



Personal and household services in Central and Eastern European Countries: Improving working conditions and services through industrial relations

D5.1 Comparative report

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List of Abbreviations

Abbreviation	Full text
CEE	Central and Eastern European Countries ¹
Demand survey	A survey on the demand for personal and household services was conducted as part of the PERHOUSE project in 12 Central and Eastern European Countries.
IR	Industrial relations
ISCO	The International Classification of Occupations (ISCO) seeks to facilitate international communication about occupations by providing statisticians with a framework to make internationally comparable occupational data available
LTC	Long term care
NACE	NACE is a four-digit classification providing the framework for collecting and presenting statistical data according to economic activity in a wide variety of European statistics in the economic, social, environmental, and agricultural domains.
PHS	Personal and household services
SD	Social dialogue
SD Survey	Social dialogue survey on the opinions of national social partners and other stakeholders related to personal and household services implemented within the PERHOUSE project in 12 Central and Eastern European Countries.

¹ For the purpose of this project, the Central and Eastern European countries cover Hungary, Slovakia, Czechia, Slovenia, Poland, Croatia, Romania, Bulgaria, Latvia, Lithuania, Estonia and North Macedonia.

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Executive Summary

The report encompasses two years of research data on the demand for Personal and Household Services (PHS) and the workforce in selected Central and Eastern European countries (CEE). It offers a robust analysis of the size and potential demand for PHS services as well as deep insights into the reasons for seeking these services, barriers to their use, and motivators for service uptake. Furthermore, the report examines the working conditions, social dialogue, and policy implications for developing social dialogue and regulations in the CEE countries.

Despite the relevance of personal and household services, there is no standardised data on the demand for personal and household services, i.e. how many people use the services, not to mention the unmet need for home care and support services at home.

Self-reported use of home care services provides partial data on the demand for personal and household services. The reported use of home care services in these CEE countries is below the EU27 average, indicating different levels of development and integration of home care services.

A survey of demand for personal and household services taken in 12 Central and Eastern European countries revealed that 76% of respondents had used at least one personal household service in the last five years. The most common type of services were mainly minor repairs and cleaning.

The respondents indicated that the main reasons for hiring these services were a lack of skills and time constraints to perform the tasks themselves. However, the data suggests a variety of practical, health, and emotional factors driving demand for personal and household services in the region.

The decision not to hire a personal and household service worker is affected by personal preferences and household dynamics, such as preference for self-care, as well as external factors and barriers, such as respondents relying on public services.

High-quality services are among the factors affecting the use of personal and household services include the high quality of services. Respondents also value the provision of professional services and financial support mechanisms such as subsidies and tax deductions.

The employment size in the personal and household services sector depends on the conceptualisation of the PHS (Angerman, Eichhorst, 2013), i.e., which employee categories are included in the estimate. Based on NACE categories, the number of persons employed in personal and household services in all target countries of Central and Eastern Europe in 2023 is 1,1 million. Growth over 2013-2023 indicates a net increase of around 18,8%.

Based on ISCO codes, the total number of workers in personal and household services in CEE countries increased from 2,1 million in 2013 to almost 2,5 million in 2023, with an overall increase of approximately 14,6%.

The high proportion of women working in the personal care sector (81%-97%) and in the household services sector (60%-82%) confirmed the entrenched gender regime in the care sector. It highlights the need for policies that address gender inequalities and improve conditions for workers in these essential tasks.

The number of formal workers in PHS also changes dramatically when informal caregivers are included. Many long-term care systems in EU countries rely heavily on informal carers whose different levels of financial compensation through cash contributions and pension credits are cost-effective for states compared to formal care. If informal carers are considered part of the workforce in personal and household services, the total number of workers in CEE countries will increase by an additional 3,4 million people.

The information on the share of undeclared work in personal and household services, specifically in Central and Eastern European countries, is limited. Still, the overall share for the entire EU-27 PHS sector is around 50%, with a significantly lower share of 34 % in the care sector (ELA, 2020).

Migrants are increasingly filling gaps in personal and household services due to local shortages and economic migration. While concrete data is lacking, domestic workers with an immigrant background may represent 10-25% of the personal and household service workforce in economically more robust CEE countries driven by Ukrainian migration.

Working conditions in CEE countries in the personal and household services sector are primarily informal and rely heavily on informal agreements and personal networks. This informality offers flexibility but also leads to job insecurity and a lack of worker protection.

The findings illustrate various systemic challenges to the personal and household services sector in CEE countries. Economic challenges such as low wages and funding are central issues that highlight the need for increased investment and a better financial structure to ensure fair compensation and sustainable service delivery.

Social challenges related to recognition and vulnerability are also prominent. The lack of recognition of work and the high share of vulnerable workers highlights the need for better integration and protection of workers, particularly for marginalised groups. Addressing health and safety concerns is crucial for improving working conditions and ensuring worker welfare.

Regulatory and structural challenges, such as undeclared work and bogus self-employment, point to a need for regulatory reforms and enforcement to formalise employment relationships and protect workers' rights. Improvements in social security coverage and working conditions are needed to enhance job security and worker satisfaction.

The analysis of social partners and actors clearly identified stakeholders within each of the six partners 'countries who could contribute to standardising social dialogue in the PHS sector. We have thoroughly acknowledged barriers to higher engagement by social actors in the field of PHS and strategies to overcome them.

A common challenge to the effectiveness of social dialogue is the high levels of informal employment, which significantly hinders active representation and collective bargaining across these countries. Additionally, a persistently weak union presence and influence exists, especially in the private and non-care sectors.

A distinct divide also exists in representing workers in public versus private and informal sectors across these countries. Public sector workers consistently enjoy better representation due to state funding and structured dialogues, while private and informal sector workers contend with low unionisation and limited bargaining power.

The findings also emphasise the diverse integration and influence levels of national social actors within EU-level organisations across the CEE countries, with each country displaying distinct patterns of engagement and affiliation.

In all CEE countries, there is strikingly low recognition of EU-level and international strategies and agreements, significantly weakening the negotiation leverage of all social partners in the region.

National stakeholders and experts have formulated a specific solution to mitigate the risks associated with the PHS sector. Countries are prioritising efforts to enhance social dialogue, formalise employment, and improve working conditions and professionalisation within the personal and household services sector. By aligning national strategies with broader European objectives, they are committed to addressing common challenges and improving outcomes in the sector.

The list of proposed policy implications resulting from the findings in this report emphasises the need for improved standardisation, professionalisation, and gender equality within the PHS sector, alongside efforts to strengthen social dialogue and equalise working conditions across Europe.

Introduction

Personal and household services are vital for the well-being of families and individuals. From childcare, elderly care, and cleaning to home repairs and ICT support, PHS transform households into workplaces. Therefore, such services enhance the daily life and societal functioning of many people. Despite the importance of these services, this sector faces poor working conditions and undervalued work. This is the case especially in Central and Eastern Europe, where weak regulations and ineffective industrial relations hinder improvements in the working conditions of home carers and service providers.

To improve their situation, the PERHOUSE project, funded by the European Union, explores the working conditions and social relations in personal and household services across 12 Central and Eastern European countries. These include Bulgaria, Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, North Macedonia, Poland, Romania, Slovakia, and Slovenia. Six project partners participated in the PERHOUSE project to address the key research questions:

- What is the current state of PHS in CEE countries? and
- What role does social dialogue play in regulating and improving work patterns in this sector?

Over the course of two years, a project involving multiple research activities gathered a significant amount of original data on the demand for personal and household Services and people working in this sector in selected Central and Eastern European countries.

This report presents a comprehensive analysis of the collected data and aims to provide valuable insights into the unique characteristics of the Central and Eastern European countries, which despite sharing a common "post-socialist" history, exhibit distinctive traits in various aspects. The report's geographical coverage is 12 Central and Eastern European Countries (CEE): Bulgaria, Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, North Macedonia, Poland, Romania, Slovakia and Slovenia. Detailed information on the six project partner countries: Czechia, Estonia, North Macedonia, Poland, Slovenia, and Slovakia.

The report will primarily focus on estimating the size of the PHS sector, including the number of people using PHS services in CEE countries and the potential demand for specific services. It also delves into the reasons why people seek these services, the barriers preventing their use and the motivators that could encourage their uptake.

Drawing upon data from Eurostat, efforts are made to estimate the sector size in CEE countries, utilising various statistical classifications and examining the trends and characteristics of the workers employed in the PHS sector. Another area of focus is the working conditions within the PHS sector, shedding light on the key challenges and shortcomings.

Furthermore, attention is directed towards social dialogue and the key social actors associated with PHS in CEE countries, offering a comparative analysis of social dialogue and representation gaps across six Eastern EU countries. The report places particular emphasis on the perception of European social partners, EU-level care policies, and other relevant documents about PHS while assessing social partners' involvement in EU-level activities.

Finally, the report summarises essential recommendations and policy implications for the advancement of social dialogue and regulations in the specified countries, as outlined by experts and social actors actively engaged in PHS in CEE countries.

Methodology

This comparative report utilises a mixed-method research design incorporating desk research, two online surveys distributed across 12 targeted Central and Eastern European (CEE) countries, Eurostat data, and a detailed analysis of project partners' countries, including Czechia, Estonia, North Macedonia, Poland, Slovenia, and Slovakia. The national reports from the six project partners also draw on information about personal and household services (PHS) and social dialogue in the sector, gathered through interviews with national stakeholders and focus groups with domestic workers. This report comparatively analyses the findings to provide a comprehensive overview of the CEE region.

The demand survey targeted the general population and inquired about their use of a full range of personal and household services over the past five years. It examined the characteristics and reasons for use and non-use, potential demand, and factors that might encourage future use of PHS. Following an intensive distribution effort from May 2023 to April 2023 through several promotional campaigns on social media and other channels, a total of 419 responses from individuals living in CEE countries were included in the analysis. However, the data should be interpreted cautiously, as it does not represent the entire CEE population and reflects an uneven distribution among the CEE countries. Despite these limitations, the observations offer useful insights into the demand for PHS in the CEE region.

The purpose of **the social dialogue survey** was to gather the opinions of national stakeholders, social partners, and other relevant parties regarding the role of their organisations in the personal and household services sector. Stakeholders in 12 CEE countries were asked to identify the challenges facing personal and household services and propose solutions to address these issues. The survey was conducted using an online data collection system and was distributed from June 2023 to April 2024. A total of 69 responses were included in the analysis. However, the number of responses may vary by question, as only some of the stakeholders responded to all the questions.

1. Characteristics of the PHS sector in the CEE countries

1.1. Demand for personal and household services in CEE countries

Despite the relevance of personal and household services, there is no standardised data on the demand for PHS, i.e., how many people use the services, not to mention the unmet need for home care and support household services.

Partial data on the demand for personal and household services are available via the self-reported use of home care services provided by the European Health Interview Survey (EHIS). In the twelve targeted Central and Eastern European countries, there is a consistent trend across all countries of higher usage rates among females aged 65+ compared to their male counterparts, which might reflect gender differences in longevity, health needs, or caregiving roles. In general, the reported use of home care services in these CEE countries is below the EU27 average, suggesting varying levels of development and integration of home care services.

Table 1: Self-reported use of home care services in CEE countries by sex and age (% , 2019)

	All age classes	65 years and over	Male 65 y ears and over	Female 65 years and over
EU27 countries	4,2	10,5	8,1	12,3
Bulgaria	1,7	4,4	3,4	5,1
Czechia	1,7	5,8	4,3	6,8
Estonia	1,4	3,3	1,9	4,1
Croatia	5,4	12,4	12,3	12,4
Latvia	2,0	6,0	3,5	7,2
Lithuania	1,7	5,3	3,4	6,3
Hungary	2,8	8,2	6,9	9,0
Poland	2,5	7,7	5,8	8,9
Romania	0,9	2,9	2,6	3,2
Slovenia	2,6	6,1	4,8	7,0
Slovakia	1,3	5,4	4,0	6,3

Source: Eurostat, European Health Interview Survey (EHIS); online code: Online data code:HLTH_EHIS_AM71

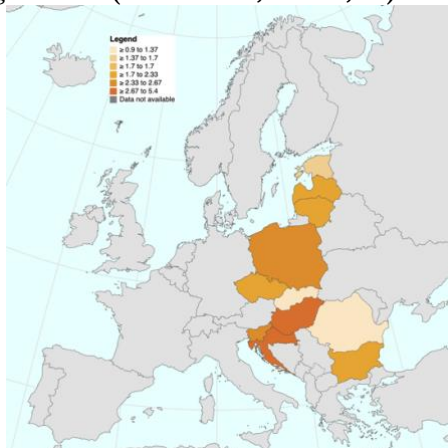
Croatia has the highest usage rates in all age categories, especially among the elderly 65 years and over. Romania reports the lowest usage rates across all segments, indicating potential barriers or lack of service availability or cultural attitudes towards home care.

The Eurostat data from the European Health Interview Survey (EHIS) does not cover all activities in the personal and household services sector according to the European Commission (2012). To supplement this data, we can refer to the Perhouse Demand Survey conducted in 12 Central and Eastern European countries. This survey explores a broader range of activities within the PHS services framework and provides valuable insights into PHS utilization in these countries.²

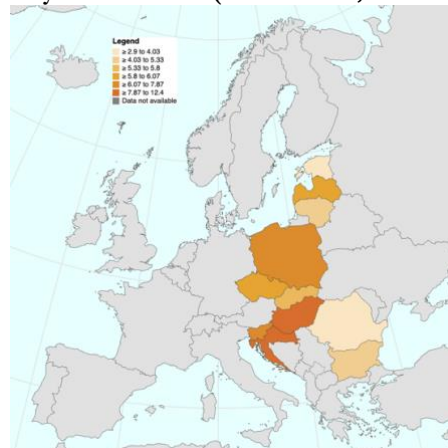
² For a complete list of the PHS services examined, please refer to the annex.

Figure 1: Self-reported use of home care services in CEE countries by sex and age (% , 2019)

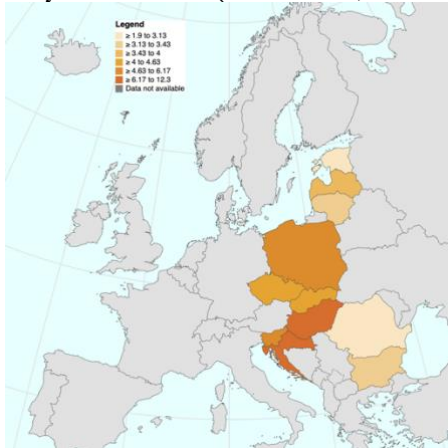
All age classes (scale from 0,9% to 5,4%)



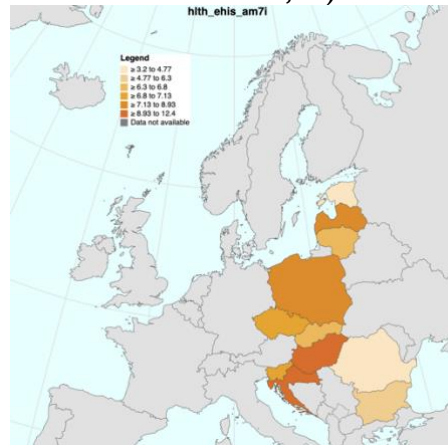
65 years and over (scale from 2,9% to 12,4%)



Male 65 years and over (scale from 1,0% to 12,3%)



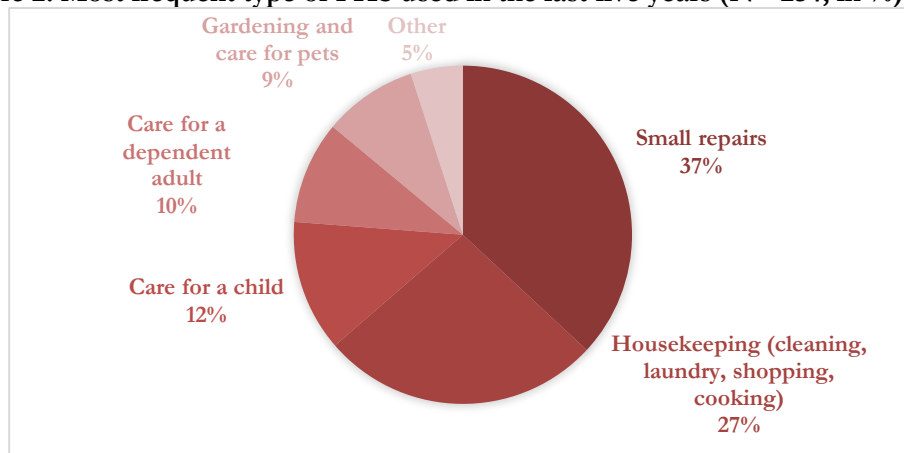
Female 65 years and over (scale from 3,2% to 12,4%)



Source: Eurostat, European Health Interview Survey (EHIS); online code: Online data code:HLTH_EHIS_AM7I

The online survey on the demand for PHS in 12 CEE countries revealed that 76% of respondents used at least one PHS service in the last five years. The most frequent type of services were mainly small repairs and housekeeping.

Figure 2: Most frequent type of PHS used in the last five years (N= 254, in %)

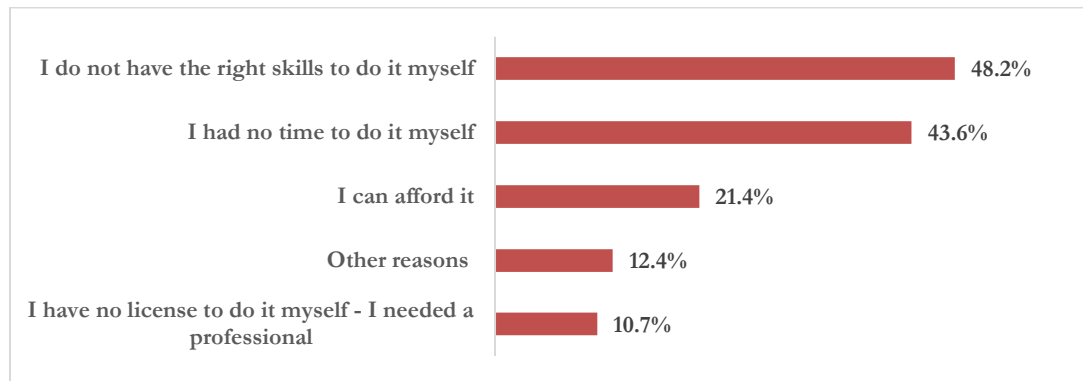


Source: Perbouse Demand Survey for personal and household services in 12 Central and Eastern European countries

Considering the most frequent type of PHS, small household repairs and housekeeping, it is understandable that such services were used only occasionally (35%) or once a year (13%). More frequently, such as several times a week (11%) or every day (8%), the respondents used other services, mostly caring for a child or an adult who needed in-home care services.

The main reasons why respondents used one of the PHS services were absence of skills necessary to perform the given household work (48,2%) and time constraints (43,6%).

Figure 3: Reasons for using personal and household services (N= 243, agree/strongly agree answers, in %)



Source: Perhouse Demand Survey for personal and household services in 12 Central and Eastern European countries.

Respondents also revealed other reasons in the open question (30 responses). This data suggests a variety of practical, health-related, and emotional factors driving the demand for personal and household services in the region. Respondents indicated that the reasons for using PHS included their physical limitations, lack of equipment, convenience, avoiding conflict with who will do the domestic work and psychological comfort.

Most of the people (83,6%) in the demand survey were satisfied (somewhat/very satisfied) with the PHS services. Only a minority a 11,1% confirmed that they were somewhat or very dissatisfied with the PHS service that they received.

The demand survey data also provides insights into the **reasons for not using PHS services**. Within the decision not to purchase or hire a PHS worker intervenes **the personal preferences and household dynamics**. Among these might be the preference for self-care (65%), no need for service (59%) and relaying **on a partner** or another member of household to do the domestic chores, underscoring the role of shared responsibilities within families (52,4%). A smaller group expresses trust issues with allowing outsiders into their homes (24,2%), and resistance of the care recipients to external services (18,9%)

Additionally, some **external factors and barriers** might influence not using PHS services. 27,4% of respondents rely on sufficient public services, reducing the need for private household services. In contrast, disagreement that PHS is unnecessary because there are enough public services (30,6%) could indicate dissatisfaction with public services, prompting a preference for personal service use if affordable or available. Some (22%) find the process of hiring or using services complicated, which can deter usage. Financial limitations are a significant barrier for 38,7%), highlighting affordability as a crucial factor in service use. Very few respondents agree that service availability is a problem (6,6%), indicating most people find services accessible. However, as most of the respondents use small repairs or housekeeping as a type of services, the availability of other kinds of services might be not the case.

We also explored the **potential demand for PHS in Central and Eastern European countries**. Analysis of the survey data reveals that there are varying levels of anticipated demand across different service categories. **Small repairs and housekeeping are identified as having the strongest potential demand.**

Household composition, such as the presence of children, dependent adults, or pets, influences the likelihood of needing PHS services.

The survey findings also reveal valuable insights into the **factors influencing the use of personal and household services**. A significant 80% of respondents agreed that high service quality was a key reason for using PHS, while 74% cited a lack of time due to other commitments. Additionally, 71% acknowledged the lack of necessary skills as a determining factor in seeking PHS, and 63% expressed that simplified service access procedures influenced their decision. Moreover, 56% of respondents mentioned affordability as a significant factor. These findings underscore the importance of quality, convenience, skill gaps, accessibility, and affordability in driving the use of PHS among the surveyed population.

Table 2: Reasons for continuing to use or starting to use PHS (N= 281, agree/strongly agree answers, in %)

	Percent
High quality of the services provided	80%
Lack of time due to other activities	74%
Lack of own (or other household members') skills to do the work	71%
Simplifying the procedures to use the services	63%
Low price	56%

Source: Perhous Demand Survey for personal and household services in 12 Central and Eastern European countries
Q: What would sustain or initiate your use of personal and household services?

The table below presents the types of support appreciated by respondents to use PHS. The data reveals that respondents highly value **professional service delivery (73%) and financial support mechanisms**, such as subsidies and tax deductions. Additionally, there is a clear appreciation for streamlined online processes (64%), which facilitate easier access and use of personal and household services. These insights suggest that efforts to enhance professional standards, provide financial incentives, and improve digital accessibility could significantly increase the uptake of personal and household services in the surveyed regions.

Table 3: Types of appreciated support by the respondents to use the personal and household services? (N= 264, agree/strongly agree answers, in %)

	Percent
Professionalisation of the workers providing services	73%
Subsidising services	65%
Introducing or simplifying online procedures to use services	64%
Possibility to deduct the cost of services from taxes	60%

Source: Perhous Demand Survey for personal and household services in 12 Central and Eastern European countries
Q: What support would you appreciate to use the personal and household services?

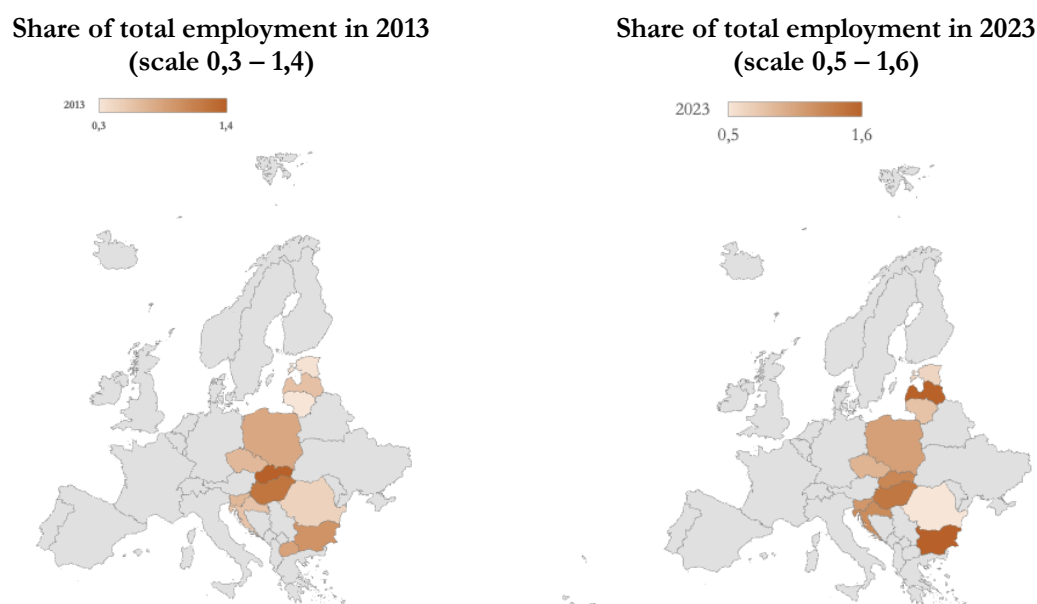
1.2. Size and structure of the PHS workers in Central and Eastern European Countries.

In terms of supply of the personal and household service, i.e. the size of the employment in the sector depends on which categories of employees will be included in the estimation. The European Labour Authority, in their report on PHS, use broad and narrow definitions of the PHS employment based on the NACE_rev. 2 classification (ELA, 2022).

The narrow PHS definition includes NACE subsectors Q88 – Social work activities without accommodation and household employment defined as T97 – Activities of households as employers of domestic personnel, presenting care PHS.³ The broad PHS definition includes, in addition to the above, the S95 – Repair of computers and personal and household goods and S96 – Other personal service activities, encompassing non-care activities in PHS.⁴

However, the availability of the data for all the CEE countries is limited. The most complex are those for employment in social work without accommodation (Q88). Throughout the years, the number of persons working in this category has increased in all the CEE countries

Figure 4: Share of the employment in social work activities without accommodation (Q88) out of total employment by CEE country in 2013 and 2023 (%)



Source: Eurostat, *Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level)* - 1 000 [lfsa_egan22d__custom_12212809] + own calculation

Based on the broad definition of the PHS, involving care and non-care PHS activities based on the NACE categories, **the number of employed persons in PHS in all the targeted CEE countries accounts for**

³ **Care activities** in the PHS sector are defined within two categories in NACE: Q88 – Social work without accommodation mostly related to non-residential (long-term) care activities for dependent, disabled or elderly individuals and children (including nurseries); the T97 – Activities of households as employers of household personnel (e.g., cleaning, gardening, health related personal care, child care etc.). The household activities in T97 include direct household employment, while social care activities in Q88 cover both household employment and provision of non-residential care by care institutions and organisations. Additionally, care activities in Q88 can be subdivided into supporting care activities and long-term care.

⁴ **The non-care activities** in the PHS sector are defined by three NACE subsectors: S95 – Repair of computers and personal and household goods; S96 – Other personal service activities (e.g., hairdressers, nail-bars), where these services are provided at home; and substantial part (around three quarters, see Table 2.2) of T97 – Activities of households as employers of household personnel.

1,1 million employees in 2023. The overall growth of total employment in the personal and household services sector across CEE countries from 2013 to 2023 was 979,6 thousand in 2013 to 1,164 thousand in 2023, indicating a net increase of about 18,8%.

Despite some fluctuations around the years 2020 and 2021, likely due to the COVID-19 pandemic, the total employment in personal and household services has increased, suggesting resilience and recovery in this sector. These data indicates that while service sectors, like domestic workers employment and repair services, have declined, others such as social work and personal services have expanded, reflecting evolving institutional and social dynamics in CEE countries.

Table 4: Employment in personal and household services in CEE countries (NACE codes, in thousand persons, employees from 15 to 64 years old)

	2013	2017	2020	2021	2022	2023
Social work activities without accommodation (Q88)	332,2	390,8	456,8	445,2	455,5	465,1
Repair of computers and personal and household goods (S95)	125,9	109,7	108,6	102,4	96,9	97,9
Other personal service activities (S96)	432,8	471,6	551,7	561,8	571,1	566,8
Activities of households as employers of domestic personnel (T97)	88,7	92,4	51,1	41,9	37,1	34,2
Total 12 CEE countries	979,6	1064,5	1168,2	1151,3	1160,6	1164

Source: Eurostat, Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level) - 1 000 [ljsa_egan22d__custom_12212809] + own calculation

Based on the ISCO classification, the **number of personal care workers⁵ and personal service workers⁶** is another path to estimating the number of workers in the PHS sector.

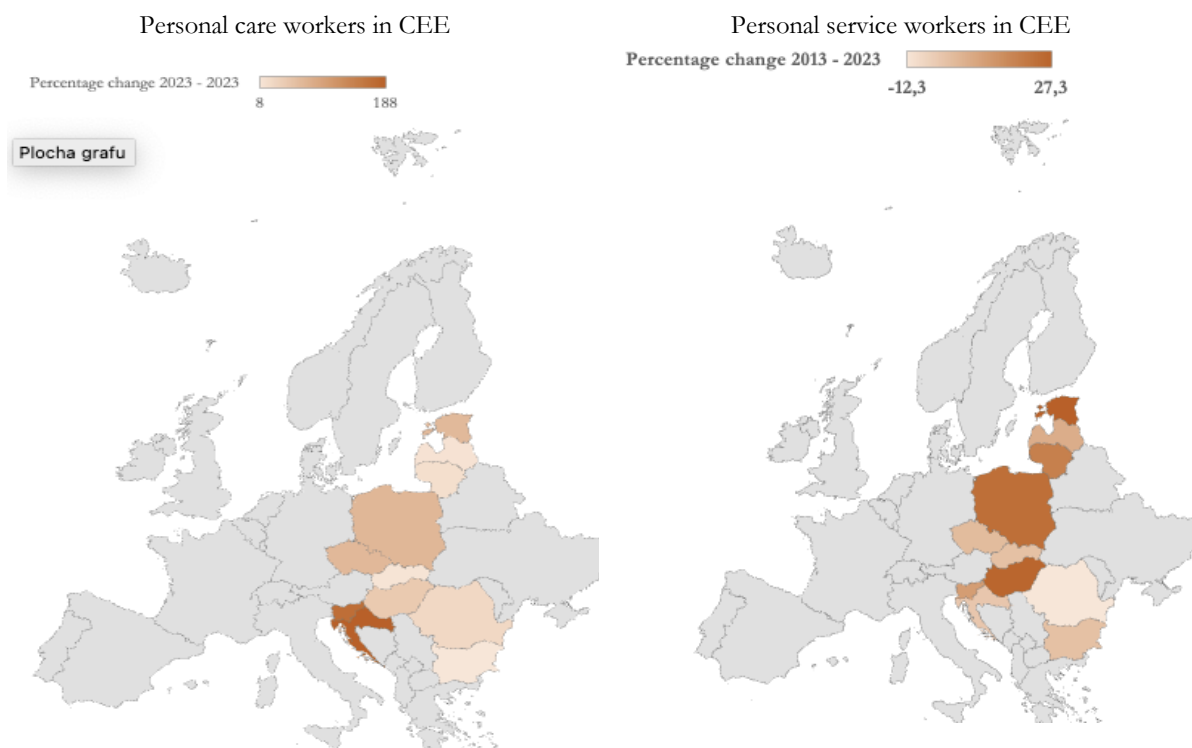
There has been a substantial increase in the number of personal care workers in the CEE region from 2013 to 2023, with an overall growth of 45%. The most significant growth was observed in Croatia (188%), Slovenia (170%), and Poland (70%). Czechia, Estonia, Croatia, and Poland are notable for substantial increases in personal care workers, highlighting either increased demand or better reporting/recognition of these roles. Romania stands out for its decrease in personal service workers, possibly due to economic shifts, emigration, or policy changes affecting the sector. The EU27 average increase for personal care workers was 20%, indicating that the CEE region, particularly some countries, outpaced the overall EU27 growth.

Personal service workers in the CEE region increased by 4.8% from 2013 to 2023, which is relatively modest compared to the growth in personal care workers. Some countries, like Estonia (27.3%) and Hungary (25.6%), saw substantial increases, while others, like Romania (-12.3%) and Croatia (-3.2%), experienced declines. The EU27 saw a marginal increase of 2.9%, showing that the CEE region's growth is slightly higher than the EU average.

⁵ Home-based Personal Care Workers (ISCO-08 code: 5322) provide routine personal care and assistance with activities of daily living to persons who are in need of such care due to effects of ageing, illness, injury, or other physical or mental condition in private homes and other independent residential settings. [https://stats.oecd.org/wbos/fileview2.aspx?IDFile=a77e24d1-4a0a-48cd-a753-0ce78b088791#:~:text=Home%2Dbased%20personal%20care%20workers%20\(ISCO%2D08%20code%3A,and%20other%20independent%20residential%20settings.](https://stats.oecd.org/wbos/fileview2.aspx?IDFile=a77e24d1-4a0a-48cd-a753-0ce78b088791#:~:text=Home%2Dbased%20personal%20care%20workers%20(ISCO%2D08%20code%3A,and%20other%20independent%20residential%20settings.)

⁶ Personal Service Workers (ISCO-08 code 0051): Personal services workers provide personal services related to travel, housekeeping, catering and hospitality, hairdressing and beauty treatment, animal care grooming and training, companionship and other services of a personal nature.

Figure 5: Percentage change in the number of personal care and personal services workers in CEE 2013 – 2023 (ISCO codes, in % workers from 15 – 64 years old)



Source: Eurostat: *Employed persons by detailed occupation (ISCO-08 two digit level)*, Online data code *ljsa_egai2d*, DOI:10.2908/ljsa_egai2d + own calculation.

Table 5: Development of the number of workers in personal and household services in CEE (ISCO codes, thousand persons, workers from 15 – 64 years old)

	2013	2017	2020	2021	2022	2023
Personal care workers in CEE	534,6	621,2	692,3	719,6	769,1	773
Personal services workers in CEE	1 638,20	1 784,30	1 708,10	1 596,60	1 674,80	1 716,80
Total in CEE	2172,8	2405,5	2400,4	2316,2	2443,9	2489,8
% of EU-27	15,6	16,2	16,7	16,9	16,6	16,4

Source: Eurostat: *Employed persons by detailed occupation (ISCO-08 two digit level)*, Online data code *ljsa_egai2d*, DOI:10.2908/ljsa_egai2d + own calculation.

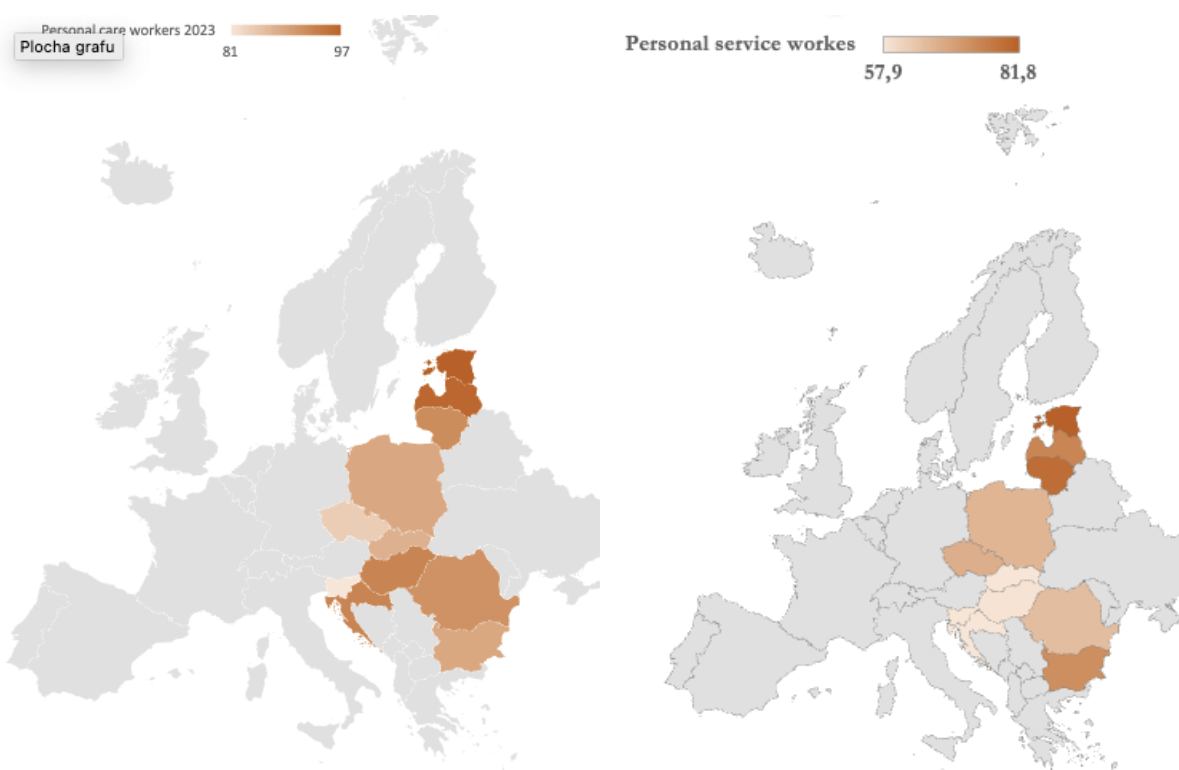
The growth in personal care workers has been consistent over the years. However, fluctuations in personal service workers in CEE were observed. This suggests the sector may be sensitive to economic conditions or policy changes that affect the demand for such services. The drop in 2021 could be attributed to the COVID-19 pandemic's impact on service industries, with recovery observed in subsequent years.

The total number of workers in personal and household services increased from 2,1 million in 2013 to nearly 2,5 million in 2023, a total increase of about 14.6%. Despite fluctuations in the number of personal services workers, the total employment in PHS demonstrates a generally upward trend, suggesting resilience and potential growth in CEE countries. This growing share of total EU27 employment in the PHS sector implies that the CEE region is keeping pace with yet slightly outpacing growth in other EU regions.

The data underscores the growing importance of personal and household services within the CEE region and their increasing contribution to the EU's workforce in these sectors. The steady increase in personal care workers aligns with broader societal trends, such as ageing populations and the need for care services, while the fluctuating trends in personal services workers highlight the sector's sensitivity to economic and social changes. This analysis suggests that while the PHS sector faces challenges, it also offers opportunities for growth and resilience in the face of changing economic conditions.

The ISCO data also suggests a **high proportion of female workers in the personal care (81%-97%) and household services sector (60%-82%)**, which is typical of the care sector globally. This reflects entrenched gender norms where women predominantly fill care-related roles. Given the following typical distributions, the share of women in these PHS sectors in CEE countries is similar to these global patterns. However, the precise share can vary depending on specific country policies, cultural norms, and economic conditions. The entrenched gender regime in the care sector remains a crucial consideration, highlighting the need for policies that address gender inequalities and improve conditions for workers in these essential roles.

Figure 6: Female personal care workers and personal service workers in CEE (in %, out of all personal care and services workers in the region, 2023)



Source: Eurostat: Employed persons by detailed occupation (ISCO-08 two digit level), Online data code [ljsa_egai2d](#), DOI:10.2908/ljsa_egai2d + own calculation.

When it comes to the supply of personal household services workers, especially for elderly care, the landscape shifts dramatically when considering **informal carers**. According to EUROCARERS, informal carers are defined as "people who provide unpaid care to someone with a chronic illness, disability, or other long-lasting health or care need, outside of a professional or formal framework" (EUROCARERS, 2020).

It is essential to acknowledge, the many LTC system in EU countries rely heavily on informal carers, whose diverse level of financial compensation through cash allowances and pension credits, are cost-effective for the states in comparison to formal care (European Commission, 2021). EUROCARERS estimates that 80% of all long-term care is provided by informal carers, including relatives or non-family assistants who are not

considered workers. The share of informal carer in the population in CEE countries range from 13% in Estonia, to 4,6% in Czechia. This is however an official number of informal carers, the unofficial based on recent survey CARE is even higher.

Table 6: Official number of informal carers across CEE countries (2023)

	Number of informal carers	% of population with caring responsibilities
Bulgaria	437 858	6,10%
Czechia	485 300	4,60%
Estonia	176 210	13,40%
Croatia	269 056	6,40%
Hungary	816 969	8,30%
Lithuania	241 115	8,30%
Latvia	144 394	7,30%
Poland	3 874 918	10,20%
Romania	455 860	2,30%
Slovenia	220 848	10,70%
Slovakia	428 496	7,90%

Source: EUROCAREERS, available at <https://eurocarers.org/about-carers/>

Another estimation on the share of informal caregivers aged over 50 years, based on several surveys, presents a share ranging from 16% in Slovenia and Poland, 17% in Estonia, to 19% in Czechia and 20% in Croatia to name a few from the CEE countries. In comparison, Demark stands at 29% and Belgium at 24%.⁷ (Tur-Sinai, et al. , 2020).

The survey CARE from EIGE showed that the informal carers providing long-term care at home comprise a considerable share of the population. The shares for the CEE countries are around the EU27 average, except for Estonia and Hungary, where the share is lower than the EU27 average. Croatia, where the percentage increase of formal home carers was one of the most prominent, also comprises a considerable share of informal carers. The share of women providing information about long-term care is higher in almost all the CEE countries, in some, comprising more than 10 percentage points. However, in some countries, the difference is not very prominent, indicating that men are also involved in informal caregiving activities on a daily basis.

Table 7: Percentage (%) of people who provide informal long-term care to people who need help with daily activities (2022)

	Total	Women	Men
European Union - 27 countries (from 2020)	21,7	22	21,3
Bulgaria	29,5	26,5	32,4
Czechia	20,3	21,4	19,1
Estonia	17,1	13,6	20,8
Croatia	40,6	43,7	36,5
Hungary	14,2	15,1	13,2
Lithuania	31,4	32,7	30
Latvia	19,9	21	18,5
Poland	22	22,9	21
Romania	28,4	31,2	25,7
Slovenia	23,3	23,8	22,9
Slovakia	24,4	26,4	22,5

Source: EIGE, Survey of gender gaps in unpaid care, individual and social activities, [eige_gap_care_resp_ggs_care_ltc_for]

Another typical characteristic of PHS usage is that a relatively **high proportion of services are purchased undeclared**, meaning without any formal contract and with the high probability of paying cash or paying less based on a contract, but the additional amount of payment is paid undeclared. Estimations vary in CEE

⁷ Based on SHARE = Survey of Health, Ageing and Retirement in Europe; EHIS = European Health Interview Survey; EQLS = European Quality of Life Survey.

countries. For example, the share of “assistance for a dependant or elderly person” in total self-reported purchases of services based on undeclared work present approximately from 2% in Estonia to 9% in Slovenia (Eurobarometer, 2020). The ELA study (2022) on undeclared work in the PHS sector estimates the overall share of undeclared in the PHS sector (both narrowly and broadly defined) at slightly over 50%, with a considerably lower share of 34% in care sector.

Carers with migrant origins, mostly migrant women often fill roles in domestic work, elderly care, and cleaning services, mostly informally. The female predominance in the care sector is a well-documented trend in both global and regional studies. This is especially true in countries like Poland, where female employment in PHS is significant (Kindler, et al 2016).

The most recent data on the informal care workers in households with migrant status is provided by the survey on care responsibilities (CARE)⁸, conducted by the European Institute for Gender Equality (EIGE).

Table 8: Percentage (%) of people that provide informal long-term care to people who need help with daily activities, by migration status and gender (2022)

	Total informal carers with migrant origin	Women as informal carers with migrant origin
European Union - 27	31,2	28
Bulgaria	42	44,7
Czechia	26,1	26,9
Estonia	40,8	43,3
Croatia	40,6	41,6
Hungary	25,4	19
Lithuania	56,1	
Latvia	11,6	
Poland	28,8	24,6
Romania	24,1	8,7
Slovenia	22,1	17,6
Slovakia	31	

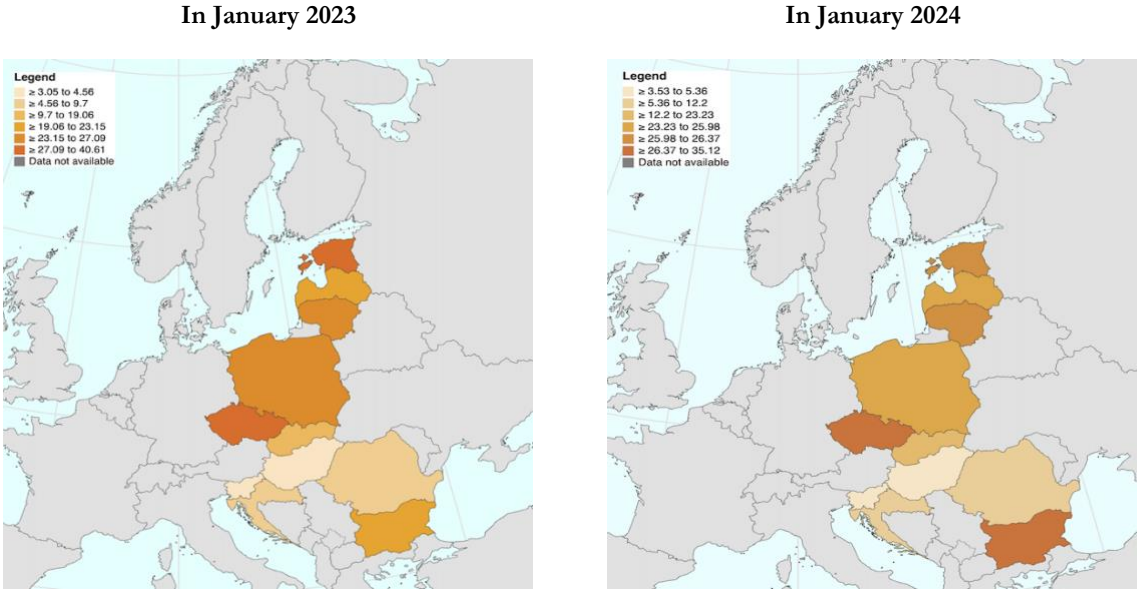
Source: EIGE, Survey of gender gaps in unpaid care, individual and social activities, [eige_gap_care_resp_ggs_care_ltc_for]

Migrants have increasingly filled labour gaps in PHS due to local shortages and economic migration. While **specific data are missing**, domestic workers with migrant background may represent 10-25% of the PHS workforce in more economically robust CEE countries, driven by Ukrainian migration. The potential of raising the labour size by Ukrainian refugees in countries with the largest number of arrivals, which CEE countries definitely are, is 2.7% (Mishchuk, 2022).

The influx of Ukrainian refugees due to the ongoing conflict has significantly influenced the labour markets in neighbouring CEE countries, especially in sectors like PHS. Ukrainian refugees are likely filling roles in PHS, particularly in countries like Poland, Czechia, and Slovakia, where there is both demand and policy support for their employment. The UNHCR and OECD have reported that Ukrainian refugees are predominantly employed in sectors requiring immediate labour, including PHS (OECD, 2023; UNHCR, 2023).

⁸ The survey was undertaken in 2022 and covered more than 60,000 respondents in all 27 Member States of the EU.

Figure 7: Ukrainians - beneficiaries of temporary protection per thousand persons in CEE countries (2023, 2024)



Source: Eurostat, Temporary protection indicators (*migr_asytpind*), ESMS Indicator Profile (ESMS-IP) *migr_asytpspop*; https://doi.org/10.2908/MIGR_ASYTPSPOP

On the other hand, the care drain or emigration of home carers from some CEE countries is well documented. Around 60,000 people in Austria provide live-in care for older people. 92% of these carers are women, and 98% are migrants, mainly from Romania and Slovakia (Amnesty International, 2021).

1.3 Working conditions and challenges in PHS

In the next section, we use the data from the demand survey in CEE countries and the social dialogue survey to describe the working conditions in the targeted countries. Both provide useful insight into the main characteristics and challenges identified by the national stakeholders active in the PHS sector for the targeted country.

We asked the people in the demand survey what type of contract they used when hiring the PHS worker. Most of the respondents (55,7%) confirmed that non-written agreement was the case. Work provided voluntarily (9%) and in exchange for other work/service (4,1%) were less common. Formal contracts, based on invoicing, report 23% of respondents. Regular work contracts occurred only in 8% of responses.

The most common way people find PHS services is someone's suggestion. This indicates a strong reliance on personal networks and word-of-mouth when finding service providers. Web sources (combining provider contacts on the web, platforms, and social media) account for a significant portion - 29.5%. Public registers of PHS services are the least used (at 3%), suggesting limited reliance on official or governmental sources to find suitable services. Other methods account for 9,4%, which could include personal initiatives or less common means to search for services.

In the few cases when the PHS was arranged by other organisation, the most frequent intermediaries were municipal and public service providers. Charitable and private entities also play a role.

Services without accommodations dominate, with 94% of respondents reporting that the service provider was never accommodated in the household. **The live-in arrangements are rare in CEE countries.** Full-time (24-hour) live-in occurred in 1,3%, temporary tenure (e.g., one month) in 0,9% and occasional accommodation in 2,2% of all responses. Other options indicated rare or unspecified arrangements.

The working hours of the PHS workers indicate part-time work (up to 4 hours/day) as the most common (42.2). Irregular working hours (on call) account for 26.3%, showing flexibility and non-standard working hours in service provision. Longer shifts are less common. Examples of other time arrangements indicate varied schedules from less than an hour to 7-8 hours and specific needs-based engagement.

In terms of the **time arrangement of the service provision**, providing the services only from Monday to Friday (46.6%) is the most common arrangement, indicating that many PHS workers in the demand survey (N=238) work regular hours in the span of the standard working hours (8 am – 16 pm). A significant portion of service workers are on call 24/7 (20.6%), highlighting the flexible and sometimes unpredictable nature of PHS work. Other possibilities (14,7%) encompass a variety of arrangements, many of which are highly flexible or customised to specific client needs. Examples include:

- One-time or short-duration tasks.
- Scheduled work based on mutual agreement.
- Flexible or irregular hours, as needed by the client.

Working during the normal work week, weekends, and holidays represented 7,1% out of the 238 responses. This indicates a minority of PHS workers are available throughout the entire week, including weekends and holidays, which may be required for certain types of continuous or critical PHS services. Some workers provide services exclusively on weekends (6,3%). No respondents indicated working night shifts exclusively, suggesting that night-time domestic work is either rare or integrated into more flexible, as-needed arrangements.

Table 9: Time arrangement of the PHS workers (N= 238)

Type of arrangement	%
Working days only	46,6%
Upon call – always at disposal	20,6%
Other (please specify)	14,7%
Working days, weekends and holidays	7,1%
Weekends only	6,3%
Day shifts (from 6:00 to 22:00)	4,6%
Night shifts (from 22:00 to 6:00)	0,0%

Source: *Perhouse Demand Survey for personal and household services in 12 Central and Eastern European countries*

The survey on personal and household services in 12 Central and Eastern European countries revealed challenges in three areas: overall settings and regulations, working conditions, and service quality, considering the national context.

Table 10: Challenges of PHS overall settings identified by social partners and social actors in CEE countries (N= 51, in %)

	Percent
Low investment/budget for public services	69%
Lack of representation – social dialogue	65%
Care drain – professionals leaving the country to work abroad	57%
Lack of appropriate regulations	51%
Low compliance with existing regulations	51%
Operation of intermediary agencies	31%

Source: *Survey on social dialogue related to PHS in 12 CEE countries; responses for agree + strongly agree*

Q: *Considering the national context, what are the main challenges in personal and household services according to your organisation? Please rate each of the following aspects on a 5-point scale.*

Low Investment/Budget for Public Services (69%) is identified as the top challenge, indicating a significant lack of financial resources allocated to PHS, which hampers service quality and availability. Half of the respondents (51%) see regulatory issues as a major problem, suggesting that either current regulations are insufficient or not properly enforced. This affects the standardisation and reliability of services. Most respondents (65%) highlight insufficient representation and social dialogue, suggesting that stakeholders in the PHS sector feel inadequately heard and engaged in decision-making processes.

Care drain, i.e. professionals leaving the country to work abroad was reflected by 57% of national stakeholders. This issue reflects the migration of skilled professionals to countries offering better pay and working conditions, leading to a domestic skilled workforce shortage. While not as pressing as other issues, the operation of intermediary agencies (31%) is still seen as a challenge, possibly due to inefficiencies or high costs associated with their services.

The open-ended responses offer even deeper insight into the specific challenges faced in various countries, highlighting both systemic issues and regional specifics.

- Slovenia: There is a trend of outsourcing services, where the state withdraws from direct service provision, leading to public services being privately delivered despite being publicly funded.
- Estonia: There is a lack of support measures for regional community entrepreneurship, which affects the retention and application of skilled individuals within the community. There is a shortage of suitable staff for care work and insufficient funding for developing private enterprises.
- Poland: Informal work is prevalent, and demographic ageing leads to an increased demand for workers in social services. There is a lack of awareness of demographic changes affecting the quality of services, protection of care recipients' rights, and service accessibility.

- Slovakia: There's a need for adequate legislative measures to address demographic changes, such as population ageing and dependency on services and support. Insufficient connection, coordination, and collaboration between the Ministry of Labor, Social Affairs and Family and the Ministry of Health is an additional challenge.
- Romania: Employment is restricted by legislative barriers, leading to skill and workforce shortages, with clients being price-sensitive.
- Bulgaria: Personal assistant services are provided by municipalities, while NGOs do not have access as direct service providers in the home environment.

Table 11: Challenges of PHS related to working conditions identified by social partners and social actors in CEE countries (N= 51, in %)

	Percent
Low wages/salaries	75%
Financing of the services in the sector	69%
Most of the work is not recognised as work (unpaid family carers)	61%
Large share of undeclared work	61%
Large share of vulnerable workers (migrants, women...)	61%
Health and safety issues (including mental health and abuse)	61%
Heavy workload	59%
Lack of social security	53%
Working time arrangements	45%
Bogus-self-employment (forced or fake self-employment)	43%

Source: Survey on social dialogue related to PHS in 12 CEE countries; responses for agree + strongly agree

Q: Considering the national context, what are the main challenges in personal and household services according to your organisation? Please rate each of the following aspects on a 5-point scale.

The primary challenge related to working conditions in the PHS is low wages (75%), leading to job dissatisfaction, high turnover, and recruitment difficulties. Nearly 69% of respondents identify inadequate service financing as a major issue, suggesting limited public or private funding that affects service provision and quality. Unpaid family carers face a lack of formal recognition and support, affecting the economic and social valuation of their work.

Undeclared work is prevalent, undermining workers' rights and tax revenues, with 61% of social partners in CEE countries in agreement. The sector includes many vulnerable workers, such as migrants and women, who face discrimination and exploitation.

Health and safety concerns, including mental health and abuse risks, highlight the need for deterrent measures and support systems. A heavy workload leads to burnout and stress, indicating a need for improved workload management. Over half of the respondents report inadequate social security, leaving workers without essential benefits.

Issues with working time arrangements (45%) indicate challenges with irregular, inflexible, or excessive hours. Bogus self-employment⁹ is also a significant challenge, depriving workers of employee rights and benefits.

The survey revealed significant challenges related to service quality. A staggering 60% of respondents perceive a substantial lack of services in the PHS sector, indicating clear gaps in meeting diverse household needs. Moreover, over half of the respondents express serious concerns about labour costs, especially related to taxes and levies. Many also assert a lack of professionalism among workers, likely stemming from inadequate training, qualifications, or overall service delivery quality. Additionally, just under half of the

⁹ Bogus self-employment is often referred to as false self-employment or dependent self-employment; this is commonly understood as involving persons/workers registered as self-employed whose conditions of employment are de facto dependent employment. National legislation and/or court decisions determine this status. This employment status is used to circumvent tax and/or social insurance liabilities or employers' responsibilities (OECD (2014) *Employment Outlook 2014*. Paris: OECD)

respondents identify the inflexibility of service providers as a significant challenge, potentially due to rigid business models, limited resources, or regulatory constraints.

Table 12: Challenges of PHS related to service quality identified by social partners and social actors in CEE countries (N= 51, in %)

	Percent
Lack of workforce	84%
High administrative burden	61%
Lack of services offered	59%
High labour cost (tax/levy)	57%
Lack of professionalism of the workers	53%
Low flexibility of service providers	49%

Source: Survey on social dialogue related to PHS in 12 CEE countries; Responses for agree + strongly agree

The survey results illustrate a range of systemic challenges within the PHS sector in CEE countries, reflecting both economic and social issues. In the next chapters, we will focus on the social dialogue, exploring the potential of how to improve the situation in PHS via targeted intervention with social actors.

2. Industrial relations and social dialogue in PHS in 12 CEE countries

2.1. Social actors related to PHS in Central and Eastern European Countries

Before providing insights into the social dialogue in CEE countries, we offer an overview of the social partners and actors related to PHS in six Central and Eastern European countries, as identified by the project partners. The selection of employees' and employers' representatives is schematic; in some countries, professional associations, such as chambers or expert NGOs, play a crucial role in negotiating various aspects of the diverse and multi-level characteristics of the personal and household services sectors.

Table 13: Overview of the social partners and social actors related to PHS sectors by country

Country	Employees' representation	Employer's representation	Others
Czechia	Trade Union in Healthcare and Social Care (OS ZaSP), Trade Union of Employees in Social Services (ALICE)	Association of Social Care Providers (APSS), Ministry of Labour and Social Affairs, Ministry of Health, and Ministry of Regional Development.	Pečuj doma, Association for Integration and Migration (SIMI).
Estonia	Estonian Healthcare Workers' Association (ETK), Estonian Nurses Union, Estonian Social Workers' Association (ESWA).	Estonian Horticultural Association, Estonian Landscape Contractors Association	Estonian Home Assistance Association
North Macedonia	Several trade union confederations like SSM, KSS, UNASM, and KSOM, with the Federation of Trade Unions of Macedonia (SSM)	Organizations like ORM and BCM represent employers, with ORM being prominent at the national level.	
Poland	The Domestic Workers Committee of the All-Poland Trade Union "Workers' Initiative" is a notable union in the PHS sector, advocating for domestic workers' rights.	Polish Confederation Lewiatan; Employment Agencies Association) and, by default, state institutions (i.e., Ministry of Family, Labour and Social Policy; Ministry of Health)	
Slovenia	The Health and Social Care Trade Union of Slovenia (SZSVS) and the Trade Union of Health and Social Care of Slovenia (SZSSS), Union of Personal Assistants (SOA), Trade Union of Crafts and Entrepreneurship of Slovenia (SOPS).	Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, and the Medical Chamber of Slovenia; The Chamber of Craft and Small Business of Slovenia (OZS); Association of Employers in Craft and Small Business of Slovenia (ZDOPS).	Slovenian Federation of Pensioners' Associations (ZDUS); Association for the Theory and Culture of Handicap (YHD); Sonček – Cerebral Palsy Association of Slovenia (Sonček); (Public) Institute for Home Care (ZOD).
Slovakia	Confederation of Trade Unions in Slovakia (KOZ SR), Trade Union of Employees in Healthcare and Social Services (SOZZaSS)	Association of Social Service Providers under the National Union of Employers (RUZ); Ministry of Labour, Social Affairs and Family, Ministry of Health,	Chamber of Carers in Slovakia; Socio-forum, Chamber of Nurses and Midwives. Platform of Families of Children with Disabilities

Source: National country reports for Czechia, Estonia, North Macedonia, Poland, Slovenia and Slovakia.¹⁰

The following table outlines the obstacles to engaging social partners in the PHS sector and presents strategies to overcome these challenges. It demonstrates the possible enhancement of social partners and actors at the national level.

¹⁰ The national reports are included in the Reference list or available at <https://www.celsi.sk/en/perhouse/>

Table 14: Overview of the obstacles to engaging social partners and ways forward

Country	Obstacles to engaging social partners in PHS	Strategies to enhance engagement in PHS
Czechia	Obstacles to engage social partners in PHS: Lack of targeted social dialogue for PHS workers. Predominance of informal economy issues and lack of trade union involvement in the non-care sector. Low unemployment rates reduce the perceived need to combat informality.	Increase awareness and advocacy for the rights of informal and foreign workers. Promote sector-specific unions and support their initiatives. Implement systems like the proposed voucher system to formalise informal work and provide more stable employment conditions.
Estonia	General lack of interest in unionisation among workers. Ambiguity and informality of employment relationships. Dispersed nature of the workforce and reliance on short-term agreements. High entry barriers to unionisation for both workers and small businesses. Cultural preference for independence among workers.	Develop targeted campaigns to educate workers on the benefits of unionisation. Enhance the visibility and perceived benefits of trade unions. Encourage collective bargaining by creating more favourable conditions for workers to engage with unions. Address the legal and practical barriers to unionisation and collective bargaining in the informal and platform work sectors.
North Macedonia	Legal Ambiguities: Unclear legal status of private institutions providing public services leads to confusion regarding applicable collective agreements. Low Coverage: Collective bargaining coverage is below EU directives in both public and private sectors.	Legal Clarity: New laws aimed at clarifying the status of private institutions providing public services could facilitate collective bargaining. Capacity Building: Strengthening the capacity of existing trade unions and employers' organizations to negotiate and represent workers in diverse sectors.
Poland	Informal Economy: Dominance of the informal economy in the PHS sector hinders unionization and formal engagement. Legal Status: Many workers, including foreigners, have irregular legal status, making them vulnerable to exploitation and hesitant to engage with unions.	Legalization: Regularizing employment status for workers in the PHS sector could enable them to engage more freely with unions. Awareness and Outreach: Efforts to increase awareness among workers about their rights and the benefits of union membership could help overcome negative perceptions.
Slovenia	Lack of Specific Organization: For sectors like childcare, the Education, Science and Culture Trade Union of Slovenia (SVIZ) does not engage due to the low interest of part of workers and strategic orientation towards public institutional care. Institutionalised Preferences: Unions like SVIZ prioritise public sector institutional care over decentralised PHS settings, seeing institutional care as more conducive to socialisation and equality.	Expansion of Scope: If childcare PHS were to expand significantly, unions like SVIZ would reconsider their approach to ensure good working conditions. Policy Alignment: Aligning policy with the needs and preferences of workers in PHS, possibly through targeted legislative adjustments or incentives for unionization.
Slovakia	Limited resources of the current trade union and employers' association represent more residential carers and only those working as employees. The specific organisation, the Chamber of Caregivers of Slovakia (KOS), defends PHS care workers, even informal caregivers. However, it operates as an NGO and has opted not to become a trade union.	Inclusion of all workers: Encourage trade unions and employer associations to expand their representation beyond residential carers to include more diverse roles within the PHS sector, Collaboration: Strengthen collaboration between existing organisations like the Chamber of Caregivers of Slovakia (KOS) and formal trade unions to ensure a broader representation of worker interests, including those of informal caregivers

Source: Source: National country reports for Czechia, Estonia, North Macedonia, Poland, Slovenia and Slovakia.¹¹

Both Czechia and Estonia face challenges in engaging social partners in the PHS sector, primarily due to the prevalence of informal work and the dispersed nature of the workforce. Czechia shows some structured efforts through associations and NGOs, though gaps remain in informal and non-care sectors. Estonia, while having active healthcare-related unions, struggles with widespread informality and a lack of worker interest in unionisation. To improve engagement, both countries could benefit from increasing awareness, advocating for workers' rights, and implementing systems to formalise and stabilise employment conditions in the PHS sector (Hanulová, 2024; Masso, Roosaar, 2024).

¹¹ The national reports are included in the Reference list or available at <https://www.celsi.sk/en/perhouse/>

While North Macedonia and Poland differ in their specific challenges and contexts regarding the PHS sector, both face significant hurdles in effectively representing and engaging workers. Addressing these issues requires tailored approaches, including legal reforms, capacity building for social partners, and efforts to formalise and protect the rights of PHS workers. Slovenia and Slovakia – the text is forthcoming (Mojsoska-Blazevski, et. al. 2024; Sadowska, Polkowska, 2024).

In Slovenia, the obstacles to engaging social partners in PHS revolve around the absence of specific organisations and a preference for institutional care (Bembič, Čehovin - Zajc, 2024). In Slovakia, the challenges include limited resources and the organisational structure of key supporting bodies, with strategies aimed at including a broader range of workers and fostering collaboration between existing organisations (Holubová, 2024).

2.2. Represented professions and representation gaps in personal and household services

Due to the multifaceted characteristics of the PHS sector and the diversity of its subsectors and professions, we analysed which workers in the PHS sector are represented and which are not. Based on an analysis of the national social partners in six Central and Eastern European countries, we drew the following conclusions.

In Czechia, the represented professions include home healthcare workers, social care providers, informal carers, and foreign domestic workers, with representation primarily facilitated through NGOs. However, there are significant gaps in representation for workers in the informal economy and those in non-care sectors. This suggests that these groups are not adequately represented in current discussions and decision-making processes (Hanulová, 2024).

In Estonia, the following professions are represented: healthcare workers, nurses, and social workers. However, representation gaps exist for family caregivers, workers in the small household tasks segment, and many informal sector workers. The discontinuation of the Estonian Child Care Workers' Union also highlights a gap in representation for childcare workers (Masso, Roosaar, 2024).

In North Macedonia, currently, specific Sectoral Collective Agreements are in place for workers in public childcare and senior care facilities. However, these agreements do not cover workers in private childcare and senior care institutions, creating a notable representation gap (Mojsoska-Blazevski, et. al. 2024).

In Poland, the Domestic Workers Committee of the All-Poland Trade Union "Workers' Initiative" focuses largely on domestic care and cleaning. This leaves a representation gap for various PHS professions (e.g. home repairs or gardening), as their informal nature and dispersed work settings make it challenging for them to be adequately represented (Sadowska, Polkowska, 2024).

In Slovenia, personal assistants, home carers, and community nurses are organized under Trade Union of Health and Social Welfare of Slovenia while personal assistants are also organised by the Union of Personal Assistants (SOA). This sector primarily focuses on providing care for the elderly and disabled. However, there is a lack of specific representation for other segments of PHS such as childcare and household support services. This gap exists partly due to the strong institutional framework for childcare and the nature of smaller household support services (Bembič, Čehovin - Zajc, 2024).

In Slovakia, care workers as social services employees are represented by Trade unions for health and social workers and employers by Association for social services providers. Home nurses and home carers have professional associations such as the Slovak Chamber of Nurses and Midwives and the Chamber of Caregivers of Slovakia representing them. However, there are representation gaps for smaller PHS sectors, possibly due to the dominance of public services and funding constraints, similar to the situation in Slovenia (Holubová, 2024).

2.3. Social dialogue related to PHS in Central and Eastern European Countries

The results of the social dialogue survey on social dialogue in personal and household services across 12 Central and Eastern European countries provide valuable insights into the current state and challenges of organizational involvement in this sector. The survey included 69 national stakeholders, comprising trade unions (19%), company founders offering PHS services (17%), representatives from public or state authorities (10%), professional associations (9%), employers' organizations (7%), and other non-governmental organizations (23%).

The most common form of engagement (32%) is the participation in collaborative settings that may not have binding agreements but facilitate information sharing and joint action. 21% of organizations are involved in social dialogue, which indicates that a relatively small portion of organizations are directly engaged in formal discussions or negotiations related to PHS. 23% reported other types of involvement, indicating a variety of non-standard ways organizations engage with the PHS sector.

Table 15: Ways of engagement of the national organisation to the personal and household services (N= 62, in %)

	Percent
Involvement in social dialogue	21%
Involvement in working groups/networks	32%
Involvement in dedicated councils and committees	13%
Involvement in related projects	11%
Other	23%

Source: Survey on social dialogue related to PHS in 12 CEE countries;

Q: How is the organisation engaged in personal and household services? Select one option that most closely suits the organisation's involvement.

54% of organizations participate at the national level, either through tripartite (involving government, employers, and employees) or bipartite (involving employers and employees) dialogues, highlighting the focus on broader policy discussions.

Consultations occur very frequently for 27% of the stakeholders and fairly often for 25%. Joint statements are less common, with only 18% doing so very often, while 35% never engage in such activities, indicating limited active bargaining. For capacity building, 8% engage very often, 35% fairly often, and 24% occasionally, suggesting a focus on strengthening organisational capabilities. Protests or strikes are rare, with only 11% participating very often and 60% never engaging.

The biggest barrier, cited by 54%, is the challenge of organising workers in the PHS sector. Financial constraints are noted by 23%. Additionally, 31% say their organisation only represents its members or lacks a counterpart for discussions, and 23% represent only regular employees, indicating limitations in scope and engagement. Households not being recognised as employers or workplaces (15%) and the sector not being a priority (15%) also contribute to lower engagement levels.

Table 16: Reasons why the organisation is not engaging in personal and household services:(N= 13, agree/strongly agree answers, in %)

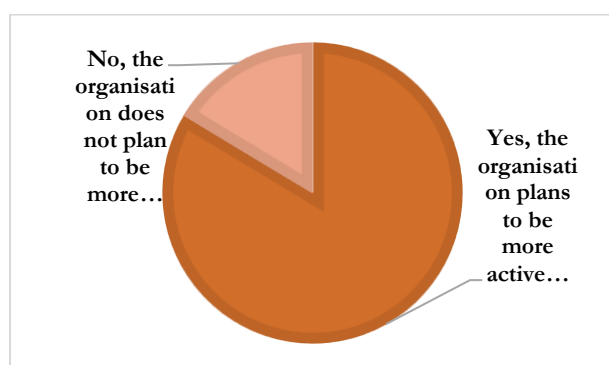
	Agree and strongly agree
Lack of capacity (financial)	23%
It is challenging to organise workers in the sector	54%
Households are not recognised as employers	15%
Households are not recognised as a workplace	15%
The organisation represents only regular employees	23%
The organisation represents only its members	31%
The organisation does not have a counterpart for discussion about the services	31%
Not a priority for the organisation	15%

Source: Survey on social dialogue related to PHS in 12 CEE countries;

Q: What are the reasons the organisation is not engaged in personal and household services or does not plan to be more active in this area? Please rate each of the following reasons on a 5-point scale.

Although specific data is not provided, the survey indicates there is interest in potentially increasing engagement in the PHS sector, reflecting an awareness of the growing importance and need for involvement.

Figure 8: Prospect to higher engagement in the personal and household services sector in the future? (N= 55, in %)



Source: Survey on social dialogue related to PHS in 12 CEE countries;

Q: Does your organisation plan to be more active in the area of personal and household services in the future?

Based on the in-depth analysis of the social dialogue in PHS in the six partners countries - Czechia, Estonia, North Macedonia, Poland, Slovenia, and Slovakia – brings more detailed insight.

In Czechia, the social dialogue framework is generally undeveloped, particularly within the PHS sector. Key actors include the Association of Social Care Providers (APSS), the Trade Union in Healthcare and Social Care (OS ZaSP), the Trade Union of Employees in Social Services (ALICE), and NGOs such as Pečuj Doma and the Association for Integration and Migration (SIMI). A major challenge in this sector is the limited influence of trade unions, particularly in the non-care sector, with most issues being addressed in the public care sector. The care sector struggles with worker shortages, low financial compensation, legislative barriers, and social isolation, while the non-care sector faces issues such as precarious employment, exploitation, and a lack of workplace safety. Trade unions also face difficulties in organizing informal PHS workers due to the workers' differing identity bases, which include gender, race, and immigration status rather than class or occupational identity (Hanulová, 2024).

In Estonia, social dialogue within the PHS sector is virtually non-existent, primarily due to a lack of interest from employees in unionization. Although entrepreneurs express interest in forming unions, employee unions are largely absent. Employees perceive no practical benefits from unionization, which limits the

capacity of trade unions that rely heavily on membership fees. Non-care PHS workers highly value their independence, while family caregivers often have workloads too heavy to accommodate additional union responsibilities. However, the need and opportunity for unionization are likely to grow as the PHS sector expands. The focus remains on subsidization of services, legislative changes, and workforce professionalization rather than relying on social dialogue as the main tool for addressing sector challenges.

In North Macedonia, the social dialogue framework within the PHS sector shows a distinct dichotomy between the public and private sectors, exacerbated by high informality and weak unionization, especially in the private sector. Key actors include the Federation of Trade Unions of Macedonia (SSM) and the Confederation of Free Trade Unions of Macedonia (KSS). The lack of unionization in private sector care and informal employment presents significant challenges, as high informality complicates collective bargaining. Intermediary agencies often further complicate the situation by not aligning with formal employment standards, creating gaps in representation and collective bargaining for private care providers (Masso, Roosaar, 2024).

In Poland, the social dialogue framework for the PHS sector is fragmented and ineffective, presenting a major barrier to improving working conditions. Identifying relevant social partners is challenging, with key actors including the Domestic Workers Committee of the All-Poland Trade Union “Workers’ Initiative,” Polish Confederation Lewiatan, and state institutions. There is a lack of systematic social dialogue, and minimal reference is made to national and international strategies, such as the Care Strategy 2022 and ILO Convention no. 189. However, national workshops, such as those organised under the PERHOUSE project, indicate potential for increased engagement. The primary challenges include a lack of recognition and representation for some of the PHS workers (Sadowska, Polkowska, 2024).

In general, in Slovenia, social dialogue has seen a gradual decline in unionisation and coverage rates since the mid-2000s, although sectoral bargaining remains relatively widespread. Trade unions, employers' associations, and organisations representing PHS users are key actors. Limited dialogue occurs in the personal assistance and non-care PHS sectors, while trade unions tend to focus on institutional childcare over home-based services. The non-care sector, particularly domestic cleaning, suffers from a weak union presence. Focus areas include the development of institutional childcare and regulation of personal supplementary work, which is lightly regulated (Bembič, Čehovin - Zajc, 2024).

Slovakia lacks a distinct social dialogue structure for the PHS sector, with representation varying by sub-sector. Key actors include the Trade Union of Employees in Healthcare and Social Services, the Association of Social Service Providers (APSSVSR), and the Socio-forum as an expert NGO. Challenges include insufficient funding and wages in social services and barriers to union formation at the employer level. Sector-specific issues involve a high reliance on project-based financing and competition from informal care services. Recent developments include advocacy for financial reform, increased wages, and the formation of the Chamber of Caregivers of Slovakia. The focus areas are professionalisation, improved labour standards, and addressing conditions for migrant workers (Holubová, 2024).

The analysis of the social dialogue related to personal and household services in six project partners countries - Czechia, Estonia, North Macedonia, Poland, Slovenia, and Slovakia - reveals several common themes and significant differences in social dialogue in PHS.

A common challenge in the effectiveness of the social dialogue is **the high levels of informal employment hindering active representation and collective bargaining** across these countries. Additionally, there is a **generally weak union presence and influence**, especially in the private and non-care sectors. Sector-specific issues, such as low wages, worker shortages, and poor working conditions are prevalent challenges across all the countries, which are recognised by all the countries stakeholders. In some countries, such as Czechia and Estonia, non-care sectors face additional issues like precarious employment and lack of interest in unionisation.

Across these countries, there is a **clear divide between the representation of workers in public versus private and informal sectors**. Public sector workers often have better representation due to state funding

and structured dialogues, while private and informal sector workers struggle with low unionization and limited bargaining power.

NGOs and professional associations often fill the gaps left by weak union presence, especially in advocating for policy changes and supporting workers' rights in sectors where unions are less effective.

Differences in the six countries relate to the institutional frameworks. Economic conditions, historical contexts, and political frameworks greatly influence the development and effectiveness of social dialogues. Post-communist legacies, such as in Estonia, and economic constraints, as seen in North Macedonia, affect current unionization levels and dialogue efficacy. There is significant variation in the development of social dialogue, ranging from non-existent in Estonia to fragmented in Poland. Some countries, like Czechia, focus more on public sector dialogue, while others, such as Slovenia, emphasize institutional childcare. Engagement and collaboration with European social dialogue structures differ, with countries like Estonia focusing more on domestic issues.

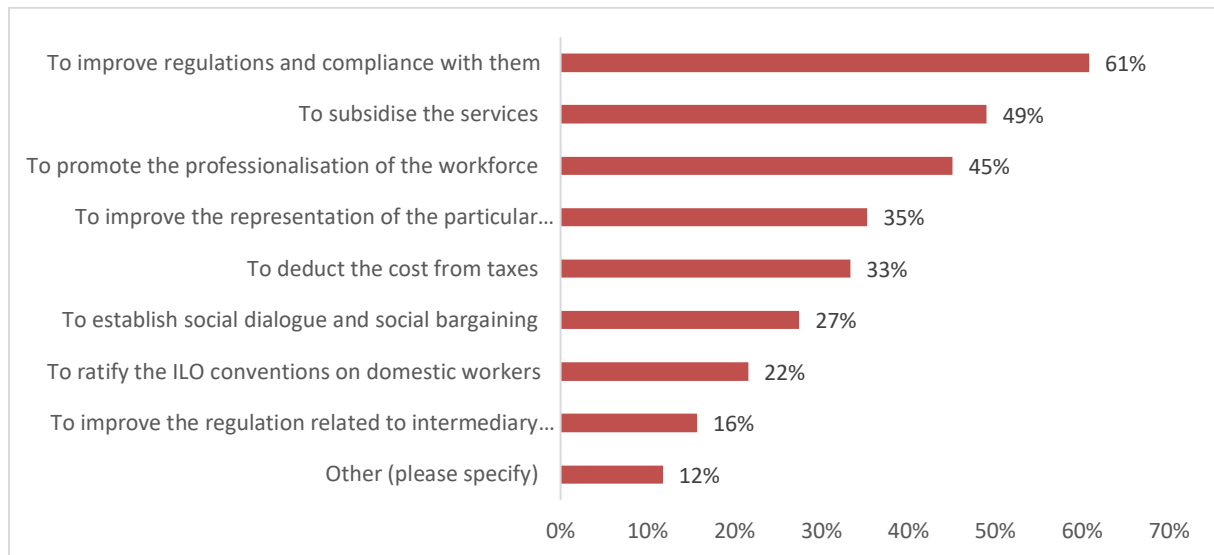
The analysis highlights the need for targeted strategies to enhance social dialogue, improve working conditions, and address the unique challenges faced by PHS workers in each country. There is potential for growth in unionization and social dialogue, particularly in expanding sectors like PHS. Countries may benefit from focusing on professionalisation, improving funding structures, and encouraging more inclusive representation of informal workers. Developing a more robust and inclusive framework for social dialogue, fostering unionisation, and addressing sector-specific issues can lead to better outcomes for PHS workers and the overall sector.

Overall, while these countries share challenges, each faces unique circumstances influenced by its economic, political, and historical contexts. Strengthening social dialogue in the PHS sector will require targeted strategies addressing both systemic and specific local challenges.

2.4. Addressing the challenges in PHS by social dialogue

Based on the social dialogue survey data, we explored the most relevant ways to address or prevent challenges in the personal and household services sector within the national context of Central and Eastern European countries. The data presents options selected by respondents, highlighting the most pressing areas for intervention.

Figure 9: Views of social partners and social actors on how to address the challenges in PHS (N= 51, in %)



Source: Survey on social dialogue related to PHS in 12 CEE countries;

Q: What might be the ways to address/prevent the challenges considering the national context? Choose the three most relevant.

The most desired approach identified by the CEE national stakeholders is to enhance existing regulations and ensure compliance. This underscores the need for robust legal frameworks and enforcement mechanisms to address issues such as undeclared work, worker protection, and quality standards in the PHS sector.

Nearly half of the respondents believe subsidising services is crucial. This approach could alleviate financial burdens on both service providers and users, making services more accessible and ensuring sustainable service provision. By providing more financial resources to the sector, subsidies can also help improve wages and working conditions.

Professionalisation of the Workforce: Promoting the professionalisation of workers is seen as a vital step towards improving the sector. This includes formal training, certification, and career development opportunities, which can enhance the quality of services and attract a more skilled workforce. Professionalisation also elevates the status and recognition of PHS jobs.

Enhancing the representation of specific professions within the sector is identified as important. This could involve strengthening unions or professional bodies that advocate for workers' rights and interests, ensuring that their voices are heard in policy-making processes.

Allowing tax deductions for the cost of PHS services is a significant incentive that could encourage more households to utilise formal services. This could also help reduce undeclared work by providing a financial advantage for engaging in formal service arrangements.

Establishing effective social dialogue and bargaining mechanisms is seen as a means to improve working conditions and ensure fair labour practices. This approach fosters collaboration between employers, workers, and government bodies to address sector-specific issues.

Ratifying international labour standards, such as the ILO Conventions on domestic workers, could provide a framework for protecting workers' rights and improving labour conditions. It would also signal a commitment to aligning national policies with international norms.

Improving the regulation of intermediary agencies can help control the quality and fairness of service provision, ensuring that agencies operate transparently and ethically.

Additional strategies were suggested through open-ended responses:

- Unionisation and organisation of workers - strengthening worker representation and collective bargaining power.
- Insurance and tax utilisation - developing insurance schemes or utilising taxes to fund PHS services.
- Compliance by local governments - ensuring that local governments adhere to laws related to financing social services.
- Simplification of foreign labour inclusion in order to ease restrictions on the employment of foreign workers and address labour shortages.

The data highlights a multifaceted approach to addressing challenges in the PHS sector, focusing on regulatory improvements, financial support, professional development, and enhanced worker representation. The most emphasised strategies reflect a need for systemic changes that address both the sector's structural and financial aspects.

Regulatory and compliance measures are crucial for formalising the sector and protecting workers' rights. Strengthening regulations and ensuring adherence can help combat issues like undeclared work and poor working conditions.

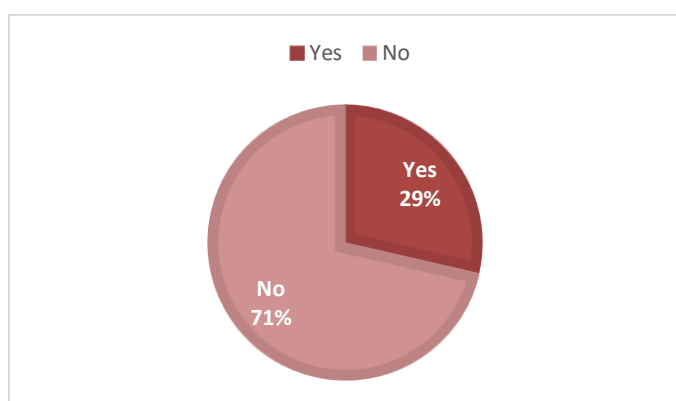
Through subsidies and tax incentives, financial support is necessary to make PHS services more affordable and sustainable, directly benefiting providers and users. Professionalisation of the workforce can elevate the quality of services and enhance job satisfaction, making the sector more attractive to potential workers. Enhanced representation and social dialogue are key to ensuring that the needs and rights of workers are prioritised in policy decisions.

2.5. Interrelation with the EU-level policies and social partners related to PHS

In the next session, we will present the findings on the interrelation of national social partners to the EU-level policies related to the PHS sector and to the EU-level social partners.

The social dialogue survey revealed that the social partners and social actors related to PHS in 12 CEE countries are affiliated or members of any EU-level social partners or another EU-level organisation at a very limited level. Of the 63 stakeholders who participated in the survey from CEE countries, 29% are members or affiliated with any EU-level organisation.

Figure 10: CEE national PHS stakeholders as members of EU-level social partners or affiliated with any EU-level organisation (N= 63)



Source: PERHOUSE – Survey on social dialogue in PHS in 12 Central and Eastern European Countries
Q: . Is the organisation a member of any EU-level social partner or affiliated with any EU-level organisation?

Table 17: List of EU-level social partners and organisations the CEE national stakeholders are members or affiliated with (N= 18)

	Number
European Association of Service Providers for Persons with Disabilities (EASPD)	3
European Trade Union Confederation (ETUC)	2
UNI EUROPA	2
European Trade Union Committee for Education (ETUCE)	2
Multiple EU-level organisations	2
Business Europe	2
European Public Services Union (EPSU)	1
EAN - EUROPEAN AGEING NETWORK	1
EUROCARERS	1
Economic and Social Council (ECOSOC)	1
Other	1
TOTAL	18

Source: PERHOUSE – Survey on social dialogue in PHS in Central and Eastern European Countries

The six project partners from Czechia, Estonia, North Macedonia, Poland, Slovenia and Slovakia, brought more detailed information on the interrelation between EU-level or international policies and EU-level social partners related to PHS.

Based on the country reports,¹² the comparative analysis highlights the varying degrees of integration and influence of national social actors within EU-level social partners and organisations across the six CEE countries.

a) Engagement Levels and Awareness

In Poland, there is a lack of active engagement and awareness of EU-level social dialogue, with only a few stakeholders acknowledging the connections with EU institutions. In Czechia, trade unions recognise EU recommendations but have limited direct involvement with EU-level social partners. North Macedonia's non-EU membership has led to a significant disconnection, resulting in minimal alignment with EU social policy objectives.

Slovenia shows moderate engagement with EU-level organisations, primarily utilising them as sources of information rather than active participants. Estonia recognises the benefits of EU-level dialogue but encounters challenges in participation due to underdeveloped national dialogue structures. Slovakia exhibits limited visibility and impact on the European Care Strategy, with a reluctance to adopt non-mandatory EU regulations.

b) Influence of EU Recommendations and Policies

Czech and Slovenian stakeholders appreciate the EU recommendations for quality care. However, they only show active responses when financial incentives from the EU are involved. Estonia benefits from EU-level insights but faces challenges due to limited national influence and funding constraints.

c) Awareness of the European Care Strategy

In Poland and Czechia, there is a lack of awareness and minimal acknowledgement of the Care Strategy among stakeholders. Similarly, in Slovakia, the European Care Strategy has limited impact and visibility, with stakeholders failing to associate it with the PHS sector.

d) Adoption of the International Labour Organisation's Convention No. 189 on Domestic Workers

The primary regulation that focuses on PHS workers - domestic workers, is ILO Convention No. 189. This convention aims to safeguard the rights of domestic workers and enhance their working conditions. It includes provisions for freedom of association and the effective recognition of the right to collective bargaining (ILO, 20213). This convention provides a strong framework for recognising domestic work, its value and protection. As of 2024, 38 countries ratified the convention, but only 9 countries from the EU¹³ and none from CEE. The convention provides the best foundation for progress in changing legislation that adversely affects domestic workers.

Based on the social dialogue survey, only 22% of national stakeholders from the twelve CEE countries related to PHS consider the ratification of the ILO convention as one way to address the sector's challenges out of 51 responses. Poland and Slovakia's non-ratification might be connected to a broader resistance to international conventions unless they are obligatory. Estonia has voiced its support for the ILO Convention but has also raised concerns about financial constraints that may hinder its implementation.

e) Use of EU-Level Associations and level of engagement

Poland's affiliations and memberships include the European Economic and Social Committee, the European Committee of Social Rights, the Uni Global Union, the European Trade Union Confederation (ETUC), the UN International Organization for Migration, the Tent Partnership for Refugees, and Business at OECD. Regarding engagement, there is limited direct reference to the Care Strategy and minimal awareness of International Labour Organization (ILO) Convention No. 189.

¹² The national reports are included in the Reference list or available at <https://www.celsi.sk/en/perhouse/>

¹³ Belgium, Finland, Germany, Ireland, Italy, Malta, Norway, Sweden, and Switzerland, and Spain.

No explicitly specified EU-level organisations are included in Czechia in the affiliations and memberships. Engagements include trade unions referencing EU recommendations, some interaction with EU recommendations regarding care worker ratios, and minimal direct participation in EU-level activities. Limited awareness of the Care Strategy is also observed.

Estonia is affiliated with several organisations, including Business Europe through the Estonian Employers' Confederation, Business at OECD, and the European Trade Union Confederation through the Estonian Trade Union Confederation. It engages in moderate cooperation with EU social dialogue structures and has limited awareness of EU legislation specific to PHS.

North Macedonia is not a member of the European Union, which means it does not have formal affiliations with EU-level organisations. This lack of engagement has several implications, including limited interaction with EU-level social partners and misalignment with EU social policies due to its non-EU status.

Slovenia is a member of European Economic and Social Committee (through KSJS) and affiliated with several organisations such as Uni Care Europa, the European Association of Service Providers for Persons with Disabilities (EASPD), the European Federation of Older Persons (EURAG), Eurocarers, AGE Platform Europe, and previously with the European Cleaning and Facility Services Industry (EFCI) and ETUCE for preschool education trade union, and SME United for household support PHS. In terms of engagement, Slovenia has a moderate level of participation, mostly for gathering information rather than influencing. There is some active engagement, particularly with Uni Care Europa, while Slovenia has limited influence on EU-level policies.

Slovakia has affiliations and memberships with several European organisations, including the European Public Service Union (EPSU), the European Association of Service Providers for Persons with Disabilities (EASPD), the European Trade Union Committee for Education (ETUCE), and Eurocarers. Regarding engagement, Slovakia faces challenges with the limited visibility and impact of the European Care Strategy. Additionally, Slovakia has not yet ratified ILO Convention No. 189. The country also tends to resist non-mandatory EU regulations unless significant stakeholders support them.

In comparing national social actors' integration with EU-level organisations, distinct patterns emerge across different countries. The findings reveal that Poland and Slovenia have the most extensive affiliations to EU-level organisations, showcasing notable diversity in their memberships. However, the level of active engagement differs between the two countries.

Czechia and North Macedonia, on the other hand, exhibit limited or no specific affiliations with EU-level organisations, with North Macedonia's non-EU membership being a significant contributing factor to its diminished participation. Estonia and Slovakia demonstrate moderate affiliations with EU-level organisations but face limitations regarding active engagement and influence.

Additionally, Estonia and Slovakia have selective memberships, which constrain their ability to exert influence and actively engage with these organisations. Furthermore, the analysis shows that Czechia relies more on EU recommendations without having specific organisational affiliations.

These distinctions underscore the varying degrees of integration and influence of national social actors within EU-level organisations.

3. Conclusions and policy implications

The analysis of the PHS sector in CEE countries reveals a complex landscape marked by both opportunities and challenges. Demand for PHS is rising due to demographic shifts, such as ageing populations, yet the sector faces significant barriers. There is a high demand for personal care work, which suggests an increasing recognition of the need for these services. However, growth is inconsistent across regions, reflecting varying economic conditions and labour market structures. Gender disparities are a notable concern, with women predominantly occupying care work and facing inequalities that need addressing through targeted policy measures. These findings emphasise the need for reforms to promote gender equality and improve working conditions in the sector.

Several factors, including household composition and societal norms, influence PHS demand. An online survey indicates that a substantial portion of the population has used PHS services, with small repairs and housekeeping being the most popular. Despite this, the frequency of usage could be higher, suggesting that services are often used on an as-needed basis rather than regularly. The main reasons cited for using PHS are lack of skills and time constraints. However, the sector's growth is hampered by cultural, economic, and logistical barriers, necessitating strategic interventions to enhance service availability and affordability.

Working conditions within the PHS sector in CEE countries are predominantly informal, relying heavily on non-written agreements and personal networks. This informality offers flexibility but also results in job insecurity and a lack of worker protections. Women and migrant workers are significantly represented in the workforce, often occupying precarious roles with limited access to formal labour rights. This situation underscores the urgent need for policies that formalise employment agreements, improve training, and ensure worker safety and benefits. Addressing these issues through a comprehensive policy approach could enhance the sustainability and quality of the PHS sector, aligning it more closely with evolving societal needs.

The social dialogue data suggests that while there is some level of engagement in social dialogue related to PHS in Central and Eastern European countries, it is generally limited and faces several barriers. Key issues include challenges in organising workers, financial constraints, and a need to recognise the sector's importance. Most engagement occurs nationally, favouring working groups and networks over direct social bargaining or protests. The data underscores the need for increased capacity building, improved organisational frameworks, and strategic efforts to enhance participation in social dialogue to address the unique challenges within the PHS sector effectively. As interest in future engagement grows, there may be opportunities to develop more robust dialogue mechanisms and increase the sector's priority among organisations.

Addressing the challenges in the PHS sector requires a comprehensive approach that involves legal, financial, and social dimensions. By prioritising these strategies, stakeholders can work towards creating a more equitable, sustainable, and professionalised PHS sector in CEE countries. Implementing these measures could significantly improve the sector's working conditions, recognition, and sustainability, ultimately benefiting workers and service recipients.

Findings also underscore the diverse integration and influence levels of national social actors within EU-level organisations across the CEE countries, with each country displaying unique patterns of engagement and affiliation. In all CEE countries there is low recognition of the EU-level strategies and agreements, which weakens the negotiation leverage of all social partners in the region.

The importance of strengthening social dialogue and building the capacity of trade unions is evident across several countries, notably Czechia, Poland, and Slovenia. These countries emphasise the necessity for improved collective bargaining and increased cooperation among social partners.

North Macedonia underscore public-private partnerships and Slovenia the need for public services to enhance service accessibility, mirroring efforts in Poland. A critical focus in Czechia, Slovenia, and Slovakia is on improving wages and working conditions to address labour shortages and enhance service quality. Estonia and North Macedonia emphasise the role of digital platforms and financial incentives to promote formalisation and improve sector efficiency, aligning with similar strategies in Poland.

In summary, these countries prioritise efforts to enhance social dialogue, formalise employment, and improve working conditions and professionalisation within the personal and household services (PHS) sector. By aligning their national strategies with broader European objectives, they aim to address common challenges and improve outcomes in the sector.

Based on the findings we propose the following policy implications:

- Standardise the list of statistical variables to accurately estimate supply and demand for personal and household services across its extensive range of activities.
- Enhance the European Care Strategy by including aspects of home care and household services and empowering household services with residential or institutionalised care.
- Prompt a higher proportion of men's participation in care services and promote their involvement in personal care for their children and dependents through concrete policy incentives to address the overrepresentation of women in the care sector.
- Enforce the proper transposition and implementation of the Pay Transparency Directive and create robust toolkits for re-evaluating of work in the personal and household services sector.
- Professionalise home care workers by linking certification and continuous training to significantly higher financial remuneration and benefits.
- Strive to equalise social security and working conditions standards for all PHS workers regardless of their employment contract.
- Increase the risks associated with undeclared employment in PHS to reduce the share of undeclared employment and its acceptance in the sector.
- Create stringent tools to ensure that informal caregivers have decent working conditions comparable to those in the regular labour market.
- Vigorously support social dialogue through European financial mechanisms and create joint platforms of national and EU-level social partners.
- Firmly support the creation of a unified EU-level social dialogue in the personal and household services sector through increased engagement of national stakeholders and capacity building.

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Annexes

Sample of the survey on demand for personal and household services

CATEGORY	NUMBER (N)	PERCENTAGE
COUNTRY		
Bulgaria	12	2,9%
Croatia	11	2,6%
Czechia	44	10,5%
Estonia	64	15,3%
Hungary	26	6,2%
Latvia	5	1,2%
Lithuania	5	1,2%
North Macedonia	65	15,5%
Poland	64	15,3%
Romania	16	3,8%
Slovakia	53	12,6%
Slovenia	54	12,9%
TOTAL	419	100,0%
AGE		
Under 20	1	0,4%
21 - 30	25	8,8%
31 - 40	87	30,6%
41 - 50	102	35,9%
51 - 60	35	12,3%
61 - 70	21	7,4%
Over 70	13	4,6%
GENDER		
Female	222	78,2%
Male	53	18,7%
Other	3	1,1%
Do not want to respond	6	2,1%
EDUCATION		
Primary education	2	0,7%
Lower secondary education	14	4,9%
Upper secondary education	18	6,3%
Tertiary education or equivalent level	235	82,8%
Other (please specify)	15	5,3%
STRUCTURE OF THE HOUSEHOLD		
One-person household	36	12,9%
Household consisting of a couple without children	43	15,4%
Household consisting of a couple with children	142	50,9%
Single parent household	28	10,0%
Household including extended family (parents, siblings,...)	26	9,3%
Other	4	1,4%
ECONOMIC ARRANGEMENT OF THE HOUSEHOLDS		
Dual earner family (both parents employed and earning)	125	73,1%
One parent in gainful employment, the other fulfilling domestic tasks/caring responsibilities	26	15,2%
Other	20	11,7%

Sample of the social dialogue survey

CATEGORY	NUMBER (N)	PERCENTAGE
COUNTRY		
Bulgaria	2	2,4%
Croatia	0	0,0%
Czechia	6	7,3%
Estonia	22	26,8%
Hungary	5	6,1%
Latvia	0	0,0%
Lithuania	1	1,2%
North Macedonia	10	12,2%
Poland	5	6,1%
Romania	3	3,7%
Slovakia	11	13,4%
Slovenia	17	20,7%
TOTAL	82	100 %
TYPE OF STAKEHOLDER		
Employers' organisation	5	7,2 %
Trade union	13	18,8 %
Public/state authority	7	10,1%
Professional association (chamber)	6	8,7%
Agency intermediating the services	4	5,8 %
Founder of the company offering services	12	17,4%
Labour Inspectorate	1	1,4%
Another non-governmental organisation	16	23,2%
Service provider	3	4,3%
Other	2	2,9%
TOTAL	69	100%

List of services included in the PHS demand survey

CARE FOR THE CHILD

Babysitting - supervising a child
Child care - reading, playing and talking with the child
Accompanying child/driving to kindergarten/afterschool activities, walks
Tutoring a child (remedial classes)
Teaching - home pupil teaching
Other services related to childcare done in your household

CARE FOR AN ADULT OR DEPENDENT ADULT

Home nursing - physical care of an adult household member
Assistance to seniors or dependent persons at home
Assistance with mobility and transport for people with mobility difficulties
Accompanying seniors and persons with disability in their travels outside their home
Aesthetic care at home for dependent people (e. g. hairdressing, shaving, pedicure, manicure)
Other services for an adult household member

HOUSEKEEPING

Cleaning the house/dwelling – including cleaning windows
Doing the laundry
Ironing
Shopping services
Cooking and baking
Dishwashing
Other housekeeping services

SMALL REPAIRS

Small repair and maintenance services in and around the house/dwelling
Repairing and maintaining equipment in the house
Handyman tasks - small do-it-yourself work called “all-hands men”
Vehicle maintenance, such as car wash
IT services at home - computer and internet assistance at home
Other small repairs

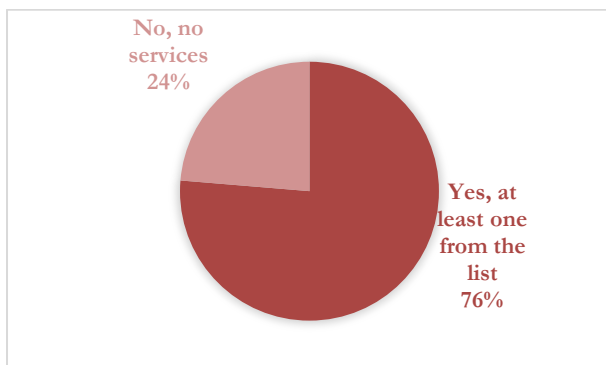
GARDENING

Garden services
Lawn mowing (mowing the grass)
Snow moving
Other gardening services

CARE FOR PETS OR ANIMALS

Caring for pets
Walking with dog - taking animals for a walk
Tending domestic animals
Other services related to caring for animals

Figure 11: Respondents using at least one type of personal and household service in the last five years (N=359, in %)



Source: Perhouse Demand Survey for personal and household services in 12 Central and Eastern European countries

Table 18: Have you been satisfied with the service you purchased the last time? (N= 244 in %)

	Percentage
Very dissatisfied	7,4%
Somewhat dissatisfied	3,7%
Neither dissatisfied nor satisfied	5,3%
Somewhat satisfied	40,2%
Very satisfied	43,4%

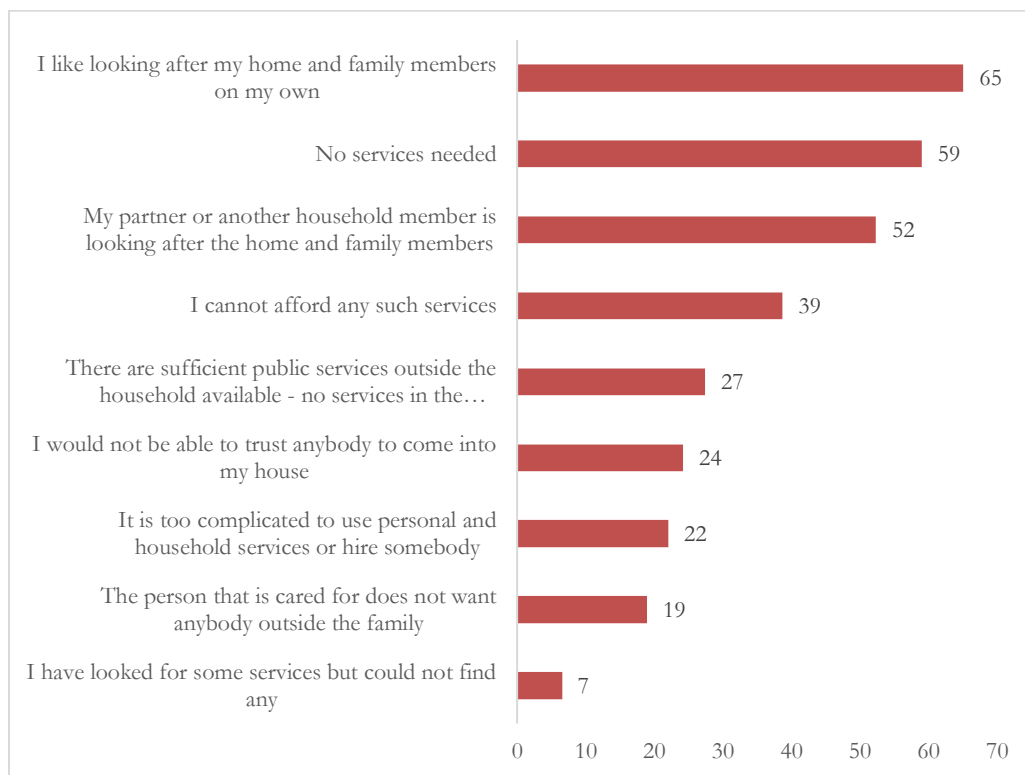
Source: Perhouse Demand Survey for personal and household services in 12 Central and Eastern European countries

Table 19: Is it likely that you or your household will need the services in the future? Express your opinion using a 5-point scale (N= 282)

	Strongly disagree/disagree	Neutral	Agree/strongly agree
Care for a child	50%	17%	35%
Care for a dependent adult	28%	9%	40%
Housekeeping (cleaning, laundry, shopping, cooking)	27%	12%	50%
Small repairs	11%	6%	71%
Gardening	48%	21%	25%
Care for pets/animals	59%	17%	19%

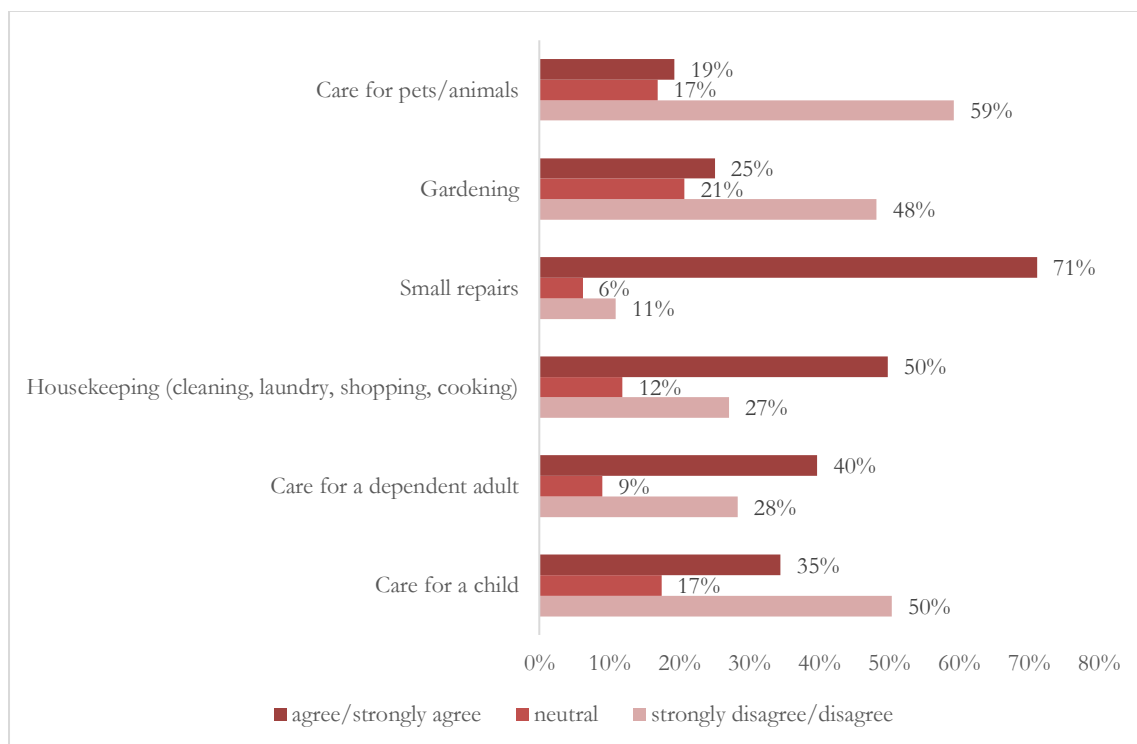
Source: Perhouse Demand Survey for personal and household services in 12 Central and Eastern European countries

Figure 12: Reasons for not using personal and household services (N= 66, agree/strongly agree answers, in %, descending order)



Source: *Perbouse Demand Survey for personal and household services in 12 Central and Eastern European countries*

Figure 13: Potential for the future demand of PHS in CEE countries (N= 282, in %)



Source: *Perbouse Demand Survey for personal and household services in 12 Central and Eastern European countries*
 Q: *Is it likely that you or your household will need the services in the future? Express your opinion using a 5-point scale.*

Table 20: Employment in Social work activities without accommodation by CEE country (NACE Q88, in thousand persons, from 15 to 64 years old)

	2013	2017	2020	2021	2022	2023
European Union - 27 countries (from 2020)	3 994,8	4 416,5	4 829,0	5 105,6	5 126,1	5 245,7
Bulgaria	28,6	31,6	33,8	34,4	37,9	44,5
Czechia	31,8	36,9	42,7	41,4	48,2	45,0
Estonia	1,8	2,4	2,4	2,8	2,8	4,3
Croatia	8,5	10,7	18,5	24,8	26,7	19,3
Latvia	5,2	7,0	9,0	9,6	11,1	13,1
Lithuania	3,4	7,7	10,5	11,5	11,6	11,0
Hungary	48,3	59,4	70,6	65,6	60,4	64,4
Poland	123,7	137,1	168,9	169,4	168,3	179,6
Romania	35,6	39,4	49,1	49,1	50,1	40,4
Slovenia	6,0	5,2	7,3	8,4	10,5	11,1
Slovakia	33,5	48,2	35,5	28,2	27,9	32,4
North Macedonia	5,8	5,2	8,5	:	:	:

Source: Eurostat: *Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level)* - 1 000 [lfsa_egam22d__custom_12212809]

Table 21: Development of the number of personal care workers in 12 CEE countries (ISCO cods, in thousand persons, from 15 to 64)

	2013	2017	2020	2021	2022	2023	Percentage change 2013 – 2023
EU27	5 362,7	5 513,1	5 763,1	6 080,1	6 262,5	6 440,8	20
Bulgaria	56,5	56,8	55,1	53,4	61,7	61,3	8
Czechia	82,7	115,9	128,7	132,3	142,5	139,7	69
Estonia	10,5	14,3	12,4	15,6	16,0	17,6	68
Croatia	9,5	15,8	26,6	28,1	33,1	27,4	188
Latvia	19,3	19,0	18,7	19,2	18,5	21,9	13
Lithuania	16,5	19,7	23,4	19,8	18,1	19,5	18
Hungary	51,6	64,3	90,6	79,2	72,7	75,5	46
Poland	117,4	111,9	123,0	169,0	199,3	200,0	70
Romania	95,7	106,9	125,2	124,3	127,5	120,9	26
Slovenia	6,9	10,0	11,6	14,5	15,6	18,6	170
Slovakia	63,6	83,1	71,7	64,2	64,1	70,6	11
North Macedonia	4,4	3,5	5,3	:	:	:	0
TOTAL CEE	534,6	621,2	692,3	719,6	769,1	773,	45

Source: Eurostat: *Employed persons by detailed occupation (ISCO-08 two digit level)*, Online data code lfsa_egai2d, DOI:10.2908/lfsa_egai2d + own calculation.

Table 22: Development of the number of personal service workers in 12 CEE countries (ISCO cods, in thousand persons, from 15 to 64)

	2013	2017	2020	2021	2022	2023	Percentage change 2013 – 2023
EU27	8 526,2	9 303,4	8 620,6	7 654,1	8 448,8	8 772,7	2,9
Bulgaria	130,1	152,2	137,3	118,3	117,1	128,2	-1,5
Czechia	236,6	244,6	242,9	225,8	239,4	236,5	0,0
Estonia	19,4	23,5	25,7	24,4	24,2	24,7	27,3
Croatia	97,6	115,7	84,7	97,0	110,3	94,5	-3,2
Latvia	37,4	39,8	40,2	31,9	35,7	39,0	4,3
Lithuania	44,8	47,4	49,0	49,8	56,3	52,7	17,6
Hungary	150,5	182,2	165,5	170,0	183,8	189,0	25,6
Poland	412,7	439,6	473,1	473,0	487,8	506,7	22,8
Romania	303,1	321,8	286,8	250,4	252,6	265,9	-12,3
Slovenia	42,9	48,2	39,4	37,4	42,7	46,8	9,1
Slovakia	134,7	136,2	125,4	118,6	124,9	132,8	-1,4
North Macedonia	28,4	33,1	38,1	:	:	:	0,0
TOTAL CEE	1 638,2	1 784,3	1 708,1	1 596,6	1 674,8	1 716,8	4,8

Source: Eurostat: Employed persons by detailed occupation (ISCO-08 two digit level), Online data code *ljsa_egai2d*, DOI:10.2908/ljsa_egai2d + own calculation.

Table 23: Level of social dialogue the organisation is involved (N= 13, in %)

	Percent
National (tripartite or bipartite)	54%
Sectoral	15%
Regional	8%
Company level – single employer social dialogue	8%
Multi-employer social dialogue	8%
Other (please specify)	8%

Source: Survey on social dialogue related to PHS in 12 CEE countries;

Q: At what level of social dialogue is the organisation involved? Select one option that best fits the organisation's involvement level.

Table 24: Applied activities and actions related to personal and household services of the organisation applied? (N= 55, in %)

	Very often	Fairly often	occasionally	never	don't know
Social bargaining - negotiations	22%	15%	18%	35%	11%
Capacity building	18%	35%	24%	18%	5%
Campaigns	18%	11%	36%	25%	9%
Protests/strikes	11%	4%	18%	60%	7%
Consultations	27%	25%	29%	13%	5%
Joint statements	18%	13%	35%	29%	5%
Research	18%	16%	31%	25%	9%
Proposing new regulations	24%	20%	29%	22%	5%
Commenting on the current regulations	29%	22%	29%	16%	4%

Source: Survey on social dialogue related to PHS in 12 CEE countries;

Q9: How often has the organisation undertaken the following activities in the past 5 years?