



The service voucher system, health and health inequalities

Sarah Mousaid^{1*}, Kim Bosmans¹, Kelly Huegaerts¹, Christophe Vanroelen^{1,2}

* Corresponding author

E-mail: smousaid@vub.ac.be

Phone: +32 2 614 81 38

¹ Interface Demography, Vrije Universiteit Brussel, Pleinlaan 5, 1050 Brussels, Belgium

² Health Inequalities Research Group. Employment Conditions Knowledge Network (GREDS\Emconet), Universitat Pompeu Fabra, Barcelona, Spain

DOI: 10.5281/zenodo.11060390

Acknowledgements

We are thankful to Didier Willaert for the help with the lay-out of this report. We are also grateful to the informants that took part in the interviews. Additionally, we would like to express our sincere gratitude to the organisations that helped with the recruitment of the informants or provided us with comments and additional feedback: the service voucher companies, IDEWE, ABVV algemene centrale and 'Vorm DC'. Lastly, we would like to thank Lindsay Jacobs for the language revision of this report.

Table of contents

Executive summary	1
1 Introduction.....	7
2 European initiatives for domestic service work.....	10
2.1 Employee protection in the four initiatives	11
3 Case study: The quality of work in the Belgian service voucher system	13
3.1 Introduction.....	13
3.2 The quality of work	13
3.3 Methodology.....	15
3.4 Results.....	18
3.4.1 The quality of work as addressed in parliamentary questions.....	18
3.4.2 The quality of work in the service voucher system.....	18
3.4.2.1 Quality of employment – Employment conditions	19
3.4.2.2 Quality of employment – Employment relations	32
3.4.2.3 Intrinsic job characteristics – Working conditions.....	41
3.4.2.4 Intrinsic job characteristics – Job content	44
3.5 Discussion.....	45
4 The service voucher system health and health inequalities	48
4.1 Informal work and health.....	49
4.2 Unemployment and health.....	49
4.3 Health consequences related to known job quality problems in the service voucher system ..	50
4.3.1 Employment conditions.....	50
4.3.2 Employment relations.....	51
4.3.3 Working conditions	52
4.3.4 Task content	53
4.3.5 Additive or interactive effects	53
4.4 The service voucher system and health inequalities.....	54
5 Conclusion	58
5.1 The story of Valentina	58
5.2 The story of Olga	60
5.3 The story of Ezra	61
5.4 The story of Anissa.....	62
6 Recommendations.....	64
7 Bibliography	68

Executive summary

In order to provide a solution for important social and economic challenges, several European member states have implemented initiatives supporting the expansion of professional domestic cleaning services.

These initiatives can have an important impact on health inequalities in the societies involved. Previous research has demonstrated a poor quality of work and over average health risks in domestic cleaning jobs. It is also mainly the most vulnerable groups in society that are employed in these jobs: women, lowly skilled persons, immigrants or individuals that combine two or more of these vulnerable social characteristics. At the same time, previous studies have argued that these vulnerable groups report more physical and mental health problems because they are overrepresented in informal work, unemployment and/or other low-quality jobs. It can be expected that initiatives to support the expansion of domestic cleaning services have an impact on the prevalence of informal work and unemployment among vulnerable workers and that they consequently can improve the health of these workers. However the extent to which this happens largely depends on the levels of job quality attained in the newly created service jobs. Therefore these initiatives can both reduce or increase health inequalities, depending of how they are implemented in reality.

Purpose of the study

In order to reduce health inequalities in society, the purpose of this report is to reflect on how European initiatives to stimulate growth in domestic service employment can be/become a tool to reduce health inequalities, by improving the socio-economic situation and employment situation of vulnerable groups of workers. Therefore, we focus on the service voucher system in Belgium as an interesting case with relevance to similar schemes in other European countries. The aims of this study are threefold: (1) to perform a case study on the quality of work in the Belgian service voucher system, (2) to reflect on how informal work, unemployment and the quality of work relate to health, and (3) to reflect (based on the information collected in 1 and 2) on how the service voucher system can be a tool to reduce gender, educational and ethnic inequalities in health, by offering a 'healthier' alternative to unemployment or other sub-optimal forms of employment (e.g. informal employment) available for vulnerable populations on the labour market.

In this report, the quality of work is used as a central concept to evaluate job characteristics. The quality of work is conceptualised as the combination of four dimensions. First of all, the 'employment conditions' – i.e. the contractual arrangements between the employers and the employees, like working time arrangements or contract duration. Secondly, the 'employment relations' – i.e. the relations between the stakeholders involved, for example: social support from the employer, collective bargaining opportunities or the absence of mobbing and other forms of harassment. A third dimension consists of the 'working conditions', i.e. the physical and psychosocial circumstances at the workplace, including amongst others toxic exposures, heavy loads, awkward postures or workload. A final dimension is the 'the job content' – i.e. the kind of work and work methods used, like autonomy and skill discretion.

A case study about the quality of work in the Belgian service voucher system

In the case study, we first assessed which issues related to the quality of work were most often addressed in the parliamentary debates on implementing and evaluating the service voucher system in Belgium. Secondly, we investigated what is known about the quality of work in the service voucher system, based on an analysis of the parliamentary debates, the legislation regulating the service voucher system (i.e. Law¹ and Royal Decree²), the collective agreements relevant to the sector³, previous research and in-depth interviews with service voucher employees.

The Belgian service voucher system is organised through a triangular employment relationship where both the employees providing service work (predominantly cleaning of private homes) and the customer are contracted by a 'service voucher company'. Customers pay their domestic worker on an hourly basis by means of 'service vouchers', which are bought at a highly subsidised rate. The service voucher company acts as an intermediary between the customer and the domestic worker and is responsible for the work planning, the payment of the wages, the social security contributions, the working hours, and securing health and safety in the work environment. Several types of companies can provide domestic help through the service voucher system: (1) private for profit organisations (e.g. temporary employment agencies); (2) private non-profit organisations and (3) public non-profit organisations. Moreover, service voucher employees are covered by several Joint Committees⁴.

The case study shows that the system provides good social and employment protection for the employees, but that there is room for improvement. Based on the analyses of parliamentary debates, this study argues that policy makers have paid substantial attention to the employment conditions (training, working hours, contract duration) in the service voucher system, but that debates on the other characteristics of the quality of work are scarce.

Regarding the employment conditions, this case study affirms that during the existence of the system several improvements have been made with regard to the stability of the contracts, the income and rights and working time regulations. However, it also brings forward that some employers and customers keep applying fraudulent practices that endanger the stability of employment. Concerning health and safety training, policy makers and social partners have implemented several initiatives that aim to increase the proportion of trained employees, but most of the employees still do not receive training. Employees that did receive training, also encounter barriers to the implementation of the practices learned. The possibility to enhance the employability of the employees by providing broader professional training (beyond

¹ The Law of the 20th of July 2001 for the improvement of neighbourhood services and jobs (BS 11.08.2001).

² The Royal Decree of the 12th of December 2001 concerning the service voucher system (BS 22.12.2001).

³ ACLVB. (2013). CAO-Bundel gezinszorg-JsC 318.02 and ACLVB. (2014). Cao-bundeling. Paritair subcomité voor de erkende ondernemingen die buurtwerken of -diensten leveren.

⁴ In Belgium, Joint Committees function as a consultative body between employees and employers aimed at social dialogue. In the Joint Committees collective agreements are made, social disputes are prevented or settled, and advice is prepared for the government, the National Labour Council or the Central Economic Council (Michielsen et al. 2013, 21). Service voucher employees mainly work under the Joint (sub-) committees JsC 322.01 and JsC 318.02.

specific raining related to cleaning work) has also been discussed in the parliamentary debates, but initiatives are very scarce so far.

Concerning the employment relations in the service voucher system, the study demonstrates that companies do not support their employees equally and that customers' practices and compliance with norms are insufficiently controlled. This can impoverish (the) quality of work, especially when employees are not assertive enough to defend themselves against unlawful claims of customers. It can also be concluded that contacts with co-workers are rather scarce in the service voucher system – and that many workers consider this as a disadvantage. Moreover, trade union representatives encounter problems to assemble the employees together, given the fact that there is no common meeting point where employees can be reached.

Concerning the working conditions, the study shows that the work in the service voucher system is physically and psychosocially demanding. Though some rules have been defined to protect the employees, both the employers and the customers do not always take the necessary measures, or the employees do not stick to the rules themselves.

Concerning the job content, the case study demonstrates that autonomy can help to cope with possible poor quality of work characteristics, but that not all employees can decide how they organise their work. Besides, some employees experience autonomy as a disadvantage and prefer well-specified assignments. In addition, most employees perceive the work they perform as being important, but this is highly dependent of personal characteristics and future career ambitions.

The case study also shows that inequalities exist among service voucher employees, depending on both the Joint Committee and on the organisation they work for (for-profit and non-profit organisations), as well as between native and immigrant workers.

The relation between informal work, unemployment, the quality of work and health

Previous research has shown that informal work, unemployment as well as a poor quality of work relate negatively to health. Earlier studies have found less favourable health outcomes for informal workers compared to formal workers. Also, a causal relation between unemployment and several mental health problems was demonstrated. A relation has also been found between the different quality of work dimensions and health. More specifically, previous studies have determined a number of factors that relate to mental and physical health. These include job insecurity, financial hardship, financial insecurity, working outside the normal working hours, irregular working hours, low control over working hours, and a low perceived employability. In addition, previous research has reported that a lack of training increases the risk of work accidents and work injuries. Studies have also found that low social support at work increases the risk of mental and physical health troubles, and that unionised workers have less mental and physical health problems compared to non-unionised workers. Physical demands, psychosocial demands and job autonomy also relate to mental and physical health. Moreover, the health effects of these quality of work characteristics can be additive or interactive. Physical and psychosocial demands, control, and social support, have an additive

impact on mental and physical health. The same is true for imbalances regarding efforts made by workers and the rewards received in terms of pay, esteem and career opportunities. In addition, physical and psychosocial demands also reinforce each other (multiplicative effect) in relation to health problems: the risk for health problems is expected to be larger when physical and psychosocial stressors are combined.

The service voucher system and health inequalities

The service voucher system mainly employs people from social groups that are also more vulnerable from a health inequalities perspective (women, low-educated persons, immigrants and persons combining more of these social positions). When reflecting on the socio-demographic composition of the service voucher workforce and on the health consequences of potential employment alternatives for this population, it can be concluded that the service voucher system is a valuable employment policy for improving the health and well-being of vulnerable workers. However it *could still do better* as a tool for reducing health inequalities. In order to do so, more unemployed persons and informal workers should effectively be recruited in the service voucher system – in other words: recruitment should be more targeted. Simultaneously, deliberate action should be taken to further improve conditions regarding different dimensions of the quality of work. Certainly, legislative improvements are needed in order to enhance job quality, but customers and the companies must also be controlled better and – if necessary – ultimately suspended from the system if they do not comply with the existing rules.

If high standards for the health and safety of service voucher workers are not reached, there is a risk that the system will aggravate health inequalities between vulnerable workers and the better off in the labour market. By giving the latter group the opportunity to contract out their domestic tasks while the price of these services is kept low, the service voucher system effectively contributes to the reduction of the work-family conflict in the middle and higher classes of society. This, of course, corresponds with an important societal need, but at the same time it may further increase health inequalities by increasing health and well-being in the higher and middle classes and shifting the health burden of adverse working condition is cleaning activities to those at the bottom of the labour market. From a health equity perspective therefore, the service voucher system can only be seen as a valuable policy tool if the related health risks for workers are well controlled – and their general health levels are increased. Moreover, the system should offer real prospects of career development and social mobility for the workers involved.

Policy recommendations

Based on the main conclusions presented above, this study also illustrates how the service voucher system could potentially offer healthier jobs to vulnerable workers and how it could consequently contribute to decreasing health inequalities in society.

The potential of the service voucher system is illustrated by drawing four fictional scenarios, that are inspired by the results of this report, going from a very high quality of work (scenario

one), to a very low quality of work (scenario four). The first scenario describes a working day in the life of Valentina. In this scenario the monthly wage in the service voucher system is high enough, but also stable, so that the employee can maintain a comfortable living. Furthermore, full-time work is encouraged, but also possible for the employees (i.e. working hours are flexible, demands are feasible and the commuting time is compensated as ‘working time’). In this scenario also opportunities for health and safety training and broader professional development training are offered. Moreover, companies organise moments where employees can meet their co-workers and their representatives. In such a favourable scenario, service voucher companies would also determine which work equipment and cleaning tools employees can use and work sites would be regularly visited to control whether customers stick to the agreements made regarding work load and the feasibility of work tasks. Regular visits would also give the companies the opportunity to educate their customers and to sensitise them about their important role in providing good work quality to their domestic cleaner. In the other scenario’s, initiatives to improve the quality of the intrinsic characteristics of work (scenario two), the quality of the employment conditions (scenario three), or the quality of both dimensions (scenario four) are less developed.

We urge policy makers and employers to converge to the first scenario in order to make the service voucher system a tool to improve the health of service voucher employees and to consequently decrease health inequalities. But also – and even more importantly – to effectively use the service voucher system as a stepping stone for upward career mobility for vulnerable worker groups who (re-)entered the labour market.

Therefore policy makers should better consider all the dimensions of the quality of work when evaluating the service voucher system and the public policies related to it. In order to further improve the employment conditions the wages in the system must increase, including seniority pay increases. The latter may be difficult from a wage cost-perspective. Precisely for that reason, encouraging initiatives for broader professional formation (and subsequent career mobility) may offer a way out of the ‘seniority pay dilemma’. In any case, policy makers should be sensitive to the aspirations for career progress of many service voucher employees. Broader training opportunities would encourage service voucher workers that aspire career progress, and would offer real future employment possibilities outside of the cleaning sector for those that encounter health problems due to cleaning work.

Access to the (existing) provisions of the Federal Training Fund should be especially facilitated for small service voucher companies. Further, legislative actions or collective agreements between the social partners can also improve the guidance and the support that companies offer their employees. Also more effective controls regarding quality of work standards should be put in place – and those companies that do not comply with the requirements need to be effectively sanctioned. In that realm also the way companies are funded through public money can serve as a policy instrument. The idea of differentiated funding according to compliance with quality standards can be a promising initiative to increase the quality of work in the system. In a similar vein, further (moderate) increases in the financial contribution from customers may also be considered, but only if the additional resources are used in order to improve the quality of work in the sector.

Policy makers must also make an effort to minimise inequalities between service voucher employees. The convergence of all service voucher companies to one and the same Joint Committee should be considered. Also remaining inequalities between native and immigrant services voucher employees with regard to the quality of work must be combated.

Companies can make important contributions by more rigorously apply the already existing regulations as well as the policy recommendations that we formulated previously. They must have particular attention for health and safety education: they have to develop a consultable training plan to guarantee the regularity of training with special attention to new employees; they must define which ergonomic cleaning tools and safe products the employees should work with, as well as determine which work load is feasible. Companies should also instruct customers about their responsibilities regarding the quality of work of the cleaners. Moreover, companies can play an active role in avoiding discrimination of employees.

Finally, clients can also be sensitised through awareness-enhancing campaigns. For example by making them aware of the fact that their negligence or last-call cancellations may directly affect the income and employment stability of their cleaner. Campaigns can also increase clients' awareness of the risks associated with forbidden dangerous tasks or intensive exposure to non-adequate cleaning products or non-ergonomic/low quality/damaged work equipment. Awareness of the gains related to respectful interpersonal relations, and the harmful consequences of discrimination or unwelcome social behaviour should be raised.

1 Introduction

In Europe, the expansion of the personal service(s) sector, including domestic work services, is related to socio-economic and demographical developments. The increased interest displayed by the European Commission and by national governments into the sectors' social and economic potential further contributes to its growth (Sansoni, 2009). Because of the feminisation of the workforce and the ageing of the population, domestic and care tasks are increasingly outsourced, stimulating the development of jobs in the sector of personal and household services. Besides, the European commission encourages its member states to invest in the service sector - especially in the personal service(s) sector - in order to reduce unemployment and informal work, as well as to create jobs for (mostly lower educated) women (European commission, 1993).

As the awareness of their social and economic potential has grown, several initiatives for employment creation in domestic cleaning services are being developed in the European Union. Recent examples are the '*chèque emploi service universel (CESU)*' system in France, the 'Haushaltsscheck' system in Germany, the 'Dienstverlening aan huis' in the Netherlands and the 'Service cheque', 'Service voucher' or 'Titre-service/Dienstencheque' system in Belgium. In this report, the focus lies on the latter system. We consequently use 'service voucher system' as a term to refer to this Belgian system in this report (see e.g. (Michielsen, Willems, Nouwen, Jalhay, & Didden, 2013; Van Peteghem, Pauwels, & Ramioul, 2011).

Little attention is given to the consequences of these initiatives for the employees involved. Previous studies have shown a poor quality of work and over average health risks in domestic cleaning jobs. The quality of work consists of the 'employment conditions', the 'employment relations', the 'working conditions' and 'the job content' (Eurofound, 2013; Vandenbrande et al., 2012). The first refers to all contractual arrangements between the employers and the employees (e.g. working time arrangements, contract duration). The second encompasses the relations between the stakeholders involved (e.g. social support from the employer, collective bargaining). The third indicates the physical and psychosocial circumstances at the workplace (e.g. toxic exposure, heavy loads, awkward posture, and workload). The last refers to the kind of work and work methods used (e.g. autonomy, skill discretion). Similar to more general cleaning work, domestic work includes high exposure to humidity and chemicals (Fernández, 2011; Jungbauer, Van Der Harst, Schuttelaar, Groothoff, & Coenraads, 2004; OSHA, 2009). It is also physically very demanding, as it includes repetitive movements, often performed in poor ergonomic circumstances (Kumar & Kumar, 2008) with low control over the work tasks, working times and the work environment (Kumar & Kumar, 2008; OSHA, 2009). Tasks are also very monotonous, with scarce opportunities for personal development. Moreover, domestic work is very often performed without co-workers (Ahonen et al., 2010) and wages are generally lower than in most other occupations. The job insecurity is also high and full-time work is scarce (Abbasian & Hellgren, 2012; Ahonen et al., 2010; Kumar & Kumar, 2008). The adverse quality of work in domestic cleaning jobs is clearly related to elevated health risks among the employees involved. A literature review of 35 studies revealed that cleaning jobs are related to dermatologic diseases, respiratory diseases and musculoskeletal

disorders, associated to both physical (e.g. awkward postures, prolonged standing) and psychosocial (e.g. monotonous work) stressors (Charles, Loomis, & Demissie, 2009).

Moreover, the most vulnerable groups in society are overrepresented in these domestic cleaning services that are characterised by low job quality: women, lower-skilled persons, immigrants and persons possessing two or more of these vulnerable social characteristics. Women are overrepresented in domestic work, because the sexual division of reproductive labour in the home interacts with - and reinforces - the sexual division of the labour market. This generally results in lower quality employment among women (Glenn, 1992). This is particularly true for the lower-skilled. Therefore, lower-skilled female workers tend to be overrepresented in domestic cleaning work, because of their restricted labour market opportunities. In addition, especially immigrants or individuals belonging to an ethnic minority group are directed to these jobs due to a combination of economic need and restricted opportunities (Glenn, 1992, Liladrie, 2010).

At the same time, previous studies have argued that women, lower-skilled individuals and immigrants report more physical and mental health problems. A possible explanation – among a series of other causes – for these social health inequalities is the overrepresentation of women, lower-skilled individuals and immigrants in informal work, unemployment and/or jobs with a poor quality of work. Moreover, it is important to consider the intersection between these three axes of social inequality because gender, skill-level and immigrant background often reinforce one another to produce health inequalities (Viruell-Fuentes, Miranda, & Abdulrahim, 2012).

It can be expected that the high investments that some European member states have made to encourage initiatives for domestic service work have an impact on the prevalence of informal work and unemployment among vulnerable workers, and can consequently improve the health of these workers. We assume however, that the extent to which these initiatives are positive for workers' health largely depends on the levels of job quality attained. More specifically, it is expected that the expansion of the service voucher system can both negatively and positively influence the health of the workers engaged, depending on the quality of the created jobs. Because service voucher workers are recruited from the most vulnerable socio-economic groups in society, positive or negative effects on health inequalities might also predominantly depend on the quality of work in service sector occupations.

Starting from the objective of reducing health inequalities in society, the purpose of this report is to reflect on how European initiatives to stimulate growth in domestic services employment can at the same time become a tool for reducing health inequalities by improving the socio-economic situation and employment situation of vulnerable groups of workers. Hereto we (1) perform a case study on the quality of work in the Belgian service voucher system. This system is an example of a popular initiative that aims to create jobs for vulnerable groups in the domestic service sector. (2) We reflect on how informal work, unemployment and the quality of work relate to health, and (3) based on the conclusions from objective 1 and 2, we reflect on how the service voucher system can become a tool to reduce gender, educational and ethnic inequalities in health by offering an alternative to informal

employment and unemployment. Special attention will be paid to the quality of work in the system as a crucial condition to comply with this objective.

This report consists of five main parts. First, we shed light on initiatives to encourage domestic work in France, Germany, The Netherlands and Belgium and we explain why the Belgian system was the most appropriate to investigate. Secondly, we assess the quality of work in the service voucher system by conducting a case study. Thirdly, we discuss how informal work, unemployment and the quality of work relate to health, and we apply this knowledge to the service voucher system to discuss how it can become a tool to reduce health inequalities. Fourthly, we draw on four fictional scenarios to come to a general conclusion. This conclusion reflects on how the service voucher system can provide a healthy job to vulnerable workers and on how in doing so, it may contribute to decreasing health inequalities in society. Fifthly, we formulate recommendations for policy makers, the companies and the customers in the service voucher system, in order to make this policy scheme into a *better tool* to reduce health inequalities. These recommendations can also be a useful to other European governments wanting to introduce a similar system or for those aiming to improve their system.

2 European initiatives for domestic service work

In France, domestic service work is paid for with service cheques (Chèque Emploi Service Universel (CESU)). The goal of this system is to simplify the process regulating domestic services and to make sure domestic workers' social security contributions are paid for (CESU, 2013a). The domestic worker receives a wage of at least 110% of the minimum wage. Customers can either buy the cheques themselves (declaring cheques) or they can receive them as a fringe benefit from their employer (pre-financed CESU's) (Cncesu, 2014).

In the Netherlands a system was created to formalise domestic services. Within this system the domestic worker is considered to be self-employed, with a maximum of three days a week per customer (Rijksoverheid, 2013). The customers' engagement towards the domestic worker is limited to the wage payment; the payment of an additional 16% of the hourly wage in order to save for paid holidays and the payment of 70% of the wage in case of illness for the first six weeks (Rijksoverheid, 2013). However, these payments (especially the payment of wage during illness) are not always respected (FNV Bondgenoten & ABVAKABO FNV, 2012).

The German 'Haushaltsscheck' for domestic work forms part of the mini-job system. The aim of the system is to decrease illegal work by creating a legal framework for domestic work. This system allows people to earn an additional income⁵. In this system, employees are exempt from tax payments, making it an interesting scheme to acquire an additional income. Customers are eligible for a tax reduction of 20% of the total costs through their annual tax return (Die Minijobzentrale, 2010; Minijob-zentrale, 2013).

The 'service voucher system' in Belgium is an example of a system that uses subsidised vouchers for domestic work. The system is organised through a triangular employment relationship between the employer, the customer buying the vouchers and the employee. Customers can buy the vouchers from a central private sector agency, which is not the employer (Sodexo) for €9/voucher⁶. Subsequently, customers can use the voucher in exchange for one hour of domestic help. In this triangular relationship, both the employees providing service work and the customers are contracted by a 'service voucher company'. The latter acts as an intermediary between the customer and the domestic worker and is responsible for, among others, the payment of the wages, the social contributions, the working hours, and securing health and safety in the work environment (RVA, 2013a).

Several types of organisations can provide domestic help through the service voucher system: (1) private for profit organisations (e.g. temporary employment agencies); (2) private non-profit organisations and (3) public non-profit organisations (Pacolet, Wispelaere, & Cabus, 2010). Moreover, service voucher employees are covered by several Joint Committees⁷. As the service voucher system is subsidised by the Federal State, the employing agency receives

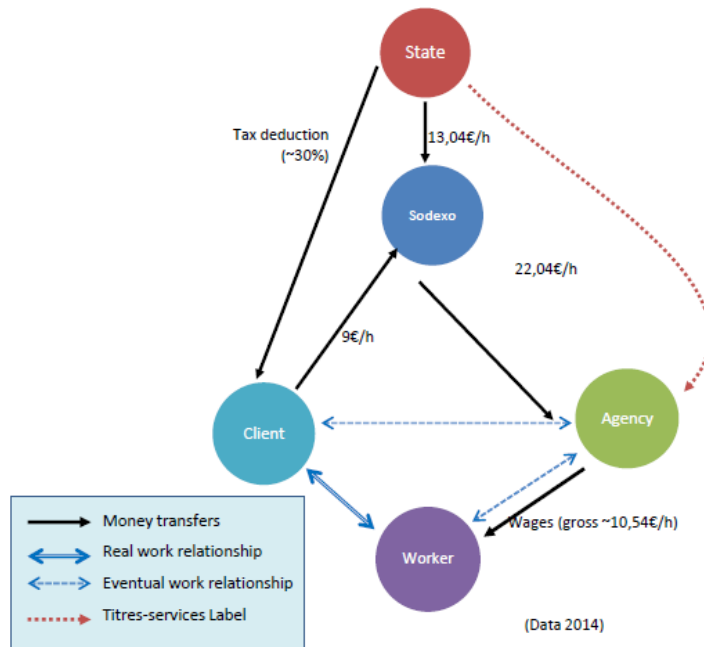
⁵ It is also possible in Germany to perform domestic work as a main job, but the domestic worker is then situated under the Niedriglohn or Midijob-jobs system (Minijob-Zentrale, 2013).

⁶ Price of a service voucher (1/1/2014).

⁷ In Belgium, Joint Committees function as a consultative body between employees and employers aimed at social dialogue. In the Joint Committees collective agreements are made, social disputes are prevented or settled, and advice is prepared for the government, the National Labour Council or the Central Economic Council (Michielsen et al. 2013, 21). Service voucher employees mainly work under the Joint (sub-) committees JsC 322.01 and JsC 318.02.

an amount of €22.04/voucher from the National Employment Office (RVA). This amount covers all the expenses, including the employees' wage and social security payments (RVA, 2013a, 2013b). With a contribution of €13.04/voucher from the Federal State, this system is strongly subsidised by the Belgian Federal Government (RVA, 2013a).

Figure 1: The actors within the service voucher system (Camargo 2015⁸)



2.1 Employee protection in the four initiatives

When comparing these four systems, there are reasons to believe that the Belgian system is the most beneficial for the employees.

Compared to the Belgian initiative, the French system is not organised by a triangular employment relation, meaning that there is no intermediary between the customer and the domestic worker. Secondly, a contract is not always necessary⁹ (CESU, 2013a, 2014). In addition, the domestic worker is responsible for the administrative issues related to her/his employment¹⁰ (CESU, 2013b, 2013c). Moreover, the working times, the organisation of holidays and the job content are all based on the mutual consent between the customer and the worker.

⁸ Camargo (2015), From personal to triangular? The (un)changed formalization of live-out domestic worker relationships in Brussels. Presented at: The international workshop: employment relationships in migrant domestic work: a transnational perspective. Brussels, 16/1/2015.

⁹ A written contract is not obligatory when the domestic worker works less than 8 hours a week or 4 weeks in a row for the same customer.

¹⁰ The CNCesu will calculate the extra social security that needs to be paid by the customer and will debit the customers' account with both the wage and the social security. The Cncesu will send a statement to the service worker, who has the responsibility to check all the details (CESU, 2013c).

The Dutch system also provides less legal protection for its employees, compared to the Belgian system. There is also no intermediary between the customer and the domestic worker and neither is a written contract mandatory. Like in the French system, in this case the practical and administrative arrangements are also the responsibility of the domestic worker. Here too, there is no legal framework regulating the job content, which is instead based on mutual agreement between the domestic worker and the customer (Regeltante, 2013; Rijksoverheid, 2013). Moreover, the social security contribution is voluntary, i.e. unless the domestic worker pays approximately 44% of the hourly wage as a social security contribution, he/she will not be entitled to social security benefits (old age pension, unemployment benefits, health insurance and disability pension) (Rijksoverheid, 2013). Because contributions are relatively high, not all domestic workers pay this contribution resulting in sub-optimal social protection (FNV Bondgenoten & ABVAKABO FNV, 2012).

Contrary to the Belgian system, in the German system workers can maximally earn €450¹¹ net/month. Furthermore, their wage and the job content are based on mutual consent between the domestic worker and the customer (Die Minijobzentrale, 2010, 2013). Additionally they are not entitled to unemployment benefits for their working time within the Haushaltsscheck-system because they do not build social security rights in the system (an accident insurance is taken care of by the Minijob-zentrale¹²). Moreover, the role of the Minijob-zentrale is limited and the customer pays the wage directly to the domestic worker.

Based on what we know about similar systems in other European countries, we can argue that the legal framework in Belgium is more comprehensive. Domestic workers in the service voucher system have full social insurance through the system itself and they can rely on an intermediary (the company) for support. Companies are for example responsible for the wage payment, they can organise trainings, determine the job content, organise social activities, provide replacement work if customers cancel. They are also responsible for administrative issues and they can act as a mediator in case of conflicts. However, previous studies have reported some issues related to the quality of work in the sector (e.g. a high amount of part-time work, low wages, and some companies do not provide their employees with the necessary support). Nevertheless, given the strong regulation of the Belgian service voucher system, it is particularly interesting to investigate how it can become a tool to reduce health inequalities.

¹¹ In this summary we will only highlight regulations from 01/01/2013 onwards.

¹² Minijob-Zentrale provides information for employers and employees and deals with the calculation and the collection of taxes, as well as the payment of the accident insurance.

3 Case study: The quality of work in the Belgian service voucher system

3.1 Introduction

Upon introduction of the service voucher system in 2004, Belgian authorities had four aims: (1) to increase the employment rate, with special attention to vulnerable groups; (2) to combat informal work; (3) to satisfy people's needs in terms of domestic help; and (4) to support economic growth by introducing new activities to the market (Pacolet et al., 2010).

Since the introduction of the system, the number of customers and employees has grown. The number of Belgian individuals using service vouchers increased from 98,814 in 2004 to 899,558 in 2012. This means that in 2012, approximately 20% of the Belgian families made use of the services provided by the service voucher system. The number of employees in the system increased from 61,759 (in 2006) to 151,137 (in 2012) (Idea consult, 2013).

Most studies investigating the service voucher system have focused on the systems' financial objectives (e.g. its economic gains and costs), without considering the quality of work of the created jobs. Therefore, the objective of this study is to assess the quality of work in the service voucher system.

This case study seeks to examine (1) to which extent and (2) how policy makers take the quality of work in the service voucher system into account; but also looks into (3) what previous research teaches us about the quality of work in the service voucher system and (4) how domestic workers in the service voucher system perceive the quality of their work themselves. We pay special attention to the differences between immigrants and natives.

This case study consists of two main parts. We first assess which issues related to the quality of work have been addressed most often in parliamentary debates. Secondly, we investigate what is known about the quality of work in the service voucher system, based on an analysis of the parliamentary debates, the legislation regulating the service voucher system (i.e. Law¹³ and Royal Decree¹⁴), the collective agreements relevant to the sector¹⁵, previous research and in-depth interviews with service voucher employees. This study starts by describing the 'quality of work' concept, it then goes on to the applied methodology, subsequently it presents the research findings and lastly it formulates the main conclusions.

3.2 The quality of work

Several models have conceptualised the quality of work (e.g., (Eurofound, 2012; Holman & McClelland, 2011; Muñoz de Bustillo, Fernández-Macías, Antón, & Esteve, 2009; Vandenbrande et al., 2012; Vets, De witte, & Notelaers, 2009). Most approaches have

¹³ The Law of the 20th of July 2001 for the improvement of neighbourhood services and job (BS 11.08.2001)

¹⁴ The Royal Decree of the 12th of December 2001 concerning the service voucher system (BS 22.12.2001).

¹⁵ ACLVB. (2013). CAO-Bundel gezinszorg-JsC 318.02 and ACLVB. (2014). Cao-bundeling. Paritair subcomité voor de erkende ondernemingen die buurtwerken of -diensten leveren.

emphasised: (1) that the quality of jobs is characterised by multiple components and (2) that an analytical distinction exists between ‘intrinsic job characteristics’ and ‘employment characteristics’ (Eurofound, 2012, 2013; Vandenbrande et al., 2012).

The model used in this report (see Figure 2) is inspired by the conceptual framework of Eurofound (2013). According to this conceptual framework, the quality of work consists of two major components: the ‘quality of employment’ and the ‘intrinsic job characteristics’. The ‘quality of employment’, is composed of the ‘employment conditions’ and the ‘employment relations’. The ‘intrinsic job characteristics’ consists of ‘the working conditions’ and the ‘job content’. Both the ‘quality of employment’ and the ‘intrinsic job characteristics’ have an impact on worker outcomes, such as job satisfaction, health and well-being (Eurofound, 2013).

Figure 2: Conceptualising the quality of work¹⁶

The quality of work

A) Quality of employment

A1) Employment conditions

- Contract security
- Income and rights
- Working time
- Training
- Employability

A2) Employment relations

- Personal relations with
 - Employer(s)
 - Customers
 - Colleagues
- Employee representation

B) Intrinsic job characteristics

B1) Working conditions

- Physical demands
- Psychosocial demands

B2) Job content

- Autonomy
 - Meaningfulness of work
-

In this report, the employment conditions refer to the agreements between employees and their employer concerning the organisation of employment (e.g. contracts, income, fringe benefits, social security rights, working hours, training and employability) (Eurofound, 2013; Vets et al., 2009). The employment relations concern the formal relations, i.e. employee representation (such as collective bargaining processes), and the informal relations between

¹⁶ Inspired by Eurofound, 2013.

the parties involved, i.e. employers, supervisors, colleagues and customers (Eurofound, 2013; Vandenbrande et al., 2012; Vets et al., 2009).

The working conditions refer to the physical (e.g. toxic substances, physically demanding work) and the psychosocial characteristics of work (e.g. workload) (Eurofound, 2013; Vandenbrande et al., 2012; Vets et al., 2009). The job content concerns the intrinsic nature of work tasks (e.g. variety, complexity), the work methods used, and whether the employees have control over their work (Eurofound, 2013; Holman & McClelland, 2011; Karasek et al., 1998; Vandenbrande et al., 2012; Vets et al., 2009).

3.3 Methodology

For the objectives of the case study, parliamentary debates, previous research and in-depth interviews with service voucher employees were analysed.

Quantitative content analysis of parliamentary debates. To determine to which extent (i.e. how often) the quality of work is taken into account by policy makers, 176 written and 179 oral parliamentary questions that were gathered on 11th June 2014 and 12th June 2014, were analysed. We used ‘service sector’ and ‘cheque’ as search terms in order to select relevant parliamentary documents from the search engine on the website of the Belgian Chamber of Representatives¹⁷. This website collects all parliamentary questions and debates (oral and written). All parliamentary questions and sub-questions were analysed through thematic, quantitative content analysis (Wester, 2006). Text fragments were coded at the lowest level and different codes were aggregated to analyse units on a higher level. In that way, each (sub-)question was given one or more codes. The parliamentary questions were coded both inductively and deductively. A code tree (i.e. a hierarchical arrangement of codes) was constructed based on the quality of work concept (deductive analyses). This code tree was also used for the deductive analyses of the other data gathered for this study. In addition, this code tree was extended to topics that were mentioned in the data (inductive analyses) (Wester, 2006). This procedure was applied to investigate how often themes related to the quality of work and other themes were addressed in the parliamentary debates during the period 2000-2014.

Qualitative content analysis of parliamentary debates and legislation. To assess how the quality of work in the service voucher system has been taken into account by policy makers (i.e. the content of the debate), the same parliamentary questions as those gathered for the first objective were analysed. This material was complemented by the legislation regulating the service voucher system (i.e. Law¹⁸ and Royal Decree¹⁹), and by the collective agreements relevant for the sector²⁰. The parliamentary questions and the legislation were coded deductively using the quality of work concepts’ sub-dimensions (Bernard & Ryan, 2010).

¹⁷ <http://www.dekamer.be>

¹⁸ The Law of the 20th of July 2001 for the improvement of neighbourhood services and jobs (BS 11.08.2001).

¹⁹ The Royal Decree of the 12th of December 2001 concerning the service voucher system (BS 22.12.2001).

²⁰ ACLVB. (2013). CAO-Bundel gezondheidszorg-PsC 318.02 and ACLVB. (2014). Cao-bundeling. Paritair subcomité voor de erkende ondernemingen die buurtwerken of -diensten leveren.

Review of the literature. To further investigate what previous research teaches us on the quality of work in the service voucher system, previous studies investigating the quality of work in the service voucher system were consulted, using ‘Web of Science’. Additionally, ‘Google’ was consulted in order to search for grey literature. The literature study includes all literature found and published before the 8th of September 2014. Studies published later were not included in the analyses. We used the following terms: ‘evaluation service voucher system’ and ‘service voucher system employees’ in English, French and Dutch. Of all the studies found, only the studies published after 1st of January 2007 that (partly) investigated the quality of work, were kept for the analyses. Additionally, we looked for interesting references in these studies. The internet search using the web of science did not deliver relevant studies. The 24 studies that were kept for analyses were coded deductively (using our code tree, based on the concept of the quality of work).

Qualitative study of workers’ perceptions. To investigate how service voucher employees perceive the quality of their work themselves, in-depth interviews with 40 native and immigrant (born in a foreign country) service voucher employees were conducted (table 1). In order to guarantee the diversity of the sample, we contacted the employees through different service voucher organisations, trade unions and occupational physicians. We conducted the interviews between September 2012 and October 2014 in the interviewee's home or in another quiet place chosen by the respondent. The length of the interviews varied from 37 to 101 minutes. Interviews were digitally recorded, transcribed verbatim and subsequently read-through several times. The interviews were coded deductively (through our code tree based on the concept of the quality of work). In order to include all relevant topics in our analyses, the code tree was further complemented with other relevant topics that were mentioned in the interviews (inductive analyses) (Bernard & Ryan, 2010). Interviews were conducted in English (3), but also in Dutch (21) and French (17). Therefore, most quotes in this report were translated. An ethical approval was obtained for this part of the study.

The coding process for the case study was done using NVIVO 10TM software.

Table 1: Characteristics of the respondents

Respondent	Country of birth	Age	Company (JsC)	Years in Belgium	Civil status
A1	Chechenia	50-54	Private (JsC 322.01)	5-9	Married
A2	Belgium	25-29	Private (JsC 322.01)	Not applicable	Cohabiting
A3	Belgium	55-59	Private (JsC 318.02)	N.A.	Married
A4	Morocco	55-59	Public non-profit (JsC unknown)	35-39	Married
A5	Poland	40-44	Private (JsC 322.01)	15-19	Single
A6	Belgium	20-24	Private (JsC 318.02)	N.A.	Cohabiting
A7	Belgium	30-34	Private (JsC 322.01)	N.A.	Married
A8	Belgium	30-34	Private (JsC 322.01)	N.A.	Married
A9	Belgium	50-54	Private (JsC 322.01)	N.A.	Married

A10	Moldavia	20-24	Private (JsC 318.02)	0-4	Married
B1	Poland	40-44	Private (JsC 322.01)	15-19	Cohabiting
B2	Romania	30-34	Private (JsC 322.01)	0-4	Married
B3	Morocco	30-34	Private (JsC 322.01)	5-9	Engaged
B4	Morocco	30-34	Private (JsC 322.01)	5-9	Married
B5	Morocco	50-54	Private (JsC 322.01)	5-9	Divorced
B6	Morocco	60-64	Private (JsC 322.01)	5-9	Single
B7	Angola	30-34	Private (JsC 322.01)	5-9	Single
B8	Congo	35-39	Private (JsC 322.01)	10-14	Cohabiting
B9	Morocco	30-34	Private (JsC 322.01)	5-9	Married
B10	Morocco	35-39	Private (JsC 322.01)	0-4	Married
B11	Morocco	35-39	Private (JsC 322.01)	5-9	Single
B12	Ghana	25-29	Private (JsC 318.02)	10-14	Cohabiting
B13	Congo	30-34	Private (JsC 318.02)	5-9	Cohabiting
C1	Belgium	20-24	Private (JsC 322.01)	N.A.	Cohabiting
C2	Belgium	25-29	Private (JsC 322.01)	N.A.	Married
C4	Belgium	45-49	Private (JsC 322.01)	N.A.	Married
C5	Belgium	25-29	Private (JsC 322.01)	N.A.	Married
C6	Belgium	25-29	Private (JsC 322.01)	N.A.	Cohabiting
C7	Belgium	20-24	Private (JsC 322.01)	N.A.	Cohabiting
C8	Belgium	40-44	Private (JsC 322.01)	N.A.	Married
C9	Romania	40-44	Private (JsC 322.01)	5-9	Married
C10	Belgium	20-24	Private (JsC 322.01)	N.A.	Cohabiting
C11	The USA	40-44	Private (JsC 322.01)	5-9	Married
C12	Morocco	45-49	Private (JsC 322.01)	10-14	Single
C13	The USA	30-34	Private (JsC 322.01)	0-4	Married
C14	Romania	30-34	Private (JsC 322.01)	0-4	Married
C15	Morocco	35-39	Private (JsC 322.01)	5-9	Married, lives alone
C16	The Netherlands	50-54	Private (JsC 322.01)	0-4	Single
C17	Belgium	50-54	Private (JsC 322.01)	N.A.	Single
C18	Ukraine	25-29	Private (JsC 322.01)	5-9	Married

N.A. – Not Available; JsC – Joint (sub) Committee

3.4 Results

3.4.1 The quality of work as addressed in parliamentary questions

Table 2 shows how often quality of work-related topics and other subjects were mentioned in the parliamentary questions. While questions related to the employment conditions appeared frequently, the employment relations, the working conditions and the job content were not or scarcely mentioned in the parliamentary debates.

Table 2: The topics mentioned in the parliamentary questions

Topics	Frequency oral questions	Frequency written questions
Companies	61-80	21-40
Sodexo	21-40	<20
Customer	121-140	81-100
Reaching the goals (e.g. job creation, combating informal work, activation of the unemployed)	81-100	101-120
Finances of the government	61-80	<20
Evolution of the system (e.g. number of sold/used voucher, number of new companies)	21-40	141-160
Legislation changes in 2013	61-80	61-80
Expansion of the system	61-80	<20
Fraud, control and sanctions	61-80	141-160
Employees	121-140	121-140
- Health ²¹	0	18
- Discrimination	2	16
- The quality of work (general)²²	22	16
o Employment conditions	107	66
o Employment relations	7	5
o Working conditions	0	1
o Job content	0	0

3.4.2 The quality of work in the service voucher system

In what follows we describe how each (sub-) dimension of the quality of work was considered by policy makers, what previous research has demonstrated, and how this quality of work is perceived by domestic workers employed in the service voucher system. This section is subdivided according to the above-mentioned dimensions of the quality of work: employment conditions, employment relations, as well as the working conditions and the job content. However, the information originating from the different sources of data outlined above

²¹ Health questions were mostly about absenteeism.

²² In these questions it was not clear which quality of work-dimension was referred to.

(parliamentary and legislative documents, previous studies and the in-depth interviews with workers) is discussed simultaneously.

3.4.2.1 Quality of employment – Employment conditions

Contract security

When the service voucher system was introduced, rules were defined to guarantee the stability of the employment contracts, but considering the fact that the vagueness of these rules facilitated abuses, the law became stricter in 2009. As of the introduction of the system in 2004 until the 1st of September 2009, the employer had to *offer* a contract of unlimited duration after six months to employees receiving additional social benefits²³ (the so called category A) and after three months to all other employees (category B²⁴). In practice however, it was very difficult to control whether the employer truly *offered* the employee a contract of unlimited duration after the defined period. It is stated in the parliamentary debates that the lack of control resulted in a high amount of short-term contracts, mainly among employees employed through temporary employment agencies. Evaluation studies have shown that in 2008, the average number of contracts given by temporary employment agencies was 19.4, while non-profit companies gave on average 1.3 to 1.5 contracts per employee (Idea consult, 2009)²⁵. This practice was heavily criticized in parliamentary debates:

‘It remains problematic that the temporary agency sector makes use of day and week contracts. This results in something like ‘hamburger jobs’ that don’t form a stepping-stone or lead to the possibility to acquire a full contract’²⁶.

As of the 1st of September 2009, a contract of limited duration is automatically replaced by a contract of unlimited duration after three months, in order to combat the high number of short-term contracts in the segment of temporary employment agencies.

Since the legislation became stricter, the average number of contracts per employee decreased (see figure 3) (Economische en sociale raad, 2014), however, differences between types of companies remain. Evaluation studies have shown that the average number of concluded contracts per employee-year is between 0.3 to 0.7 in the public sector, while it is 1.5 in private companies and 3.9 in the temporary agency sector (Idea consult, 2012). Research has also revealed that inequalities exist according to nationality. Service voucher employees with a non-EU nationality receive more contracts of limited duration. Research has shown that the average number of concluded contracts per employee is 1.4 for an employee with the Belgian

²³ Some service voucher employees are entitled to receive unemployment benefits or other financial benefits in addition to their wage. For this group (the previous category A), legislation is sometimes slightly different.

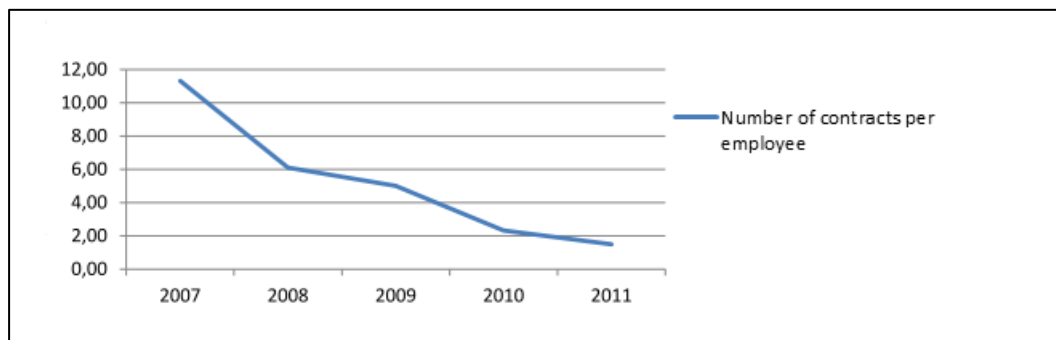
²⁴ The category B consist of service voucher employees that receive no unemployment benefits or other financial benefits in addition to their wage.

²⁵ In this study we will often refer to the reports of IDEA consult. These are evaluation studies conducted by IDEA consult by order of the Belgian federal government to evaluate the service voucher system. As the topics in these reports vary year by year we sometimes refer to less recent reports.

²⁶ Kamer Van Volksvertegenwoordigers (House of Commons), parlementary request nr. 6297 from H. Bonte, Verslag van de 2de Kamerzitting van de 52ste zittingsperiode dd. 01.07.2008, CRIV 52 COM 281.

nationality, 1.5 for those with a EU27 nationality and 2.4 for employees with a non-EU27 nationality (Idea consult, 2012).

Figure 3: Evolution of the average number of contracts per employee²⁷



Income and rights

Income. The investigation of the wages in the service voucher system has shown that wage differences exist between employees in the public sector and those in the private sector, with employees in the former sector having higher earnings. Moreover, in the private sector, wages are different depending on the Joint sub-Committee (JsC)²⁸.

In addition to these legal wage differences, wage-inequalities exist according to age and nationality. Previous research has reported that the average daily wage²⁹ is lower for service voucher employees younger than 30 (years) and for those older than 60 (years). Almost 40% of the employees younger than 30 earn a wage that is lower than €70/day, while 35% of the service voucher employees older than 60 fall into that wage category. For service voucher employees between the ages of 30 and 59, this is only 28% (Idea consult, 2010). Evaluation studies have also found that the average daily wage is higher among Belgian service voucher employees compared to those with a foreign nationality: 57% of the Belgian employees have an average daily wage of more than €70, while 46% of the service voucher employees with a EU27 nationality and 48% of those with a non-EU27 nationality are situated in that wage category (Idea consult, 2010). These reports did not inform us on the cause of these wage-inequalities, but one possible reason for the inequality between immigrants and natives can be the underrepresentation of immigrants in the public sector, where wages are higher (Idea consult, 2012).

Employers have argued in previous qualitative research that the wage of the employees in the service voucher system is sufficient, certainly when employees work full-time, but evaluation

²⁷ Economische en Sociale Raad, 2014

²⁸ Employees working under the JsC 322.01 start with a gross hourly wage of €10.28. This hourly wage increases with seniority: €10.69 after one year, €10.82 after two years and €10.93 after three years (ABVV, 2014). The gross hourly wage of employees working under the JsC 318.02 is slightly higher: they start with €10.66, increase to €11.28 after one year, and to €11.42 after two years (ACLVB, 2013). The increase of the hourly wage is limited after 3 year for service voucher employees covered by the JsC 322.01 and after 2 year for service voucher employees working under the JsC 318.02 (ACLVB, 2013, 2014)(ACLVB 2 CAO's). On average, evaluation studies reveal that the daily wage of service voucher employees has increased over time: from €8.76 in 2004 to €10.82 in 2012 (Idea consult, 2013).

²⁹ The daily wage indicates the gross wage of an employee that has worked full-time during one day.

studies have shown that this is only the case for 10.1% of the service voucher employees (Idea consult, 2013; Vorm DC, 2011a). In our interviews and in previous evaluation studies, employees have reported that full-time work is often not possible because of the high physical demands that characterise domestic work. In addition, they have revealed that a full-time job is too difficult to combine with family-related demands and that the wage difference barely compensates the extra cost of childcare (Idea consult, 2012).

Previous research has shown that 62% of the service voucher employees is satisfied with their salary (Idea consult, 2012), but our interviews illustrate that the degree of satisfaction is determined by several (external) factors. Some informants indicated that they were satisfied because they consider their income as being complimentary to that of their partner. They recognise that their wage is rather low, but at the same time they are proud to contribute to the family income and of the fact that their wage provides them a certain level of financial independence. Single women and single mothers that cannot rely on any buffer have reported that their salary is not sufficient to live a financially comfortable life:

‘At the moment my bank account is empty. I only have there: €60 (looks at the fridge where some money is hanging up with a magnet) until the end of the month and today is 22nd so there is one week left’. (B1)

Some immigrant informants have stated that working in the service voucher system is their only opportunity to financially stand on their own (albeit shaky) feet. Some women had to escape a vulnerable family situation. These women had no other choice than to accept this work, even if they cannot live comfortably with their wage.

Apart from the satisfaction rate, the wages in the service voucher sector are low compared to other sectors, which is regarded as being unjust by some of our informants. This is especially so given the physical load of the job. A previously conducted study has shown that in the last quarter of 2008, more than 70% of the service voucher employees had a daily wage of €70 to €80, while of all the Belgian employees only 9% found themselves in that (low) wage category (FOD Werkgelegenheid arbeid en sociaal overleg, n.d.). In the opinion of some respondents the wage is not proportional to the physical demands of the job:

*‘The salary is not sufficient for me. Because the gross wage is €10.99, I think and after deduction only €7 an hour remains. And then when you have worked for seven hours at a house and you calculate after a hard day’s work, and you start thinking that it was only €7*7, you are disgusted³⁰’.* (B8)

In our interviews, concerns have been reported about the fact that the wages in the service voucher system stop increasing with seniority after two (JsC 318.02) or three years (JsC 322.01) (ACLVB, 2013, 2014):

‘So, the wage you will receive in ten years will remain equal to what it is now? The same, I need to wait for the index. And you think that is a negative point? Yes, in fact [...] you have nothing to motivate you. After a while you remain in the same position...especially after seven years. You are like ‘well this is it?’ (A7)

³⁰ We do not know whether this calculation is correct. Detailed information about wages in the service voucher system can be found in a previous footnote.

The parliamentary debates indicate that policy makers recognise that the wages in the sector are low, but the debates are not always conducted in terms of ‘improving the employees’ living standard’. Rather, the debates are mainly conducted in terms of what they call ‘the unemployment trap’, i.e. how the system can be made financially attractive for the unemployed³¹.

Apart from the paygrade, some bottlenecks endanger the stability of the wages in the service voucher system. First, research has revealed that some companies pay their employees irregularly, for example only after receiving the vouchers from the customers (Peeters, Van Pelt, & Valsemis, 2009). Secondly, our interviews have shown that companies often apply illegal practices when demands for domestic help are low. Normally service voucher employees have a fixed term contract, with a fixed number of hours and a fixed wage. However, in our interviews it has been stated that some employers compel the employees to exchange their contract into one with less hours when their fixed customers leave the company and no other customers can be found. Consequently, employees are obligated to work fewer hours and they earn a lower wage.

‘Normally I have a 36 hour contract, he wants to change it because there are no customers, “there is not enough work so we have a new contract for you”.’ (C15)

According to legislation, the employee cannot be obligated to sign another contract (ABVV, 2013), but few employees are aware of their rights. Our interviews revealed that this practice is also applied after maternity leave, when the employer has to find new customers for the employee. This creates a very unstable financial situation for women after their maternity leave. Relatedly, wage stability can also be threatened through an inverse mechanism. While the employees in our interviews are encouraged to sign a new contract when they lose working hours, the opposite often happens when they work extra hours. Legally, employees can claim an adapted contract if they work one extra hour a week over a continued period of three months (ABVV, 2013). Employees are however not always aware of their rights. Employers on the other hand, do not always propose to adapt the number of hours in the contract, which enables them to cancel the extra hours later on if necessary. Third, wage stability becomes endangered when a customer cancels the assignment. Legally, it is the responsibility of the company to provide other work for the service voucher employees when the customer cancels. When no other work is available, the service voucher company should pay the employee. In practice however, one of the evaluation studies showed that 14.5% of the employees say that they have been compelled to take a leave and 18.6% state not to have been paid. The most frequently applied practice however, is temporary unemployment³², which is indicated to be enforced in case of cancellation by 21.7% of the service voucher employees (Idea consult, 2012). This problem was also put forward in a previously conducted

³¹ See for ex. Kamer Van Volksvertegenwoordigers (House of Commons), parlementary request nr. 2024 from K. Grosemans, Verslag van de 2de Kamerzitting van de 53ste zittingsperiode dd. 26.01.2011, CRIV 53 COM 106.

³² In Belgium, employees that are employed through an employment contract can become temporary unemployed if the demand for their work has temporarily decreased or is suspended. This is only possible under certain conditions (for economic reasons, bad weather or technical disturbances (only for blue-collar workers), force majeure, if the company closes during its annual leave or in case of a strike). Companies often apply this practice if customers cancel, but this is not legal. Consequently, the employees’ risk not to receive any unemployment benefits for these days. During days of temporary unemployment, employees also do not build up social security rights (<http://www.werk.belgie.be/>).

qualitative study (Michielsen et al., 2013). Employees are not always aware of the fact that they must be granted a fixed wage, even if customers cancel:

‘Does it often happen (that customers cancel)? Maybe two times a week. So it is difficult for you to know (your wage in advance)? Yes, yes, yes but it is like that in the service voucher system’. (B7)

Some employees have stated during our interviews that they receive another contract of unlimited duration or a supplement to their contract every week, depending on how many customers have cancelled. Consequently they do not know their wage in advance:

‘Do you have a contract of unlimited duration? Yes it is unlimited. It is a bit of a stupid system. It is an unlimited contract but I have to sign that contract every week anyway, because if you work for the service voucher system you have to go to people. For example, this week I work for those people, but maybe next week I won’t’. (A5)

These aforementioned illegal practices have been raised several times in parliamentary debates³³, but still appear to be a common practice to date.

The fact that companies take various and diverse measures to handle cancelled assignments also complicates control over employees’ payslips. Our interviews indicate that employers misuse the complexity that this creates to evade remunerating all the hours worked:

‘And for the payslip, honestly, I cannot do the calculations. If they steal hours or not, I don’t know. That is what happened with my first one (first employer). She took a lot of hours. I was not syndicated, so I didn’t even know’. (B5)

Moreover, the interviews show that it is mainly those who are financially the most vulnerable, often immigrant women, who are affected by this kind of fraud. The parliamentary debates discuss how some measures were taken in 2013 to combat the fraudulent practices exercised by some companies. However, some politicians think that these measures mainly protect the government against the financial fraud committed by some companies, rather than to guarantee wage stability:

*‘There are fraudulent service voucher companies that don’t pay their employees, but keep receiving money from the government. The alarm needs to sound quicker so that we can stop paying the companies when they do not carry out their duties, and not only with their debt towards the government in mind. The employees are more important’.*³⁴

Fringe benefits. The most important fringe benefit determined by the Social Paritary Committee³⁵ is the commuting allowance, but not all employees receive this mileage

³³ See for ex. Kamer Van Volksvertegenwoordigers (House of Commons), parliamentary request nr. 8678 from G. D’hondt, Verslag van de 4de Kamerzitting van de 51ste zittingsperiode dd. 08.11.2005, CRIV 51 COM 735.

³⁴ Kamer Van Volksvertegenwoordigers (House of Commons), parliamentary request nr. 17975 from Z. Genot, Verslag van de 4de Kamerzitting van de 53ste zittingsperiode dd. 25.06.2013, CRIV 53 COM 784.

³⁵ According to the Joint Committee, compensations are determined differently for transport between (1) the place of residence and the place of work and (2) different work-places. (1) Compensation for transport between the place of residence and the place of work: When public transport is used, 75% (JsC 322.01) or 80% (JsC 318.02) of the cost is refunded. However, service voucher employees in the JsC 318.02 have a free subscription for public transport if they have a fixed trajectory every working day. For displacements by car service voucher employees receive, for each day, 1/5 of 75% of the determined price of a weekly train ticket for that distance (JsC 322.01) or €0.22/km (JsC 318.02). The mileage allowance for service voucher employees going by bike is determined at €0.20/km (JsC 322.01) or €0.15/km (JsC 318.02). (2) Compensation for transport between different work-places: For displacements by public transport 100% of the subscription is

compensation correctly. Research from 2007 demonstrated that 7.3% of the service voucher companies state to only compensate the distance between workplaces, 24.9% only compensate the distance between place of residence and the place of work, while 67.3% state to compensate both (Idea consult, 2008). A more recent study showed that 83.5% of the employees confirm receiving a commuting allowance (Idea consult, 2012), but it is not clear whether this is for the transport between the place of residence and the place of work, the transport between workplaces, or both. In our interviews some employees have stated to be equally remunerated for commuting and for traveling between several workplaces during the day, while compensation in the second case needs to be higher. In the parliamentary debates some policy makers have emphasized that the compensations are not awarded (correctly). This is perceived as a problem given the fact that the system is heavily subsidised by the government³⁶. It has also emerged from our interviews that commuting allowances are used by service voucher companies as a way to bind good employees to their company.

‘Normally I wanted to change (to another company), but then I talked to the employer and she said “I will give you better advantages for the transport” and then yes, I stayed’. (A1)

Aside of the fact that commuting allowances are not always remunerated correctly, the commuting allowances for the displacement by car are considered to be low. Some interviewees, but also some policy makers³⁷, believe that it is insufficient to cover the cost. Besides, some policy makers have claimed that the compensation for service voucher employees is lower than it is in comparable sectors (for ex. home care).

Another problem is the fact that for some tasks related to the job, no compensation is determined. This is true for example when service voucher employees go to the company office to hand in their vouchers. A study by the socialist trade union indicates that 90% of their members do not receive a compensation for the travel distance, nor for the travel time taken to hand in the vouchers (Van Heetvelde & Neuprez, 2012).

Besides the commuting allowance, the end-of-year bonus is also arranged through the Joint Committee (if they have worked for 65 days in the previous year). Notwithstanding the fact that it is mandatory to give this bonus, an evaluation study showed that 14.4% of the employees do not receive it (Idea consult, 2012).

An evaluation study demonstrated that some employees receive fringe benefits that are not obligatory according to the Joint Committee: luncheon vouchers (45.8%), mobile phones (18.7%), gift vouchers (17.6%), refunding of phone costs (14.7%), hospitalisation insurance (10.1%), extra leave (4.6%), car insurance (3.2%), use of moto-/bicycle (1.9%), occasional

refunded. Service voucher employees using their own car receive €0.13/km for distances between 1 km and 15 km and €0.15/km if the distance is more than 15 km, in JsC 322.01. For service voucher employees working under JsC 318.02 this is €0.22/km independent of the distance. The mileage allowance for service voucher employees going by bike is determined at €0.20/km (JsC 322.01) and €0.15/km (JsC 318.02). Service voucher employees (JsC 322.01) also receive a compensation for the travel time between two work-places of €0.09/km, with a minimum of €0.57 for each displacement if the distance between the two places is more than 1 km and if there is less than two hours between the end of the first work task and the beginning of the second work task (CAO JsC 322.01).

³⁶ See for ex. Kamer Van Volksvertegenwoordigers (House of Commons), parliamentary request nr. 133578 from S. Vercamer, Verslag van de 4de Kamerzitting van de 53ste zittingsperiode dd. 16.10.2012, CRIV 53 COM 556.

³⁷ See for ex. Kamer Van Volksvertegenwoordigers (House of Commons), parliamentary request nr. 133578 from S. Vercamer, Verslag van de 4de Kamerzitting van de 53ste zittingsperiode dd. 16.10.2012, CRIV 53 COM 556.

use of a car (1.6%) and a company car (0.7%) (Idea consult, 2012). Our interviews have indicated that employees within the same company are treated differently in terms of extra advantages:

‘They give gift vouchers of €20 just like that the on your birthday. For some domestic helpers. I have seen that. But me, they never wished me a happy birthday, because I know that women didn’t like me a lot but I didn’t care’. (B8)

Social security rights. The main difference with informal work is that domestic workers in the service voucher system acquire social security rights similar to other employees in Belgium. This implies that they receive benefits in case of illness or after an accident and that they are entitled to unemployment benefits under certain conditions³⁸. Furthermore, they build up pension rights and are entitled to paid leave³⁹.

However, service voucher employees’ social security is sometimes endangered because of some practices conducted by their employer. First, the parliamentary debates and the interviews indicate that some employers do not pay their employees’ social security contributions correctly⁴⁰. Secondly, the earlier mentioned practice where employers assign the employees as temporarily unemployed when a task is cancelled decreases the employees’ holiday pay, because periods of temporary unemployment do not contribute to holiday pay⁴¹.

Our interviewees often do not know that these practices have an impact on their social security rights. This was true for some of the native women we interviewed, but mainly for the immigrant women who were not familiar with the Belgian system.

*‘She has explained to me that three month contracts are better for taking leave. Yes, I also don’t know how it all works, but it was better because, first she wanted to give me a contract of unlimited duration, but then she told me ‘Wouldn’t it be better for you to take contracts of three months. That is better, then you can stay at home during the holidays’. Because I take more leave than the others. **Do you have any idea how it impacts your social rights if you have three-month contracts every time?** No, I’ve left it to her because she thought it was best’.* (C2)

Working time

From the 1st of September 2009 onwards, legislation changed to improve working hour security in the service voucher system. According to the new legislation, companies are obligated to offer all their employees, after three months of employment, a part-time job equivalent to at least 1/3 of the working hours of a full-time job. For employees who are entitled to receive an unemployment benefit or other financial benefits in addition to their wage, this means that they should receive a contract of minimum 13 hours per week. For all

³⁸ They receive an unemployment benefit if they have worked a minimum number of days over a defined period. The minimum number of days and defined period is age dependent.

³⁹ In Belgium the number of days employees receive paid leave depends on the number of days they worked the year before. Some days of inactivity are also considered to be ‘working days’ (e.g. statutory holidays). (<https://www.socialsecurity.be>)

⁴⁰ Kamer Van Volksvertegenwoordigers (House of Commons), parliamentary request nr. 17975 from Z. Genot, Verslag van de 4de Kamezitting van de 53ste zittingsperiode dd. 25.06.2013, CRIV 53 COM 784.

⁴¹ Kamer Van Volksvertegenwoordigers (House of Commons), written parliamentary request from G. Gilkinet, dd. 07.04.2011.

other employees the minimum has been put at ten hours per week (ACLVB, 2009). In addition, the minimal working time is three hours per assignment for all employees (ACLVB, 2009).

Some policy makers have formulated critiques on these initiatives in the parliamentary debates. A first critique regarded the fact that this new rule hinders employees to combine the work in the service voucher system with another part-time job:

‘An employee that has a contract of 4.25 hours per week within the framework of the service voucher system, with next to it a contract of 27 hours, for example in a bakery [...] is now obliged to work at least 13 hours in the framework of the service voucher system. This is not always possible for the employee⁴²’.

Secondly, it was criticised that customers could not have domestic help for less than three hours per assignment anymore⁴³.

While these aforementioned critics comment on the decreased flexibility, others think that the system in its present form still insufficiently creates full-time employment. A study conducted by the socialist labour union in 2012 revealed that 10% of their members, working in the service voucher system, are employed through a full-time contract (Van Heetvelde & Neuprez, 2012). These results are in line with other research that has shown that, 10.1% of the service voucher employees works full-time, 25.2% works part-time and 64.8% works less than half-time (Idea consult, 2013).

The critiques on the low amount of full-time work are often refuted by arguing that women who work in the system prefer to work less than full-time themselves. Research has shown that 86.3% of the service voucher employees has ‘consciously chosen’ their contractual working hours and that 95.4% is satisfied to very satisfied with the working hours (Idea consult, 2012). In our interviews, family-related demands and the physical load of the job are emphasised as the most important reasons for working less than full-time. Informants have also indicated that they work less than full-time because of health-related problems or because they combine their job with courses, such as language classes (this was the case for immigrants).

However, some comments can be made concerning the argument that service voucher employees themselves prefer to work less than full-time. First, by emphasizing the employees’ conscious choice, it is neglected that some employees work less than full-time against their own will. Research has shown that 10% of the employees in the service voucher system would like to work more hours (Idea consult, 2012). Important in that regard are the differences according to nationality. An evaluation study revealed that 9.2% of the service voucher employees with a Belgian nationality would like to work more hours, while this is the case for 12.5% of those with a EU27-nationality and 17.4% of those with a non-EU27 nationality (Idea consult, 2012). Secondly, one might wonder what ‘consciously chosen’

⁴² Kamer Van Volksvertegenwoordigers (House of Commons), parliamentary request nr. 159 from S. Lahaye-Battheu, Verslag van de 2de Kamerzitting van de 53ste zittingsperiode dd. 23.11.2010, CRIV 53 COM 045.

⁴³ See for ex. Kamer Van Volksvertegenwoordigers (House of Commons), parliamentary request nr. 159 from S. Lahaye-Battheu, Verslag van de 2de Kamerzitting van de 53ste zittingsperiode dd. 23.11.2010, CRIV 53 COM 045.

means. One of the issues – as addressed in previous research (Michielsen et al., 2013) and by an informant in our study – are the long commuting times between customers, making it difficult to work more than 30 hours a week. Moreover, informants have stated that they ‘choose’ to work less than full-time due to the physical demands of domestic work. Others have argued that they ‘choose’ to work part-time because it is financially unattractive to work full-time, as the extra wage can barely compensate the cost of childcare. These employees in our interviews do indeed make a conscious choice to work less than full-time, but they have to make that conscious choice for reasons outside of their will. Thirdly, stressing the employees’ conscious choice contributes to a disregard of the fact that employers also benefit from the ‘scheduling flexibility’ of employees who do not work full-time. For example, an evaluation study demonstrated that employers try to change their employees’ schedules when customers cancel unexpectedly. This is difficult when the employee works full-time (Idea consult, 2009). Moreover, employers cannot always offer full-time work to (all of) their employees because of fluctuating demands (see earlier).

Training

Several parliamentary debates are devoted to the work-related health and safety training (henceforth referred to as ‘training’) of service voucher employees, resulting in several policies that encourage service voucher companies to organise training⁴⁴. The most important initiative is the introduction of a ‘Federal Training Fund’ in 2007. This is a yearly determined budget provided by the Federal government which provides the service voucher companies with a partial reimbursement of their training expenses. An evaluation study has shown that since its introduction, the number of employees that has been trained by means of the financial resources of the fund has increased (from 18.282 in 2008 to 40.106 in 2010) (Idea consult, 2013).

Notwithstanding the fact that the Federal Training Fund is the most important initiative encouraging service voucher companies to provide their employees with training, concerns exist about the utilisation of the fund and its functioning. First of all, take-up of the Federal Training Fund’s yearly budget is rather limited. Research has shown that in 2011 only 37.7% of the budget has been spent by the service voucher companies (Federale overheidsdienst werkgelegenheid, 2013). A study showed that mainly large service voucher companies make use of these budgets, while small companies do not easily find their way to the available provisions (Federale overheidsdienst werkgelegenheid, 2013). Secondly, an evaluation study demonstrated that for profit and non-profit companies differ in terms of their training efforts. In proportion to the total number of employees, the percentage of employees that receives training is smaller in private companies (11%), compared to non-profit companies (35%)⁴⁵. Third, a seminar conducted in 2008 has revealed that the Federal Training Fund only reimburses trainings with a strictly defined content (Steunpunt tot bestrijding van armoede bestaansonzekerheid en sociale uitsluiting, 2008). Indeed, in accordance with the legislation,

⁴⁴ For ex. Kamer Van Volksvertegenwoordigers (House of Commons), parlementary request nr. 6297 from H. Bonte, Verslag van de 2de Kamerzitting van de 52ste zittingsperiode dd. 01.07.2008, CRIV 52 COM 281.

⁴⁵ Own calculations based on figures from Idea (2012).

the Federal Training Fund only reimburses training that is directly related to the job. Following trainings are accepted: work attitude, dealing with customers, ergonomics, efficient work planning, safety and hygiene, as well as the use of Dutch, French and German at work⁴⁶. Since 2009, the Federal Training Fund also reimburses first-aid trainings.⁴⁷ A study among employers showed that the restrictiveness of the fund in terms of content eligible for training appears to be one of the most important reasons preventing employers from organising training (Vorm DC, 2014).

In Joint Committee (JsC) 322.01, additional initiatives were taken to increase the number of employees that receive training. These initiatives only extend to employees working under the JsC 322.01. The first initiative is the introduction of an additional Sectorial Training Fund, specifically for the JsC 322.01 in 2009 (different from the previously described Federal Training Fund). This fund is financed by employers' contributions and it was implemented to encourage companies to organise training and to provide them with the necessary support (Vorm DC, 2015). Since the 1st of September 2014 onwards, this fund reimburses the cost related to a maximum of 18 hours of training for new employees. These costs are only reimbursed if training is provided for a minimum of nine hours. A second initiative is the introduction of a rule that entitles new service voucher employees to at least nine hours of training since the first of July 2014⁴⁸ (ACLVB, 2014). A third initiative is the introduction of a collective training obligation. This means that for each full-time (or equivalent) contract, companies should allocate a training time of 12 hours to their employees⁴⁹.

The interest of policy makers and the Joint Committees in training is reflected by the increase in trained employees since the introduction of the system. An evaluation study showed that in 2011, 38.2% of the service voucher employees stated to have received training, compared to 19.1% in 2007 and 14.1% in 2006 (Federale overheidsdienst werkgelegenheid, 2013). The organised trainings mainly cover the necessary job-skills (cleaning, ironing, knowledge about cleaning products) (26%), the organisation of work (19%) and ergonomics (19%).

Notwithstanding the increased number of trained employees, a larger number of employees do not receive training. An evaluation study among service voucher employees revealed that 55.2% of those with a Belgian nationality, 71.6% of those with a EU27 nationality and 55.3% of those with a non-EU27-nationality report a lack of training opportunities. Besides, according to an evaluation study, 20.7% of the Belgian service voucher employees, 19.1% of those with a nationality of a EU27 country and 31.0% of those with a nationality from outside the EU27 indicated that they wished to receive additional training. The kinds of training that the employees want varies on their nationality. Those with a Belgian nationality mostly want first aid-training and training about safe and healthy work practises, while those with a EU27 nationality request language courses, first-aid and safe and healthy work practise training. Service voucher employees with a nationality of a non-EU27 country desire language courses and training about safe and healthy work practises (Idea consult, 2012).

⁴⁶ Koninklijk Besluit van 7 juni 2007 betreffende het opleidingsfonds dienstencheques (BS 11.07.2007).

⁴⁷ Koninklijk Besluit van 22 juli 2009 tot wijziging van het Koninklijk besluit van 7 juni 2007 (BS 05.08.2009).

⁴⁸ ACLVB (2014), CAO-bundeling paritair subcomité voor de erkende ondernemingen die buurtwerken of buurtdiensten leveren. PsC 322.01

⁴⁹ The number of employees in the company transformed to the number of full-time equivalents multiplied by 12.

In addition to the lack of training received by a large group of employees, barriers for the optimal implementation and application of training also remain at different levels. A first barrier is the fact that the health risks related to domestic cleaning jobs and the role of training in reducing these risks are still insufficiently recognized by policy makers, employers, but also by employees. The analyses of parliamentary discussions show that policy makers mainly conduct the debate about training in terms of employability issues for the long-term unemployed (e.g. work attitudes or relations with customers):

‘The vulnerable groups that companies have to integrate into the service voucher system are often not immediately employable in the work context and they need a thorough training and coaching⁵⁰’.

Health and safety risks related to domestic cleaning are not so often addressed in debates among policy makers. They seem less aware of the importance of training to reduce these risks. Moreover, our interviews reveal that some employees also perceive cleaning as a low risk job. This perception illustrates the limited awareness of the importance of job training. Rather, training is regarded as a tool that will teach them how to clean properly in terms of ‘satisfying the customers’ and not in terms of ‘reducing health and safety risks’:

‘Why do you think you don’t need any training? I think it depends on the customers, because they are very enthusiastic about me’. (C2)

Specifically when the work in the service voucher system is considered to be temporary work, employees often do not recognize the importance of training. Previously conducted round-table conversations with employers also have revealed that it is difficult to convince employees to participate in training (Vorm DC, 2011a). Informants have admitted in our interviews that they only recognised the importance of training after having physical problems. A second barrier that is reported by the respondents is that they do not apply and keep applying the good practices learned. One of the causes may be that the cleaning material provided by the customers is sometimes not appropriate:

‘They show all those things, you shouldn’t bend over, you have to put your bucket on a chair and things like that, they show how you have to work for your back. But it is not self-evident as sometimes we arrive at the customers’ home and they don’t have any suitable material’. (B8)

In addition, the employees in our interviews easily relapse into their old cleaning habits:

‘They told me how to clean in the beginning but I used a lot of force. I work like in Morocco really, that’s the reason I had pain in my back immediately’. (B4)

First of all, this could be due to the fact that service voucher employees are sometimes trained when they have already developed a cleaning technique on their own⁵¹. Evaluation studies have affirmed that 18% of the employers only provide training after three months, while 20% do not train new employees immediately (Vorm DC, 2014). This can also be due to the fact that training is often not given regularly. Research has revealed that only 25% of the

⁵⁰ Kamer Van Volksvertegenwoordigers (House of Commons), parlementary request nr. 13788 from S. Vercamer, Verslag van de 4de Kamerzitting van de 53ste zittingsperiode dd. 27.11.2012, CRIV 53 COM 595.

⁵¹ Since the first of July, an entitlement to training of at least 9 hours exists for new service voucher employees (see earlier).

companies state to have a consultable training plan for the training of their employees (Vorm DC, 2011b). Also, policy makers insufficiently recognise the importance of regular training. In the parliamentary debates training is often mentioned as being useful for new employees. The degree to which they attach importance to long-term training is less clear in the debates. We have noticed from our interviews however, that regularly trained employees are more likely to report that they keep applying what they have learned. A third barrier revealed by the interviews, is that employees encounter some difficulties to attend and or understand the trainings organised by their employer. Training is sometimes organised after the working hours, which constitutes an important barrier for women with children. Moreover, training hours are not always paid, although trainings should take place during working times and must be paid if companies want to receive a subsidy from the Federal Training Fund or the Sectorial Training Fund. Moreover, training is often only provided in Dutch or French and is consequently difficult to understand for immigrant women.

Employability

Apart from the importance of training, increasing the employability of service voucher employees was often a central issue in the debates, even though this is not reflected in policy⁵². Employability refers to an individual's perception of his or her possibilities to attain a new job or even increase on the job ladder (De Cuyper, Bernhard-Oettel, Berntson, Witte, & Alarco, 2008, p. 490). This perception can increase if opportunities for broader professional formation exist. At a seminar conducted in 2008, Emanuelle Devillé, a representative of an organisation combating poverty, stated that policy makers insufficiently motivate the service voucher companies to provide the service voucher employees with broader professional formation (Steunpunt tot bestrijding van armoede bestaansonzekerheid en sociale uitsluiting, 2008). The fact that the Federal Training Fund only reimburses trainings that 'are directly related to the job' also confirms E. Devillé's idea. Nonetheless, only few employees in our interviews have stated that they have the ambition to stay in the service voucher system. Mainly immigrants hope to use the service voucher system as a stepping-stone and to eventually work in another profession (e.g. childcare or elderly care) in the future. If broader professional formation were to be more encouraged by policy makers, the system could become a stepping-stone to other jobs, mainly for the immigrant women working in the system. Broader professional formation is also important given the physical demands and the job content. The employees that we interviewed perceive this job as being physically demanding and emphasise their inability to perform this job in the long run:

'There are women that do this job for ten years. What will become of them later? I did it for four years and my back is damaged in any case. Also my nose is damaged because I have way more allergies than before'. (B8)

In our interviews, three employees working for the same company explained that their organisation provides the opportunity to follow a caregiver training course. The employees

⁵² For ex. Kamer Van Volksvertegenwoordigers (House of Commons), parlementary request nr. 13788 from S. Vercamer, Verslag van de 4de Kamezzitting van de 53ste zittingsperiode dd. 27.11.2012, CRIV 53 COM 595.

perceived this as an advantage and considered taking this opportunity in the long-term, in order to redirect themselves professionally.

Key Findings

Contract security

- The legislation of 2009 has improved the stability of the employment contracts
- Inequalities remain in terms of contract stability
 - Temporary employment agencies give more contracts of limited duration compared to other companies
 - Non-EU immigrants receive more contracts of limited duration

Income & rights

- The wages in the service voucher system differ according to the Joint Committee and between private and public companies
- Wage inequalities exist according to the age and the nationality of the service voucher employees
- The wage is only sufficient if it is a complementary wage and if the job is performed full-time, which is only possible for a slight minority of the service voucher employees
- Considering the physical load of the job, the wages are too low
- The fact that the wages stop increasing after two or three years is considered a disadvantage
- The debate about wage levels is not often conducted in terms of improving the standard of living of the employees, but mainly in terms of how the system can be made financially attractive to the unemployed
- Bottlenecks endangering the stability of the wages remain in the service voucher system because some companies apply illegal practices
- The mileage allowance is regulated by the Joint Committee but not always remunerated (correctly)
- The mileage allowance is insufficient for commuting by car and not foreseen for all work-related tasks
- Service voucher employees build up social security rights similar to other Belgian employees
- Some service voucher companies apply practices that endanger the social security of the employees, not paying their social contributions; assigning employees as being temporarily unemployed when they are not allowed to do so. Service voucher employees are not always aware of the consequences of these practices on their social security rights

Working time

- As of the 1st of September 2009, the working hours protection has been improved in legislation
- The number of employees working full-time in the system is low
- It is presented as though service voucher employees prefer to work less than full-time themselves, but that way it is ignored that (mainly immigrant) workers would like to work more hours. The job is difficult to perform full-time, full-time work is not always financially attractive and employers also benefit from employees who work part-time

Training

- Training investments have been made by the government and the service voucher sector. However there is a low utilisation rate of the budgets, specifically in small companies and for-profit companies
- The trainings that are eligible for reimbursement through the fund are limited because they have to comply with pre-determined criteria in terms of content
- The proportion of trained employees increased, but the majority of service voucher employees still do not receive training. Especially people not having the Belgian nationality are underrepresented in the existing training provisions
- The risks of domestic cleaning and the role of training to reduce these risks are insufficiently recognised by policy makers and employees
- Employees can encounter difficulties to put what they learn in the training sessions into practice

Employability

- Initiatives for broader professional formation are limited. However, their potential is promising in providing 'stepping-stones' in the further development of one's professional career, given the fact that:
 - Service voucher employees are not able to perform this job in the long run
 - (Especially) immigrant women hope to have another job in the future

3.4.2.2 *Quality of employment – Employment relations*

Personal relations with the employer

The triangular relation in the service voucher system has both advantages and disadvantages. Proponents think that organising the employment relation via coordinating companies strengthens the government's power to exert control over what happens on the shop floor. In addition, in this triangular relation the service voucher company is the direct employer of the employee. There is thus no one-to-one relation between the customer and the service voucher

employee. Rather, the company acts as an intermediary in case of problems and is responsible for the work environment and for offering the employee various types of support (administration, training, ...) (Flora vzw, 2007; Or.c.a vzw, 2010). Opponents think that the main disadvantage of the triangular relation is the fact that employees receive orders from both the customers and the company and this can cause confusion among employees (Steunpunt tot bestrijding van armoede bestaansonzekerheid en sociale uitsluiting, 2008). In our interviews employees have admitted to feeling betrayed when their customers complain about them to the company.

Apart from the (dis)advantages of the triangular relation, companies differ in the extent to which they comply with their responsibility as an intermediary actor (Defourny, Arnaud, Nassaut, & Nyssens, 2009). Evaluation studies have shown that service voucher companies vary for example regarding the guidance that they provide their employees with. Companies can provide guidance by, for example, accompanying their employees to a new workplace and new employees could be coached on the shop floor by more experienced ones. Furthermore, companies can arrange regular meetings between the employer and the employee(s) (Idea consult, 2009; Vorm DC, 2011b). Another way of providing guidance is by offering training for the employees (supra). Moreover, our interviews revealed that some companies hand out a pamphlet with 'tips and tricks' together with the payslip. In sum, evaluation studies have revealed that while some companies provide different types of guidance, others do not offer any coaching or support (Idea consult, 2009).

The fact that employers differ regarding the extent to which they provide their employees with support can be ascribed to the number of staff in the company. Evaluation studies have shown that there are substantial differences between for-profit and non-profit companies in that regard. In non-profit companies the number of service voucher employees per auxiliary staff member is 21, while in for-profit companies this number is 61 (own calculations based on Idea consult, 2013). But there are also differences between for-profit companies because the staff-employee ratio is defined by the Joint Committee. In the JsC 318.02 this is set at one full-time equivalent auxiliary staff member for 30 full-time equivalents (ACLVB, 2013). Legally, the auxiliary staff is defined as 'every staff member that is not remunerated with the income gathered by service vouchers'. Considering this broad definition, in practice the auxiliary staff is not necessarily responsible for the coaching of employees. Administrative staff for example, also falls under this definition (Idea consult, 2010). At the moment, no norms have been determined yet concerning the auxiliary staff ratio in the JsC 322.01 (ACLVB, 2014). In the JsC 322.01 the introduction of new service voucher employees is defined through the collective agreement, however, this states that every company can apply the rules depending on the size, the structure and the characteristics of the company (ACLVB, 2014). The accompaniment for established employees is not defined by the JsC 322.01.

The fact that there are no straightforward rules that cover guidance for all domestic cleaners in the service voucher system can be disadvantageous, because a lack of guidance can negatively impact other aspects of their quality of work. A first problem concerns the provision of information to employees regarding their rights.

‘There is not a lot of information. They think maybe that you won’t understand all those things. They say things like “I told you basic things earlier: you have a contract, a contract of unlimited duration of 13h and then if you break something you call the agency or if you fall and you call the ambulance you also call the agency”’. (B8)

The lack of clear rules can also have an impact on the stability of the wage, like in cases where no replacement work is foreseen when a customer occasionally cancels. Furthermore, it is an important advantage for the service voucher employees that they can easily change customers in case of problems. However, our interviews have shown that not all companies provide that service to their employees, which obliges them to continue working in undesirable situations. In addition, if the workplace is not regularly controlled by people from the agency, unsafe situations can occur:

‘They sent me to a guy. When I went in there it was terror. He was crazy. [...] everything inside was broken and glued back together [...] He showed me his bathtub that I had to clean. I found two jerry cans with acid [...] His room was full of wine bottles, he got (himself) drunk. I called the agency and I said that he was crazy. No one wanted to listen to me’. (B6)

Certainly, when there is no site visit at the beginning - where the customer, the service voucher company and the service voucher employee can meet each other - the feasibility of the customer’s expectations cannot be discussed and the service voucher company does not have the opportunity to control the working conditions (e.g. provided material and products). Also, several interviewees have stated that they experience the lack of help in finding the way to a new customers’ house as being very stressful. Moreover, the employees in our interviews have reported that they come to mutual agreements with the customer if the role of the employer is not clear. For example, they go to work at another time than is foreseen in their contract, which can be problematic regarding the insurance for occupational accidents. The involvement of the employer also has an impact on the employee’s working conditions in a different way. Previous research has shown that service voucher employees are not always informed about what tasks they are allowed to perform (see further) (Michielsen et al., 2013).

Aside from the lack of guidance that is encountered by some employees, other problems with their employer are revealed. In our interviews, service voucher employees have stated that they felt pressured by their employers to go to work in case of illness. Some employees have also reported situations where employers neglect their responsibility in case of occupational accidents.

*‘It was heavily bruised and my tendon was hit [...]. **Has it been registered as a work accident?** Yes, but my employer said ‘no’ because she said ‘you weren’t wearing your work shoes’. I didn’t have any work shoes. Once she wanted to give them to me but then she told me that it is not mandatory to wear them. So if it is not obligated I prefer to wear my Puma’s’. (C1)*

Furthermore, one informant reported in our interview that temporary employment agencies expect their employees to be very flexible. In those cases, working hours are unstable, as the employee must work at the employer’s request. Besides, the commuting times to and between

customers were long because her company did not take the commuting time into account as paid working time.

Notwithstanding the issues mentioned above, an evaluation study showed that most service voucher employees are (very) satisfied of the contact they have with their employing company, the respect they receive from the company and the helpfulness of the counsellors (Idea consult, 2012). However, employees with a nationality from a country outside the EU27 were less satisfied, compared to those with an EU27 or a Belgian nationality (Idea consult, 2012). This was confirmed in our interviews, where it appeared that mainly immigrant women who were unaware of their rights felt vulnerable to fraudulent employers. A Moroccan immigrant stated in our interview that she started to work in the service voucher system after she divorced (from) her husband. She (has) worked for several employers, who one by one abused her vulnerable situation:

'She rented out a house to me that was forbidden to rent out, without any heating system. But I was afraid to prosecute her because she was my employer [...]. She had stolen money from me. I didn't know about the trade union, but when I was ill I was not paid, when the customers were absent I was not paid. And she took more yes, yes. She exploited me. She (had) never sent any money to my bank account. It was always me asking for my salary 'give me my salary please'. And when she gave it to me she always deducted the rent from it. I did not know she didn't have the right to do this'. (B5)

However, our interviews also showed that a good relation with the employer can be very beneficial to immigrant service voucher employees. Employers can help immigrant women to become integrated in their new country. A woman who recently migrated from Romania for instance stated that it was through her employer that she was able to get in touch with another Romanian woman in the company. An informant who migrated from Morocco also described her good relationship with her employer:

'[...] My employer, really, I respect him. He has helped me, he has informed me, he encourages me. Really I feel good around him, he is serious [...]' (B3)

Personal relations with customers

In the triangular employment relation that regulates the service voucher system, customers are important actors. In practice however, there is not much control on the demands, compliance with regulations and general behaviour of these customers in relation to the service voucher employees and their work tasks. When applying for a domestic help, customers sign a contract with the company, in which they declare to provide a safe and hygienic work environment without any unacceptable risks or danger. However, it is not defined what is meant by 'a safe and hygienic work environment without any unacceptable risks or danger'. Companies can (but are not obligated to) control the customer's premises, but it is difficult for them to take action against their own customers. Thus, employers often do not know the environments in which their employees work. Nevertheless, a previous evaluation study has demonstrated that most service voucher employees are (very) satisfied with their contact with

the customer, the respect given by their customers and the helpfulness from customers (Idea consult, 2012).

Because the role of the customer is insufficiently defined in legislation, some situations endangering the quality of work and health of employees may occur. There are various examples of such situations. A first one is when customers can easily cancel their appointment. They are often not aware of the fact that cancelling the appointment can endanger the stability of employees' wages in cases where employers do not provide an alternative work site (see earlier) (Flora vzw, 2007). Besides, customers are responsible for the validation of the vouchers (in case of payment through electronic vouchers). An employee stated in our interviews that her wage was not paid when customers do not do this regularly. Another type of example concerns situations where customers threaten the quality of the working conditions and the work task itself (see further also). Employees have reported that customers do not always provide suitable material:

'It (the vacuum cleaner) had a very short rod, of one meter, and they couldn't find the other rod. As a consequence, they wanted me to clean the whole house on hands and feet so to speak'. (C1)

Furthermore, our interviews and previous research revealed that customers are often responsible for the experience of workload among service voucher employees. Moreover, according to previous research, formerly informal domestic workers have confessed to sticking to earlier agreements with their customers and that the rules of the service voucher system regarding the job content are not always respected (Michielsen et al., 2013).

Customers can also be very demanding, or ask for dangerous, unhealthy or unrealistic tasks.

*'(I had to) Clean everything with alcohol... **The entire house?** Yes the entire house. All the rooms, the soles of the shoes, everything I had to clean with pure alcohol. There are people that have quirks; there is nothing you can do about that'. (B1)*

Immigrant women may face particular problems in their relationship with customers. An evaluation study has shown that immigrants with a non-EU27 nationality and those with a EU27-nationality are less satisfied with the respect they receive from their customers, compared to service voucher employees with a Belgian nationality (Idea consult, 2012). Besides, female immigrants often encounter discrimination. A previous study demonstrated that 16% of the customers are suspicious of employees with a foreign origin, 18% of the companies are frequently confronted with customers that dislike having a foreign domestic help and 12%⁵³ of the employees were once refused by a customer because of their origin (Idea consult, 2011). Customers are more suspicious of service voucher employees with a Maghreb-origin or dark skinned employees (Idea consult, 2011): 10% of the service voucher employees have declared to have experienced discrimination through unjust treatment while they performed their work (Idea consult, 2011). Our informants experience discrimination because of their headscarf or because of their skin colour. Another problem encountered by some immigrants, is that they must work a minimum of hours in order to keep their residence

⁵³ This can be an underestimation because these kind of issues are usually discussed with the company.

permit. This puts them in a very vulnerable position vis-à-vis their customers (or their employer), making it difficult for them to claim their rights in case of a dispute:

*‘There was one customer where my aunt worked informally before she entered the service voucher system. My aunt called her to explain that she needed to work a certain number of hours to obtain a residence permit. The customer paid my aunt €7.5/hours informally but with the service vouchers she needed to pay €8.5/hour. So she said “I do not want to pay more than €7.5/hour”. So my aunt told her that if the customer would pay her €8.5/hour with the service vouchers she would work some time for free. **And how many hours does she you work for free then?** Every week she works one hour for free. **And how does she feel about that?** She says that she acts like it is not a problem to her and that she does it with pleasure but inside she feels like she wants to explode. **And did she try to talk to her?** She has no choice. If this customer leaves, she will not have sufficient hours (for the residence permit)’. (B11, with translator)*

Some female immigrants that were interviewed perceive themselves to be in a subordinate position, making it difficult to discuss work-related problems:

*‘**And did you call her (to say that the vacuum cleaner was too heavy to carry on the stairs)?** No, I just continued working. **And why didn’t you insist?** Hmm... I think that a Belgian doesn’t change his vacuum cleaner for a foreigner. In my head it’s like that. **‘Who are you to tell me that I have to change my vacuum cleaner?’** (B2)*

Another issue concerns the fact that employees often work alone at the customer’s house. Therefore, evaluation studies have stated that the work in the service voucher system is very lonely (see e.g. Peeters et al., 2009). However, contradictory opinions on this issue emerge from our interviews. Some service voucher employees do indeed experience this as being a disadvantage of the job. The lack of contact with customers is experienced to be a problem by some of the respondents, because opportunities to discuss problems are scarce (e.g. unstable stairs, dangerous products, heavy vacuum cleaners). Others prefer to work alone. Some employees for example, have conceded to being embarrassed when doing this work in front of their customers. Other service voucher employees do not experience their work to be lonely. Some female immigrants have even stated that they learn about the Belgian culture and practices through their job:

‘Yes really it is good, they are nice. Now I know Belgian people. Before I did not know Belgian people but thanks to my job I made good contacts with them. I learned about their culture. Really it is a good job’. (B3)

Personal relations with colleagues

Considering the nature of the job, service voucher employees lack frequent contacts with their colleagues. Having contact with colleagues appears to be especially important to the immigrant women that we interviewed, especially to those that do not know their rights and/or work for a less supportive employer:

‘Why do you think that it would be better to have more contact with colleagues? Yes to have information. So they can inform you about a lot of things. For example if you work in an agency and you have no contact with colleagues you would like to have some information. In every other job you can have colleagues but I feel alone. I don’t know anything about what happens. That is the problem’. (B5)

In our interviews, some foreign-born service voucher employees have stated that they would be happy to have contact with colleagues to meet new people:

‘We say hello. I don’t have a lot of colleagues because we don’t see each other. I have contact with my employer and my customers. Colleagues, we see each other when we go to the agency we say ‘hello, everything ok?’ but more than that? No...no...It is too bad...I would like to have contact with good people, it would be nice’. (B3)

Other reasons why the respondents like to (or would like to have) contact with colleagues is to exchange tips and tricks for cleaning, to discuss work-related problems, or to meet new people.

Some companies provide opportunities for employees to meet each other, for example by regularly organising team meetings with the employees to discuss work-related issues. But team-building events are also organised, such as dinners or receptions for special occasions like Easter, Christmas and/or New Year.

Employee representation

Like all employees, service voucher employees can also organise themselves in trade unions – and that this is a common practice is illustrated by the fact that in 2014, 57.45% of all service voucher employees were members of a trade-union⁵⁴. Nevertheless, some difficulties remain. The collective agreement of the JsC 322.01 defined that trade unions can establish a trade union delegation in service voucher companies that employ more than 20 service voucher employees (ACLVB, 2014). Pauwels et al (2011) emphasised that the service voucher sector is a hard to handle activity for trade unions. This is because the traditional approach where workers’ representatives maintain frequent contact on the shop floor is difficult in this sector, due to the scattered work locations of these workers. Most of our interviewees were not aware of the existence of a trade union delegation at their company, yet most of them were trade union members. Some informants stated that they were a trade union member as a precaution in case a problem with their employer occurred:

‘Are you a member of a trade union? Yes off course, off course. And why do you think that this is necessary? [...] Because they defend your rights. I do not have any problems, but there are people with problems at work. They (the trade unions) are there to defend you’. (A4)

Others have appealed to the trade union for advice, for example for a part-time unemployment benefit in addition to their income when they lose customers, or to arrange the benefit in case

⁵⁴ Fund for occupational diseases (2014).

of temporary unemployment⁵⁵. Some respondents have stated that they had to appeal to the trade union for help, due to problems with their employer (if they experienced problems with their wage, if they were obligated to sign a contract with a reduced number of hours, if the employer did not recognise a work accident).

Because it is difficult to employ the traditional approach for employee representation in the service voucher sector, Pauwels et al. (2011) stated that sectorial approaches (negotiating collective agreements) are more important than in-company union activities are. Collective agreements are thus increasingly being made at the sectorial level. At first these were mainly focused on wages, but presently they cover all traditional areas of collective bargaining, including transport compensations, extra holidays or training requirements (Pauwels, 2011). However, according to Michielssen and his colleagues (2013), the fact that the service voucher employees can be represented in different Joint Committees (see earlier) in fact disperses their collective voice.

⁵⁵ In Belgium the three main trade unions are responsible for the payment of unemployment benefits to their members. For this they receive financial support from the government.

Key findings

Personal relations with the employer

- The employment relation in the service voucher system is regulated by a triangular relation between the service voucher employees, the service voucher company (the employer) and the customer
 - Advantages
 - Government has more grip on the employers
 - Employers can act as an intermediary between employees and customers
 - Disadvantages
 - Conflicting demands (customers & employers) can cause confusion for employees
- The guidance for employees is different for private and non-private companies, but also according to the Joint committee they belong to
- It can be disadvantageous for the employee's quality of work if there are no straightforward rules regarding guidance (e.g. when employees lack information, work equipment is not controlled)
- (Non-EU) Immigrants are generally less satisfied with the relation with their employer, while a good employer can be particularly helpful for them

Personal relations with customers

- There is no regulation that defines the customer's responsibilities and customers are not often controlled
- Customers can endanger various dimensions of the quality of work (e.g. cancel appointments, have dangerous requirements)
- Immigrant women tend to face particular problems with customers
- Some, but not all, service voucher employees have few contacts with their customers

Personal relations with colleagues

- Mainly immigrant workers experience the lack of contact with co-workers as a problem

Employee representation

- The traditional approaches for employee representation are not compatible with the sector
- Most service voucher employees are not aware of the presence of a trade union delegation at their company
- Though sectorial approaches are more imperative, service voucher employees are represented in different JsC's which disperses their collective voice

3.4.2.3 *Intrinsic job characteristics – Working conditions*

Physical demands

Domestic work is physically very demanding. Evaluation studies have shown that 31% of the service voucher employees is not satisfied with the physical demands of their job (Idea consult, 2012). Several service voucher employees have indicated in our interviews that they are exhausted after the work week and really need the weekends to recover. Mainly informants that work full-time, older employees and those who have performed the job for several years, have emphasized the high physical demands of their job. The interviewees have stated that the physical demands partly depend on the work equipment they are provided with. Less assertive employees have to work with the - often un-ergonomic - tools that the customers provide in those cases where service voucher companies did not sufficiently advise their customers. The following citation illustrates how employees do intend to be assertive and try to change or control aspects of their working conditions. However, not all interviewees were assertive enough to talk to their customers.

‘It is not so easy (to apply what we learn at a training) because sometimes you arrive at the customer’s house and they don’t have any suitable material. They don’t have an ergonomic mop so you have to do it all with your hands. This, I refused it systematically... to put my hands in the water every time. Even if I had gloves I said no. They needed to provide a bucket and a mop so that I could stand upright (she refers to a mop and a bucket with a system to wring out the mop) because I take my back into account. It is not that they don’t want to provide it, the customers are often not informed’. (B8)

Considering the high proportion of women in the sector, it is also relevant to mention that the job is very hard, if not to say impossible, to perform during pregnancy. Also, the combination of the work and family demands is perceived as an important burden by the informants:

‘Honestly, it is not easy to work in cleaning and then come home and find the same thing’. (B9)

Cleaning requires employees to work with hazardous cleaning products and to perform dangerous tasks. However, a previously conducted qualitative study and our interviewed informants both reported that not all companies communicate in detail to their employees what tasks they are allowed to do (Michielsen et al., 2013). This can lead to unsafe situations, because employees themselves are often not aware of the health risks related to some of the cleaning products they might be using: *‘There was a woman that asked me to clean with warm ammoniac. That is very dangerous, that is very dangerous and it made my eyes smart. After I did it I couldn’t open my eyes for three or four days’.* (B9) It also happens that customers ask the service voucher employee to buy and bring the products because ‘she knows what is best’. But, if the service voucher employees are not informed about the products, they buy the products that clean the best, and not necessarily the least hazardous products. By contrast, some companies define clear guidelines in order to protect their employees, but at the same time our interviews also demonstrated that employees tend to break these guidelines. First, this happens because employees are willing to take risks in order

to satisfy their customers and do not dare to say ‘no’ to their customers. In the following quote the employee is not allowed to use a ladder of more than three steps:

‘If you were to have an accident (in case you use a ladder or more than three steps), what would the consequences be you think? Yes, it won’t be covered by the insurance...But yes...I have good customers to whom I could say ‘take this ladder and replace it with one with three’ or who would say that I fell off one with three steps. They would do that. Because I also do this for them. I mean if I tell them I won’t do this because I cannot reach it then I cannot help them’. (C1)

The parliamentary debates revealed that some companies take very concrete initiatives to decrease the hazards related to cleaning products. It seems, however, that policy makers were more preoccupied with the potential disadvantages of these initiatives for the customers, rather than being interested in their benefits for the employees:

‘Some companies provide their customers with an ‘extra service’. The domestic worker brings a package of professional cleaning products. The price of this service is very reasonable, all the more because the domestic workers have followed an extra training to optimally use these products and provide the customers with a better service. However, customers are informed about the fact that those who do not wish to make use of that service have a smaller chance of receiving a replacement (domestic) worker in case their domestic help falls ill. What measures are you going to take to prevent this form of persuasion?’⁵⁶

Also, some rules are put down in the collective agreement. According to the collective agreement of the JsC 322.01, service voucher companies have to provide work shoes and protective clothing that covers the upper and lower body (ACLVB, 2014). In addition, the service voucher company is responsible for the maintenance and cleaning of the work wear (or should foresee compensation in case the service voucher employee is responsible for this). However, though we do not have quantitative evidence supporting this finding, our interviews reveal that in practice these rules are seldom applied correctly. Likewise, the Royal Decree defines measures to guarantee the safety of the service voucher employees. The service voucher company is committed to avoid providing work in an environment with unacceptable risk or danger for the employee, or in an environment where the employee could be a victim of abuse or discriminatory practices⁵⁷. Nonetheless, companies are not obligated to visit the customer’s home before sending employees (see above).

Respondents in our interviews have emphasized that the physical demands of the job are insufficiently recognized and valorised. According to them, this is reflected in the low wage. But customers also minimize the physical load of the job, as is shown in a previous study (Flora vzw, 2007). Customers’ underestimation of the workload is also put forward by the interviewees as one of the causes of the high physical demands, certainly by employees that

⁵⁶ Kamer Van Volksvertegenwoordigers (House of Commons), written parliamentary question nr. 0067 from M. De Block, 52ste zittingsperiode dd. 08.07.2008.

⁵⁷ The Royal Decree of the 12th of December 2001, concerning the service voucher system (BS 22.12.2001).

experience low support from their employer and/or by service voucher employees that are not assertive in the case of excessive demands from customers.

Psychosocial demands

Our interviews and previous research have shown that customers can increase the psychosocial demands that service voucher employees experience. They sometimes expect too much from the domestic help, which increases the workload. For example, they make a long list of tasks or they expect that the employee also tidies up the house. Because this extra work has to be performed in the same amount of time, the service voucher employee experiences an excessive workload. In addition, a previous qualitative study showed that many customers come up with additional tasks when the work time is nearly finished. This puts the employees in a difficult position because on the one hand they want to finish the tasks, while on the other hand they do not want to be late for their next customer (Michielsen et al., 2013). Our interviews also indicate that assertive employees experience a smaller workload because they discuss problems with their customers. However, a previous study demonstrated that service voucher employees are mostly (very) satisfied with the workload, but employees with a nationality from a country outside the EU27 are less satisfied than those with a Belgian nationality (Idea consult, 2012). One possible reason can be that immigrants may face difficulties to discuss problems with their customers. Service voucher employees also tend to have to deal with different customers, who all have different expectations (Flora vzw, 2007). Besides, the informants have indicated that they are not always treated with respect. Some customers for example leave the dirty tasks for their domestic help and think that she will be inclined to do these dirty jobs. Our interviewed informants have also said that they had to clean the inside of the toilet with a scourer, to clean up vomit in children's rooms that was there for several days or to remove panty liners from the floor, etc.:

'She says that she does things that she would never have imagined herself doing. So you can say that she feels a downcast. Then she comes home and she feels bad psychologically because she was not appreciated. Like for example she says that if she goes to some customers and she sees something like a panty liner, it feels like a lack of respect'. (B11, with translator)

Some older customers expect the employees to take up a caregivers' role. Accordingly, they give additional 'small' tasks like doing the groceries, or washing their hair, often without remunerating the additional time worked. While some service voucher employees like to help their old customers, some service voucher employees would prefer to evade these demands but don't dare to because they feel sorry for these customers. Older, lonely customers also sometimes expect the service voucher employees to keep them company, instead of cleaning the house. Our informants argue that this is not part of their job responsibilities because they are not instructed to do this.

Key Findings

Physical demands

- Factors that make the work demanding and increase the risk for physical hazards are: inappropriate work equipment, the combination of professional and family demands, the fact that employers do not comply with rules defined in the collective agreement (e.g. provide work clothes)
- Employers are forbidden to provide work in an unsafe environment but they are not obligated to control the customers' homes

Psychosocial demands

- Service voucher employees can experience psychosocial demands if the customers' demands increase the workload, if different customers have different expectations and if they do not treat the worker with respect
- Immigrants are less satisfied with the workload

3.4.2.4 Intrinsic job characteristics – Job content

Autonomy

The respondents have indicated that they prefer to organise their work themselves because it compensates for the poor work quality. However, according to our informants, the degree of autonomy very much depends on the customer. Some customers provide to-do lists, others leave it to the domestic help to organise the work. Also among the workers autonomy is valued to different degrees. For some it offers an advantage because it gives them the opportunity to minimize the monotony of their work. By contrast, other workers prefer to receive clear instructions from customers because they fear disappointing them. Previous studies have also reported that not all service voucher employees possess the skills to organise their work and to work independently (Flora vzw, 2007).

The meaningfulness of work

In conclusion, it is also important to mention something about the perceived meaningfulness of the work performed. Most service voucher employees have stated that they perceive the work they perform as being important. They acknowledge the fact that they make their customers happy and they are convinced of the fact that their customers really need them:

‘I think that a domestic help is mainly someone who helps people out of trouble. I notice that, I mean, I only do replacements in the company where I work. I have 1 fixed address and for the rest I always go over to different people’s homes, and then it is often the case that their cleaning lady has been ill for a while or she isn’t coming for the week. And then these people are really in trouble because they don’t have anybody to come over to clean. And often they are already very busy with their children and their

job and then that is left over. And yes, there are many people that like it to be clean every week. So I do think that it is a necessary job'. (C7)

However, this generally depends on the specific work context. In our interviews several female immigrants attest to being directed into the service voucher system because their educational qualifications were not recognized, because they needed to find and preserve a full-time job quickly for their residence permit or because no employer wanted to employ them. The latter often happens due to their temporary residence permit. These women are often less inclined to stress the meaningfulness of their work:

'[...] So you think that it is because of discrimination that you are working in the service voucher system? Exactly, exactly. I work in a job that is physically very hard. You have to clean the whole day and then you come home and you have to manage three kids and you can start cleaning again. All these things I don't do them for my pleasure. Working as a domestic worker, you do it because you have no choice. [...] In the past I worked as a model and I have also worked for television a bit. When I talk about this I get worked up about it, because these days I have no other opportunities but to clean. Why? Because I have no choice... because I wear a headscarf'. (B9)

Key findings

Autonomy

- Autonomy helps employees to cope with the often poor work content, but service voucher employees are not always allowed to organise their work themselves
- Some service voucher employees perceive autonomy as being disadvantageous

The meaningfulness of work

- Most service voucher employees recognize the work they perform as being meaningful but this perception depends on how they ended up in this job (e.g. voluntary or because of a lack of other opportunities)

3.5 Discussion

In this case study we investigated the quality of work in the service voucher system. The reported findings come from different sources: (1) Policy-related documents: parliamentary debates, the legislation regulating the service voucher system (i.e. Law⁵⁸ and Royal Decree⁵⁹) and the collective agreements relevant to the sector; (2) previous research investigating the quality of work in the service voucher system; and (3) in-depth interviews with service voucher employees about their experience of the quality of their jobs. The case study showed

⁵⁸ The Law of the 20th of July 2001, for the improvement of neighborhood services and job (BS 11.08.2001).

⁵⁹ The Royal Decree of the 12th of December 2001, concerning the service voucher system (BS 22.12.2001).

that the strongly regulated service voucher system provides good protection to the employees, but that there is room for improvement. In the following paragraphs we summarize the main findings of the case study.

Based on the analyses of parliamentary debates, this study showed that policy makers have paid substantial attention to the employment conditions (training, working hours, contract duration), in the service voucher system, but that debates on the other characteristics of the quality of work are scarce.

Regarding the employment conditions, we first of all revealed that several changes have been made to improve the stability of the employment contracts. However, some employers keep applying fraudulent practices. This study has demonstrated that the wages of service voucher employees are low, certainly given the fact that a large number of employees work less than full-time. Other problems concern the stability of the wages in the service voucher system, correct reimbursement of commuting expenses, or problems with the payment of social security benefits. Given the vulnerability of some service voucher employees, more transparency is needed with regard to wages, other payments, and social protection related benefits and rights. To protect the employees, policy makers have also implemented rules that determine the minimal number of working hours per week, but full-time work remains scarce among service voucher employees. Concerning (the) health and safety training, this study demonstrated that policy makers and social partners have implemented several initiatives aiming to increase the proportion of trained employees and to improve the quality of the trainings provided. Notwithstanding the fact that the proportion of employees that receives training increases every year, most of the employees still do not receive training. In addition, it seems that the parties concerned (policy makers, employers and employees) insufficiently recognise the role of training to improve health-related behaviour in domestic work. Training however, is important considering the physical hazards related to domestic work (e.g. employees buy and use dangerous products). Nevertheless, even if employees did receive training, they still encountered barriers to the actual implementation of the practices learned. Apart from that, the wider employability of the employees as well as the possibility to enhance this through broader professional training, has also been discussed in the parliamentary debates, but initiatives are very scarce to date.

Concerning the employment relations in the service voucher system, the case study covered findings regarding the personal relations with the employer, the customers and the colleagues, as well as regarding employee representation. In the service voucher system, the employment relation is regulated through a triangular relation between the employer, the customer and the employee. In this manner, the employer can act as an intermediary to protect the employee in case of problems. On the other hand, this employment relation can be confusing because employees have to consider the two parties' – sometimes contradicting – requirements. Besides, the case study has demonstrated that not all companies provide their employees with equal support. This can impoverish the other quality of work characteristics, especially when employees are not assertive enough to defend themselves. Large differences also exist between companies in terms of the flexibility they expect from the employees concerning when and where they have to work. Most of the employees are satisfied about the contact they have with their customers, but most of them also encounter problems with some customers.

The case study showed that the fact that customers are insufficiently controlled in the system can be problematic, especially because customers are central in determining the quality of work in the service voucher system. Regarding the relation between co-workers in the service voucher system, it can be concluded that these contacts are rather scarce. Some, but not all, companies organise moments where colleagues can meet each other. Mainly immigrant women, who have few social contacts, miss the contact with their co-workers. The case study also looked into employee representation in the service voucher system. Given the fact that there is no common meeting point where employees can be reached, trade union representatives encounter problems to gather them together.

Concerning working conditions, the study showed that the work in the service voucher system is physically very demanding and that several physical hazards are related to the job. Some rules have been defined to reduce the hazards, but the employers do not always take the necessary precautions to protect the employees, or the employees do not stick to the rules themselves. Next to physical demands, service voucher employees are also exposed to several psychosocial demands.

With regard to the job content, the case study demonstrated that autonomy can help to cope with possible poor quality of work characteristics, but that not all employees can decide how they organise their work. Besides, some employees perceive autonomy as a disadvantage. For what concerns the perceived importance of their work, most employees perceive the work they perform as being important but this often depends on how they arrived at their job.

In addition, this case study revealed that inequalities exist among service voucher employees. These inequalities relate to the Joint Committee where the employer belongs to, between for-profit and non-profit organisations, and between native workers and immigrant workers. Especially those originating from a non-EU27 country experience more disadvantages.

The insights that we have gathered from the interviews and from a great part of the (analysed) literature, are not completely in accordance with previous quantitative evidence. These reports show high satisfaction rates among service voucher employees when assessing several quality of work characteristics. In our opinion, survey research has some limitations and must consequently be complemented by qualitative research methods. First, the most vulnerable service voucher employees are often excluded from survey research. Secondly, we think that work-related problems might be underreported out of fear of being fired. Thirdly, surveys are not the most appropriate tool to investigate work-related problems. This is revealed for instance by the fact that during the interviews, the informants only started to report problems after we asked supplementary questions. Such an in-depth investigation of their situation is thus not possible with a survey. Therefore, the high satisfaction rates that are reported in previous studies cannot justify neglecting the problems that have been reported in our case study.

4 The service voucher system health and health inequalities

The purpose of this chapter is to reflect on how informal work, unemployment and the quality of work relate to health. Based on these insights we reflect on how the service voucher system can increase or decrease health inequalities in Belgium. This reflection is relevant for two main reasons.

First, socio-economic health inequalities still subsist in Belgium, despite the growing awareness of their presence since the end of the 20th century (Mackenbach, 1994). In Belgium health inequalities exist according to gender, socioeconomic characteristics (e.g. education attainment) and ethnicity. Concerning gender inequalities, previous research has shown that the percentage of women with a longstanding illness is greater than that of men. Besides, compared to men, women experience more physical pain. The same study showed that the percentage of women aged 65 with reduced mobility is larger than that of men. Concerning mental health, differences also exist with women reporting more mental health problems than men (Van der Heyden & Charafeddine, 2013). Regarding educational differences, a previous study demonstrated that compared to highly educated persons (completed tertiary education), lower educated persons (up to primary school) are more likely to suffer a long-standing illnesses and that they are more likely to report physical pain as well as a poor subjective health. Also, the proportion of people with reduced mobility is larger in the former group (Van der Heyden & Charafeddine, 2013). With respect to ethnic differences, a previously conducted study has demonstrated that immigrants and ethnic minority groups are more likely to suffer from infectious diseases, a poor subjective health, mental health problems and chronic illnesses than individuals with a Belgian origin (Derluyn, Lorant, Dauvrin, Coune, & Verrept, 2011).

Secondly, the service voucher system can have an impact on health inequalities in Belgium because it is expected to influence the health of the most vulnerable groups in society (women, low-educated persons and immigrants). To date, the service voucher system employs women (97.4%), lower-educated persons (54.2%) and immigrants (28.1%) (Idea consult, 2014). Each of these groups – and especially people combining several of these characteristics – are among the most vulnerable regarding various health problems and their social determinants. Indeed, previous studies have demonstrated that inequalities in health can partly be explained by the fact that women, lower educated individuals and immigrants are overrepresented in unemployment, informal work and in jobs characterised by a poor quality of work (Joan Benach et al., 2010). Moreover gender, skill-level and immigrant background often reinforce one another to produce inequalities (Veenstra, 2011). The service voucher system aims to decrease unemployment as well as informal work, while it also determines the quality of work of a large group of vulnerable workers. Therefore, the service voucher system can be a tool to improve the health of the most vulnerable groups in society, and consequently reduce health inequalities in Belgium. This can be achieved by decreasing informal work as well as unemployment, provided that employment offered in the service voucher system is of sufficiently high quality.

Below we will reflect on how the service voucher system can improve or decrease the health of its employees (women, lower-educated persons and immigrants), and how it can

consequently increase or decrease health inequalities in Belgium. Therefore, we relate informal work, unemployment and known characteristics of the quality of work in the service voucher system to its potential health consequences, based on what we know from previous research. We will subsequently discuss the possible consequences of the service voucher system on health inequalities. We conclude by formulating some recommendations on how changes can be made to the service voucher system in order to create a tool to decrease health inequalities.

4.1 Informal work and health

Muntaner et al. (2010) showed less favourable health indicators for informal workers, compared to formal workers. In their paper the researchers identified four pathways from informal work to adverse health effects. First, mental distress caused by employment insecurity is an important pathway to adverse health effects. Secondly, informal work is strongly imbalanced in terms of the workers' effort spent and their rewards in terms of salaries, recognition, job stability and enforceable rights. Thirdly, exposure to violence, sexual abuse and/or discrimination has physical consequences, but also operates as a psychosocial stressor. Fourthly, informal workers are generally more exposed to poor physical and psychosocial working conditions. In their PDR-model, Underhill and Quinlan (2011) group three factors together to explain how precarious work (including informal work) can affect health: Economic and reward pressures (e.g. fear of losing job, long working hours), Disorganisation (e.g. poor training and supervision), Regulatory failure (poor knowledge of legal rights) (Underhill & Quinlan, 2011).

4.2 Unemployment and health

A recently performed review and a meta-analysis have both shown a causal relation between unemployment and several mental health problems (McKee-Ryan, Song, Wanberg, & Kinicki, 2005; Reneflot & Evensen, 2014).

Muntaner et al. (2010) proposed four pathways to explain this relation. First, according to the economic deprivation model, unemployment deteriorates the economic position of the unemployed, which in turn undermines the prerequisites for having a good health. Secondly, following (the) stress theory, physiological changes occur during unemployment, including impairments of the immune system and risky health behaviours. Thirdly, the social support model stresses that unemployment results in social isolation relating to both direct and indirect health effects. Fourthly, the model of latent function suggests that a lack of five aspects of unemployment cause distress. These are a lack of time structure, collective purpose, i.e. the feeling of being needed by others, social contact, status and activity (Jahoda, 1982; Muntaner et al., 2010).

4.3 Health consequences related to known job quality problems in the service voucher system

In what follows we will describe the relation between characteristics of the quality of work with relevance to the cleaning sector (employment conditions, employment relations, working conditions and task content) and health.

4.3.1 Employment conditions

Contract security

Studies on the relationship between temporary employment contracts and psychological well-being, and mental as well as physical health have been inconclusive (De Cuyper & De Witte, 2006, 2007; Gash, Mertens, & Romeu Gordo, 2006). Some studies have shown better outcomes for permanent workers compared to temporary workers, while other studies have reported null findings or more favourable outcomes for temporary workers (De Cuyper & De Witte, 2007; Gash et al., 2006). The studies that relate job insecurity with health outcomes are more conclusive. Job insecurity can be defined as a psychosocial stressor at the job level, reflecting a worker's perception of fear of job loss or job instability (Landsbergis, Grzywacz, & Lamontagne, 2012). Several studies have reported a positive relation between job insecurity and physical as well as mental health problems (J Benach et al., 2014; Cheng & Chan, 2008; Landsbergis et al., 2012). The continuity of the job itself and its related financial insecurity are the most important factors explaining this relation (J Benach et al., 2014).

Income

Previous longitudinal and cross-sectional studies have shown that financial hardship, financial insecurity and earning mobility insecurity (wage-increase is limited in time) relate to several mental and/or physical health problems (Ferrie, Shipley, Stansfeld, Davey, & Marmot, 2003; O'Campo, Eaton, & Muntaner, 2004; Scott-Marshall, 2009). Moreover, income also indirectly relates to health. It determines one's access to health-inducing goods and services such as safe and healthy housing as well as to nutritious foods (Tsui, 2010).

Working time

Previous research has shown that working outside the 'normal' working hours and irregular working hours are associated with several physical and mental health problems (Costa et al., 2004; Costa, Sartori, & Akerstedt, 2006). Besides, previous research has shown that control over working times is associated with several mental and physical health problems, in the sense that health problems decrease when control increases (Costa et al., 2004).

Training

In a review of studies published between 1996 and 2007 Robson et al. (2012) demonstrated that training improves safety behaviour in the workplace. By improving the employees' behaviour, training could possibly contribute to a decline in work accidents and work injuries (Robson et al 2012). It can for example change the behaviour of cleaning workers, by preventing them to mix ammonia and bleach (Arif, Hughes, & Delclos, 2008).

Employability

Employability refers to an individual's perception of his or her possibilities to attain a new job (De Cuyper et al., 2008, p. 490). According to Berntson & Marklund (2007), work-related problems are appraised to be less threatening by individuals with a positive perception of their employability, because they feel that they have more opportunities after leaving their organisation. This decreases their level of strain and helps to improve their health and well-being. Previous longitudinal and cross-sectional studies have shown that perceived employability relates to general health, mental well-being and life satisfaction (Berntson & Marklund, 2007; De Cuyper et al., 2008). Charles et al. (2009) showed a relationship between employability opportunities and musculoskeletal problems among cleaning workers.

4.3.2 Employment relations

Personal relations with the employer, customers and co-workers

In their qualitative study, Underhill and Quinlan (2011) identified two mechanisms relevant to our study that relate the triangular employment relationship, typical for temporary help agency employment, to health. First, upon arrival at a new work place, agency workers are expected to be immediately capable of performing their work without receiving task-specific training or without having time to adjust. The unfamiliarity with the workplace makes them vulnerable to injury. Secondly, fragmented communication creates risks. Workers must communicate with a party external to their workplace to resolve problems and they have few opportunities to share (common) problems with co-workers. These characteristics of the triangular employment relation can increase health and safety risks at work – and are also present in the service voucher system.

Several studies have shown that low social support at work (from supervisors and co-workers) relates to mental health problems and to a poor self-rated health (Liukkonen, Virtanen, Kivimäki, Pentti, & Vahtera, 2004; Malhotra et al., 2013; Netterstrøm et al., 2008; Stansfeld & Candy, 2006). Woods (2005) demonstrated that social support from supervisors and co-workers decreases absence due to musculoskeletal sickness. Woods (2005) suggested two mechanisms to explain this relation between social support and musculoskeletal disorders. First, a supportive workplace (e.g. a sympathetic organizational culture, satisfactory supportive relationships with colleagues or managers) may increase worker's ability to cope with pain. Secondly, social support at work may decrease the physical loads of work, i.e.

when colleagues provide the injured worker with help, thereby enabling the latter to continue working.

Employee representation

Previous studies have documented that unionised workers have a better self-reported health than non-unionised workers do (Reynolds & Brady, 2012). One of the mechanisms explaining this relation is that unions can address the quality of work characteristics that are related to poor health (Malinowski, Minkler, & Stock, 2015). The fact that unionisation reduces presenteeism can also explain this relation (Veliziotis, 2010). In addition, scholars have shown that trade union membership positively relates to subjective well-being and that union membership has the strongest impact on the subjective well-being of workers with a low income (Flavin, Pacek, & Radcliff, 2009).

4.3.3 Working conditions

Physical and psychosocial demands

There is a sheer endless list of potentially physically harmful working conditions. In this overview, we will concentrate on professional cleaners. Previous research on cleaning workers has shown that heavy physical work is an important risk factor for musculoskeletal troubles and injuries as well as for respiratory problems, skin problems and overall fatigue (Charles et al., 2009). The work tasks and repetitive movements related to the work in the cleaning sector are a risk factor for musculoskeletal problems, mainly when cleaners lack access to (appropriate) material or when they lack advice (Bell & Steele, 2012; Charles et al., 2009; Malhotra et al., 2013; V. Woods & Buckle, 2006; Zock, 2005). Moreover, cleaning work implies high exposure to dust and elevated chemical exposures due to the daily use of cleaning agents. Therefore cleaners have an elevated risk for asthma and other respiratory disorders (Charles et al., 2009; Folletti, Zock, Moscato, & Siracusa, 2013; Vizcaya et al., 2011). According to Arif et al. (2008) mainly the use of ammonia and bleach, as well as mixing both products are related to respiratory symptoms (Arif et al., 2008). In addition, the number of different working places and the use of different cleaning products amount to the risk of developing respiratory problems (Folletti et al., 2013; Mirabelli et al., 2012; Vizcaya et al., 2011). The risk of respiratory disorders is greater for cleaners in private homes than for cleaners employed in other situations (Charles et al., 2009; Folletti et al., 2013). As with respiratory problems, cleaners are at a greater risk of developing dermatologic diseases because exposure to cleaning agents, humidity and rubber chemicals (latex gloves) is high (Charles et al., 2009; Zock, 2005).

High workloads relate to muscular pain and discomfort as well as to strain (e.g. anxiety, depression, health complaints, illness and physical symptoms) (Ganster & Rosen, 2013; Stansfeld & Candy, 2006; V. Woods & Buckle, 2006).

4.3.4 Task content

Autonomy

Job autonomy or decision authority can be defined as the ability to decide when, where and how the job is done. Different studies have related autonomy to several health outcomes. Employees with more decision authority in organising their work have a higher well-being and experience more job satisfaction as well as less stress (Thompson & Prottas, 2006). Other studies have investigated the relation between job control (job autonomy and skill discretion) and several health outcomes. Based on a review of 19 longitudinal studies, De Lange et al. (2003) conclude that job control relates to psychological distress, cardiovascular problems and adverse lifestyle behaviour (e.g. smoking and alcohol consumption). Other studies have related job control to musculoskeletal problems as well as to mental health (Eatough, Way, & Chang, 2012; Leino & Hänninen, 1995; Sanne, Mykletun, Dahl, Moen, & Tell, 2005).

4.3.5 Additive or interactive effects

In the previous sections we described how each separate quality of work-characteristic relates to health. However, the effects can also be additive or interactive, since they occur at the same time in most *real* employment situations.

For example, previous research has shown additive effects of demands, control and social support at work. In these studies, job control is often defined similarly to Karasek et al. (1998) who subdivide control into two major aspects: skill discretion and decision authority. Skill discretion refers to opportunities to use specific job skills in the working context. Decision authority refers to the extent to which task-related decisions, such as timing and method control can be taken autonomously (Häusser, Mojzisch, Niesel, & Schulz-Hardt, 2010). Studies have shown that demands, control and social support additively influence the general psychological well-being and that they have an incremental effect on neck and or shoulder disorders (Häusser et al., 2010; Kraatz, Lang, Kraus, Münster, & Ochsmann, 2013).

According to the effort-reward imbalance model, the mismatch between the efforts made by workers and the rewards received in terms of pay, esteem and career opportunities results in psychosocial stress which can in turn lead to adverse health outcomes (Siegrist, 1996). In this case too previous studies have related the combination of high efforts and low rewards (effort-reward imbalance) with common mental disorders and cardiovascular diseases (Ganster & Rosen, 2013; Stansfeld & Candy, 2006).

Previous research has also shown that physical and psychosocial demands reinforce each other to create health problems. Most of these studies have investigated the interaction between physical and psychosocial demand in relation to musculoskeletal problems. The risk of musculoskeletal disorders is expected to be larger in case of a combination of physical and psychosocial stressors, than when only a single stressor is present (Bongers, Ijmker, van den Heuvel, & Blatter, 2006; Davis & Heaney, 2000; Devereux, Vlachonikolis, & Buckle, 2002; Widanarko, Legg, Devereux, & Stevenson, 2014). This is because stressed individuals can change their behaviour in a way that can increase the musculoskeletal strain, for example by

using more force than necessary while performing manual work. Psychosocial factors can also influence the ergonomic demands of the tasks. Control over the work environment helps to control the negative consequences of physical demands, for example (Lim, Sauter, & Swanson, Naomi, 1998).

4.4 The service voucher system and health inequalities

Previously, we showed that the service voucher system mainly employs those social groups that are also more vulnerable from a health inequalities perspective (e.g. women, low-educated persons, immigrants and persons combining more of these social positions). We also showed how informal work, unemployment, and relevant quality of work characteristics relate to health. In what follows, we apply this knowledge to what we know about the service voucher system. This will allow us to reflect on how the service voucher system can have an impact on the health of women, lower-educated persons and immigrants and their intersections. Consequently, this informs us on how the service voucher system can be a tool to reduce gender inequalities, educational inequalities and ethnic inequalities in health.

Concerning informal work, a previous study reported that 3.1%⁶⁰ of the service voucher employees worked in the informal economy before entering the system (Idea consult, 2008). Given the generally negative health effects of informal work, the service voucher system could have improved the health of those that were working in the informal sector before. Because 3.1% is only a small part of the population, involving a higher proportion of informal workers in the service voucher system could improve its impact on health inequalities.

Regarding unemployment, previous research has shown that 37.4% of the service voucher employees were unemployed before entering the service voucher system (Idea consult, 2012). Because unemployment relates negatively to health, the service voucher system could have improved the health of those who were formerly unemployed. The service voucher system could thus have reduced health inequalities in Belgium by decreasing unemployment in vulnerable groups.

The previously conducted case study has demonstrated that the employment conditions in the service voucher system depend on the employer and sometimes on the customers. This is true for job insecurity, as well as for the stability of the income and rights and the working times. The same has been revealed for training and initiatives for broader professional formation. We have previously shown that job insecurity, wage instability, low control over the working hours, irregular working hours and a lack of opportunities for training and employability, all have a negative effect on health. Besides, employees in the service voucher system earn a lower wage compared to other employees in Belgium, while financial insecurity relates negatively to workers' health and well-being. Therefore, it can be stated that (low) wage levels and wage instability are a first domain where quality improvements with relevance to worker-health and well-being could be carried through. It is, however, a positive aspect of the service voucher system that the employees work during the regular working hours, which is

⁶⁰ Probably this is an underestimation, as employees may have underreported informal work.

quite exceptional in other lower-skilled jobs. This probably implies positive consequences for the health and well-being of the workers involved in the sector. Remaining problems causing job insecurity, wage instability, low control over working hours and irregular working hours that some employees experience should be tackled. In that regard, customers but also employers have an important role to play. Customers are not always aware of the fact that service voucher employees have a permanent contract, with a fixed number of hours and a fixed wage. Employers should inform customers about the fact that jobs in the service voucher system are stable jobs, with stable hours. Employers must thus sensitise customers about the fact that they must engage to provide long-term and stable employment for their domestic worker once they apply for domestic work at the company. If customers expect less flexibility from their domestic worker, the employment in the service voucher system could become more stable in terms of wages and working hours. Also the problem that few employees receive training should be solved. This is the responsibility of both the government and the employers. The government must facilitate the access to the Federal Training Fund, in order to decrease thresholds for employers to provide training. The government, but also the social partners, can convince employers of the importance of training to improve their employee's health and safety at work. Companies, in turn, can motivate their employees to follow training because workers themselves are not always aware of the advantages of training. In addition, employees must have access to initiatives for broader professional formation. Many women (mainly immigrants) saw their job in the service voucher system as a stepping stone to a 'better job'. The system in its current form provides insufficient opportunities to move up on the job ladder. Also, because working in the service voucher system is physically very hard and difficult to perform in the long-term, and because wages stop increasing after some years, the need for possibilities of broader professional formation increases. The government should stimulate companies to create these kinds of initiatives, for example, by extending the training possibilities of the Federal Training Fund. The social partners can also play a role in that regard.

We previously described that the service voucher system is organised by a triangular employment relationship. Moreover, the work is often performed alone which implies limited contacts with co-workers or supervisors at the workplace. Most contacts take place with the customer. It was discussed in the case study that – given this context – some service voucher employees experience a lack of support from their employer. This becomes apparent, among other things, in their employers' lack of knowledge of the specific work circumstances in the customers' premises. The triangular employment relationship, the related lack of knowledge on actual working conditions and lack of support from co-workers and supervisors, can constitute health risks. In that regard, important differences between service voucher workers can be found. Therefore, these issues should be tackled in order to optimize service voucher workers' quality of work. The employers bear an important responsibility here. For example, all employers should perform regular site visits with customers and should instruct customers with regard to the health risks related to work tasks, work load and cleaning products and materials. Also, making safe pre-composed cleaning sets mandatory for the customers would be a good idea to decrease health risks. In addition, since trade union representation has proven to be an effective strategy for the prevention of health and safety risks, trade unions

should be stimulated to think about how to play their role of safeguard concerning working conditions in the best possible way. This is important given the fact that the service voucher sector is a difficult sector for trade unions to gain a foothold (Pauwels, 2011). Also, the fragmentation of the service voucher sector into different Joint Committees effectively disperses trade unions' collective voice (Michielsen et al., 2013). Given the vulnerable socio-economic composition of the group of cleaning workers, such measures could effectively decrease health inequalities in society.

We have previously illustrated that the physical demands and the workload that service voucher employees experience, are risk factors to their health. Besides, inequalities in these exposures exist depending on the employer and the customers. Therefore, measures should be taken to decrease the above-identified psychosocial and physical demands for all employees in the service voucher system. Such measures could effectively improve the service voucher system with regard to its impact on health inequalities. Unhealthy psychosocial demands are often related to the high (too high) expectations of customers. Employers can play an important role here, for example by sensitising customers. Customers often think that employees are able to clean the house faster than they can themselves because they are more experienced. In the meanwhile they forget that domestic workers perform this work for many hours a week. As a consequence they are often unable to maintain the same very high work pace over the long run. Moreover, employers should support employees to report problems with customers and must additionally train their employees to become more assertive while determining their work tasks. The feasibility of the workload should ideally be discussed between the employer, the customers and the employee. Also, physical demands are often related to customers' wishes. These demands can decrease by determining the work equipment and cleaning products that employees can use in function of their ergonomic features. Here, employers can also play an important role. Employers must encourage their employees to be more assertive towards their customers, but should also 'train' their costumers. Also site visits are a useful tool to reduce physical demands, among others because they allow employers to inspect the products provided and work equipment – and check whether al the expected tasks can be performed safely.

Our case study has also shown that the most vulnerable workers (mainly immigrant women) accumulate several negative quality of work characteristics because they are over-proportionally employed in the least supportive companies. In the worst case scenario, they are exposed to a potentially long list of factors negatively affecting their work quality: they are directed to this job because they have no other choice, they 'get stuck' in their job because initiatives for broader professional formation are limited, they are not well informed about their rights as a worker, they do not receive training, they do not receive their wage correctly, their social benefits are not paid, they are not supported by their employers when having problems with customers (related to work tasks, cleaning products, equipment) and opportunities to meet co-workers are not provided. In addition, we previously showed that the health effects of several work characteristics of poor quality can be additive or even interactive. The fact that the most vulnerable workers are often employed in the less supportive companies is an additional reason for improving the current quality of work standards in (these) service voucher companies. In order to reach this goal companies must be

controlled more frequently by examining the quality of work they provide. Companies that do not adhere to healthy standards and/or do not improve the situation within a reasonable period of time should be removed from the system.

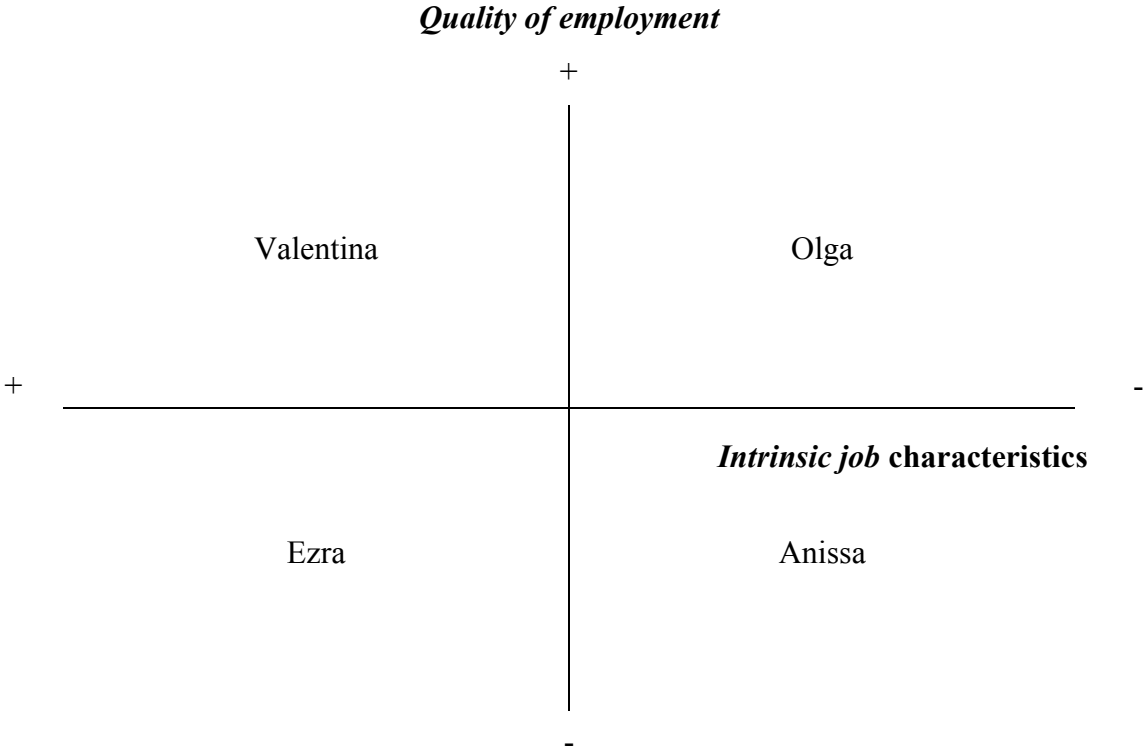
To conclude, it can be stated that the service voucher system can become a tool to reduce health inequalities if more informal workers and unemployed persons are directed into the system. In other words, the service voucher system should more explicitly target vulnerable groups on the labour market when recruiting new employees. At the same time, the quality of work in the service voucher system should be closely monitored and deliberative action to improve the quality of work on its different dimensions should be taken. The case study showed that there is still a long way to go, both regarding the more targeted selection of workers from other, more vulnerable, employment situations, as well as regarding the quality of work in the service voucher sector itself. All characteristics should improve in order to decrease health problems among service voucher workers and consequently reduce gender inequalities, educational inequalities and ethnic inequalities in health. Both the customers and the companies play an important role in that regard. They should be better controlled and eventually suspended from the system if they do manifestly and relatedly not comply with the rules.

If high standards for the health and safety of service voucher workers are not reached, there is a risk that the system will mainly improve the health and well-being of the middle classes and those better-off in society, instead of targeting the more vulnerable groups in society. An in-depth analysis of the customers in the system lies beyond the scope of this study, yet it is important to note that they are mainly full-time working persons (71.4%) who have completed tertiary education (65.3%) (Idea consult, 2011). The service voucher system gives this group of already better-off persons the opportunity to contract out their domestic tasks while the price of these services is kept low. In that sense, the service voucher system effectively contributes to decreasing the work-family conflict in this group. This is a valuable objective, since previous research has shown that work-family conflict negatively relates to several physical and mental health characteristics, mainly for women (Artazcoz et al., 2004; Lunau, Bambra, Eikemo, van der Wel, & Dragano, 2014; J. Wang, Afifi, & Cox, 2007; J. L. Wang, 2006). However, in case this implies increasing numbers of vulnerable, lower qualified cleaning workers to take unacceptable health risks, it is likely to cause 'Matthew effects' from a health equity perspective (Merton, 1995). Consequently, the 'health equity balance sheet' of the service voucher system might be dual. On one hand, decreasing unemployment and informal employment as well as providing vulnerable workers with formal and socially protected employment, might result in important benefits for health equity. On the other hand, these benefits might get cancelled out by exposing the same group to excessive and uncontrolled work-related health risks. Therefore, from a public health perspective, the service voucher system can only be seen as a valuable policy if the related health risks are well controlled and if it offers a real pathway for the career development of the workers involved.

5 Conclusion

Based on the information from the previous sections, we will subsequently describe how the system can offer healthy jobs to vulnerable workers and – consequently – can contribute to decreasing health inequalities in society. This will be done based on four fictional scenarios inspired by the results of this report. The first scenario describes a ‘healthy job’ that has the potential to decrease health inequalities between service voucher employees and other groups in society. In this scenario, the quality of employment and intrinsic job characteristics are high. The second scenario presents a ‘healthy job’ in terms of quality of employment but an ‘unhealthy job’ when considering the intrinsic job characteristics. In the third scenario, an ‘unhealthy job’ in terms of quality of employment but a ‘healthy job’ in terms of the intrinsic job characteristics is described. Scenario four presents an ‘unhealthy’ job in terms of both quality of employment and intrinsic job characteristics. We urge policy makers and employers to converge to the first scenario in order to make the service voucher system a tool to improve the health of service voucher employees and to consequently decrease health inequalities.

Figure 4: Four scenarios regarding the job quality in the service voucher sector



5.1 The story of Valentina

On a rainy Monday morning in January, Valentina a 54-year-old woman with a Russian background, wakes up for work at seven o’clock. It is difficult to get up, as it usually is on Monday mornings. After being unemployed for a long time, she has found a permanent job in

Quality of employment

- High wage
- Wage increases with seniority
- Stable wage
- Commuting allowance for all work-related commuting
- Full-time work
- Commuting between customers counts as working time
- Regular training
- Opportunities for broader professional formation
- Employer regularly visits shop floor
- Education of the customers
- Opportunities to meet co-workers
- Trade-union delegation at company

Intrinsic job characteristics

- Ergonomic work equipment
- Safe cleaning products
- Feasible workload

the service voucher system and her wage is quite ok, so she can treat herself every now and then with something extra. Since she has been working for the same employer for the last 11 years, her wage even allows her to save a reasonable sum of money every month. Her wage is also stable: when one of her customers cancels an appointment, she can help her employer with the administrative tasks or she can do some ironing at the company office. After getting ready, Valentina gets in the car to drive to the company office. Today she will visit a customer's house, together with her employer. They do this a few times a year, which gives her employer the opportunity to control whether the customer provides the work equipment and cleaning products in line with the appropriate requirements. Moreover, they can discuss whether the tasks that the customers expect her to do are still feasible. In these ways also the customers are educated and sensitised about their responsibility for providing a good work environment. Valentina has to make a detour to go to the company office first, but luckily she receives a good commuting allowance for all work-related commuting, covering the costs of the fuel and her car's maintenance costs. It will be a busy week. Tomorrow she has to clean at two different places, with a travel time of 30 minutes between them. Luckily the travel time also counts as working time, otherwise it would be difficult to work full-time as she frequently travels between customers. Wednesday afternoon she must go to a training session about 'how to prevent back pain while cleaning'. She is obliged to follow these kinds of training during work hours four times a year. On Tuesday mornings she follows a course on accountancy. Since it is becoming more difficult to perform physical work because of her age, she agreed with her employer that she would alternate between cleaning and accounting work. Friday evening she is going to a New Year's reception, organised by her employer. Valentina is looking forward to it. It is an opportunity to meet her co-workers and she can present herself as a trade-union representative to her new colleagues.

5.2 The story of Olga

Olga a 40-year-old single mother from Poland is on her way to work. She works as a domestic help in the service voucher system. Her situation in terms of income and social protection has really improved since she stopped doing informal cleaning work. Consequently, she is less stressed than before. Yet she thinks that there is still room for improvement. She dislikes working for the customers she works for on Wednesdays and on Fridays. The people are really nice, but the work equipment is very bad and they expect Olga to perform miracles in 4

Quality of employment

- High wage
- Stable wage
- Commuting allowance for all work-related commuting
- Compensation for work-related telephone calls
- Luncheon vouchers
- Commuting time between customers counts as working time
- Regular training

Intrinsic job characteristics

- Non-ergonomic work equipment
- Dangerous cleaning products
- High workload

hours of time. The telescopic steel tube of their vacuum cleaner is missing, so she has to clean on her knees, sometimes they expect her to clean the house with bleach and they do not always provide gloves. The last months she has developed eczema on her hands. Probably because of the humidity that she is exposed to all day long. Besides, her back pain has started to worsen the last weeks. Her employer provides training regularly, but it is not possible to apply the practices she learned because she depends on the work equipment and products that her customers provide. She looks forward to the evenings, when she will be home again with her children. Lately however, she has been too tired to play with them. She has to do very physical work during the day and then in the evening she needs to prepare dinner, clean the kitchen, wash the dishes and do some ironing. After all these chores, she is really not in the mood to play with her children. She knows that her children miss their mother to play with, but maybe when she has recovered from her back pain, she will find the energy to play with them. She feels guilty about the fact that she is not the energetic mother she hoped to be, but on the other hand, she has a good job that allows her to provide her children with a financially stable situation. Her wage is high enough to live comfortably and to put some money aside for the future. She has a permanent contract and recently the trade-union delegation at the company arranged for all employees to receive luncheon vouchers and a small compensation for work-related phone calls. Also, after her pregnancy she could immediately continue to

work full-time. Besides, she receives an appropriate commuting allowance which covers all the costs. The time it takes to travel between customers also counts as working time. Because of all these advantages, Olga does not want to quit her job.

5.3 The story of Ezra

On a sunny Saturday morning in the middle of March Ezra (28 years) is having breakfast. She is reading her mail of the last week, which, as usual mainly consist of bills and reminders for unpaid invoices. She has no idea when she will be able to pay these bills, as she still has not received last months' wage. Next week, her season ticket for public transport will expire, so she does not know how to travel to her customers the coming weeks. She has called the company office several times, but no one is picking up the phone. Visiting the company office

Quality of employment

- Low wage
- Unstable wage
- Wage is not regularly paid
- No commuting allowance
- Part-time work
- No training
- Lack of contact with employer

Intrinsic job characteristics

- Ergonomic work equipment
- Safe cleaning products
- Protective working clothes

is not an option, as they are only open while Ezra is working; from 9 a.m. to 11 a.m. Her savings account is empty because her part-time wage does not allow her to put some money aside. Moreover, her wage is also very unstable because it depends on her hours worked. She is employed in the service voucher system and this means: 'no work is no wage', because her wage depends on how many of her customers have cancelled. She is single and has no children. She really wonders how service voucher employees with children can live financially comfortable. Because of the stress she experiences due to her financial problems, she has problems falling asleep and she has been very emotional over the past weeks. She realizes that she must see a doctor, but she has no money. Six months ago she became very ill because of her work. She needed to clean a very dirty surface and she mixed ammonia with bleach, which gave her respiratory problems. No one ever told her that this is dangerous. Since she had that accident, she protects herself better during work. She has made agreements with customers. She does not use any products with bleach or ammonia anymore. She buys the cleaning products herself and customers reimburse her. Also, gloves and working clothes were bought with her own money. Moreover, she has asked her customers to provide ergonomic work equipment. Luckily, she has understanding customers.

5.4 The story of Anissa

Anissa, a 38-year-old woman, is on her way to the supermarket. She will do some groceries and at the same time put up an advertisement for new customers. After being unemployed for five years, she currently is employed as a domestic help in the service voucher system. She worked full-time for a long time, but presently she only works 20 hours per week because many of her customers have left the company. It is really difficult to find new customers these

Quality of employment

- Involuntary part-time work
- Low wage
- Unstable wage
- Wage is not paid correctly
- Unpaid work
- Time loss due to long commuting time
- No commuting allowance
- No other fringe benefits
- Opportunities for broader professional formation
- Lack of contact with employer
- Lack of contact with customers

Intrinsic job characteristics

- Non-ergonomic work equipment
- Dangerous cleaning products
- High workload
- Low autonomy

days. Her part-time wage is too low and on top of that she has to pay the costs of the public transport and the phone calls she makes to her customers herself. Her wage is also unstable. When customers occasionally cancel the appointment, she is not paid. She also thinks that her employer is not paying her correctly because her payslips are not correct. Her husband also earns a very low wage. They would love to have children, but financially this would be very difficult. Moreover, it would be physically impossible to perform her job during her pregnancy. If she stops working during her maternity leave, she will have to find new customers afterwards and that is too difficult. She feels helpless. She cannot discuss her problems with her employer. When she goes to the company office, she sometimes needs to wait for hours and the administrative staff at the office is very rude to her. All these problems make her feel very bad. She has trouble sleeping and she has lost body weight during the last six months. After leaving the supermarket, Anissa takes the bus to the family Delabie. In the afternoon she is going to take the train to another family. Today, like every Tuesday, she will spend four hours on (unpaid) commuting. On the bus, she thinks about what the family will expect her to do today. Usually they are not at home, but they leave a long list with different tasks that Anissa is unable to finish in four hours. She often has to work longer to finish all the work while the extra work hours are not paid. The family Delabie also asks her to do dangerous tasks sometimes, like cleaning an electric heating system with water. The past few months, Anissa has had back pain. One of her families has a very heavy vacuum cleaner and

she hurt herself while carrying it on the stairs. Her wrists have also started to hurt, probably because she often has to wring a mop. She is really concerned about the future. What will happen to her when she is prevented to work because of her health problems? She has no degree, so it is impossible for her to find another job. She would like to follow caregiver training, but she has no time or money for that. Yet, Anissa has the feeling that she has no other choice than to work in the service voucher system.

6 Recommendations

The service voucher system has the potential to decrease health inequalities in society. However, in its current form it insufficiently decreases gender, educational and ethnic inequalities in health. Several improvements can be made to the system in order pursue higher health equity objectives. In the following paragraphs, we make some recommendations for policy makers (these recommendations can also inspire social partners and the governments of other European member states), individual employers and customers to improve the quality of work (QOW) in the system. These recommendations are based on the results of the report and summarised in table 3.

When it comes to policy makers, we believe that they should better consider all dimensions of the quality of work when evaluating the service voucher employment system and the public policies related to it. Our case study has shown that they are mainly concerned with the employment conditions and issues related to the broader labour market. Since the introduction of the system, efforts have indeed been made to improve the quality of the employment conditions, although some further room for improvement certainly exists. However, policy makers should also be more concerned with improving the other quality of work dimensions as well – this could refer to regulatory actions, but also to putting in place of prevention strategies and awareness enhancing campaigns.

Regarding employment conditions, a first and still important issue are wages, which are still very low compared to other occupations. A specific frustration for the workers is the limited seniority pay. Pay raise stops after a few years, which gives them the feeling that no further progress in terms of living standard is possible. However a wage increase – and especially seniority pay – may have adverse effects, e.g. decreasing the demand for domestic work, causing a higher exploitation of workers by their companies due to profit squeeze, or causing workers with high seniority to be selected out of the labour market because of wage costs. Therefore, policy makers should be careful with wage increases. Nevertheless, it remains an important issue that deserves debate among the social partners. On the other hand, the ability to make career progress is also important to most service voucher workers – and might offer a (partial) way out of the ‘wage dilemma’. Currently, the under-utilized Federal Training Fund and the Sectorial Training Fund only offer training opportunities that are quite narrowly focussed on cleaning work. However, since this is a highly subsidised sector, with labour market (re-)entry of vulnerable workers as an explicit policy target, there is much to say for extending training support beyond activities related to cleaning and other domestic work tasks. These broader training possibilities could create opportunities for service voucher workers to move on to other segments of the labour market, including occupations focused on care for children and the elderly, more complex tasks of family care, and administration. Our case study showed that in one company such an initiative exists and that the employees were in favour of the opportunity they received. Such initiatives must be supported and further developed in the service voucher system. By doing so, those service voucher workers that aspire career progress, or those that encounter health problems due to cleaning work, would find more realistic possibilities to move out of the cleaning sector. In such a scenario,

subsidised training for broader professional formation would constitute a real employability strategy. Moreover, legislation needs to improve the commuting allowance for all work-related commuting. In addition, access to the provisions of the Federal Training Fund should be facilitated, mainly for small service voucher companies.

Further, in order to improve the guidance and support that companies offer their employees, legislative actions or collective agreements between social partners might be opportune. All companies should adopt the practice of accompanying their employees to a new work place, perform regular controls at the work sites and instruct their customers on good practices and codes of conduct towards their employees. The same holds for collective activities with employees (e.g. regular meetings). Companies that do not comply with these requirements need to be effectively sanctioned in order to avoid improper competition between service voucher companies. Also, unacceptable behaviour by customers (discrimination, delayed payment, unauthorized or excessive demands...) should be registered at a central level and in case of repeated violation of the rules, suspension from the service voucher system should be possible. Moreover, the way of funding the companies needs to be reconsidered. The profit margin of companies has strongly decreased over time, making it increasingly difficult for companies to provide a good quality of work for the employees. Therefore, the idea of differentiated funding should be implemented. This would imply that companies receive their financial contributions based on (among others) quality of work-related criteria. Today, the public contribution is equal for all companies, whether or not they comply with the societal aims of the service voucher system. The same initiative has been discussed in parliamentary debates⁶¹, and has also been put forward in a previous report (Steunpunt tot bestrijding van armoede bestaansonzekerheid en sociale uitsluiting, 2008), but without any concrete initiatives so far. In similar vein, further (moderate) increases in the financial contribution from customers may also be considered, on the condition that the additional resources are used in order to improve the quality of work in the sector.

In addition, it is important to minimise inequalities between service voucher employees. First, all service voucher employees should be covered by one and the same Joint Committee. The current situation makes the system complicated and difficult to understand, and it enhances inequalities between service voucher employees. Moreover, the fact that service voucher employees are covered by several Joint Committees disperses their collective voice, making it difficult for them to organise themselves. Secondly, inequalities exist between the most vulnerable - mainly immigrant - and other service voucher employees. Our case study showed that the most vulnerable of an already vulnerable group of workers often end up in the least favourable conditions. This creates a situation of accumulated vulnerability, which is often difficult to escape from. This is mainly the case for immigrant women with few social contacts and little knowledge about where they can get help. Here too, better regulation of companies' work practices can offer solutions: in the long run all companies should converge to the same high level of work quality. Those that do not comply with the necessary standards and are not improving that situation should disappear after a certain period of time.

⁶¹ See for example: Kamer Van Volksvertegenwoordigers (House of Commons), parlementary request Z. Genot, Verslag van de 2de Kamerzitting van de 52ste zittingsperiode dd. 27.11.2012, CRIV 52 COM 281.

Nevertheless, independent of legislation and collective agreements, individual companies can take action in order to improve the quality of work among their own workers. More rigorously applying the existing regulation can make an important contribution: e.g. guaranteeing employment stability in accordance with the agreed working hours; guaranteeing continuity of customers and working hours after pregnancy leave; transparent and correct payment of wages and compensations for commuting costs and time, as well as realist work planning; investments in professional training and stimulating employees to attend trainings; well-communicated and consequent guidance and supporting practices; etc. Companies should also support their employees better (organise meetings regularly, accompany the employees to new workplaces, regularly visit the work place). Particularly the issue of health and safety education should be high on the agenda. Companies should also have a consultable training plan to guarantee the regularity of the trainings and special attention to new employees is necessary. Furthermore, each company must define which ergonomic cleaning tools the employees should work with and which safe products should be used, as well as determine which work is feasible in order to avoid an excessive work load. Employees must be trained on how to use these cleaning tools and products (see also further recommendations for customers), but customers should also be instructed regarding these issues. Activities of coaching, instructing customers, some administrative tasks, etc. could all be elements of a work reorganisation process at the level of the service voucher companies, where older or experienced domestic cleaners can have the opportunity of task enrichment. In doing so, some hours of administrative or coaching work can be assumed next to their cleaning work. That way, opportunities for career development can be created within the service voucher companies. Moreover, companies can play an important role in avoiding discrimination of the employees in the service voucher system. In that regard, service voucher companies should not only adopt a ‘zero tolerance policy’ towards discriminatory request by their customers, but they should also play an active role in supporting their workers when they believe to have sufficient arguments to make a formal complaint.

Finally, recommendations for customers could potentially be used in awareness-enhancing campaigns. Important recommendations in that regard include warning them to regularly hand in the vouchers, to avoid cancellation with insufficient prior notice, to avoid non-remunerated and dangerous tasks. They should also be told to provide adequate cleaning products and ergonomic work equipment in consultation with the company, and to discuss the feasibility of work tasks with the cleaner. Actions regarding customers’ attitudes are also very important. A respectful manner of conduct towards cleaning personnel is also something to be stimulated through awareness-enhancing campaigns. Another issue relates to discrimination and racism during the recruitment of service voucher workers, or during their daily work. Recent reports in the Flemish media have revealed important problems in that regard. Awareness-enhancing campaigns are a first and important step. However, also with regard to issues of racism, customers demonstrating overtly racist behaviour should effectively be sanctioned in accordance with anti-discrimination legislation. An accessible and independent contact centre for workers could be put in place and dissuasive action (e.g. mystery calls) could be taken by the sector or by public authorities.

Table 3: Recommendations based on the main results of this report

Policy makers / social partners

- Consider all quality of work characteristics
- Higher wages for service voucher employees
- Wages increase with seniority
- Encourage training initiatives for broader professional formation (e.g. extending the possibilities of the training fund, making these kinds of initiatives possible)
- Improve commuting allowance for all work-related commuting
- Remuneration of commuting time between customers and the employment office
- Facilitate access to Federal Training Fund
- Clarify rules concerning the employer's support of the employees and make them uniform
- Control and sanction employers when necessary
- Create rules for customers and register unacceptable behaviour of customers at central level. Create possibilities for sanctioning customers at a central level
- Finance companies according to the QOW they provide (with attention to all QOW characteristics)
- Implement an increase of the customers' contribution on the condition that additional resources are used to improve the QOW
- Create one and the same Joint Committee for all service voucher employees
- Suspend companies that do not converge to the necessary QOW standards

Employers

- More rigorously apply already existing regulation
- Provide support for employee (visit shop floor, organise meetings)
- Make a consultable plan for regular training, with special attention to new employees
- Determine a list with ergonomic working tools and safe cleaning products (no bleach and ammonia) for the customers and train employees to use them
- Organise meetings with employees
- Provide initiatives for broader professional formation. Avoid discrimination

Customers

- Hand in vouchers also in case of an occasional cancellation without prior notice
 - Hand in vouchers in accordance with effective working time
 - Do not expect that employees perform dangerous tasks
 - Provide products and work equipment as determined by employer
 - Regularly discuss the feasibility of the expected work tasks
 - Avoid discrimination
-

7 Bibliography

- Abbasian, S., & Hellgren, C. (2012). Working Conditions for Female and Immigrant Cleaners in Stockholm County – An Intersectional Approach. *Nordic journal of working life studies*, 2(3), 161–181.
- ABVV. (2013). AC Flash Dienstencheques. Drie grote vragen.
- ABVV. (2014). *Lonen en arbeidsvoorwaarden 2013-2014. Dienstencheques PC 322.01*. Brussel.
- ACLVB. (2009). *PsC 322-01 Nieuwigheden vanaf 01/09/2009* (ACLVB.). Gent.
- ACLVB. (2013). *CAO-Bundel gezinszorg-PsC 318.02* (pp. 1–271). Brussels.
- ACLVB. (2014). *Cao-bundeling. Paritair subcomité voor de erkende ondernemingen die buurtwerken of -diensten leveren*. Brussels.
- Ahonen, E. Q., Jose Lopez-Jacob, M., Luisa Vazquez, M., Porthé, V., Gil-Gonzalez, D., Maria Garcia, A., ... Benavides, F. G. (2010). Invisible Work, Unseen Hazards: The Health of Women Immigrant Household Service Workers in Spain. *American Journal of Industrial Medicine*, 53(4), 405–416.
- Arif, A. a, Hughes, P. C., & Delclos, G. L. (2008). Occupational exposures among domestic and industrial professional cleaners. *Occupational medicine (Oxford, England)*, 58(7), 458–63. doi:10.1093/occmed/kqn082
- Artazcoz, L., Artieda, L., Borrell, C., Cortès, I., Benach, J., & García, V. (2004). Combining job and family demands and being healthy: what are the differences between men and women? *European journal of public health*, 14(1), 43–8.
- Bell, A. F., & Steele, J. R. (2012). Risk of musculoskeletal injury among cleaners during vacuuming. *Ergonomics*, 55(2), 237–47. doi:10.1080/00140139.2011.592605
- Benach, J, Vives, a, Amable, M., Vanroelen, C., Tarafa, G., & Muntaner, C. (2014). Precarious employment: understanding an emerging social determinant of health. *Annual review of public health*, 35, 229–53. doi:10.1146/annurev-publhealth-032013-182500
- Benach, Joan, Solar, O., Santana, V., Castedo, A., Chung, H., & Muntaner, C. (2010). A Micro-level Model of Employment Relations and Health Inequalities. *International Journal of Health Services*, 40(2), 223–227. doi:10.2190/HS.40.2.d
- Bernard, H. R., & Ryan, G. W. (2010). *Analyzing qualitative data* (p. 451). Los Angeles/London/New Delhi/Signapore/Washington DC: Sage publications.
- Berntson, E., & Marklund, S. (2007). The relationship between perceived employability and subsequent health. *Work & Stress*, 21(3), 279–292. doi:10.1080/02678370701659215

- Bongers, P. M., Ijmker, S., van den Heuvel, S., & Blatter, B. M. (2006). Epidemiology of work related neck and upper limb problems: psychosocial and personal risk factors (part I) and effective interventions from a bio behavioural perspective (part II). *Journal of occupational rehabilitation*, 16(3), 279–302. doi:10.1007/s10926-006-9044-1
- CESU. (2013a). Le Cheque emploi service universel en quelques mots. Retrieved August 13, 2013, from <http://www.cesu.urssaf.fr/cesweb/ces1.jsp>
- CESU. (2013b). Le Chèque emploi service universel “déclaratif.” Retrieved August 09, 2013, from <http://www.cesu.urssaf.fr/cesweb/ces2.jsp>
- CESU. (2013c). Le Chèque emploi service universel préfinancé. Retrieved August 09, 2013, from <http://www.cesu.urssaf.fr/cesweb/ces4.jsp>
- CESU. (2014). *L'essentiel du Cesu. Salaire du particulier employeur*. Saint-Etienne Cedex 9.
- Charles, L. E., Loomis, D., & Demissie, Z. (2009). Occupational hazards experienced by cleaning workers and janitors: A review of the epidemiologic literature. *Work (Reading, Mass.)*, 34(1), 105–16. doi:10.3233/WOR-2009-0907
- Cheng, G. H.-L., & Chan, D. K.-S. (2008). Who Suffers More from Job Insecurity? A Meta-Analytic Review. *Applied Psychology*, 57(2), 272–303. doi:10.1111/j.1464-0597.2007.00312.x
- Cncesu. (2014). *Le contrat de travail d'un salarié déclaré avec le cesu*. Saint-Etienne Cedex 9.
- Costa, G., Sartori, S., & Akerstedt, T. (2006). Influence of flexibility and variability of working hours on health and well-being. *Chronobiology international*, 23(6), 1125–37. doi:10.1080/07420520601087491
- Costa, G., Torbjorn, A., Nachreiner, F., Baltieri, F., Carvalhais, J., Folkard, S., ... Silvério, J. (2004). Flexible Working Hours , Health , and Well-Being in Europe : Some Considerations from a SALTSA Project. *Chronobiology international*, 21(6), 831–844. doi:10.1081/LCBI-200035935
- Davis, K. G., & Heaney, C. A. (2000). The relationship between psychosocial work characteristics and low back pain : underlying methodological issues, 15.
- De Cuyper, N., Bernhard-Oettel, C., Berntson, E., Witte, H. De, & Alarco, B. (2008). Employability and Employees' Well-Being: Mediation by Job Insecurity. *Applied Psychology*, 57(3), 488–509. doi:10.1111/j.1464-0597.2008.00332.x
- De Cuyper, N., & De Witte, H. (2006). Autonomy and workload among temporary workers: Their effects on job satisfaction, organizational commitment, life satisfaction, and self-rated performance. *International Journal of Stress Management*, 13(4), 441–459. doi:10.1037/1072-5245.13.4.441

- De Cuyper, N., & De Witte, H. (2007). Job insecurity in temporary versus permanent workers: Associations with attitudes, well-being, and behaviour. *Work & Stress*, 21(1), 65–84. doi:10.1080/02678370701229050
- De Lange, A. H., Taris, T. W., Kompier, M. a J., Houtman, I. L. D., & Bongers, P. M. (2003). “The very best of the millennium”: longitudinal research and the demand-control-(support) model. *Journal of occupational health psychology*, 8(4), 282–305. doi:10.1037/1076-8998.8.4.282
- Defourny, J., Arnaud, H., Nassaut, S., & Nyssens, M. (2009). Les titres-services : quelle qualité d’emploi et d’organisation du service. *Regards économiques*, (69), 1–16.
- Derluyn, I., Lorant, V., Dauvrin, M., Coune, I., & Verrept, H. (2011). *Naar een interculturele gezondheidszorg*. Brussels.
- Devereux, J. J., Vlachonikolis, I. G., & Buckle, P. W. (2002). Epidemiological study to investigate potential interaction between physical and psychosocial factors at work that may increase the risk of symptoms of musculoskeletal disorder of the neck and upper limb. *Occupational and environmental medicine*, 59, 269–277.
- Die Minijobzentrale. (2010). *Minijobs Informationen für Arbeitgeber und Arbeitnehmer*. 45115 Essen.
- Die Minijobzentrale. (2013). *Minijobs in Privathaushalten*. 45115 Essen.
- Eatough, E. M., Way, J. D., & Chang, C.-H. (2012). Understanding the link between psychosocial work stressors and work-related musculoskeletal complaints. *Applied ergonomics*, 43(3), 554–63. doi:10.1016/j.apergo.2011.08.009
- Economische en sociale raad. (2014). *Initiatiefadvies betreffende de werking van het systeem van de dienstencheques na regionalisering 20*. Brussels.
- Eurofound. (2012). *Trends in job quality in Europe*. Luxembourg.
- Eurofound. (2013). *Quality of employment conditions and employment relations in Europe*. Dublin.
- European commission. (1993). *Growth, competitiveness, employment. The challenges and ways forward into the 21st century. White paper*. Luxembourg.
- Federale overheidsdienst werkgelegenheid, arbeid en sociaal overleg. (2013). *Opleidingsfonds dienstencheques. Evaluatierapport 2011-2012* (pp. 0–28). Brussels.
- Fernández, D. V. (2011). Asthma and hand dermatitis in cleaning workers: characteristics and risk factors.
- Ferrie, J. E., Shipley, M. J., Stansfeld, S. A., Davey, G., & Marmot, M. (2003). Future uncertainty and socioeconomic inequalities in health : the Whitehall II study, 57, 637–646.

- Flavin, P., Pacek, A. C., & Radcliff, B. (2009). Labor Unions and Life Satisfaction: Evidence from New Data. *Social Indicators Research*, 98(3), 435–449. doi:10.1007/s11205-009-9549-z
- Flora vzw. (2007). *Dienstencheques : ten minste houdbaar tot ... Hoe investeren in duurzame tewerkstelling ?* (pp. 1–25). Brussels.
- FNV Bondgenoten & ABVAKABO FNV. (2012). *Schimmenspel: hoe Nederland hopeloos achterloopt als het gaat om de rechten van huishoudelijk werkers* (FNV.). Amsterdam.
- FOD Werkgelegenheid arbeid en sociaal overleg. (n.d.). *Dienstenchequewerknemers op basis van het Datawarehouse arbeidsmarkt en sociale bescherming* (pp. 1–57). Brussels.
- Folletti, I., Zock, J.-P., Moscato, G., & Siracusa, A. (2013). Asthma and rhinitis in cleaning workers: a systematic review of epidemiological studies. *Journal of Asthma*, 51(1), 18–28.
- Ganster, D. C., & Rosen, C. C. (2013). *Work Stress and Employee Health: A Multidisciplinary Review*. *Journal of Management* (Vol. 39, pp. 1085–1122). doi:10.1177/0149206313475815
- Gash, V., Mertens, A., & Romeu Gordo, L. (2006). Are fixed-term jobs bad for your health?: a comparison of West-Germany and Spain. *IAB discussion paper*, 2006(8).
- Glenn, E. N. (1992). From Servitude to Service Work : Historical Continuities in.
- Häusser, J. A., Mojzisch, A., Niesel, M., & Schulz-Hardt, S. (2010). *Ten years on: A review of recent research on the Job Demand–Control (-Support) model and psychological well-being*. *Work & Stress* (Vol. 24, pp. 1–35). doi:10.1080/02678371003683747
- Holman, D., & McClelland, C. (2011). *Job Quality in Growing and Declining Economic Sectors of the EU*, (May).
- Idea consult. (2008). *Evaluatie van het stelsel van de dienstencheques voor buurtdiensten en – banen 2007* (pp. 1–131). Brussels.
- Idea consult. (2009). *Evaluatie van het stelsel van de dienstencheques voor buurtdiensten en - banen 2008* (pp. 1–171). Brussels.
- Idea consult. (2010). *Evaluatie van het stelsel van de dienstencheques voor buurtdiensten en – banen 2009* (pp. 1–153). Brussel.
- Idea consult. (2011). *Evaluatie van het stelsel van de dienstencheques voor banen 2010 buurtdiensten en – banen*. Brussels.
- Idea consult. (2012). *Evaluatie van het stelsel van de dienstencheques voor buurtdiensten en – banen 2011* (pp. 1–192). Brusels.
- Idea consult. (2013). *Evaluatie van het stelsel van de dienstencheques voor buurtdiensten en – banen 2012*. Brussels.

- Idea consult. (2014). *Evaluatie van het stelsel van de dienstencheques voor buurtdiensten en – banen 2013*. Brussels.
- Jahoda, M. (1982). *Employment and unemployment: A social-psychological analysis*. Cambridge: Cambridge university press.
- Jungbauer, F. H. W., Van Der Harst, J. J., Schuttelaar, M. L., Groothoff, J. W., & Coenraads, P. J. (2004). Characteristics of wet work in the cleaning industry. *Contact dermatitis*, *51*(3), 131–4. doi:10.1111/j.0105-1873.2004.00421.x
- Karasek, R., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The Job Content Questionnaire (JCQ): an instrument for internationally comparative assessments of psychosocial job characteristics. *Journal of occupational health psychology*, *3*(4), 322–55.
- Kraatz, S., Lang, J., Kraus, T., Münster, E., & Ochsmann, E. (2013). The incremental effect of psychosocial workplace factors on the development of neck and shoulder disorders: a systematic review of longitudinal studies. *International archives of occupational and environmental health*, *86*(4), 375–95. doi:10.1007/s00420-013-0848-y
- Kumar, R., & Kumar, S. (2008). Musculoskeletal risk factors in cleaning occupation—A literature review. *International Journal of Industrial Ergonomics*, *38*(2), 158–170. doi:10.1016/j.ergon.2006.04.004
- Landsbergis, P. A., Grzywacz, A. J. G., & Lamontagne, A. D. (2012). Work Organization , Job Insecurity , and Occupational Health Disparities, (September), 1–21. doi:10.1002/ajim.22126.
- Leino, P., & Hänninen, V. (1995). Psychosocial factors at work in relation to back and limb disorders. *Scandinavian Journal of Work, Environment & Health*, *21*(2), 134–142. doi:10.5271/sjweh.20
- Liladrie, S. (2010). “Do not disturb/please clean room”: hotel housekeepers in Greater Toronto. *Race & Class*, *52*(1), 57–69. doi:10.1177/0306396809354177
- Lim, S.-Y., Sauter, S. L., & Swanson, Naomi, G. (1998). Musculoskeletal disorders. In M. S. Jeanna (Ed.), *Encyclopedia of occupational health and safety* (pp. 34.61–34.62). Geneva: ILO.
- Liukkonen, V., Virtanen, P., Kivimäki, M., Pentti, J., & Vahtera, J. (2004). Social capital in working life and the health of employees. *Social science & medicine* (1982), *59*(12), 2447–58. doi:10.1016/j.socscimed.2004.04.013
- Lunau, T., Bambra, C., Eikemo, T. a, van der Wel, K. a, & Dragano, N. (2014). A balancing act? Work-life balance, health and well-being in European welfare states. *European journal of public health*, *24*(3), 422–7. doi:10.1093/eurpub/cku010
- Mackenbach, J. P. (1994). *Ongezonde verschillen. Over sociale stratificatie in Nederland*. Assen: Van Gorcum & Comp B.V.

- Malhotra, R., Arambepola, C., Tarun, S., de Silva, V., Kishore, J., & Østbye, T. (2013). Health issues of female foreign domestic workers: a systematic review of the scientific and gray literature. *International journal of occupational and environmental health*, 19(4), 261–77. doi:10.1179/2049396713Y.0000000041
- Malinowski, B., Minkler, M., & Stock, L. (2015). Labor unions: a public health institution. *American journal of public health*, 105(2), 261–71. doi:10.2105/AJPH.2014.302309
- McKee-Ryan, F., Song, Z., Wanberg, C. R., & Kinicki, A. J. (2005). Psychological and physical well-being during unemployment: a meta-analytic study. *The Journal of applied psychology*, 90(1), 53–76. doi:10.1037/0021-9010.90.1.53
- Merton, R. K. (1995). The Thomas Theorem and the Matthew Effect. *Social Forces*, 74(2), 379–422.
- Michielsen, J., Willems, R., Nouwen, W., Jalhay, S., & Didden, J. (2013). *Promoting integration for migrant domestic workers in Belgium* (pp. 1–91). Geneva.
- Minijob-zentrale. (2013). Privathaushalte als Arbeitgeber. Retrieved from http://www.minijob-zentrale.de/DE/0_Home/03_mj_in_privathaushalten/node.html;jsessionid=DFE69A6155BD0E2DA3A3DF461E50F754
- Mirabelli, M. C., Vizcaya, D., Martí Margarit, A., Antó, J. M., Arjona, L., Barreiro, E., ... Zock, J.-P. (2012). Occupational risk factors for hand dermatitis among professional cleaners in Spain. *Contact dermatitis*, 66(4), 188–96. doi:10.1111/j.1600-0536.2011.02023.x
- Muñoz de Bustillo, R., Fernández-Macías, E., Antón, J. I., & Esteve, F. (2009). *Indicators of job quality in the European Union*. Brussels.
- Muntaner, C., Solar, O., Vanroelen, C., Martinez, J. M., Vergara, M., Santana, V., ... Benach, J. (2010). Unemployment, Informal Work, Precarious Employment, Child Labor, Slavery, and Health Inequalities: Pathways and Mechanisms. *International Journal of Health Services*, 40(2), 281–295. doi:10.2190/HS.40.2.h
- Netterstrøm, B., Conrad, N., Bech, P., Fink, P., Olsen, O., Rugulies, R., & Stansfeld, S. (2008). The relation between work-related psychosocial factors and the development of depression. *Epidemiologic reviews*, 30(4), 118–32. doi:10.1093/epirev/mxn004
- O'Campo, P., Eaton, W. W., & Muntaner, C. (2004). Labor market experience, work organization, gender inequalities and health status: results from a prospective analysis of US employed women. *Social Science & Medicine*, 58(3), 585–594. doi:10.1016/S0277-9536(03)00230-2
- Or.c.a vzw. (2010). *Huishoudpersoneel : door een andere bril bekeken* (pp. 1–74). Brussels.
- OSHA. (2009). *The occupational safety and health of cleaning workers*.

- Pacolet, J., Wispelaere, F. De, & Cabus, S. (2010). *Bomen groeien niet tot in de hemel. De werkelijke kostprijs van dienstencheques* (pp. 1–169). Leuven.
- Pauwels, F. (2011). *walqing social partnership series Quality of work in Belgium ' s cleaning industry Intrinsic risks and sectoral regulation*, (May).
- Peeters, A., Van Pelt, A., & Valsemis, D. (2009). Dienstencheque-systeem: grens van honderdduizend jobs overschreden. *Over Werk. Tijdschrift van het Steunpunt WSE*, 2009(4).
- Regeltante. (2013). Je uurtarief bepalen. Retrieved August 14, 2013, from http://www.regeltante.nl/pages/2013/170/Uurtarieven_en_vergoedingen_voor_uw_werk_kun_je_zelf_afspreken_met_de_klant.html
- Reneflot, A., & Evensen, M. (2014). Unemployment and psychological distress among young adults in the Nordic countries: A review of the literature. *International Journal of Social Welfare*, 23(1), 3–15. doi:10.1111/ijsw.12000
- Reynolds, M. M., & Brady, D. (2012). Bringing You More Than the Weekend: Union Membership and Self-rated Health in the United States. *Social Forces*, 90(3), 1023–1049. doi:10.1093/sf/sor023
- Rijksoverheid. (2013). Dienstverlening aan huis. Retrieved from <http://www.rijksoverheid.nl/onderwerpen/arbeidsovereenkomst-en-cao/dienstverlening-aan-huis>
- Robson, L. S., Stephenson, C. M., Schulte, P. a, Amick, B. C., Irvin, E. L., Eggerth, D. E., ... Grubb, P. L. (2012). A systematic review of the effectiveness of occupational health and safety training. *Scandinavian journal of work, environment & health*, 38(3), 193–208. doi:10.5271/sjweh.3259
- RVA. (2013a). De dienstencheques in het kort. Retrieved from <http://www.dienstencheques-rva.be/gebruikers/>
- RVA. (2013b). Hoe verloopt het werken met dienstencheques in de praktijk? Retrieved from http://www.rva.be/d_opdracht_cheque/regl/werkgevers/e8/subcontentnl-12.htm
- Sanne, B., Mykletun, A., Dahl, A. a, Moen, B. E., & Tell, G. S. (2005). Testing the Job Demand-Control-Support model with anxiety and depression as outcomes: the Hordaland Health Study. *Occupational medicine*, 55(6), 463–73. doi:10.1093/occmed/kqi071
- Sansoni, A. M. (2009). *Limits and potential of the use of vouchers for personal services Limits and potential of the use of vouchers for personal services. Working paper 2009.06* (pp. 1–44). Brussels.
- Scott-Marshall, H. (2009). The Social Patterning of Work-Related Insecurity and its Health Consequences. *Social Indicators Research*, 96(2), 313–337. doi:10.1007/s11205-009-9480-3

- Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of occupational health psychology*, 1(1), 27–41.
- Stansfeld, S., & Candy, B. (2006). Psychosocial work environment and mental health—a meta-analytic review. *Scandinavian Journal of Work, Environment & Health*, 32(6), 443–462. doi:10.5271/sjweh.1050
- Steunpunt tot bestrijding van armoede bestaansonzekerheid en sociale uitsluiting. (2008). *De dienstencheques: Springplank of valstrik voor mensen in armoede en bestaansonzekerheid. Verslag seminarie 27 mei 2008*. Brussels.
- Thompson, C. a, & Prottas, D. J. (2006). Relationships among organizational family support, job autonomy, perceived control, and employee well-being. *Journal of occupational health psychology*, 11(1), 100–18. doi:10.1037/1076-8998.10.4.100
- Tsui, E. K. (2010). Sectoral job training as an intervention to improve health equity. *American journal of public health*, 100 Suppl , S88–94. doi:10.2105/AJPH.2009.181826
- Underhill, E., & Quinlan, M. (2011). How Precarious Employment Affects Health and Safety at Work : The Case of Temporary Agency Workers, 397–421.
- Van der Heyden, J., & Charafeddine, R. (2013). *Gezondheidsenquête 2013. Rapport 1: Gezondheid en Welzijn*. Brussels.
- Van Heetvelde, W., & Neuprez, E. (2012). *Dienstenchequewerknemers, hoe verplaatsen ze zich? Resultaten van de enquête bij dienstenchequewerknemers over hun verplaatsingen van en naar hun klanten* (pp. 1–15). Brussels.
- Van Peteghem, J., Pauwels, F., & Ramioul, M. (2011). Formalising domestic cleaning work. The Belgian service voucher system, (March).
- Vandenbrande, T., Vandekerckhove, S., Vendramin, P., Valenduc, G., Huys, R., Van Hootegeem, G., ... De Witte, H. (2012). *Quality of work and employment in Belgium*. Leuven : HIVA. Draft Report Eurofound.
- Veenstra, G. (2011). Race, gender, class, and sexual orientation: intersecting axes of inequality and self-rated health in Canada. *International journal for equity in health*, 10(1), 3. doi:10.1186/1475-9276-10-3
- Veliziotis, M. (2010). Unionization and Sickness Absence from Work in the UK.
- Vets, C., De witte, H., & Notelaers, G. (2009). *Werkenmerken en het welzijn van Belgische werknemers gedurende het laatste decennium*. Brussel: FOD-WASO.
- Viruell-Fuentes, E. a, Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: structural racism, intersectionality theory, and immigrant health. *Social science & medicine* (1982), 75(12), 2099–106. doi:10.1016/j.socscimed.2011.12.037

- Vizcaya, D., Mirabelli, M. C., Antó, J.-M., Orriols, R., Burgos, F., Arjona, L., & Zock, J.-P. (2011). A workforce-based study of occupational exposures and asthma symptoms in cleaning workers. *Occupational and environmental medicine*, 68(12), 914–9. doi:10.1136/oem.2010.063271
- Vorm DC. (2011a). *Synthese van de rondetafelgesprekken* (pp. 1–16). Brussels.
- Vorm DC. (2011b). *Samenvattend rapport van de resultaten van de enquête gevoerd onder dienstenchequebedrijven van het paritair subcomité 322.01* (pp. 1–13). Brussels.
- Vorm DC. (2014). *Enquete betreffende vorming en rekrutering van dienstenchequepersoneel* (pp. 1–23). Brussels.
- Vorm DC. (2015). Over Vorm DC. Retrieved April 17, 2015, from <http://www.vormingdienstencheques.be/over-vorm-dc/>
- Wang, J., Afifi, T. O., & Cox, B. (2007). Work – Family Conflict and Mental Disorders in the United States : Cross-Sectional Findings From the National Comorbidity Survey, 149, 143–149. doi:10.1002/ajim.20428.
- Wang, J. L. (2006). Perceived work stress, imbalance between work and family/personal lives, and mental disorders. *Social psychiatry and psychiatric epidemiology*, 41(7), 541–8. doi:10.1007/s00127-006-0058-y
- Wester, F. (2006). *inhoudsanalyse: theorie en praktijk*. Deventer, Alphen aan den Rijn, Den Haag: Kluwer.
- Widanarko, B., Legg, S., Devereux, J., & Stevenson, M. (2014). The combined effect of physical, psychosocial/organisational and/or environmental risk factors on the presence of work-related musculoskeletal symptoms and its consequences. *Applied Ergonomics*, 45(6), 1610–1621. doi:10.1016/j.apergo.2014.05.018
- Woods, V., & Buckle, P. (2006). Musculoskeletal ill health amongst cleaners and recommendations for work organisational change. *International Journal of Industrial Ergonomics*, 36(1), 61–72. doi:10.1016/j.ergon.2005.08.001
- Woods, Valerie. (2005). Work-related musculoskeletal health and social support. *Occupational medicine (Oxford, England)*, 55(3), 177–89. doi:10.1093/occmed/kqi085
- Zock, J. P. (2005). World at work: cleaners. *Occupational and environmental medicine*, 62(8), 581–4. doi:10.1136/oem.2004.015032