink work permits from one particular job or employer and offer the possibility to change the type of permit and status in a particular country.' – as the roundtable organised by PICUM, together with COFACE Families Europe, EASPD (the European Association of Service Providers for Persons with Disabilities), Eurocarers and UNI Europa suggested.²³

²² <https://www.caritas.eu/live-in-care-workers-need-to-be-better-protected-and-accompanied/>

²³ <https://picum.org/worked-15-hour-days-7-days-week-caring-domestic-care-workers-vital-us/>

WAGES AND BENEFITS



As PHS workers often live in poverty, ILO Convention 189, Art, 11 sets out that PHS workers are paid regularly, preferably every week, and have access to social security coverage. Member states and employers also ought to limit the number of in-kind payments and guarantee a minimum period of paid maternity leave so that PHS workers do not lose income when they need it most.

If PHS workers are to provide high-quality professional services, they must be remunerated to the extent that they can live a financially stable life. In many countries, this will be at least the statutory minimum wage, and without discrimination based on sex or gender.

The declarative Universal Service Employment Voucher (CESU) system²⁴ enables private employers to declare their workers on the platform. This declaration automatically generates pay slips because private employers have indicated the number of working hours and the wages and bonuses to be paid. For the employee, it guarantees rights to health insurance, unemployment benefits, pension, etc. When the monthly data are declared online on the CESU website, the system automatically calculates tax and social contributions, and makes a direct debit from the household's bank account.

The employer is responsible for supplying detailed pay slips to the employee, which set out:

- payment intervals (weekly, fortnightly or monthly);
- rate of pay per hour;
- details of overtime payments in respect of all hours above the agreed norm;
- details of all tax or social security deductions;
- details of other deductions from pay (which can only be made after prior agreement).

²⁴ It is important to distinguish between the declarative CESU and prepaid CESU systems implemented in France. Although they bear the same acronym, they are two distinct tools. The declarative CESU is a declarative and remuneration system whereas the prepaid CESU is a social voucher programme. Therefore, the current document focuses on the declarative CESU system.



**WORK
ENVIRONMENT**



The PHS work environment is unique in the sense that it happens in people's homes, an environment that was not designed for care, like a clinic or care facility would be designed. Many considerations within that environment may need to be acknowledged and discussed:

- The employee cannot be charged for breakages or other small accidents that happen during the regular work routine. In case of exceptional damages, a percentage of the wage can be charged, not exceeding a maximum that can be considered fair and reasonable, having regard to all reasonable circumstances.

The problem with this type of policy is the ambiguity as to what is considered reasonable, and we must acknowledge that within our homes are many things that are of sentimental value, meaning that they are irreplaceable.

- The employer will ensure that the employee is fully insured at all times for all activities connected to her/his employment.

This is an employer's responsibility; however, to be able to carry it out, employers do need a certain level of understanding of their duty. They must also take reasonable steps to ensure that workers are trained in prevention techniques where necessary.

Travel

For PHS workers who spend a considerable amount of time travelling from home to home, travelling time must be paid. It was an important win when the European Court of Justice ruled that those without a fixed or habitual office should consider the time they spend travelling between their homes and the premises of their first and last jobs as part of their hours for the day.²⁵ Transport and associated costs are another issue that needs to be considered when negotiating a working agreement.

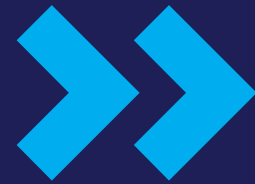
- The employer shall ensure that the employee is promptly reimbursed for all out-of-pocket expenses incurred during his/her employment (for example travel fares, purchases for children or those under his/her care, entrance charges, etc.).

Working daily with an end-user means there will be incidental expenses, for example, missing ingredients for food preparation or running out of a cleaning supply unexpectedly. Workers need to know that if they do cover an expense they will be reimbursed as soon as possible. For some workers, waiting for reimbursement until they receive their monthly paycheck might mean that they do not have enough money to support themselves.

Some key takeaway points are:

- The employer will respect the privacy and personal dignity of the employee. In the case of live-in domestic employees (C189, Art. 15 below), this entails providing employees with separate, adequate accommodation, i.e. private rooms to which no-one else has access except with the permission of the employee.
- The employer will facilitate the employee in the free exercise of personal pursuits, including leisure and sports activities, participation in religious services, meeting and participating in social events, etc.
- The employer shall take all reasonability for the employee knowing their rights, for example by providing explanatory booklets and leaflets, etc.) to ensure that the employee is aware of his/her statutory entitlements, and shall facilitate the employee in seeking information and advice concerning such rights from a trade union, advocacy agency, etc. Following international and national law, the employer will not restrict in any way the employee's right to trade union membership and representation. This would naturally improve through social dialogue and ultimately increase access to collective bargaining.

²⁵ <https://www.bbc.com/news/uk-34217549>



**OCCUPATIONAL
HEALTH
AND
SAFETY**

For domestic workers, ILO Convention 189, Article 13 states the minimum occupational health and safety standards. Due to the sector's characteristics, only a small share of PHS workers benefit from OSH preventative measures and training. Indeed, the current EU Framework Directive on Safety and Health at Work²⁶ covers formally employed PHS workers except workers directly employed by private households. EU-OSHA has focused on the emerging issues for PHS workers, but the most significant challenge remains that these workers are hard to reach, and enforcement is difficult.

Measures aiming to reduce occupational risks are hindered by three intrinsic elements of the provision of PHS:

- the workplace is in most cases the private home of the beneficiary of the service;
- PHS workers operate alone or in contact with the recipients of the services;
- PHS workers work on average in a dozen different private households.


The European Agency for Safety and Health at Work (EU-OSHA) ran the 2018-2019 'Healthy Workplaces Campaign' which dealt with dangerous substances. Targeting non-specialists, the campaign aimed to raise the awareness of people working with chemicals who do not have prior knowledge on how to handle them appropriately. Biological risks comprise insanitary conditions, patients' health conditions, poor-quality water, sharp instruments and animal bites. Therefore, biological and chemical hazards are often combined with risks. When it comes to dangerous substances, the major types of products are cleaning agents and disinfectants. Another risk area is the management of medical equipment and pharmaceutical waste.

ILO Convention 170 on Safety in the Use of Chemicals at Work provides a blueprint for the sound management of chemicals. The convention determines employers', manufacturers' and suppliers' responsibilities as well as workers' duties and rights, including the right to information.

The European Directive on occupational health and safety covers all workers employed by employers, including trainees, but excluding domestic workers who work in private homes. Accordingly, the International Domestic Workers Federation (IDWF) adopted an OHS resolution in November 2018 to reaffirm its commitment to protecting domestic workers whose health and safety are not sufficiently preserved in their working environment. The resolution recommends the consideration of the health and safety of domestic workers in their duties; the development of an instruction manual on occupational safety education at work for domestic workers; training on health prevention and occupational safety for domestic workers; and awareness raising and education on the use of protective equipment by domestic workers.

In Belgium, the social voucher system is a declared and subsidised domestic work sector employing 125,000 workers. Each worker benefits from an employment contract in accordance with the collective agreement, which regulates working conditions and access to social security. In this context, a training fund was created to provide training sessions for domestic workers on work-related ergonomics (cleaning and ironing), safety and hygiene, prevention of back pain training; and safety regarding cleaning products.

²⁶ <https://osha.europa.eu/en/legislation/directives/the-osh-framework-directive/the-osh-framework-directive-introduction>



Furthermore, a new sustainability fund has been created in the Belgian voucher system, with a focus on how to use chemicals and green products that are not necessarily safe. Further training will be organised for domestic workers on this topic. Also, a study by the Free University of Brussels focused on the health risks in the cleaning industry. The study provides significant insights, namely on differences in the mortality rate between cleaners, manual and non-manual workers, showing that the death toll is higher for cleaners.²⁷ Mortality appears to be caused by lung cancer, pneumonia, ischaemic heart disease and cerebrovascular disease. Although the study did not investigate further the causes of adverse health conditions, it is reasonable to argue that cleaners may be exposed to chemical products, biological hazards, difficult physical working conditions and various psychological risk factors.

Start People leads awareness-raising activities, including a project led in cooperation with the sector training fund to train housekeeper coaches who can inform their colleagues of the potential risks of the job. Start People also produced several toolkits addressed to both clients and workers, such as:

- a communication booklet for clients, where they could note their requests for special services, and a toolkit for workers to file comments and questions on these requests;
- a leaflet for new clients with good-to-know advice and operationally-based information on safety issues;
- since 2018, discounts on eco-friendly products;
- newsletters sent both to clients and to workers containing articles on topics including health and safety;
- a safety booklet drafted for workers in cooperation with an insurance company;
- personal protection equipment for workers;
- several training sessions on health-related themes including safety basic training and product knowledge;
- a psychological support service and a medical team supporting workers suffering from long-term illnesses;
- finally, training is also provided to job consultants and managers to help them to manage the employment relationships better. They are also invited to participate in housekeepers' training.

In the light of the above-mentioned, member states should adopt the following positions to ensure occupational health and safety standards for PHS workers:

- The employer must ensure that all work activity for PHS workers is safe and without risks to health. This duty extends to any person who may be affected by the organisation's activities (e.g. other people present in the home at the time the worker is working);
- As PHS work takes place without on-site supervision, policies and procedures are needed to ensure that there are clear reporting and response processes;
- PHS workers should have access to a mobile phone in case of emergencies and to ensure open communication between employees and employers;
- There should be a manual on people handling, which includes descriptions of the task, the load, the environment, and individual characteristics;
- Roles and responsibilities about the provision, maintenance, and repair of equipment need to be clarified between the client and the PHS provider and established through a home environment assessment.

²⁷ <https://pubmed.ncbi.nlm.nih.gov/28808790/>

There are also some common health and safety issues that most PHS also share, such as:

- no access to sick leave;
- night work can have serious health consequences;
- as someone's home becomes a workplace, legal occupational safety and health requirements must be met;
- employers fail to take responsibility for managing the hazards;
- biological hazards;
- slips, trips, and falls;
- lone workers (plans in case of emergency, mobile phone, communication between employer and employee);
- manual and people handling, including lifting, showering and toileting (task, individual, load, environment).

Occupational health will continue to be a significant challenge going forward. And it will need to be addressed through social dialogue.

In conclusion, there is lots of guidance for employers and workers about their responsibilities. It cannot be stressed enough that social dialogue and collective bargaining are needed to promote worker and employer rights in this sector.

Member states must put in place systems that reduce the price for users without reducing workers' rights. It is therefore necessary to avoid derogatory systems in favor of demand support systems such as service vouchers or tax credits which allow working conditions to be normal.



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