European Agency for Safety and Health at Work

Home care workers – a comprehensive overview of their occupational safety and health

Summary

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Executive summary

This report provides a comprehensive overview of the occupational safety and health (OSH) challenges faced by home care workers in the EU. It explores the current evidence on the most prevalent OSH risks and health and safety outcomes faced by home care workers and to identify relevant strategies and interventions for OSH risk management and prevention in home care settings. The study is based on a mixed methods approach, encompassing desk research, field research through interviews with relevant stakeholders, and the identification of examples of good practices, some of which are elaborated as case studies (published as stand-alone documents[1] and linked in the report).

Home care work is defined as care or assistance provided within the recipient's private home to adults who suffer disability or long-term dependency. However, the delimitation of the home care sector is challenging due to the complexity of care provision, which involves a range of medical and personal assistance with different levels of qualification, but also due to the diversity of employment arrangements, including private and public organisations and direct employment by households, along with the extent of informal and undeclared work.

The report examines the structural features and the main challenges faced by the sector with an impact on the employment and working conditions of home care workers. The home care sector is experiencing rapid growth due to ageing populations and increasing demand for long-term care (LTC) services. **Despite growing employment levels, home care work is among the lowest paid occupations in the EU. This, combined with highly demanding physical and psychosocial working conditions, contributes to persistent staff shortages and an increasing reliance on international mobility of home care workers, many of whom face additional vulnerabilities because of their migrant and employment status.** Over the last decades, cash-for-care schemes adopted in many Member States (MSs) often resulted in the extension of a market for low-paid home care workers, which is reflected in the growing share of informal workers and domestic workers directly employed by households. This has resulted in growing fragmentation of employment conditions with gaps in legal and social protection. In some MSs, domestic workers directly employed by a household are not covered by certain legal protection, including OSH regulation, social security benefits or standard working time provisions. On the other hand, reforms in the public financing and provision of home care services driven by budgetary pressures have resulted in growing marketisation and increased competition among service providers and, in some cases, resulting in employment practices with little protection.

This study has identified different strategies and interventions that focus on the professionalisation and the formalisation of home care work, reflecting a growing awareness of the need to improve employment and working conditions of home care workers and to address the increasing demand for quality home care services across the EU. A first set of strategies consists of legal reforms or policy initiatives aimed at establishing professional standards in service delivery and improving training and career and wage progression opportunities to enhance the professional status and appeal of home care work and to improve the quality and safety of home care services. These initiatives also include efforts to address regulatory gaps and extend social and employment protection rights to domestic workers. A second group of strategies focuses on different initiatives addressing the prevalent issue of undeclared work in the home care sector. Significantly, the report presents different initiatives in support of cross-border home care workers and their need for standardised skills and qualifications, reflecting their growing role in the sector and the specific challenges they face.

[1] More information is available at:
https://osha.europa.eu/en/publications/barcelona-social-superblocks-initiative-proximity-home-care-services
https://osha.europa.eu/en/publications/kobra-collaborative-approach-improving-osh-care-and-nursing
https://osha.europa.eu/en/publications/mitigating-exposure-musculoskeletal-risks-siun-sote-ergonomics-model
https://osha.europa.eu/en/publications/multi-country-burnout-prevention-initiative-based-mentoring-and-training-case-procare
https://osha.europa.eu/en/publications/frances-carers-cared-programme-improves-quality-care-and-life-both-caregivers-and-care-recipients
https://osha.europa.eu/en/publications/improving-domestic-care-worker-wellbeing-through-training-and-professionalisation-case-ebincolf

The home care work environment presents unique challenges for OSH compared to residential care facilities. Working in private homes exposes workers to specific risks and makes it difficult to implement standardised risk prevention and management strategies. The physical environment of clients' homes may lack proper equipment or have unsuitable conditions, increasing the risk of overexertion, trips, falls and injuries. Additionally, the social environment of home care work exposes workers to complex interpersonal dynamics with clients and their families, potentially leading to emotional strain and risks of abuse and harassment. Home care workers often work in isolation and lack of immediate support from colleagues and supervisors, further exacerbating these risks. Furthermore, the work schedules in the organisation of home care services, characterised by fragmented hours and time pressure, combined with large workloads and the often unpredictable nature of care tasks, expose workers to conflicts of a professional nature and make it challenging to implement risk prevention solutions.

The study presents three main categories of OSH risk factors and related health outcomes in home care work.

First, **home care workers are exposed to significant musculoskeletal (MSK) risks primarily due to the physically demanding nature of their tasks and the ergonomic challenges present in private homes**. These risks entail handling heavy physical workloads, engaging in patient handling activities, working in awkward and static postures, and performing repetitive motions, often without proper equipment or in confined and inadequate spaces. Such conditions can lead to overexertion, strain or injuries in various body areas. Musculoskeletal disorders (MSDs) such as low back pain, shoulder pain and neck pain are highly prevalent in this sector. These MSDs can result in chronic pain conditions, reduced work ability, increased sick leave and even early retirement among home care workers. The prevalence of MSDs is influenced by both physical demands and psychosocial factors, such as high work demands and low job control.

Second, **psychosocial risks in home care work mostly arise from high quantitative demands, including excessive workloads and time pressure, caused by understaffing and inflexible and fragmented scheduling practices**. These patterns of work intensification often result in unpaid overtime and reduced control over the work, potentially leading to conflicting situations due to home care workers' inability to care for patients according to professional or ethical standards. This is compounded by emotional demands arising from complex interpersonal relationships with clients and their families, often in emotionally charged situations. Additionally, research highlights prevalent psychosocial risk factors stemming from the gendered composition of the home care workforce and the sexual division of domestic work and care, particularly the challenges of work–life conflict (intensified by irregular and fragmented work schedules), as well as the risks of violence and harassment intensified by isolation and lack of colleagues and superiors' immediate support. Moreover, some studies highlight job insecurity stemming from undeclared work or from lack of stable working hours, leading to worries and difficulties to make ends meet. Mental health outcomes among home care workers are a significant concern, with several studies indicating wide prevalence of anxiety, stress, burnout and emotional exhaustion. However, there is limited evidence on the extent of these mental health outcomes compared to MSDs.

Third, **home care workers face a range of physical, chemical and biological risks**. Physical risks arise from the physical environment within and outside of clients' homes, including risks of slipping, tripping and falling due to unsafe home conditions, as well as accidents associated with commuting between clients' homes. Biological risks primarily involve exposure to infectious diseases through various modes of transmission, including needle punctures and contact with bodily fluids. Poor hygiene conditions in clients' homes can exacerbate these risks. Chemical risks stem from handling cleaning and disinfecting substances, as well as exposure to medications or second-hand smoke. These risks can lead to various health outcomes, including injuries from falls, MSDs, respiratory issues and potential infections, but specific prevalence data for these risks and outcomes are scarce in the EU context.

Addressing OSH challenges in the home care sector requires a multifaceted approach. **This report emphasises the need for improved risk assessment procedures tailored to the home care environment.** Examples of innovative strategies for improving risks assessments in the home care sector include collaborative approaches bringing together different stakeholders, and a combination of workplace inspections and safety training programmes for home care workers, covering ergonomics,

infection control and strategies for managing psychosocial risks. Digital applications and ICT tools are increasingly being used for risk assessment in the home care sector, offering more consistent and standardised evaluations across different locations and assisting workers in addressing identified risks. Additionally, some interventions focus on involving patients in the risk assessment and prevention processes.

This study has identified different approaches for OSH risk prevention and management at workplace level. These are classified into organisational and individual interventions. Organisational interventions involve changes in work organisation practices to reduce risk exposure at their source. Individual interventions, on the other hand, aim to improve workers' ability to deal with OSH risks through training programmes and the promotion of safety behaviours and skills.

Organisational interventions addressing psychosocial risks in the home care sector focus on enhancing worker autonomy on the job and functional colleagues' support through the implementation of self-managed working teams, as exemplified by the Buurtzorg model from the Netherlands. This model consists of the organisation of small work teams of home care workers that allow them to organise their work according to their professional criteria, with positive impacts on reducing risks and increasing job satisfaction and providing workers with control and colleagues' support. Another key area for organisational intervention is the management of working time. Examples in this regard include the implementation of flexible scheduling systems, which grant workers greater control over their working hours, thereby enhancing opportunities for a better work–life balance.

Individual-level interventions primarily focus on equipping workers with enhanced competences and skills to address risks arising from complex interpersonal relationships and to cope with emotional stress. Examples of workplace violence prevention programmes include training programmes and behavioural interventions to develop carers' ability to deal with different stressful situations. Other examples of intervention addressing professional burnout in LTC settings (including home care) focus on training managers to act as mentors for care workers.

Organisational interventions specifically addressing MSK risks and MSDs in home care work focus on the distribution of physical workloads and the adoption of ergonomic solutions. A notable example of restructuring of work organisation practices is provided by the 'Goldilocks paradigm' that allows for a more balanced distribution of physical workloads and rest periods among home care workers. The adoption of assistive devices, such as lifters, sliding shits or lumbar supports, along with specific ergonomic training has also shown to be an effective organisational intervention for reducing low back pain among home care workers.

Individual-level interventions primarily aim to enhance workers' knowledge and skills in safe patient handling techniques, ergonomic practices and risk awareness. Some examples identified in the study focus on developing internal trainers on various safety areas who will assist and support their colleagues in implementing safety practices in the workplace.

On the other hand, the study provides limited examples of interventions specifically addressing physical, biological and chemical risks in home care settings in the EU context, highlighting the need for more research and protective measures addressing these risks in home care settings.

Overall, **the examples of initiatives presented in the report highlight the importance of comprehensive approaches combining organisational changes with individual skill development to effectively address risk prevention and management strategies in home care settings. The study also shows the need for home care workers' involvement in designing and implementing OSH interventions to ensure their effectiveness and contribute to health and safety work cultures.**

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