

PERHOUSE

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

EU-level Stakeholders' Views on Social Dialogue in Personal and Household Services in Central-Eastern European Countries

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Childcare	CC
Central and Eastern Europe (with our project focus on CZ, SI, PL, EE, LV, LT, HU, RO, HR, BG, SK, NM)	CEE
European Council of Regions and Municipalities	CEMR
European Confederation of Free Trade Unions	CESI
Directorate-General for Employment, Social Affairs and Inclusion	DG EMPL
European Commission	EC
European Economic and Social Committee	EESC
European Federation of Food, Agriculture and Tourism Trade Unions	EFFAT
European Federation of Family Employment	EFFE
European Federation for Services to Individuals	EFSI
European Labour Authority	ELA
European Public Service Union	EPSU
European Trade Union Confederation	ETUC
European Union	EU
International Labour Organisation	ILU
International Union of Food	IUF
Long-term care	LTC
Personal and Household Services	PHS
Services of General Economic Interest	SGEI
Association for Integration and Migration	SIMI
Social Services of General Interest	SSGI
European services workers union	UNI Europa

Executive Summary

This report focuses on the conceptualisation and reflection of social dialogue in the PHS sector in Central and Eastern European (CEE) countries from the perspective of European institutions, policies and relevant stakeholders. Drawing on policy analysis and interviews with a selection of stakeholders, our focus is to identify the strategies of European institutions and stakeholders in strengthening the PHS agenda in the CEE region and to analyse the barriers encountered at the European level. We particularly examined the European Care Strategy and its approach to addressing the situation of migrant live-in care workers from the CEE region in the context of care in the EU.

Since the onset of the Covid-19 pandemic, social partners have demonstrated a significant impact on ensuring fair crisis management. However, the health crisis has also exposed further weaknesses and vulnerabilities among workers in sectors with underdeveloped industrial relations, where employees have not been able to benefit from inclusive social dialogue. One such sector experiencing these challenges is personal and household services (PHS).

The analysis contextualises the invisibility of the PHS agenda in the CEE region at the European level and the challenges associated with establishing industrial relations and social dialogue. We argue, that the framing of PHS at the EU level is largely informed by the national economies, demographics and social history of 'Western European' member states. As such, limited consideration is generally given to regional disparities and differences between national contexts beyond such member states. In policy documents and interviews with stakeholders, CEE regions are rarely addressed beyond the quality of their countries of origin. Minimal discussion has been made regarding their specific national regulations concerning labour protection standards or migration governance. CEE countries are viewed in this context as countries of origin of potential domestic workers, rather than as a context in which PHS sector must be regulated.

In our policy recommendations, we suggest to strengthen the expertise of social partners in designing and implementing social dialogue at the European and national level in CEE countries in the PHS sector through national social dialogue initiatives.

Introduction

The report is among the results of the PERHOUSE project (Ref. 101052340), which seeks to analyse the current characteristics and challenges related to service provision and working conditions in the personal and household services (PHS) sectors in the Central and Eastern European (CEE) countries. We aim, among other objectives, to deepen the analysis of industrial relations and the potential of social dialogue in the PHS in the CEE region and to explore the link of EU-level social dialogue structures to the national agenda. The main research objectives are as follows:

- **To explore EU stakeholders' agenda on PHS in the CEE region;**
- **To identify convergences and differences in industrial relations in PHS in the context of EU-level social dialogue and the EU-level industrial relations system;**
- **To analyse how EU-level employment policy and the industrial relations agenda should respond to the diversity of employment relations in the PHS sector in the CEE region.**

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For the PERHOUSE project, as for this report, two key concepts/definitions are relevant: the definition of the PHS sector and that of industrial relations.

The European Commission (2012) defines PHS as a 'broad range of activities that contribute to the well-being at home of families and individuals: childcare (CC), long term care (LTC) for the seniors and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc.'. In general, these services can be divided into care and non-care-related activities. Similarly, the European Federation for Services to Individuals (EFSI), an organisation that represents federations and companies of personal services in Europe and is an associated partner of this project, clusters these activities into two sub-sectors: care-related services and services of daily living, described with 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 PHS sub-sectors: 1) CC services at home, 2) senior home care and 3) household support activities. The project uses the term 'domestic work' to describe all work performed in or for households, in accordance with the International Labour Organisation's (ILO) Domestic Workers Convention no. 189/2011. Although the convention defines domestic workers as 'any person engaged

those ‘who performs domestic work only occasionally or sporadically and not on an occupational basis’ (ILO Convention no. 189/2011), this project considers workers of the PHS sector as domestic workers. The country-specific variations of the legal definition of workers in the PHS sector are subject to research within the respective national case studies.

Second key term for our research- social dialogue- is (according to ETUC) the process of negotiation by which different actors in society (or ‘social partners’) reach agreements to collaborate on policies and activities. Social dialogue occurs at national and sectoral levels, as well as at the European level. ‘Bipartite’ social dialogue involves workers and employers, whereas ‘tripartite’ social dialogue also includes government or EU representatives.¹⁾

This research is guided by the following questions:

<ul style="list-style-type: none">• How are regional specificities of PHS in the CEE region reflected in relevant policy documents and by stakeholders?
<ul style="list-style-type: none">• How do relevant stakeholders advocate on the problems related to PHS at the EU level?
<ul style="list-style-type: none">• How do EU stakeholders communicate and transnationally cooperate with regional/national partners in CEE region?
<ul style="list-style-type: none">• What are the main thematic priorities involved in the PHS agenda at the EU level related to the European Care Strategy?
<ul style="list-style-type: none">• How have contemporary care crisis cases aggravated by the Covid-19 pandemic and the war in Ukraine shifted the PHS agenda at the EU level and in the CEE region?
<ul style="list-style-type: none">• What effective strategies related to PHS advocacy are present at the EU level and in the CEE region?).

1) <https://www.etuc.org/en/what-social-dialogue>

We conducted eight semi-structured interviews (in a period from July 2023-to October 2023) based on an interview guide list (see attached in annexes). We discussed topics related to the context of PHS in Central and Eastern Europe, with a special focus on social dialogue. Although we had planned for a higher number of interviews, the regional focus of the project and the general invisibility of PHS on the agenda of stakeholders at the EU level prevented us from identifying more actors whose activities specialise both in PHS and the specificities of the CEE region. In addition, we analysed the content of administrative, legal and communication documents relating to personal and household services produced by European institutions and organisations. Apart from EU reports, policy communications and legislation, we investigated documents released by the main stakeholders in the PHS sector, mainly EFSI, UNI Europe, EFFAT and EFFE.

In line with the ethical guidelines of this project, we aimed to protect the identity of our research participants to the maximum extent. All names of organisations represented by stakeholders are disclosed, we give only the general characteristics of the organisation they represent in the annexes. This research project involved making audio/video recordings that lasted from 45 minutes to 2 hours. The audio/video recordings, forms and other documents created or collected as part of this study will be stored in a secure location in the researchers' offices or on the researcher's password-protected computers and will be later destroyed.

Interview guide with the EU-level stakeholders:

2 (Stakeholders A, B) represent stakeholders from employers' organisations
2 (Stakholders C, D) represent trade union ogranizations
2 (Stakeholders E) represents professional associations in PHS sector
1 (Stakeholder G) represents international organization
1 (Stakeholde H) represents migrant NGOs

Participation in this research was completely voluntary, and informed consent forms were provided to the participants. We used data reduction (assigning thematic categories and creating codes), data organisation and data interpretation to deduce our research findings. Data processing and coding were supported by Atlas.ti software. In our attempt to provide research ethics, we adhered to and enforced integrity principles based on the European Code of Conduct for Research Integrity (ALLEA, European Science Foundation, 2017).

The first part of the report presents the main actors of the PHS agenda - EFSI, FFAT, EFFE and UNI Europa. The next part focuses on the analysis of policies dealing with the PHS agenda at the level of the main European institutions - the European Commission, the European Parliament and other actors (ELA). In the third part we analyse the social dialogue in the PHS sector and the cross-thematic agenda at the EU level with a specific reference to the CEE region - in particular on the professionalization, migrant domestic and care workers and on the major EU document on care reform - the European Care Strategy. In the fourth part, we look at the reasons for the 'invisibility' of the CEE region in the European PHS agenda. We conclude our report with concrete examples of recommendations that, in our view, should lead to the strengthening of social dialogue in the PHS sector in the CEE region, based on the analysis of relevant policies and the EU stakeholder's reflections collected during the interviews.

1. Main stakeholders and their agenda in PHS sector

1.1. European Federation of Services for Individuals (EFSI)

The EFSI was established in 2006 through a collaborative effort between the French employers' association in the sector of personal services SESP, the Belgian association of employers Federgon and the voucher firms Sodexo, Accor and Axa. Acting as a representative for national businesses, EFSI has played a central role in the sector of services to individuals and in the development of related policies at both the national and EU levels (Ledoux, 2021). Its position primarily builds on the understanding of PHS as a significant employment-generating sector. Since its inception, the EFSI has actively engaged in debates at the EU level and has produced several position papers to support lobbying efforts and contribute to sectoral development.

The framing of PHS as 'a source of jobs' has been a central point of reference in EFSI's position papers on various topics, resulting from the sector's development and analysis (Ledoux, 2021). EFSI frequently highlights the sector's potential to create sustainable jobs with low risks of delocalisation, aligning with the objectives of the Europe 2020 Strategy (EFSI, 2010). A report analysis from 2012 funded by EFSI further develops this framing and underscores three key aspects related to the formalisation and recognition of PHS, which have normatively informed subsequent policy dialogues at the EU level: (1) the sector's development responds to private individuals' demand for assistance with various household tasks in an administratively simple way and at a competitive price for the user of the services previously conducted compared with that in the black or grey market; (2) it creates fully fledged job opportunities, enabling jobseekers or people with limited qualifications to perform activities previously conducted in the black or grey circuit, now under official employment status, guaranteeing decent working conditions and pay and contractual ties to approved companies; (3) it contributes to efforts against undeclared work in the household services sector (Gerard et al., 2012).

EFSI has also worked towards developing concrete recommendations for tools to foster sectoral development. In a broader sense, EFSI promotes better recognition of the sector at the EU level and asserts that 'any public intervention in the PHS sector should first and foremost make formal employment less costly and more attractive for users by (1) promoting a wide and fair solvency of the demand; (2) guarantying users' freedom of choice and (3) structuring a supply of quality services and jobs' (EFSI, 2012).

While practical examples and empirical evidence for the economic potential of PHS is strongly grounded in national praxis from Western member states (see, for example, Goffin et al, 2018), the issue of formal employment is one that increasingly gains

In this regard, several key issues have become central to the EFSI's lobbying interests. In 2011, as part of consultations on the application of state aid rules to Services of General Economic Interest (SGEI) and, therefore, to Social Services of General Interest (SSGI), EFSI advocated for the development of a coherent and flexible legislative framework that would not obstruct private companies' access to the PHS market. EFSI (2011) stressed 'the importance of private companies' role, together with public entities, in the development of the sector, in order to guarantee accessibility, proximity, quality, choice and innovation for citizens. Only their joint and collaborative actions and expertise will participate in the development of social services, thus increasing users' well-being, enhancing work-life balance, boosting job creation and reducing informal economy'.

Another primary concern revolves around advocating for tax incentives and reduced VAT rates for the sector to be implemented by member states. The EFSI underscores the urgency of supportive measures through the sector's high employment content and labour costs (EFSI, 2017). In its position paper vis-à-vis the 2017 proposal for a Council Directive amending Directive 2006/112/EC on the common system of value-added tax, regarding the rules governing the application of VAT rates, EFSI highlighted the sector's susceptibility for undeclared work, substituting official employment leading to market distortion, which can be addressed through reduced VAT rates. Consequently, the EFSI primarily lobbies for expanding PHS activities recognised by the VAT Directive (EFSI, 2017).

Next, EFSI's efforts aimed to draw attention to direct employment as an important form of employment in the sector. As one of two types of employment prevalent in the PHS sector (the other being the provider organisation model), the direct employment model is defined in this sense as a bilateral relationship, in which the private householder legally acts as the employer of the domestic worker. In the provider employment model, the domestic worker is employed through a third party, typically an organisation that manages the commercialisation of services on the market and has the role of the employer. While around 70% of EU PHS workers are hired through the provider employment model, for the other 30% of workers households are their direct employers.

In this context, according to EFSI, it remains unclear whether the VAT directive would also cover the direct employment model, although in both models workers have the status of employees (EFSI, 2018a). A problematic aspect in this sense is that apart from national contexts with a highly regulated provision of PHS, the direct employment in private households largely takes the form of undeclared work. In this context, the EFSI estimated that the directive's impact on the conditions of workers hired directly would be rather limited. As viewed by the organisation, the main reasons behind this are excessively heavy administrative procedures falling on private households, informal forms of employment of domestic workers that do not exceed 8

working hours, which are not formalised under a work contract, whereas the fiscal burden associated with formal employment encourages households to undeclare the direct employment of a domestic worker. In this sense, the EFSI pointed out, again, that apart from reduced administrative burdens, the effects of the directive would be enhanced by ensuring affordable access to formal PHS, achievable through tax incentives.

Since 2013, EFSI has organised annual conferences on PHS-related concerns in cooperation with the European Economic and Social Committee (EESC) and various actors. In addition, alongside other European actors, EFSI regularly participates in EU-funded research projects, such as Impact (Improving Measurement of Public Support to Personal and Household Services), For Quality! (Improving jobs and services' quality in personal care and household services across Europe), AdPHS (Advancing Personal and Household Services), PHSDialogue, and PERHOUSE (Personal and household services (PHS) in Central and Eastern European Countries: Improving working conditions and services through industrial relations).

1.2. European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT), European Federation of Family Employment (EFFE) and UNI Europa

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While EFSI, in its role as an employers' representative, primarily focuses on framing the PHS sector in terms of its economic potential, other aspects of the sector were highlighted by trade union federations represented at the EU level by the EFFE, EFFAT and UNI Europa—European services workers union. According to their website, the European Trade Union Federation represents 120 national trade unions from 35 European countries, whereas the EFFAT defends the interests of more than 22 million workers employed along the food chain. EFFAT is a member of the European Trade Union Confederation (ETUC) and the European regional organisation of the International Union of Food. EFFE represents the interests of national stakeholders, including social partner organisations (workers and employers) operating in the field of direct employment. This model is characterised by a contractual work relationship between two private individuals without any trading or profit-making objective. Finally, UNI Europa is the European Trade Union Federation for 7 million service workers. Headquartered in Brussels, UNI Europa represents 272 national trade unions in 50 countries, including commerce, banking insurance and central banks, gaming, graphical and packaging, hair and beauty, information and communication technology services, media, entertainment and arts, postal services and logistics, private care and social insurance, industrial cleaning and private security, professional sport and leisure, professionals/managers and temporary agency workers. In relation to the PHS sector, trade unions have become primarily

preoccupied with a framing that emphasises the vulnerability of domestic workers, as well as human rights in general. In this sense, union action lobbied for the introduction of the ILO Convention 189 (ILO C189) on rights for domestic workers, which provides for decent working conditions, a minimum wage, rest periods and other rights. In its more developed form, the concern with workers' rights included a preoccupation with gender equality and women's position in the PHS labour market and work-life balance concerns, as well as migrants' rights and their access to regularisation. Trade unions' position vis-à-vis developments in the PHS sector was strongly informed by framings, definitions and knowledge produced by the ILO.

Domestic work was a result largely viewed as a path towards finding a balance between work and family life, as well as towards a sustainable integration of women in the labour market by giving households the possibility to employ declared and paid domestic workers with care and non-care tasks (EFFE, 2020a). While national trade unions in the 1990s opposed the development of personal and home services given the large over-representation of women in these jobs (Leydoux, 2022), over time, home employment came to be defined by unions as playing a crucial role in 'supporting population's ageing, supporting women participation to the labour market and birth rates, creating declared jobs, developing social rights, recognising new skills for domestic workers and integrating migrants decently' (EFFE, 2019).

In its guide from 2015 aimed at national trade unions, EFFAT underscored the importance of engaging with workers from the PHS sector and provided extensive guidelines for organisation and representation, highlighting the association of the sector with undeclared work and irregular migration. As main challenges for organisations, EFFAT specified the isolation of workers, the prevalence of undeclared work and undocumented migration, non-standard forms of employment and cross-national differences in the sector (EFFAT, 2015). The negotiation of collective agreements is also actively supported by UNI Europa.

Among other concerns of trade unions regarding the PHS sector is support for micro-certification, which, according to EFFE (2021), would allow workers to accumulate transversal skills acquired outside formal education and training schemes and to strengthen their attractiveness in the changing labour market. In relation to migrant workers, who 'allow millions of working people to enjoy improved work-life balance and come back to a clean house' (EFFAT, 2023), EFFAT has repeatedly called for an EU binding initiative on labour intermediaries and fair working conditions across subcontracting chains.

So far, EU level trade union action considers to a limited extent action targeted at the labour organisation in PHS in the CEE region specifically. Such action is not only underdevelopment in the region, it also must account for important both regional and national particularities. In this sense, Ezzeddine (2014; 2012) documents the process of transformation of the social system in the Czech Republic and the challenges that neo-

liberal dynamics pose to the state's capacity to ensure long-term senior care. In this context, the commodification of care work as well as the reliance on the migration workforce primarily from Ukraine creates specific impediments to traditional union action. At the same time, union action with the participation of migrants is made ever more so complicated due patterns of circular migration, made possible by the geographical distance between non-EU Eastern European countries and countries from CEE (Kindler et al, 2016; Bahna and Sekulová, 2019).

The increasing role of migration against a background of deficient legislation on domestic are documented in the case of Filipina nannies in Romania, whose poor working conditions are largely resulting from inadequate labour standards regulation, but also class struggles and gender stereotypes defined by cultural, and historical circumstances (Boncila, 2015).

Despite relative differences in how the development of the PHS sector is normatively argued, with EFSI stressing the economic potential of the sector and trade union organisations putting forward the working conditions of employers, as well as the safety of users, all main stakeholders are generally aligned in their efforts towards the professionalisation and the formalisation of the sector. Such consensus can be explained primarily through the fact that all parties at this stage are interested in establishing a recognised social dialogue for the sector, which would subsequently provide a platform for negotiation and compromise.

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There is a general alignment in positions taken by trade unions organisations, as well as EFSI, when it comes to demands for an improvement of working conditions in PHS. In particular, the partners agree on the role of the European Commission in providing structural support for the development of social dialogue. In practical terms, a joint declaration among partners suggested the following priorities for the Commission: (1) including domestic workers in the scope of the Framework Directive on Health and Safety and its individual directives. The Commission should also clarify with official communication that the Working Time Directive (2003/88/EC) applies to domestic workers and to start infringement procedures against non-compliant member states; (2) pushing member states to ratify and implement ILO C189 on domestic workers through a specific council recommendation; and (3) promoting social dialogue in the personal household services sector (EFFAT, 2022b).

In the same vein, NGOs such as EASPD have highlighted the central role that the European Union has in the development of social care and support across all member states and has called a for a more pro-active action in giving a sense of direction when it comes to funding models, public investment, all while taking in account the diversity of social systems across the Union (EASPD, 2019).

2. Agenda of European institutions in PHS

2.1. European Commission

In the context of growing unemployment in Western Europe at the beginning of the 1990s, one of the main concerns within DG EMPL (Directorate-General for Employment, Social Affairs and Inclusion) became how to increase the potential of low-productivity jobs in increasing employment (Ledoux, 2021). Largely informed by the position of service providers in France, DG EMPL developed the idea of personal and household service provision in exchange for vouchers (Ledoux, 2021). This view was presented in 1993 in a white paper on growth, competitiveness, and employment (European Commission, 1993). The purpose was first to increase the demand for PHS by lowering their costs and, second, to respond to growing social needs resulting from ‘changes in lifestyles, the transformation of family structures, the increase in the number of working women, and the new aspirations of the elderly and of very old people’ (European Commission, 1993, 19). In this sense, according to the Commission, local services are prevented from generating jobs either because they take place in the informal, undeclared market or because they are too expensive due to their exclusively public funding (European Commission, 1993). In this context, the main policy instruments suggested by DG EMPL were vouchers and tax breaks for home and personal services. This was supported by national initiatives, particularly from employer organisations in France and Belgium. Throughout the 1990s, the European Commission played an important role in facilitating the circulation of good practices in terms of the implementation of these policy instruments among Western member states (and Scandinavians). However, policy initiatives remained at the discretion of national authorities and did not translate into common EU actions. The council managed, however, to pass a directive that reduced VAT rates for certain labour-intensive services with the aim of reducing their costs (Council of the European Union, 1999; Ledoux, 2021).

The concept of PHS was introduced by the European Commission in 2012 (European Commission, 2012) in the framework of the employment package. However, a pre-dating document from the European Foundation for the Improvement of Living and Working Conditions in 2001 already reports on ‘employment in household services’. The issue of ‘creating job opportunities’ (‘Moving these services from the shadow to the formal economy’) remained central; however, social aspects were additionally considered (gender, migration and race). The following definition was suggested: ‘the term “personal and household services” (PHS) covers a broad range of activities that contribute to well-being at home of families and individuals: CC, LTC for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc.’. Furthermore, the document discussed the use of vouchers as an

instrument to tackle undeclared work, the participation of women and work–life balance and the impact of demographic evolution. It also noted that ‘From the point of view of employment policy, these services have a low import content which implies a low import loss in case of public intervention and also a high employment content implying a potentially important effect on job creation’.

Following consultations after the publication of this document, where among participating stakeholders were national trade unions, the ETUC, EFSI, EFFE and others, DG EMPL acknowledged that a central diverging point among stakeholders and their interests is the categorisation of services within and beyond PHS; that is, PHS partly overlaps with SSGI, with care services fully falling under the scope of ‘white jobs’, whereas domestic services remain unrecognised as such. This led to division of care services between those recognised as “white jobs”, and those considered personal and household services, which remained under the categorisation of services to individuals. The same logic perspired in the drafting of the Care Strategy, which again left out care services provided as services to individuals (see below).

The state of play in the sector of PHS was subject to two thematic reviews released by the European Commission in 2015 and 2018. The thematic report from 2015, written by ORSEU, described national approaches in six countries: Belgium, Finland, France, Germany, Italy and the Netherlands. The choice of these countries was motivated by ‘the existence of national arrangements and policies in support of the personal and household sector’, unlike the rest of the EU28, where ‘most of the countries have not adopted any specific supportive framework for this sector’. However, the report recognises that even within this small selection of countries, approaches to PHS vary significantly. The report defines PHS statistically based on two categories: ‘social work without accommodation’ and ‘households as employers of domestic personnel’. The report offers important reflections on the process of care marketisation, stating that ‘when analysing public policies that support the development of personal and household services, it is necessary to distinguish between what results from the development of care policies in the different countries, and what results from a more general impulse given to the market through several advantages (for instance tax credits) or tools (like vouchers in order to ease the administrative tasks). From a dynamic perspective, implementing new tools to develop the market of personal services can also be seen as a marketisation of social services and a form of retrenchment of the welfare state. But these new tools also offer new opportunities for households, in particular in terms of work-life balance, which may not as such be tackled by classical welfare institutions’. Public tools to develop housework activities are categorised as follows: reducing the price, simplification of procedures and incentives through vouchers, new regulations on employment, and fostering the emergence of a formal supply side. A following report in 2018, written by ICF for the

commission, expands the examined national case studies to 12 Western EU members: Austria, Belgium, Cyprus, Denmark, France, Germany, Ireland, Italy, the Netherlands, Portugal, Spain and Sweden. In addition to topics from the previous report, it expands the focus to the position of women in the labour market, work–life balance and migrant workers. It also concludes that in the EU, Central and Eastern Europe seem to register the lowest share of PHS; however, the report admits that ‘data need to be taken with caution as personal and household services may encompass activities classified in different NACE sectors’.

In September 2022, the European Commission presented the already-mentioned European Care Strategy, accompanied by two recommendations for member states on the revision of the Barcelona targets on early childhood education and care and on access to affordable high-quality long-term care. As already stated, the strategy omitted domestic services from its scope.

2.2. European Parliament

Unlike the Commission, which largely perceived the PHS sector in economic terms based on its potential to generate jobs and focused on economic measures supporting this potential, the European Parliament was more strongly preoccupied with social aspects associated with the development of the sector, such as migrants’ and women’s rights and workers’ rights in general. As such, its vision was closer to that of ILO and NGOs active in the sector (Leydoux, 2022).

In reaction to the introduction of PHS by the Commission in 2012 in the framework of the employment package, the Parliament invited ‘The Commission to take into account, in any future policy proposals the ILO Convention [189] on domestic workers to improve the existing working conditions in these sectors’ (European Parliament, 2012). As pointed out by Leydoux (2022), the parliament’s concern for the employment and working conditions of home services workers was expressed again in a report in 2015 and in the adoption of a resolution on ‘Women employed as domestic workers, auxiliaries and CC workers in the European Union’ in 2016.

In its resolution of 5 July 2022 towards a common European action on care (2021/2253(INI)), the Parliament insisted on two main points: recognition of informal caregivers and the fight against undeclared work. The report called on the European Commission and member states to fund all types of care services more effectively, as well as using structural and investment funds to invest in CC, care for older people and others in need of support. MEPs stress that legislative measures and investment are needed at the EU level to promote decent working conditions and to make work in the care sector more attractive. In addition, it calls for member states to develop training for informal and formal carers to prevent and combat care-related violence

and harassment. The report calls for a robust and future-proof European Care Strategy that targets and responds to the needs of people at critical periods throughout their lives, including investment in high-quality public care for every child in the EU.

2.3. Other actors: European Labour Authority (ELA)

The role of ELA was primarily associated with tackling undeclared work in PHS. In 2022, the European Labour Authority's Undeclared Work working group published a report and organised a seminar on PHS activities with contributions from PHS stakeholders, which pointed out a relatively high rate of informal work in PHS in Central and Eastern Europe. The report concluded with recommendations for measures against undeclared work, such as prioritising preventative measures over deterrence measures, reducing undeclared work in PHS through professionalization and developing a system with an intermediary stakeholder (e.g. an agency to which the end-user delegates the management of the recruitment process and all administrative formalities and duties as an employer). ELA could facilitate targeted exchanges among peers to discuss good practices in tackling undeclared work in the PHS sector. However, the ELA has thus far had limited capacity and lacks national competences for direct inspecting action in the area of undeclared work. Therefore, its role remains primarily that of mediating and coordinating exchanges and communication between relevant national and European stakeholders.

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We approached ELA representatives for a research interview; however, they refused to participate, arguing that they were not involved in the PHS agenda, but expressed a desire to address it in their future activities.

The policy analysis in relation to EU institutions' agenda on PHS did revealed limited reflections on the particularities of the CEE region. Nevertheless, growing evidence points to important challenges that the region faces in social care for the elderly and the sick. As documented by Katona and Melegh (2020), the region remains diverse in terms of its social and economic system, with historical developments playing an important role in the linkages between ageing, care services and migration in the era of globalisation. Regional income disparities encouraged emigration from previously socialist countries to countries like Austria, Italy, and Germany. At the same time, the region itself became an important destination for third country domestic workers. Within this context, CEE member states could play the role of a transmission belt for common European training and qualification standards for third country national workers. The European Care Certificate (ECC) is already popular in the region, where it is used both as an instrument for training and promoting skills circulation (Literature Review for PERHOUSE, 2023).

3. Social dialogue in PHS and its cross-thematic agenda at the EU level

As part of the follow-up to the 2022 European Care Strategy and the 2023 Social Dialogue Initiative, the Commission adopted a decision on 10 July 2023, establishing the European social dialogue committee for social services. The committee will bring together European employers and trade union organisations from the sector. The commission's decision responds to joint requests submitted by social partners in the sector in 2021. Participating organisations include **social employers and CEMR** (the European Council of Regions and Municipalities), representing European employers in social services and **EPSU** (the European Public Service Union), representing European workers of the sector. In addition, **UNI Europa and CESI** (the European Confederation of Free Trade Unions) will also be part of the workers' delegation to plenary meetings. **The committee will join the existing 43 European social dialogue committees**, which include employers and trade unions from various EU economies, such as agriculture, construction, education, financial services, hospitals and telecommunications, among others. Social services will be the 44th European social dialogue committee and the first one set up in over a decade. Its objectives were defined as follows: providing opinions and recommendations to the commission on initiatives regarding social and employment policy and the development of European policy affecting the social services sector; encouraging and developing social dialogue at the European, national and local levels in the social services sector; conducting exchanges on topics of mutual interest; developing joint actions; strengthening the capacity of national social partners to respond proactively to consultations and other initiatives by European institutions. The first meeting was scheduled at the end of 2023 .

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The absence of main actors operating in the PHS sector at the EU level from the established European social dialogue committee for social services denotes a framing of social services primarily focused on a conservative definition of care services, excluding PHS from the scope.

As the most significant EU stakeholder in the development of social dialogue in the PHS sector, **EFSI is recognised by employers and trade union counterparts as a representative organisation for PHS employers**. In its general form, the agenda shared by social partners in the PHS sector focuses on **(1) sectorial recognition and (2) the improvement of working conditions**. However, as highlighted by EFSI (2022), in most EU member states, collective bargaining agreements are lacking in the PHS sector, and neither employers nor workers are organised through unions. Subsequently, EFSI has called for active steps from the European Commission (1) to recognise EFSI as the main representative of the PHS sector and therefore consult EFSI on all initiatives

2) <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10630>

related to the working conditions of PHS workers; (2) to acknowledge that EFFAT, EFFE, EFSI and UNI Europa mutually recognise themselves as PHS social and are as such partners in a social dialogue in the PHS sector, while remaining open to other EU social partners (employers' organisations and trade unions) upon mutual agreement by all four parties; (3) to support the European social dialogue in their efforts to cultivate national social dialogues in the sector and develop national capacity through earmarked EU funding (such as ESF+). Although efforts have been made in the formal statements present in the policy papers to establish or strengthen the social dialogue agenda in the PHS sector, the implementation of these activities is significantly underdeveloped compared to other industrial sectors.

The challenge in establishing social dialogue in the PHS sector lies in its specific nature, which is related to work in private households, where the employer/worker/agency relationship has unique labour settings. As Stakeholder A reflected in the interview, 'It's very hard for someone to organise politically or in a union when they are housebound or their job is based on working for multiple employers'. Moreover, PHS work is often performed informally, especially in domestic and care work. For instance, Stakeholders D and E stated,

'In the domestic work sector, there is a high degree of informality and therefore an inability to develop any regular working conditions or any forms of social dialogue.' (Stakeholder E)

'You can't develop social dialogue if work doesn't have the parameters of real work, that is, if it's not formalised. But how do you formalise 24-hour senior care, really? What kind of work lasts 24 hours? If we admitted that, we wouldn't be able to defend this system on which care is based in many countries, and we wouldn't be able to stop the care crisis in the first place.' (Stakeholder D)

Another barrier to social dialogue in PHS is the fact that a large proportion of PHS workers are migrants, often unaware of their rights and facing difficulties in organising compared to citizens. As Stakeholder H emphasised,

'When you have a precarious residency status and your job is tied to your residency, you often tell yourself that you'd rather endure the precarious conditions for the year you came for. This is particularly typical for non-EU domestic and care.'

Another barrier to the development of social dialogue may also be the form of employment—or more specifically, a false form of self-employment—in the PHS sector. Self-employment on the basis of a trade licence is one such model for many CEE live-in cross-border care workers in Germany and Austria. According to Uhde and Ezzeddine (2024), care workers themselves prefer this form of legal employment due to perceived working flexibility and independence. However, they often overlook the associated risks. Notable drawbacks include the lack of social benefits and the

absence of labour protections, which become apparent in most cases during a problem or a crisis, such as long-term illness or, notably during the pandemic, when many found themselves ineligible for pandemic-related benefits for essential workers on either side of the border. In addition, they risk incurring steep fines for so-called false self-employment, where they are working for one family or client and their work arrangement formally fits the definition of an employee. Given the complexity of German employment law, they can easily find themselves working illegally (Ezzeddine, 2023). Moreover, states tacitly tolerate the irregular or even illegal practices of employers who hire cross-border live-in care workers (cf. Leiblfinger et al., 2020).

Van Horeen et al. (2021) argued that even when domestic workers are formal employees, government employment policies often exclude them from the social and employment protections enjoyed by other workers. Due to the specific characteristics of their work within private households and the demographics of the sector, predominantly comprising women and often migrants, domestic workers have not been a primary focus of trade unions. However, previous research has shown instances of domestic workers organising themselves, both within and outside trade unions (Schwenken, 2017). These studies reveal, among other things, the global political agency of domestic workers and the importance of cooperation between trade unions, NGOs and community organisations.

Effective activities to strengthen social dialogue in the PHS sector have occurred mainly during periods of crisis, such as during the Covid-19 pandemic. During the pandemic, a joint statement on PHS was released by EFFAT, UNI Europa, EFFE and EFSI, targeting the security of PHS workers. To ensure the safety of workers and users, the social partners called on authorities to provide access to and training in the use of personal protective equipment (PPE) (masks, gloves, gel, etc.) and prioritise access to Covid-19 screening tests for workers in the sector. PPE should be accompanied by clear health and safety protocols for workers and households alike regarding the preventive measures they must take in their homes. The signatories also called for authorities to ensure sick leave and access to healthcare for PHS workers and, where necessary, to provide exceptions for migrant PHS workers to cross national borders (Degryse, 2021).

Cooperation among relevant EU-level stakeholders will accelerate efforts to address the key challenges in the PHS sector, including its definition, recognition and professionalisation. Some EU-level stakeholders advocate for the strict separation of care and non-care care services due to their distinct challenges and required regulations. Conversely, others prefer an integrated approach, advocating for the emergence of a dedicated sector-specific social dialogue structure at the EU level, similar to existing sectoral social dialogue committees. Within this integrated approach, the current fragmentations between interest representation of, for example,

care and non-care workers by different EU-level social partners, such as EFFAT, UNICARE, EPSU and EASPD, could be overcome by their cooperation, which is already well developed. For a separate approach, respondents were in favour of creating social dialogue structures for social services, embracing both care work within PHS and other forms of (declared) social services. In any case, the development of sectoral social dialogue structures at the EU level would deepen and strengthen existing cooperation between relevant stakeholders in the PHS sector (EFFAT, UNICARE, EPSU, EASPD, EFFE, EFSI Federation of European Social Employers, etc.) (Guzi et al. 2021).

During this period, the collective self-mobilisation activities of migrant and cross-border (EU) care workers were observed on online platforms, particularly on Facebook. This potential was exploited by some actors focused on strengthening labour rights and occupational safety during autumn. An example of good practice in the use of social media platforms in the CEE region was demonstrated by the German non-governmental organisation Minor, which entered directly into the social platform with their Migrationsberatung 4.0 project, funded by the German Federal government.³⁾ They conducted an intensive social awareness campaign and provided information in multiple languages (using simple infographics) about the complex precarities of live-in care work in Germany. The projects also included (among other activities) a separate social media platform for free legal advice and a questionnaire survey on working conditions and forms of employment in live-in care. The reactions of live-in care workers on the social media platform were overwhelmingly positive, and support services were widely utilised by them.

3.1. Professionalization and formalisation of the PHS

One of the prominent strategies in the EU-level approach to PHS is the formalisation of work, ranging from the ratification of the ILO Convention 189 (which does not cover self-employed workers) to the political argument for the economic efficiency of formalising work. An example is the statement of a Stakeholder C who emphasised,

'We try to show politicians with data that formalising work is economically beneficial, it is the only way to convince them. By formalising you bring employment, to those who do the work, but also to those who can go back to their jobs because of it'.

However, challenges arise in the formalisation of 24-hour live-in care, as it is difficult to follow the same logic of formalising work in this type of service as in other professions. Stakeholders themselves acknowledge great limitations in this regard, with one stakeholder expressing,

3) <https://minor-kontor.de/migrationsberatung-4-0/>

'It is very difficult to formalise a 24-hour service in terms of normal work. If we focused on that, the whole system of care for the elderly, for example, would collapse, and nobody can afford that. There is no other alternative right now'. (Stakeholder H)

In fact, in many EU countries, such as Italy, Spain, Germany or Austria, live-in care serves as the pillar of senior care as a 'care fix' to solve the care crisis (Dowling 2018), intensified by the marketization and financialization of senior care and the lack of alternative forms of care, such as care cooperatives or community-based care. The CEE region is also undergoing major changes in its care infrastructure, linked to the deinstitutionalisation of care and the move away from the welfare state (Prieler et al. 2024). Despite of it, none of the CEE countries has a formalized live-in care service, but it exists and is likely to develop as populations age, for example in Hungary, the Czech Republic or Poland (Katona, Melegh; 2020).

According to the analysis of EU policies, the professionalization of the PHS sector emerges as another option. This is based on the assumption that professionalization will align the PHS sector more closely with other types of work and may increase the social prestige of work, especially in the care sector, leading to improved financial remuneration and service quality for clients (EFFE, 2020b). In this sense, the EFSI suggests regulating professionalization through national frameworks for certification and vocational training systems, supported by a European budget for training within initiatives, such as the European Social Fund. Practical steps in this direction have been elaborated on as part of research projects, such as PRODOME, which involved social partners. These recommendations cover aspects such as the domestic work definition, competence frameworks compliance with the European Qualifications Framework, certification procedures, and proposals for harmonisation of available curricula (PRODOME, 2019).

However, the question remains whether newly trained care workers would remain in more precarious employment within the PHS sector. As shown by existing research on live-in service, the lack of qualifications often allows them to remain in this type of work, where labour rights protection is lower, and social reproduction is subordinated to work demands. A notable example is Germany, where live-in care workers usually serve as care assistants (Betreuungskraft) and domestic workers (Haushaltshilfe) without the formal qualifications necessary to work as qualified care staff (Pflegekraft) authorised to perform medical procedures, according to the law. However, they sometimes perform simple medical procedures, even though they are not legally allowed to do so, risking prosecution if something goes wrong. For instance, they are not allowed to measure blood pressure or blood sugar levels, prepare or administer medicine or injections (even insulin for patients with diabetes or thrombosis), treat wounds or change bandages or apply or remove compression stockings and support or compression bandages. As seen in the case of care workers, professionalization often results in many people transitioning from the PHS sector to

to the formal (institutional) care sector (Ezzeddine, 2023).

In the CEE region, social dialogue is beginning to emerge in the region in the environment of formal (residential) senior care institutions, thanks to the activities and trade union mobilisation of UNICARE and its regional partner organisations, particularly in the Czech Republic, Poland and Hungary. Social partners in PHS released joint recommendations in 2022 aimed at reducing undeclared work in the sector. Costs and affordability of hiring a domestic worker have been identified as the main drivers behind undeclared work, followed by ‘norms and values regarding family and home, as well as the gender division of labour in the home, perceptions, attitudes and behaviour regarding PHS work which suffers from a low social prestige’ (EFSI, 2022c). General recommendations in this sense specified the need for increased affordability of services along with measures ensuring quality work in the sector, promoting professionalization, recognising skills, easing administrative duties and raising awareness on the dangers of undeclared work. In addition, consistent with the ILO Domestic Workers Convention 2011 (No. 189), specific statutory regulations for domestic work should be abolished as they are generally associated with excessive working hours and fewer rights. Social voucher programmes were proposed as alternatives for households seeking undeclared domestic work. Furthermore, the joint declaration comprised specific recommendations for European institutions and agencies. The social partners recommended that the European Commission provide funding for enhanced national capacities and data collection on undeclared work and promote policy instruments at the national level. The recommendations also underscored the specific role played by the European Labour Authority in this sense. Apart from its capacity to mediate and enhance cooperation between national authorities, the agency was encouraged to acknowledge ‘the principle of a strict firewall between the duties of labour inspectors and immigration enforcement (no role to enforce immigration law, check or report immigration status, nor joint inspections)’.

3.2. Migrant domestic and care workers

In 2018, EFSI, EFFAT and UNI Europa, as well as several other organisations associated with migration work called for the Global Compact on Migration, then negotiated by UN member states, to be used as an opportunity for European Union member states to recognise migrant domestic and care workers’ rights as workers.

The joint declaration specifies key reforms to be adopted in two main areas:

- **Decent labour migration opportunities should be enhanced for migrant workers to work in the sector, including ensuring that migrant workers can change employers.**
- **Regular labour standards should apply to domestic and care work and to all workers in these sectors, regardless of their residence status. This means ensuring that migrant workers can file complaints against employers that fail to meet these standards and access justice for wage theft and other violations through labour courts without risking arrest or deportation (EFSD, 2018b).**

Concern for migrant work in the PHS was raised in relation to the European Care Strategy. In 2022, social partners in PHS proposed several recommendations for member states regarding the European Care Strategy and its inclusion of migrant care providers and service users. These included checks to ensure labour contracts meet labour standards and that temporary work arrangements are entirely voluntary, provide information in a manner and language accessible to migrant workers and ensure accessibility to basic needs and rights, such as suitable accommodation.

In particular, our stakeholder interviews revealed that the role of migrants in the PS sector is discursively framed in two ways:

- a) In terms of protection while experiencing higher vulnerability, particularly in the case of non-EU migrants, due to the insecurity of their residence status and exclusion from social rights; and
- b) In terms of their successful integration into the labour market through their involvement in the formalised care sector (both for children and seniors).

The second discourse of ‘integration’ presents a win-win model to address the problem of work–life balance gender inequalities. In other words, both migrant women and women from the majority society will benefit. However, we have not seen any critical reflection on the social inequalities or privileged positions, particularly regarding the perspective choice to work in a different segment of the labour market, while not addressing men’s (non) involvement in care obligations simultaneously (Kofman, 2010). Stakeholder D’s statement illustrates this perspective,

‘By formalising the PHS, we will give migrant women the opportunity to work and to work in decent conditions. In one way or another, they already work there. So it is better that they at least have a claim to fair conditions. That’s the reality’.

However, the situation is markedly different for migrant women from the European Union, particularly those from the CEE region that we have analysed. They remain largely invisible within the PHS agenda. Since they are EU citizens, they are assumed to have equal rights, thereby often falling out of the ‘migration’ agenda. However, data from the Atlas of Migration (2022) shows that they are the ones who form the

pillar of collapsing senior care in the preferred model of ‘ageing in place’ due to their massive involvement in live-in services. Our analysis also delves into two crisis periods that, from our perspective, could have influenced the migrant agenda within the PHS sector in the CEE region: a.) The effects of the Covid-19 pandemic and b.) the impact of mobility of Ukrainian refugees to the CEE region during the war in Ukraine.

a) The Covid-19 pandemic exposed the gaps in the senior care system, and its reliance on intra-EU migration. As national borders closed, migrant care workers from Central and Eastern Europe were unable to travel to provide care, albeit temporarily. In response, state authorities installed ‘care corridors’, arguing that ‘care bonds’ could not be disrupted. Migrant caregivers from Romania, Hungary, Slovakia, the Czech Republic, Poland, Croatia and Bulgaria should continue to be able to come to Austria or Germany. Yet in doing so, the migrants encountered the dual burden of concern for their families back home and the need for their incomes as live-in caregivers. This situation was further exacerbated by obligatory 14-day quarantine periods and a media discourse that stigmatised circular migrants as potential sources of infection (Aulenbacher et al.). In April 2020, at the onset of the pandemic, EFFAT, EFFE, EFSI and UNI Europa released a joint statement urging European and national authorities to provide detailed health and safety instructions for PHS workers and their employers, ensure access to appropriate PPE to PHS workers, ensure sick leave and access to healthcare for PHS workers and provide exceptions for PHS workers to cross national borders as many PHS workers are migrants and guarantee that the PHS sectors are eligible in measures to mitigate the crisis’s financial impact. At the end of the same year, another joint statement from the social partners called for the prioritisation of PHS workers in the distribution of available vaccines by including them in the lists of ‘essential workers outside the health sector’ and ‘workers unable to physically distance’ in any documents setting out Europe’s vaccination strategy (EFSI, 2020). All stakeholders we have interviewed reflected in a similar way as Stakeholder D:

'We all thought that the COVID crisis had exposed the weaknesses of the unregulated PHS sector and that this would change. But as we can see, it was a false hope. Nothing significant has happened, and actually the state of social dialogue - which is virtually non-existent - corresponds to that.'

b) In our interview analysis, we also focused on the situation caused by the war in Ukraine and the feminised migration from Ukraine to CEE countries, where this region (mostly Poland, Czech Republic and Slovakia) received proportion of refugees. However, our interviews revealed that even this fact does not imply a significant turn of attention to this region in the PHD agenda. An exception was the reflection made by Stakeholder E representing migrant organisations, who argued,

‘We regularly hold working meetings on the situation in Ukraine, logically the CEE partners are the most active. We are addressing their involvement in PHS, which is proving to be very problematic. Women from Ukraine were part of the domestic workforce before the war, but their new situation brought new problems. Their greater vulnerability and situation of single motherhood can lead them to greater labour precarity of their work, even exploitative practices were noticed in the field’.

Moreover, in a statement from June 2022, the EFSI recalled the sector’s willingness ‘to welcome the Ukrainian refugees into stable and qualitative employment. For that to be properly operationalised, diploma equivalences and skills recognition between Ukraine and the EU member states is needed, as PHS include both indirect support and direct care services’. In a position paper published by EFSI in June 2022, PHS’ support for Ukrainian refugees’ integration provides EFSI a strong position in supporting Ukrainian refugees in the PHS sector: ‘EFSI and its members are fully committed to welcome the people from Ukraine in the sector’. We have observed concrete aftershocks of Ukrainian integration into the PHS sector, for example, in Belgium in their voucher system or in France and Italy. However, similar activities have been lacking in the PHS sector in the CEE region.

3.3. European Care Strategy and the PHS sector

PHS’s contribution to gender equality is viewed by social partners primarily through the prism of an improved work–life balance for women in the labour market, whose family responsibilities are supported by domestic workers. According to EFFE (2020), ‘home employment provides an efficient response to the reconciliation of work and family life by giving European households the possibility to entrust declared and paid domestic workers with care and non-care tasks. If well-structured and supported, it also provides realistic solutions to women’s overwork situations and avoids their partial or total disengagement from the labour market’. In line with this perspective, social partners advocate for the support of women working as domestic workers through enhanced access to professionalization and training programmes, social rights and decent working conditions (EFFE, 2020).

Throughout the interviews with EU-level stakeholders, we found a discursive reference to the gender framing of the PHS sector as a possibility to address gender inequalities in the EU labour market. Stakeholder G articulates this viewpoint,

‘We have to realise that the PHS is one of the solutions to gender inequalities because, as we can see from the data, women are still burdened by the second shift’.

In September 2022, the European Commission introduced one of the most important documents related to care and gender quality, the European Care Strategy. This strategy aims to ensure quality, affordable and accessible care services across the European Union and to improve the situation for both care recipients and providers,

whether professionally or informally. The strategy is accompanied by two recommendations for member states on the revision of Barcelona's targets on early childhood education and care and on access to affordable high-quality long-term care. In this sense, social partners focused their efforts on lobbying for the recognition and inclusion of care work within the PHS sector, highlighting that, according to the ILO (2018), 'Care provision includes not only personal care but also non-relational, indirect care work'. In May 2022, the EFSI called on the European Commission to acknowledge the important contribution made by the PHS sector, commit to engage with all PHS stakeholders in the implementation of the EU Care Strategy, and promote data collection at the EU and national levels on care services, particularly on PHS. Concerned with the exclusion of PHS workers from the strategy, social partners issued a joint call for the European Commission to correct this oversight.

The main concern revolves around the distinction between domestic long-term care workers, home care workers and other domestic workers, which, according to EFFAT, would have major implications for already highly vulnerable groups of essential workers. According to EFFAT (2022), 'This distinction would entrench inequalities in the sector and lay the foundations for a two-tier care workforce. Despite an analysis that is consistent with the realities observed by care actors on the ground, the European Commission's proposal for the European Care Strategy fails to address the needs of personal and household carers, including undeclared workers and undocumented migrants'.

Partners reiterated that the European Care Strategy must recognise the diverse professional and skill profiles of the care workforce in its entirety (EFSI, 2022). In relation to the situation in the sector, Grace Papa, EFFAT's political secretary for domestic workers, explained that 'In many Member States there is no legal framework that clearly separates indirect and direct care. This means that a large proportion of domestic workers in Europe provide cleaning services in the morning, pick up children from school in the afternoon and may end their day caring for an older member of the same family. Overlooking this situation means ignoring the dire reality of millions of workers in Europe. More importantly, it means, once again, excluding domestic workers from the recognition and protection all care workers deserve'.⁴⁾ In its current form, the EFFAT concluded that the European Care Strategy overlooks the reality of domestic workers.

Interviews with stakeholders revealed that the European Care Strategy was perceived as highly problematic concerning the PHS agenda. While stakeholders stressed the importance of the first-ever comprehensive strategy that provides a complex vision of possible solutions to the care crisis the EU is experiencing, they criticised the way the PHS agenda was conceptualised, rendering it invisible. As Stakeholder A reflected in the interview,

4) <https://effat.org/in-the-spotlight/eu-care-strategy-overlooks-the-reality-of-domestic-workers/>

'I was very disappointed that the European Care strategy completely ignored the situation of migrant domesticworkers in a care sector, while everyone knows that they create a pillar of care in the EU'. Likewise, Stakeholder C argued, 'It is fascinating how the European Care Strategy has avoided the PHS agenda. So we should not be surprised at the criticism from some organisations that have prepared a strong reaction'.

Another critical point raised concerns the lack of reflection on working conditions in social services in the European Care Strategy.

In response, the European Commission established the European Social Dialogue Committee for Social Services on 10 July 2023. This committee brings together European employers and trade union organisations of the sector, including the Social Employers and CEMR (the European Council of Regions and Municipalities) representing European employers in social services, EPSU (the European Public Service Union) representing European workers of the sector, UNI Europa and CESI (the European Confederation of Free Trade Unions), to be part of the workers' delegation to the plenary meetings. The social services committee will cover approximately 9 million workers across the EU. However, even with this new social dialogue platform, the PHS agenda remains uncovered.

Moreover, the European Care Strategy fails to recognise that care work migration has evolved into a specifically intra-European phenomenon, exacerbating the care shortage in CEE countries and contributing to regional inequalities along the East–West axis (Uhde, Ezzeddine, 2020; Katona, Melegh; 2020). In this regard, notwithstanding the specific issues faced by cross-border domestic workers working as posted workers, the European Care Strategy does not indicate specific measures at the EU level for intra-EU migrant domestic workers, the majority of whom originate from CEE countries. In contrast, to improve the working conditions of intra-EU migrant domestic workers and avoid social dumping, it should promote the development of a common legal framework for regulating the cross-border provision of live-in care work, as previously advocated by the EESC in 2016 (Chierigato, 2023).

4. PHS in CEE regions as viewed/understood at the EU level

In the following section, we will take a more detailed look at how the CEE region is (un)represented in the agendas of important EU stakeholders and policies that are related to the PHS sector. We will also point out the main reasons for the specific invisibility of the region in establishing social dialogue in the PHS sector.

The framing of PHS at the EU level is largely informed by the national economies, demographics and social history of Western European member states. When providing arguments for the development of the sector, stakeholders largely draw on examples of supporting public policies in the form of social and tax incentives, as well as experimentations with vouchers primarily from Western Europe. As such, limited consideration is generally given to regional disparities and differences between national contexts beyond such member states. In policy documents, CEE regions are rarely addressed beyond the quality of their countries of origin. Minimal discussion has been made regarding their specific national regulations concerning labour protection standards or migration governance. CEE countries are viewed in this context as countries of origin of potential domestic workers, rather than as a context in which PHS must be regulated. In this sense, care workers from CEE countries were acknowledged in a 2021 report by Amnesty International (Amnesty International, 2021).

Data on PHS sectors in CEE countries remain scarce, making it difficult to conclude whether the drivers of PHS are consistent across all EU countries. Factors such as increasing income, greater labour market participation, particularly by women, structural inequalities, a rising number of single-parent families, or bi-active families, and public support for the offer/demand at the labour market may vary across countries.

The invisibility of the CEE region in the European agenda for PHS may be attributed to five reasons identified in interviews with stakeholders:

• The PHS agenda is conceptualised in a transnational manner and does not account for regional specifics, including CEE.

• The development of the PHS agenda and the voice of the region depend on active participation on European platforms, where stakeholders complain about a certain passivity of local CEE organisations.

• European organisations lack CEE experts from the region, which results in a lack of active inclusion of the regional perspective in their agendas.

• The CEE region is perceived only as a ‘sending region’, rather than a ‘receiving region’ for female migrant care workers (e.g. from Ukraine) who often work in undeclared jobs in the PHS sector.

• Although the CEE region is identified as a ‘sending region’ for intra-EU migrant (live-in) care workers, their situation is not sufficiently addressed in the PHS agenda at the EU level (due to their large numbers). This is because it is assumed that, as EU citizens, they do not face formal barriers and do not experience precariousness compared to non-EU migrants.

As indicated by PHS-Quality Projects (2020), the unfavourable working conditions and propensity of undeclared work in the PHS sectors stem from the limited regulations and effective enforcement, interrelated by the representation gaps and a lack of social dialogue in the sector. The absence of functional industrial relations in CEE countries contributes to the low level or inadequate regulatory framework (Martišková, 2020; Sedláková, 2020), along with less progressive policies hampering the sector’s expansion towards regular jobs with quality working conditions. Thus, standards for domestic workers are lacking. Recent studies, however, indicate that CEE countries also serve as receiving countries, contributing to the migration care chain (EFFAT, 2015). The underdevelopment of the PHS sector and its challenges are interconnected with the legal recognition and self-awareness of PHS workers, stemming from and simultaneously resulting in limited representation (Van Horeen 2021).

An alarming fact in the region is that not a single CEE country has ratified ILO Convention on Domestic Work No. 189, thereby lacking standards for domestic workers. We could illustrate a failure of advocating the ILO 189 Convention in the case of the Czech Republic, where an NGO focused on working with migrants, Sdružení pro integraci a migraci (SIMI, Association for Integration and Migration), represented domestic worker demands for rights and the ratification of the Convention. Many of SIMI's clients are migrant domestic workers. SIMI, after the adoption of the Convention in a press statement, explained the problems that their domestic worker clients were facing and demanded the ratification of the convention in the Czech Republic. Immediately after the adoption, SIMI started a project informing domestic workers about their rights. In the relevant Senate committee, representatives of the NGO supported by academics demanded ratification of the convention, though so far unsuccessfully. The Czech government's argument for refusing the ratification was a supposed lack of significance of domestic work on the Czech labour market that would not justify the changes required to the Czech labour law for it to conform to the ILO Convention (Heimeshoff, 2015; Martišková 2020). Interviews with selected EU stakeholders highlighted the negative situation and reflected on the possible reasons for the failure of the ratification process in the region. Some stakeholders argued that the ILO Convention 'is not a perfect document as it excludes self-employed workers' and that this type of work (along with undeclared work) is predominant in the CEE region. Some stakeholders pointed out that the relevant institutions (in particular, the ILO) should promote the importance of ratifying the Convention more than 10 years after it was adopted:

'I think we're really lagging behind in this respect. In the years around the ratification, we saw some mobilisation actions in the CEE region, but then it seemed to be forgotten to continue this work'. (Stakeholder F)

'It is not possible to accept some countries' excuses that they already have good legislation if it leads to high levels of undeclared work. The fact is that these economies in transition could only benefit from a more formalisation of this work' (Stakeholder B)

Stakeholder A also emphasised a problem with gender equality and strong anti-gender movements within the CEE regions, and because the domestic work sector is highly feminised, it is not perceived as needing protection:

'The problem is that care work is often not seen as real work, but as unpaid women's work. Therefore, there is no effort to comply with formal employment conditions. The less gender equality, the less effort.'

Simultaneously, interesting transnational alliances of live-in care workers have emerged, leveraging social networks extensively. For example, the association ‘DREPT – Interessenvertretung der 24-Stunden-Betreuer_innen’, a self-organised group of Romanian 24-hour personal carers and activists, advocated for improved working conditions in Austria.⁵⁾ In August 2020, ‘DREPT’ was established as a non-profit association. The group emerged directly from the Romanian care community. The main services include educating carers about their rights and activities, providing individual counselling, providing support and crisis intervention and engaging in political lobbying. In 2020, solidarity among live-in care workers has spread across borders. DREPT collaborated with Slovak colleagues from the organisation ‘Iniciativa24’. Together, they founded the umbrella organisation for the representation of the interests of all migrant care workers, IG24, whose activities have continued to the present day, fostering the potential to involve a transnational dialogue.

5) <https://ltccovid.org/wp-content/uploads/2020/09/Flavia-Matei-DREPT-2020-09-Presentation-LTC.pdf>

6) <https://ig24.at/en/>

Conclusion

The issue of personal and household services became a concern for the European Commission during the 1990s but lacked formal attention through binding policies. It primarily remained within the jurisdiction of individual member states, and it never became a part of the official European social dialogue. The European Commission, in collaboration with national employers' representatives constructed an economic narrative around home services as a job source, notably evident in the revised version of 2012. This narrative influenced national policies and facilitated the establishment of employers' organizations at the European level.

At the same time, the European Parliament, European trade unions, global trade union federations, and national trade unions in collaboration with NGOs and under strong influence of ILO norms contributed to the discussion on PHS with a dimension that emphasised the vulnerability of domestic workers.

Despite the fact that main PHS stakeholders such as EFSI, EFFAT, UNI Europa, and EFFE recognise each other as partners within a potential social dialogue at the EU level, their collaboration remains situated outside care-related established social dialogues, such as the European social dialogue for social services. Such exclusion was strengthened by the omission of PHS from the adopted Care Strategy.

Nevertheless, their continuous work remains collaborative, with focus on combatting undeclared work through professionalization and formalisation of working standards and integrating migrant work in a sustainable manner.

While transnational norms in social dialogue in the PHS sectors legitimizing resources that reshape social actors' interests and foster collaboration between sectoral employers' organizations and trade unions. These normative backgrounds and the policies that they inform remain grounded in realities specific to Western Europe and largely ignore both the specifics and the relevant actors activating social dialogue in Central and Eastern Europe.

Based on our report findings, we propose the following recommendations to raise the profile of the PHS agenda in CEE (both at EU level and in the region itself):

- **Enhance the expert knowledge on PHS in the CEE region. The PHS agenda should have a regional focus and use local knowledge on the ground. Given the lack of information, there is a need to support the production of the necessary analytical material (research) to deepen the knowledge of the region.**
- **Raise awareness of the PHS sector in CEE. The social awareness of the specifics of the PHS sector in the region is very low, it is necessary to support it among national stakeholders and the public - in the form of social campaigns, professional workshops and by sharing good practices from countries where the PHS sector is already more developed, formalized and regulated.**
- **Intensify the support for the ratification of the ILO Convention on Domestic Work No.189 in CEE countries as an important instrument to recognise the rights of domestic workers.**
- **Revise the European Care Strategy in order to reflect and incorporate the specificities of the PHS sector. This should be done on the basis of expert comments from stakeholders in the PHS sector.**
- **Bring the attention of experts also to the working conditions of EU live-in care workers coming from Central and Eastern European countries.**
- **Develop more effective monitoring of the situation of working conditions of Ukrainian refugees in the PHS sector in CEE countries.**

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Furthermore, we suggest strengthening the expertise of social partners in designing and implementing social dialogue at the European and national level in CEE countries in the PHS sector through national social dialogue initiatives. Relevant European stakeholders and institutions should proactively identify and address CEE regional partners, use the potential of grassroots movements in PHS and effectively use of the social media communication platforms of PHS workers for information dissemination and social dialogue mobilisation (to share information campaigns, organise discussions or provide online legal consultancy).

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Interview guide list (sample)

Introduction:

The PERHOUSE project aims to gather data on the working conditions of workers of the sector of personal and household services (PHS) in the Central and Eastern European (CEE) countries. The data will help to provide more information on industrial relations and on challenges of the sector in 12 CEE countries. The research findings will promote a stronger social dialogue in the PHS sector both at national and European levels. The interview will last around 45 minutes and with permission, the interviewers will audio record the interview.

The information gathered will be used to support institutional change in the PHS sector and a summary of the anonymised findings will be made available to all researchers involved in the PERHOUSE project. The researchers may use some of your words from the interviews in reports and other outputs (e.g. publications and presentations), but no names or identifying details will ever be used.

* Questions related to characteristics of the organisation:

1. What is the relation of your organisation to PHS? In what ways are PHS relevant for the activities of your organisation?
2. What is the main agenda of your organisation regarding PHS?
3. Who are the members of your organisation/whom is your organisation representing? Which services/activities is your organisation providing to its members (EU representation, training on member organisation/coordination etc.)

*Questions related to CEE countries:

4. What are the current specifics/ challenges that your organisation is facing in relation to PHS in CEE (as opposed to the rest of the EU)?
 - a. In what CEE countries are you operating?
 - b. What are the regional specifics of PHS in CEE?
 - c. What is the position of your organisation regarding these challenges? What does your organisation believe are the main causes?
 - d. What strategies is your organisation prioritising in order to overcome them?
 - e. What relevant policy documents on the PHS topic, research analyses or information materials have you produced? How do you work with them in the advocacy work? What is the audience for these policy documents? Are they directed at national or EU-level stakeholders?
 - f. How Pandemic of COVID-19 and war in Ukraine shaped the agenda of PHS sector in CEE?

5. What developments do you predict in the sector of PHS in CEE?

***Questions related to industrial relations (for organisations directly related to PHS):**

1. Where do you see the role of EU-directed actions in relation to national politics?
2. Is your organisation advising its members on strategies directed at increasing membership? Which are those? Are they region specific?
3. To what extent does your organisation follow national-specific dynamics within the social dialogue?
4. Is your organisation advising its members on achieving collective agreements? What are the region specific priorities in this sense?
5. Do you have any recommendations on what could be done to involve the region more effectively in activities related to the agenda of industrial relations?

***Questions related to industrial relations (for organisations not directly involved in collective action):**

1. Have you been involved in activities related to industrial relations in the field of PHS? Can you describe your experiences? Did they also involve the CEE region?
2. Do you see any regional specifics related to industrial relations of PHS in CEE?
3. Do you have any recommendations on what could be done to involve the region more effectively in activities related to the agenda of industrial relations?