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Background report on home - based and community-based care workers in Sri Lanka

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Foreword

Care work is fundamental to the functioning of our societies and economies. It enables children to learn and thrive, older persons and persons with disabilities to live with dignity, and working families to participate in the labour market. Yet, despite its immense social and economic value, care work continues to remain largely invisible, undervalued, and under-recognized — particularly when carried out in homes and communities by women workers operating in informal and insecure conditions.

In Sri Lanka, home-based and community-based care workers play a vital role in responding to the growing demand for care services driven by demographic transitions, changing family structures, and increasing social care needs. However, many of these workers continue to experience significant decent work deficits, including low and irregular wages, absence of formal contracts, limited legal protection, unsafe working conditions, and restricted access to social protection. Women remain disproportionately affected, reflecting deeply rooted gender inequalities within both labour markets and social norms.

This background report provides an important and timely analysis of the realities faced by care workers in Sri Lanka. It examines existing gaps in labour protection, social protection, occupational safety and health, and representation, while also highlighting the structural challenges associated with the informality of care work. Importantly, the study explores the potential of Social and Solidarity Economy (SSE) approaches — particularly care cooperatives — as innovative pathways to advance decent work, formalization, and inclusive care systems.

The International Labour Organization (ILO) recognizes care work as central to achieving social justice, gender equality, and sustainable development. Investing in the care economy has the potential not only to generate decent jobs, but also to reduce inequalities, support women's economic empowerment, and strengthen social cohesion. This report contributes to these goals by generating evidence and practical recommendations that can support policymakers, workers' organizations, employers, cooperatives, and development partners in shaping a more inclusive and equitable care ecosystem in Sri Lanka.

The findings of this report reaffirm the urgent need to recognize care work as work, ensure the rights and dignity of care workers, and strengthen institutional and policy frameworks that support decent working conditions. They also demonstrate the importance of collective approaches and social dialogue in building resilient and people-centred care systems.

I hope this report will serve as a valuable resource for dialogue, policy development, and action, and that it will contribute meaningfully to ongoing national efforts to strengthen the care economy and promote decent work for all care workers in Sri Lanka.

Joni Simpson
Country Director
ILO Country Office for Sri Lanka and the Maldives

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Contents

Definitions: Types of Care Workers

1. Paid Care Workers: Individuals who perform care activities for pay or profit, spanning sectors like health, education, and domestic work.

    1.1 Personal Care Workers: Those providing direct personal assistance, such as bathing, dressing, or feeding, in hospitals, clinics, or residential facilities.

    1.2 Domestic Workers: Workers who provide direct or indirect care within private households, including cooking, cleaning, and caring for children or older persons.

    1.3 Health and Education Workers: Specifically, nurses, doctors, and teachers who provide professional care services.

2. Unpaid Carers: People who provide care without monetary reward, largely consisting of family members, often women and girls.

3. Institutional and Home-Based Care Workers:

    3.1 Institution-based: Workers employed in formal settings like hospitals, nursing homes, and childcare centers.

    3.2 Home-based: Workers who provide care within the client's home or their own home.

(International Labour Organization 2018)

1. Introduction

1.1 Background

The care economy represents a critical yet often undervalued economic sector. As a result, globally and in Sri Lanka, the labour force, encompassing home-based and community-based care workers who provide essential services for children, elderly persons, and individuals with disabilities, remain unrecognized, and often unpaid and underpaid in precarious working environments, lacking decent work conditions. In Sri Lanka, despite the growing demand for care driven by demographic changes, including an aging population, and evolving social structures, care workers frequently operate under challenging working conditions marked by informality, inadequate labour protections, and exclusion from social protection systems. This situation not only undermines the dignity and fundamental human rights (which include the labour rights) of care workers but also hampers broader goals of gender equality, social inclusion, and sustainable development.

The country's National Time Use Survey by the Department of Census and Statistics (2017) illustrates that women dedicate significantly more time to unpaid care and household work than men – 94.7% of employed women engage in unpaid care activities, compared to 65.9% of men – which adversely affects their participation in paid employment and economic independence. The dual burden of paid and unpaid care work constrains women's opportunities for participation in the formal labour force and professional development, perpetuating poverty and social marginalization. To this end, the latest Labour Force Survey data (2023) records that 57.2% of economically inactive women have cited engagement in housework as the reason for their inactivity while only 5% of economically inactive men have reported housework as the reason. This shows that men tend to be economically inactive due to other factors, whereas household responsibilities account for more than half of women's economic inactivity. The International Labour Organization (ILO) estimates that worldwide, unpaid care and domestic work contributes up to 9% of global GDP (ILO, 2018); while in Sri Lanka, the value of unpaid household, care, and voluntary work in Sri Lanka is estimated to contribute between 10.3% (minimum wage valuation) and 42% (maximum valuation) of GDP (Gunewardena and Perera 2022), underscoring the economic importance of the care sector. At the specialist wage it is 14% of the GDP (Gunewardena and Perera 2022).

In Sri Lanka, the informal nature of paid care work – especially among home and community-based care workers – exacerbates the vulnerabilities experienced by those within the sector, resulting from low and irregular incomes, precarious contractual arrangements, limited access to training, low levels of dignity and respect associated with the work carried out and absence of social protection coverage; reiterating the need for reforms to promote decent work and comprehensive social protection for this workforce if growing care needs are to be met. Responding to these challenges, the ILO, in partnership with national social partners, have worked on promoting the labour rights of the

domestic and care workers as well as enabling social protection mechanisms. For example, the ILO is piloting Care Cooperative models in Sri Lanka, to enable decent work for care workers as well as to enable the transition towards formality and better working conditions, wages, and social protection for care workers. These programs present the opportunity to be used as guidance for prioritizing gender-transformative approaches to empower care workers, increase the formalization of their labour, and foster inclusivity within Sri Lanka's care economy.

A detailed literature review by ILO presents evidence for how cooperatives within the Social and Solidarity Economy (SSE) framework offer promising pathways to ensure the attainment of decent work conditions for care workers (ILO 2017). SSEs harness cooperative, mutual, and community-based organizational models grounded in principles of social justice, democratic governance, and sustainable development. By enabling collective action, resource pooling, and equitable sharing of risks and benefits, SSE enterprises have the potential to address structural barriers faced by care workers, such as economic precarity and social exclusion, underscoring the potential of SSE in advancing decent work conditions, enhancing social protection, and contributing to gender equality within care sectors. The integration of SSE approaches within the care economy can thus support the creation of more inclusive and resilient care work arrangements that recognize the rights and contributions of care workers (Spear 2021).

This background report aims to provide an evidence-based analysis of the current working conditions and access to social protection for home and community-based care workers in Sri Lanka. Drawing on published literature and analysis, including ILO publications, national data and legal policy frameworks alongside primary data collected as part of this assignment, the report explores structural challenges and opportunities inherent in the care sector, with a focus on the role of SSE entities as catalysts for decent work in the care economy. The overall objective is to inform policy formation that advances inclusive labour rights, social protection, and gender-responsive reforms aligned with the Sustainable Development Goals[1] and best practices of international labour standards. By highlighting the experiences and needs of home-based and community-based care workers, this report contributes to shaping a more equitable and sustainable care sector that benefits workers, care recipients, and society at large.

1.2 Research Objectives

The overall objective of this report was to examine and provide insights into the current working conditions and access to social protection for home-based and community-based care workers, while also considering the role SSE entities can play in improving their livelihoods. The findings from this report will provide recommendations and serve as a key resource for guiding policies and initiatives aimed at promoting decent work in the care sector in Sri Lanka.

1 Goal 10 - Reduce inequality within and among countries; Goal 5 - Achieve gender equality and empower all women and girls; and Goal 1 - End poverty in all its forms everywhere

Specific objectives

- To prepare a situational analysis of the working conditions of home-based and community-based care workers, through an overview of their access to social protection, income stability, skills gaps, legal gaps in labour protection and the challenges they face in organizing.
- To assesses the role of SSE entities in improving the livelihoods and rights of home-based and community-based care workers.
- To identify challenges, opportunities, strategies and recommendation for promoting decent work in the care economy.

1.3 Research Methodology

To meet the above-mentioned objectives, this study adopted a mixed methods approach that combined both desk-based analysis and primary qualitative data. The comprehensive desk-based situation analysis considered the working conditions, social protection, skills gaps, and levels of organisations among home-based and community-based care workers. The desk review was complemented by a legal and policy gap review undertaken to understand the extent to which care workers are currently covered under existing national laws and policies.

Field-based qualitative data collection was undertaken in conjunction with data collected for the 'Assessment of the Social and Solidarity Economy (SSE) Ecosystem and Care Cooperatives in Sri Lanka'. The qualitative interviews encompassed Key Informant Interviews (KIIs) at national and district level with government representatives (6), and representatives of domestic worker unions/collectives (3); in-depth interviews with representatives of various care providing institutions and workers at these entities (12); and a Focus Group Discussion (FGD) with workers currently engaged in paid care work. The purpose of these interviews was to understand the context in which home-based and community-based care provision currently operated and the potential for expansion.

Ethical considerations

Research ethics were adhered to throughout the research process, with informed verbal consent obtained from all interview respondents prior to data collection by explaining the purpose and scope of the research. Furthermore, efforts were taken to adhere to the principle of 'Do No Harm'.[2] Interviewee anonymity and confidentiality of data collected is ensured.

Data analysis

Both secondary and primary data were analysed using a thematic analysis framework and were guided by the ILOs decent work framework. The findings and recommendations developed as part of this study were subsequently presented at a stakeholder validation workshop where feedback was incorporated to ensure that the recommendations presented align with the needs of care workers and relevant stakeholders.

2 The Do No Harm approach ensures that the context in which any intervention is being implemented is understood, due consideration is given to the possibility of unintended consequences, and mitigatory measures are available.

1.4 Structure of the Report

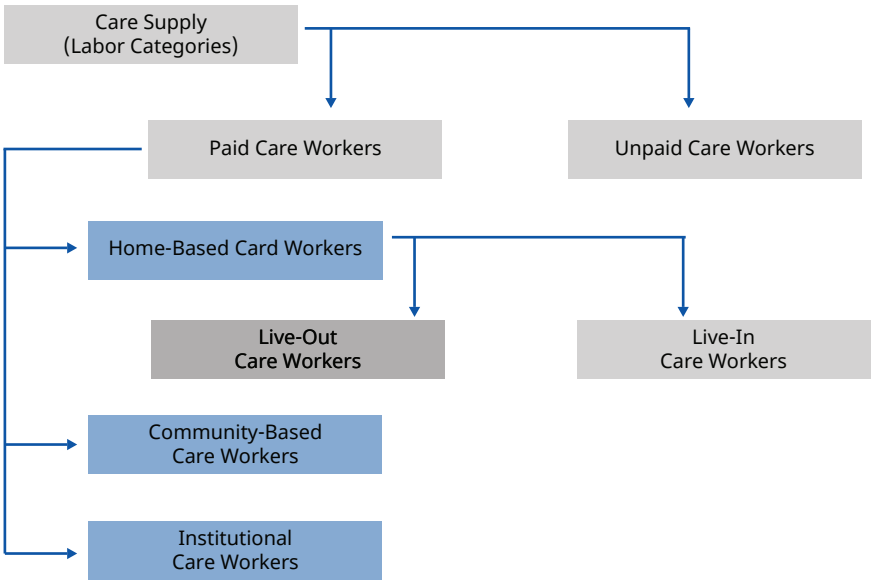
The report is organized into six main sections that collectively examine the working conditions of care workers in Sri Lanka and propose measures to strengthen their rights and access to decent work, with specific focus on SSEs' potential to catalyse such change. The Introduction sets the stage by presenting the background, research objectives, methodology, and overall structure of the study. Section two provides an overview of care provision in Sri Lanka, outlining key actors, service models, and policy frameworks shaping the sector. The next section offers a detailed analysis of the decent work deficit among care workers, examining issues related to employment creation and formality, rights at work, social protection, and social dialogue. Section four explores the potential of Social and Solidarity Economy (SSE) models and care cooperatives as pathways to promote decent work, highlighting their feasibility and short-term implementation options. The final section presents the conclusion and recommendations, outlining strategic actions for policymakers, employers, and stakeholders to strengthen the care economy and enhance the wellbeing and decent work conditions and rights of care workers in Sri Lanka.

2. Care Provision in Sri Lanka

Sri Lanka's care provision is highly skewed towards families/households and communities with women recognised to be performing 86% of all unpaid work (Centre for Global Social Policy 2023).. Where care is provided for payment, the sector remains quite small and gendered, accounting for only 2-3% of paid employees, 91% of them female. Domestic workers account for one-third of paid care and work long hours—54 hours per week on average which is well above the ILO standards on working hours (Centre for Global Social Policy 2023). ILO standards suggest that normal working hours should not exceed 8 hours per day and 48 hours per week (International Labour Organization 2019). Prior to the establishment of specialised childcare and elderly care institutions (still limited to urban areas), domestic workers constituted almost all of the paid care sector.

Sri Lanka's care system is composed of multiple types of care services, including unpaid household care, paid home-based care, community-based care, and institutional care services (see Figure 1: Care worker categories in Sri Lanka). Overall, the composition of this mix reflects entrenched social and gendered norms around family responsibilities, role of women in the family including that of a caregiver (paid and unpaid) and the comparatively limited development of formal care infrastructure, in both private and public sectors. Within this landscape, domestic workers—many of whom provide home-based care—remain among the lowest-paid occupational groups, in part because care work is undervalued and the competencies it requires are often perceived to be acquired through experience rather than recognised through formal training and certification (Verité Research 2015).

Figure 1: Actors within the SSE



Source: (International Labour Office 2022)

Unpaid care remains the backbone of the Sri Lankan care economy and an emerging strong body of research sheds light on the gendered burden of care and its implications for labour market inequalities, while articulating calls for action and recommendations for recognising, redistributing and reducing unpaid care. Household and family-based caregiving, performed overwhelmingly by women, constitutes the largest share of care provision, particularly in childcare, eldercare, and care for persons with disabilities. Statistics highlight this imbalance: women perform 86% of all unpaid work in Sri Lanka, and Sri Lankans spend on average 3.7 hours or 15% of a 24-hour day on unpaid domestic and care work (Centre for Global Social Policy 2023). According to Sri Lanka's Time Use Survey (2017), 87.3% of women and girls above the age of 10 participate in housework and care work, compared to only 59.7% of men and boys. In countries like Sri Lanka, sociocultural norms designate such work as "women's work," creating multiple challenges for women and girls, violating their rights. However, the focus of this study goes beyond unpaid care work, focusing instead on paid care workers and related labour market issues, framed in terms of the ILO's decent work criteria.

The paid care sector in Sri Lanka is relatively small and highly gendered (Centre for Global Social Policy 2023). Paid care employees constitute only 2–3% of the total workforce, with 91% being women (Centre for Global Social Policy 2023). Based on the analysis undertaken, it is determined that paid care work can be broadly categorized into home-based care, community-based care, and institutional care. However, policy documents and labour classifications in Sri Lanka rarely distinguish these categories clearly. Consequently, much of the existing evidence treats paid care workers collectively under the umbrella of "domestic workers," which are primarily home-based, rendering other forms of care work both conceptually and statistically invisible.

Domestic workers make up approximately one-third of paid care workers, and 91% of them are employed in the private sector, representing market-based care, while only 9% are employed by the state (Centre for Global Social Policy 2023). According to the 2022 Labour Force Survey, there are 66,677 domestic workers in Sri Lanka, of whom 89% are female (Perera, Perera, and Siriwardana 2023). Micro-level studies indicate that domestic workers are predominantly women between the ages of 25–55, with low levels of education, drawn from low-income households and historically disadvantaged communities, including plantation areas and urban slums (International Labour Organization 2020a). Qualitative interviews indicate that most domestic workers are employed in private households and, despite routinely providing care, are not classified as care workers—largely because their skills are not tied to a recognised certification (KII 13, 2025).

Qualitative interviews and a cursory look at 'job adverts' for care/household workers, indicate a blurring of 'job roles and tasks' between care work (caring for children etc.) and household work (cooking and cleaning). Households frequently hire domestic workers to perform care tasks – rather than engaging dedicated care workers – because it is "less costly", and allows employers to bundle care with other household duties. However, respondents also observed a rising demand for dedicated care services in urban areas, particularly for older persons. In response to this growing demand,

representatives of domestic worker unions reported that some private manpower agencies recruit domestic workers and deploy them as carers on an hourly basis without adequate training, raising concerns about service quality, worker preparedness, and adequate compensation for the worker (KII 15, 2025).

"Most of the domestic workers are not employed only as care workers, they do other tasks as well. But most of the manpower agencies recruit domestic workers and use them as care workers while charging on an hourly basis. That is the issue we [worker unions] have. But those manpower agencies do not conduct proper training for those domestic workers before assigning them as care workers" (KII 15, 2025)

Home-based care refers to paid care provided within private households. Workers are employed by families to assist with childcare, eldercare, or care for persons with illnesses or disabilities. Two subcategories exist: **live-in caregivers**, who reside in the household and typically combine personal care with domestic tasks, often remaining on call around the clock; and **live-out caregivers**, who commute daily or periodically to provide specific care services (International Labour Organization 2020a). ILO indicates that workers who provide home-based care and domestic workers who also do care work, in Sri Lanka, frequently experience long hours, low pay, and exposure to abuse or harassment, with limited legal mechanisms to seek redress (International Labour Organization 2021).

Although the Domestic Servants' Ordinance (No. 28 of 1871) regulates the registration and employer–servant relationship, it remains outdated and rooted in a colonial framework. The Wages Boards Ordinance establishes minimum wages and working conditions through sector-specific wage boards; however, no wage board has been constituted for domestic workers, leaving them without a statutory minimum wage (Verité Research 2015). Consequently, there is no comprehensive legal framework recognising domestic work as a distinct occupation. While care workers employed through formal institutions may receive legal protection, the majority engaged in informal, home-based care often as domestic workers and occasionally as caregivers remain outside regulatory coverage. As caregiving is not widely recognised as a formal profession, these workers often face labour vulnerabilities and lack decent working conditions.

In 2025, the ILO conducted a comprehensive review of Sri Lankan labour laws alongside International Labour Standards and developed standard contracts for domestic workers separately for live-in and live-out workers as advocacy and discussion tools (International Labour Organization 2025b; International Labour Organization 2025c). While Sri Lanka lacks specific legal provisions for domestic workers, the ILO shows through this initiative that existing legislation, constitutional guarantees, and ratified international standards grounded in equality and human rights can be interpreted to extend protection to this group.

The framework recognises a wide range of domestic work categories, including caregiving (childcare, elder care, disability and illness care), housekeeping, cooking, guarding, and related roles. The contract draws on multiple existing legal instruments including labour laws, occupational safety regulations, maternity benefits, minimum wage legislation, and constitutional protections to provide a more

comprehensive basis for safeguarding domestic workers.

The model contract outlines key employment terms, including parties to the contract, job description, wages and benefits, working hours, leave, social protection, working conditions, dispute resolution, termination, and the right to organise. It also provides guidance for employers, such as ensuring compliance with national laws, clearly communicating terms in Sinhala or Tamil, and formalising agreements in written form.

The live-in contract incorporates additional safeguards around accommodation, mobility, and personal autonomy, reflecting the higher vulnerability associated with residential employment relationships, whereas the live-out contract is structured around standard employment conditions.

Insights from qualitative interviews point to emergent worker-led practices that address some of the critical gaps identified in the sector. These practices offer partial mitigation of issues such as the absence of social security provisions for care workers, the widespread overexploitation of labour, and the limited availability of leave. Additionally, they help counteract harassment in the workplace and the lack of formal legal agreements or contracts signed by relevant parties. These findings were highlighted by key informants during interviews conducted in 2025 (KII 13, 2025; KII 15, 2025). Representatives of trade unions and worker collectives reported facilitating simple written agreements between workers and employers that specify duties, working hours, and remuneration - explicitly acknowledging that care tasks are frequently combined with broader household responsibilities. These organisations also provide training and guidance on labour rights, negotiating fair wages, scheduling and overtime, and safe working conditions. For members who encounter non-payment of wages, unsafe workplaces, or other grievances, union administrations offer case support and mediation - an important backstop where statutory protections are weak or unclear (KII 1, 2025; KII 15, 2025; KII 13, 2025).

"Most of the domestic workers do not have legal protection. We created [a] contract … so, if any employer recruits a domestic worker [who is a member of this worker union], then they have to sign that contract and agreement on a renewal [annual] basis. … We are pushing for a contract or agreement because some employers expect some tasks that were not previously mentioned. And the salary is sometimes not paid on time and not paid the full amount if they are going back home for vacation" (KII 15, 2025).

"We also make them [union members/workers] aware of the possible harassments, salaries/ wages, leaves [vacation], etc. We could maintain a fixed salary rate to some extent… We also conduct training for members on leadership, communication, labour laws, and financial literacy" (KII 13, 2025).

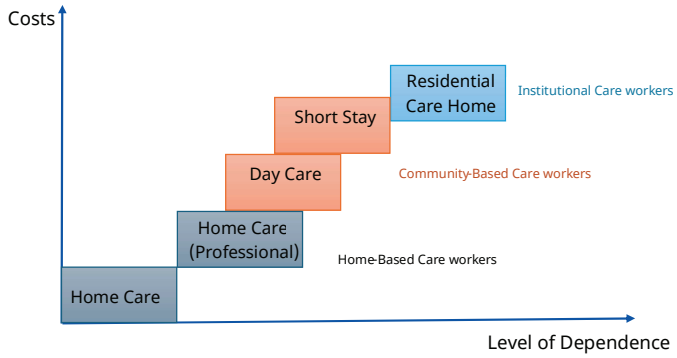
These excerpts underscore the need for oversight to safeguard workers' wellbeing and rights in a sector with limited legal coverage. This will be discussed in more detail in the Section 3 on Decent work deficits below.

Community-based care occupies an intermediate position between home-based and institutional care (as illustrated in Figure 2) encompassing workers who support individuals in community settings such as early childhood development (ECD) centres, day-care facilities for children and older persons, community health

programmes, disability support services, and outreach activities by NGOs, faith-based groups, or local authorities assisting with daily living, health needs, or social support. Community-based care workers, such as preschool teachers, day-care assistants, community care volunteers, and caregivers attached to local initiatives, form a diverse and largely unregulated workforce.

Within the sphere of community-based care, the country has a well-established and formally recognised cadre of community health workers, namely Public Health Midwives (PHMs) and Public Health Inspectors (PHIs) (UNICEF 2022). Their recognition within the public service demonstrates the positive outcomes of formal employment arrangements, particularly in achieving national health and maternal outcomes.

Figure 2: Continuum of Care



Source 2: Authors' illustration based on
https://www.socialprotection.org/gimi/gess/Media.action;jsessionid=8PgFQmmmtz34PlvmM5lpobxjWpWWZCznX-CepyBWUu_VPZ6hTOxMB!-2073956956?id=12775

It is noted that this kind of formal recognition has not been extended to other community-based care workers who operate largely in informal or voluntary settings, often through community, charitable entities. Establishing formal recognition and employment structures for such workers could help meet the rising demand for care—particularly driven by demographic changes such as population ageing, and the increase in chronic illnesses among the elderly population. Responding to the lack of representation for pre-school teachers, one worker collective indicated that they have incorporated the National Pre-School Teachers' union within their membership in an effort to ensure the representation of their rights (KII 2, 2025).

Institutional care refers to formal, residential, or facility-based services provided by public, private, or non-profit institutions. This includes eldercare homes, child protection institutions, and private residential facilities. Workers in institutional care settings are more likely to have formal employment contracts, though conditions vary between public and private sectors. In Sri Lanka, in institutional care settings, workers employed under formal arrangements are generally awarded statutory protection under the labour law

framework however, those in informal or casual positions remain unprotected and vulnerable. Expanding recognition and formalisation across all types of care work would contribute towards safeguarding workers' rights as well as employment creation and strengthen the care economy.

Overall, Sri Lanka's care supply in terms of labour is multi-layered but fragmented, characterised by over-reliance on unpaid household care by women, informal and poorly regulated paid care work in home and community settings, and weak institutional care infrastructure with uneven quality and coverage. Despite its centrality to both economic productivity and social wellbeing, care work in Sri Lanka remains undervalued, undercounted, and under protected, with limited policy coherence or institutional mechanisms to ensure decent working conditions across its segments.

The next section will delve into more detail on the decent work deficit among care workers. However, this study focuses primarily on home-based and community-based care workers, as institutional care falls beyond its scope while also acknowledging the need for broader recognition and formalisation across all types of care work.

3. The Decent Work Deficit among Care Workers in Sri Lanka

Globally, the demand for paid care is growing, with many countries facing a care crisis due to unmet needs and ageing populations. Despite their centrality to care provision, domestic workers often lack access to labour rights, social protection, and care services for themselves and their families. These gaps are particularly pronounced among domestic workers facing multiple forms of discrimination, including migration status, lower levels of education or ethnic and indigenous origin (International Labour Organization 2024b).

In the Sri Lankan context, even within home-based and community-based care, most workers are informally employed and are largely not covered under labour law; as a result, they are vulnerable and often lack decent working conditions. Care workers who deliver services in home-based settings are almost entirely informal and are commonly referred to as domestic workers in existing literature. These workers primarily perform care duties either by residing in the home of the care recipient or by providing daily services while residing elsewhere. Therefore, domestic workers remain the most vulnerable category in terms of labour protections. While Sri Lanka has a well-established public community-based care workforce, a considerable proportion of care workers outside the public sector are informally employed and face significant decent work deficits. These workers fall within informal employment, where employment relationships are, in law or in practice, not subject to national labour legislation, social protection, or entitlement to employment benefits.

Care workers employed in formal institutional settings are, to some extent, covered by existing legal and regulatory frameworks under the Shop and Office Act, provided the institution or facility is deemed to meet the minimum requirement to be accountable under the relevant legislation and are registered accordingly. Such workers are generally entitled to protections relating to earnings, working hours, leave, maternity benefits, and access to dispute resolution mechanisms which are later compared with the conditions of vulnerable home-based and community-based workers in the subsequent subsections of this section. However, it is important to note that even within institutional settings, some workers remain informally employed and are therefore not covered under labour law due to the nature of their employment.

The ILO's *Decent Work Agenda* (International Labour Organization 2024a), structured around four key pillars—employment creation, rights at work, social protection, and social dialogue—serves as a global framework for promoting fair, safe, and dignified work. The section below examines the extent to which care workers in Sri Lanka, particularly home-based domestic workers, deviate from this framework based on their current working conditions.

In addition, the ILO's *5R Framework for Decent Care Work* (International Labour Organization 2018)—Recognise, Reduce, Redistribute, Reward, and Represent—complements the Decent Work Agenda. While the first three "R"s primarily address unpaid care work, the latter two, *Reward* and *Represent*, focus on ensuring decent

work for paid care workers. As this study mainly focuses on paid care work, including home-based and community-based care, the principles of *Reward* and *Represent* align closely with the four pillars of the Decent Work Agenda by emphasising fair working conditions with fair and equal pay, adequate protection, and meaningful representation through social dialogue.

Recognising care work as a profession within national policies, ensuring labour and social security rights for workers, and acknowledging their skills and experience is crucial to improving working conditions and sustaining a qualified care workforce. However, Sri Lanka has yet to fully address these issues. Trade unions and domestic worker organisations play a critical role in organising, promoting, and protecting domestic workers' rights, but access to such collective processes remains uneven across the country.

3.1 Employment Creation - Recognition, and Formality

Beyond wage employment, employment creation within the care economy must be understood more broadly to include self-employment, entrepreneurship, and cooperative or social solidarity economy models, which can provide livelihoods while extending social and economic protections to members. Importantly, informal workers can be integrated into formal enterprises, thereby improving their access to protections even when their work arrangements may not be entirely formal.

In Sri Lanka, a significant number of care workers in home-based and community-based settings are not formally recognised as employees. Informality here refers to persons in employment who, by law or in practice, are not covered by national labour legislation, income taxation, or social protection and employment benefits. This can exist in both the informal and formal sectors of the economy, according to the definition used by the Department of Census and Statistics Sri Lanka, based on ILO standards (Department of Census and Statistics 2024).

This is particularly evident among live-in domestic workers who operate without written contracts, receive irregular pay, and are subject to undefined working hours. The legal recognition and formalisation is widely acknowledged as a prerequisite for decent work, as it establishes the necessary framework for extending labour rights (including eligibility of legal recourse when rights are infringed), minimum wage coverage, and social protection. Furthermore, the combination of this lack of formal recognition and the generally low societal valuation of care work is identified as a key factor constraining the supply of individuals willing to enter this expanding sector (CEPA 2023).

"Many people don't like to work as a caregiver. Because our society labels it [care work] as a lower-grade job. But people like to work in another country as a caregiver, because they are well-paid, facilities are there and there is no status gap" (KII 24, 2025).

"In general, caregivers are seen merely as cleaners—those who bathe elders, change their clothes, and assist with hygiene. Although we view this as an emotionally compassionate and loving service, unfortunately, such understanding is still limited at the community level" (KII 22, 2025).

As highlighted in the KII statements above, migrant care work particularly when supported by formal training is gaining prominence due to higher wages and

improved dignity, prompting workers to opt for overseas employment rather than domestic opportunities. At the same time, Sri Lanka has begun to actively promote skilled migration pathways in the care sector. For instance, the Sri Lanka Bureau of Foreign Employment (SLBFE) has initiated programmes to deploy trained caregivers to countries such as Israel, where workers can access significantly higher wages, formal contracts, and safer migration channels (Sri Lanka Bureau of Foreign Employment 2023). These schemes require formal training and certification, signalling a shift from previously insecure domestic work migration toward more regulated and better-compensated opportunities.

Even among formally trained and regulated health workers, dissatisfaction with underfunding, limited career progression, and underemployment contributes to the appeal of migration. Health workers in Sri Lanka generally operate within a sector that is formally regulated by the Government, with access to labour protections and social security. However, this protection is uneven. Lower-level staff particularly those in casual or informal role often remain outside effective regulatory coverage, resulting in unequal recognition, weaker protections, and poorer working conditions. This deficit is increasingly driving outward migration. Many workers perceive overseas employment as offering not only higher earnings but also better working conditions, including structured hours, dedicated leisure time, and greater flexibility to balance work and family responsibilities. These trends suggest that migration for care work is not merely an individual choice but a structural response to gaps in decent work within the domestic health and care economy (Arambepola 2022).

For care workers operating largely within the informal labour economy in Sri Lanka, there is significant legal ambiguity regarding whether they fall under the traditional definitions provided by existing labour statutes. When care workers have a formal contract of employment (i.e., a contract of service), they are, in principle, entitled to the protections afforded under the relevant statutes, provided that the law does not expressly exclude its application. However, in cases where no formal employment contract exists, determining whether these workers fall within the protective scope of labour laws requires a deeper examination of the underlying work relationship. Given the current enforcement gaps, such deeper examination of work relationships may not be feasible in the short term.

A study also finds that, rather than recognising the skill value of domestic work (and thereby valuing "experience," for example), employers are more concerned with abstract qualities of workers, such as trustworthiness, kindness, and humility (de Silva 2019). In other words, the study explains that employers are purchasing the worker's personhood, rather than their professional ability to perform a task. Job advertisements often promise wage increases or bonuses based on demonstrating one's "trustworthiness," reinforcing the idea that the worker's personal identity is being commodified, rather than their work-related skills (de Silva 2019). This is reiterated during the qualitative interviews, with managers of care providing entities indicating that they prioritise attitude and willingness to provide care over formal qualifications of potential workers, with on-the-job training provided after recruitment. Respondents went on to state that when vacancies arose, they preferred to source workers through

referrals of existing workers, as they were better able to elaborate on the extent of the role and expectations of tasks to be carried out.

"We do not impose strict qualification requirements. However, during the interview, we explain the nature of the caretaking work... [we expect] that they care for the elders as they would for their own parents." (KII 21, 2025).

"We advertise in newspapers, and also inform those already working here, who in turn send suitable candidates... Those referred by current employees tend to remain longer in the job. They continue diligently, compared to those coming through other means, they have better understanding of the work" (KII 21, 2025).

3.2 Rights at work

Within the ILO's *Decent Work Agenda*, the pillar on Rights at Work emphasises the protection and promotion of fundamental principles that ensure fairness, equality, and dignity in all forms of employment. According to the ILO, these rights include freedom of association, freedom from forced labour, elimination of child labour, and freedom from discrimination (International Labour Office 2006). Upholding these rights ensures that no individual or group whether defined by gender, ethnicity, religion, age, disability, or any other characteristic is excluded from employment and income opportunities, and that all workers can fully realise their potential and participate in the development process (International Labour Office 2006).

In June 2011, at its International Labour Conference, the ILO adopted the Domestic Workers Convention, 2011 (C189), along with its supplementing Recommendation Concerning Decent Work for Domestic Workers (Verite Research 2015). The central premise of the Convention is that domestic work should be treated as "work like no other." Under C189, several key standards of decent work are guaranteed to domestic workers, including: (1) payment of wages, (2) social security, (3) maternity benefits, (4) hours of work, (5) living conditions, (6) personal security, and (7) dispute resolution (Verite Research 2015).

It is of note, that Sri Lanka has not yet ratified this Convention (Verite Research 2015). In the context of Sri Lanka's care economy, the situation of care workers particularly those in home-based and community-based roles reveals significant gaps in the realization of these rights. Considering the standards outlined in Convention 189 and ILO's decent work agenda, the following section examines: (1) legal coverage, and scope of work; (2) earnings and working hours; (3) entitlements, dispute resolution and termination; and (4) safety, health, and dignity of care workers in Sri Lanka, across both domestic and institutional settings, under the Rights at Work pillar of the ILO's Decent Work Agenda. The discussion draws on existing legal and regulatory frameworks, as well as available studies and evidence on the current situation of care workers in the country.

3.2.1 The Legal Coverage, and Scope of Work

Legal coverage

In Sri Lanka, the regulation of working conditions is primarily governed by several key pieces of legislation, including the *Shop and Office Employees (Regulation of Employment and Remuneration) Act No. 19 of 1954 (SOEA*) (National Institute of Occupational Safety and Health 1952),

the *Factories Ordinance No. 45 of 1942* (Department of Labour 1942), the *Wages Boards Ordinance No.27 of 1941* (Department of Labour 1941), and the *Employment of Women, Young Persons, and Children Act No. 47 of 1956* (Department of Labour 1956). These statutes collectively set out minimum standards relating to working hours, overtime, rest, leave entitlements, and general employment conditions for various categories of employees. However, these protections are not uniformly applicable across all sectors, and notably, care workers, particularly those employed in domestic settings, are at times excluded from the scope of many of these legal instruments.

The *Domestic Servants Ordinance No. 28 of 1871* of Sri Lanka, originally enacted during the colonial period, governs various aspects including the registration of "domestic servants", "master-servant" definitions, and the duties around registering, entering and discharging "servants". The continued use of the term "servant" within this legal framework is itself reflective of a colonial mindset, reinforcing unequal and top-down notions of labour relations. While care workers, particularly those providing home-based care services, may fall within the broader definition of "domestic servants" under the Ordinance, the law neither explicitly addresses the specialized, and often medical, nature of contemporary caregiving roles nor gives comprehensive protections pertaining to conditions of employment including working hours, rest, or leave entitlements. As such, the Ordinance offers limited protection and regulation for care and/or domestic workers compared to general labour law standards. The law primarily establishes a registration system for domestic servants, requiring workers to obtain a pocket register that records their employment history, engagement, and termination of service. While this creates a formal record of employment, the Ordinance does not provide substantive labour rights, such as minimum wage protections, regulation of working hours, weekly leave, or other welfare safeguards that are typically found in modern labour legislation. Instead, many of its provisions focus on administrative control and verification of workers, including requirements for registration, employer reporting of engagement and discharge, and the recording of conduct or character references. Consequently, the Ordinance functions largely as a monitoring and registration mechanism, offering minimal protection for domestic workers and providing limited avenues for them to claim labour rights or enforce employment conditions.

While care workers providing homebased care in private households remain largely outside statutory frameworks, care workers situated in community-based care providing entities, or care institutions (i.e. residential care facilities or nursing homes), are more likely to have access to civil service protections or Wages Board coverage. To this end, interviews with workers employed in care providing entities indicated that while they did in fact sign contracts stating the working hours, salary, leave entitlements, and causes for dismissal, these were not adhered to strictly, with particular emphasis on utilising the leave entitlements, tasks and responsibilities assigned, or hours of work (FGD 01, 2025). Furthermore, it is noted that workers indicated a lack of awareness of redressal mechanisms available to them in the context of contract violations or infringement of their rights/entitlements as employees.

In view of the above analysis, with regards to the legal coverage of care workers, the following may be interpreted:

Home-based Care Workers: No statutory legal framework governing Working Conditions.

Institution-based Care Workers: If employed in such a "Nursing Home" or "Office" as defined by the Act, the provisions of the SOEA are likely applicable.

Studies on domestic workers in Sri Lanka consistently highlight gaps in employment contracts, with many workers lacking written agreements and clearly defined terms of employment (International Labour Organization 2020a). This leaves them without enforceable rights related to working hours, rest periods, minimum wages, and leave entitlements.

In an effort to address these gaps, the ILO has recommended several measures: (1) enacting a separate and distinct law for domestic workers; (2) integrating domestic workers into existing labour legislation; (3) introducing a standard employment agreement between employers and employees; and (4) establishing a state-led system for registering domestic workers with defined terms and conditions to formalize and legally recognize domestic work (International Labour Organization 2020b).

An ILO review of Sri Lanka proposes a roadmap aligned with the ratification of Convention C189 (International Labour Organization 2020b), underscoring these policy gaps. This roadmap includes identifying a lead government agency, classifying domestic workers, ensuring competency standards, raising awareness among workers and employers, establishing accountability mechanisms, maintaining proper documentation, and ultimately ratifying ILO C189 (International Labour Organization 2020b).

To advocate for the legal recognition of domestic work and domestic workers in Sri Lanka, the ILO conducted a study in 2020.[3] It examined the living and working conditions of a total of 300 domestic workers in these areas. This study found that only a small proportion of workers have formal written agreements with their employers, with verbal contracts being the norm (International Labour Organization 2020a). While most workers are aware of the terms and conditions of their jobs, this understanding is often uneven, particularly among domestic workers , who are expected to perform multiple chores. The study found that only three live-in domestic workers (2.2%) had a written agreement with their employer, while one worker had a contract through a job agency. The vast majority—92% of live-in domestic workers—did not have any formal written contract, and a small number did not respond (International Labour Organization 2020a). Interestingly, 57.2% of domestic workers surveyed in the study has expressed a preference for verbal contracts over written ones, with no significant difference between men and women (International Labour Organization 2020a). Workers cited several reasons for

3 The study covered 138 live-in domes□c workers and 162 live-out domes□c workers, totaling 300 par□cipants from the districts of Colombo, Gampaha, and Kandy.

this preference: verbal agreements are easier to negotiate, easier to understand, offer more flexibility, and reflect their unfamiliarity with written contracts.

This evidence suggest that domestic workers perceive written contracts as rigid and difficult to comprehend, limiting their ability to negotiate terms. This highlights the importance of educating domestic workers about contract terms and improving their literacy to ensure they can fully understand and engage with written agreements. The informality extends to live-out domestic workers as well: 98% of the households employing live-out workers reported verbal agreements, with only two employers providing written contracts (International Labour Organization 2020a). This underscores the pervasive informality across both live-in and live-out domestic work in Sri Lanka.

Scope of work

In terms of workload, live-in domestic workers in Sri Lanka perform a wide range of duties. Domestic workers are typically responsible for cooking, washing kitchen utensils, cleaning, laundry, ironing, sweeping, gardening, shopping, caring for children and the elderly, attending to pets, and ensuring household security. Cooks often handle marketing and general house cleaning in addition to meal preparation, while caregivers frequently combine care responsibilities with household chores. Drivers and gardeners generally have fewer tasks but may still assist with shopping and household security (International Labour Organization 2020a).

Concerning residential or live-in domestic workers, there is often a blurred line between work and rest. There has historically been a customary expectation that 'servants' would be constantly available to their 'masters' to perform all required duties, "within the reasonable limits of their physical strength and moral welfare (Verite Research 2015)." However, the ILO standard domestic worker contracts are established on the principle that whatever is applicable to other workers through local policy frameworks are also applicable to domestic workers (International Labour Organization 2025a).

This is further evidenced by another study in which interviews with a small number of independent care workers revealed the challenges they face in the absence of institutional support or regulations to ensure decent working conditions (CEPA 2023). One respondent in that study has shared; while caring for an older individual with dementia, she was also expected to prepare meals without receiving any additional compensation for the extra duties. She has further explained that some households did not allocate time for rest or even for meals, stating: "Some places, even while I am having my lunch, they will give me instructions on my work" (CEPA 2023). This means that her scope of work had not been specified, and therefore she was required to do anything she was asked to do, making her work life exhausting with extra hours and without fair compensation. She also noted that although verbal agreements on working conditions are often made, they are rarely honoured in practice. This is why a written contract with a clearly defined scope of work is important, as she correctly notes that verbal agreements can easily be breached in such contexts.

Summary: Legal coverage and scope of work

- Ambiguous employment relationships: Many care workers providing home-based care services (whether they are live-in and live-out workers) work without written contracts; duties, hours and pay are verbally agreed and frequently adjusted unilaterally by households.
- Fragmented statutory coverage: Domestic/home settings fall outside, or at the margins of, core labour statutes that govern hours, leave, overtime, OSH, and dispute resolution in formal facilities. Community-based roles outside the public service are inconsistently covered.
- Practical result: Workers lack enforceable rights on hours, rest, dismissal, and grievance procedures; enforcement is largely impossible where the "workplace" is a private home.

3.2.2 Earnings and Working Hours

Many home-based and community-based care roles are low-paid and precarious, especially where funding is minimal or employers avoid formal contracts. In Sri Lanka, working conditions are primarily governed by the Shop and Office Employees (SOEA) Act, Factories Ordinance, Wages Boards Ordinance, and the Employment of Women, Young Persons, and Children Act. However, care workers in domestic settings are often excluded from these legal protections, leaving them without guarantees for maximum working hours, overtime pay, weekly rest, or leave entitlements. This legal exclusion stands in contrast to international standards, particularly the ILO Convention No. 189 on Decent Work for Domestic Workers, which Sri Lanka has not ratified. Consequently, many of these workers are subject to extended working hours without compensation or rest and often lack grievance redressal mechanisms.

Earnings

While the National Minimum Wage Act (Parliament of Sri Lanka 2025) extends a basic wage guarantee to them, the absence of enforceable provisions on working hours, overtime, or written employment terms leaves this group vulnerable, particularly for unfair salary deductions. The legal exclusion of domestic care workers from broader labour protections highlights a significant regulatory gap, underscoring the need for legislative reform to ensure equitable treatment and wage security across all forms of caregiving work in Sri Lanka.

Thus, with regards to the legal coverage of earnings of care workers, the following may be interpreted:

Home-based Care Workers: the statutory protection of the National Minimum Wage Act is awarded. However, there are no other enforceable provisions ensuring overtime, sick pay etc.

Institution-based Care Workers: the statutory protection of the decisions of the Wages Board for the Nursing Homes Trade and the SOEA, if employed in such "Nursing Home"/ or "Office" as defined by the relevant law.

According to an ILO study conducted in 2020 on domestic workers (International Labour Organization 2020a), monthly wages for live-in workers ranged from under LKR 5,000 to over LKR 30,000, underscoring the absence of a legally defined minimum wage for this category. Around one-third of live-in domestic workers considered in the study earned between LKR 10,001–20,000, and another third between LKR 20,001–30,000. The study was published in 2020, at which time the national minimum wage in Sri Lanka was LKR 10,000. This suggests that some workers in this category were earning below the minimum wage introduced in 2016 (Parliament of Sri Lanka 2025) and continued until it was increased to LKR 12,500 in 2021. This also suggests that even though the national minimum wage provides statutory protection for all workers, there are still problems with enforcement, resulting in home-based workers such as domestic workers earning far below the minimum wage. Further, there were some gender differences in the earning capacity and the study highlights in general, women receive lower monthly wages than men among live-in workers, the reason being that most of the male domestic workers are engaged in what is considered as specialised work, mainly driving. Regional variations were also evident in the study: in Colombo, half of the housemaids earned over LKR 20,000, compared to only one-quarter in Gampaha, and none in Kandy. Further, live-out domestic workers earned less in overall, with 54% receiving between LKR 10,001–20,000 per month and only 10.5% earning above LKR 30,000 (International Labour Organization 2020a).

According to data from the Labour Force Survey from the Department of Census and Statistics, gender disparities in care-work earnings persist despite overall wage increases since 2016 (CEPA 2023). While both men and women in paid care work earn less than their counterparts in other sectors, men's earnings have grown faster in recent years (CEPA 2023). From 2017 onwards, male care workers' daily wages surpassed those of women in other occupational categories, illustrating how care work dominated by women continues to occupy the lowest stages of the wage hierarchy. This pattern reflects structural gender bias in valuing women's labour, where care work is perceived as an extension of unpaid domestic roles rather than skilled, remunerable employment.

Working hours

Care workers' time arrangements mirror their insecure earnings: extended and undefined working hours are the norm,

particularly for live-in workers. It is of particular note that Section 12 of the SOE Act would not be applicable to residential care providing arrangements where employees live on the premises, further increasing their vulnerability. With no inclusion under the SOEA or other labour laws, domestic workers providing care services lack legal guarantees for maximum hours, overtime pay, weekly rest, or paid leave—conditions explicitly protected under ILO Convention No. 189, which Sri Lanka has yet to ratify.

Live-in care workers often remain on call around the clock, contributing to fatigue and health risks (International Labour Organization 2020a). An ILO study 2020 on domestic workers highlights that 50% of live-in domestic workers—both men and women—work between nine and twelve hours a day, while only 27.5% work eight hours or less (International Labour Organization 2020a). Many have no clearly defined start or end times, as their work blends into personal time. By contrast, live-out workers typically maintain eight-hour days but still lack protection for overtime or rest periods (International Labour Organization 2020a). The absence of regulation over working hours not only violates international labour standards but also reinforces the precarious and feminised nature of care employment, where long, unpaid extensions of labour time are normalised as part of "women's work."

Summary: Working time, earnings and conditions

- Long and elastic hours: Live-in workers are routinely "on call" beyond standard hours; start/end times are undefined. For live-out workers, overtime and weekly rest are rarely guaranteed.
- Low and volatile pay: Earnings are highly variable by location and role, with gender gaps persistent (men paid more for tasks classed as "skilled," e.g., driving). Deductions and unpaid extra duties (cooking, cleaning) are common.
- Blurring of roles: Care tasks are frequently bundled with general domestic work, eroding task clarity and remuneration for care competencies.

3.2.3 Entitlements, Termination, and Dispute Resolution

As most home-based care workers in Sri Lanka lack formal recognition under labour law their access to leave, facilities, or maternity benefits are limited and they face significant barriers in termination and dispute resolution. This section examines these disparities, highlighting gaps in entitlements, and mechanisms for addressing workplace grievances.

Entitlements

For women domestic workers, exclusion from maternity protection remains one of the most significant challenges. Even where maternity leave provisions exist, many workers face obstacles in accessing these benefits due to gaps in implementation and enforcement.

Sri Lanka has ratified the *Maternity Protection Convention (Revised) No. 103 of 1952* (C103), which guarantees paid maternity leave and prohibits discrimination based on pregnancy. The Convention also explicitly includes those who undertake "domestic work for wages in private households." However, Sri Lanka's dualist legal system requires international conventions to be incorporated into domestic law before they become enforceable (de Silva 2019). While Sri Lanka has signed the Domestic Workers Convention, 2011 (C189), it has not yet ratified it. Thus, in practice, domestic workers are not recognised as "workers" under the Wages Boards Ordinance, and the Maternity Benefits Ordinance No. 32 of 1939 does not apply to them. As a result, domestic workers lack access to maternity benefits and broader maternity protection.

According to the ILO study (2020) on domestic workers (International Labour Organization 2020a), in terms of leave entitlements, most employers reported providing annual leave and paid sick leave to live-in domestic workers, which was largely confirmed by workers' own accounts. Nonetheless, some workers noted that wages were deducted when they took sick or additional leave, although a majority reported no deductions for such absences. Regarding facilities and basic conditions, the majority of live-in workers in the study stated that they were provided with meals, toiletries, and medicines when unwell, and that they had a separate room for accommodation. About two-thirds reported receiving clothes, and one-fourth said they were provided with mosquito nets.

However, only a small proportion of live-out workers had access to similar facilities. Most workers indicated that they were allowed rest periods and that mobile phone use was not restricted. Reflecting on the lack of existing enforceable laws to ensure the protection of domestic workers, representatives of worker unions stated that members were capacitated to advocate for working conditions that correspond to the conditions stated in C189 in the form of stipulating working hours, expectations alongside periods of rest.

"When we send the domestic workers who have registered with us to the workplaces, we asked them to work only 8 hours with 1 hour for lunch break" (KII 13, 2025).

"Agreement includes working time, breaks, the work that the employer expects, salary, accommodation, and holidays. Because their workload is high and there are no breaks sometimes, at least to get a short rest" (KII 15, 2025).

Termination

Regarding termination, care workers employed in institutional settings such as private hospitals, nursing homes, or eldercare facilities are generally recognised as "workmen" under the Termination of Employment of Workmen Act (TEWA) (Parliament of Sri Lanka 2022). However, there are also workers engaged in institutional settings who remain informally employed and are therefore not covered under TEWA. For instance, bed side attendants in Sri Lankan hospitals are often arranged through private parties and, despite delivering services within institutional settings, are not formally employed by these institutions and thus fall outside the scope of legal protection. This legal protection also does not extend to most domestic or home-based caregivers. Workers employed within private households—often on a live-in or part-time basis—are typically excluded from TEWA coverage, particularly where employment is not classified as "scheduled employment," the workplace has fewer than fifteen employees on average, or the worker has not completed the required period of continuous service.

A notable deviation from prevailing market practices, which was quite unique, in the care sector was identified during interviews with service providers. One institutional elder care provider reported a policy of workforce retention even in the face of a declining resident population. Contrary to the common practice of termination or layoffs in response to reduced operational demand, this entity chooses to maintain workers on a permanent salary and continued to fulfil its statutory obligations (EPF/ETF). This approach underscores a conscious management strategy that prioritises investment in a stable, skilled workforce and recognises the value of experienced care providers, even when not strictly obligated to retain them. As the key informant explained:

"*Some [workers] have been working for more than three years. Even when the number of patients reduces, we do not dismiss them, as they have placed their trust in us. They are also provided with EPF, ETF, and a security fund*" (KII 21, 2025).

Dispute resolution

With regard to dispute resolution, Sri Lanka's labour law only partially complies with Article 17(1) of C189, which guarantees access to effective dispute settlement mechanisms for domestic workers (Verite Research 2015). Under Section 31B(1) of the Industrial Disputes Act, domestic workers may file complaints concerning termination of employment or "conditions of labour," though these conditions are not clearly defined for domestic work. Remedies available to domestic workers are also limited; while the Act provides for back wages, reinstatement is often replaced by compensation under Section 33(3), which specifically directs labour tribunals to award compensation rather than reinstatement in cases involving "domestic servants." Furthermore, the absence of dedicated labour inspection mechanisms for domestic work severely constrains the enforcement of these limited rights (Verite Research 2015). Thus, the term "domestic servants," which reflects a colonial "master–servant" mindset should be replaced with "domestic workers" in all legislation while also removing existing exclusions and enabling access to compensation and reinstatement; where reinstatement is not feasible given that homes differ from formal enterprises, appropriate additional compensation should be provided.

The qualitative interviews indicated that domestic worker unions in Sri Lanka are noted to play a critical role in providing advocacy and dispute resolution for their members, who largely operate beyond the reach of the national legal framework. This function is particularly evident when the union itself facilitates the employment. In such cases, it acts as a mediator to establish mutually agreeable terms of work between the worker and employer. As part of this proactive engagement, unions may conduct pre-placement site inspections to verify occupational safety and health standards (KII 13, 2025). Furthermore, they capacitate members to assess a suitable working environment themselves, a crucial step for live-in arrangements. This includes advising workers to secure a separate, private room, thereby safeguarding their privacy and security (KII 13, 2025; (KII 15, 2025).

In the event of a dispute—such as non-payment of wages or incidents of violence and harassment, including sexual harassment—union members are guaranteed direct representation. This support constitutes a vital recourse in the absence of a robust statutory grievance mechanism, enabling a dedicated advocate to intervene on the worker's behalf to seek a resolution.

Summary: Entitlements, dispute resolution and termination

- Legal exclusion constrains entitlements: The absence of formal recognition for home-based and domestic care workers under labour law limits access to leave, maternity benefits, and social protection.
- Maternity protection remains unenforced: Although Sri Lanka has ratified C103, domestic workers remain outside the scope of national maternity benefit laws, reflecting the gap between international commitments and domestic implementation.
- Provision of benefits is uneven and informal: Live-in workers receive some leave and basic facilities, but access is discretionary and inconsistent, with live-out workers facing greater deprivation.
- Termination safeguards are partial: TEWA protections extend only to institutional care workers, leaving most domestic caregivers vulnerable to arbitrary dismissal; isolated good practices in workforce retention remain exceptions.
- Dispute resolution relies on informal advocacy: Weak legal enforcement and the absence of dedicated mechanisms force domestic workers to depend on unions for mediation, representation, and protection against abuse.

3.2.4 Safety, Health and Dignity

Domestic and home-based care workers in Sri Lanka face significant risks to their safety, health, and dignity. Owing to the private and isolated nature of the household as a workplace, these workers are especially vulnerable to harassment, violence, and exploitation. Studies and ILO reports consistently identify sexual harassment, verbal abuse, and even physical violence as pervasive occupational hazards for domestic workers—particularly for women care workers who often live in their employers' homes with little external oversight.

Safety and health

Five respondents out of 138 live-in domestic workers in the ILO study (2020) on domestic workers, revealed that they had experienced inappropriate or abusive behaviour from employers or their family members. Of these, two had been asked for sexual favours, two reported being touched inappropriately, and one reported being raped. Only two of the five victims had lodged complaints with the police, while the others refrained from reporting—either due to fear of retaliation or lack of knowledge about available reporting mechanisms. The study highlights the story of sixty-year-old Mala, who began working as a child, further illustrating the normalization of abuse: she recounted being physically and sexually harassed by her employer's son as a teenager, and being advised by her mother to "ignore it as boys being playful." Such testimonies highlight the deep cultural and structural silences that surround violence against domestic workers.

"When I was about fifteen or sixteen, the oldest son of the employer started to physically harass me. I told my mother, but she told me, 'that is the way with young boys, they are playful, don't feel bad about it. Later he sexually harassed me but I did not tell anyone, not even my mother."

Source 3: Domestic Workers and Decent Work in Sri Lanka, ILO (2020)

From an Occupational Safety and Health (OSH) perspective, care work also entails significant physical and psychosocial risks. Tasks such as lifting, prolonged standing, repetitive movements, and exposure to infection and psychosocial risks including violence and harassment are common (International Labour Organization 2025c), yet domestic and home-based workers are rarely covered by formal OSH standards or employer safety measures. Literature on home-based workers in Sri Lanka underscores the absence of proper OSH training, protective equipment, or awareness initiatives (International Labour Organization 2020a; de Silva 2019).

Interviews reveal that care workers were vulnerable to specific physical risks, with the nature of these OSH hazards varying by client group. Those caring for children with disabilities reported incidents of biting and hitting, while staff in elder care facilities, particularly those supporting individuals with dementia, described risks of physical altercations (KII 11, 2025; KII 17, 2025; FGD 01, 2025). These risks are noted to have the potential to be exacerbated when staff lack targeted training in communication and behavioural management. To uphold the right to a safe and healthy workplace, it was considered imperative to mandate and provide training that equipped care workers with the competencies to prevent, anticipate, and respond appropriately to these foreseeable challenges.

The ILO study (2020) on domestic workers reported while ill health and injury are not universally reported, approximately one-third of live-in and one-fifth of live-out domestic workers stated that they had fallen ill while at work. In addition, 16 percent of live-in and 12.3 percent of live-out workers had experienced workplace injuries or accidents. Only a small proportion reported receiving adequate support or compensation from employers during recovery, indicating weak accountability and absence of formal employer obligations for workplace safety or injury compensation.

Dignity

Finally, dignity at work remains a recurring concern. Workers report grievances related to disrespect, excessive workloads, and the absence of rest time, while employers often cite dissatisfaction with perceived underperformance, hygiene, or behaviour (International Labour Organization 2020a). Despite the prevalence of these issues, most domestic workers—particularly live-in employees—rarely lodge complaints, fearing job loss or lack of redress mechanisms (International Labour Organization 2020a).

The overall picture reveals that domestic and care work in Sri Lanka continues to operate in an environment where violations of safety, health, and dignity are normalized and largely unaddressed. Strengthening legal protections, creating safe reporting mechanisms, and embedding OSH and anti-harassment standards into domestic work regulation are essential steps toward realizing decent work in this critical sector.

Summary: Occupational safety, health and dignity

- Physical risks: Lifting/transfer, prolonged standing, repetitive tasks, and exposure to infection without PPE or training.
- Psychosocial risks and violence/harassment: Isolated home workplaces heighten risks of verbal/physical/sexual abuse; reporting is rare due to fear, stigma, and unclear remedies.
- Facility settings: Even where contracts exist (e.g., private nursing homes), OSH practices and staff-to-client ratios vary; training for dementia/disability care is limited.

3.3 Social Protection

Access to social protection among care workers in Sri Lanka remains highly uneven and largely dependent on the employment setting. Many care workers particularly those engaged in informal home-based care or employed as domestic caregivers lack access to social security schemes, maternity benefits, and health insurance.

In contrast, care workers employed in institutional settings in the private sector are generally classified as employees in "covered employment" and therefore entitled to contributions under the *Employees' Provident Fund* (EPF) and *Employees' Trust Fund* (ETF). If the eligibility conditions under the Gratuity Act are met, such workers also receive a lump-sum gratuity payment upon termination. However, these protections are not extended to domestic caregivers working within private households.

Domestic care workers employed within private households are expressly excluded from coverage under both EPF and ETF frameworks. '*Extraordinary Gazette No. 171/2 dated 14 December 1981*' issued under the ETF Act (Employees' Trust Fund Board 2023) explicitly excludes "domestic servants in any household" from the definition of workers entitled to ETF contributions. Similarly, regulations under Section 8(2) of the EPF Act have excluded "domestic service" from the definition of "covered employment." Domestic workers are also implicitly excluded from the application of the Payment of Gratuity Act considering that it is unlikely that an employer employs not less than 15 workers in their household. As such, domestic caregivers have no statutory entitlement to social security coverage under the existing social security statutory schemes which significantly undermines their economic security (Verite Research 2015).

Adding to this complexity, an increasing number of care workers now operate independently as freelance or on-call workers without a formal employer-employee relationship. These workers fall under the category of "self-employed persons," who are likewise excluded from mandatory contribution schemes under both the EPF and ETF Acts, as these laws presuppose an identifiable employer responsible for remitting contributions. Nonetheless, a limited pathway to coverage exists under the ETF Act, which allows for voluntary membership (Employees' Trust Fund Board 2023). Under Section 18 of the Act, self-employed individuals and migrant workers may register independently and contribute voluntarily to the ETF. Upon registration, they become eligible for a restricted set of benefits. However, this mechanism does not extend to the EPF or gratuity provisions and thus provides only partial protection. In practice, administrative barriers, low awareness, and the absence of parallel voluntary enrolment options in the EPF regime have resulted in very low participation rates. Consequently, the vast majority of self-employed and informal care workers continue to operate outside the scope of any formal social security framework.

The pervasive exclusion of domestic workers from state-sponsored social protection mechanisms (such as the EPF/ETF), leaves a substantial portion of the care workforce without access to essential benefits like retirement savings. In the absence of adequate statutory coverage, workers' organizations are being compelled to develop their own mitigation strategies.

To this end, one of the domestic workers' unions consulted during this research reported plans to establish *Garu Saru*, a member-based social security scheme designed specifically for the informal sector. This initiative represents a critical effort by a workers' representative body to directly address the state's protection deficit and fulfil the unmet social security needs of its members.

Summary: Social protection and maternity protection

- Exclusion from contributory schemes: Domestic/home-based carers are typically outside EPF/ETF coverage; gratuity thresholds (e.g., 15-employee rule) are impossible to meet in households.
- Maternity protection gaps: Despite women's dominance in the workforce, most home-based carers cannot access statutory maternity benefits.
- Self-employed/on-call carers: Freelance/on-demand arrangements lack an identifiable employer to remit contributions; voluntary options are limited and under-used.

3.4 Social dialogue and voice

Home-based and live-in domestic workers in Sri Lanka have very limited access to formal trade unions or collective bargaining structures. Existing social dialogue mechanisms rarely include or represent them effectively, as most operate within the informal economy and fall outside the coverage of mainstream labour institutions. While some local civil society and Social and Solidarity Economy (SSE) initiatives have sought to address this gap, these efforts remain small in scale and fragmented. Strengthening voice and representation through targeted social dialogue channels, and by recognizing domestic worker organizations as legitimate social partners, remains essential for advancing decent work in the care sector.

Despite these challenges, domestic workers in Sri Lanka have been organizing themselves since the mid-2000s to challenge discrimination and advocate for their rights. The first such initiative—the Domestic Workers Union (DWU)—was established by the Red Flag Women's Movement**,** the women's wing of the Ceylon Plantation Workers' Union (International Labour Organization 2020a). The DWU's mandate includes advocating for the rights of domestic workers, providing leadership training, and promoting social recognition for their contribution to the economy. Its advocacy has been instrumental in shifting the public perception of these workers—from being referred to pejoratively as "servants" to the more dignified term "domestic workers," acknowledging them as legitimate members of the labour force entitled to fundamental human rights (International Labour Organization 2020a).

This pioneering effort has since spurred the formation of multiple other organizations, including dedicated domestic worker unions, broader trade unions, and worker collectives/cooperatives.

The worker unions and collectives are identified to be instrumental in fostering social dialogue and amplifying the collective voice of home-based and community-based care workers. A core strategy involves conducting awareness-raising programmes that educate workers on their labour and human rights, their responsibilities, and the advantages of collective organization. These initiatives serve to empower workers, strengthen union membership, and generate broader public recognition of domestic workers' rights. Crucially, union advocacy focuses on affirming domestic work as formal work, countering stigma and notions of servitude, and highlighting the sector's contribution to the national economy. A central pillar of this effort is the advocacy for Sri Lanka's ratification of ILO Convention No. 189, thereby creating essential channels for social dialogue and advancing the Decent Work Agenda from the ground up.

However, mobilising home-based and community-based workers, particularly those in live-in residential care arrangements, presents significant challenges. A primary obstacle is the lack of employer consent, which severely restricts workers' ability to participate in physical meetings and organize. In response, unions and worker collectives have adopted innovative strategies to maintain communication and sustain social dialogue. As one representative noted, digital platforms like WhatsApp have become a vital tool for circumventing these barriers, enabling the continuous sharing of knowledge and updates on working conditions. This adaptive approach is complemented by efforts to engage workers during periods when they are beyond the direct control of their employers, such as when they return to their home during vacations.

The following insights from key informant interviews illustrate these challenges and adaptive strategies:

"It is comparatively easier to get the participation of daily workers for the meetings than the domestic workers who are working in Colombo. Because we can't get their participation when in Colombo, because their employers do not allow them to go, and the only way we have to capture them is when they are back in their estates for vacation" (KII 13, 2025).

"We use WhatsApp for immediate information sharing. We also have branches for informal workers' groups. We share the knowledge and awareness of labour laws with them." (KII 2, 2025).

Social and solidarity economy (SSE) initiatives including cooperatives, provide a promising avenue to strengthen social dialogue and support care workers, including domestic, home-based, and community-based workers. Even for those operating in informal settings, solidarity-based efforts can help establish and advocate for decent work conditions in various forms, such as fair wages, regulated working hours and rest and leave entitlements. By organizing into SSE entities, care workers in Sri Lanka can not only improve their immediate working conditions but also take steps toward formalization, creating pathways to greater

legal recognition and labour protections. Promoting SSE thus represents a practical approach for the state to advance decent work in the country, leveraging collective action to bridge gaps in labour rights for workers outside the formal economy.

Summary: Social dialogue and voice

- Barriers to organising: Live-in arrangements and employer control of mobility limit participation in unions/associations; household workplaces are hard to reach.
- Patchy dialogue mechanisms: Domestic worker organisations/CSOs provide model contracts, wage guidance, and case support, but coverage is small and uneven.
- Weak remedies: Where statutory routes exist, they are poorly tailored to domestic work; reinstatement is rare and inspection is practically infeasible in private homes.

Evidence from Sri Lanka indicates that paid care—especially home-based care in private households and much of community-based care—operates overwhelmingly in informal or quasi-formal arrangements. Chapter 3 documents pervasive gaps in legal recognition, written terms of employment, enforceable working-time standards, access to social protection, and OSH safeguards. These deficits are compounded by the feminised nature of care work, the bundling of care with domestic tasks, and weak avenues for voice and redress. Together, they depress job quality, suppress labour supply into care, and limit service quality. It is also important to note that there exist limitations in accurate assessment of the sector due to measurement gaps as existing labour statistics and policy documents seldom distinguish home-based, community-based, and institutional care clearly, with domestic care worker function not clearly defined by the type of work undertaken.

4. Potential of SSEs and Care Cooperatives to Provide Decent Work for Home-based and Community-based Care Workers

Social and Solidarity Economy (SSE) entities—particularly cooperatives—offer a people-centred, locally rooted model that can transform how care is organised and delivered, especially in home-based and community-based settings where informality and weak protections persist. By design, SSE models prioritise community well-being, democratic governance, and sustainable solutions. In practice, this means they are able to align service quality with worker protections, address coverage gaps in underserved areas, strengthen employment conditions, and rights of care workers—who are predominantly women.

Cooperatives, integral to the SSE, are already emerging as community-level providers across childcare and long-term care. Many adopt by-laws that explicitly prioritise the membership and service access of women and socio-economically disadvantaged groups, ensuring inclusion on both the demand and supply sides of care. Well-designed care cooperatives raise standards not only for service users but also for workers: they formalise home-based care through written contracts and clear role descriptions; lift wages and benefits by negotiating collectively; expand access to social protection via pooled enrolment and contributions; professionalise the workforce through induction and continuing training; and create safer workplaces by setting basic OSH protocols for private homes, establishing incident-reporting channels, and providing supportive supervision. These features improve retention and reduce turnover, helping communities sustain quality care over time.

Well-designed care cooperatives can translate the values codified in the decent work framework into concrete improvements for home- and community-based workers as follows:

- **Formalisation and fair terms.** Cooperatives issue written contracts with clear role descriptions, standardise hours, rest and pay, and centralise administration and payroll—bringing household work in line with decent-work norms (e.g., principles embedded in ILO C189 for domestic workers).
- **Social protection at scale.** As employing entities or organised platforms, cooperatives can pool enrolment in pensions, health and maternity schemes; negotiate group insurance; and maintain digital contribution records—overcoming the transaction-cost barriers that isolate individual workers in private homes.
- **Professionalisation and careers.** Common induction, modular upskilling and recognition-of-prior-learning raise service quality and safety, while wage ladders linked to certification support retention.
- **Safer workplaces.** Coops can set minimum OSH protocols tailored to home settings (manual handling, infection control, lone-working), provide supervision, and maintain confidential incident-reporting routes—protections that individual households rarely establish.

- **Voice and redress.** Member ownership institutionalises worker representation and enables internal grievance mechanisms, while cooperative governance (workers, users, community) strengthens accountability and reduces risks of abuse or harassment.
- **Inclusive territorial reach.** Locally anchored coops can extend services to rural and low-income areas, operate community day-care/elder-care centres, and match clients and carers more transparently—expanding access while enabling women's labour-force participation.

Policy momentum and relevance to Sri Lanka

Governments are beginning to codify SSEs within the care provision space as evidenced by Colombia's National Care System, for example, which recognises SSE entities as delivery partners and invests in their capabilities (Voinea, 2024). In Sri Lanka, ILO's recent collaboration with the Department of Cooperatives and other government partners has advanced guidance for care-cooperative assessments, model by-laws, capacity-building and policy alignment—signalling feasibility and public-sector interest (ILO, 2025).

What adopting SSE/cooperative models would achieve

Positioning cooperatives as trusted, accountable intermediaries between households and workers directly addresses Sri Lanka's key deficits:

- **Enforcement made practical:** Standard contracts, registries and shared administration make rights observable even when the workplace is a private home, informal or community-based institute or institutional care.
- **Lower costs for doing the right thing:** Pooled benefits and training reduce the per-worker cost of compliance and upskilling. In addition, this also makes care services affordable while ensuring quality care for those who need it.
- **Better jobs, better care:** Supervision, skills pathways and OSH protocols improve outcomes for service users and stabilise earnings (through minimum wages established) and attraction and retention of workers.
- **Women's economic empowerment:** women-led or multi-stakeholder cooperatives/ collectives elevate women's participation in governance and create local leadership and employment opportunities.

The near-term pathway

A pragmatic adoption pathway would (i) recognise domestic and community-based care as work with enforceable minimum standards; (ii) provide a clear registration route and model by-laws for care cooperatives; (iii) link cooperative participation to pooled social protection and modular training; and (iv) pilot municipal "care hubs" anchored by cooperatives to manage intake/matching, contracts, payroll, and supervision. Together, these steps have the potential to convert today's fragmented, informal arrangements into an organised ecosystem that delivers quality care and decent work where Sri Lanka needs it most—at home and in the community.

5. Conclusion and Recommendations

This research highlights that care work in Sri Lanka remains deeply undervalued, informal, and inadequately protected despite its essential contribution to households, communities, and the broader economy. Home-based and community-based care workers, predominantly women, continue to operate within fragmented and often exploitative arrangements characterized by low wages, lack of social protection, absence of formal contracts, and limited recognition as skilled workers.

Social and Solidarity Economy (SSE) models, particularly cooperatives, present a promising and contextually relevant pathway to address these structural challenges. Care cooperatives have the potential to aggregate workers, reduce isolation, strengthen bargaining power, and act as intermediaries that can standardize employment conditions, facilitate access to social protection, and improve service quality. Moreover, they offer a model that aligns with principles of dignity, democratic governance, and collective empowerment which are key to transforming the care economy.

However, the transition toward cooperative-based care systems is not without challenges. Structural legal exclusions, weak institutional support, limited access to finance, and gaps in skills and professional recognition continue to constrain the viability and scalability of such models. Without comprehensive policy reform, targeted investment, and coordinated multi-stakeholder engagement, the promise of care cooperatives risks remaining unrealized.

Ultimately, advancing care cooperatives in Sri Lanka requires a dual approach: formalizing and protecting care work through legal and policy reform, while simultaneously building an enabling ecosystem that allows cooperative models to emerge, sustain, and scale.

With these considerations in mind, the recommendations that follow aim to support the formalization, protection, and collective organization of care workers through cooperative models.

Policy and Legal Reforms

- Amend the Employees' Provident Fund (EPF) and Employees' Trust Fund (ETF) Acts to remove the explicit legal exclusions related to "domestic service" and "domestic servants" enabling care workers to access retirement and social security benefits.
- Introduce legal provisions that formally recognise care work as a distinct category of labour within national labour legislation.

Strengthening Social Protection

- Support and scale member-based social security schemes designed specifically for the informal sector such as the *Garu Saru* initiative planned by domestic workers' unions.

Standardisation of Employment Conditions

- Mandate standard written contracts for all care work arrangements, clearly outlining wages, working hours, rest

periods, and leave entitlements. The ILO standard domestic worker contracts can be followed as a sample.

- The contracts should clearly define the scope of work, wages, maximum working hours (e.g.: 8 hours per day), rest periods and leave entitlements.
- Establish and enforce minimum wage standards specific to care work.
- Create a licensing system for intermediaries to prevent exploitation while enabling scale.

Occupational Safety and Wellbeing

- Develop and implement Occupational Safety and Health (OSH) standards tailored to home-based and community care settings. This must include training on manual lifting, infection control and behavioural management, especially for workers dealing with dementia patients or children with disabilities.
- Provide accessible, continuous training on safe care practices, including manual handling, infection prevention, and psychosocial care.

Protection from Abuse and Exploitation

- Establish safe, confidential, accessible reporting and grievance mechanisms for care workers facing verbal, physical, sexual harassment or abuse. (e.g., a dedicated national hotline for care workers (toll-free, multilingual) to report abuse, exploitation, and labour violations, with options for anonymous complaints.)
- Integrate anti-harassment provisions into domestic work regulations and ensure enforcement through monitoring bodies.

Professionalization of the Care Sector

- Shift the sector away from hiring based on personal traits (e.g.: humility and trustworthiness) and develop national competency standards for care work, accompanied by accredited formal training and certification pathways.
- Promote public awareness to reposition care work as skilled and essential labour rather than informal or "unskilled" work.
- Develop a national digital registry of care workers (linked to NIC), where workers can voluntarily register, upload credentials, and receive a verified status—forming the basis for formal recognition and access to benefits.

Enabling Environment for Care Cooperatives

- Develop a dedicated legal and regulatory framework for care cooperatives, including simplified registration processes and model by-laws to establish them as trusted intermediaries between households and care workers.
- Provide technical assistance to support the formation, governance, and management of care cooperatives.
- Facilitate access to affordable financing and seed funding for cooperative start-up and scaling.

Ecosystem and Institutional Support

- Strengthen collaboration between government agencies, worker unions, civil society, and private sector actors to support cooperative development.

- Integrate care cooperatives into national social care and labour market policies as recognised service providers.
- Pilot and evaluate care cooperative models in diverse settings (urban, rural, estate sectors) to generate evidence for scaling.

Norm Transformation and Public Perception

- Implement a government-led national media campaign (Ministry of Labour + Women's Affairs) to reposition care work as dignified and socially valuable, explicitly challenging its association with low status and informality.
- Integrate norm-change messaging into community-level outreach (local authorities, civil society) to address entrenched social attitudes.

Data, Research, and Monitoring

- Invest in data collection on the care economy to better understand workforce dynamics, demand, and working conditions.
- Establish monitoring and evaluation mechanisms to assess the performance and impact of care cooperatives on workers' rights and wellbeing.

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