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FOR QUALITY! PROJECT

EUROPEAN PROJECT FOR QUALITY OF JOBS AND SERVICES IN PERSONAL CARE AND HOUSEHOLD SERVICES

Regional Seminar Report.
Vienna, 22nd September 2015

1. OBJECTIVES AND METHODOLOGY

The FOR QUALITY! PROJECT carries out research on **qualifications and quality of work and services in personal care and household services (PHS)**. It also supports a stakeholder **dialogue between organisations** active in personal care household services through a partnership **representative of the variety of workers, private service employers** in PHS and local public service providers. This dialogue aims to **promote quality of services and jobs** (working conditions and qualifications) in the services covered by the project. The project will contribute to making **employment in PHS** more attractive and creating **more quality jobs** and encourage the movement of workers from the black or grey economy to the **formal economy**, and better protecting vulnerable people.

The For Quality! project is implemented in the framework of the PROGRESS Programme, from November 2014 to April 2016.

The project partners are:
- European think & do tank Pour la Solidarité - *PLS* (project leader) (www.pourlasolidarite.eu)
- Office Européen de Recherches Sociales (*ORSEU*) (www.orseu.com)
- European Federation for Services to Individuals (*EFSI*) (www.efsi-europe.eu)
- Social Services Europe (*SSE*) (www.socialserviceseurope.eu)
- European Research and Development Service for the Social Economy (*DIESIS*) (www.diesis.coop)
- European Social Network (*ESN*) (www.esn-eu.org)
- European Regional Organisation of Union Network International (*UNIEUROPA*) (www.uniglobalunion.org)
- European Federation of Food, Agriculture and Tourism Trade Unions (*EFFAT*) (www.effat.org)
- European Federation of Public Service Unions (*EPSU*) (www.epsu.org)

The project addresses **5 related issues** and how they influence the quality of job and services: **working conditions**, **coordination of services** for person-centred care, **professional qualifications**, **quality of life** for services users and workers, **impact of the economic** and financial crisis on the quality of jobs and services. They analysis is referred to 2 types of PHS: personal care services (child care, elderly care, care for people with disabilities) and household services.

The activities are: **research in 11 EU countries** on working conditions, qualifications, coordination and the quality of services in household and personal care services; **3 regional seminars** with representatives of household and personal care services from the 11 States to identify qualifications, working conditions needs and quality of services, and share good practices; **a comparative report**; **recommendations for policy makers**; **a toolkit presenting good practices** and their transferability; **a website**; and **a European conference.**

The **national research** activities are carried out for **11 countries**, divided into **3 groups** for the regional seminars, according to the similarities of these countries PHS systems:
1: Italy, France, Belgium, Spain (Regional seminar n°1, Rome, 6 May 2015)
2: United Kingdom, Sweden, Netherlands, Finland (Regional seminar n°2, Brighton, 27 May 2015)
3: Czech Republic, Austria, Germany (Regional seminar n°3, Vienna, 22 September 2015)

These countries have been chosen to represent the **different contexts** in which personal care and household services evolve in Europe. The seminars are transnational: representatives from each group of countries are invited, in order to address and compare the situation and challenges of quality of work and services in personal care and household services in their country.
The regional seminars gather about **50 stakeholders** in particular: national employers, trade unions, representatives of users, public authorities of each country of the group - any other relevant European or national stakeholder.

The goal is to discuss the national countries and to improve the country reports, to work on **policy recommendations**, and to collect good practices and their criteria of transferability across Europe.

2. GENERAL OVERVIEW

The 3rd Regional Seminar of the For Quality! Project was held in Vienna, Austria on 22nd September 2015 This seminar aimed to present the draft national reports realised by PLS for the following countries: **Austria, the Czech Republic and Germany** and to collect feedbacks and comments from the participants to fill in gaps to and to make policy recommendations. 31 people attended the seminar and participated to the national workshops, representing several actors of this sector: trade unions, cooperatives, private employers, senior managers of social services in local authorities, etc.

The seminar was **structured** as followed:

1. Opening remarks by Franz Wolfmayr, President of the European Association of Service providers for Persons with Disabilities, and Bernadette Feuerstein, Chairwoman of Independent Living Austria.
2. Presentation of the national reports
3. Feedback on national reports
4. Presentation of Best Practices
5. Development of policy recommendations
6. Concluding Remarks

1. Opening Remarks

The Seminar started with welcoming remarks from Franz Wolfmayr, President of the European Association of Service providers for Persons with Disabilities (EASPD), who presented how the development of many Personal and Household Services represented a change of mindset away from institutionalized towards community based care. He continued by talking about the necessary importance of the UN Convention on the Rights of Persons with Disabilities in this transformation, with inclusion in society as overarching priority. He continued by discussing how the cuts to public budgets in the recent years have put at risk both the quality of services and quality of working conditions in the sector, despite the enormous potential for jobs and inclusion in the sector Personal and Household Services (PHS). Mr Wolfmayr continued by presenting the work of Social Services Europe and EASPD and discussing the key issues facing the sector from the perspective of service providers: budget cuts, gender imbalance (80-90% of staff are women), age imbalance (majority of staff are over 40), poor working conditions, part-time work, difficulties in training and skills development, and migration.

Ms Bernadette Feuerstein, Chairwoman of Independent Living Austria, continued by talking about the importance of involving rights-holders in any discussion about PHSs. She followed up by presenting the Personal Assistant (PA) system which allows users to have more influence on services, than through service providers or local authorities. She continued by talking how PAs help to shape lives in an independent way, based on article 19 UN CRPD, as they know exactly what users need and want. She continued by arguing that good training of staff does not always lead to better services because the trainings are not always adapted to the personal needs of each individual. The best financing system for this is for the users to receive funds and purchase directly the services they want; either in a cooperative model or through employee/employer

direct model. Ms Feuerstein then countered any criticisms linked to this model leading to poor working conditions by arguing that good working conditions are essential for users to get the quality service they require. Ms Feuerstein concluded that de-institutionalisation and a shift towards community personal care services are the future arguing that it brings greater satisfaction for both the user and the carer/support worker.

2. Presentation of National Reports

Sanjin Plakalo, Coordinator of the project for Pour La Solidarité, presented the draft national reports on the state of play of Personal and Household Services in Austria, the Czech Republic and Germany.

2.1 National or Local Regulation and Policies for PHS

He first started to present the national or local regulation and policies for the sector. In Austria, PHS is covered by a Universal federal allowance system (BPGG, 1993), which includes 7 cash benefit levels for all persons in need, regardless of income or assets and which is financed by taxes. Federal competencies (designing and providing allowances) are implemented uniformly in all provinces (Länder), while provincial competencies (setting allowances level) are different among themselves. The user has the opportunity to choose the provider through cash benefits (personal budget).

In Czech Republic, both care provision and funding are shared between the health care and social services sectors and different levels of government. The Law on Social Services (2006) controls the provision of home care and the access to cash benefits. Unlike Austria where free-choice rests with the user, in Czech Republic, it is free choice of provider where cash benefits are paid to dependent persons through the health care system

In Germany, to cover the costs of PHS, the Social Long-Term Insurance (LTCI), provides in cash or in kind (community care) benefits for home care regardless of income and assets through three levels of care in cash (€235, €440 or €700/month). Being linked to the wide-spread German social insurance, LTCI covers almost the entire population in Germany. Funding of LTCI is ensured by a system of salary deductions calculated on the basis of citizens' income.

2.2 Work and Employment Quality

Mr Plakalo then moved on to focus on work and employment quality in the PHS sector in these countries. In **Austria**, informal caregivers (mostly women) are the most important providers (for about 80% users). Personal budget can be used for this purpose: 154.20€ [level 1] to 1,655.80€ [level 7]. The cash allowance alone usually is not sufficient to cover the total cost of care.
Many workers in the sector experience poor working conditions and short-term employment contracts are common place. Similar to Austria, in the **Czech Republic**, a larger majority of informal care givers are women and are the most important providers (for about 80% users). Personal budget (32€ [cat.1] to 471€ [cat.4]) in Czech Republic differs and can be used to cover the home-care assistance costs, or to pay for care provided within social services, or to combine both.

In the PHS sector in **Austria** there is an increasing demand for quality and skills. Currently, there is no training or upgrading policy for PHS in general. As a result, increasing shortages of workers in the sector are expected, especially for better-qualified workers.

The **Czech Republic** is also facing an increasing demand for quality and skills in the PHS sector. Similar to Austria, there is no training or upgrading policy for PHS in general. 7.9% workers work more than 50 hours a week. The practice of multiple job holding is widespread (2.1%) and creates a problem of availability of workers. Additionally, most informal care providers also work, a decision upon informal care strongly depends on the flexibility of their job. Furthermore, carers in the PHS sector in Czech Republic on average make less than the national average.

In **Germany** there is a general shortage of staff in the LTC, especially in regards to high-qualified workers. Most of the domestic work is performed informally by family members, in particular women. As a result, this makes the assessment of career and employment security perspectives difficult. Informal care givers who care for a family member often tend to be unemployed, or must reduce their working hours or quit their jobs to care for family members. However in Germany, family care givers are often paid due to the cash benefits received by the person they care for.

In all three countries (Austira, Czech Republic, and Germany), the LTC models are oriented towards a shift towards home care opposed to the previous method of institutional care. However, in Austria and Czech Republic especially, workers in the sector experience unequal rights and often times, due to the informal nature of the sector workers are hindered when it comes to organising collective bargaining. Although the respective countries share a common concern for training and qualification policies, neither has yet to implement adequate national plans. In an effort to address the shortage of workers in the sector, there has been a push to employ migrants to fill the gaps.

2.3 Quality of Services

Mr Plakalo concluded by focusing on the regulation of service quality. In **Austria,** there are four levels of regulatory framework: two agreements between the federal state and its 9 Länders, laws issued by the 9 Länders, ordinances and guidelines. As a result of this regulatory framework, regulation and methods of quality vary significantly between the 9 Länders. On the one hand the legal framework is easily accessible, and on the other hand inspection reports are not publicly available. The **Czech Republic** carries out separate regulations within the health care and social services systems. Municipalities and regional governments are mainly responsible for accreditations, monitoring and the control of PHS services. In 2007, the 15 quality standard by the Social Services Act was introduced and has played a positive role by placing an emphasis on the rights and dignity of users. The **German** care market is highly regulated (strict description of kind of care required , length and frequency and quality control) at federal level. Furthermore, at federal level there is standardized vocational training. People receiving cash benefits receive a visit from a professional care giver 2 to 4 times per year. Further regulating the industry, in 2015 the DIN SPEC 77003 standards procedure for information, advice and placement of PHS was published

3. Feedback on National Reports

3.1 Feedback on Austrian National Report

Ms Karin Astegger, Director of Research and Innovation at Lebenshilfe Salzburg, presented the outcome of the Austrian Working Group discussions aiming at assessing the relevance of the draft Austrian report. Ms

Astegger started by arguing that it was essential to complement the report with recent changes to the sector, both in reality and in terms of legislative developments. She mentioned that it was essential for the report to capture the Health Care Reform and its key problems: not enough support for 24h care, development of quasi-freelancers working in the sector but not sufficiently protected, the mismatch in standards between the 9 different länder, etc. One essential policy recommendation should be the need to develop a nationwide regulation establishing standardized quality services and training for staff. Ms Astegger also stated that the working group regretted that the report did not tackle enough the deteriorating state of the sector's job market with increasingly poor working conditions, the problems of bureaucracy and the need for quality criteria required for services (24h care, Personal Assistance, etc). Last but not least, the working group argued that it would be essential to have a better look at how Personal and Household Services should be defined, including the range of services it includes.

3.2 Feedback on the German National Report

Mr Mathias Maucher, Policy Officer at the European federation of Public Service Unions (EPSU), presented the outcome of the German Working Group discussions assessing the German report. Mr Maucher started by discussing the many gaps about key topics to the sector; for instance, on training, on collective agreements, etc. The Working Group also argued that the care dimension was subsumed by the "care insurance" system and did not include anything about household services sector. Mr Maucher also confirmed that the "minijobs" system exists and is relevant for the sector but should not be the approach encouraged due to the fact it leads to tax-related issues and many women in employment without any pension. Another key topic mentioned was that undeclared work should be tackled to strengthen good working conditions and services. He then called for the fact that care providers should be encouraged to cooperate more with social housing and housing support organisations, as the current German system works under different funding logics where both aspects are separate. The Working Group also called for the need to better define household services and to provide it with an industry code-number, which would allow to develop training systems and better balance Value Added Tax (VAT). Indeed, the care services sector in Germany does not currently pay VAT, and the working group questioned why this should not also be the case for household services.

3.3 Feedback on the Czech National Report

Ms Romana Belova, Head of the Centre for Social Rehabilitation for Slezska Diakonie, concluded the working group overview of national reports by presenting the views of the Czech participants on the draft report. Ms Belova presented how PHS in the Czech Republic is currently divided into two separate systems (care system and non-care system) and called for a Czech definition englobing both to be developed. This would allow to include more specific target groups. In terms of the quality of services, the Czech working group views it important to improve the monitoring of the quality of healthcare and social care, improve data collection of the sector and improve the accreditation of social services which are currently controlled by local authorities. Important barriers to the development of PHS in the Czech Republic include low accessibility of support services (especially for target groups such as people with mental health issues or people with multiple disabilities), a lack of financing by local authorities, an improvement in remunerations and working conditions (in particular in care), the necessity of having high qualified staff and a better division of responsibilities by the State in terms of healthcare and social care sector.

4. Feedback on National Reports

4.1 Presentation of Austrian Best Practice

Mr Franz Wolfmayr, President of EASPD, presented the 24h Care system in Austria as both a best and a bad practice in the field of Personal and Household Services. The objectives of 24-hour care is to provide assurance of nursing and care around the clock. The 24h Care is a national statutory regime for care by foreign carers from eastern neighbouring countries. Following the fall of the Iron Curtain, the Austrian government attempted to legalise the amount of workers previously working illegaly in the sector. They did so by amending the Commercial Code in order to allow breaches to several pieces of legislation linked to foreign employment law, social security law, occupational law, minimum wages and health and medical care rights. Under this system, Caregivers may give assistance for the person under care at the household and certain tasks relating to the personal care and eating. In addition to these tasks, under a doctor's order a caregiver may perform certain defined medical tasks for example the administration of drugs, bandaging and subcutaneous injections. However, for a caregiver to perform such tasks they must first undergo, at minimum 200 hours of training or have performed at least 6 months of lasting care for the person. After working more than 14 consecutive days, a caregiver must be granted a continuous free time to a certain extent. Additionally, a caregiver may work no more than 48 hours a week and may not work more than 128 hours in a two week span. The caregiver must be included in the household (residential and full board). 24-hour care allows for the recipient of care to live with the support needed at home, in addition to the possibility of financial support making the care more affordable. However, at times, 24-hour care leads to limited communications options based on the lack of knowledge of German language, lack of quality control and the risk of abuse. Workers in the sector are often faced with limited job opportunities in their home country, as such caregivers in the sector, generally speaking have an income. Additionally many workers experience relatively high levels of satisfaction within their new situation. Despite high levels of satisfaction in their employment, workers receive no vacations or sick pay, must be available for 24 hours to provide care, and often must leave their families behind for two weeks while they provide care. The majority of caregivers in the sector are now mediated by organizations that organize the workers. However, measures for quality assurance within organisations are often missing. There has been a recent and increasing competition on the prices of services and not the quality of services. As such, many organisations have difficulties finding qualified nursing staff.

Today, in Austria, there are around 65,000 caregivers, mainly from Slovakia, Romania and Hungary, with greater attention on recruitment of workers from further east. While the sector has experienced some progress in qualification, there is still a lack in oversight of agencies in terms of the quality of services offered or the prices, in addition to the lack of external quality, measures. Despite these potential roadblocks, there has been a little to no public debate on the future prospects of the sector.

4.2 Presentation of the Czech Best Practice

Ms Romana Belova, Slezska Diakonie presented the Support of independent life of people with learning disabilities in the context of community based services for Slezska Diakonie

The mission of Silesian Diaconia is to provide high quality services in the social field on the basis of Christian values. Silesian Diaconia benefits persons with a disability (predominately learning and mental health disabilities) of all ages, homeless people, elderly people, families with children and youth, and persons in difficult life situations. Silesian Diaconia employs 650 staff members both full and part time, 130 national volunteers, 30 international volunteers, and utilizes 60 centres. In an effort to provide support towards independent living services in the Czech Republic, in 2007, the Ministry of Labour and Social Affairs initiated policies in regards to the transformation of residential care for people with disabilities. A year later, the regional authority of the Moravian-Silesian Region implemented a policy on the transformation of residential care for people with disabilities and began to implement various activities for deinstitutionalization, including, investments, networks of community based services, staff training, PR activities and individualised support of people with disabilities in institutions.
In response to the 2008 initiative, Silesian Diaconia has provided a network of individualised services that enable persons with learning disabilities to live as independent as possible. This support includes sheltered living residential community based services, supported living, social rehabilitation and supported employment services, socio-therapeutic workshops and job coaching. Creating and implementing this network involved numerous steps, including negotiations and communication with regional and local authorities on the need for services, constructing cooperation with residential care facilitates in the process of transformation, identifying the needs of persons with disabilities, staff training on a person centred approach, new ways of individual planning, community based approach and empowerment and the creation of professional platforms within Silesian Diaconia focused on a concrete type of provided service.

The Supporting Living Service is based on requirements of the law on social services and responds to concrete orders from the client in his/her environment.In this process, the client decides on a number of different types of support from the social worker. The Social Worker than supports the client in the development of his/her skills so that the extent of the support can decline as low as possible. There is also an important focus on finding a natural network of support with neighbours, friends, and family. Payment can be made both directly by the client or from the local and regional authorities.

When persons with a disability live independently, they are faced with many barriers. It is essential that a network of support is created for persons with a disability. Often times, it is difficult for persons with a disability to live independently after living in institutions. When a person with a disability searches for a flat to rent, they are often faced with a lack of available flats, in addition to the lack of finances to support living costs and social workers. Furthermore, there is a lack of funds in social services to meet the gap. Even if a person with a disability meets these challenges, often times they are excluded from the community, preventing them in living a life of inclusion.

It is essential to provide support to persons with a disability on the labour market and in daily activities. This support allows persons with a disability to build up a social network, increase their income in order to improve quality of life, foster inclusion and develop skills. However, support is not always provided for persons with a disability on the labour market, and challenges still occur. Often times, there are a lack of working places on the open labour market for persons with a disability. Additionally, mechanisms to bring persons with a disability into the open labour market such as short and long-term financial support for services supporting persons with a disability on the labour market and cooperation with job offices are lacking.

4.3 Presentation of the German Best Practice

Michael Ulbricht concluded the panel on best practices by presenting the DIN SPEC 77003 model in Germany. He began by talking about how the standards included in the DIN specifications can help services to increase and foster market development. In June 2015, there was a presentation as part of the Symposium "Professionalisation and Quality Assurance for Household Service" in cooperation with DIN, which defined information, counselling and mediation standards in PHS. The key objectives during the symposium were to create transparency, set quality standards and the facilitation of potential customers. The Standards specify requirements for processes and procedures for information and advice on personal and household services. The standards define uniform terminologies and transparent process models which include recommendations for action. The next steps, which are still in the primary phases include, DIN SPEC 770033 publication for providers and consumers independent certification of providers that are active after the DIN SPEC 77003 and a corresponding publication. Another DIN SPEC will be developed, this time with a focus on the performance of the services and the transfer of the DIN SPEC in a DIN standard which are both in the preliminary stages.

5. Development of Policy Recommendations

5.1 Policy Recommendations from the Austrian participants

Karin Astegger reported on the recommendations of the discussions made by the Austrian Working Group. She started with one of the major challenges responsible for the many problems related to PHS in Austrian: federalism. There should be one federal law regulating the PHS sector, and not 9 different one's at the level of the länder. The various stakeholders involved in the PHS sector could assist with the local authorities to ensure that these national regulations are adapted to local necessities and concerns. The workshop representative continued by arguing that the so-called 15a-Vereinbarungen – agreements between state and länder on different issues- should be abolished as it is both inefficient and slow. It was also agreed that a space should be developed to exchange support social innovation in the sector; through a so-called "Sozialraum". Sufficient funding must also be provided to the sector to ensure quality services and working conditions. And last but not least, the Austrian working group argued that it's important to launch a public debate on how do people want to get old? Do they want to have good quality PHS for them? This central issue is rarely part of the general public debate, despite its importance.

At European level, the Austrian working group calls on the various institutions to develop a clear common definition about what is meant by PHS. It was also agreed that any work public authorities do on PHS must include the view of the users as central to their efforts

5.2 Policy Recommendations from the German participants

Mathias Maucher presented the policy recommendations coming from the German Workshop. First of all, it was agreed that the PHS sector needed a clear definition, including the different jobs, in order to develop clear and quality data. The idea to adapt on-the-job training to include jobs included in the PHS was also encouraged. Mathias continued by arguing that it was necessary to integrate household services into the range of services done by care centres. It was also agreed that public authorities should continue to support

informal care services, alongside the professional ones. These informal care services could be offered by cooperative organisations. The Working Group also argued that the household services sector needed to be included in Social Dialogue in Germany. At European level, the German Working Group called for a system of social investments to strengthen the development of the PHS sector, with particular support from the ESF.

5.3 Policy Recommendations from the Czech participants

Jiri Horecky, President of the Association of Social Care Providers in the Czech Republic, presented the policy recommendations from the Czech Working Group and begun by calling on public authorities to reconsider the separation between social and health sector. Indeed, in a household, it is often possible for one individual to provide both types of services.

He also called on the Czech government to initiate a "trial and error" pilot project on the implementation of PHS in the Czech Republic. Representing the views of the working group, he also called for more support for family carers, with the care relief to be expanded from 9 days to 3-6 months. It was also agreed that the care allowance should better monitored in order to avoid the many cases of misuse. In terms of the number of workforce in the sector, although there is currently a sufficiently qualified workforce in the sector in the Czech Republic, there remains doubt as to in the future. The Working Group re-affirmed the importance of ensuring that the sector becomes more attractive in the future in order to better respond to the increasing demand for PHS.

6. Concluding Remarks

Following the presentation and discussion of the policy recommendations by the rapporteurs of each working groups, representatives from local and regional authorities, the trade unions and service providers took the floor to present their concluding remarks on the key points for the perspective on PHS.

6.1 Concluding Remarks from the representative of local and regional authorities

Mr Jiri Horecky, President of the Association of Social Care Providers in the Czech Republic, began by stating that people go into residential care not because they want to, but because homecare often doesn't exist, because of the long waiting lists when they do, or because of its high cost. He continued by arguing that there is a conflict of interest between employers and employees on these issues but that this was strengthened by the political decision to not support the development of PHS in the Czech Republic; in particular from the perspective of who should pay for what (state, family, users). Although the current social care system is not sustainable in the Czech Republic, stakeholders can only alert to the problem. The final decision must come from politicians.

6.2 Concluding Remarks from the representatives of the Trade unions

Ms Michaela Guglberger from the trade union organization "vida" continued by stating that support was needed for the Austrian government to ratify the ILO convention, protecting the rights of domestic workers and carers; arguing that far poorer countries such as Uruguay and Tanzania have already ratified it. However, for this to be possible, the Austrian government must change the law on domestic workers from

1962; which offers barely no protection to domestic workers. Ms Guglberger continued by arguing that the 24h care system was a bad practice as it exploited workers from other countries.

Ms Eva Scherz from the trade union organization GPA-djp picked up on similar lines by arguing that public authorities and stakeholders must develop a debate regarding training in the PHS sector based on who needs what and to which extent. She also regretted that mobile homecare was not discussed during the day, as well as the fact that there was little time to exchange views with representatives from different countries. She concluded with the necessity to work with employers in the sector to ensure that progress is made; in particular in areas such as looking at the high rate of part time workers and women and how they can earn a decent living for their profession.

6.3 Concluding Remarks from the representative of the Service Provider

Mr Franz Wolfmayr, President of the European Association of Service providers for Persons with Disabilities (EASPD), concluded by first stating that the UN CRPD obliges us to work together towards improving both services and working conditions. He continued by arguing that the European Commission should support the development of social dialogue structures in the PHS sector – at both national and European level- to support this process. Mr Wolfmayr continued by stating that sufficient and sustainable funding for the sector is a prerequisite to ensure we can meet the challenges discussed today; both regard to the impact on quality services and working conditions but also with regard to the positive economic contribution of the sector towards inclusive growth. The 24h model presented today demonstrated that it is possible to get around the problem for some time, but not forever as it just results to relegating problems. Mr Wolfmayr then called for a strong social labour law agreement for the PHS to find a solution to these issues. This would also lead to improving the attractiveness of the sector and, thus, unlocking its important job creation potential. The President of EASPD concluded by calling on all stakeholders to stand together to ensure that public procurement rules are correctly implemented insofar as they do not solely focus on the lowest bid. He also called on the need for public authorities to successfully tackle the issue of the development of quasi or "fake" self-employed carers and domestic workers –obliged to create self-employed status to justify poor working hours and conditions if they are to get the job- which often leads to significantly lowering their wages and working conditions; thus often negatively affecting the services provided.

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