

PERHOUSE

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

National report for POLAND

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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.

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List of Abbreviations

Abbreviation	Full text
CC	childcare
CEE	Central and Eastern Europe
EC	European Commission
EU	European Union
IR	industrial relations
LTC	long-term care
PHS	personal and household services
SD	social dialogue

Executive summary

The **domestic labour market in Poland is poorly regulated** (Klakla et al., 2023, p. 3) and based on two systems: health care and social assistance (Ad-PHS, 2020). **Personal and household services are usually undeclared.** People working in the **shadow economy** were most often employed in **construction or installation repairs and renovations** (18.7%), **gardening and agricultural work** (14.9%). It was estimated that **408,000 households used undeclared work throughout 2022** (Główny Urząd Statystyczny/Statistics Poland, 2024). According to the subjective assessments of the respondents (15-89 years of age), the most common jobs performed in the shadow economy were **renovation and construction, and installation repairs** – 46.7%, **construction and installation services** – 34.0%, **tutoring** – 25.0%, **housework** (e.g. cleaning) – 25.3% and **caring for a child or an elderly person** – 25.0% (Główny Urząd Statystyczny/Statistics Poland, 2024, p. 16). The European Labour Authority (Guzi et al., 2022) report on undeclared work in PHS indicates that **the sector is dominated by women** (75-90% across the EU-27, with the exception of repairs), which is the case for care services.

As a result of our research proceedings, the following **challenges for PHS in Poland were identified:**

- Precarious working conditions and poor job quality (income, job security, social security, working time, autonomy at work, collective interest representation);
- Large share of undeclared work;
- Low compliance with existing legislation;
- Low investment/budget for public services;
- Large share of vulnerable workers (migrants, women);
- Low level of unionisation (due to the dispersion of workers, the nature of the activities and significant share of workers with insecure residency status);
- Lack of social dialogue;
- Care drain/the need for professionalisation.

Simply identifying the most relevant social partners involved in the personal and household services sector in Poland was a challenge. For the purposes of the project, we considered the partners in the social dialogue to be **the stakeholders who expressed an interest in the PHS sector** or who had **institutional affiliation** with it: **trade unions** (The Domestic Workers Committee of the All-Poland Trade Union “Workers’ Initiative”; Confederation of Labour of the All-Poland Alliance of Trade Unions; NSZZ “Solidarity”; and the Trade Unions Forum); **employers’ organisations** (the Polish Confederation Lewiatan and Employment Agencies Association) and **by default state institutions** (i.a. Ministry of Family, Labour and Social Policy; Ministry of Health).

Unfortunately, there is **no effective social dialogue on PHS in Poland, despite the presence of the Social Dialogue Council**, as can be demonstrated by indications of bypassing social partners/social consultation in the legislative process. Currently, **the challenges identified are not yet subject to a systematic and effective social dialogue, which is the key barrier to improving the working conditions of domestic workers in Poland.** Unsurprisingly, the links of the social partners associated with the PHS sector in Poland with the **social dialogue structures at the EU level** are difficult to assess. However, based on the national interviews conducted with relevant stakeholders working for PHS in Poland, we can **indicate connections with the following institutions/social actors:**

- European Economic and Social Committee;
- European Committee of Social Rights;
- Uni Global Union (activities on behalf of, among others: cleaners and care workers);
- European Trade Union Confederation (ETUC);
- UN International Organization for Migration;
- Tent Partnership for Refugees (mobilising leading businesses to connect refugees to work through hiring and training);
- Business at OECD (BiAC).

It is remarkable that none of the stakeholders referred to the *Care Strategy* (2022) and only one trade union was aware of Poland's position on International Labour Organisation *Convention no. 189* (2011), concerning domestic workers, which has not yet been ratified.

Introduction

“The European Commission defines **personal and household services** as 'a broad range of activities that contribute to well-being at home of families and individuals: child care (CC), long term care (LTC) for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc.' (European Commission, 2012). In general, these services can be divided into care and non-care related activities. Similarly, the European Federation for Services to Individuals (EFISI), an organisation which represents federations and companies of personal services in Europe and is an associated partner of this project, clusters these activities based on two sub-sectors to 'care-related services' and to services of daily living united under the term 'household support' (Decker and Lebrun 2018). This project aims to gather evidence on all variations within the PHS sector and hence, distinguishes the three sub-sectors of the PHS sector: 1) childcare services at home 2) elderly home care and 3) household support activities.

The overall objective of the PERHOUSE project is to explore industrial relations to improve the working conditions and services in the personal and household services (PHS) sector of CEE countries. The project's **general aims** are to:

- a) Address the challenges of working conditions and services in the PHS sector of CEE countries.
- b) Deepen the analysis on the industrial relations and the potential of social dialogue in the PHS of CEE countries.
- c) Provide a comparative analysis of national experiences in IR and working relations in PHS and explore the link to EU level social dialogue structures.
- d) Promote awareness of the industrial relations practices related to the PHS sector.

The project covers 12 CEE countries – 11 EU member states (Czechia, Slovakia, Hungary, Poland, Lithuania, Latvia, Estonia, Bulgaria, Slovenia, Croatia, Romania) and one candidate country – North Macedonia.

The PERHOUSE project aims to answer two **main research questions**:

RQ1) What is the current state and structure of service provision of PHS in CEE and what are the working conditions in the PHS sector?

RQ2) What is the role of social dialogue in regulating and improving the work patterns in the personal and household services (PHS) sector of domestic workers in Central and Eastern European countries (CEE)?

To answer the research questions, the project utilises combined data collection methods and data sources:

1. Desk research on the available literature, legislative acts and proposals, collective agreements, media articles and other relevant documentation to frame the policy discourse in improvement of the provision of PHS;
2. Statistical evidence on the PHS sector and domestic work in CEE countries (e.g. structure of service provision and financing, working conditions, employment trends and structures); Inspecting the available data at the European level and/or national data for its comparability;
3. Mapping relevant stakeholders in 12 CEE countries, including social partners, creating a database of contacts, roles and strategies;
4. Online survey among stakeholders in order to uncover their views on the functioning of the sector, quality/extent of current legislation, and sources for further improvement in terms of policy making, policy implementation and the quality of provided services (at least 5 per country);
5. Online survey targeting the general public to study the demand for PHS in 12 CEE countries from the point of view of type of services, providers and preferences for opting for formal or for undeclared service provision (at least 50 responses per country);
6. In-depth interviews with EU level stakeholders – to study the EU-wide priorities and challenges relevant for work and social dialogue in the PHS sector, as well as the matching between regional priorities in CEE with EU-level priorities, discourses and policies (10 interviews);
7. National-level focus groups with domestic workers in 6 countries (CZ, SK, PL, SI, EE and North Macedonia):
 - 7.1. Focus group of 6-10 domestic workers in child-care;
 - 7.2. Focus group of 6-10 domestic workers in elderly care;
 - 7.3. Focus group of 6-10 domestic workers in non-care services.

8. National level interviews with national social partners and other relevant stakeholders, e.g., professional associations of care providers (10 interviews per each of the 6 countries: CZ, SK, PL, SI, EE, and North Macedonia).”¹

The project presents the results of a study on personal and household services in Poland conducted in 2023 and 2024. The first chapter discusses the current state of the PHS sector (characteristics of the sector, supply and demand for services, main legal regulations), with particular focus on the quality of work (working conditions) and challenges for the sector. The second chapter attempts to discuss the role of social dialogue (SD) in personal and household services (PHS) in Poland. By mapping relevant social actors and addressing key challenges, we describe the state and role of social dialogue in PHS. Chapter three proposes the study’s conclusions and policy implications.

¹ An excerpt from the project proposal no. SEP-210767624.

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

In this chapter, we characterise the state of art in the PHS sector in Poland. The presented data on working conditions are based on focus group interviews, although we should emphasise that we have encountered severe problems finding personal and household service providers who were willing to participate in the project. Despite launching a recruitment campaign via the UMCS website and the UMCS Institute of Sociology Facebook profile, numerous announcements on Facebook groups related to PHS provision, official announcements on portals: *niania.pl* (allowing advertising of services and searching for childcare providers) and *pomocedomowe.pl* (allowing advertising of non-care services and searching for housekeeping, cleaning etc. services), as well as the use of our professional and personal contacts, the response was minimal. Therefore, whenever it is possible, we rely on desk research (including former projects' results, statistical data, working papers etc.), the results of the survey on demand and the survey on social dialogue in PHS in Poland.

1.1. Characteristics of the sector

As indicated in the *Ad-PHS Country Report: Poland*: “PHS in Poland tend to be undeclared, leaving a majority of workers without rights and protection. (...) Also, there are only a few political instruments regulating the PHS sector, and almost all of them exclusively address care activities” (Ad-PHS, 2020, p. 1). Also, according to a recent report by CARE International: “The domestic work labour market in Poland is poorly regulated; and state institutions do not feel responsible for its systematisation. In the domestic work sector informal relationships predominate, and this applies in particular to domestic work carried out by migrant and refugee women. Although experts estimate the workforce in this sector to be 100,000, the domestic work sector in Poland is mostly invisible – to the administration, to the non-governmental sector and to the public” (Klakla et al., 2023, p. 3).

Although the following subsections describe the demand and supply for personal and household services in Poland (home childcare, home adult/senior care, non-care PHS) based on limited public data and opinion polls, as well as the main regulations and governance, a **fundamental feature of the sector in Poland is that it remains within the so-called shadow economy and undeclared work.**

Contrary to the above remarks, in the light of the most recent report by Statistics Poland, undeclared work is of an 'ad hoc, short-term' nature, and in 2022 as many as 4/5 of those working in the shadow economy were employed at most once a month, while nearly 1/4 performed the service for a total of no more than 5 days a year (Główny Urząd Statystyczny/Statistics Poland, 2024). Those working in the shadow economy were most often employed in **construction or installation repairs and renovations (18.7%), and gardening and agricultural work (14.9%)**. However, according to the **subjective assessments** of the respondents (15-89 years of age), the most common jobs performed in the shadow economy were **renovation and construction and installation repairs – 46.7%, construction and installation services – 34.0%, tutoring – 25.0%, housework (e.g. cleaning) – 25.3% and caring for a child or an elderly person – 25.0%** (Główny Urząd Statystyczny/Statistics Poland, 2024, p. 16). The vast majority (93.0%) of **employers were mainly private individuals**. It was estimated that **408,000 households used undeclared work throughout the year** (661,000 in the same period of 2017), employing workers for approximately 11 days. The workforce was dominated **by men (67.8%), urban residents (59.4%) and people aged 35-59 (50.5%)** (Główny Urząd Statystyczny/Statistics Poland, 2024, pp. 22–24). In comparison, the European Labour Authority (2022) report on undeclared work in PHS indicates that **the sector is dominated by women** (75-90% across the EU-27, with the exception of repairs), and they are the ones who primarily deliver care services. With regard to other socio-demographic characteristics, it was indicated that “the probability of providing informal care increases with age and is higher for people from less affluent households. PHS workers are often under-employed individuals, regular or irregular third-country nationals, or EU mobile workers. An estimated one-sixth of PHS workers are third-country nationals and EU mobile workers” (Guzi et al., 2022, p. 2).

1.2. Supply and demand for personal and household services

The most essential summary of the Polish context regarding the demand for personal and household services was provided by Fihel and Okólski (Fihel & Okólski, 2018, p. 6):

“The population ageing in Poland is supposed to become the most advanced in the near future in the European Union. This process, propelled by extremely low fertility, massive emigration of young adults and increasing longevity, will exert a crucial and most probably irreversible impact on family systems and arrangements of care for the elderly. Indeed, such demographic phenomena as a massive outflow of young adults and persistence of the low fertility entail the phenomenon of shrinking families, with low and lower numbers of potential providers of care. Bearing in mind that in Poland care rests to a large degree within familial system of intergenerational transfers and support, the recent emigration may substantially undermine this mode of elderly care. This leads to the questions how to provide care arrangements for the growing number of old persons, diversify the financial means and involve and coordinate all potential carers: public and private institutions, NGOs and family members”.

Reliance on family, as a characteristic feature of the Polish care system, was also noted by Błędowski, who, on the basis of a representative survey of people aged 60 and over, estimated that **91% of those providing assistance to seniors were family members**, 9.9% were neighbours and friends, while only 5.7% received formal support from the social assistance system. At the same time, we can estimate the share of **domestic workers at 5.1%** (strangers residing together with a senior – 3.1%, strangers residing separately – 2%) (Błędowski, 2021, p. 921). A study by the Public Opinion Research Centre reached similar conclusions: seniors unable to manage daily activities were supported by closer or distant family (94%), neighbours (26%), friends (21%) and acquaintances (20%). In contrast, formal assistance provided by a **community nurse (11%)** or a carer from a **social assistance centre (10%)** was used least often, and **paid care services were used by only 2% of respondents** (Omyła-Rudzka, 2019). Given the predominantly informal nature of care for the elderly/persons with disabilities in Poland, it must be strongly emphasised that it is **mainly provided by women**, often at the cost of their formal activity on the labour market, as already identified in a previous study (Ad-PHS, 2020, p. 4).

Although Poland is facing declining fertility rates (TFR), the childcare situation is also alarming, especially for infants aged 1-3 years, as **institutional care services are scarce** (Ad-PHS, 2020). The interval after the end of parental leave and before the child reaches the age of guaranteed early childhood education/care (3 years) is the so-called '**care gap**', which in Poland is as much as 2 years. Unfortunately, as parental leave is unpaid, it counts as part of the gap. Katarzyna Lipowska of the Institute for Structural Research points out that increasing access to nurseries and other types of childcare is crucial for women's participation in the labour market. However, she reports that nursery care coverage in Poland is below 20% and demand for care services exceeds the supply (Lipowska, n.d.). Therefore, there is a need for system measures to regulate childcare in order to provide greater protection for those (mainly women) providing care in personal and household services and prevent breaks in employment due to caring for a child/children under the age of 15, which mainly affects women (Ad-PHS, 2020, p. 2).

As for the demand for PHS services, **workers in demand** in the first quarter of 2021 featured personal service workers (23.5%) and personal care and related workers (4.8%), accounting for more than 28% of the 'service and sales workers' category (12.3%), as well as domestic helpers and cleaners, accounting for 22% of 'workers in simple jobs' (10.5%) (Główny Urząd Statystyczny/Statistics Poland, 2021). Looking for more up-to-date data, we refer to the *Occupations Barometer 2024. Summary report of the survey in Poland* – a qualitative research conducted annually. Based on the expert study conducted in the 3rd/4th quarter of 2023, the **balance between demand and supply for services was noted for: childcare workers, cleaning staff, domestic workers and animal care workers. Deficit occupations with insufficient numbers of job applicants include: nurses, caregivers/pre-school teachers, while unsatisfactory working conditions were responsible for the deficit of caregivers of the elderly/people with disabilities**. The situation in larger centres may differ from the above: although the availability of social workers and cleaning staff in the voivodeship cities is balanced, there are invariably shortages of pre-school and elderly/disabled persons caregivers (Antończak-Świder et al., 2024).

The **results of the PERHOUSE (2023) survey on demand for personal and household services**, due to its small and unrepresentative sample, can only be taken as an indication of the actual demand for different types of care and non-care services. Nearly 90% of those who took part in the survey confirmed that they had purchased personal and domestic services in the last 5 years (89.2%). The **most common**

type of service purchased were small repairs (39.5%), followed by housekeeping (23.2%) and childcare (20.9%). A relatively low percentage of the respondents indicated that the services purchased were for the **care for a dependent adult (2.3%)**. Of the childcare services, tutoring a child and babysitting proved to be the most popular, while in the adult and dependent persons care category, assistance to seniors or dependent persons at home and accompanying them in travels outside home dominated. **Services were requested occasionally, for the lack of time or skills.** The gender structure of service providers was evenly balanced, given that small repairs dominated among the services ordered. As expected, in most cases the service was provided under **a non-written agreement (69%),** and far less frequently as a service contract – based on invoicing (16.7%). Predicting the need for personal and household services in the future, respondents mainly highlighted small repairs, housekeeping and care for a child/a dependent adult. However, when evaluating these responses, we should take into account the **specific structure of the sample: mainly women (70.7%), aged 30-50 (80.4%), with tertiary education or an equivalent level (92.6%),** belonging to a household consisting of **a couple with children (60%) and dual earner family (88%).**

1.3. Regulations and governance

As previously noted, personal and household care and (some) non-care services in Poland are regulated and financed based on two systems: health care and social assistance (Ad-PHS, 2020; Błędowski, 2021). The health care system implements nursing care services provided at home as the so-called **nursing home-based long-term care**, aimed at bedridden or chronically ill people who do not require inpatient treatment. The scope of long-term care includes (Ministerstwo Zdrowia i Narodowy Fundusz Zdrowia/Ministry of Health and National Health Fund, n.d.):

- treating wounds and sores;
- changing dressings, changing catheters;
- administering medication, drips, injections;
- assisting and educating the patient's caregivers in the principles of care and daily routines such as bathing, changing nappies, administering medication, feeding;
- carrying out breathing exercises and basic general physical exercises;
- identifying sources of rehabilitation and medical equipment;
- prescribing certain medications and referrals for specific examinations and orders for medical devices (nappies, wheelchairs, glasses and others).

Services are provided in collaboration with a primary care physician at least 4 times a week, on weekdays (Monday to Friday), between 8:00 a.m. and 8:00 p.m. They may also be delivered on Saturdays and public holidays, if medically justified (Ministerstwo Zdrowia i Narodowy Fundusz Zdrowia/Ministry of Health and National Health Fund, n.d.).

As part of the social assistance system, people who are single or lonely, and due to age, illness or other reasons, require assistance from others, are entitled to **care services or specialised care services**. *Care services* are granted by the social assistance centre and include “assisting with daily living needs, hygienic care, care prescribed by a doctor and, as far as possible, provision of contact with the environment” , whereas *specialised care services*, on the other hand, are tailored to needs arising from illness or disability, and are provided by staff with specialised professional training (Ministerstwo Rodziny, Pracy i Polityki Społecznej/Ministry of Family, 2021, 2023a). The implementation of *care services* by the Municipal Social Assistance Centre in practice may be as follows (INT 8):

“These are typical care services, i.e., as we discussed: laundry, cleaning, shopping, snow clearing in winter, but not a big job, just a little walk to the house to get to the place, in summer sometimes a little lawn mowing (but less in this case), fetching firewood, contact with a community nurse/family doctor, prescription of medications. Sometimes it is the case that the carers report some deterioration of health, sometimes they call the ambulance themselves.”

In addition, from 1 November 2023, a new solution has been introduced, the so-called **neighbourhood services**, subsidised by the Senior Support Corps (Ministerstwo Rodziny, Pracy i Polityki Społecznej/Ministry of Family, 2023b). It is expected that in most cases the basis for cooperation will be a **contract of mandate or voluntary work**; however, according to the expert on the provision of social assistance:

“We expect a lot of interest in this form of assistance, but also, unfortunately, in the financial context, because it will be government funding and it will be very attractive for municipalities. (...) At least I imagine that in our case it would be best that I would conclude a contract of mandate with these people and the remuneration would be paid under this contract, and in this contract it would be specified whether it would be 10 hours a week or 20.” (INT 8)

Regarding childcare services, it is expected that in the second half of 2024, the **Active Parent programme** of the Ministry of the Family, Labour and Social Policy is to be launched, under which parents will receive PLN 1,500 for **various forms of care for a child up to the age of 3**, e.g. a crèche, a children's club, a nanny, grandmothers' or grandparents' care, providing the parents work (Matela-Marszałek, 2024).

In addition, with regard to care of persons with disabilities (children, adults), **respite care** is available in Poland, whereby (family) carers are given time that they can use for “rest and recuperation, as well as to take care of necessary life matters” (Biuro Pełnomocnika Rządu do Spraw Osób Niepełnosprawnych/Office of the Plenipotentiary of the Government for Disabled Persons' Affairs, 2023). The service can also be provided **on a temporary basis** when family members or carers are unable to provide care for various reasons.

1.4. Job quality in the personal and household services

As the majority of the personal and household services in Poland remain in the sphere of undeclared work, carried out in households, **the State Labour Inspection (PIP) does not perform inspection activities** and official data on working conditions in the sector are limited. For example, the study *Working conditions in 2022* based on a representative survey only refers to units employing 10 persons and more (Główny Urząd Statystyczny/Statistics Poland, 2023b). We should also keep in mind that some of the services, especially care tasks, are carried out within the formalised social assistance (*care services* and *specialised care services*) or health care system (*nursing home-based long-term care*).

In order to characterise job quality and identify challenges of working conditions in PHS, we have used the concept of **6 dimensions of precarious employment** (Kahancová et al., 2020): job security, social security, income, working time, autonomy at work and collective interest representation. When reporting on the dimensions, we give a voice to personal and household service providers to speak for themselves.

Job security

Majority of respondents who provided care to the elderly/people with disabilities reported restricted job security resulting from the **lack of formal employment contract**:

“I discussed with the family whether they would allow me to be officially [employed], because it is also important for me... They say that their mother's pension is small, and they are not [so] rich that they would pay a lot of money for the tax. And they are asking me if I agree to work in the shadow economy? Well, what should I do? Well, I will work, but it would be better if I was employed...” (FGI 1)

“What do these conditions or working arrangements look like? Verbal, verbal. There is no written contract approved, just everything: 'yes, yes, thank you and goodbye.'” (FGI 1)

“For example, a sick patient dies. The carer is left without a job. And that period of time that she [the carer] will look [for a new job] nobody will pay for. You just work as long as you get money, (...) 10 minutes and you don't have housing either, because we lose housing right away when someone dies. And it's just that it's a big risk.” (FGI 1)

One out of the ten respondents: caregivers for the elderly/people with disabilities (FGI 1) worked **based on a contract (of mandate)**, hired by a private agency, which provided care services contracted by Municipal Social Assistance Centre. She explained that the primary reason she decided to work on a contract basis was to secure health insurance for her child. However, outsourcing care services is not the only solution: according to an expert on social assistance, **a regular employment contract is another method** for hiring workers providing *care services* (INT 8):

“We have 5 ladies employed on an employment contract [contract of employment – researcher's note] who work and provide care services at clients' homes. The caregivers who work have normal employment rights, i.e. they have: holidays, sick leave, these two days in the case of children care and so on,

all employment rights, and then when such a person is on sick leave, well, I have to (...) assign another caregiver.”

Another worker, a nurse, providing *nursing home-based long-term care*, worked based on a **contract of mandate**, completing approximately 24 hours per week, while her main workplace was a residential care home (dom pomocy społecznej, DPS):

“The main job (...) [is] in the DPS [residential care home – researcher’s note], because the job here [long-term care – researcher’s note] is on a contract of mandate, on which I have no pension contributions and I work four times a week, [for] six patients...”

A person working on an **hourly basis** (FGI 3), caring for children in three households for 26 hours per week, reported a **lack of a formal contract**, which resulted in job insecurity and translated into lower comfort when working with children (inability to plan how much longer the care relationship would last, what she could teach them). The latter was all the more inconvenient as her duties consisted of spending 'quality time' with the children, i.e. reading, studying, creative play, etc., while the children’s parents were at home.

In contrast, **regular employment contracts were offered to persons providing non-care services**: housekeeping and gardening, who worked **for wealthy employers**. The employment contract appeared to ensure security for both parties. In addition, two respondents (FGI 2) emphasised the importance of being able to take care of one’s interests and to obtain **fair working conditions**. In their view, setting conditions for the employer to comply with contributed to establishing their position and respect with the employer:

“The experience was that there was no problem with the employer. The fact is, there has to be this mutual agreement that we have to respect each other and value each other’s work. But if we set our own conditions from the very beginning and say that we, as I once said to my employer, that we will not die without these people, because we will always find some work in any formula, but they, without people like us, will die. Because believe me, these people sometimes do not know where they have a sock, where they have a toothbrush. They are such that they have to be packed, have their suitcase put out, unpacked and so on. This is what life is like for such people, so believe me that those people who base their lives on such services also respect these people [providing services – researcher’s note]. It’s just that these conditions need to be agreed upon from the start. At the beginning, you have to say what your requirements are, what your expectations are. The same in financial terms. Because, of course, everyone wants to get the most out of it, to pay as little as possible.”

Income

Work arrangements translated into **income level**. Respondents specified their earnings in the range of PLN **3-5 000**. However, it should be considered that:

“There is an agreed salary for a month or for days, as it is agreed. But it doesn’t [mean] that you work a number of hours. There are no hours. Then you have a fixed salary per month.” (FGI 1)

“It’s not an adequate [salary], because if we take these 3 thousand zlotys, from which we don’t have any health insurance or anything, it comes out to 4 zloty per hour, because we also have to get up at night, because I need to change the ward’s pampers or something else. But it is so often that the person who is ill at night may wake up 2-3 times, [and sometimes] it is so that they don’t sleep all night. Because I also know a lot of people who work and, apart from this ward, they have two other people with them for whom they also cook food, and they get 4 thousand zloty.(...) This is simply exploitation.” (FGI 1)

While those providing care services to seniors were expected to perform **a range of activities not directly related to care** (indirect care: cleaning, cooking, shopping etc.), service providers working in non-care had responsibilities **strictly related to housekeeping, cleaning, gardening services**, etc. Hence, the amount of their earnings appears to be relatively higher. It is even more evident in the case of non-care personal and household service providers who worked based on employment contracts. Their earnings ranged from **PLN 4 500 net to almost double the minimum wage**.

It should be stressed that a person providing services contracted by the Municipal Social Assistance Centre had **lower (registered) income compared to that of live-in care providers**, as the rental of a flat in a city was an additional cost and her duties involved assisting several people a day, which entailed the cost of travelling to different households. She also admitted (FGI 1):

“Well, what am I supposed to say? That I work 220 hours, not 160, to earn the minimum wage? (...) Well, because you either live with someone and have no insurance at all, or you’re officially employed but you can’t even afford to survive because housing costs what it costs.”

Social security

Restricted social security was reported by caregivers for the elderly/children working in Poland with no contract:

“And the issue is still that of, for example, a sick person. She/he has an illness that she/he can pass on to another. Right? That is a very [big] risk for us and in that [sense], you know, we are just terribly at risk. There is no support for us, because we are just 'up in the air'.” (FGI 1)

“No employer, when there’s no contract or anything, no one is going to take responsibility because they’re going to say 'I’m not in a position to help and so on' because, you know, everyone wants to save money, and we are, we’re also working non-stop, you could say. There are no free days, you know, this free day doesn’t count: a couple of hours on Sunday? That free day is supposed to be normal, so that a person can rest, even get a good night’s sleep.” (FGI 1)

Health insurance and holidays were available to caregivers for the elderly/persons with disabilities, who provided care as part of the social assistance system, via Municipal Social Assistance Centre, as well as **non-care service providers** (housekeeping, garden services) **who worked based on regular employment contracts**. These respondents felt secure in terms of **availability of health services, enjoyed regular holidays** and were **eligible to retire**:

“I wish all the girls had it like me. That there would be a contract of mandate and there would be a contract of employment. That’s [the most important thing] to get a pension later. So that they don’t work in the shadow economy, because they often work undeclared...” (FGI 2)

Working time

Describing the conditions of employment as a caregiver for the elderly, respondents admitted:

“Taking care of the elderly is such a specific job, because it’s not only to prepare something [to] eat at home, but you work with a person who is sick, you have to adapt to him/her. And when he/she is ill, we work as a psychologist, and as a domestic help, and as a carer (...), we do all the work here. It’s just that it’s still (about) the fact that when we work as residential caregivers, this kind of work is just 24 hours [a day].” (FGI 1)

“A personal friend of mine, who I’ve known for years, worked as a housekeeper, she was the one who worked from 7:00 a.m. until, I don’t know, 10-11:00 o’clock at night and went to bed. And she did everything: and the dogs, and the tomatoes, and the cucumbers, and the ironing, and she washed, and she cleaned... And I say to her: 'Do you rest for at least an hour when you work there?' She says no. She’ll sit there, eat there for half an hour, and then she continues working, because she has to take care of the whole building, which has three floors, and she still has to walk the dogs and cook food for everyone, so you know what? And them? They didn’t even employ her officially, because it was convenient for them [that way].” (FGI 1)

Seniors’ caregivers in undeclared work, residing in the household of their clients, pointed out the **difficulty of separating work and rest time**, if rest was possible at all (during the day); the **disruption of night rest**; the lack of overtime due to the fact that **residing with the employer was equated with full availability 24 hours a day**; the **lack of days off**. It is significant that **identical problems concerning the organisation of working time were reported by both the caregivers employed in Poland (mainly Ukrainians) and Polish caregivers providing care in Germany**.

A long-term care nurse, hired based on a contract of mandate, shared similar insights on the multifaceted support provided to clients, although in her case, the work had a very clear time frame (number of hours per a client/per week). **Regular working hours were reported also by a housekeeper working on a contract of employment**, residing at the employer’s premises, whose working week involved 40 hours of work and time off at weekends:

“I live at their house, but I work from 8:00 a.m. to 4:00 p.m. It can be 4:30 p.m. I still have free time. I have free time and I can still find myself something [another job – researcher’s note].” (FGI 2)

Unfortunately, as we have not reached providers working in non-care services without a contract, we cannot infer their working conditions.

Autonomy at work

Autonomy at work refers to “lack of appropriate working conditions, including limited access to training and skill development, lack of career opportunities, greater exposure to work-related stress” (Kahancová et al., 2020). The collected data suggest that personal and household service providers in Poland experience **poor working conditions, low access to skills development and suffer from work-related stress**. The latter is particularly evident in the case of care providers for seniors/people with disabilities, who are expected to provide both **direct and indirect care**, as well as **undertake medical procedures** that should be provided by nurses. As reported by one of the caregivers for the elderly:

“I have a lady. She has dementia. How hard it is to work there... Physically it is not, but morally, psychologically. At night she can get up twice. And one night she can get up every 15 minutes. And already [come] to my room: 'Mrs XXX, please, please, why are you sleeping?' (...) And there can also be aggression. It's me who has to get up in the morning, I'm already so sleep-deprived, I have to cook breakfast, then dinner. The daughter does the shopping herself about twice a week and I'm always so tired...” (FGI 1)

“And then, in addition to the carer, it's also [being] a nurse: either they ask you to do an injection or something else.” (FGI 1)

“The girls take care, and they give injections, and they measure the blood pressure and also (...) such a pouch on the tummy [stoma – researcher's note], you have to clean it. And when it comes off, the bottom has to be sealed. And this is [to be done – researcher's note] by a nurse.” (FGI 1)

Demanding working conditions also apply to those delivering *care services* within the social assistance system (although in the case described below, carers were employed under a contract of employment):

“Recently I had such a situation that the lady [carer – researcher's note] said that when she entered the house, she vomited, she had to leave and she just couldn't manage. There are houses where there are no bathrooms, where there are pampers, where there are people lying down, then physiological functions are dealt with in different ways and in buckets, you know, and in pampers. And this has to be washed, taken away... (...) The mental state of these people [care recipients – researcher's note] also varies. They are sometimes grouchy, annoying, many things do not suit them...” (INT 8)

By contrast, the home-based long-term care nurse admitted that: “There are supposed to be nursing activities, but in fact these nursing activities for some patients are very few. For example, there's bathing and treatment, but there are also things like shopping, helping someone, or even sometimes when you go to see a patient, all you have to do is come in, lay out their medication and spend time with them, talk to them. Well, I have such a woman, 92 years old, at whose home we dress the Christmas tree together every year, for example. (...) It's supposed to be nursing care, but it's so holistic: sometimes you help someone with all these activities.” (FGI 1)

It should be noted that **restrained work autonomy was reported not only by unregistered care providers, but also by care workers working within the social assistance system** (providing home-based care / working in residential care homes) (FGI 1, INT 4, INT 9, INT 10).

Non-care service providers did not report restrained work autonomy.

Collective interest representation

The *PHS Social Partner statement on the European Care Strategy* proposes that PHS are considered “on an equal footing compared with other existing provision models when it comes to working conditions, quality requirements, and investment” so that workers providing care in persons' homes are not undervalued and underrecognized comparing to workers working in residential care facilities (EFFAT et al., 2022, p. 1). Such a stance is relevant to the Polish context of care provision, although our research proved that working conditions of the latter group also need careful analysis and trade union representation (FGI 1).

According to one respondent (FGI 3), the main task of a trade union is **to educate male and female domestic workers about their rights and to integrate the community** (primarily in terms of legal and social/emotional support). A trade union for domestic workers we have reached reported on an intervention (INT 1):

“Unfortunately, a girl who worked for us, a carer, had problems with her leg and (...) she went to the hospital, to the clinic, and it turned out that she was not employed, and she thought she was employed by an agency. That’s the worst thing with us: still these agencies that cheat and prey on our work. And that’s why we called the employer and the agency that she should have been hired and they hired her straight away, because they got scared.”

Currently, there is **one trade union dedicated to domestic workers in Poland: the Domestic Workers Committee of the All-Poland Trade Union “Workers’ Initiative”**. In an interview published in the Trade Union Bulletin, Ruslana Poberezhnyk (activist) noted (Cybulska, 2023, p. 3):

“We currently have 35 women, and it is not always easy to maintain flowing contact between us, let alone meet in person. We work in different locations and work hard, often for several hours at a time, with no days off. We try to find free time, even an hour, for online meetings or phone calls among members. Our work does not allow us to take proper care of our health or our families, but we still try to be active! We advocate for our work to be recognised as an essential part of the health and elderly care system – and for it to be supported by the state. We want to adapt legal forms of employment to the specifics of our work, to facilitate the legalisation of our work and residence. It is also important to clearly define our working conditions and responsibilities, as we are not 'do-it-all' workers! We demand decent wages and time off. We also raise the issue of protection from sexual harassment at work, to which we are particularly vulnerable as women caring for people in their homes.”

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

Another stage of the PERHOUSE project was a survey to complement the qualitative research on social dialogue in relation to PHS. As a result of the **stakeholder mapping**, we identified: state institutions, trade unions, business organisations (all three categories participating in the Social Dialogue Council), and a broad catalogue of institutions that we approached and invited to participate in the project by granting an expert interview and completing a questionnaire. Only five representatives responded positively to the invitation, yet they represent a cross-section of all stakeholder categories: **one ministry, two trade unions, one employers’ organisation and one entrepreneur**.

When asked to identify the **main challenges in PHS** according to their organisations’ agenda, the experts pointed to:

- care drain (professionals leaving the country to work abroad);
- low investment/budget for public services;
- the operation of intermediary agencies;
- low compliance with existing legislation and
- lack of social dialogue.

Additionally, the following **challenges to service quality** were identified: lack of workforce, low flexibility of service providers, high administrative burden and high labour costs.

As the social dialogue survey also aimed to name the **main challenges related to working conditions**, the experts referred to:

- most of the work is not recognised as work (unpaid family carers);
- large share of undeclared work;
- bogus self-employment (forced or fake self-employment);
- financing of the services in the PHS sector;
- low wages/salaries;
- large share of vulnerable workers (migrants, women);
- working time arrangements;
- heavy workload;
- lack of social security;
- health and safety issues (including mental health and abuse).

The most pressing challenges regarding working conditions (in long-term care) were also identified in a recent report *Beyond Applause? Improving Working Conditions in Long-Term Care* (OECD, 2023):

- “Care workers earn only **70 per cent of the average national hourly wage**. A quarter of long-term care workers earn less than 54 per cent of the average wage. In Estonia, Latvia, Lithuania, Poland, Portugal and United Kingdom, the wage of care workers was lower than 60 per cent of the average wage in 2018.
- Taking into account factors that might lead to lower wages – e.g. education, tenure, hours worked and gender – **care workers earn 12-16 per cent less than similar workers**.
- Women workers in the sector are paid 7-8 per cent less than their male colleagues with similar characteristics. Three quarters of care workers report **physical health risks** (heavy loads, tiring and painful positions) compared to 59 per cent of all employees.
- Two-thirds of care workers report **mental health risks** (workload, time pressure, difficult patients) compared to 43 per cent of all employees.
- Over one-quarter of LTC workers are on **fixed-term contracts** in Japan, Poland, Spain and Sweden.” (UNI Europa, 2023a)

In our opinion, the views on the challenges of personal and household services expressed by the experts complement and reflect those identified by the respondents of the focus groups: the care and non-care providers. Therefore, we will elaborate on these when discussing policy recommendations in Chapter 3.

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

Trying to answer the question regarding the role of social dialogue in regulating and improving the work patterns in the personal and household services (PHS) sector of domestic workers in Poland, it should be stated that social dialogue has a marginal role (if any) in regard to this issue. The PHS sector is barely recognised by the main social actors and problems in the sector remain unaddressed and unresolved at the national level.

2.1. Social actors in PHS

Identifying the most relevant social partners and social actors, it is very difficult to indicate the most relevant ones engaged in the personal and household services sector in Poland due to the lack of partners on both the trade union and employers' side. The only exception is The Domestic Workers Committee (The Domestic Workers Committee, n.d.), which unites workers who perform paid domestic labour, such as care for the elderly or children, housekeeping or cleaning. The aim of the union is to fight for the improvement of working conditions for domestic workers.

Among the trade union's demands one may find (The Domestic Workers Committee, n.d.):

- “• The right for our work to be recognised as a significant part of Poland's health and elderly care system, and to be supported by the state.
- The right to forms of legal employment appropriate to the specifics of domestic care work.
- The right to simpler procedures for legal work and residence.
- The right to a clear definition of work conditions and duties. We are not workers who can be expected to 'do anything'!
- The right to a decent wage for all the actions and hours required for our work.
- The right to decent social and living conditions.
- The right to free time.
- The right to be free from sexual harassment (and other forms of bullying from employers).
- The right to have access to legal and psychological assistance.
- The right to work in an environment in which we feel safe and in which our care for our clients is valued.”

Those demands are not covered so far, as the number of members is still low and increases very slowly. Indicating representation gaps in the PHS sector in Poland, we should note that those taking care of remedial classes, home repairs, gardening, ICT support – do not have adequate representation.

Among the main reasons for the lack of the social partner involvement in the PHS sector in Poland, we should indicate:

- **dispersal of staff** – everyone works from the client's home – informal networks to get to know others working in the sector, which could give rise to bottom-up actions in the context of improving working conditions in the sector;
- **a sector 'invisible' to mainstream trade unions** – getting the three most important national trade unions (present in the Social Dialogue Council) interested in the PHS sector would help to improve the situation of those working in the sector;
- **the dominance of the traditional type of union membership in general** – large industrial workplaces have historically unionised workers more effectively;
- **dominance of the informal economy** in employment – lack of legal employment discourages/does not allow decisions to unionise or to demand better working conditions at all;
- **low level of unionisation in general** – trade union density in 2022 in Poland was 4.7% of the adult population;
- **negative image of trade unions** – there is a common view that TU are taking care mostly of themselves.

The PHS sector in Poland operates predominantly in the shadow economy. For this reason, it is difficult to even estimate its size. An additional issue is the large number of foreigners working in the sector who, in

addition, have an irregular residence status in Poland and fear deportation. Regularising the employment status of those working in this sector would be a milestone towards improving their working conditions.

For the time being, there is neither the political will nor the practical possibility in Poland to significantly improve the situation of those working in the PHS sector (especially those in the shadow economy) due to the unregulated status of their employment. Undeclared work allows neither grassroots organising of workers nor the involvement of trade unions in protecting them.

2.2. Social dialogue related to the personal and household services

2.2.1. Social dialogue in Poland

There is no national definition of social dialogue in Poland. It is a concept that covers the overall mutual relations between trade unions and employers' organisations. It also includes their relationship (bipartite or tripartite) with state authorities such as the government and its agencies, local government and other state institutions. However, the most important institution of national social dialogue in Poland is The Social Dialogue Council (Rada Dialogu Społecznego, hereafter RDS). It constitutes a forum for tripartite dialogue in Poland and cooperation of the employees' side, the employers' side and the governmental side, functioning at the central level.

The Social Dialogue Council was established by the President of the Republic of Poland on 22 October 2015, pursuant to the *Act on the Social Dialogue Council and Other Institutions of Social Dialogue*. RDS is a forum of tripartite dialogue involving representatives of employers, of employees and of the government. Apart from this central body, there are also Regional Social Dialogue Councils. RDS replaced the Tripartite Commission for Social and Economic Affairs (Trójstronna Komisja do Spraw Społeczno-Gospodarczych), established in 1994.

Article 1 of the Act specifies three principal objectives of RDS:

- I. to ensure favourable conditions for socio-economic development and to enhance the competitiveness of the Polish economy, as well as social cohesion;
- II. to implement the principle of social participation and solidarity with regard to employment relations;
- III. to work to improve the quality of developing and implementing socio-economic policies and strategies and build social consensus on these issues by holding transparent, substantive and regular dialogue between workers' and employers' organisations and the government.

The activities of RDS are supposed to support social dialogue at all levels of territorial government. The responsibilities of the workers' and employers' organisations, which are the parties to the Council, focus on expressing opinions and taking positions, as well as on giving opinions on draft guidelines for proposed and draft legal acts.

RDS is composed of representatives of the government, representative trade unions and representative employers' organisations. The three trade unions considered representative at the national level are: "Solidarity" (NSZZ "Solidarność"), the All-Poland Alliance of Trade Unions (Ogólnopolskie Porozumienie Związków Zawodowych, hereafter OPZZ) and the Trade Unions Forum (Forum Związków Zawodowych, FZZ). The representative employers' associations, in turn, include: the Employers of Poland (Pracodawcy Rzeczypospolitej Polskiej), the Polish Confederation Lewiatan (Konfederacja Lewiatan), the Polish Crafts Association (Związek Rzemiosła Polskiego, ZRP), the Business Centre Club (BCC), the Union of Entrepreneurs and Employers (Związek Przedsiębiorców i Pracodawców, ZPP) and the Federation of Polish Entrepreneurs (Federacja Przedsiębiorców Polskich). Finally, the government representatives are members of the Council of Ministers and other representatives nominated by the prime minister.

Recent annual reports on the activities of RDS (2015-2022) indicate that the topic of personal and household services has not been addressed by the Council – neither at the central nor at regional level.

2.2.2. Trade union density and membership of employers' associations in Poland

Today, there are three trade unions and six employers' associations that are considered representative at the national level. The former are: "Solidarity" (NSZZ "Solidarność"), the All-Poland Alliance of Trade Unions (Ogólnopolskie Porozumienie Związków Zawodowych, hereafter OPZZ) and the Trade Unions Forum (Forum Związków Zawodowych, FZZ); and the latter: the Employers of Poland

(Pracodawcy Rzeczypospolitej Polskiej), the Polish Confederation Lewiatan (Konfederacja Lewiatan), the Polish Crafts Association (Związek Rzemiosła Polskiego, ZRP), the Business Centre Club (BCC) the Union of Entrepreneurs and Employers (Związek Przedsiębiorców i Pracodawców, ZPP) and the Federation of Polish Entrepreneurs (Federacja Przedsiębiorców Polskich). All these organisations are represented in the Social Dialogue Council (see above).

According to the data provided by the central statistical office, Statistics Poland (Główny Urząd Statystyczny/Statistics Poland, 2023a), in 2022, there were 353 employers' organisations and 11 656 trade union organisations at different levels. Most of the latter were those active in particular enterprises or institutions, or their parts or branches (76.4 %) followed by inter-enterprise trade union organisations (20.8%). There were also federations and confederations of trade unions with local or industry branches, as well as the so-called uniform trade unions; their total number was about 310 (2.7%). The smallest category was trade unions of individual farmers (0.1%). In the period between 2014 and 2022, the number of employers' organisations increased by 28.8% and the number of active trade unions decreased by 9.6%. In 2022, the proportion of trade union organisations affiliated to a trade union centre representing workers in the Social Dialogue Council was 81.7%, and the corresponding figure for organisations representing employers was 21.2%.

In 2022, the trade unions had a membership of 1.4 million, which amounts to 4.7% of the adult population, and to 14.8% of workers employed on the basis of employment contracts in enterprises employing over nine people. Employers' organisations, in turn, had a membership of 21 600 entities.

The largest proportion of trade union members (19.3%) worked in education, followed by public administration and defence (14.7%). Those employed in manufacturing (13.3%) and health care and social assistance (11.4%) also had a significant share of membership.

Nearly one in six employers' organisations declared in 2022 that the main industry of its members was health care and social assistance (16.6%). Members of employers' organisations were also frequently active in industries such as manufacturing and wholesale and retail trade (10.3% each), services (9.9%) and professional, scientific and consultancy activities (8.7%).

2.2.3. Collective bargaining in Poland

Collective bargaining agreements are a type of social agreement concluded by bargaining between the employer(s) and employees, represented by trade unions.

Since 1995, collective agreements in Poland may be concluded at two levels: single-employer and multi-employer. A company-level agreement is concluded at the company level. A supra-company agreement may cover any number of different workplaces, e.g. schools, mines, steelworks or other companies. A supra-company agreement establishes uniform work rules that apply to employees working in all entities covered by the supra-company agreement.

In Poland, there are no legal regulations establishing a separate category of sectoral agreements. A supra-company agreement may apply to companies operating in the same area of the economy, e.g. power plants, but the law does not prohibit the conclusion of supra-company agreements for companies in different industries. The cross-company collective bargaining agreements apply only to those enterprises that have expressed a wish to conclude an agreement. However, there is no obligation to conclude a cross-company agreement for all enterprises operating in a certain area of the economy. No company is obliged to enter into any multi-company collective agreement, whether it is an existing company, a newly established company or a company entering the Polish market.

Company collective bargaining agreements are registered by the District Labour Inspectors, while the post-company collective bargaining agreements are registered by the Minister responsible for labour matters. The registration of a company collective labour agreement, as well as of a multi-company collective labour agreement, takes place upon application by one of the parties that concluded the agreement.

In the register kept since 1995 for post-company collective labour agreements, 174 agreements are registered, whereby:

- 62 agreements are in force;
- 112 agreements have been terminated or dissolved (of which 14 are the so-called dead agreements).

406 additional protocols have been concluded to the above-mentioned agreements, of which:

- 215 additional protocols are in force;

- 193 additional protocols are not in force due to denunciation or termination of the agreement.

However, in PHS in Poland, there is no adequately strong and experienced worker representation (TU) in the sector that is sufficiently established to have an effective dialogue with employers. Undoubtedly, though, establishing The Domestic Workers Committee in 2021 as a representation of domestic workers is a promising step forward.

2.3. Addressing the challenges in PHS by social dialogue

Based on the results of the social dialogue survey in the PHS sector (see Annexes: Social dialogue survey sample), we reported the main challenges related to personal and household services, such as: most work not recognised as work (unpaid family carers), the high share of undeclared work, bogus self-employment (forced or false self-employment), funding of services in the PHS sector, low wages/salaries, high share of vulnerable workers (migrants, women), organisation of working time, high workload, lack of social security, health and safety issues (including mental health and abuse). Below is a list of challenges that we have identified based on an in-depth analysis of expert interviews (see Annex: List of interviews with the national stakeholders):

- High share of **undeclared work**;
- **Precarious and demanding working conditions** (low income, low job security, low social security, long working hours/ work twenty-four/seven, poor autonomy at work; insufficient collective interest representation);
- **Lack of inspection of the working conditions** due to significant share of informal economy and lack of inspection activities in households, as well as problematic supervision of the working conditions (including wages) in the sector of public care services provided at home and in care institutions;
- **Low level of unionisation** due to the dispersion of workers, the nature of the activities and, for a significant share of workers: insecure residency status in Poland, **lack of collective agreements**;
- Low level/lack of **validation of the intermediary agencies**;
- **Lack of migration policy and integration strategy** for well-considered integration of foreigners into the labour market;
- **Low organisational culture**, maladaptation of administrative infrastructure to the needs of workers in personal and household services, in particular – migrants;
- Coexistence/**overlap of health care and social assistance systems** in the PHS sector;
- **Level, diversification of funding resources** and the way public funds are spent on personal and household services (especially care services), implemented as part of the tasks of local governments/supervised by central level institutions;
- **Unpredictable and complex legislation**, often requiring additional interpretation and/or competence on the part of the employee/employer;
- **Omission of social partners**/social consultations concerning the PHS sector in the legislative process;
- **Low level/limited social dialogue on PHS** in the Social Dialogue Council;
- Limited interest in social dialogue on the employers' side (except for some employers' organisations);
- **Accessibility and affordability of services**;
- **Drainage of employees**, especially those with a professional background related to the activity;
- Poor development of a lifelong learning system.

Given the dispersion of workers, the diverse range of work performed, the lack of extensive worker networks and the fragmentation of social partners, identifying the major challenges for personal and household services has posed some difficulties. It should be stressed that **the above challenges were discussed by individual stakeholders (trade unions, employers' organisations, state institutions, etc.), but are not the subject of an effective and systematic social dialogue.** For this reason, **the most**

critical challenge for the PHS sector in Poland is to intensify such a dialogue, including all relevant stakeholders.

Reflecting the severity and wide range of challenges facing the sector, there have been few initiatives in relation to the PHS sector in Poland. Noteworthy, however, was the participation of representatives of the OPZZ “Confederation of Labour” in a **statutory meeting of UNI Care** to discuss organising workers in care homes, as well as homecare workers. It is reported that Anna Bacia of the OPZZ “Confederation of Labour” is leading the union in collective bargaining for better wages and conditions:

“Without the support of UNI Care and the COZZ [Central Europe Organising Centre], care workers in private nursing homes would have no one to turn to. Our union ensures that our living conditions improve, and this is only the beginning. All care workers deserve to live and work with dignity.” (UNI Europa, 2022a)

Further, long-term care workers launched a **nationwide campaign to improve the working conditions and care quality**. The aim of the campaign is to support workers to unite and organise into unions, fight for higher wages and discuss governance and funding levels for the sector. The challenges of ensuring staff resources and quality of care are also highlighted (UNI Europa, 2023b).

With this in mind, it is encouraging that **the national workshop organised under the PERHOUSE project, entitled *Personal and household services (PHS): the role of social dialogue in the context of challenges for the sector in Poland*** (26 January 2024, Maria Curie-Sklodowska University) (EASPD European Association of Service Providers for Persons with Disabilities, 2024; Maria Curie-Sklodowska University, 2024) enjoyed a considerable interest, bringing together **over 30 representatives** of trade unions, employers’ organisations, government and public institutions, private entrepreneurs and NGOs. The main lesson learned was that such initiatives should continue.

2.4. Interrelation with the EU-level social partners

The links of the social partners associated with the PHS sector in Poland to the social dialogue structures at the EU level are difficult to estimate, given the limitations of the dialogue at the national level.

However, based on the national interviews conducted with relevant stakeholders working for PHS in Poland, we can indicate **connections with the following institutions/social actors** at the EU/international level:

- **European Economic and Social Committee** (European Economic and Social Committee, n.d.);
- **European Committee of Social Rights** (European Committee of Social Rights, n.d.);
- **Uni Global Union** (activities on behalf of, among others: cleaners and care workers)(UNI Global Union, n.d.);
- **European Trade Union Confederation** (ETUC, n.d.);
- **UN International Organization for Migration** (UN International Organization for Migration, n.d.);
- **Tent Partnership for Refugees** (mobilising leading businesses to connect refugees to work through hiring and training) (Tent Partnership for Refugees, n.d.);
- **Business at OECD** (Business at OECD BiAC, n.d.).

It is remarkable that **none of the stakeholders referred to the *Care Strategy***, promoting high quality, accessible (also in financial terms) childcare services (under 3 years of age; up to school starting age) and long-term care services, as well as: better working conditions for care providers (European Commission, 2022). In addition, only **one trade union (INT 6) was aware of Poland’s position on International Labour Organisation Convention no. 189** (International Labour Organisation, 2011), concerning domestic workers, which **has not yet been ratified**.

2.5. Summary of the role of social dialogue in PHS

In Chapter 2, we sought to present the role of social dialogue in regulating and improving working conditions in the personal and household services (PHS) sector in Poland. Given the limited social dialogue concerning the PHS sector and the fragmentation of social actors, identification of the challenges faced by

domestic workers was possible through in-depth expert interviews and focus interviews with workers themselves. It should be emphasised that at this point in time the challenges identified are not yet subject to a systematic and effective social dialogue, which is the most significant barrier to improving the working conditions of domestic workers in Poland.

As the list of challenges for the PHS sector resulting from our study is to a large extent consistent with the results of the limited-scale stakeholder survey, expert interviews and, above all, with the demands of the only trade union representing domestic workers in Poland, the Domestic Workers Committee, we are hopeful that it will provide **a starting point for discussion and cooperation towards a social dialogue dedicated to the personal and household services.**

3. Conclusions and policy implications

In the first and second chapters of the report, based on the conducted research (desk research, service demand survey, social dialogue survey, interviews with national stakeholders, focus group interviews with workers), we have characterised the personal and household services sector in Poland. Due to objective limitations (lack of respondents), we were not able to provide a balanced analysis of non-care services, which certainly is an indication for further research.

The analysis indicates unequivocally that the **working conditions of persons providing personal and household services in Poland are precarious**. By using the framework of analysis referring to six dimensions of precarious employment (Kahancová et al., 2020), i.e. income, job security, social security, working time, autonomy at work, collective interests representation, we can compare the obtained findings with the results of other studies and thus review recommendations that are applicable to the situation in Poland.

Regarding care services, the primary recommendation is to create **an integrated long-term care system** and to **increase employment in the sector** (Błędowski, 2021) that matches the current and projected demand for this type of services. Essential elements of this system should be **services provided in the home setting as registered work**, thus safeguarding the elementary rights of workers and regulating the expectations of both parties to the contract as to its scope. Given that a significant proportion of service providers are in the shadow economy, and that the greatest challenge is posed by services provided by individuals to households, every effort should be made to **simplify the rules allowing for contractualisation that takes into account the specificities of the services and registration for social security**, e.g. in an online/digital form, which in turn would safeguard workers' social security. The need for **modernisation of labour market institutions** was emphasised by both trade union and employers' representatives.

A separate challenge is the **operation of intermediary agencies**, which, according to experts, require verification of their performance, e.g. by means of a certification procedure (employers' organisations proposal). As this concern is also recognised at the EU level, it is proposed that "national enforcement authorities improve the control and inspection of agencies posting PHS workers, especially if their practices are aligned with labour legislation (e.g., working time, breaks, access to social services). Checks may be supported by an EU-level scheme of quality certificates and official licences demonstrating compliance with national tax, labour and social security legislation" (Guzi et al., 2022, p. 66).

Our thoughts are in line with the conclusions of an earlier study on PHS-related policies in 21 member states (Baga et al., 2020, pp. 31–32):

"Expanding formal employment in PHS, through different initiatives such as **transitioning domestic workers from the undeclared economy and providing them with access to fair working conditions and equal jobs with workers from other economic sectors, supporting the professional reconversion of workers willing to take up employment in the domestic care and non-care sectors and creating access to labour and social rights for all PHS workers** would represent a major contribution to the goals outlined above, while simultaneously supporting the *European Gender Equality Strategy* and the *European Accessibility Act* through the creation of support instruments for both women willing to take up full-time employment and persons with disabilities facing challenges with regards to inclusion."

In addition, recommendations addressing the phenomenon of undeclared work in PHS were the subject of an in-depth analysis comprised in the *Tackling undeclared work in the personal and household services sector* report (Guzi et al., 2022), which suggested, inter alia:

- **A regulatory framework** to be established (minimum wage, working time regulation and social protection standards), "which in itself is a challenge in many Member States, especially in Central and Eastern European Member States and in Southern Europe" (Guzi et al., 2022, p. 65);
- **User-friendly (digital) services** and tools to **administratively simplify the formalisation of work** in the PHS area;
- **Improved access to, and affordability of formal PHS** within public and private social services, also due to **public investment**;
- Fostering the **involvement of representative organisations** (employers and workers) in structured social dialogue;

- Recognising the qualifications and **experience of third-country nationals** in EU Member States, alongside more **flexible approaches to the issuing of work permits**.

One of the goals proposed by The Domestic Workers Committee is to extend the solutions proposed in the *Active Parent* programme (under which parents would receive PLN 1,500 for various forms of child care) to carers of adults (the elderly, persons with disabilities), which should contribute to reducing the shadow economy and improve working conditions in domestic care services.

The above considerations are of particular interest to foreigners providing personal and household services—care and non-care—who are in a vulnerable position of **cross discrimination**: “**migrant or refugee** background (non-Polish) is further compounded by the **gender** factor and an **occupational status** (working in the household services sector) perceived as lacking in prestige” (Klakla et al., 2023, p. 9). For this reason, in addition to simplifying contractual procedures (in order to avoid unnecessary formalisation), it is imperative to **examine the system for legalising stay and working in Poland** (EFFAT et al., 2022). In the light of the cited reports, there must also be **representation of workers in the sector, greater public awareness and coordination between stakeholders**. While formation of the Domestic Workers Committee (2021) is a milestone towards the representation of workers, **coordination of PHS advancement efforts in Poland is essentially non-existent**, given the negligible social dialogue in this area.

Considering the current state of play in Poland and the recommendations from the OECD report (OECD, 2023), **establishing a forum for national social dialogue to discuss issues and find common solutions to challenges is a task for the government** (UNI Europa, 2023a). We are aware that effective measures applied in other European countries may not always be applicable to Polish conditions due to diverse welfare regimes (Baga et al., 2020), nevertheless **developing social dialogue is an elementary condition for any progress** (European Federation for Family Employment and Home Care, 2019, pp. 23–25). It was observed that: “social dialogue and collective agreements are effective instruments to tackle many challenges in PHS, from reducing isolation and tackling undeclared work, to strengthening wages and working conditions and identifying new professional profiles and necessary qualification standards” (Ad-PHS, 2021, p. 9).

An eclectic summary and addition to the above deliberations is the set of recommendations prepared as part of the RETAIN project report, which focused on trade union strategies in industrial cleaning, private security and long-term care sectors (UNI Europa, 2022b):

- **“Improving wages and working conditions** to create family-sustaining jobs with fair minimum wages, good work-life balance, fewer administrative tasks, shorter travel times and more worker autonomy overall.
- **Increasing staffing to improve quality of care** in part by **investing more financial resources in recruitment** and introducing minimum staff-to-resident ratios with financial sanctions for providers that do not comply.
- **Supporting union organising, collective bargaining and improved social dialogue** among providers, unions and other stakeholders in the sector.
- **Improving health and safety** in what has become one of the most dangerous jobs in the world (...).
- **Improving training** and creating paths to **professionalisation** for workers in LTC jobs.
- **Improving migration policies** and **ratifying ILO Convention 189** to give domestic workers the same rights as other workers.
- Ensuring that national governments and the EU **increase funding** in the LTC sector and that the conditions of public funding include **respect for workers’ rights**, minimum staff-to-resident ratios and **mandatory collective bargaining agreements**”.

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Annexes

Sample of the survey on demand for personal and household services

Category	Number (N)	Percentage
Respondents	64	100%
Gender²		
Female	29	70.7%
Male	11	26.8%
Other	0	0%
Age categories³		
Under 30	5	12.2%
31 - 50	33	80.5%
51 and over	3	7.3%
Type of household⁴		
One-person household	5	12.5%
Household consisting of a couple without children	5	12.5%
Household consisting of a couple with children	24	60%
Single parent household	4	10%
Household including extended family	2	5%

Sample of the social dialogue survey

Code of the stakeholder	Type of stakeholder	Name of the organisation
S1	Agency intermediating the services	XXX
S2	Public/state authority	XXX
S3	Trade union	XXX
S4	Employers' organisation	XXX
S5	Trade union	XXX

² 23 persons skipped the question, 1 preferred not to respond.

³ 23 persons skipped the question.

⁴ 24 persons skipped the question.

List of interviews with the national stakeholders

Code	Type of stakeholder	Name of the organisation	Date of the interview
INT1	Trade union	XXX	26.06.2023
INT2	Trade union	XXX	4.07.2023
INT3	Trade union	XXX	18.07.2023
INT4	Trade union	XXX	21.07.2023
INT5	Employers' organisation	XXX	18.09.2023
INT6	Trade union	XXX	5.10.2023
INT7	Intermediary agency	XXX	15.11.2023
INT8	Municipality	XXX	5.12.2023
INT9	State authority	XXX	11.12.2023
INT10	Trade union	XXX	19-20.12.2023

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	Adult/senior care	3/8/2	0	9/11/17.02.2024
FG2	Non-care	2	1	23.02.2024/10.03.2024
FG3	Childcare	1	0	10.03.2024