HOW CAN NEW POLICIES ADDRESS OCCUPATIONAL SAFETY AND HEALTH FOR HOME CARE WORKERS?

This policy brief presents an overview of the occupational safety and health (OSH) challenges of home care work and identifies the main risk prevention and management strategies in the sector. It draws on a research report on the same topic and is part of a broader research initiative conducted by the European Agency for Safety and Health at Work (EU-OSHA) in the health and social care (HeSCare) sector.[1] The study is based on a mixed-methods approach, encompassing a review of the research evidence and interviews with relevant stakeholders at the EU and national levels, and the identification of examples of good practices, some of which have been further elaborated as case studies.

Structural challenges and policy initiatives

Home care work is defined as care or assistance provided within the recipient's private home to dependent adults due to disability or long-term dependency. 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 tasks 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 a high prevalence of informal and undeclared work.

Over the last decades, the demand for home care services has surged driven by population ageing and public policy choices, as home care generally provides a more cost-effective solution compared to residential long-term care (LTC). Despite growing employment levels, home care work remains among the lowest-paid occupations in the EU. This, coupled with the highly demanding physical and psychosocial working conditions, contributes to persistent staff shortages and an increasing reliance on the international mobility of home care workers. Many of these workers face additional vulnerabilities due to their migrant and employment status.

LTC reforms adopted in many Member States (MSs), aimed at extending LTC needs coverage through financial subsidies to households ('cash-for-care'), has led to the extension of informal employment among relatives and an increased share of direct employment of domestic care workers, particularly in countries with more limited and affordable offers of public home care services. This trend has led to an increasing fragmentation of employment conditions in the home care workforce, resulting in subsequent gaps in legal and social protection. In some MSs, domestic care workers directly employed by households are not covered by certain legal protections, including OSH regulations, 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, a race to the bottom in terms of employment practices.

The study identified different strategies in response to the structural challenges of the sector, with relevant implications for the OSH of home care workers. These initiatives are aimed at promoting the formalisation and professionalisation of home care work, reflecting a growing awareness of the need to improve employment and working conditions of home care workers to address the increasing demand for quality home care services across the EU.

A primary group of strategies involves legal reforms or policy initiatives designed to set professional standards for service delivery. These strategies aim to enhance training, career advancement and wage progression opportunities, thereby elevating the professional status and attractiveness of home care work and improving the quality and safety of home care services. Examples of such initiatives include

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[1] More information is available at: https://osha.europa.eu/en/publications/home-care-workers-comprehensive-overview-occupational-safety-and-health-risks

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efforts to address regulatory gaps and extend regular employment rights to domestic care workers. A notable example is the recent legislation in Spain extending OSH risk prevention regulations to domestic workers. Other countries have implemented systems to incentivise formal employment in domestic work, as in the case of Belgian 'service vouchers' that grant access to social security benefits comparable to regular employees. Collective bargaining and social dialogue have also played a significant role in improving the working conditions and professional standards of domestic workers. From Italy, a relevant initiative in this regard is provided by EBINCOLF, a joint body established as part of the national collective agreement in the domestic work sector, aimed at enhancing professional standards and safe working environments through training and certification.[2] The study also identified different initiatives in support of migrant and domestic care workers, reflecting the growing role of international mobility of the care workforce in the EU.

The working environment in home care services: OSH risks and health outcomes

The home care work environment presents unique challenges for OSH compared to residential care facilities owing to the unconventional nature of private homes as workplaces, making it difficult to implement standard risk prevention and management strategies.

Home care work involves significant exposure to musculoskeletal (MSK) risks resulting from physically demanding tasks, such as lifting and transferring patients, as well as awkward postures and repetitive motions when assisting patients, all of which contribute to cumulative physical strain. These risks are amplified by the lack of assistive ergonomic equipment that may be available in residential care settings, as well as unsuitable conditions of clients' homes, such as reduced spaces or obstacles that make it difficult to work safely, leading to overexertion and increasing the risk of trips, falls and injuries. Musculoskeletal disorders (MSDs), such as lower back, shoulder and neck pain, are highly prevalent in this sector. These MSDs can result in chronic pain, reduced work ability, increased sick leave and even early retirement among home care workers.

The interpersonal dynamics of home care work expose workers to a complex psychosocial work environment. Caring for patients with chronic illness, suffering or distress in their own homes can be rewarding, but it can also turn into a highly emotionally demanding experience, requiring empathy and relational skills for effective management. Moreover, home care workers find themselves in vulnerable positions in patients' homes. This can manifest as verbal abuse, mistreatment, or expectations that exceed the scope of their professional duties by patients or their relatives.

Exposure to risk factors is further intensified by precarious employment conditions and prevalent work organisation practices that contribute to a high-stress work environment. High workloads and time pressure are consistently identified in research as major psychosocial risks for home care workers. Excessive demands refer to the high number of caseloads or tasks that are difficult to accomplish within the time allotted for each client, often leading to unpaid working hours and a decreased sense of control over their work. High workloads are also linked to role conflicts that stem from experiencing conflicting demands. Home carers often find themselves unable to provide care to patients in accordance with professional or ethical standards due to time constraints. Other prevalent psychosocial risk factors in the sector stem from the gendered composition of the home care workforce, particularly the challenges of work–life conflict, further 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, job and income insecurity are significant risks arising from either undeclared or irregular employment practices, as well as the extent of temporary and part-time positions within formal employment. Mental health issues among home care workers are a growing concern, with indications of a high prevalence of anxiety, stress and burnout. However, there is limited evidence on the extent of these mental health outcomes compared to other occupations in the healthcare sector.

Home care workers face a range of physical, chemical and biological risks. Physical risks stem from the physical environment within and outside of clients' homes 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 puncture and

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contact with bodily fluids. Poor hygiene 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; however, there is a lack of data on the prevalence of these risks and related health outcomes in the EU context.

Risk assessment and management strategies at workplace level

Most of the research acknowledges the challenges of implementing and evaluating risk prevention and management strategies in home care settings, leading to mixed evidence regarding their effectiveness. This is attributed to the lack of control over the work environment in private homes, each presenting unique risks or work routines, as well as prevalent issues in work organisation, such as high staff turnover rates, limited resources and time pressure. Both factors can lead to inconsistencies in implementation, ultimately compromising their assessment and effectiveness.

The study identified examples of good practices to address the OSH risks of home care workers based on their learning and transferability potential. Overall, there is evidence in support of comprehensive approaches combining organisational changes with individual training and skills development, while also involving home care workers in the design and implementation of interventions to ensure a better fit to their needs.

A critical aspect of OSH risk management and prevention in the home care sector concerns the difficulties in conducting risk assessments in private homes. The study emphasised the need for improved risk assessment procedures tailored to home care work environments. Examples of innovative approaches in conducting risk assessment in the home care sector include collaborative strategies bringing together different stakeholders and a combination of workplace inspections, safety training programmes and the use of new online tools. A notable example of such approaches is the KoBrA initiative in Germany, an initiative involving OSH professionals, company and workers' representatives, and health services to implement improved risk assessment procedures with the help of digital tools.[3]

Other strategies highlight the importance of raising awareness and engaging clients in creating safer conditions for both users and home care workers, including providing technical and financial support for households adopting preventive measures.[4] Interactive online tools are being increasingly adopted in the home care sector, providing more consistent risk identification across different locations and offering personalised recommendations to prevent injuries or overexertion.[5]

Examples of relevant organisational interventions in the home care sector focus on the restructuring of work organisation practices and enhancing employees' control and autonomy on the job. A significant approach involves the implementation of self-managed working teams, as exemplified by the Buurtzorg model, originating from the Netherlands. This model has been successfully adapted to different contexts with positive effects on job satisfaction and in providing workers with control and functional support from colleagues.[6] 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. Other examples of organisational interventions addressing MSK risks and MSDs focus on the allocation of workloads within working teams, enabling a more balanced distribution of physically demanding tasks across home care workers, and the adoption of ergonomic solutions, such as lumbar supports, which has shown positive effects in reducing low back pain.

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[3] More information is available at: https://osha.europa.eu/en/publications/kobra-collaborative-approach-improving-osh-care-and-nursing

[4] More information is available at: https://osha.europa.eu/en/publications/frances-carers-cared-programme-improves-quality-care-and-life-both-caregivers-and-care-recipients

[5] EU-OSHA European Agency for Safety and Health at Work, *Protecting workers in domestic services: new risk assessment tool launched in Spain*, 2025. OSH News, 3 June. Available at: https://osha.europa.eu/en/oshnews/protecting-workers-domestic-services-new-risk-assessment-tool-launched-spain

[6] More information is available at: https://osha.europa.eu/en/publications/barcelona-social-superblocks-initiative-proximity-home-care-services

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Individual-level interventions for risk management and prevention in the home care sector focus on training and skills development, with a view to equipping workers with the knowledge and abilities to manage different types of risks they face in their work environment. Examples of such initiatives identified in the study consist of training in safe patient handling and transfer techniques, or in train-the-trainer programmes on various safety areas that will assist and support their colleagues in implementing safety practices in the workplace.[7] Individual approaches targeting psychosocial risks focus on emotional and interpersonal skills to address risks arising from complex interpersonal relationships or to cope with work-related stress. Examples of such interventions include specific training on violence prevention programmes to develop carers' ability to manage stressful situations, for instance, when dealing with patients with dementia and situations of violence and abuse. Other examples focus on training managers to serve as mentors for home carers with the goal of preventing professional burnout.[8] These types of interventions are crucial in the home care work environment, where home carers work alone and often lack of immediate social support from colleagues and supervisors. Additionally, these measures are essential for ensuring adherence and compliance with organisational interventions.

Policy pointers

The study elaborates policy pointers for institutional action aimed at policymakers and representatives of social partners.

Policy pointers for research in OSH in the home care sector

- Research must recognise the increasing diversity within the home care workforce. This includes domestic and live-in care workers, who may encounter unique risks compared to employees in service-provider organisations, due to factors such as their migrant status, undeclared employment or the nature of live-in work.
- There is a notable gap in research on different risks factors (psychosocial, chemical and biological risks) and their association with health-related outcomes.
- More research is also needed on the feasibility and effectiveness of different strategies of risk prevention and management in home care settings, including comparative studies to identify examples of good practices with transferability potential.

Policy pointers for OSH practitioners: bridging sector- and company-level strategies

- Develop sector-specific risk assessment and prevention tools for home care environments, including digital tools for real-time monitoring and support. Involve clients and their families in OSH efforts to create a safer work environment.
- Integrate a gender perspective in the design of risk prevention and management strategies, considering the intersections of gender with other factors (age, migrant and socioeconomic status), and promote the participation of workers to ensure better fit to workers' needs and effectiveness of interventions.
- Address workload issues and implement comprehensive strategies to manage psychosocial risks. Strengthen home care workers' professional autonomy to increase control and reduce role conflict, develop work organisation in teams and couples to strengthen mutual support (teamwork), and promote flexibility and predictability of work schedules.
- Improve equipment and ergonomics: Provide access to appropriate ergonomic equipment and assistive devices to reduce physical strain and offer training programmes on patient handling.

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[7] More information is available at: https://osha.europa.eu/en/publications/mitigating-exposure-musculoskeletal-risks-siun-sote-ergonomics-model

[8] More information is available at: https://osha.europa.eu/en/publications/multi-country-burnout-prevention-initiative-based-mentoring-and-training-case-procare

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Formalisation and professionalisation in home care work

- Addressing precarious working conditions and undeclared work in the home care sector is crucial for ensuring quality of care and sustainability of LTC provision in ageing societies.
- Implement comprehensive legal frameworks to extend minimum social protection and employment rights to all groups of home care workers. Develop incentives for employers and workers to transition from undeclared to formal employment by reducing financial and administrative burdens. Strengthen supervision on cross-border placement practices and digital platforms.
- Support professional development and wage progression opportunities through training and the development of collective bargaining in the sector.