PERHOUSE

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

National report for Czechia

Lenka Hanulová
Central European Labour Studies Institute (CELSI)

The project is funded by the European Union; Ref. 101052340.

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

Part of the consortium

Tables of Content

List of Abbreviations

Abbreviation	Full text
PHS	personal and household services
DS	demand survey
SDS	social dialogue survey
S	stakeholder
INT	interview
FG	focus group
MoLSA	Ministry of Labour and Social Affairs
CZSO	Czech Statistical Office
ÚZIS	Institute of Health Information and Statistics of the Czech Republic
APSS	Association of Social Care Providers

List of Tables

List of Figures

Executive summary

The personal and household services (PHS) sector employs around 6.3 million people in the EU. The sector has the potential to create jobs, particularly for women, immigrants, and citizens of other countries. However, it faces many challenges, such as poor working conditions, lack of social protection, and the tendency to undeclared work. The PERHOUSE project aims to improve working conditions in the PHS sector by better understanding and strengthening industrial relations, establishing standards for service quality, working environment, and availability of home care and non-care services. The result of the project should be a comparative analysis based on studies in the Central and Eastern European region, contributing to promoting knowledge about the PHS sector and its social dialogue practices. This study is thus a part of a broader project that provides insights into the dynamics in the Czech Republic specifically. Apart from understanding the dynamics, it also aims to address the role of social dialogue in improving working conditions and developing relevant regulations.

As such, the PHS sector in the Czech Republic can be divided into three main divisions: care and non-care, formal and informal, and public and private. The care sector serves seniors and disabled people and includes both home healthcare and social care services. The non-care sector includes activities not related to care that may assist it, such as gardening, home repairs, or cleaning. The demand for PHS in the care sector is most often related to the availability of public services, particularly in childcare and care for seniors. Home healthcare is underfunded, with an average number of individuals using home healthcare services around 100,480. Informal carers provide two-thirds of care. The demand for PHS in the non-care sector is difficult to assess due to the lack of governmental funding schemes and less research. However, 67.7% of respondents have purchased a personal and household service at least once in the last 5 years. Housekeeping services are the most frequently purchased, followed by small repairs and pet-caring.

The Czech Republic's PHS in the care sector is regulated by the Ministry of Health, the Ministry of Labour and Social Affairs, regions, and municipalities. Long-term care services account for 12.6% of all spending on healthcare and social services, with CZK 73,4 billion (EUR 2,936 billion) spent in 2021 (CZSO, 2023b). Labour law governs the reimbursement of workers in the care sector in PHS, except for personal assistants and informal carers. In terms of job quality, the public sector is governed by guidelines provided by the Social Services Act, but there is debate about whether these standards result in higher service quality. Alternative quality-checking programs, such as "The Mark of Quality," are also available (Martišková, 2020). Wages in the public sector are often better than in private and unofficial sectors, but overtime work is common and salaries are not growing in line with other comparable public sector jobs.

There fails to be much social dialogue specifically aimed at PHS employees in the Czech Republic, and if there is, social partners usually address problems related to the public care sector's operations. This includes discussions and negotiations between government agencies, including the Ministry of Health, the Ministry of Labour and Social Affairs, and the Ministry of Regional Development, as well as trade unions and other social actors to address issues pertaining to wages, training, and the quality of care. In this regard, social actors in the care sector include associations representing providers, trade unions, and NGOs focusing on protection for informal carers and foreign domestic workers. However, the COVID-19 pandemic led to the formation of the Trade Union of Employees in Social Services (ALICE), a sectoral trade union, that directs some of their activities also toward PHS. In general, ALICE aims to raise the prestige of care and social services, improve working conditions, and provide legal help to workers. It also organises outreach and educational events to educate the public and media.

Still, social dialogue initiatives in PHS's care and non-care sectors should tackle a number of issues. In particular, the Czech Republic confronts a number of interconnected issues in the care sector, such as a shortage of workers, low wages, ineffective work, undermined social status of workers, poor quality, legal barriers, and social isolation. Similar principle of tackling issues should apply to non-care sector of PHS that is also largely informal. As such the main issues include poor workplace safety, exploitation, and precarious employment contracts. For example, 71.5% of services are rendered without a formal contract. Therefore, non-care PHS employees are frequently lack legal protections pertaining to minimum wage guarantees, overtime compensation, healthcare and social security contributions, and workplace safety requirements, making them open to exploitation, poor conditions, and unstable income. Moreover, the Czech Republic is

not very active in responding to recommendations from the EU-level activities, and the Care Strategy has not been a priority. The country does not actively participate in social dialogue activities, such as collective bargaining, round tables, trainings, or workshops also on this level.

However, this can be changed if some of the aspects of PHS are changed on the policy level. Specifically, first, the state should attempt to enhance support for personal assistants and informal carers, whether in terms of providing qualification and training or financial support. Second, raising wages can make the sector attractive, preventing and possibly reducing further workforce shortages. Third, encouraging the establishment of tripartite consultation mechanisms at the policy level could facilitate dialogue and consensus-building on key policy issues. In particular, the state should incentivise the enhancement capacities of trade unions and focus on PHS in their agendas. Last, this paper also deems as fundamental to implement policies and initiatives to formalise informal work arrangements in the PHS sector.

Introduction

Recent trends in employment and society have reaffirmed the importance of industrial relations and the advantages of social dialogue. The social actors among Europe and elsewhere have demonstrated throughout the pandemic of COVID-19 that they have a significant influence on the balanced management of such crises. At the same time, the pandemic has brought to light disadvantages and weaknesses experienced by employees in industries with weak labour relations, where companies stand at risk due to lacking inclusive social dialogue. In this regard, PHS sector is one example of this.

However, even prior to the pandemic outbreak, numerous studies have documented the precarious working conditions experienced by PHS workers. In the EU, PHS workers frequently received worse treatment than regular workers even in the public sector jobs. Moreover, in the private sector, they typically operate under semi-formal self-employment or fully informally without a contract, receiving fewer benefits and social protection than regular workers. Overall, there is a significant tendency in the sector - to undeclare work. The salaries of PHS workers are also typically lower and frequently less than the national minimum wage. The poor working conditions are also typical for the sector, for example, with the workers frequently subjected to hazardous working conditions since households not necessarily adhered to health and safety regulations, particularly during the pandemic.

At the same time, PHS demand has been rising as a result of the deinstitutionalisation of the care industry in the Czech Republic but also in Europe as well as the lack of capacities in institutional care. As a result, the sector helps to reduce the crisis of care, but also provides clients with more options to organise their lives, especially to those ones in need. Furthermore, PHS sector appears to have a great deal of potential for creating jobs, particularly for women, immigrants, and citizens of other countries. Specifically, 3.4% of all stated employment in the EU is thought to be in the PHS, which is believed to employ 6.3 million people in the EU. Furthermore, another 3.1 million people work as undeclared workers. Women make up 90% of the workers in the sector (Baga & Cylus & Rand & Rosso, 2020).

As such, the PERHOUSE project assumes that the working conditions in the PHS sector could get better if industrial relations were better understood and strengthened. It would also aid in the systematisation of basic definitions related to the workplace, establish standards for the quality of services, working environment, and availability of home care and non-care services. Regularisation of the sector would therefore help with integration into larger industrial relations frameworks to look for multiplier effects on the way both private and public entities provide care and non-care services, as well as help address the high proportion of undeclared work in the industry. The project also lays ground for the future research on collective bargaining and social dialogue. The study will result in a comparative analysis based on studies of countries in the Central and Eastern European region and contribute to promoting knowledge about the PHS sector as well as its social dialogue practices. It attempts to answer two main questions:

1) What is the current state and structure of service provision in the PHS sector, and what are the working conditions in the sector?

2) What role does social dialogue play in improving the working conditions of PHS sector workers and developing relevant regulations?

In particular, this paper aims to address these research questions within the context of the Czech Republic. Together with an analysis of previous research and statistical data, data from online survey on PHS demand among clients, online survey on social dialogue experiences of social actors, interviews with stakeholders and social actors and focus group interviews with PHS workers are included and analysed in the paper. Specifically, it was 43 clients who took part in the demand survey (DS) on PHS, 3 stakeholders (social actors) who answered questions in the survey on social dialogue, 10 stakeholders who were interviewed at the national level interviews and 19 PHS workers from different sectors of PHS who attended 3 separate focus groups, all providing useful insights into their experience with PHS[1]. As such, the methodology used in the report is of triangular nature and consists of desk research, survey evaluation and the analysis of interviews with both national stakeholders as well as persons working in the sector. The paper then synthesises the data in order to understand the dynamics and answer research questions.

However, there were also several limitations to the gathered data. First of all, the samples of respondents in both surveys were not representative as the numbers of respondents in both cases were too low to represent either general population or any specific part of the population. At the same time, the manner of gathering responses in both surveys – voluntarily through social media or emails, presupposes that only specific type of clients and stakeholders might have taken part in the surveys, among other their characteristics, those presumably actively engaged or interested in the topic and available on social media or with access to email. However, such a sample of people neither represents general population nor definable part of population, which makes it necessary to read the data as well as follow-up analysis with precaution and acknowledgment of such limitations. Nevertheless, despite their partial representativeness, the data fulfil the goal of broadening the understanding of fundamental dynamics and problems in PHS sector as well as laying ground for further research.

Based on the study questions, the report is organised into two main sections, each with a distinct summary (subsections 1.5 and 2.5). Subsection 1.1 of the first section looks at the sector's general features. Subsections 1.2 and 1.3 address supply and demand in PHS sector, while subsection 1.4 discusses job quality in the sector. The second section discusses social dialogue in PHS sector. It gives an overview of social partners and other participants in 2.1 subsection, discusses social dialogue related to the PHS sector (2.2), challenges related to the PHS sector that could be addressed through social dialogue practices (2.3), and relationships with social partners at the European Union level in 2.4 subsection. The report's conclusions and policy implications are presented in the last chapter, which also summaries it.

1. State of the art of the personal and household services in Czechia

1.1. Characteristics of the sector

Czech personal and household services (PHS) sector encompasses a wide range of activities, including, for example, home social care services, home healthcare services, cleaning services, childcare and babysitting services or home maintenance and repairs. As such, there are several divisions that characterise the nature of the sector that need to be clarified in order to provide its accurate understanding. First, PHS activities either relate to care, as in caring for someone, or non-care, as in activities occurring within the household environment as, for example, gardening, cleaning or small repairs. Second, PHS in the Czech Republic can be classified as either public or private based on the sources of financing. Public institutions oversee and manage the public PHS sector, which offers home social services and home healthcare services. Usually on the basis of semi-formal and informal employment relationships, the private PHS industry includes non-care services rendered at home, such as cleaning services, small repairs but also care services – childcare or care for seniors. The third division is between formal and informal work within PHS sector, a division that is closely related to the public-private division as it further specifies mainly the private subsector of PHS and employment relationships within the sector that often have semi-formal or fully informal nature. This

[1] For further details, check annexes

division also includes an important yet often forgotten category of persons working in PHS - family members who provide home care to, usually, family members in need and are referred to as "informal care providers" in the literature (Riedel & Kraus 2011). This paper shall mainly refer to them as to informal carers.

Care vs. Non-Care sector

Care sector of PHS in the Czech Republic should be viewed primarily as a subset of the larger long-term care sector that serves seniors and disabled people that encompasses both home and institutional care. There is no official policy that prioritises home care over institutional care, so clients choose between the two according to what services are available in the place they live, how much money they have to spend, and their own preferences. Furthermore, the care subsector of PHS, like the care system as a whole, is still fragmented with poor integration between healthcare and social care, which makes it more difficult for the sector to effectively provide care services to a wide range of clients with varying special needs (Kubalčíková & Havlíková 2016). This is also the reason behind the criticism levelled at the long-term care system over its poor quality or scarcity of resources (Sowa 2010).

Non-care sector of PHS includes activities that are not related to care but may as well assist it. It includes activities like gardening, home repairs or cleaning. As mentioned previously, the activities are often interwoven with social care, however, for this paper, the difference lies in the need of such services, which is usually not present in the non-care sector. In other words, in the non-care sector, clients can take care of themselves and the purchased service serves as a paid added value to their comfort rather than an essentiality of decent living, which is usually the case for clients in home care sector.

Table 1: Distinctions between Care vs. Non-care sector services

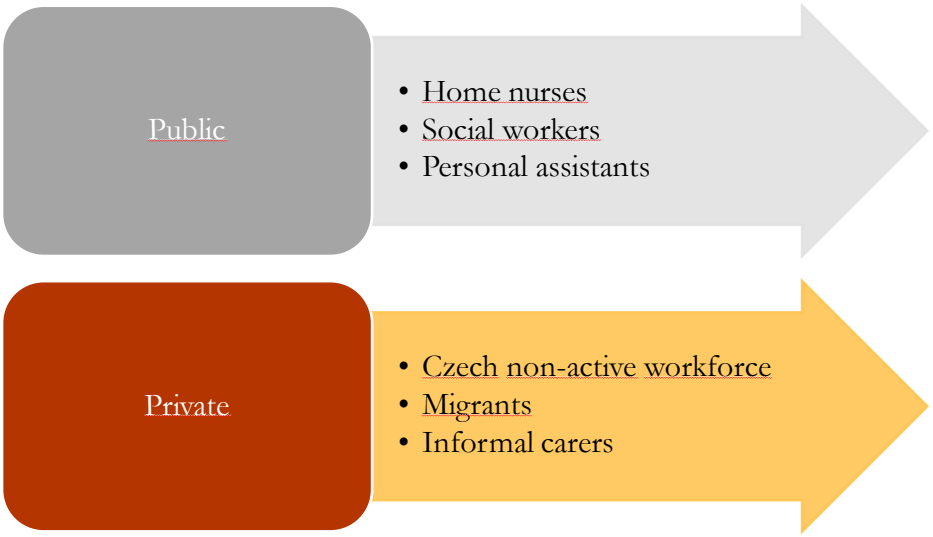
Type of subsector	Activities	Type of service provided
Household maintenance (non-care)	Household maintenance activities	Regular or one-off cleaning Home repairs Gardening work
Homecare (care)	Care for the elderly	Long-term social and healthcare services Regular or irregular services purchased by the household Household services provided 24 hours a day, 7 days a week
	Care for children	
	Care for disabled people	

Source: own compilation

Public vs. Private sector

Depending on where financing comes from, PHS in the Czech Republic can be categorised as either public or private. In other words, while both public and private personal household services aim to meet the needs of persons requiring assistance with daily living tasks, they differ in terms of funding and hence also organisational structure and accessibility, among other things. Public sector services are typically funded and operated by government agencies and are often targeted at vulnerable populations, while private sector services are provided by businesses or individuals operating in the marketplace.

Table 2: Distinctions between Private vs. Public sector services

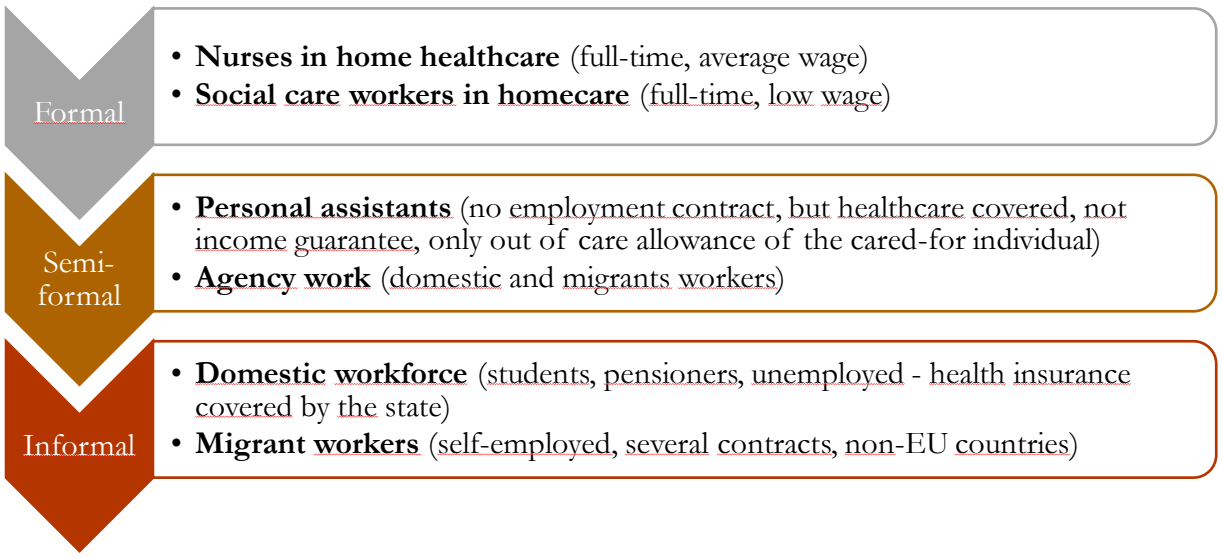


Source: own compilation

Formal vs. Informal

Formal work in personal household services involves employment arrangements that adhere to legal and regulatory requirements, including formal contracts, taxation, and compliance with labour laws, usually tied to public sector regulations. Informal work, on the other hand, in PHS refers to employment arrangements that are typically unregulated, cash-based, and often conducted without formal contracts or legal protections. It may involve persons providing services directly to clients on an ad-hoc or irregular basis, without being officially registered or recognised as businesses or employees (Martišková, 2020). The sector is, however, also specific for semi-formal nature of some employment relationships that mainly include two types of arrangements – personal assistance and agency work. First, personal assistant is a non-family carer for an individual receiving care allowance that is typically compensated out of the allowance and provide an alternate source of home social care. However, such a carer might be classified as semi-formally employed because he typically operates without a formal job contract. Second, in the case of semi-formal arrangements in agency work, semi-formality occurs when the contract with a worker merely gives a vague or incomplete description of the job obligations, or understates the number of hours the worker actually works. This often happens due to tax and fee concessions that agency receives this way (Martišková, 2020).

Table 3: Distinctions between Formal, Semi-formal and Informal sector services



Source: own compilation

1.2. Supply and demand of personal and household services

Demand of PHS in the care sector

The extent of the PHS care sector is related to the availability of public services in the institutional form of services, especially in regard to childcare and care for seniors. This means that if institutional capacities of services for the elderly and children are available, this segment of PHS is relatively small (Martišková, 2020). Of course, also individual preferences for home care instead of institutional care influence the demand for caring provided at home. Czechia, as a post-communist country, has a long tradition of institutional care services in child care and care for seniors. However, while childcare services are now available mostly for kids older than 3 years, a family member (most usually a mother) provides the care for kids up to 3 years old. In the case of the care for seniors, the institutions persisted, but preferences for care services have changed towards home care (Martišková, 2020).

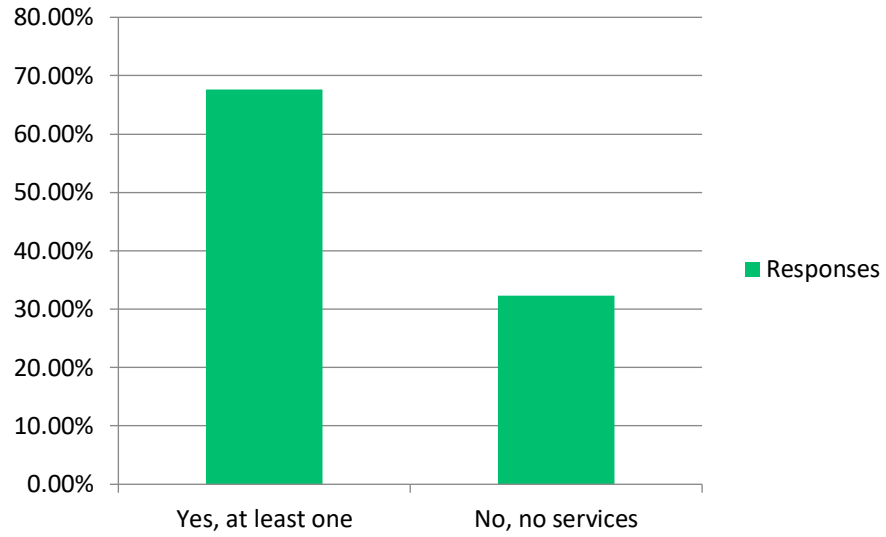
In the healthcare sector of public PHS, when medical professional determines that a patient needs home healthcare, they may prescribe home healthcare services, which makes the demand for such services based upon prescription. Accordingly, determining the actual demand for home healthcare services is therefore hard to assess. Moreover, as medical professionals are not encouraged to recommend home healthcare, insurance companies routinely cut back on home healthcare spending rather than supporting it, which also has an influence on the demand for the services. As a result, home healthcare is underfunded within the system of financing healthcare services (Martišková, 2020). In regard to specific numbers, in 2007, 134,436 patients used home healthcare services; in 2017, that number increased slightly to 138,303 patients and, according to the latest data, the number increased to 145,796 until 2020 (ÚZIS, 2021). In 2020, the average number of individuals utilising home healthcare services was 14 per 1000 residents. Out of all the people using the services, 61% were women and 39% were men. In terms of the cost-effectiveness of home healthcare compared to institutional care in hospitals, it is evident that home healthcare is much cheaper. Specifically, institutional care costs CZK 12–13,000 (EUR 477-517) per day, while home healthcare costs CZK 1,200 (EUR 48) in 2019 (Martišková, 2020).

In regard to home social care services, approximately 100,480 people utilised the services in 2020 (MoLSA, 2021). Specifically, there were 1,694 children, 30,319 men and 68,467 women who used home social care services that year, according to the latest data provided by the Ministry of Labour and Social Affairs (MoLSA, 2021). This means that the average number of persons utilising home social care services was 9,6 per 1000 residents. Moreover, however, there were also 10,191 persons using personal assistance services in 2020, with 1,152 children, 3,198 men and 5,841 women comprising this group of clients (MoLSA, 2021). According to the demand survey (DS), social services were only the third most often purchased service (around 18% of respondents). However, it is necessary to point out that the reason behind this might be the fact that social care services are often fully funded or at least partially funded by the public sector, which may have an influence over the perceptions of clients who may not often deem this type of service as a purchasable service but rather as a granted part of social care.

Demand of PHS in the non-care sector

In regard to demand of non-care sector services, as defined earlier in the paper, at first, it is necessary to point out that the number of people utilising non-care PHS is very hard to assess. One of the reasons might be that this part of PHS sector does not fall under governmental funding schemes which disincentivises governmental bodies from collecting official data or maintaining statistical records (INT 5, 2023). In other words, since non-care sector is funded through private resources, thus also largely informally, there is a lack of readily available data on non-care PHS in the Czech Republic. Moreover, there is also relatively less research or academic attention devoted to PHS sector compared to other industries, resulting in even fewer studies and surveys aimed at understanding its dynamics and characteristics. Accordingly, even the data provided in this paper should be deemed as rather provisional, especially due to general disinterest in the topic and hence possibly an unrepresentative sample of respondents.

Figure 1: Demand for PHS among clients – Have you purchased any PHS in the last 5 years?

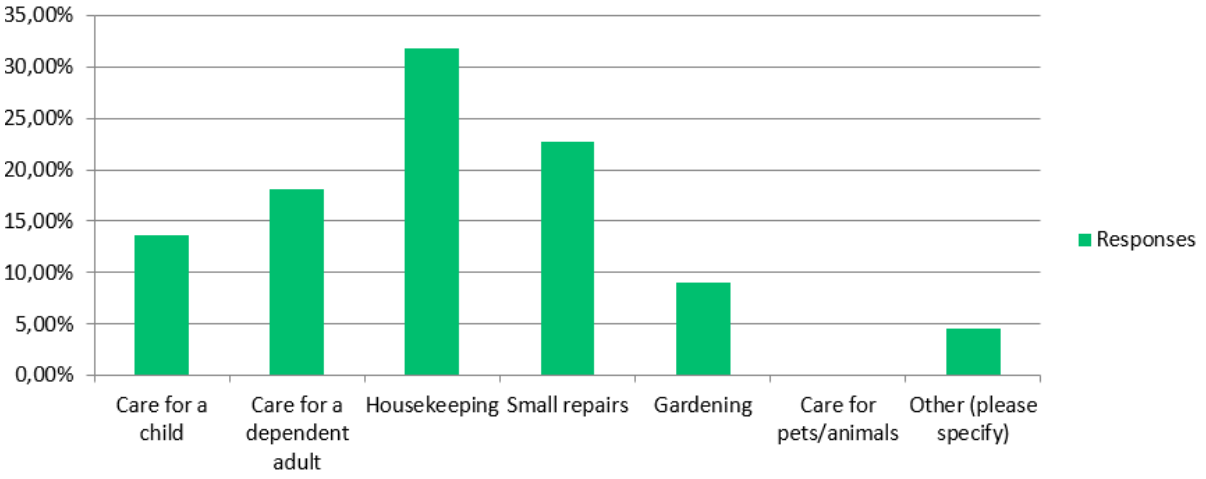


Source: Demand Survey (DS, 2023)

Nevertheless, according to the demand survey (DS, 2023)[2], around 67,7% of respondents have purchased a personal and household service in the last 5 years at least once, as seen in Table 4. Although the figure might include purchases of care services, as mentioned previously, the purchasable services often belong to non-care sector only. This is also shown in the responses regarding the specific types of services. Specifically, the most frequent purchase of services was related to housekeeping services, including cleaning, laundry, shopping, cooking, indicated by almost 32% of respondents (DS, 2023). According to perceptions of a member of one focus group (FG 3, 2024), the demand for these types of services has been constantly growing for the last 20 years. The second most purchased service regarded small repairs, with roughly 23% of respondents purchasing the service (DS, 2023), shows Table 5. The least frequently purchased service seems to be the pet-caring service. In general, around one third of respondents tended to purchase services occasionally, however also regular purchasing of services more times per week was popular (22,7%). There was no one purchasing a service every day, which seems to agree with the previous point made – that healthcare and social services in the form of long-term care of a client, that are often executed on everyday basis, are not deemed as purchasable services but rather essentials to be covered by the public sector – healthcare or social care insurance.

Figure 2: The most purchased PHS

[2] The data come from Demand survey, more information on the sample can be found in the Annex.

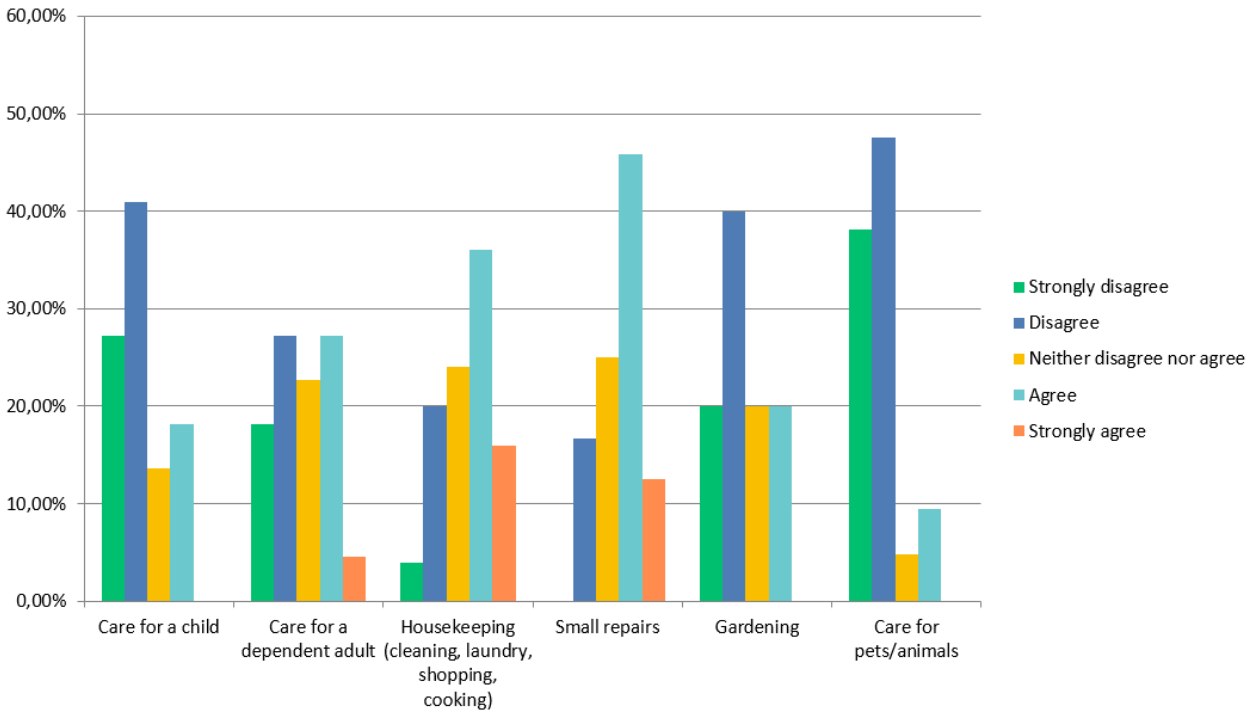


Source: Demand Survey (DS, 2023)

According to the survey (DS, 2023), the reasons behind purchasing PHS are, in half of the cases (50%), respondents' lack of time to do the activities by themselves or their inability, in the sense of imposition of necessary skills (36,4%). It also seems that the majority of respondents find the service providers upon recommendations from someone (45,5%), which is followed by 18,2% of respondents who find contacts on providers' websites.

In regard to future trends within the sector, as seen in Table 6, it is likely that the demand for PHS will remain at the same level or rise, especially in the non-care sector services such as housekeeping or small repairs. Specifically, 45,8% of respondents agreed and 12,5% strongly agreed that it seems likely that they may need PHS in the form of small repairs in the future. Similarly, 36% of respondents agreed, and 16% strongly agreed that they may likely use housekeeping services in the future. However, even without the current realisation and awareness of respondents, demographic developments will likely influence the future demand for care services. In particular, the ageing population will have the greatest impact on the demand for care of seniors, with almost 2,2 million people over 65 years of age now (CZSO, 2023a) – the number that is expected to grow. As such, the need for understanding the dynamics of the sector as well as its betterment is more than necessary and timely.

Figure 3: Future demand for PHS – Is it likely that you or your household will need PHS in the future?



Source: Demand Survey (DS, 2023)

Supply of PHS

The public sector provides homecare services through two registered agencies: the Ministry of Health's Agency of Home Healthcare Services (Agentury domácí péče) or the Ministry of Labour and Social Affairs's Providers of Social Care (Poskytovatelé pečovatelské služby). There were 675 social care providers providing home social care registered with the Ministry of Labour and Social Affairs (MoLSA, 2024) in 2024 and 677 home healthcare service providers registered with the Ministry of Health in 2024 (ÚZIS, 2024). In reality, the two categories of providers could overlap, particularly if the provider wants to provide clients with personalised services as, for example, in the Vysočina region (iDnes.cz, 2022). Clients usually prefer this approach since seniors typically need both healthcare and social care. The municipalities and regions, which often offer a list of service providers in the area, help to partially coordinate this variety in homecare service providers. However, there is still a lack of coordination and integration of the various services provided in general (Kubalčíková & Havlíková 2016).

Over the past 15 years, there has been a rise in the number of home healthcare service providers, from 503 in 2007 to 677 now (ÚZIS, 2024), while clients' numbers have stayed almost consistent, as seen in the previous part on demand of PHS related to care. Accordingly, it can be said that since 2007, the number of people working in home healthcare services has marginally increased. The number of clients in the sector of social care within public PHS has also remained similar, although the number of providers and hence employees has increased. One possible explanation for this could be the evolving nature of the services offered. While housekeeping, shopping, and meal delivery were once handled by home social care services, these services are now offered by private non-care providers or supplied by family members, whereas social care services focus on providing mainly professional care services (Martišková, 2020).

An alternative source of home social care is personal assistant, a non-family carer for a person receiving care allowance, who is usually paid from the allowance, introduced in 2007. However, because they usually work without a formal employment contract, this group of carers can be categorised as being semi-formally or informally employed. They have the benefit of state-funded healthcare and social insurance, and they are excused from paying income taxes for up to 12 months. It is also important to note that two thirds of beneficiaries of care allowance receive care from other sources, usually given by home social services providers or home healthcare services providers. Therefore, either institutions, family members or other

unpaid carers – those previously labelled informal carers provide the other two thirds of the care (Martišková, 2020).

1.3. Regulations and governance

According to the presented divisions, it can be said that only the formal sector of PHS is officially recognised and hence regulated or governed by the legislation to some extent. Since home care services are part of the long-term healthcare or social care system of the Czech Republic rather than being viewed as separate, it is the Ministry of Health, the Ministry of Labour and Social Affairs, as well as regions and municipalities, that provide regulations and governance pertaining to PHS. Specifically, while municipalities and regions are in charge of service delivery within the system, either through their own facilities or through the private providers (non-governmental organisations or private companies), ministries are primarily responsible for allocating financial resources to healthcare and social care services. In other words, the state sets the parameters for working conditions and service standards and provides funding; regional and local governments are in charge of ensuring that services are accessible.

In the long-term care sector, approximately 72% of financial resources come from governmental subsidies to social service providers and care allowance benefits received by clients. In this regard, home social services as well as healthcare services have been allowed to provide their services directly to the individuals in need who get the care allowance benefit since 2007. The remaining 28% of resources come from payments made by health insurance (Martišková, 2020). Overall, spending on long-term care services in Czechia accounts for 12,6% of all spending on healthcare and social services (CZSO, 2023b). The Czech Statistical Office (CZSO) reported that CZK 73,4 billion (EUR 2,936 billion) was spent on long-term care in 2021 (CZSO, 2023). Of that amount, 13,5% went towards homecare services, which is approximately CZK 9,87 billion, 82,2% went towards institutional care, and 4,5% went towards day care (CZSO, 2023b).

In regard to governing the reimbursement of workers in home social services and healthcare services, labour law governs the obligations as well as rights, including the reimbursement rates, of workers in the public sector. Specifically, social care services follow the guidelines set forth in Act No. 108/2006 Coll. when providing their services. As mentioned previously, a special type of an arrangement is that of a personal assistant who gets reimbursed for his services out of care allowance awarded to the person he cares for, whose rights are also vaguely outlined in the act. Specifically, according to § 83 of the Act No. 108/2006 Coll. (MoLSA, 2024), the personal assistant does not need to be registered with social care services provider if he does not carry out this activity as an entrepreneur. As such, he is obliged to provide assistance in person and to conclude a written contract with the person to whom he provides assistance, with the particulars of the contract being the identification of the parties, the scope of the assistance, the place and time of the assistance and the amount of the payment for the assistance. However, if there is an agreement including some form of payment for personal assistance services, the enforcement of the payment is not regulated by any other law in the act or in general.

The private sector includes a variety of formal and semi-formal employment arrangements, whether within care or non-care sector. Specifically, formal employment relationships often stem from self-employment licence that a worker holds and that is governed by general regulations that apply to holders of such a licence. However, those regulations are often too general as they remain the same for different sectors, PHS sector being no exception. Accordingly, both the protection of workers as well as of clients is low, dependent upon verbal agreements between parties. Moreover, the level of social security and healthcare benefits provided for self-employed workers depends largely upon their decisions that are however often rather uninformed (INT 5, 2023). Most migrant workers also choose this type of employment arrangement to meet the legal requirements for staying in the country. According to the demand survey (DS, 2023), this is the second most common type of contract in PHS, with a little more than 19% of respondents claiming to have a service contract as self-employed providers.

Another form of seemingly formal employment in the private sector are short-term contracts usually provided by agencies that are however also problematic (INT 5, 2023). First, they are vastly beneficial for contractors, usually the agencies, who do not need to pay insurance for workers while they often get to

dictate the terms and conditions of the employment. Second, they usually only allow workers to work a limited time, which often pushes workers outside the formal employment arrangements to cover their costs. Specifically, when the contract understates the number of hours the worker actually works or only provides a partial or imprecise description of the job duties, this is referred to as semi-formality. For example, an organisation might enter into a contract with a worker in which the activities completed or the number of hours worked are not in line with the worker's actual working hours. The private formal sector of PHS hence remains also rather unregulated and poorly controlled.

It also seems that situation is becoming even worse as the lines between semi-formal and informal sector are being washed away more and more. The reason for this is that, especially recently, the contractors, usually agencies providing services for households, have been pushed out of the market by unfavourable legislation and increased migration (INT 5, 2023). Specifically, since the PHS sector is one of the sectors where informal work is common, the increased inflow of workers in recent years and the fact that PHS is an easily accessible sector of work that does not require special qualification or language skills created more intensive competition and led to reducing of prices of work (or at least not raising prices with inflation as in other sectors). As such, agencies have no competitive advantage and not only have a hard time to survive but the only formal way of employment they can offer is tied to above-mentioned self-employment licence. As a result, especially non-care workers often find themselves on the margins of the system where, from their point of view, informality becomes the most viable option.

Informal work in the sector is naturally unregulated and the majority of people in PHS work informally. The reason for this is also that regulation and governance is not only lacking but sometimes even contradictory to what may motivate workers to move from informal to formal sphere. For example, working in an agency that provides non-care services that would have provided workers with formal employment contracts is becoming increasingly less profitable and hence generally attractive for workers since agencies have to recently pay even more taxes and, as a consequence, keep down the salaries of their employees to approximately half of what they would get informally – on hand, working for the same client (INT 5, 2023). Moreover, workers remain uninformed about possible formal alternatives to their current situation. According to the demand survey, 57% of respondents (clients) have a non-written agreements with service providers without legally binding contracts.

1.4. Job quality in personal and household services

Job quality in the public sector

In the social care services sector of PHS, guidelines for service quality are provided under the Social Services Act in its appendix "National Quality Standards of Social Services" that outlines the responsibilities of social care service providers. The standards are divided into three categories: 1.) personal standards regarding staff composition, education, personal goals and developments, volunteers, rewards, communication channels, 2.) procedural standards that define goals, principles, human rights, conflict of interests, contract, documentation, complaint management, user-centred attitude, 3.) and technical, including equipment, information, critical situation, quality raising (Horecký, 2013). Based on these guidelines, the Ministry of Labour and Social Affairs and the regional Labour Offices are authorised to provide quality controls. If any irregularities or abuse are discovered, they are reported and the consequences are being drawn, including a revocation of workers licence in the most severe cases. Based on the available data, social care services were inspected 148 times in 2023, with 12 controls of home social care services and 3 controls of personal assistance services. The most frequently inspected were residential care homes (MoLSA, 2023).

However, there is debate about whether such quality controls result in higher quality of services. While social services are explicitly focused on the well-being of clients since 2007, which is a major improvement especially for clients who went from being "mere objects to subjects" (Horecký 2013: 6), social service providers consider the quality requirements too wide as well as quality controls overly bureaucratic and ineffective (Janáčková 2019). Recent research conducted by the Supreme Audit Office found that social services does not meet necessary quality standards (SAO, 2019). Alternative quality-checking programmes are also available via non-governmental organisations. The most widely recognised is "The mark of quality" - a brand introduced by the Czech Association of Social Care Providers (APSS). It

provides social care providers with external audits, utilising the clients' viewpoint on the services provided, and awards "stars" to the audited providers in an effort to elevate their reputation among clients.

Although working conditions in the public sector are often better than in the private and unofficial sectors, overtime work is very common. Home social care service workers put in an average of 6 extra hours per month of labour than their public sector counterparts providing institutional care (Martišková, 2020). Moreover, the pay of a worker in the public social care service is 20% less than the average salary. The pay disparity is much greater for private providers working in the publicly funded social care system—it is 27% less than the average wage. In home healthcare service, the comparison to nurses in hospitals, whose jobs are somewhat similar to those of home healthcare service workers, is vital – while nurses in hospitals make CZK 48,212 (EUR 1928) per month, home healthcare service workers make CZK 33,789 (EUR 1352) according to data from 2021 (CZSO, 2022a). Furthermore, salaries are not even rising in line with the growth of salaries in other comparable public sector jobs. In home social care services, the average salary is between CZK 27,000 and CZK 29,000 (EUR 1080 – EUR 1160), according to pay grade set by the Ministry of Labour and Social Affairs (MoLSA, 2022).

Job quality in the private sector

Statistical and empirical data regarding employment, working conditions, and providers in the private sector of PHS almost do not exist. For this reason, it is also difficult to suggest any significant regulations that would improve workers' protection in the industry or verify the quality of services provided. The inability to conduct inspections at the workplace is another problem related to domestic work. The justification is that accessing homes to regulate working conditions would violate people's fundamental rights and freedoms under the privacy guarantee. This is also the reason why officials cannot ensure safe and healthy work environment in PHS. It also implies that there is no interest from the side of state administration to gather necessary data and address problems in the sector.

Wages in the semi-formal sector, excluding personal assistance arrangements, are comparable to those in the public sector, but the comparison of income regimes is crucial in this case (Martišková, 2020). First, unlike with personal assistance, social and healthcare insurance is covered in the public-sector jobs only. The labour costs including all legally mandated labour expenditures required to be covered are just too high for the private sector to bear, which disincentivises formal employment arrangements, as mentioned previously. This is also the cause for the increasing number of different types of employment arrangements that foster avoiding contributions to social and health insurance.

In the private sector of PHS, the average hourly income in 2018 ranged from 100 to 200 CZK (EUR 3.8 to 7.6), according to previous research (Martišková, 2020). Now, according to the demand survey (DS, 2023), respondents (clients) claim to pay between CZK 250 and 350 (EUR 9.9 – 13.8), with the average being CZK 325 (EUR 12.8). However, some of those hourly wages include material costs, as for example, for small repairs services. Moreover, travel costs remain uncovered, which in the case of working in different households throughout the day, amounts to significant portion of time and hence money. Migrant workers also reported even lower wages, and their satisfaction with the hourly wage was explained by the fact that they worked long hours to reach their desired income or that domestic work was not their only source of income. In the case of live-in services, however, their satisfaction was explained by the fact that other costs, such as living expenses and food, were covered (Ezzeddine 2012).

Based on the legislation, which does not recognise PHS work as a distinct profession, the household which receives provided services is obligated to register as an employer of a PHS worker. However, formalising employment relationships in the sector is discouraged by the administrative burden that employers, in this instance households, have to bear. If the representatives of the household choose to register as employers, they have to comply with the accountant agenda and register with at least three separate organisations (healthcare insurance, social security company, and tax office). As a result, the household would have to pay taxes, social security, and healthcare contributions to the three separate offices each month. Increased expenses accompanying formalisation of the employment of domestic workers as well as administrative burden, which also calls for more administrative capacity, results in the favouring of informal channels by both potential employers and employees. Compared to informal employment or working in self-

employment, the costs of formal employment—where the household serves as the employer—may be twice as expensive.

It therefore makes sense that households choose the simpler and less expensive options of hiring self-employed individuals via agencies, or hiring without a contract. When a household hires an agency worker, it is acting as the user employer. A small employment contract with minimal social insurance and healthcare protection is the most typical type of contract for domestic workers employed by agencies. Furthermore, a work specified by the contract can differ from the actual activities done. For example, the contract may encompass administrative or educational tasks, but the actual work may be cleaning or babysitting (Martišková, 2020).

Large part of informal PHS sector is also migrant work as legal employment of foreign workers would require additional management and accountability on the part of those hiring such workers, which makes the practice precarious. Specifically, it is the Act No. 326/1999 Coll. on the Residence of Foreign Nationals in the Czech Republic that governs foreign employment on the labour market and lays out the regulations that must be met. The foreign worker's permission to remain in Czechia is contingent upon their employment contract, which could pose challenges for foreign workers seeking to switch jobs. Moreover, it entails extra paperwork related to hiring the foreign worker, particularly if they are not citizens of the EU. Therefore, in reality, hiring foreign workers legally by households is almost non-existent due to the administrative obstacles. However, state officials counter that since legislation actually permits the hiring of domestic workers, there is no need for specific regulations pertaining to their employment (Faltová 2014). This is also the reason that agencies handle the majority of such cases. Additionally, foreigners are not permitted to work as agency workers in PHS, which is the reason why their work contracts do not reflect the actual activities done as well.

In general, foreigners are becoming increasingly dependent on their employers due to work permits that coincide with their residence permits, which puts them into vulnerable and possibly exploitable position. NGOs express disapproval of this state of affairs given the lack of enforcement of the labour rights protecting foreign workers. According to Faltová (2014), foreigners who work informally in houses may face penalties of up to CZK 100,000 (about EUR 3,000) and get possibly even expelled for 5 years from the Czech Republic (§119 par. 1b, Act on employment). Households that hire foreign workers without a contract may also face some penalty (up to 5000 CZK or EUR 200), which is however unlikely. In addition, foreign workers' position within the labour market is further weakened by their overall lack of trust in the public institutions that are meant to uphold their rights.

1.5. Summary – main challenges of the personal and household services

The personal and household services (PHS) sector in the Czech Republic is best understood among three main divisions that define the essential characteristics of the sector - 1.) care and non-care, 2.) formal and informal, and 3.) public and private. The care sector of PHS is a subset of the larger long-term care sector, serving mainly seniors and disabled people. It includes both home and institutional care, with no official policy prioritising home care over institutional care. The care subsector is fragmented with poor integration between healthcare and social care, making it difficult to provide care services to a wide range of clients with varying special needs. The non-care sector includes activities not related to care that however may assist it, such as gardening, home repairs, or cleaning. PHS can be categorised as public or private, depending on financing sources. Formal and informal work in PHS differ in terms of employment arrangements that have either formal or semi-formal and informal nature.

The demand for PHS in the care sector is most often related to the availability of public services, particularly in childcare and care for seniors. Home healthcare is underfunded within the financing system, and the average number of individuals using home healthcare services is around 100,480. The public sector provides home care services through two registered agencies, with 675 social care providers registered with the Ministry of Labour and Social Affairs (MoLSA, 2024) and 677 registered with the Ministry of Health (ÚZIS, 2024). Over the past 15 years, the number of home healthcare service providers has increased, but clients' numbers have remained consistent. Informal carers provide the other two-thirds of care. The demand for PHS in the non-care sector is difficult to assess due to the lack of governmental funding schemes and less

research. However, 67.7% of respondents have purchased a personal and household service in the last 5 years at least once (DS, 2023). Housekeeping services are the most frequently purchased, followed by small repairs and pet-caring. The reasons behind purchasing PHS include time constraints or inability to impound necessary skills.

The Czech Republic's PHS in the care sector is regulated by the Ministry of Health, Labour and Social Affairs, regions, and municipalities. The state sets working conditions and service standards, while regional and local governments ensure accessibility. Long-term care services account for 12.6% of all spending on healthcare and social services, with CZK 73,4 billion spent in 2021 (CZSO, 2023b). Labour law governs the reimbursement of workers in the care sector in PHS, with Act No. 108/2006 Coll, except for personal assistants and informal carers. Moreover, governing personal assistants' rights is vague. The private sector includes formal and semi-formal employment arrangements, with formal employment relationships often stemming from self-employment licenses. Short-term contracts provided by agencies are problematic, as they often allow workers to work a limited time and are unregulated. Additionally, the informal sector is facing increasing competition and reduced prices, leaving non-care workers on the margins. Regulation and governance in this sector are lacking, and workers are often uninformed about formal alternatives.

In regard to job quality, the public sector is governed by guidelines provided by the Social Services Act, but there is debate about whether these standards result in higher service quality. Alternative quality-checking programs, such as "The Mark of Quality," are also available (Martišková, 2020). Wages in the public sector are often better than in private and unofficial sectors, but overtime work is common and salaries are not growing in line with other comparable public sector jobs. The private sector faces administrative burdens, leading to informal employment arrangements and lower wages for domestic workers. The average hourly income in the private sector ranges between CZK 250 and 350 (EUR 9.9 – 13.8) according to the demand survey (DS, 2023), with migrant workers reporting lower wages. The legislation does not recognise PHS work as a distinct profession, and households are obligated to register as employers. This further discourages formal employment relationships and increases costs, leading to the preference for informal channels. Legal employment of foreign workers is also difficult due to additional management and accountability requirements. Foreigners are increasingly dependent on their employers due to work permits that coincide with their residence permits, putting them in a vulnerable and potentially exploitable position.

2. The role of the social dialogue in personal and household services

2.1. Social actors in the PHS (state, social partners, social actors)

In the Czech Republic, there is no social dialogue that is especially directed towards PHS workers and if so the majority of issues addressed by social partners pertain to the public care sector's operations. In this regard, the overall state of social dialogue in healthcare and social care services in the country reflects ongoing efforts to address various challenges and improve working conditions within the sector, involving discussions and negotiations between government authorities – the Ministry of Labour and Social Affairs, the Ministry of Health, and the Ministry of Regional Development, trade unions, and other social actors to address issues related to employment conditions, wages, training, and quality of care. One of such efforts that can be deemed as a result of social dialogue was, for example, the support for the adoption of the ILO Convention 189 on domestic workers in 2012.

More specifically, based on their respective representations, the social actors that at least to some extent relate to PHS can be classified as follows: a) associations representing home healthcare and social care providers, b) trade unions, and c) non-governmental organisations (NGOs) which mainly seek to strengthen protection for informal carers and foreign domestic workers. However, the social partners who work in the care sector focus mostly on the problems within the public sector in general, addressing the organisational and financial challenges associated with using public funds to provide care, including home healthcare and social care. According to the presented classification, it is mainly the Association of Social Care Providers (APSS) that represents providers, the Trade Union in Healthcare and Social Care (OS ZaSP) and the Trade Union of Employees in Social Services (ALICE) represent trade unions, and various NGOs such as A doma

and Pečuj doma that represent non-governmental organisations. OS ZaSP is affiliated with the largest trade union confederation, the Czech-Moravian Confederation of Trade Unions (ČMKOS), while APSS is affiliated with the employers' association, the Union of Employers' Associations (UZS). ALICE is a member organisation of the Union of Trade, Logistics and Service Employees (UZO).

In contrast, the informal economy and working conditions in the non-care sector are rarely discussed or addressed by social dialogue practices, mainly due to lacking involvement of trade unions. However, the actions of non-governmental organisations (NGOs) take the role of trade unions absent involvement in the sector and with foreigners. They mostly focus on the working conditions faced by migrant workers in the sector as, for example, the Association for Integration and Migration (SIMI), that ran a campaign in 2014 to raise awareness of the ILO 189 Convention and the labour rights of foreign workers among politicians and the general public. The campaign included research, lobbying, and public relations activities but the outcome was rather negative.

Social actors' activities in the public sector of PHS

Employees in the public sector of PHS used to be mainly represented by the Healthcare and Social Care Trade Union (OS ZaSP), which largely relied on conventional methods, like advocating for and directing ÚZS collective bargaining for healthcare and social care workers or lobbying for increased funding in the sector. Moreover, because in public healthcare and social care system private providers and professional groups too rely on the state funding, the position of PHS workers in the public sector is relatively strong (Martišková, 2020). For example, the trade unions backed the Czech Association of Nurses (ČAS) in its 2019 strike threat if hourly wages for their home healthcare services were not increased. However, some criticise the unions in the public sector for being too egalitarian (INT 1, 2023), forgetting that each subsector of healthcare and social case services, as for example PHS, has specific needs.

However, there was a significant change that has occurred in the sector with the outburst of COVID-19 pandemic, when the Trade Union of Employees in Social Services – ALICE, a sectoral trade union, was formed in 2020. As the pandemic was starting, people who work in care were getting more of media coverage. "People finally realised that people who work in care or in social services are actually an important part of how state works and that you need to factor in those people and give them enough money, and provide them with tools," describes the beginnings a union representative (INT 6, 2023). At first, they wrote an open letter asking not only for the protective aids and tools but also more money for risking their lives while taking essential care for many. Then, they formed a sectoral organisation which can be joined by anyone who works in social services. "Social work and care are indispensable for individuals and society as a whole, and we believe that decent conditions are deserved not only by the recipients of this care, our clients, but by all those who do this challenging, important and excellent work," writes ALICE on its website (ALICE, 2023). The organisation has a committee, vice-chair, chair, media group, housekeeper and an auditor, all together coordinating different working groups. ALICE is a member organisation of the Union of Trade, Logistics and Service Employees (UZO).

As a trade union, ALICE has 3 main objectives. First, to raise the prestige of care and social services, second, to improve working conditions, especially financial compensation, and third, to assist people working in the sector with legal help and advice, defending their rights, for example, in the case of disagreement with their employers. For the future, it also has ambitions to practice lobbying, maybe even on the political level (INT 6, 2023). Additionally, ALICE organises different outreach and educational events and activities that highlight what unions are, what unions are for, how union organising can help workers. It attempts to educate both the public and the media (INT 6, 2023). Occasionally it also takes part or organises smaller charity events or activist groups somehow related to other issues in the sector. However, the basis of its work is helping people in the sector to organise and create space for addressing their specific workplace issues.

The Association of Social Care Providers (APSS) is a member of the Union of Employers' Associations, while the union is part of the working team of the Social Economic Agreement Council, a so-called small social tripartite, which is probably one of the main platforms where sectoral problems are discussed. Moreover, APSS is a member of various expert working groups that are dealing with funding as well as

amendments to the Social Services Act. For example, APSS collaborates with the Government Council on the Elderly and Ageing, which is also a platform where many of the activities are either initiated or consulted or discussed in some way (INT 9, 2023). Accordingly, it can be said that the association is involved in the social dialogue in the tripartite, in the expert working groups at the Ministry of Labour and Social Affairs or in the government.

In regard to PHS, APSS is involved only in the services pertaining to public sector, specifically, home healthcare and home social care, including personal assistance. Its role is to bring together providers of these services and, as a professional or expert organisation, change or impact the character of the system, for example, the conditions of reimbursement or working conditions in general, whether within the framework of legislation or outside of it, organising activities such as National Social Services Award - Caregiver of the Year, or Czech Social Services Week. In 2016, together with the trade unions, APSS assisted a significant increase in salaries, at that time, it was 33% up of basic salaries. Around CZK 1.8 billion was set aside to pay for it (INT 9, 2023). Also, during the pandemic of COVID-19 there were some activities done related to rewards, support for working employees as well as providers, for example, in the form of subsidy programs.

There are three Ministries that also take part in the social dialogue in regard to PHS – the Ministry of Regional Development, the Ministry of Labour and Social Affairs, and the Ministry of Health. The Ministry of Regional Development has the Department of Social Inclusion, which works with municipalities that want to implement or create some opportunities or social inclusion strategies for persons in their region, including PHS clients and providers. The Ministry is hence involved mainly on the level of strategic planning (INT 2, 2023). Ministry of Labour and Social Affairs is responsible for setting conditions, for example, subsidy conditions from the state, or preparing conceptual and strategic documents, which help to set the financing of social partners' organisations or employers' organisations in the regions and municipalities. At the same time, the Ministry also sets up the legal framework for the functioning and scope of services of these organisations, according to different legislations and agreements made, for example, in the case of childcare, combining the Social Services Act with the Act on Social and Legal Protection of Children. Both ministries are members of the Economic and Social Agreement Council, a body that brings together employers, employees and social partners.

Moreover, Research Institute for Labour and Social Affairs (RILSA) was founded by the Ministry of Labour and Social Affairs, that aims to find ways how to combat informality and lower unemployment in PHS sector and others. For example, a study that was undertaken in 2013 suggested a change to the current system in home healthcare and social care services, inspired by the social system implemented in Belgium. The plan called for gradual introduction of the voucher system that should address the growing demand for the services due to demographic development. The change ought to promote assisting the unemployed in returning to the workforce, increasing labour market flexibility, improving work-family balance, and reducing undeclared work. However, the primary risks were associated with the implementation failing due to poor service demand or improper use of voucher programmes (Kotíková & Vychová 2014). Since then, the low unemployment rates have only served to weaken the ministry's interest in implementing the system, as acknowledged by the institute itself.

According to the above-mentioned RILSA report, the introduction of the voucher system in Czechia was for a long time on the agenda of the employer's association ÚZS. Their primary driving force was economic goals to both combat informality in the sector and boost employment. ÚZS continues to include measures on their agenda that are intended to eventually legalise informal care. The 2014 proposal was expected to increase demand for household services while lowering unemployment rates and informality in the sector. Even though it is still on their agenda, representatives of the organisation felt that the government lacks the will to address informality in the area. First of all, the unemployment rate in Czechia is extremely low in comparison to other countries (CZSO, 2022b). Secondly, there is no political will to enact policies that would combat informality in the sector because the estimated level of informality in the industry appears to be too low to be worthwhile, which is partially caused by the fact that it is difficult to map the informal sector. It seems unlikely that the ILO 189 Convention would be brought up for discussion in the Parliament again for a similar reason.

There are also several non-governmental organisations whose activities relate to PHS. However, it seems that they are either mainly focused on problems of migrant workers or informal care workers. In this first area, the most prominent one is already mentioned SIMI, that aims at protecting migrants' rights in various spheres, including the labour-related sphere, where PHS, as explained earlier, plays a significant role. The second area where active NGOs can be found relates to informal care work that usually involves family members who provide social care for an aged, disabled or child member of the family. For example, A doma operates in home care activities resembling personal assistance in Prague, with roughly 30-60 employees, who provide social care to clients upon their needs. "Many times, these people, because they no longer have, for example, relatives and so on, they just need a little bit of assistance, not the social service," explains a representative of A doma in the interview (INT 10, 2024). From the legal point of view, it makes use of provisions outlined in the Act No. 108/2006 Coll., on Social Services, that has already been discusses in the earlier chapter of the paper. At the same time, A doma specialises on educational activities for informal care workers, where it provides practical education for people who lack qualifications and practical experience yet take care of a person in need.

Pečuj doma is another non-governmental organisation that aims at helping informal care workers, providing them both with counselling in this area so that they can navigate the moments of newly becoming or preparing for the role of informal carers, as well as with practical support and information about services that may help them manage the necessities of care in the home environment as long and as effectively as possible. It organises various self-help groups so the carers do not fall into so-called social isolation, which is the most common problem in this case, according to Pečuj doma (INT 8, 2023). It also helps them with finding jobs that would accommodate the specific demands on time, physical distance that the care might have. Furthermore, the NGO engages in advocacy work, participate in various community planning, round tables, conferences, in the name of informal carers.

2.2. Social dialogue related to personal and household services

In the Czech Republic, generally undeveloped social dialogue framework also influences the nature of social dialogue in PHS sector. For this reason, a brief summary of social dialogue framework in general suffices to understand the dynamics and background of social dialogue in PHS sector. Accordingly, as in other countries, collective bargaining and social dialogue are two fundamental methods of modifying working conditions of workers in Czechia. Encouraging social dialogue, advocating for the rights of employees, and safeguarding the freedom of association are deemed as essential entitlements of all workers, and there are several international agreements, both European and global, that ensure that these entitlements are adhered to. In order to safeguard the entitlements, the International Labour Organisation (ILO) was founded in 1919, serving as a specialised agency of the United Nations dedicated to promoting social justice and internationally recognized labour rights. The highest decision-making body of the ILO is the International Labour Conference (ILC), which convenes annually and brings together representatives of governments, employers, and workers from member states to discuss and adopt international labour standards, known as International Labour Conventions and Recommendations. As a member state of the ILO since 1993, the Czech Republic actively participates in the organisation's activities and implements its principles and standards within its national labour framework. In 2016, Czechia and the ILO signed a multi-year Partnership Agreement, deepening their cooperation even further.

As a result, the way global social dialogue functions is reflected in the labour regulations governing the specifics of employment arrangements in the country. Specifically, according to Section 320 of the Labour Code, relevant trade unions and employers' organisations must consult on legislation or formulate other legislative regulations pertaining to significant worker interests, particularly those related to economic conditions, production, labour, wage, cultural, and social issues. After such consultations, the government authorities adopt regulations implementing labour legislation. The government authorities also confer with trade unions on matters concerning the living and working circumstances of workers and provide them with the information they require.

In the Czech Republic, the Council of the Economic and Social Agreement's Tripartite platform serves to carry out the tasks mentioned above to a greater or lesser degree. It serves as an official forum for social

dialogue between the government, employers, and trade unions, regarded as a collaborative, voluntary, and initiative organisation of the government, employers, and trade unions for tripartite negotiations, centred at the Office of the Government of the Czech Republic (Horecký & Smejkal, 2021). Within the context of tripartism, social partners are frequently involved in the demands for modifications to labour laws or in addressing contemporary social and economic issues, such as the impact of the COVID-19 pandemic and the adoption of significant regulations, such as Act No. 569/2020 Coll., on the distribution of medical products containing substances for vaccination against COVID-19. In fact, all efforts are focused on establishing acceptable work conditions, regardless of the broad topics, the intensity of social dialogue, or the particular objective.

Moreover, different levels and kinds of social dialogue must be recognised in light of their significance and the binding character of their outcomes. Specifically, social dialogue can be conducted at three different levels: 1.) supranational (ILO), 2.) national (Tripartite), and 3.) sectoral/regional, or company level (Horecký & Smejkal, 2021). Accordingly, both legally binding international conventions and the actual collective agreements themselves may result from this process. In this respect, a collective agreement is one particular outcome of collective bargaining, a technique of social dialogue. As such, while social dialogue and collective bargaining are frequently unclear concepts, it is crucial to differentiate between them, especially in the context of the Czech Republic. Specifically, social dialogue is more expansive, encompassing not only the right to collective bargaining but also the regular participatory rights of employees. On the other side, Act No. 2/1991 Coll. views collective bargaining as just a formalised technique for reaching a collective agreement. In any case, collective bargaining is limited to improving working conditions above the established minimum standards by law, which means it is not allowed to bargain worsening of working conditions. Because of this, trade unions have been more inclined to use the political lobby to advocate for robust protection through national legislation, which makes up for inadequate collective bargaining coverage (Martišková et al., 2021). Consequently, it also however limits the possible scope of collective bargaining.

To establish a trade union organisation and start collective bargaining, just three employees are needed. This makes trade unions more likely to form, but it can also damage their reputation (Drahokoupil et al. 2015). It can even make it easier for groups that do not even represent a significant portion of the workforce in a workplace to form and hence demand collective bargaining rights or the right to information sharing. Many trade union confederations were formed after 1989, the most important of which was the Czech and Moravian Confederation of Trade Unions (ČMKOS). In 2022, this represented about 300,000 members, or roughly 70% of all trade union members. The Association of Independent Trade Unions (ASO), was founded in 1995 as a result of divisions within the trade union movement brought about by divergent opinions over the internal operations of ČMKOS. ASO is now Czechia's second-largest confederation. In 2018, ASO reported having about 80,000 members. In regard to PHS sector, as mentioned previously, the Trade Union in Healthcare and Social Care (OS ZaSP) and the Trade Union of Employees in Social Services (ALICE) ought to represent the interests of PHS workers.

However, in general, trade unions have limited influence in the care sector, and this is especially true for PHS, although, as explained earlier, the position of the public sector PHS workers within the limited space should be relatively strong due to private healthcare and social care providers relying on state funding. This is confirmed by the trade unions' emphasis on formally employed workers, including home healthcare and social care workers. However, it is also linked to their strategy, which has been explained as a form of post-socialist legacy, stemming from the lack of organising efforts and inadequate outreach to non-standard workers, such as students, retired people, disabled people, informal carers or foreigners (Heimeshoff 2016).

In addressing the specific problems faced by workers in the non-care PHS sector in Czechia, the trade unions continue to be less active. More specifically, because the majority of trade union organising techniques in post-socialist nations are centred on class or occupational identities, trade unions remain incompatible with the situation of informal PHS workers, who identify more with their gender, race, or immigration status (Ally 2005). In this regard, Heimeshoff (2016) assumes that because Czech trade unions have a class-based organisational technique, they are unable to represent informal workers in PHS. Additionally, informal PHS workers do not view trade unions as a place where they would go for assistance (FG 3, 2024), instead, they typically turn to non-governmental organisations (NGOs), who likewise try to establish a stronger relationship with and offer support to informal and foreign workers.

However, it is necessary to point out that due to its disorganised structure, close ties between employers and employees, and the emotionally charged nature of jobs, PHS sector is difficult to organise overall. Furthermore, even within the formal sector, PHS workers often tolerate poor working conditions and low wages because they see their work as a mission in which the needs of their clients come before their own (Bonner & Spooner 2011). The feminisation of PHS, where women are double-burdened with providing care for their own households and hence have little time for self-organising activities, is another troubling aspect of the organisation of workers.

2.3. Addressing the challenges in PHS by social dialogue

Since social dialogue in PHS is underdeveloped in the Czech Republic, as well as in the care sector, in this part of the paper, the challenges that can be addressed through social dialogue practices in the future are being discussed. Specifically, there were several challenges detected by social partners as well as workers within the PHS sector identified via social dialogue survey (SDS), interviews (INT) and focus groups (FG) in this project. As such, in the home care sector, these are mainly:

- shortage of workers
- low financial compensation
- ineffectiveness of work
- undermined social status
- lack of quality
- legislative barriers
- social isolation of workers

While challenges in the non-care PHS sector are to some extent similar, they are also very different and include:

- precarious employment contracts
- exploitation and workplace safety

Overall, the challenges in both the care and non-care sectors are internally connected and, in many ways, complement and create each other.

A. Challenges in the care sector of PHS

It can be said that the main challenge from the viewpoint of an outsider is the shortage of workers in the sector. "We had a survey to see how many workers are lacking, and we had just under 700 providers participate, which is quite a high number, and we had approximated that at least another 650 workers are missing in PHS," says a representative of APSS (INT 9, 2023). According to the mentioned report, this tendency is representative of the whole of the sector with the most workers missing in the social care services – around 1,305, followed by other professions such as healthcare services workers, including general nurses, practical nurses and other non-medical professions, social workers, technical and administrative professions, as well as teaching staff. The European Ageing Network estimates that there is currently a shortage of up to 1 million workers in Europe and the European Commission stated last year that Europe will need 1.6 million additional workers by 2050 (MS kruh, 2023).

- Financial challenges

The reasons behind the shortage of workers are various. First, the care sector is underfinanced in general (INT 7, INT 9, 2023). "In general, of course, home social care services have been underfunded for a long time, as have the workers who work there," says the representative of the Ministry of Labour and Social Affairs (INT 7, 2023). In the home social care sector, the financing is even set in a way that is counterproductive to the development of new service providers. By law, if an agency providing home social care wants to be established, it has to be registered and as such only collect a third of its costs. Accordingly,

if CZK 500 (EUR 20) is, for example, an hour's worth of personal assistance, it can collect CZK 155 (EUR 6,2) per hour. "Moreover, there is no legal right to subsidy, but you all have to perform a certain quality with a certain cost, but you can't even cover your costs. That means, that's an automatic disincentive to provide care for people," explains A doma, a nongovernmental organisation that provides social services itself. "Just to give you an idea - there is Decree 505, which implements Act 108 on social services, de facto comparable to the reimbursement decree in the health sector, where the maximum rate for our work is CZK 150 (EUR 6) per hour. However, the real cost of the work is CZK 450 (EUR 18). Yeah, so there's a CZK 300 (EUR 14) deficit," agrees with the calculation also an accountant from Social Care Service Prague 3 during a focus group session (FG 1, 2024).

Moreover, it seems that it is not rather feasible for service providers to create a long-term plan that would, for example, count on gradual growth of remuneration for workers, because usually even the management does not know how much money it will get for the next year. "Not to mention the fact that the deadline for funding applications is usually on the last day of December and any NGO has to have no money in their account by that time while the money that they are promised arrives sometimes in April," elucidates further problems ALICE (INT 6, 2023). "So those NGOs usually just live on debt for almost 4 months out of 12 throughout the year. They just have to make up for it from other sources, which creates a situation where there's basically no way to actually deal with the improvement of working conditions for employees since the employers themselves just don't know if they can count on that money," continues the analysis ALICE (INT 6, 2023).

In this regard, financial compensation for workers is very low, which applies to the care sector in general. As previously stated, according to data from 2021 (CZSO, 2022a), home healthcare service workers make CZK 33,789 (EUR 1352) per month, whereas nurses in hospitals make CZK 48,212 (EUR 1928). The average pay for home social care services fluctuates between CZK 27,000 and CZK 29,000 (EUR 1080 – EUR 1160). At the same time, incomes are not increasing in tandem with the growth of salaries in other equivalent public sector jobs. "The ideal monthly salary should be around CZK 40,000 (EUR 1590) netto," estimates a representative of Social Care Service Prague 3 (FG 1, 2023). "We are rewarded according to official tables, which is again tied to political decisions, and every year there is an incredible budget fight over that," continues the representative and hints at another problem related to decision-making processes at the governmental level that will be discussed later.

A big problem with PHS, in this regard, is however also related to transportation and its costs. Employers often do not offer cars or even public transportation passes, which raises the cost of work and decreases the profits of workers (INT 1 & INT 6, 2023). "Specifically, with home social care workers the big problem is the transport, because often the transport is either dealt with in a pretty unfair way like, for example, in Prague social care services do not even offer cars or do not pay the tram pass – they are just like get there how you want, and so the workers often go with those special bags by the public transport," explains the situation the representative of trade union (INT 6, 2023). Moreover, it influences the effectiveness of work as carers could have been able to take care of more clients during one working day.

Last, another part of the care sector in PHS are also informal carers who face even more obstacles in terms of financial compensation for their work. Specifically, as mentioned previously, informal carers in the Czech Republic are de facto not entitled to any benefits or financial renumeration and the most they can get at the moment is some part of the care allowance of the person they are caring for. "Yes, it used to be the other way around in the older Czech legislation, but today it is adapted in this way," says Pečuj doma, an NGO that focuses on informal carers (INT 8, 2023). "There is a list at the National Council for Persons with Disabilities of who takes care of who, when, where, how much, but the obligation to pay is not listed there at all," explains also A doma, another NGO working in the field of informal care (INT 10, 2024). This makes the compliance with the right to wages unclear and working contracts between carers and clients precarious, leading toward semi-formal or even informal employment relationships. Moreover, the current amount of care allowance is deemed as low (INT 8, 2023 & INT 10, 2024). "The Ministry of Labour and Social Affairs should hopefully soon come to some kind of valorisation of the care allowance, which has not been valorised for about 4 years in the Czech Republic and hence it does not correspond to the current needs and the financial burden associated with it," says Pečuj doma representative (INT 8, 2023).

- The ineffectiveness of work in PHS sector

The effectiveness of work seems to be decreased also by lacking integration between home social services and home healthcare services. For example, social care workers are not provided with information regarding the health conditions of clients, which may not only slow down their work but also pose health risks. "We have to ask a patient about his diagnoses. So basically, we just know what the client states and what he wants us to know - that's how we know. And then we pass that information on to the carers. But if that information is true, if it's not true, if the report is up to date, we do not know," explains a social care worker (FG 1, 2024). "The most important should be the client," states another social care worker, "and it is not ideal if we don't know for example that right now, he's suffering from this or that, and we cannot ask." Nevertheless, in this area, some changes have been actually implemented via social dialogue practices between specific organisations. Specifically, practical steps have been taken to improve integration, such as streamlining communication channels between home social care workers and home healthcare nurses, coordinating care plans, and ensuring that individuals receive comprehensive support tailored to their needs. This may involve joint assessments, shared care plans, and regular communication between different service providers involved in a person's care (APSS, 2024).

Another realm pertaining to the effectiveness of work is communication between institutional healthcare providers and home healthcare providers, when sometimes home healthcare services are not deemed as competent part of healthcare system. As such, it creates problems with practical matters like voucher signing or prescriptions, which also slows down the work of home healthcare service but also may harm the client in some instances. The problem, however, does not seem to be on the legal level but on societal level – on the level of perceptions, when people from different realms, for example, doctors, institutional nurses but also insurance reviewers, do not acknowledge or remain unaware of home care nurses' position and responsibilities. "Being only in patients' homes, we are always treated like we are some kinds of outsiders who are actually inferior and nobody has to talk very much to them because they are at kind of the lowest level. But yet at the same time, when someone comes into the hospital, the nurse will calmly say to the patient 'Well, in home care they have time for that - they can do that for you.' It's like we don't have a time limit," explains the dynamics a representative of the Czech Association of Nurses (INT 1, 2023).

- Undermined social status of PHS care workers

However, this also relates to a wider problem in the sector – undermined social status of people working in home healthcare and social services within the whole of society. "Well, from my point of view, what's missing here is simply a society-wide appreciation of the work," explains a social care worker (FG 1, 2024). "They're sitting in their chairs and they don't see our work, they don't know how to manually manipulate that person, like in a bed or whatever, just how we help him, how we feed these clients, how we walk them, they're scared," a home social care services employee describes the people outside the realm. As mentioned previously, the elevating of social status of workers in PHS is also the main goal of sectorial trade union ALICE. "We want the workers to realise that they have the ability to emancipate themselves as well as the power to do so. Yes, the employer has the money, but if the employees just don't come to do the job, or if they make complaints, or if they refuse to do overtime, then the management will need to change the attitude - it is not going to go there and wash the patients, for example. And that's what it's about, we're trying to emancipate those people, because there's a great force in every collective," says ALICE representative (INT 6, 2023).

Another part of this problem is feminisation of labour that may have an influence on social status as well as financial compensation in the PHS sector. In other words, the disproportionate representation of women in these roles, can have significant implications for social status and financial compensation. This gender imbalance perpetuates stereotypes and biases that further marginalise workers in the sector, reinforcing the devaluation of their labour. "Care is perceived as a woman's job that they have somehow innate, that they have some super ability to change diapers or I don't know and that just as women they have to do it and with that somehow also the low prestige of the job comes. And it's all connected with that, that the job's not really very prestigious," ALICE (INT 6, 2023) attempts to explain the sentiments felt in the community. "They should be happy that someone is paying them for it, because they would do it for free at home anyway, so what, right? And so actually like if a man comes along, even if totally unqualified, they'll take him

because they just also need to manipulate with these people and men have more power to do that, well," ALICE representative continues and hints that the gender inequality also impacts that quality of work done (INT 6, 2023).

- The lack of quality, training and education

This all comes to another challenge that represents PHS care sector – decreasing quality of services provided. Several factors mentioned could contribute to a decrease in quality within the sector, including challenges in workforce recruitment and retention, regulatory constraints, financial pressures, lack of integration and coordination between service providers or demographic changes. These issues may lead to difficulties in delivering high-quality care efficiently, meeting evolving client needs, and ensuring consistent service experiences. However, there is also another factor influencing the dynamics, which is underinvestment in training and development that makes maintaining skilled staff more difficult. "One thing is to have more people, to have competition between them, to make them want to do it, to entice them, but it's also about providing the training so that they're able to work independently after finishing school," comments on the issue the Czech Association of Nurses (INT 1, 2023) and hence interconnects the issue of workers' shortages with lower quality of services. According to its opinion, there are no trainings available in the healthcare sector of PHS, for example, also for persons coming from different countries with foreign certificates.

"The course for social services worker, which entitles a person to do the care work, is actually a 150-hour course, which can be done online. That's usually done at your workplace, but it's not super supervised - almost anybody can actually create that accreditation," describes the problem in the social care sectorial trade union ALICE (INT 6, 2023). Since the training does not have a lot of prestige, the certificate is deemed as a piece of paper that does not guarantee quality. "This actually means that anyone can do the job even if he doesn't really understand the clients, which can be frustrating, especially for the very old clients. Or it can be done by a person who really has no relationship to those people," continues ALICE (INT 6, 2023), adding that at the same time any workforce is welcome due to the shortage of workers in the sector.

Limited access to comprehensive training programs and formal education in informal care as well as support services can hinder informal carers' ability to provide high-quality care. Without proper training, assistants may struggle to effectively address clients' needs and preferences, leading to inadequate service quality. However, it seems that, in this respect, there is a developing network of organisations and initiatives such as A doma or Pečuj doma that attempt to maximalise skills and training of informal carers without extra costs. "We took part in this innovative project they [A doma] call the Family Guide, which was a comprehensive counselling for informal carers. Firstly, I have to say, we saw the role of the coordinator as extremely important, that he just sort of briefed us, and then we also had a chance to use a lawyer, and a social worker. I think those were the main benefits," talks about her experience a representative of Prague 10 Municipality (INT 3, 2023) who also had a personal experience with the organisation A doma.

- Legislation barriers

In the care sector, there seems to be an understanding that it is the basic prerequisite for having a decent life of the highest quality one can imagine to live at home for as long as possible. In this regard, it is often implied by social partners that the state, mainly through the Ministry of Labour and Social Affairs, is failing (INT 9, 2023) in this respect. Although there are more and more people needing some sort of social and healthcare services due to demographic developments, there are fewer and fewer agents providing such services due to several already mentioned obstacles. As such, it can be said that the problem becomes structural since the necessary changes can only be implemented on governmental level. However, without the ability to follow through with proposed changes due to constant change of governments and priorities, it is rather impossible to make any change happen. "I think it's more of a problem that every time a new government comes in, things don't get done in time and then there's a change of officials," describes the problem A doma (INT 10, 2024), "As the politics change in our country, the things never get done. Yeah, even though now maybe the ministry is trying, it is going to be the end of the term, isn't it?"

This is even more felt in the case of informal care. "Well, the first problem that is currently being addressed, but not in a sufficient way in my opinion, is the absence of informal carers in the Social Services Act overall. Actually, this concept of informal carers is not in the law at all, the group is not defined at all and at most

in a negative way - described in the framework of some sort of another law, so it's quite insufficient," explains the problem a representative of Pečuj doma (INT 8, 2023). At the same time, lacking definition in legislation causes that informal carers do not identify themselves with the term, which makes it difficult for them to track down or find out that they are entitled to, for example, to some sort of support, for example, in the form of activities and services targeted in their direction.

In this regard, moreover, even the funding system is by law set in a way that disadvantages informal carers from getting financial support. "So unfortunately, it's kind of standing still now, we are waiting for the law to be amended. And when I communicate with, for example, representatives of the regions and explain the situation to them - that their grant schemes do not actually allow for individual persons to apply, but only to NGOs or other contributory organisations, they don't always react quite as positively to the idea of opening up some kind of grant opportunity for individuals because they are very aware that the number of people involved is very high and that it would put an extreme financial burden on them," says Pečuj doma (INT 8, 2023). "Well, it's very difficult because we actually, when we consult with the informal carers about their situations, we often don't have anything to offer to them and help them, in terms of like financial issues, for example, which is frustrating for all parties. We can discuss it with these people, we can open it up, we can just tell them what the options are that are tied to the social support system in the Czech Republic but if they are not lucky enough to live in a place or a city that has support system included in its community plans or grant schemes, then we are not able to resolve the fact that the status quo is what it is."

- Social isolation of workers

Home care workers often work independently or in small teams, providing support to clients exclusively in their homes. This type of work structure can lead to limited interaction with colleagues, supervisors, or other professionals, contributing to feelings of isolation. Moreover, care work can be emotionally demanding, involving frequent exposure to clients' distressing situations and challenging circumstances. Coping with these emotional demands without adequate support systems in place can increase the risk of isolation and burnout among social care workers. Connecting this with already mentioned undermined social status and feminisation of work in the sector, home care workers are also often undervalued and under recognised, both within society and within the broader healthcare and social services sector. The lack of recognition for their work and its importance can contribute to feelings of isolation and disconnection among home social care and home healthcare workers.

Informal care workers are in even worse position since they also often lack any form of support network or collective. "The greater the burden and dependency of the client is, the greater is the social isolation of carers. The time and physical and psychological burden actually then push the carers to such an extent that actually up to like more than 90%, let's say like 93% to 97% of informal carers are constantly experiencing burnout syndrome," estimates Pečuj doma (INT 8, 2023). Accordingly, one of the main challenges that PHS sector faces, in regard to informal care, is the question on how to help people who are the pillar of the social and healthcare system in the Czech Republic - taking away the burden of the public system by making voluntary choice to care for those in need, avoid becoming socially isolated and burnt out. "Furthermore, it is also important to remember that when it comes to informal care, for example, if it is care for a child with a physical or mental disability, there is often a breakdown of the family. And this means that the carer, who are mostly women, end up taking care of the child all by themselves. As such, they don't have the room to manoeuvre, they don't have a partner who could support them financially or who could allow them to dilute the care so that they can engage in other activities. So it's like a vicious circle," paints the full picture Pečuj doma (INT 8, 2023).

However, it seems like there exists solidarity between social care workers and informal carers also in the form of collaboration, which makes future prospects of this part of the sector a little bit more positive. "Take the young people now - a mortgage, a job, and they don't have even anything else. They come out of work, sorry to say, devastated. They're awfully happy to only pay the bills, not fall into foreclosure and yet they still need to worry about older parents. But to make it not so negative, we have started a collaborative project with informal carers this year. The goal should be to actually show those people who are caring and maybe are afraid or don't want the care service, to at least show them the techniques, the options, the

compensatory tools for example, things to make their job easier. Hopefully, it will come back to something," says a representative of Social Service Prague 3 (FG 1, 2024).

B. Challenges in the non-care sector of PHS

Challenges in the non-care sector of PHS are to some extent similar to those experienced in the care sector. However, there are several problems that seems to hold higher priority for non-care PHS workers. Specifically, as opposed to the care sector of PHS, the main problem does not revolve around the shortage of workers but rather around the informal nature of employment arrangements in the sector, including precarious informal employment resulting in state losing money, exploitation as a consequence of limited legal protection, and inadequate workplace safety. This dynamic also has its logic, in the sense, that the issues raised complement each other and influence the current state of affairs in this sector. In order to change the dynamic, the sector needs to address the problem of informality that can potentially change all the issues faced by the sector.

- Precarious employment contracts

In most of the cases, non-care sector PHS workers provide services under informal arrangements that typically lack formal contracts outlining the terms and conditions of employment or service provision. As such, without a written agreement, both parties are often unclear about their rights, responsibilities, and expectations, leading to potential misunderstandings or disputes. According to the demand survey, around 57,2% of respondents marked that they had no contract with workers providing purchased services – they were only provided upon a non-written agreement, 9,5% reported that the services were provided without contract and voluntarily and 4,8% marked that the services were provided without contract in exchange for other services. As such, overall, 71,5% of services were provided without any formal contract. The reasons behind the informal nature of employment arrangements are various, however, the main driver could be that both clients and workers benefit out of such arrangements.

From the workers' perspective, such arrangements are more beneficial due to financial reasons since workers do not need to pay provisions to agencies or other service providers. "Agencies take half of the money that you get," says a cleaning lady working in the services for almost 20 years (FG 3, 2024). In this respect, even the agencies themselves are aware that they cannot compete with the informal economy in terms of the amount of renumeration because if an agency wants to survive and prosper, at least half of the remuneration must be used for its operation. "Now imagine that since January 1, the government wants to raise the VAT on households to the highest rate and that just means we're closing down here because the service is so expensive that nobody wants it. And this is Prague we're talking about - outside of Prague, everyone is working without contracts," describes the situation the director of cleaning agency DOMESTICA and puts forward the reasons why is her agency almost out of business. "You may ask why can't a cleaning lady get a self-employment licence but she's not going to get one because the state is actually encouraging her not to do so by constantly raising the minimum wage and hence the minimum contributions [to healthcare and social security]. She would need to pay CZK 6,000 (EUR 240), which is maybe not much for you but it is a lot for her - she earns maybe CZK 25,000 – 26,000 (EUR 993,4 – EUR 1033,2)," further explains DOMESTICA (INT 5, 2023).

This also helps with better understanding of the employers' perspective that is also closely tied to the problem of taxes and social and healthcare contributions. As mentioned previously, if the employer is an agency, then it cannot compete in terms of the amount of reimbursement with the informal market since it needs to pay the VAT, social security and healthcare contributions as well as other related taxes in the case of employing a worker in the main employment relationship. For this, agencies usually employ workers either on short-term contracts or invoice self-employed workers according to hours spent providing PHS. However, such employment arrangements push workers closer to informality. Specifically, workers often need more money than the amounts they get guaranteed by short-term contracts and hence work at least partially informally. In the case of self-employment, as seen in the previous paragraph, workers do not see the point of paying to the state and rather take money on the hand. According to the interview with cleaning agency DOMESTICA, it seems that workers usually do not understand the benefits of formal employment as, for example, pension or sick leave and instead have the money readily available.

Moreover, working on the self-employment licence is usually only possible if a worker's employer is an agency (that can still offer only lower reimbursements due to above-mentioned costs related to operation of such agency) because even in the case that employers are physical persons with existing entrepreneurship licence, which is the prerequisite for being able to formally employ a person with self-employment licence, the possibilities are limited. Specifically, it remains impossible by law to employ a person as doing PHS services, such as babysitting and cleaning. By law, it is not allowed to put such services into expenses. "The tax office tells you no – nannies cannot go to your expenses, not at all. And so, client entrepreneur says 'OK, so what if I employ the nanny as a secretary?' and I say that I don't recommend it because she's a nanny," describes the dilemma DOMESTICA (INT 5, 2023). In this scenario, the cleaning lady hence works as a secretary and the employment relationship is semi-formal since the responsibilities coming with the job as well as the risks involved remain falsely declared.

The last aspect of the problem with precarious employment contracts relates to recent technological advancements of the market – apps providing non-care PHS, specifically, mainly cleaning and babysitting services. "When you are using the app, you do not realise it but once you get through completely crazy terms and conditions, you will find out, somewhere in the fine print, that the person who comes to clean for you is definitely not an employee, even though before the app read 'Our employees are wonderful'. So that is it - it's not an employee, it's just a person doing the cleaning, which the app has nothing to do with at all," DOMESTICA points out and emphasises that not only it is usually a stranger cleaning the house that the app is not accountable for but also that the contract that he/she is having is possibly non-existent. "She will sign somewhere that she has to do the taxes herself [in the terms and conditions]. But even if she knows she has signed such a clause, she does not know how to do it. And I couldn't even tell her how to do it - it's income that's not directly traceable," explains the issue further DOMESTICA (INT 5, 2023)

- Exploitation and workplace safety

This relates to another set of challenges that workers in non-care sector of PHS face – due to vaguely-formulated, completely falsely-formulated or non-existent contracts, the protection of workers is very low. First, informal PHS workers often lack legal protections afforded to formal employees, such as minimum wage guarantees, overtime pay, social security contributions, and workplace safety regulations, which leaves them vulnerable to exploitation, poor working conditions, and income insecurity. At the same time, such workers may also be exposed to health and safety risks that come with this type of work. Moreover, working informally, they often lack access to personal protective equipment, training on safety practices, and mechanisms for reporting workplace hazards. "Sometimes clients complain and then they write to the agency - she didn't manage to do this even though she did last time, she did this wrong and the agency will vouch for you, it will stand up for you. But that's also why it's good to do the course, you find out your options, how are things done and you're protected," talks about the possible issues a cleaning lady (FG 3, 2024). In this regard, also the protection of clients' properties, as they can get damaged or stolen during the course of the work, which is often perceived as the fault of an individual worker, is another unsettled area that remains legally unaccounted for.

2.4. Interrelation with the EU-level social partners

Given the constraints of national social dialogue outlined above, it is rather difficult to assess the connections between the social partners connected to PHS sector in the Czech Republic and the social dialogue frameworks at the EU level. However, there were several things mentioned in regard to interrelation with the EU level activities. First, trade unions mentioned recommendations regarding social workers that the European Union agencies publish on regular basis as, for example, the recommendation to have 6 clients per one care worker, which aims at providing quality care as well as well-being of care workers. "We welcome all these recommendations, because it is something that we can actually use as a control mechanism, something that we can use as a bargaining tool," said a trade union representative (INT 6, 2023). Despite this, however, the trade union admitted that it does not recall any EU-level partner or even international partners to participate in social dialogue activities, such as collective bargaining, round tables, trainings or workshops.

In this regard also professional organisation APSS talks about the recommendations as of a pillar that is the main part of EU-level activities. However, the Czech Republic is not very active in responding to recommendations, from the association's point of view. "The Czech Republic is only recovering or being active where the recommendations are tied directly to European money, where the European Commission says - 'If you want to spend our money, you must have a strategy document,' or if it says 'If you want money from the recovery plan, you must commit to some changes,' so it's the one and only moment when something happens. To these voluntary things, the Czech Republic doesn't react to them very much."

The representatives of state administration also mentioned recommendations from the European Union institutions, however, without specifying any one in particular. In general, they also seem to believe that the interconnection with the EU-level exists also in the form of common activities but they could not remember any details during interviews. "Well, I can't remember what it is, but there are workshops or peer review seminars, where we cooperate and then, of course, cooperation within these seminars continues outside the seminars, so you get to know interesting experts who are working somewhere and again, you kind of continue to benefit from it in some way. So, I would say that international cooperation has developed into a nice area lately, in the last two or three years," says a representative of (INT 7, 2023).

In regard to the Care Strategy, only two of the stakeholders seem to be aware of the initiative, specifically, the representative of worker organisation (INT 9, 2023) and a representative of a non-governmental organisation dealing with informal carers (INT 10, 2024). In other cases, although they have not mentioned the Care Strategy specifically, some of the stakeholders were talking about a strategy put forward by the European Union, that seems to have advocated for the same goals as the Care Strategy, for example, for high-quality, affordable childcare services, long-term care services, along with improved working conditions for carers in general. However, the name of the strategy itself seemed to be unknown to them.

2.5. Summary of the role of social dialogue in PHS

In the Czech Republic, social dialogue primarily focuses on the public care sector, with most issues addressed by social partners relating to home healthcare and social care providers. This includes discussions and negotiations between government authorities, trade unions, and other social actors to improve working conditions, wages, training, and quality of care. Social actors in the care sector include associations representing providers, trade unions, and NGOs focusing on protection for informal carers and foreign domestic workers. However, informal economy and working conditions in the non-care sector are rarely discussed or addressed. The COVID-19 pandemic led to the formation of the Trade Union of Employees in Social Services (ALICE), a sectoral trade union, aiming to provide adequate funding and resources also for PHS workers.

ALICE aims to raise the prestige of care and social services, improve working conditions, and provide legal help to workers. It also organises outreach and educational events to educate the public and media. The Association of Social Care Providers (APSS) is part of the Union of Employers' Associations and is involved in the Social Economic Agreement Council. APSS focuses on public sector services, specifically home healthcare and social care, and helps improve working conditions. The Ministry of Regional Development, Labour and Social Affairs, and the Ministry of Health also participate in social dialogue in PHS. The Research Institute for Labour and Social Affairs (RILSA) aims to combat informality and lower unemployment in the PHS sector.

The introduction of a voucher system in Czechia has been a long-standing agenda for employer's association ÚZS, aiming to combat informality and boost employment. However, representatives of ÚZS believe the government lacks the will to address informality due to low unemployment rates and a lack of political will to enact policies. Non-governmental organisations (NGOs) focus on migrant workers and informal care workers, such as SIMI, A doma, and Pečuj doma. In the Czech Republic, the social dialogue framework is undeveloped, but collective bargaining and social dialogue are fundamental methods of modifying working conditions. The Czech Republic cooperated with the International Labour Organisation (ILO) and has signed a multi-year Partnership Agreement with the ILO. This reflects the global social dialogue function in labour regulations governing employment arrangements in the country.

The Council of the Economic and Social Agreement's Tripartite platform in the Czech Republic facilitates social dialogue between government, employers, and trade unions for tripartite negotiations. It focuses on establishing acceptable work conditions and addressing social and economic issues like the COVID-19 pandemic. Social dialogue can be conducted at three levels: supranational (ILO), national (Tripartite), and sectoral/regional or company level. Collective bargaining, a technique of social dialogue, can result in legally binding international conventions and collective agreements. However, in the Czech Republic, trade unions have limited influence in the care sector, which is especially true for care sector in PHS. Moreover, their only focus is on formally employed workers, excluding informal PHS workers whether in care or non-care sector. Overall, social dialogue in PHS sector is difficult to organise due to its generally disorganised structure.

However, there are many challenges that should be addressed through social dialogue activities in both care and non-care sector of PHS. Specifically, the Czech Republic faces several challenges in the care sector, including a shortage of workers, low financial compensation, ineffective work, undermined social status, lack of quality, legislative barriers, and social isolation, that are closely intertwined. For example, the shortage of workers is primarily due to underfunding of the sector and low compensation tied to legislative barriers imposed upon the sector by the state. Undermined social status is also tied to financial compensations that symbolically represent the value of workers' job, for example, with home healthcare service workers earning CZK 33,789 per month, compared to nurses in hospitals earning CZK 48,212. Informal carers in PHS face even more obstacles in terms of financial compensation, as they are often not entitled to any or social security or healthcare benefits. Transportation costs are also a significant issue, with employers often not offering cars or public transportation passes, increasing work costs and decreasing profits.

In the non-care sector, the main issues are precarious employment contracts, exploitation, and insufficient workplace safety. For example, 71.5% of services are provided without any formal contract. As such, non-care PHS workers often lack legal protections like minimum wage guarantees, overtime pay, social security contributions, and workplace safety regulations, leaving them vulnerable to exploitation, poor working conditions, and income insecurity. Moreover, also short-term contracts or invoices for self-employment push workers closer to informality. Working on a self-employment license is usually only possible if the worker's employer is an agency, and the possibilities for formally employing a person with a self-employment license are limited. Precarious employment contracts are also further exacerbated by technological advancements.

3. Conclusions and Policy Implications

The personal and household services (PHS) sector in the Czech Republic is divided into three main divisions: care and non-care, formal and informal, and public and private. The care sector is a subset of the larger long-term care sector, serving the elderly and disabled people, and includes both home and institutional care. The non-care sector includes activities not related to care that may, however, assist it, such as gardening, home repairs, or cleaning. Public and private division of PHS depends on the sources of financing, while informal and formal division relates to the nature of employment arrangements that could be formal, semi-formal and informal.

The demand for PHS in the care sector is most often related to the availability of public services in the healthcare and social care sector. Public healthcare and social care services at home are underfunded within the state financing system although the average number of individuals using home care services is around 100,480. However, that does not represent the number of people actually needing assistance in the form of care services, that is believed to be tiple that much. Personal assistants, semi-formally or informally employed carers, provide the other two-thirds of care. **Due to their high proportion, the first policy implication would be to enhance support for personal assistants and informal carers, whether in terms of provided qualification and training or financial support.** While the training of informal carers is almost completely absent, the training and education of workers employed in healthcare and social care services sector is not. As such, it is in this respect that a greater collaboration between workers in the care sector could become possible, contributing not only to broadening the skills of informal carers and enhancing the overall quality of care, but also to broadening their awareness of what is available to them. Moreover, future mobilisation that would lead to strengthening the negotiating position of care sector workers is also a

possible outcome and positive by-product. In this regard, instead of including informal carers in already-existing organisations, organising could take place through the creation of a new organisation as, for example, a sectoral trade union.

In regard to providing greater financial support, the problem pertains to virtually the whole of the sector, which is also the level on which the issue should be addressed. To prevent such circumstances in the care sector, it is necessary to secure that all workplaces are protected by public sector collective agreements. This could lead to the development of service accessibility and quality in the care sector of PHS as well as to the reduction in shortages of workers, largely caused by low pay as well as unfavourable working conditions in the sector, as identified by trade unions, service providers, non-governmental organisations and also state administration representatives. **In other words, the second policy implication reads that contracts must be made formal and wages must be raised in order to make the sector attractive, preventing and possibly reducing further workforce shortages.** Long-term care services account for only 12.6% of all spending on healthcare and social services, with CZK 73,4 billion spent in 2021. In the case of informal carers, extra financial benefits, such as tax reliefs or pension provisions should be also considered. The Czech Republic's public care system is regulated by the Ministry of Health, the Ministry of Labour and Social Affairs, regions, and municipalities, with the state setting working conditions and service standards, while regional and local governments ensure accessibility. As such, the cooperation between the mentioned institutions is advised in order to address the issue at the national level.

The Czech Republic participates in the International Labour Organisation (ILO) and has signed a multi-year Partnership Agreement with the ILO, reflecting the global social dialogue function in labour regulations governing employment arrangements in the country. The Tripartite platform in the Czech Republic facilitates social dialogue between government, employers, and trade unions to address social and economic issues like the COVID-19 pandemic. However, in the PHS sector, the involvement of trade unions and other social partners in social dialogue activities is limited, hence the social dialogue remains almost non-existent. Accordingly, tools facilitating social dialogue and cooperation among employers, workers, government authorities, and other stakeholders in the PHS sector to address labour issues, negotiate fair working conditions, and promote mutual understanding and collaboration are lacking. **The third policy implication hence involves the encouragement of the establishment of tripartite consultation mechanisms to facilitate dialogue and consensus-building on key policy issues**. Since the creation of the trade union ALICE that addresses the issues of PHS sector more eagerly than other trade unions, this paper assumes that tripartite consultations could in fact bring desirable change. However, it does not mean that the representation of PHS care workers through trade unions is sufficient as of now. As the trade unions that primary represent the care sector usually do not engage in many activities aimed specifically at the PHS sector, there is actually an oversight of effective worker representation in the sector. Therefore, in the case that tripartite consultations should be successful and bring changes, the capacities of trade unions should be enhanced as well - trade unions should actively discuss and explore the problems of PHS sector and include them within priorities on their agendas, which could help the workers in home healthcare and social services to emancipate themselves. Moreover, state may consider guaranteeing policy consistency during election cycles so that the stability and motivation required for the development of social dialogue actors, including trade unions, is greater as well.

The non-care sector of PHS faces challenges similar to those in the care sector, for example, their representation by trade unions is also very weak, moreover, even weaker due to commonly informal or semi-formal nature of their working contracts, which effectively disqualifies them from such representation provisions. Moreover, the informal sector of PHS, that usually employs non-care workers, faces increasing competition and reduced prices, leaving workers from the sector on the margins also in other realms, often outside social security provisions and healthcare benefits. **In this regard, the fourth policy implication to implement policies and initiatives to formalise informal work arrangements in the PHS sector, including measures to encourage registration of informal businesses, compliance with tax and labour regulations, and access to social security benefits for informal workers, could help change the situation.** While the regulation and governance in this sector are lacking at the moment, the change could bring about many advantages not only for workers themselves but also for the state administration that prevent losing money in the informal economy. Moreover, the most striking problems of the non-care sector of PHS, such as, the informal nature of employment arrangements, including precarious employment,

exploitation due to limited legal protection, and inadequate workplace safety could be reduced. One way in which the state could achieve this is to reduce the tax burden for agencies, which now pay the highest possible VAT when declaring domestic work.

References

ALICE (2024). "O nás". *MO UZO zaměstnankyň a zaměstnanců v sociálních službách.* Retrieved from https://www.aliceuzo.cz/cs/pages/about/us/.

Baga, E.; Cylus, R.; Rand, S.; & Rossow, V. (2020). *Personal and household services (PHS) policies and instruments.*

CZSO (2022a). "Mzdy ve zdravotnictví". *Czech Statistical Office.* Retrieved from https://www.czso.cz/documents/10180/197345000/26003422.pdf/ca5c3011-c3d3-44c5-bd56-90c4ab2ebf1a?version=1.3.

CZSO (2022b). "Míry zaměstnanosti, nezaměstnanosti a ekonomické aktivity - září 2022". *Czech Statistical Office.* Retrieved from https://www.czso.cz/csu/czso/cri/miry-zamestnanosti-nezamestnanosti-a-ekonomicke-aktivity-zari-2022.

CZSO (2023a). "Senioři v ČR v datech." *Czech Statistical Office.* Retrieved from https://www.czso.cz/documents/10180/190537086/31003423.pdf/51b9a00e-39f9-4829-a535-20080aa9d71f?version=1.0.

CZSO (2023b). "Výsledky zdravotnických účtů ČR - 2010–2021". *Czech Statistical Office.* Retrieved from Výsledky zdravotnických účtů ČR - 2010–2021 | ČSÚ (czso.cz).

Ezzedine P. et al. (2012). "Pečuj a vypečeme tě: zpráva o neplacené práci v ČR". *Gender Democracy/ Women's and Gender Politics.* Retrieved from https://aa.ecn.cz/img_upload/8b47a03bf445e4c3031ce326c68558ae/hbs_pecuj_a_vypeceme_te_zprava_o_neplacene_praci_v_cr_pdf_web.pdf.

Faltova, M. (2014). "Pracovnice v domácnosti na českém trhu práce v kontextu cizinecké legislativy-právní analýza". *Migrantky a nájemná práce v domácnosti v České republice.* Praha: SIMI. pp: 60-70.

Heimeshoff, L. M. (2016). "Historical legacies: postsocialism, trade unions, and organizing domestic workers in the Czech Republic." *Laboratorium.* 8(3). pp. 100- 123.

Horecký, J. (2013). "Dignity first – priorities in reform of care services". Discussion Paper, Peer Review on Priorities in Reform of Care services, Vienna: ÖSB Consulting.

Horecký, J. & Smejkal, M. (2021). "The importance of social dialogue and collective bargaining in the process of shaping working conditions". *Balkans Journal of Emerging Trends in Social Sciences*. 4(1). pp. 54-63.

iDnes.cz (2022). "Revoluce v péči. Česko plánuje propojení sociálních a zdravotních služeb". *iDnes.cz.* Retrieved from https://www.idnes.cz/zpravy/domaci/socialni-a-zdravotni-sluzby-mpsv-valek-jurecka-zakon-pomoc-lidem-zmena-terenni-sluzby.A220905_092409_domaci_lre.

Janáčková, I. (2019). "Vliv nastavení a fungování inspekce sociálních služeb na zvyšování kvality sociálních služeb". *Univerzita Karlova: Praha.*

Kotíková, J. & Vychová, H. (2014). "Služby pro domácnosti - Potenciální nástroj tvorby pracovních míst a boje s neformálním zaměstnáváním". *Výskumný ústav práce a rodiny: Praha.* Retrieved from http://praha.vupsv.cz/Fulltext/vz_376.pdf.

Kubalčíková, K. & Havlíková, J. (2016). "Current Developments in Social Care Services for Older Adults in the Czech Republic: Trends Towards Deinstitutionalization and Marketization". *Journal of Social Service Research*. 42(2). pp. 180-198.

Martišková, M. (2020). *Job Quality and Industrial Relations in the Personal and Household Services (PHS-QUALITY), National report: Czechia.* Retrieved from https://www.celsi.sk/en/publications/research-reports/detail/130/job-quality-and-industrial-relations-in-the-personal-and-household-services-phs-quality-national-report-czechia/.

MoLSA (2021). "Statistická ročenka z oblasti práce a sociálních věcí 2020". *Ministry of Labour and Social Affairs*. Retrieved from https://www.mpsv.cz/documents/20142/975025/Statisticka_rocenka_z_oblasti_prace_a_socialnich_veci_2020+%281%29.pdf/e38317ba-3b08-2c50-7558-2a7381baeef9.

MoLSA (2022). "Nařízení vlády č. 464/2022 Sb.". *Ministry of Labour and Social Affairs*. Retrieved from https://www.mpsv.cz/documents/20142/977619/2.%29+NV+%C4%8D.+464_2022+Sb..pdf/b98e461e-cd43-f36b-1ab9-ffcb8f1f826b.

MoLSA (2023). " Zpráva o činnosti oddělení inspekce sociálních služeb za rok 2023". *Ministry of Labour and Social Affairs*. Retrieved from https://www.mpsv.cz/documents/20142/225517/Zpr%C3%A1va+o+%C4%8Dinnosti+odd%C4%9Blen%C3%AD+inspekc%C3%AD+odboru+26+za+rok+2023+%281%29.pdf/ddc9d6b2-5b7a-7fc8-4d12-df46a26d9ea1.

MoLSA (2024). "Registr poskytovatelů služeb". *Ministry of Labour and Social Affairs*. Retrieved from https://www.mpsv.cz/registr-poskytovatelu-sluzeb.

MS Kruh (2023). "V sociálních službách chybí téměř 3 000 pracovníků". *Moravskoslezský Kruh*. Retrieved from https://www.mskruh.cz/clanky/info-v-socialnich-sluzbach-chybi-temer-3-000-pracovniku.

Riedel, M., & Kraus, M. (2011). "Informal care provision in Europe: regulation and profile of providers". *ENEPRI*.

SAO (2022). "Annual report 2022". Supreme Audit Office. Retrieved from https://www.nku.cz/assets/publications-documents/annual-report/annual-report-2022.pdf.
Sowa, A. (2010). "The system of long-term care in the Czech Republic". *CASE Network Studies & Analyses*. (415).

ÚZIS (2021). "ZDRAVOTNICTVÍ ČR: Stručný přehled činnosti oboru domácí zdravotní péče za období 2007–2020". *Ústav zdravotnických informací a statistiky ČR*. Retrieved from https://www.uzis.cz/res/f/008403/nzis-rep-2021-k31-a089-domaci-zdravotni-pece-2020.pdf.

ÚZIS (2024). "Národní registr poskytovatelů zdravotních služeb". *Ústav zdravotnických informací a statistiky ČR*. Retrieved from https://nrpzs.uzis.cz/index.php?pg=vyhledavani-poskytovatele--pro-verejnost.

Annexes

Sample of the survey on demand for personal and household services

Category	Number (N)	Percentage
Respondents	43	100%
Gender		
Female	22	44,2%
Male	2	4,7%
Other	19	51,1%
Age categories		
Under 30	1	4%
31 – 50	17	68%
51 and over	7	28%

Type of household		
One-person household	7	28%
Household consisting of a couple without children	5	20%
Household consisting of a couple with children	10	40%
Single parent household	1	4%
Household including extended	2	8%

Sample of the social dialogue survey

Code of the stakeholder	Type of stakeholder	Name of the organisation
S1	State organisation/agency	Ministry of Labour and Social Affairs
S2	State organisation/agency	Ministry of Regional Development
S3	State organisation/agency	Ministry of Regional Development

List of interviews with the national stakeholders

Code	Type of stakeholder	Name of the organisation	Date of the interview
INT1	Clients/consumer organisation	Czech Association of Nurses (ČAS)	21.09.2023
INT2	State organisation/agency	Ministry for Regional Development (MfRD)	25.09.2023
INT3	Municipality	Praha 10	02.10.2023
INT4	Municipality	Olomoucký kraj	03.10.2023
INT5	Clients/consumer organisation	Domestica	04.10.2023
INT6	Trade union	ALICE	17.10.2023
INT7	State organisation/agency	Ministry of Labour and Social Affairs (MoLSA)	25.10.2023
INT8	Nongovernmental organisation	Pečuj doma	27.10.2023
INT9	Professional association	Association of Social Care Providers (APSS)	01.11.2023
INT10	Nongovernmental organisation	A doma	31.01.2024

Description of the focus groups (FG)

Code	Type of PHS (childcare, adult/senior care, non-care)	Number of participants		Date of the FG
		Female	Male	
FG1	Social care	10	1	23.11.2023
FG2	Childcare	5	-	22.01.2024
FG3	Cleaning (individual interviews replated the FG3)	3	-	1/2024 – 3/2024