



Personal and Household Services (PHS) Policies and Instruments: State of Play in the 21 EU Member States

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Table of Contents

Table of Contents.....	1
Introduction	2
Factors Supporting the Growth of PHS.....	4
Defining PHS.....	7
The Two Main Components of PHS: Care and Non-Care Services.....	9
Work Arrangements.....	11
Challenges to Formalising PHS.....	13
Assessing the Instruments Supporting the Development of PHS.....	14
The Mechanisms within PHS Instruments	15
The Relationship between Welfare Regimes and PHS Policies	20
Looking Ahead.....	24
References	25

List of Tables and Figures

Table 1: Care and Non-care Services

Table 2: Challenges to PHS and Existing Approaches

Table 3: Interaction between Mechanisms and Instruments

Table 4: Advantages and Challenges Involved in the Expansion of Qualifications for PHS Employees

Figure 1: Advanced PHS Countries by Welfare Regime



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Introduction

Eight million individuals currently work in Personal and Household Services (PHS) across Europe, accounting for about 4% of total EU employment.¹ PHS refers to paid non-care and care activities, as well as the overlap between the two, that take place in private homes..

As an area of employment, PHS has the potential to grow significantly. Increasing the number of regular PHS employees will be necessary to meet the growing demands for PHS, many of which stem from the demographic changes taking place across Europe. A growing population of older people will require more support to stay in their own homes, while the shrinking working age population will necessitate initiatives that help activate and reactivate as many working age individuals as possible. Additionally, transitioning PHS into the formal economy would significantly bolster it, as PHS currently experiences a high rate of undeclared and informal work arrangements. Regularised PHS sectors will offer numerous opportunities for employing workers with different skills levels and qualifications, such as workers who have challenges (re-) establishing themselves in the formal labour market.

The Advancing Private and Household Services (Ad-PHS) Project aims to create a common discursive framework around PHS among different actors in different Member States. Its goal is to understand how PHS currently function in different contexts and to use this information to develop frameworks that support both countries with advanced PHS sectors as well as those with less advanced PHS develop their national and EU agendas.

Facilitating the emergence of a common discourse around PHS at both the EU and Member States levels contributes to the economic and social wellbeing in the EU. First of all, current and future PHS employees must have employment rights (including fair wages) and the social protections associated with regulated employment across each country. Additionally, PHS users, especially vulnerable populations, such as older people, chronically ill people and people with disabilities, who often depend on PHS daily, need affordable and reliable services. Addressing the needs and concerns of PHS employees and users, as well as those of employers, be they the users or service providers, can help devise approaches for professionalising and regularising the associated sectors. In this context, the associated social partners also have an important role, with regard to negotiating collective agreements and influencing the relevant regulatory frameworks.

A common discourse can also help identify shared characteristics and challenges of PHS across all Member States. This makes it easier for Member States to share best practices, work toward standardisation and professionalisation of PHS, and develop increase necessary regulations and oversight. Member States currently have varying degrees of professionalisation and formalisation with regard to PHS. The heavy reliance on migration chains², both between Member States and with third countries, and the resulting

¹ Decker and Lebrun (2018: 9).

² A “migration chain” denotes a situation in which large numbers of workers from one sending country seek employment in a receiving country due to better payment, working conditions or employment opportunities. The absence of willing and skilled workers in a particular sector in the sending country transforms the sending country into a receiving country, bringing workers from yet a third country to fill the vacuum.



importance of financial remittances for certain Member States add to the importance of creating a common European discourse.

Policymakers can best support the development of PHS in their countries if they clearly understand the specific challenges facing this sector as well as the approaches that have been put forward by other countries under similar circumstances. Therefore, understanding how policies have made an impact in countries with advanced PHS instruments, is of a central importance.

When considering policies that shape formal PHS activities, the present paper distinguishes between policy instruments and policy mechanisms:

- **Policy instruments** are the tangible interventions designed by specific governing bodies to support particular policy objectives. In the case of PHS, some common instruments include mini-jobs, vouchers and cash transfers (e.g. tax reductions and care allowances). The features of these common instruments differ according to national contexts and can be adjusted or changed over time.
- **Functioning mechanisms of policy instruments** are features of these common instruments that differ according to national contexts and can be adjusted or changed over time to address specific challenges associated with formalising and regulating PHS activities.

Understanding the types of policy instruments and the mechanisms used in addressing the challenges to PHS in a particular country, supports policymakers in designing instruments that best meet specific local needs and which will be most successful in the long run.

In the present paper we have identified four broad types of challenges that countries may want to consider when designing instruments to support PHS activities: transparency, accessibility, functionality and sustainability. Instruments can address these challenges by implementing mechanisms that offer solutions through financing, process management, and quality management. Many countries, where PHS figure prominently on the policy agenda, have developed multiple instruments, each focussed on different target groups. One instrument may include multiple mechanisms in order to resolve different challenges effectively. A broad offering helps a country's PHS system best meet the diverse needs of different employee and user groups.

The present paper, as part of the Ad-PHS project, seeks to consider the state of PHS across 21 EU Member States. It highlights the importance of PHS for the European Union and suggests approaches for analysing PHS at the national level. In order to develop a framework for understanding how PHS function in different contexts, the report relies on examples of policies and instruments currently in use in various Member States. A common European framework for PHS supports countries interested in continued development of PHS instruments and policies to further the EU's and their own national discourses on this key area.



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Factors Supporting the Growth of PHS

Factors for PHS growth can focus on the existing and developing demand for PHS among users as well as on opportunities to increase the supply of PHS employees.

Demand for PHS is primed to grow across the EU, due to the effects of changing demographics, better social integration of persons with disabilities as well as an increasing labour market integration of persons with caregiving responsibilities.

The percentage of people 65 and older is increasing in every Member State. In addition, the population of people over 80, which often requires the most care, is projected to more than double between 2017 and 2080.³⁴ Better-regulated and expanded PHS will make it easier for this growing demographic, along with other vulnerable populations, such as persons with disabilities and people who are chronically ill, to trust that the services they need are accessible and affordable when and where they need them.

In addition, increasing the percentage of women in the workforce is also an important part of the EU 2020 targets. Although women's labour market participation has been increasing, it still lags behind the participation rate of men. The highest employment gap exists for mothers and women with caregiving responsibilities, with over 19% of non-working women, stating that they left the workforce because of familial caregiving responsibilities.⁵

The PHS employee supply can grow by harnessing its existing unreported workforce and transitioning them into the formal economy,⁶ by addressing the structural reasons that are supporting this work being carried out undeclared. Reducing undeclared work across all sectors is already a priority for the European Union, because it "[damages] the Union's economy, [leads] to unfair competition, [endangers] the financial sustainability of the Union social models and [results] in an increasing lack of social and employment protection for workers."⁷ In 2016, all undeclared and underreported work was equal to 17.9% of EU28 GDP or €2.36 trillion,⁸ thereby representing a significant loss in potential tax revenue and social security contributions. With statistics that suggest that 70%⁹ of PHS employees are working in the grey economy in countries without developed PHS activities, it is the third most commonly identified area of employment for undeclared work.¹⁰ Developing policy measures and regulatory and legislative frameworks supportive of alternatives to undeclared PHS work should be an EU priority to advance the

³ Eurostat (2018b).

⁴ The UN Convention on the Rights of Persons with Disabilities (UN CRPD) is also a contributing factor to the need for growth in PHS, as it supports the rights of persons with disabilities to live independently and be integrated into their communities (Article 19). The UN CRPD has been signed by all EU member states and was ratified by the EU in December 2010. The EU has committed to transitioning from institutional to community-based care as part of its Disability Strategy for 2010-2020 (Open Society Foundations (2012): The European Union and the Right to Community Living.)

⁵ Catalyst (2019).

⁶ European Semester: Thematic factsheet – Undeclared work – 2017, European Commission (2017).

⁷ European Parliament and the Council (2016: L 65/13).

⁸ Pérez-Magro et al. (2017).

⁹ This statistic likely refers to employees working in non-care services.

¹⁰ Decker and Lebrun (2018).



fight against undeclared work. Given the growing significance of homecare as compared to institutional care, persons trained for institutional care work could also be transitioned to PHS work.

The shrinking working population will cause bottlenecks across sectors, as employers struggle to fill vacancies left open by retiring workers. Shoring up the labour market requires activating more individuals. The development of a robust and regulated market for PHS could enable individuals currently occupied by the unpaid work of caring for loved ones and managing household responsibilities to return to or increase their paid employment participation. Yet again, women make up the majority of this target group, due to their overrepresentation in unpaid work. Thus, developing PHS could also be used to help address replacement needs and the gender gap across the broader European labour market.

PHS can also expand the employee supply by generating new jobs for several key target groups, such as the long-term unemployed, migrants and women. Studies estimate that through increased development, sectors involved in PHS have the potential to create 5 million new jobs.¹¹ Because of its low barrier to entry, flexible hours and minimal training and experience requirements, particularly non-caring PHS work could become important for employing populations that face obstacles to finding and keeping jobs, such as people with obsolete qualifications and people who lack qualifications and formally recognised skills. Some of these individuals are among the 20% of Europeans aged 25 to 54 who did not lower secondary education¹² and may therefore struggle to qualify for skilled work. Others may be at risk of job loss due to automation. Developing regular PHS jobs could also help integrate into the workforce long-term unemployed persons, a group that makes up about half of all unemployed persons in the EU 28.¹³ In addition, some PHS jobs require limited language skills, although this is less the case for care work, presenting opportunities for migrant workers from other Member States and third countries. Women, who are historically more affected by unemployment trends, and who tend to have higher unemployment rates in the EU 28 than their male counterparts¹⁴, already make up about 90% of PHS employees.¹⁵ It is important, however, to note that skilling and qualifications are key to growing and developing PHS, particularly for areas within PHS that are professionally regulated.¹⁶ For all PHS work, it remains important that growth does not distract from the need to attract individuals who are interested and well-suited to fields of work that require a high level of mutual trust between user and employee, as well as an interest in the types of activities and skills required by various aspects of PHS.

To expand the supply of employees and further formalised employment, developing and expanding admission and regularisation schemes is integral. Doing so will make it easier for non-EU nationals to get work permits for PHS employment. This would enable current undocumented residents and existing

¹¹ Decker and Lebrun (2018).

¹² Educational Attainment Statistics, Eurostat (2018).

¹³ Employment, Social Affairs and Inclusion, European Commission (2016).

¹⁴ Eurostat (2019): Unemployment Statistics (online data code: une_rt_m).

¹⁵ Decker and Lebrun (2018).

¹⁶ Professional regulation differs by country and sometimes also by region. While it is common for care services to be regulated in many countries, non-care work can also be regulated, thereby requiring specific skills and qualifications for employment.



undeclared PHS workers to work regularly and create a pipeline for additional workers to migrate to EU countries to meet growing demand.

In order to ensure that PHS can meet the needs of diverse user and employee groups, it is important that policymakers focus on regularising the PHS market and professionalising PHS jobs. Creating a regulatory framework for decent jobs for all PHS workers with fair working hours, fair pay and social protection, will motivate and enable currently undeclared workers to move into declared work and users of undeclared work to also choose formal work arrangements. It will also present PHS as a realistic and respectable line of work for individuals considering employment in PHS. Additionally, users will benefit from the development of the sectors involved in PHS, as regulation improves transparency and trust. Developing sector-wide standards and quality assurance helps ensure that PHS is safe, reliable, available and affordable for individuals that rely on these services.

Despite the many factors supporting the expansion and regulation of PHS policies, it also has its critics. Some criticise the provision of public money to subsidise PHS services for non-vulnerable populations.¹⁷ Supporters of PHS development point to countries like Sweden and Belgium, where the earn-back effect from existing PHS instruments, through the taxes and social contributions of otherwise undeclared or unemployed PHS employees as well as the increased taxes and contributions of re-activated or more activated PHS users, justify the public expenditures.¹⁸

Other critics feel that the current PHS discourse insufficiently addresses the personal caring and household needs of PHS employees,¹⁹ including migrant PHS workers whose families are unable to migrate with them. Supporters of expanding PHS note that professionalising this work enables PHS employees to contribute to and benefit from social safety nets, such as pensions, accident insurance, and sick leave, and to demand fair contracts, thereby putting them and their families in more stable positions than the alternative informal arrangements.²⁰ Ensuring equal treatment for migrant workers and the possibility for them to live with their families, together with measures to support transnational care changes, are also key in this context.

There is also a social critique looking at the gendered and class relationships in PHS, as most PHS employees are women and most PHS users are also women.²¹ Despite increases in recent decades in women's paid work, women in the EU still do an average of 3.5 hours a day of unpaid housework as compared to 1.5 hours by men.²² Critics assert that developing a PHS market for services simply transforms a gender equality issue into a class issue, by encouraging and enabling qualified, middle and upper class women to outsource their unpaid work to women with lower qualifications and less income.²³ That a significant proportion of women workers in the sector are also women of colour adds the dimension of entrenched racial and ethnic discrimination and inequality. However, supporters of PHS recognise that

¹⁷ Carbonnier and Morel (2015).

¹⁸ PHS Policies-Implementation and Monitoring Guide (2014).

¹⁹ Morel (2015).

²⁰ IMPact (2014a).

²¹ Morel (2015).

²² Decker and Lebrun (2018).

²³ Morel (2015).



developing PHS supports higher participation by women in the labour force, both as PHS employees and in other sectors.²⁴ Particularly when faced with providing long-term care for relatives, PHS can mean the difference between women staying in employment versus leaving work temporarily or permanently to care for a loved one. This also underlines how formalisation must hinge on providing decent jobs, with fair wages and working conditions, social protection, training and opportunities for professional growth, and public campaigning to redress how PHS work is viewed in society.

Without dismissing the validity of some critiques, it is important to note that PHS exists and will continue to grow. Rather than letting concerns drive the discourse, it is important to take these critiques and challenges into consideration in order to develop professionalised and sustainable formal PHS activities in all interested Member States. In doing so, individuals working in the associated sectors will have access to optimal conditions, benefits and pay, and individuals requiring PHS will be able to access reliable and affordable services of high quality.

Defining PHS

The International Labour Organisation (ILO) discusses PHS using the term “domestic work”, defined in Article I of ILO Convention 189 as “work performed in or for a household or households”, specifying that, “a person who performs domestic work only occasionally or sporadically and not on an occupational basis is not a domestic worker.”²⁵ To date, Convention 189 has been ratified by six EU Member States: Belgium, Finland, Germany, Ireland, Italy and Portugal. The focus of this definition is on the location of the work – the home – and on the types of workers covered by its definition. It focusses, rightfully, on the rights of workers employed in the home.

The working definition of PHS used by the European Commission in its 2012 Staff Working Document “on exploiting the employment potential of the personal and household services” defines PHS as “[covering] a broad range of activities that contribute to wellbeing at home of families and individuals: child care (CC), long term care (LTC) for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc.”²⁶ These distinctions between care and non-care work in PHS will be further discussed in the next section. In thinking about PHS in terms of user groups and their goals, as well as the specific tasks included in the term, the EU frames PHS as a part of the formal labour market, equivalent to other areas of activity within the formal labour market.

At the Member State level, definitions of PHS are often framed through the development of various policies and instruments for promoting PHS work. For example, the Borloo Plan in France defined Personal Services²⁷ according to 25 specific activities identified in a 2005 decree. To date, the list includes both care

²⁴ Manoudi et al., European Commission (2018).

²⁵ C189 Domestic Workers Convention, International Labour Organization (2011).

²⁶ European Commission (2012).

²⁷ In French: “services à la personne”.



and non-care services. Germany, by contrast, defines “household-related employment”²⁸, based on its positioning in the German tax code. The purchase of household-related services that would normally be carried out by members of the household and which are carried out within the home, entitles households to a tax write-off. This definition leaves PHS open to a broad interpretation of activities. Belgium defines personal or so-called “proximity services” according to the activities for which its “titres-services” voucher instrument can be used, namely cleaning the house, washing, ironing, preparation of meals, shopping, etc. The definition excludes traditional care services,²⁹ which are available through other instruments, for example in the health and social service systems. In Sweden, two complementary tax incentive schemes, RUT and ROT, which focus on housework and home renovations, respectively, rather than care work, form the focus for the definition of personal services.³⁰ Care services are provided through other instruments. In Hungary, a 2010 law, Act XC, stipulates that household services includes “only activities related to providing all the necessary conditions of everyday life for natural persons and other persons living in their households” and includes a list with relevant services including both care and non-care activities.³¹ Act XC of 2010 requires users to pay a monthly registration fee, intended to help increase the visibility of PHS. If the user fails to register the PHS worker, the user is then responsible for paying taxes and social contributions for the employee for that month. Otherwise, the user and the employee are not responsible for declaring the employee’s income and the user is not responsible for social contributions on behalf of the employee. The measure has not been particularly popular, nor has its intention been clear.³² In some countries the absence of a (legal) definition for PHS speaks to the lack of a national strategy for PHS. This is the case, for example, in the Czech Republic.³³

Some countries take the position that PHS, as a concept, is composed of several different sectors or parts of several different sectors whose common denominator is the place in which the work is carried out, namely the home. In Spain, for example, two completely separate economic sectors, regulated by different laws (home-based social care and domestic services versus households as employers of domestic personnel), complicate the development of a common approach to PHS.³⁴ For example, in countries such as Germany and Belgium, professional cleaning services in private homes share the same NACE code with industrial cleaning. Also at the EU level, discussing PHS as a unified sector is further complicated by its current categorisation, as PHS activities are covered by two NACE codes – NACE 88 ‘social work without accommodation’ and NACE 97 ‘households as employer of domestic personnel’.³⁵ These codes also include additional activities not associated with PHS, making it difficult to obtain accurate statistics of activity levels for PHS workers.

²⁸ In German: “haushaltsnahe Beschäftigungsverhältnisse”.

²⁹ ORSEU (2013: 12).

³⁰ ORSEU (2013: 13).

³¹ ORSEU (2013: 14).

³² ORSEU (2013: 50).

³³ 4Quality (2105a: 14).

³⁴ 4Quality (2015b: 4).

³⁵ Decker and Lebrun (2018: 12).



This paper will use the EU working definition of PHS, because it introduces the need for a discourse around PHS that addresses labour market issues experienced across sectors, such as professionalisation³⁶, training and compensation.

The Two Main Components of PHS: Care and Non-Care Services

The two primary categories of activities in PHS are care and non-care or reproductive work. Care work centres on the person, supporting the physical well-being of an individual by an external caregiver. In the case of PHS, care activities take place in the home. Non-care activities are generally object-centric, supporting the maintenance or preparation of a space or object (see Table 2). Thus, feeding or clothing a person would be considered a caring service, whereas cooking a meal or mending a shirt would be regarded as non-care services. The ways in which care and non-care are distinguished from one another can affect the expectations set forth for employees, the uses of instruments and the ways in which PHS is understood as an area of activity.

Table 1: Care and Non-care Services

Care Services (person-centred)	Non-Care Services (object-centric)
Support of older people	Cleaning
Support of persons with disabilities	Cooking
Child-minding	Gardening
	Basic home-repair

Source: Cylus and Rand (2019).

Often, it is assumed that care and non-care work are performed by different PHS employees. However, this must be re-examined in light of the developing discourse around PHS, as services and activities encompassed by PHS can overlap with one another and present in various arrangements and constellations. This overlap blurs the line between care and non-care activities and between care and non-care workers. For example, non-care services are generally comprised of activities that can be carried out

³⁶ “[P]rofessionalisation means granting workers of a certain sector employment and social protection rights that are equivalent to those enjoyed by employees working under employment contracts regulated by law, including a decent wage, regulated working hours, paid leave, health and safety at work, pensions, maternity/paternity and sick leaves, compensation in the event of invalidity, rules governing dismissal or termination of the contract, redress in the event of abuse, and access to training; whereas the domestic work and care sector can be professionalised through a combination of public finance (tax breaks), social finance (family allowances, aid to businesses, mutual societies and health insurance, works councils, etc.) and private finance (payment for services by private individuals)” (European Parliament 2016: 6).

by members of a household, although this is clearly not the case for many PHS users who are older or have a disability. In the case of PHS, they are electively outsourced for pay to non-household members. PHS users who are older or who have disabilities, however, may be physically unable to perform non-care activities independently, thereby requiring support for traditional non-caring activities. This raises the question of whether the characterisation of a PHS activity as caring versus non-caring should be determined by the needs and abilities of the user rather than the nature of the activity itself. It also demonstrates the importance of considering the purpose of an activity, as well as its framework, funding and other aspects to help distinguish between care and non-care services and maintain a distinction between the two when necessary.

In addition, in some work arrangements, PHS employees are asked or expected to perform activities outside the general scope of their role. For example, a care provider may assist older people or people with disabilities with food preparation or cleaning. Conversely, non-care providers in households with older people, people with disabilities or young children may find their tasks extended to include activities generally associated with care. The ability of an individual to cross over from care to non-care work or vice versa, is to some extent a question of that person's skill set and of the set-up of the employment arrangement.

Some instruments account for overlapping care and non-care needs by leaving the direction of resources to the user's discretion, while others clearly specify how and for what an instrument can be used. For example, the attendance allowance in Italy is a cash benefit designed to support older people and people with disabilities living independently. It is not means tested and the funds can be spent according to the needs of the recipient. While this instrument allows for overlapping care and non-care needs, it does not necessarily prioritise declared work, and it is also not widely enough available to meet demand.³⁷ In the Czech Republic, monthly care allowances also target vulnerable populations, but this needs-based cash benefit specifies that the money must be spent on home care assistance and/or care provided with social services.³⁸ In Spain, an instrument called the dependency law provides vulnerable individuals with need-based aid. Although some aid is provided directly as in-kind services, it can in some cases be administered as a financial benefit, to be used for caring and non-caring services.³⁹ Interestingly, the benefit can also pay informal workers, and in some cases it is used to pay family members to serve as caregivers, rather than hiring external PHS workers.⁴⁰

Other instruments focus on particular services, but are open to all user groups. For example, Belgian vouchers (titres-services) can be purchased by anyone, but they can exclusively be used for non-caring, reproductive services.⁴¹ In Sweden, the RUT and ROT instruments are open to all user groups, however

³⁷ ECE 2018 IT.

³⁸ 4Quality (2015a: 7).

³⁹ IMPact (2014c).

⁴⁰ 4Quality (2015b: 6).

⁴¹ Despite being open and accessible to all user groups, titres-services have developed a particularly strong user group among older people, demonstrating the complementary or supplementary role of traditional care and non-care arrangements.



the services are focussed on non-caring activities that require no specific training and take place at home.⁴²

Further development of PHS can help identify which skills are needed for which tasks. It can indicate where trainings may be useful or whether certifications⁴³ can help employees broaden their skills and create greater transparency to users about the services employees and firms can provide. Greater training opportunities and skills transparency can help ensure that the broad expectations of PHS users better align with the limitations of policy instruments and that PHS employees are qualified and have the necessary skills to benefit from more narrowly defined instruments.

The distinction between care and non-care also has implications for how PHS is understood within the sectors with which it is associated and can have an impact on organising. For example, in Finland, non-care workers are organised by a separate union, PAM (Palvelualojen Ammattiliitto), because they are considered private employees, generally hired directly by households. By contrast, care workers, as public employees in Finland are organised by public sector unions.⁴⁴ However, in most Member States, public versus private is not the dividing line for organising PHS employees.

Work Arrangements

Defining and understanding PHS requires a clear sense of the relationships between the:

- **User:** the individual or households outsourcing PHS activities;
- **Employee:** the worker paid to carry out PHS activities;
- **Firm:** an intermediary sometimes contracted to mediate the relationship between the user and the employee;
- **Government:** plays a central role in the case of legal work arrangements by regulating contracts, performing inspections and developing instruments.

Work arrangements between PHS actors take different forms:

- **Direct employment:** Although this is no longer the dominant form of work arrangements⁴⁵, it is the traditional form of employment and still common in many countries including Cyprus, France, Spain, Greece, Italy, Portugal, Romania,⁴⁶ Germany, the Netherlands and Malta. In Italy, France and Germany collective bargaining and associations also include direct employment arrangements,⁴⁷ whereas in the Netherlands and Malta, PHS employees who are directly

⁴² Anxo and Ericson (2017).

⁴³ Certifications in PHS most often refer to non-care services, as care professions tend to have diplomas, formalised exams, and other forms of regulations.

⁴⁴ Mather (2015: 25).

⁴⁵ Some sources indicate that about 30% of arrangements in the EU are currently direct employment, though this figure may more accurately reflect non-care services under NACE 97.

⁴⁶ Decker and Lebrun (2018: 17).

⁴⁷ Mather (2015: 28).



employed do not benefit from collective bargaining.⁴⁸ In some countries direct employment takes the form of live-in arrangements, meaning that the employee resides with the user. This is particularly common in Mediterranean countries, such as Spain.⁴⁹

- **Intermediary or service provider:** Although it is the less traditional arrangement, service provider arrangements now constitute the majority of PHS arrangements in the EU.⁵⁰⁵¹ In this arrangement, referred to as a triangular employment relationship, the user contracts with an external third party organisation, a firm, to provide PHS services. That firm hires individual PHS workers as employees, who work in private homes, but generally receive wages and benefits through the firm. Belgium has a strongly developed service provider system, in which employment standards are determined by collective agreement and firms are responsible for administering wages and benefits derived through the country's heavily subsidised voucher system.⁵² Finland also has strong intermediary arrangements as well as strong collective bargaining.⁵³ One recent variant of the intermediary arrangement involves the development of online platforms. In countries such as Austria, Germany, Denmark and Ireland, online platforms are being used to match users with individuals offering cleaning, catering, childcare/supervision, handicraft and home repair activities.⁵⁴

The service provider arrangement can involve **self-employed individuals**, likely most often in non-care services. In the case of self-employed service providers, the “firm” consists entirely of the PHS employee/firm owner, who contracts with users directly. By registering oneself as a firm, the employee/owner can benefit from regulatory features of the national instruments, however challenges often associated with direct employment, such as transparency, precariousness, labour rights and social protection are still problematic.⁵⁵ Sweden is an example of a country in which service providers must be legally registered companies in order to participate in the two primary PHS instruments through which users are eligible for tax deductions. As these registered companies can be entities made up of a single self-employed individual,⁵⁶ in Sweden, the firm is often synonymous with the employee.

⁴⁸ Mather (2015: 28).

⁴⁹ Hobson & Bede (2015: 337).

⁵⁰ Decker and Lebrun (2018).

⁵¹ Some sources indicate that as many as 70% of arrangements are through intermediaries, although this figure may also more accurately reflect non-care services.

⁵² Mather (2015: 21f.).

⁵³ Mather (2015: 28).

⁵⁴ Manoudi et al. (2018: 54)

⁵⁵ In some EU countries, when migrant workers cannot get work permits as domestic workers, they can sometimes register as self-employed in order to work „regularly“.

⁵⁶ IMPact (2014d).



Challenges to Formalising PHS

While direct employment, intermediary employment and self-employment exemplify the common constellations of regular working arrangements, the greatest challenge hindering the development of PHS is its propensity toward undeclared working arrangements. In many cases, users and employees continue to choose undeclared relationships, even in the presence of instruments meant to incentivise declared work, due to the gaps and shortcomings in the existing regulatory framework. Some employees do not have the choice of declaring their working relationships, as it is challenging or not possible for third-country nationals to get work permits for PHS. In the short term, undeclared arrangements are often attractive to users and employees. For example, users may be freed from extra administrative work and the absence of social contributions and taxes may cause hourly wages with undeclared work to be higher than with declared work. Challenges to formalising PHS can be categorised according to challenges related to accessibility, sustainability, transparency and functionality:

- **Accessibility and sustainability of PHS:** In some cases, undeclared work is considered more affordable for users or results in higher compensation for the employees. The Austrian voucher, Dienstleistungsscheck (DLS), used for non-care services, is an example of an instrument that has been criticised because of financing issues. The high cost per voucher makes it unattractive to users and uncompetitive compared to undeclared work. In addition, it is seen as too bureaucratic and restrictive with regard to contract length (limited to one month with renewals) and low earning thresholds.⁵⁷ The lack of included unemployment and pension benefits further disincentivise this system for employees.⁵⁸
- **Transparency and functionality/simplicity of regulations:** Undeclared work also persists when instruments are considered too invasive or complicated, or when certain users or employees face barriers to using the existing instruments or are unaware of whether or not they are entitled to use an instrument. One group of employees that is often affected are third country nationals, based on policy issues outside of PHS. For example, the residence status of a third-country national may make it difficult for a user to hire him/her under the existing laws. In Belgium, despite a well-developed voucher system, undeclared arrangements persist when hiring irregular migrants, due to an insufficient system for regularisation through work.⁵⁹ One counterexample is Italy, in which PHS collective agreements include undocumented workers.⁶⁰ Transparency and functionality can also limit users. The user may not qualify to purchase PHS using the instruments available, because he or she does not meet certain pre-set qualifications, such as age, health status and income. Likewise, the narrow definition of an instrument may exclude the services a user requires.

⁵⁷ International Labour Organization (2016).

⁵⁸ European Commission (2017b).

⁵⁹ Carmargo Magalhaes (2015: 6).

⁶⁰ Mather (2015: 29).



Assessing the Instruments Supporting the Development of PHS

As delineated in the previous section, PHS suffers from a lack of:

- Transparency of services: the extent to which the purpose and features of an instrument are clear and understandable to all parties
- Accessibility of services: the ability of all users and employees to make use of an instrument.⁶¹
- Functionality of services: the extent to which an instrument works as intended;
- Sustainability of services: the degree to which an instrument can continue to meet the country's PHS needs for the foreseeable future.

The existing policy approaches addressing these challenges fall into three categories: financing, process management and quality management. In Table 2, possible approaches to each challenge are considered from the perspective of users and employees.

Table 2: Challenges to PHS and Existing Approaches

Challenges	Approaches to challenges		
	Financing	Processing	Quality Management
Transparency	<p>User: Policies provide clear and publicly accessible information about cost of using instruments (e.g. price of vouchers, hourly/monthly wages to be paid to employee)</p> <p>Employee: clear communication of payment and wages, including information about collective agreements</p>	<p>User: Instruments clarify the roles of firms (when available) and how to create and register contracts with employees</p> <p>Employee: Responsibilities of the firm (if available) and the user are clear, with regard to contracts, payment, benefits, contributions</p>	<p>User: Instrument provides a simple way to assess the skills and reputation of a firm or employee before hiring</p> <p>Employee: Policies provide information about training and certification opportunities, information about what skills are needed for which jobs are clear.</p> <p>User and Employee: Employment regulations/collective agreements are clear and known by both parties.</p>
Accessibility	<p>User: Cost subsidies can be used by people of many income levels</p>	<p>User: Processes are easy to use (e.g. contracts can be easily created, vouchers can easily be purchased) and locations for purchasing instruments are convenient</p>	<p>User: Information about skills of employees or quality of firm is available</p> <p>Employee: Training and certification are available to all interested employees. Employment</p>

⁶¹ Note: Each instrument may not seek to address accessibility for all groups. A country seeking to develop a robust and comprehensive PHS sector will often develop unique instruments that address each target group separately.

			regulations including labour monitoring, complaints and redress mechanisms cover all employees, regardless of status.
Functionality	<p>User: Price point of instrument supports desired or required frequency of use</p> <p>Employee: Instrument results in expected payment and employees receive enough work to justify further involvement in the field</p>	<p>User and employee: Processes result in clear, fair contracts that can be understood by all parties</p>	<p>Employee: Minimum employment standards and rights are enforced.</p> <p>User and employee: Training and certification offerings fit the existing needs.</p>
Sustainability	<p>General: Earn-back effect that meets or exceeds public contribution</p> <p>User: Repeated use of instrument is affordable</p> <p>Employee: Pay level allows employee to continue to meet own financial needs for self-sufficiency, resulting contributions provide safety net</p>	<p>General: offices for processing fit into the existing governance systems, sites for instrument sales</p> <p>User and employee: processes allow for extended/ongoing user-employee relationships if desired. Work permit schemes for third country nationals enable ongoing, fair, regular work arrangements.</p>	<p>Employee: Training and certification programs prepare employee for continued work in the field and/or skills to prepare for higher skilled work.</p>

Source: Cylus and Rand (2019).

The Mechanisms within PHS Instruments

The mechanisms built into PHS instruments directly address four challenges (see Table 3), approaching them from the perspective of one or multiple actors (the employee, the user or the firm). The challenges are to be met through diverse strategies or approaches that focus on how to improve financing, processing and quality. Often multiple mechanisms are at work simultaneously within one policy instrument. That is why instruments like vouchers and mini-jobs, commonly associated with the PHS sectors, look and act differently in different Member States.



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Table 3: Interaction between Mechanisms and Instruments

Mechanism	Instrument	Manifestation of the mechanism through the instrument
Financing	Social contribution adjustment or exemption	Instruments can exempt users or employees from contributions on behalf of the employee, such as pension or various insurances.
	Tax deduction or credit	Users may be eligible for tax incentives based on the amount of money spent annually on PHS.
	VAT reduction or exemption	Companies or associations providing or subsidizing PHS may have reductions or exemptions from VAT
Process Management	Vouchers	Vouchers can help regulate and simplify employee registration and payment.
	Central administrative offices	Administrative offices can make registering employees central and simplified. They can provide users and employees information and support.
	Sales Points	Often combined with vouchers, online sales points and sales kiosks can make it easier for users to purchase vouchers or checks to pay PHS employees.
Quality Management	Training programmes and certification	These qualification offerings help develop employee skills and provide standards for quality to build trust among users.
	Brands and labels	Intermediary agencies can use established brands and labels to reassure users and establish standards among employees.

Source: Cylus and Rand (2019).

Mechanisms that consider **financing** of PHS often aim to decrease the cost of services for the user while ensuring that the payment for the employee increases or remains competitive with undeclared market wages. Vouchers for non-care services can take a variety of forms. In some, users pay an up-front rate to purchase the voucher, but employees generally receive a supplemented rate of pay. In France, the CESU vouchers have two main versions:

- **Declarative CESU:** the user uses the voucher to set the salary rate for the employee, assigning a value for the voucher, the income for the employee and other work arrangements, at the bank. In this sense, the voucher also serves as a declaration of employment to the government.⁶² The voucher then functions like a pre-printed and financed check book. The user gives the employee

⁶² IMPact (2014b).

a “check” after the completion of the service, which the employee can then cash, like a paycheck. The household must also report how many hours per month the employee has worked. This format supports the direct employment arrangements that dominate in France.⁶³

- **Prepaid CESU:** This form has two options. It can be funded and distributed by a private or public company or by local government. The funding entities order and distribute pre-paid vouchers to employees or residents in need, respectively. The recipient of the voucher can use them to pay for or subsidise their PHS needs.⁶⁴

In Belgium, the voucher acts more like a time card for the employee. The user purchases a certain number of vouchers from an issuing company and gives the employee one voucher per hour worked. The employee presents the vouchers to the intermediary firm, where he or she is employed, and receives a regular wage plus benefits in return. The firm returns the vouchers to the issuing company in return for a sum of money that has been subsidised by government funds.⁶⁵ This model conforms to the triangular employment relationships common in Belgium. In the case of cash-for-care allowances, such as the Italian attendance allowance, users receive a specific sum of money monthly from the government, which they can use to pay market price for services directly to an employee.⁶⁶

Financial instruments may also focus on adjusting employee social contributions in addition to or instead of cost and wages. One method used in many countries as a mode of PHS payment is the voucher. Vouchers can stipulate that a portion of the user’s fee goes towards social contributions or they can be used as direct payment, in which case the worker must later pay taxes on the voucher amount, as is the case in France. In triangular arrangements, firms may be required to contribute a portion of the government-subsidised voucher to pay for benefits and social insurance to their employees, thereby minimising the administrative role of the user. Such is the case in Belgium. A voucher can be exempt from contributions, meaning the contribution is entirely paid by the government.

Instruments can also categorise PHS work as a specific category of employment that requires lower social security contributions, as is the case with the German “Minijob”. Minijobs limit employees to €450 per month of income. The number of hours that can be worked is constrained by the minimum wage. Due to their limited employment status, Minijob employees are exempt from social security contributions and the amount of contributions from the employer side is also reduced; however, they are entitled to employee accident insurance. The Dienstleistungsscheck in Austria functions as a hybrid, in which users pay a small contribution towards employee accident insurance, however pension and health insurance are excluded from the user costs. Employees can choose to pay for pension and health insurance at a fixed monthly rate.⁶⁷

⁶³ Farvaque (2015: 3).

⁶⁴ Service Vouchers in the PHS Sector (2018).

⁶⁵ <https://www.vlaanderen.be/en/working/service-vouchers>

⁶⁶ Grumiau (2012).

⁶⁷ Versicherungsanstalt für Eisenbahnen und Bergbau,

<https://www.vaeb.at/cdscontent/?contentid=10007.721477&viewmode=content> (last accessed on 4 March 2019).



The financing of PHS instruments can also involve tax subsidies, which generally benefit the user side, rather than the employee or a firm. They can take the form of a tax deduction or a tax credit⁶⁸ as well as VAT reduced rates. The instrument generally specifies the maximum size of the tax credit or tax deduction, calculated based on household need or standard fixed rates. With some instruments, companies can also take advantage of tax benefits when buying vouchers or service checks and then distribute them as an untaxed benefit to their staff for the purchase of PHS services. A drawback to tax benefits are that they are often less beneficial to retired or unemployed users, who do not necessarily pay taxes.⁶⁹ **Process management** mechanisms try to help actors in PHS interact more easily with one another. For example, instruments can determine the ways in which users access PHS services. Purchasing vouchers can be made easier by selling them at kiosks or online. In Belgium, the sale of vouchers has been limited to one company, Sodexo.⁷⁰ This can simplify voucher transactions for users (buying) and employees as well as intermediary firms (redeeming). Instruments can facilitate the setting and reporting of work contracts between users and employees or between users and firms. For example, the Minijob in Germany has made efforts to simplify reporting and registration through the creation of a central office, “Minijob-Zentrale”.⁷¹ The previously mentioned declarative CESU voucher in France streamlines payment and declaration of employment.

Quality management policies aim to motivate users and employees to actively choose regular, formal PHS work based on its superior quality compared to undeclared work. Mechanisms such as training programmes or certification for employees and brands or labels for employers denote compliance with regulations, knowledge of the industry, skills and abilities of the employees and reliability. They can help users find and choose employees, while employees can more easily advertise their skills to users or firms and charge higher rates based on recognised skills and benchmarks. Furthermore, users and employees gain insights into the quality of intermediary firms based on awareness of brands and labels. On a less tangible level, the development of skills and training for PHS activities contribute to employees’ sense of accomplishment and can help them garner greater respect from the wider community.

France has been a forerunner in the development of training and qualifications for PHS. In the French system, workers in any sector can apply for their professional experiences to be recognised by an educational institution through a Certificate of Vocational Experience (VAE).⁷² Firms specialising in providing elder care services more actively support their employees in obtaining qualification equivalences.⁷³ Since 2016, the most common type of VAE associated with PHS work has been the State

⁶⁸ A tax deduction lowers an individual’s overall taxable income, while a tax credit decreases the amount of tax owed by an individual.

⁶⁹ To account for this challenge, some countries have adjusted their tax benefit systems so that unemployed persons or pensioners are reimbursed by the tax authorities.

⁷⁰ Sodexo is a French food services and facilities management company that serves as the issuing company for vouchers in Belgium. It is one of the world’s largest multinational corporations and one of the world’s top two providers of service vouchers and cards.

⁷¹ European Federation for Services to Individuals (2013: 21).

⁷² In French: “validation des acquis de l’expérience”.

⁷³ Farvaque (2015: 42).



Diploma of Educational and Social Support (DEAES)⁷⁴, a certificate that confirms that an individual has the skills required to support daily needs of individuals at home, in a facility or in the school environment, regardless of formal training experience.⁷⁵

Table 4 summarises the advantages and challenges associated with improving the formal qualifications of PHS employees. It considers the process from the perspective of employees and users and mostly reflects non-care services.

Table 4: Advantages and challenges involved in the expansion of qualifications for PHS employees

	Advantages	Challenges
PHS employees	<p>Improving the status of PHS work</p> <p>Creating a sense of solidarity among PHS workers</p> <p>Cultivating respect for a standard of excellence</p> <p>Preparing employees with relatively little formal training and educational experience to eventually transition from PHS into sectors with higher qualification levels.</p>	<p>Increasing barriers working in PHS</p> <p>Discouraging participation among target groups with more limited skillsets</p>
Users of PHS	<p>Establishing a standard of care and service that the user can come to expect when hiring a PHS employee.</p> <p>Facilitate a greater sense of transparency and trust</p>	<p>Increasing the cost of creating PHS jobs, some of which may be passed along to the user</p> <p>Increasing oversight and inspections in private homes</p>

Source: Cylus and Rand (2019).

Quality management is a key step in professionalising PHS work, as it develops expectations for employees and employers that are in line with other career paths.

- Development of consistent employment standards;
- Availability of training and certification or diploma;
- Increased collective bargaining opportunities.

As such, policies and instruments concerned with quality are not just designed to make PHS better quality for the user, but also to make PHS a better quality field of work for the employee. This can be accomplished through policies that aim for wide-ranging regulation.

⁷⁴ In French: “Diplôme d’État d’Accompagnant Éducatif et Social”.

⁷⁵ 1901Formation, <https://1901-formation.fr/deaes-le-nouveau-diplome-qui-fusionne-deavs-deamp-et-auxiliaire-de-vie-scolaire/> (last accessed on 4 March 2019).



In Ireland, for example, the development of a statutory code of practice in 2007 has led to significant shifts in public perception of PHS employees as members of the workforce with employment rights. In addition to entitling PHS employees to written contracts, minimum wage, maximum working hours and paid leave, it stipulates that PHS users must “respect the dignity and privacy of the employee”.⁷⁶ Many countries, such as Austria, Finland, France, Ireland, the Netherlands, Spain and Sweden, have introduced household inspections in the hopes of ensuring that the employee’s rights are maintained. In Spain, inspectors are supposed to check to see if employees have been provided contracts.⁷⁷ In Sweden, inspectors are intended to monitor whether PHS users provide a healthy and safe environment for employees.⁷⁸

The Relationship between Welfare Regimes and PHS Policies

Welfare regime categorisation has long been used to group European countries and predict their policy behaviours and outcomes based on shared traditions and characteristics. This typology can also be helpful to attempt to understand the challenges facing the development of PHS in different EU Member States and their propensity to address these challenges with the help of different types of PHS policies and instruments. The following will explore ways in which the welfare regimes shape the development of PHS in EU Member States in which PHS have received more attention.⁷⁹ After the completion of the upcoming workshops and seminars, an assessment of the less developed PHS systems will be possible.

The literature on welfare regimes categorises the European countries as follows:

- **Nordic regimes** (Denmark, Finland, Sweden and the Netherlands⁸⁰) are typified by a strong state focussed on redistribution measures – as a rule based largely on general taxes – in support of equality and social cohesion. They have high employment and gender equality, strong welfare support systems and extensive family support policies.⁸¹
- **Continental regimes** (Germany, France, Luxembourg and Belgium) tend to be corporatist, attaching personal benefits to participation in the strong, but often rigid, labour market. They have strong trade unions and a strong history of encouraging male breadwinners. Nevertheless, these countries tend to have strong social support systems and moderate to high redistribution levels, based on social contributions from different social security schemes or general taxes.⁸²

⁷⁶ Mather (2015: p. 25).

⁷⁷ Mather (2015: 24).

⁷⁸ Mather (2015: 24).

⁷⁹ At this point we have excluded Ireland from the welfare regime assessment, as it does not cluster with other countries being considered at this stage

⁸⁰ The Netherlands tends to exhibit features of both the Nordic and Continental regimes with regard to PHS policies and instruments. Despite a focus on tax reductions, it has care-focused cash benefits.

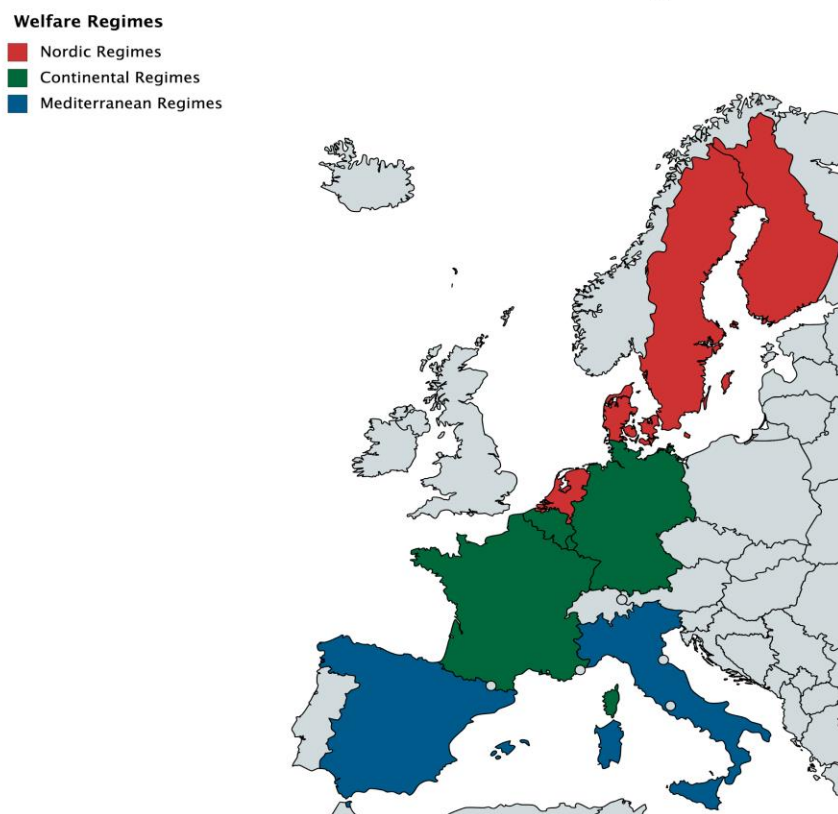
⁸¹ SensAge (2014).

⁸² SensAge (2014).



- **Mediterranean regimes** (Spain and Italy) are characterised by a strong focus on family-provided care, which can lead to significant gender employment gaps. They have less redistribution and less focus on poverty reduction as well as fewer social support systems.⁸³

Figure 1: Advanced PHS Countries by Welfare Regime



Source: Cylus and Rand (2019).

Among the countries with advanced PHS systems, the **Mediterranean countries** generally provide fewer social services through the state. Under these circumstances, there has been a longer, uninterrupted tradition of non-care domestic workers and even of informal and undeclared work.⁸⁴ Care activities, for example, have generally been left to the determination of the family. Today, as many families cannot personally provide long-term care to their loved ones, especially older relatives, families often hire caregivers informally. These employees often also do non-care work. “Badanti” in Italy are migrant women, who are often undocumented, and usually perform these long-term caring services as live-in domestic workers.⁸⁵ The so-called “migrant in the family” model points to the commonness of non-care labour, and even live-in labour. As such, PHS instruments have paid less attention to promoting non-care services, as this need is already met by plentiful informal domestic workers.

⁸³ SensAge (2014).

⁸⁴ Estevez-Abe and Hobson (2015).

⁸⁵ Rugolotto et al. (2018).

There has also been less emphasis on designing instruments that transition informal domestic workers to formal arrangements. Although efforts have been made to implement more contract-based labour, there tends to be less oversight of these contracts. Countries such as Italy and Spain have implemented regularisation schemes for undocumented workers, many of whom perform undeclared PHS work.^{86,87} Thus the trend in many Mediterranean countries is to develop care-oriented instruments that focus more on the needs of the user than on those of the employee. It is common to find cash-based, means-tested care instruments, thus instruments for vulnerable individuals whose families may be financially less able to care for them. As illustrated by the APA instrument in Italy, the use of the benefit is often left to the user's discretion. In this way, cash-for-care instruments often indirectly support or facilitate undeclared work arrangements and can disincentivise up-skilling in PHS work⁸⁸, as the user's interest is to obtain the most service for the least money. The goal of countries employing primarily cash-based care instruments is first and foremost to ensure that the needs of the older and most vulnerable members of society are met. As discussed earlier, in Spain, cash benefits can even be used to pay family members to provide what would otherwise be unpaid care, thereby reinforcing the focus on family-provided care these countries. These countries face challenges in making sure that limited care instruments are accessible to all as the population ages and more family carers return to the labour market. In addition, it can be difficult to ensure transparency with cash-for-care instruments, especially when there is limited oversight as to how funds are used.

Among the Nordic and Continental regimes, the goals for designing PHS instruments tend to be similar to one another – reducing undeclared work, supporting the development of low-skilled jobs and improving work-life balance. Yet, the nature of instruments differs according to the national context.

Nordic countries tend to design PHS policies focussed on combating undeclared work arrangements and developing low-skilled labour sectors. Because elderly and childcare services are generally covered through social services provided through the welfare state and pursue a social policy objective with a general interest mission, PHS instruments can focus more on developing marketplaces for non-care services. However, as use of these non-care PHS instruments tends to be widespread among older people and families with young children in Nordic countries, it appears that these instruments are also used to help older people continue to live independently and to promote gender equality and work-life balance among working parents.

⁸⁶ Estevez-Abe and Hobson (2015).

⁸⁷ One regularization scheme in Spain is called 'arraigo social' or 'social rooting', whereby undocumented migrants can attain work permits if they demonstrate the following: continuous residence in Spain for the three prior years; no criminal record for the previous five years; signed employment contracts for at least one year totalling at least 30 hours a week (can be multiple contracts); as well as documented evidence of family ties and/or social integration. Alternatively, individuals can demonstrate: two years of continuous residence in Spain, no criminal record for the past five years and an irregular employment relationship lasting at least 6 months that has been recognised via court sentence or by the labour inspection. This program has been useful for individuals working in non-care PHS in particular. It also created a pathway to permanent residence after 5 years.

⁸⁸ Pfau-Effinger and Geissler (2005).



The primary mechanisms used by Nordic countries are tax reductions and benefits,⁸⁹ which can be explained by the relatively low wage differential between skilled and low-skilled work in these countries and the clear need to make PHS affordable. In addition to non-care instruments employing tax deductions, the Netherlands also has a cash-for-care instrument. In contrast to the cash instruments in the Mediterranean regimes, the AWBZ instrument is more strongly regulated, requiring users to declare whom they employ and for what services. This regulation helps ensure that this cash instrument supports formal employment.⁹⁰ Interestingly, while Finnish and Swedish instruments focus on supporting intermediary work arrangements, the Dutch instruments support direct employment models. However, as many Swedish firms active in the field of household services are actually self-employed individuals, these instruments also support a work arrangement between the user and the employee.⁹¹ Nordic instruments need to ensure that their services are accessible for different socio-economic levels or risk being seen as a benefit to the wealthy.

For non-care household services, **continental countries** share the Nordic countries' strong focus on developing instruments that reduce undeclared working arrangements and develop low-skilled jobs. However, like the Mediterranean countries and the Netherlands, France and Germany tend to be more care-focussed and they have developed instruments that favour direct employment arrangements for non-care household services. As with the Netherlands, cash-for-care instruments in these countries are better regulated in order to support formal work arrangements.⁹² Belgium's instruments, by contrast, are non-care focussed and promote the use of intermediary arrangements, demonstrating some parallels with Nordic countries. Continental instruments tend to employ the widest variety of mechanisms, combining tax benefits, contribution adjustments, processing mechanisms to ease the purchase and payment with vouchers and the development of special types of mini-job contracts. France also has developed branding and labelling mechanisms to denote quality. Sustainability is a key challenge for this regime, as its programs tend to rely heavily on government subsidies.

Understanding that countries do seem to cluster according to welfare regime when considering PHS systems can be helpful in considering how to approach PHS discourse at the EU level and how to develop discourses in countries that have less advanced PHS. Countries are aligning with one another with regard to common objectives for developing the PHS, prioritisation of care versus non-care, orientation towards particular target audiences and arrangements as well as choice of mechanisms. As the Ad-PHS project progresses, each country and its particular PHS instruments will be considered in greater, more analytical detail to better understand the social system, political processes and models of governance that are shaping the sectors with which PHS is associated.

⁸⁹ Pavolini and Ranci (2008).

⁹⁰ Pavolini and Ranci (2008).

⁹¹ Morel (2015).

⁹² Morel (2015).



Looking Ahead

The Ad-PHS project will engage key stakeholders from 21 Member States through a series of workshops and seminars related to national PHS discourses. In Member States in which PHS is already actively on the national agenda, workshops will focus on understanding the current state of the sector, determining plans for its continued development and the gathering of best practice examples. In countries in which PHS policies have received less attention so far, seminars will focus on identifying national objectives and interests that could contribute to its development and consideration of how to move forward. Information gathered about each Member State through these workshops and seminars will be used to update this State of Play Report and form the basis for individual country reports and fact sheets.



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