

The background image shows an elderly man with a white beard and a grey cap, sitting in a wheelchair and smiling. He is wearing a brown jacket and a grey scarf. A caregiver, seen from the side, is wearing a light-colored jacket and is holding the man's hands. They are outdoors, with a metal railing and trees in the background. The image has a soft, blue-tinted overlay.

2026 PERSONAL & HOUSEHOLD SERVICES EMPLOYMENT MONITOR

Charting the shared path towards institutional respect

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Key points

- Building on the success of the initial 2024 edition, the 2026 PHS Employment Monitor collected over 8,000 survey responses from over 5,000 workers, over 2,000 service users and user-employers, and 354 companies and other organisations in the Personal & Household Services (PHS) sectors across Europe. The sample collected was geographically diverse, with responses from 36 countries in 26 languages.
- PHS service user testimony shows that losing access to home care and household services workers would significantly undermine independent living, work-life balance, household well-being, and the quality of care and support received by users and their families.

Towards a better, more sustainable sector for all

- Despite the importance of this work, the PHS sectors continue to face a range of significant challenges. Workers, employers (including both user-employers and provider organisations), and service users were asked to identify their top three priorities for improving the sectors. Strong agreement existed between workers and provider organisations on the issue of improving worker pay. In addition, service users, user-employers and provider organisations prioritised increased support to make PHS more affordable and accessible.
- The strongest point of agreement among all stakeholders is that the PHS sectors need more institutional respect. Institutional respect for PHS work means PHS workers are recognised and treated like other workers in Europe, with the same rights and protections. At the same time, it means institutional support in line with these sectors' social importance. In other words, respect is not about attitudes, but concrete employment and policy practices.

Unrecognised jobs, unbalanced demands

- Lack of respect and recognition leads to unbalanced demands on PHS workers. The results of the survey show that a regular 35-40 hour work week is the exception rather than the rule throughout the PHS sectors. Overall, just around one quarter of workers reported working between 35 and 40 hours per week. PHS workers who work for a company or other organisation are significantly less likely to work more than 40 hours per week.
- Having access to a better trained PHS workforce was the most common priority selected by PHS user-employers for improving the PHS sectors. Training affects quality of services and workplace safety, but workers also note how lack of training contributes to a sense that PHS is not a professional career.

The home is a workplace, and must be a safe one

- PHS workers are particularly exposed to abuse because of the private environment they work in, which can fuel behaviours that may be avoided in traditional workplace settings. For example, a quarter of workers say they have experienced or witnessed verbal abuse. Nearly 15% of workers say they have experienced either sexual harassment, physical or sexual violence, or multiple of these.
- Overall, six out of ten of workers reported suffering from musculoskeletal disorders such as tendinitis or back pain as a result of their work in the PHS sectors, a proportion that varied by country but was consistently high. Just under half of provider organisations say that they offer training covering ergonomics and the prevention of musculoskeletal risks.
- Alarming numbers of live-in workers report experiencing a lack of food, and inhumane living conditions. These extreme conditions can take a toll. Live-in workers report higher levels of self-reported psychological issues such as stress, anxiety, and depression. Nearly six in ten live-in home care and household services workers who work on call reported having trouble sleeping due to their work.
- Around 20% of PHS workers who responded to the survey identified that they are working in a country other than their country of origin. Immigrant home care and domestic workers prioritise receiving clear information on their rights, getting easier access to work permits and visas, and having more protection from unfair treatment and abuse.
- Easier access to work permits and visas was a particularly acute priority for immigrant workers coming from outside of the EU, selected by nearly 6 in 10 workers.

Between low wages and high costs

- Two-thirds of PHS provider organisations who responded to the survey said it is either difficult or very difficult for them to recruit PHS worker staff, and around 40% said it is either difficult or very difficult to retain PHS workers. Among the provider organisations who said retaining PHS workers is either “difficult” or “very difficult”, eight out of ten said this is because wages are too low.
- 47.5% of PHS workers who responded to the survey said that they have considered leaving their career in the PHS sectors in the past 3 years. This is about 10% lower than the figure from 2024 — possibly reflecting the greater distance from the height of the Covid-19 pandemic — but it is still an alarmingly high statistic. Low pay remains the most significant factor workers say they have considered leaving their PHS careers.
- 8 out of 10 of PHS user-employers say that the cost of PHS is either a minor (around 50%) or major (around 30%) problem for them, while just two in ten say it is not a problem at all. In countries where cost pressure is lower, user-employers and service users are more likely to see increased pay for PHS workers as a major priority.
- The results indicate that low wages and high costs are driving undeclared work in the PHS sectors. Among workers who said undeclared work was at least sometimes justified, around half said this was because declaring work makes wages too low. Among users who said undeclared work was at least sometimes justified, about 36% said this was because declaring work makes PHS too expensive.

From structural tensions to collective solutions

- Trade unions offer an important source of information to PHS workers regarding their rights. Non-union members were significantly more likely than union members to rely on government websites, social media, and friends or family for information about their rights.
- Among user-employers who said they were not represented by an employer's association, a solid majority (7 in 10) of user-employers said they either saw the benefit of representation (3 in 10), or were unsure about it (4 in 10). These numbers highlight considerable potential for outreach and education efforts to bring more user-employers under the umbrella of social dialogue.
- In line with the results from 2024, around two thirds of non-employer PHS users said they would prefer to use a company that has a collective agreement defining the working conditions of the workers in their home.
- Still, four out of ten of PHS provider organisations said they do not have a sectoral or company level collective agreement. Asked whether they thought a collective agreement would benefit their organisation, responses were mixed and varied widely by country and organisation type.

The path forward is a collective one

- By responding to the survey, thousands of workers, provider organisations, PHS user-employers and non-employer PHS users all across Europe self-identified as being involved in the PHS sectors: a concept that many of them may have never even considered before, much less felt themselves to be a part of.
- The productive path forward for the sectors suggested by the results is one of cooperation, within the framework of collective bargaining and social dialogue. Only a collective effort by the people closest to this sector – workers, employers, and service users – will be able to promote and guide the kind of supportive action by policy-makers and governments so necessary to ensure the future of these vital sectors.

About this report

This report is an outcome of a project co-financed by the European Commission (“SCALE UP: Scaling the capacity of social partners and building social dialogue at the national and EU-level in Personal and Household Services” – project reference number: 101197690). This 2 year project was launched in 2025 by the EU social partners in Personal and Household Services (PHS): EFFAT, EFFE, EFSI and UNI Europa. The project aims to build EU Social Dialogue and strengthen the social partners’ capacity and collective bargaining in the Personal & Household Services sectors.

If you work for an EU agency, intra-governmental institution, national-level Ministry, publicly-funded university or statistical office and are interested in the raw data contained in the 2026 and 2024 PHS Employment Monitor, please contact mark.bergfeld@uniglobalunion.org

PHS Dialogue Project consortium



EFFAT is the European Federation of Food, Agriculture and Tourism Trade Unions. As a European Trade Union Federation representing 120 national trade unions from 35 European countries, EFFAT defends the interests of more than 22 million workers employed along the food chain. EFFAT is a member of the ETUC and the European regional organisation of the IUF.

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EFFE, the European Federation for Family Employment & Homecare, represents the interests of national stakeholders 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.

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EFSI, the European Federation for Services to Individuals, is the voice of the Personal and Household Services industry at European level, representing national associations, employers’ organisations, PHS providers and companies involved in the development of personal and household services, and currently operating in 21 EU Member States.

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UNI-Europa is the European Trade Union Federation for 7 million service workers. It speaks for the sectors that constitute the backbone of economic and social life in Europe. Headquartered in the heart of 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.

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Foreword

The 2026 PHS Employment Monitor is an inspiring study, both in terms of quality and quantity, as it not only lays bare the working conditions of essential Personal and Household Services workers throughout Europe, but also the needs of users, families who employ people in their households, and service providers.

This study reminds us that care is ultimately about people: workers, users, families and employers. This is a necessary corrective to the techno-determinism and quick fixes that we are encountering in the current debates on the future of work. The growth of employment in the care sector, especially in homecare and household services, requires the attention of us all – because all of us will require these services sooner or later in our lives.

As they say, there is power in numbers. And the numbers of the 2026 PHS Employment Monitor are even more impressive than those of the first edition. More than 8,000 workers, service users, user-employers and organisations responded to the survey, which was translated into 40 languages. A further nearly 2,500 respondents who did not fit into any of these previous categories filled in the survey. As you will be able to see, the geographic coverage of the Monitor has also increased significantly from the previous edition, covering 36 European countries. Data is power, but bringing narratives and numbers together is a source of power for unions and employers alike at a time when noise dominates our media and policy landscapes.

These results could not have been achieved by one organisation alone. They were only possible because EFFE, EFSI, EFFAT and UNI Europa took the decision to mutually recognise each other as social partners in the Personal and Household Services sectors. The Monitor has been used to strengthen their networks among numerous employer and union organisations in the care economy. Moreover, they pioneered a new way to connect to workers and users in Personal and Household Services by launching a WhatsApp community, with more than 800 people joining to become part of an active network.

At the national level, this was complemented by training for personal assistants in Hungary and Croatia, as well as by employers' study visits in the Basque Country. These activities underline that even the most isolated, vulnerable and lowest-paid workers in our economies are able to be organised and to organise themselves.

At the European level, the data from the 2024 edition have been used by agencies such as the European Labour Authority. The data collected as part of the 2026 Monitor will again be shared with EU institutions and agencies, as well as those at the national level. Its uptake provides an important opportunity for mutual learning and cross-border cooperation among various stakeholders.

As Commissioner of Jobs and Social Rights, I initiated the European Care Strategy in 2022, following the deepest and longest health crisis Europe experienced since the end of World War I. This crisis was a wake-up call for the European Union, which faces demographic changes and labour shortages in our health and social care systems. Millions of people applauded health and social care workers during the height of the pandemic, yet today competitiveness and simplification are on the tip of everyone's tongues. One finding that stands out is the persistence of the cost-of-living crisis and growing concerns about affordability for both sides in the employment relationship. All democratic forces have the task to tackle this.

It is clear that care cannot be left to the whims of the market. Our care infrastructure cannot simply be seen as a contributor to our competitiveness. Care is about placing humans at the centre, regardless of their age, gender, religion, or the colour of their skin. By linking it solely to competitiveness, we fall into the age-old trap of exacerbating inequalities between the deserving and undeserving poor. We need to rethink our values – beyond shareholder value – in the coming years, and this study contributes to dialogue, cooperation and solidarity in times when polarisation and competition have become dominant.

It is clear that the social dialogue between EFFE, EFSI, EFFAT and UNI Europa is not a talking shop. It is a remarkable European achievement that two employers' organisations and two trade unions have come together to design this project and to include various other stakeholders, in order to ensure the largest possible study on these sectors that are too frequently overlooked.

The 2026 PHS Employment Monitor demonstrates what social dialogue can achieve when employers and trade unions work together with a common purpose. By generating evidence, building networks and amplifying the voices of workers, users and employers alike, it provides an essential contribution to the future of Europe. It deserves to be widely read – and acted upon.

Nicolas Schmit

President, Foundation for European Progressive Studies (FEPS)

Former European Commissioner for Jobs and Social Rights (2019-2024)

Chair of the Advisory Board of the 2026 PHS Employment Monitor

Introduction

In June 2024, the EU Social Partners in Personal & Household Services (PHS) released the 2024 PHS Employment Monitor report. The report was based on the results of a survey — the largest of its kind at the time — of PHS workers, PHS provider organisations, PHS user-employers, and non-employer PHS users all around Europe.

The results of the 2024 PHS Employment Monitor profiled these essential sectors in unprecedented detail. **The core issue identified in 2024 was a looming workforce crisis**, with over half of workers saying they had considered leaving their jobs in the past three years, and PHS employers warning that they were struggling to hire young workers.

Alongside revealing deep structural problems, **the 2024 Monitor also identified significant opportunities to work towards stronger social dialogue within the PHS sectors**. User-employers expressed interest in being represented by an employer’s organisation, with nearly 4 in 10 saying they thought such representation would benefit them, while the majority of provider organisations (such as for-profit companies) said they were open to the idea of signing a collective agreement.

This year, 2026, the EU Social Partners in PHS have conducted the second edition of PHS Employment Monitor. The goal of learning more about this poorly understood and often overlooked sector remains. At the same time, **this report and the survey behind it are driven by an urgent need to turn passive study into data-driven action**. The goal is to build on the clear desire for change identified in 2024 among those who work in these sectors or receive services, as well as their openness to collective, cooperative and organised approaches to face the challenges which that survey uncovered.

Over 5,500 PHS workers working in 33 European countries responded to the 2026 survey, along with nearly 1,900 PHS user-employers from 22 countries, nearly 400 non-employer PHS users from 27 countries, and 354 PHS provider organisations (including public agencies, non-profit organisations, and private companies) from 21 countries. These numbers surpassed the first edition of the PHS employment monitor for all cohorts. Beyond that – crucially – the sample collected was more geographically diverse, providing not just a more multifaceted view into this complex set of sectors, but **allowing the analysis to identify key points of common ground across diverse national context**

Although the survey and this report cover a wide range of topics relevant to the PHS sectors, an important addition from the 2024 Monitor is the inclusion of a question, asked of all cohorts, about the specific changes to the PHS sectors they would most like to see. Their answers reveal a great deal of consensus among workers, PHS employers, and service users, pointing to a path forward for this crucial sector supported by all those involved.

Building respect

Respect and recognition are two related themes that emerged from the testimony and responses of PHS workers, employers, and users. What does it mean, in practice, for the PHS sectors to be more respected and recognised— by individuals, by policy-makers, and by the institutions which shape the world we live in?

The results of the survey reveal how respect — or lack thereof — emerges from employment practices and policy choices: decent pay in accordance with the importance of the work, social protection and non-pay benefits at the basic level expected by many other workers, public funding and formal structures to support all stakeholders, and protection from abuse, among others.

In this way, rather than being a question of raising awareness or educating the public on the importance of PHS work in order to cultivate respect for the PHS sectors, the challenge of respect is a challenge of action rather than words. **It is the responsibility of the institutions that have the power to make the PHS sectors stronger, to show institutional respect for this work through concrete measures that formalise, professionalise and strengthen the sector, extend labour and social rights, and confront the issue of undeclared work.** Only then, with the support of institutional action, can social respect blossom.



The PHS Employment Monitor: an ongoing project

The findings of the 2026 PHS Employment Monitor reported here are part of an ongoing project to understand and improve the PHS sectors. The results can and should be considered alongside the results of the 2024 PHS Employment Monitor, in order to obtain a comprehensive picture of the PHS sectors.

While the two editions of the Monitor are complementary, they do not have exactly the same focus. The 2024 Monitor explored topics and included questions relating to existing PHS systems and policy frameworks, such as the Belgian titres-services scheme, that are not covered here. Reading both reports together therefore provides a broader understanding of the realities, challenges and opportunities facing the PHS sector.

The 2024 PHS Employment Monitor report can be downloaded in full using the link or QR code below:

[Download the 2024 PHS Employment Monitor report](#)



Future editions are planned to continue the project's focus on painting a detailed quantitative and qualitative portrait of these essential sectors, by expanding the representativeness of the survey's coverage and addressing new thematic areas.

What are the PHS sectors?

The same structural factors that have made the PHS sectors challenging to formalise also help to explain the complex mosaic of actors and employment structures that define them. Fundamentally, PHS work is carried out by PHS workers, who provide one or more crucial services to service users (who may employ them or not), directly in those service users' homes. Much of the complexity hinges on the question of a PHS worker's employment status. Below, the various types of employment relationships in the PHS sectors are defined.

Employment by a PHS provider organisation

Under this arrangement, PHS workers are either full-time or part-time employees of PHS provider organisations, whether they be private companies, non-profit organisations, or public entities such as state social services.

Direct employment by a household

Under this arrangement, the PHS worker is employed directly by a private individual or household, rather than by a provider organisation. The employer may be the service recipient themselves or another member of the household. In such cases, the individual acts as the employer, while also being the user of the service. These cases are referred to in this report as user-employers.

Self-employment

Under this arrangement PHS workers provide their services to one or more households as self-employed workers or independent contractors. This situation can provide workers with more autonomy, along with a greater amount of administrative work on their part. In recent years, growing awareness concerning the phenomenon of “false” or “bogus” self-employment — where the nominally self-employed worker is highly dependent on just one client who is effectively their employer — has led to increased legislation and regulation to protect these workers, including the development of EU-level frameworks for collective bargaining¹. In addition, this framing overlooks situations where platforms or agencies play a central role in organising, allocating, and controlling work, even when they are not formally recognised as employers. Thus, it is important to note that a worker's self-identification as being self-employed, and a user's understanding that the PHS workers in their home are self-employed, will not necessarily be in line with varying regulatory definitions of self-employment.

Platform or gig work

Finally, recent decades have seen the rise of apps and online platforms (including social media platforms like Facebook) where PHS workers seek work and users find the help they need. The question of whether or not such platforms can be categorised as PHS employers becomes delicate, especially where these platforms require on-platform payments, and where they have at least some control over PHS workers' activities

¹ See [here](#) from UNI Europa for more details (last accessed 01/06/2026).

Glossary of terms relevant to the PHS sectors

While the PHS sectors have gained some level of institutional recognition over the years, an important effort remains to develop a shared understanding of these diverse sectors, and what binds them together, among not just policy-makers but also those that provide and receive PHS. This glossary of terms relevant to the PHS sectors is reproduced from the PHS social partners' Joint Statement on the European Care Strategy (September 2022)², and represents a key part of that effort.

Personal and household services (PHS):

“PHS covers a broad range of activities that contribute the wellbeing at home of families and individuals: childcare (CC), long term care (LTC) for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc”³. Therefore, PHS include a mix of direct and indirect care as well as household-related services. Their distinctive feature is that another person's household becomes a workplace.

Domestic workers:

“are those workers who perform work in or for a private household or households. They provide direct and indirect care services, and as such are key members of the care economy. Their work may include tasks such [as taking care of children, or elderly or sick members of a family], cleaning the house, cooking, washing, and ironing clothes, [...] gardening, guarding the house, driving for the family, and even taking care of household pets. A domestic worker may work on full-time or part-time basis; may be employed by a single household or through or by a service provider; may be residing in the household of the employer (live-in worker) or may be living in his or her own residence (live-out). A domestic worker may be working in a country of which she/he is not a national, thus referred to as a migrant domestic worker”.

Home care worker:

a domestic worker (as per the ILO definition) which exclusively provides services towards dependent people.

Care work:

consists of two kinds of activities: direct, personal, and relational care activities, such as feeding a baby or nursing an ill partner; and indirect care activities, such as cooking and cleaning. These activities are not mutually exclusive and are usually overlapping on the ground. The boundaries between direct and indirect care work are blurry as a person might wash a dependent person and then bring out their garbage or mop their floor after a shower.

² EU PHS Social Partners. PHS Social Partner statement on the European Care Strategy. (2022). [Link](#) (last accessed 01/06/2026).

³ European Commission, SWD (2012) 95 final

Direct care work:

care support directly provided to the person in need of care.

Indirect care work:

support provided to the environment of the person in need of care (such as cleaning and cooking) which provide the necessary preconditions for personal caregiving.

Undeclared work:

any paid activities that are lawful as regards their nature but not declared to public authorities, taking account of differences in the regulatory systems of the Member States. Member States have adopted a variety of different definitions focusing upon non-compliance with either labour, tax and/or social security legislation or regulations. If there are additional forms of non-compliance, it is not undeclared work. If the goods and services provided are unlawful (e.g., the production or trafficking of drugs, firearms, persons or money laundering forbidden by law), it is part of the wider criminal economy, i.e., the shadow economy (often defined as including both the undeclared economy and the criminal economy), and if there is no monetary payment, it is part of the unpaid sphere⁴.

Undocumented worker:

any third-country national whose residence and work is not currently recognised and authorised in the country they live in, even if they have been living and working in the country for many years, due to restrictive migration and residence policies. Many undocumented workers have had a residence permission, for example, a work permit that has expired because they lost their job or their employer didn't renew it.

Informal care:

any unpaid direct or indirect care provided to someone with a chronic illness, disability or other long-lasting health or care need outside of an employment relationship.

Unpaid care work:

refers to all unpaid services provided within a household for its members, including direct or indirect care of persons. Theoretically, these activities can be considered work, because one could pay a third person to perform them (OECD). The individual (mostly women) performing this activity is not in an employment relationship, nor self-employed and thus not remunerated for these activities. The activity provides what is necessary for the health, well-being, maintenance, and protection of someone or something. And the activity involves mental or physical effort and is costly in terms of time resources. Within Europe, unpaid care work continues to play an important role in meeting people's care needs, especially within the nuclear family, as well as within larger family structures, neighbourhoods and even communities-at-large.

⁴ European Commission. (2018). Glossary of Terms. European Platform tackling undeclared work. [Link](#) (last accessed 01/06/2026).

Methodology overview

The questionnaire that produced the 2026 PHS Employment Monitor's results was hosted online, and was open for a period of 65 days, from February 9th to April 14th 2026. The questionnaire was designed through a collaborative process involving input from all members of the project's consortium, who together constitute the social partners in the PHS sectors and represent the perspectives of the key stakeholder groups of the sectors — workers, service user-employers, non-employer service users, and service provider organisations — with support from the research and survey agency Jarrow Insights, and with input from the project's Advisory Board. Jarrow Insights also managed the survey during the data collection period, and carried out the data analysis. The results of the Monitor were reviewed by stakeholders and the Advisory Board.

The dispersion of the PHS sectors across many thousands of private households makes the use of traditional, probabilistic sampling methods challenging, particularly in the case of surveying PHS workers. As such, as in 2024, responses for the 2026 PHS Employment Monitor were gathered using a mixed-method, non-probability, opt-in approach relying on multiple digital distribution channels.

As representatives of the various stakeholder groups of the PHS sectors (workers, service users, user-employers, and provider organisations), the project consortium distributed the questionnaire among organisations or individuals in their networks, as well as their affiliates, including trade unions representing PHS workers, PHS employer organisations, and PHS service users represented or served by relevant organizations. These organisations shared the questionnaire among their member lists. The questionnaire was also distributed through social media advertisements on Facebook.

The complexity of the PHS sectors across many national contexts, along with the project's goal of providing a comprehensive picture of the sectors, contributed to a multifaceted survey design. The questionnaire was divided into 5 major survey tracks – workers, provider organisations, PHS user-employers, non-employer PHS users, and general population — with various sub-tracks for particular cohorts (e.g., PHS childminders who work in their own homes, immigrant PHS workers). The completion rates for the major survey tracks were as follows: 88% for user-employers, 72% for non-employer service users, 69% for workers, 69% for provider organisations, and 55% for the general population survey.

The final set of responses was produced after a comprehensive data review and sanitation process. Responses with anomalously-short completion times (below the benchmark for comprehension of the survey questions) were removed, as well as responses with anomalous levels of item non-responses, and repeat responses detected.

As will be discussed in more detail in the "Overview of the sample" section, the sample collected was quite diverse, and the volume of responses varied strongly from one country to the next. In some cases, results and conclusions vary quite notably from country to country, reflecting differing legislative and social contexts. Accordingly, where necessary and where significant variations were seen across countries, results are presented and analysed on a country-by-country basis.

Overview of the sample

As the table in Table 1 shows, the Monitor received over 8,000 responses from PHS users, workers, and provider organisations across 36 European countries, and in 26 different languages.

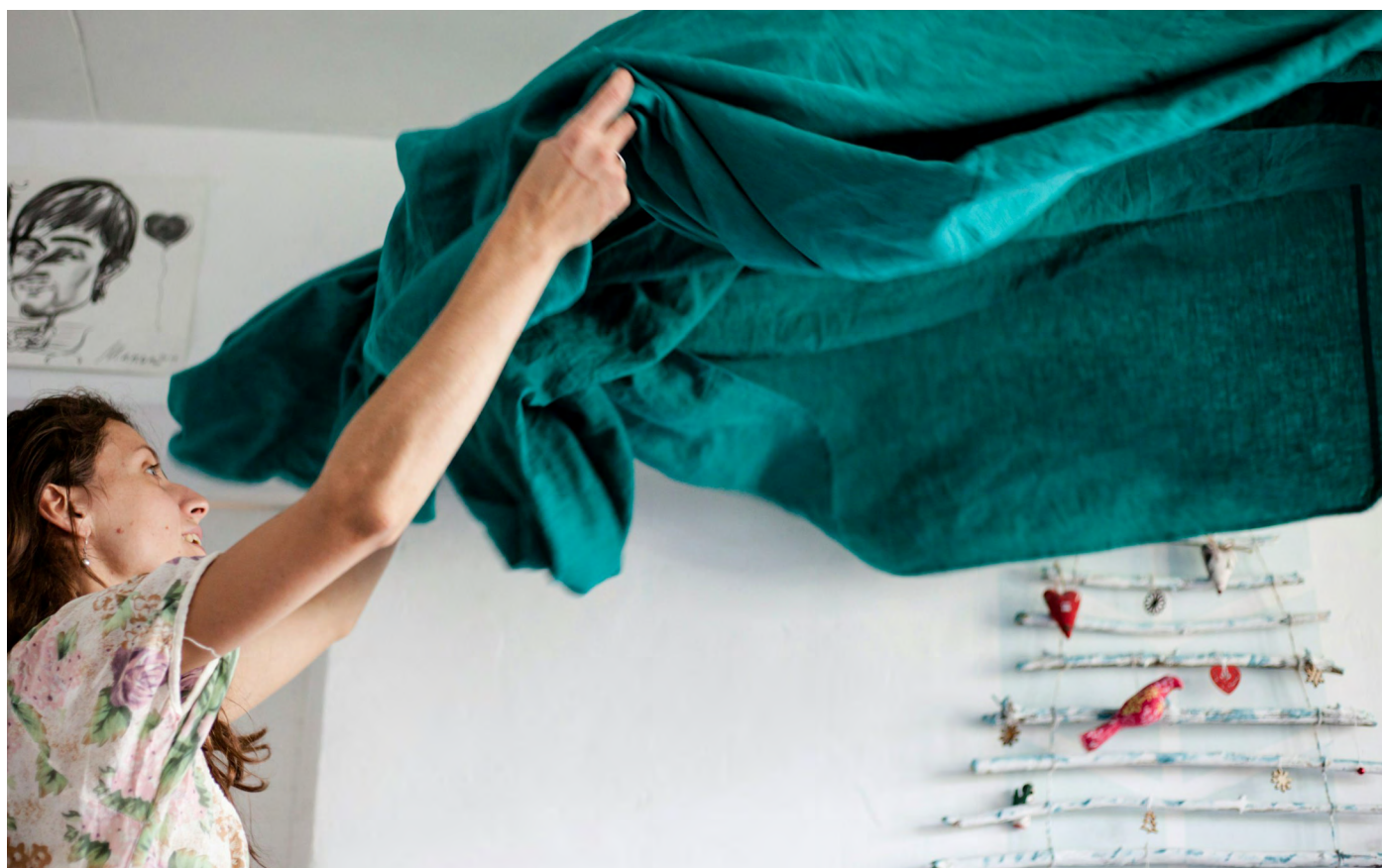
Cohort	Responses	Number of countries
Workers	5610	33
PHS user-employers	1885	22
All other PHS users	388	27
PHS provider organisations	354	21
Total	8237	36*

*Excludes 3 responses from provider organisations operating partly outside of Europe (Tunisia, Indonesia, India)

Table 1. Response and country counts by PHS cohort

In addition to these responses from the core actors in the PHS sectors, a smaller branch of the survey was directed at members of the general population who have either used PHS in the past, or who have never used PHS. **2,470 responses were collected from this general population group, bringing the total number of responses received during the 2026 PHS Employment Monitor to 10,707.**

The following section provides an overview of the characteristics of each cohort surveyed, including demographic details and a snapshot of geographic distribution of responses. A full breakdown of responses by cohort and country can be found in Appendix A.



Workers

Over 5,500 responses were received from PHS workers across 33 countries. The sample gathered for this edition of the PHS Employment Monitor is more geographically diverse than that of 2024. In 2024, 8 countries received more than 100 responses from workers. This year, that number rose to 13, including several countries that provided few or no responses previously, such as Hungary, Portugal, and Ireland. The map below puts the geographic scope of worker responses in perspective.

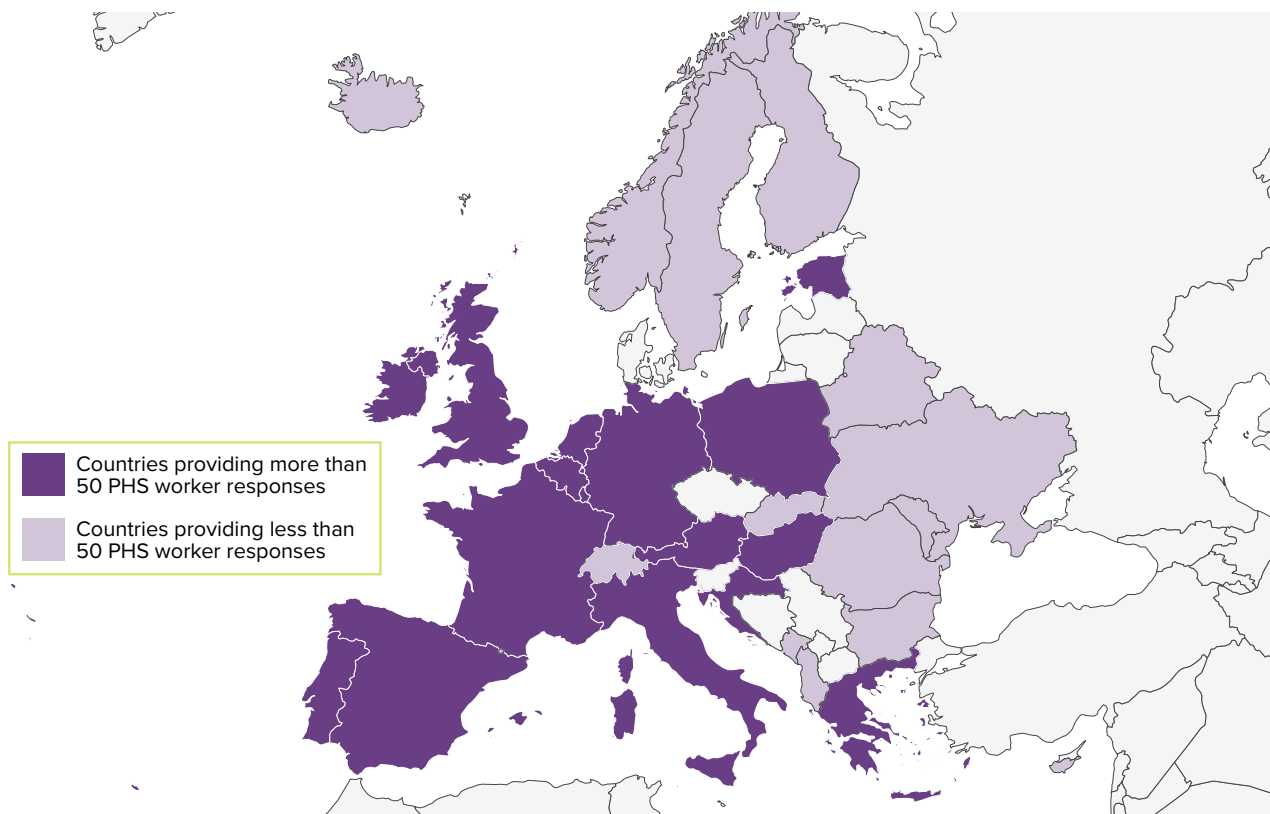


Figure 1. Distribution of PHS worker responses to the survey

Throughout this report, aggregate statistics are reported for the entire sample of responses received. Charts, tables, and graphs including country-by-country breakdowns feature the 16 countries that received at least 50 responses from workers, in order to highlight country-level and regional variations that can be relevant to sector stakeholders, including unions, provider organisations, governments, and policy-makers in each respective country, as well as families and individuals.

Employment patterns in the PHS sectors are diverse. This year's edition of the Monitor received a relatively larger share of responses from workers who said they are directly employed by one or more service user households (46%, n=2544, versus 32% in 2024), compared to workers working for companies or other organisations as employees (32%, n=1757). The share of workers saying they are self-employed was similar to 2024 (14%, n=769).

Personal and household services (PHS):

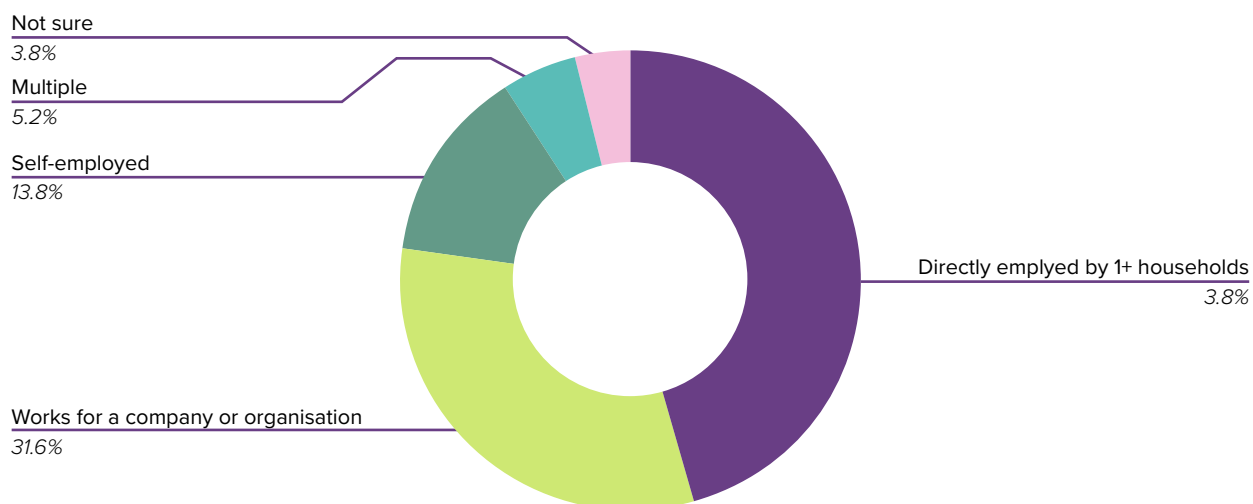


Figure 2. PHS workers by type of employment

Among those workers who said they were directly employed by one or more service user households, or self-employed, 7 in 10 said they found their current work either through word of mouth opportunities shared by friends, family members, and members of the community (42%), or through recommendations by current clients (28%). Around 17% said they relied on a private agency (9%) or public employment office (8%). Nearly a quarter of self-employed and directly-employed workers (23%, n=899) said they use an app to find work.

Around 97% of the workers who responded to the survey were women. This almost exactly matches the results from 2024, and is in line with estimates of the demographic composition of the PHS sectors⁵. With this in mind, the issues identified throughout this report can in general be thought of as issues facing not just PHS workers, but overwhelmingly female PHS workers.

The age profile of workers who responded was slightly older than in 2024, with around a quarter of workers saying they were under 45, compared to over a third in the previous edition of the Monitor, suggesting ongoing challenges with an aging workforce, already identified in 2024.

Around 20% (n=1139) of PHS workers who responded to the survey identified that they are working in a country other than their country of origin. This was lower than the proportion from the 2024 PHS Employment Monitor (around 30%), which can be explained in part by the difference in the distribution of responses by country.

Additionally, around 4% of workers answered the survey in a language other than the language of the country where they work, even though they did not identify as immigrants in the country where they work. This calculation was supported by the wide range of languages available for the 2026 PHS Employment Monitor (40 overall). The chart below shows the breakdown of self-declared immigrant responses and non-local language responses by country. However, only those workers who identified their country of origin as being different from the country where they work are considered in subsequent analysis of immigrant worker responses.

⁵ European Labour Authority. (2022). "Tackling Undeclared Work in the Care and Personal and Household Services Sector". [Link](#) (last accessed 01/06/26).

Share of responses from immigrants by country varied widely

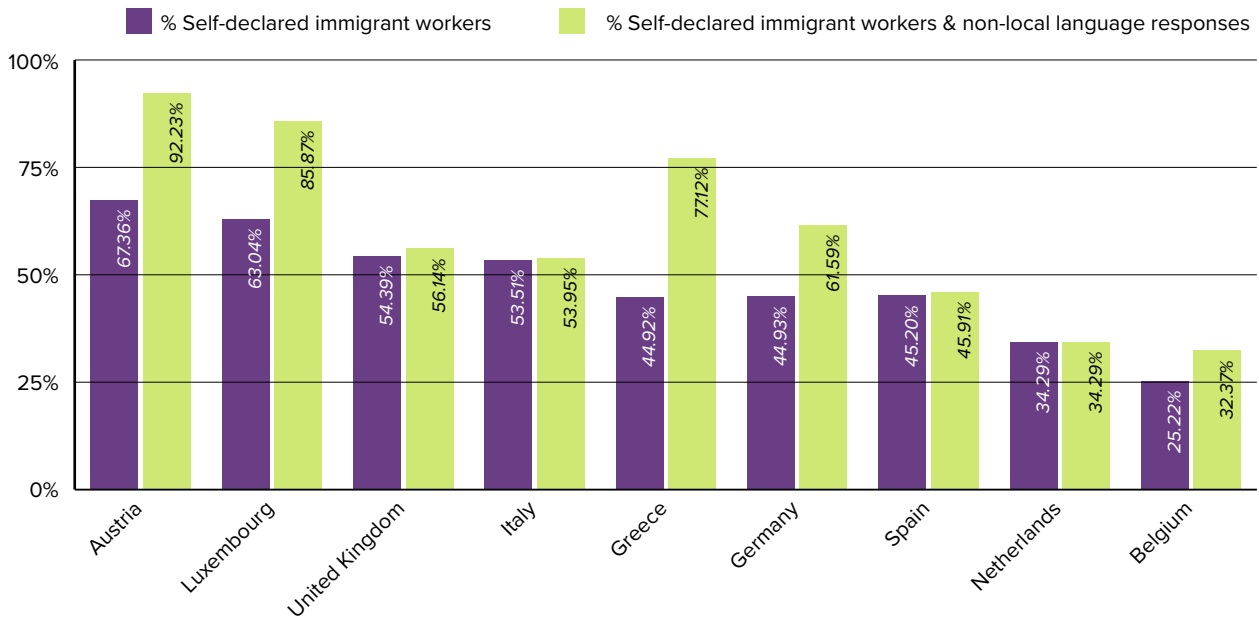


Figure 3. Percent of worker responses by country from self-declared immigrant workers and non-local language respondents

Service users

Service users are the recipients of personal & household services. In total, 2273 service users responded to the survey — a slightly higher number than in 2024 (n=2221). Like in 2024, the age distribution of PHS service users who responded to the survey was heavily skewed towards older age brackets, with two-thirds being over the age of 54 and around 4 in 10 being over 65.

Age distribution of PHS service users

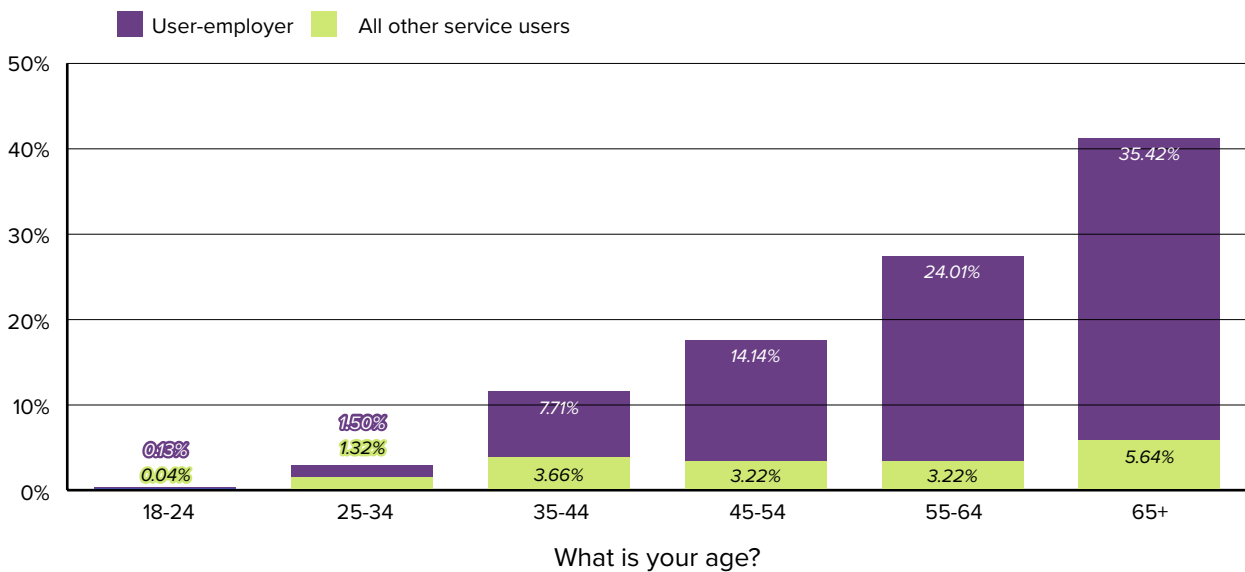


Figure 4. Age distribution of PHS service users

The unique nature of the PHS sectors has resulted in a complex patchwork of arrangements for the provision of these crucial services. 83% of PHS service users who responded to the survey said they were user-employers, that is, service users who directly employ the workers who work in their home. As the chart below shows, nearly 8 out of 10 user-employers said they found the people who work in their homes through recommendations by friends, family, or members of the community. 6% said they used an app only, around 5% used either a private agency or recruiter (4%) or a public employment office (1%), and around 6% used multiple methods.

How did you find the people who currently work in your home?

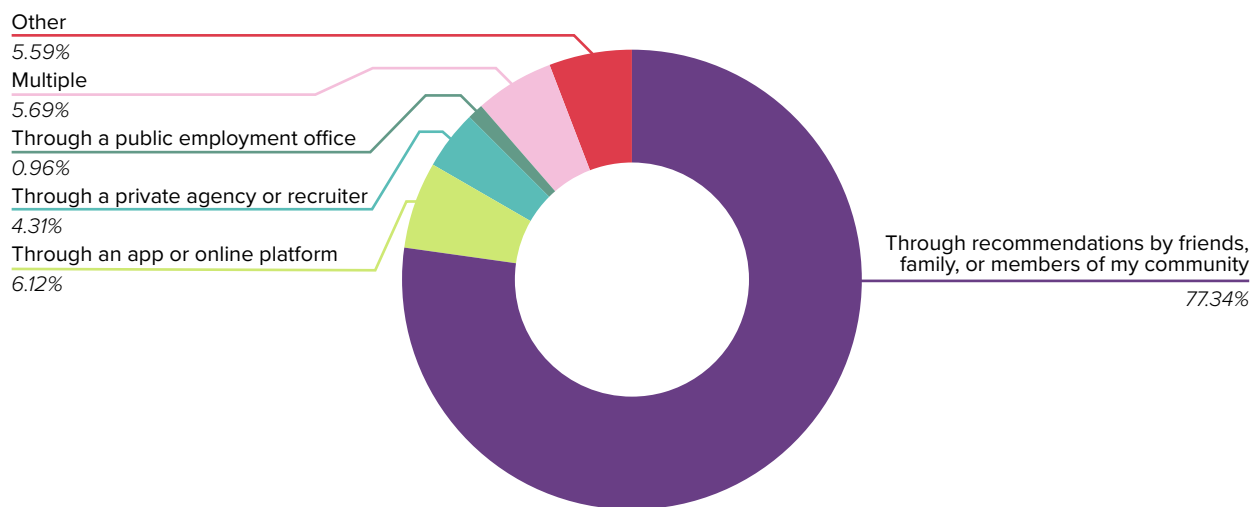


Figure 5. User-employer recruitment pathways

A note on the survey’s methodology:

The classification of service users as either PHS user-employers or non-employer PHS users is based on self-reported status by users as to whether or not they directly employ the PHS workers in their homes. The complexities of employment relationships, and the role of entities such as placement agencies and intermediaries, may result in confusion and misreporting among users. As such, it is important to note that these self-reported categories are likely imperfect estimates. Work can be done to reduce this issue, both internally (improving future editions of the survey), and externally (for the PHS sectors as a whole). On an external level, increasing the coverage of representative organisations for user-employers can help to promote better understanding of user-worker relationships and responsibilities. On an internal level, future editions of the Monitor may include focus group and testing work specifically on this complex topic, to ensure maximum clarity for respondents.

The great majority of PHS user-employers who responded were small employers. Around 83.5% of PHS user-employers said they employ one PHS worker in their home, while 12.5% said they employ two workers, and around 4% said they have more than two.

The data shows that the employment relationships user-employers maintain with the PHS workers they employ are fairly stable. Around 66% of user-employers said they “rarely” or “never” have to find a new PHS worker, with just around 6% saying they often have to find a new worker.

It is important to note that the sample of service users from the survey is less geographically

diverse than that of workers and provider organisations, with around 67% of responses coming from Italy, and 12% coming from France. This is somewhat similar to the previous edition of the 2024 PHS Employment Monitor. Naturally, this produces a bias towards these two countries in the results of the survey. However, the sample of users (both user-employers and all other users) was still more diverse than in 2024. Whereas 3 countries provided 30 or more responses from non-employer PHS service users in 2024 and 2 countries provided 30 or more responses from user-employers, these numbers rose to 4 and 3 respectively in 2026.

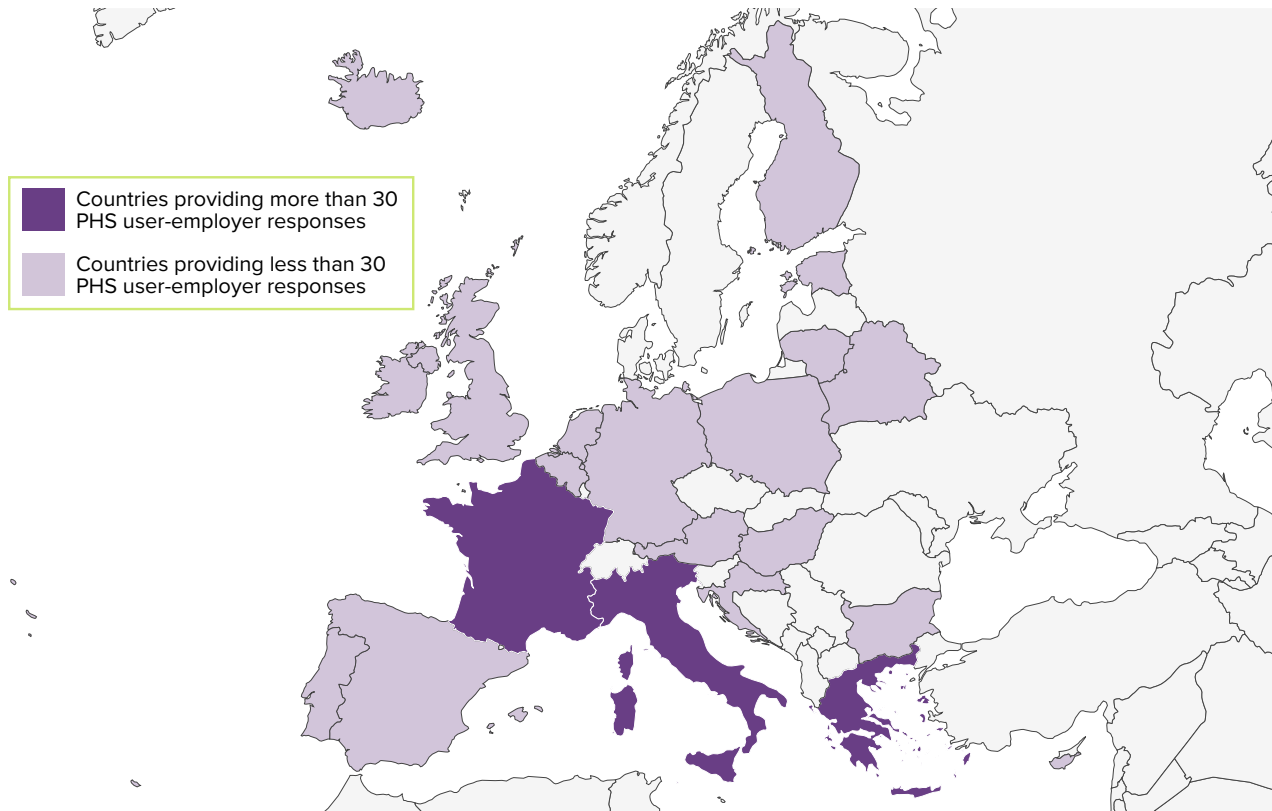


Figure 6. Distribution of PHS user-employer responses to the survey

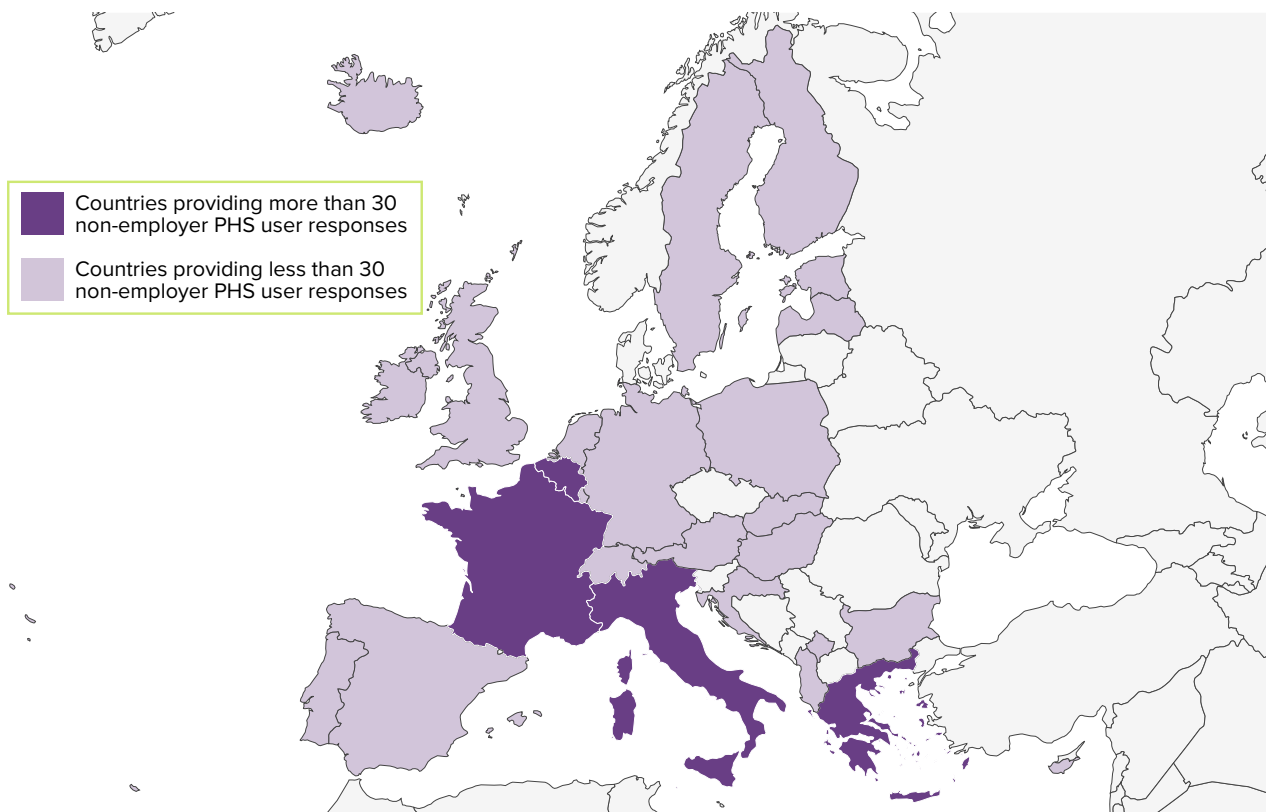


Figure 7. Distribution of non-employer PHS service user responses to the survey

Throughout the report, aggregate statistics for service users, whether employers or non-employers, are presented for the full dataset. Country-level breakdowns are reported for the countries that received more than 30 responses.

It bears mentioning that the strong representation of Italian and French service users (and especially user-employers) is not accidental. Instead, it has deep structural roots. France and Italy, in fact, are two countries with dedicated collective agreements specifically covering the relationship between user-employers and PHS workers. This collective structuring is accompanied by an ecosystem of active social partners, bipartite professionalisation bodies, and communication and mobilisation mechanisms that facilitated the distribution of the survey to a wide audience. In this way, the role of strong institutions – including at the state-level, and also in terms of social dialogue – in increasing the visibility and coherence of the PHS sectors is demonstrated concretely, serving as an example for the development of similar structures in other national contexts.

Provider organisations

The Monitor received over 350 responses from organisations that work to provide PHS. The sample of provider organisations for this edition of the survey was not only larger than in 2024, but also more diverse, both geographically and in terms of provider type. Whereas in 2024, 3 countries provided more than 15 responses from provider organisations, that number rose to 6 in 2026. The map below provides a geographic perspective of the scope of the provider organisation sample.

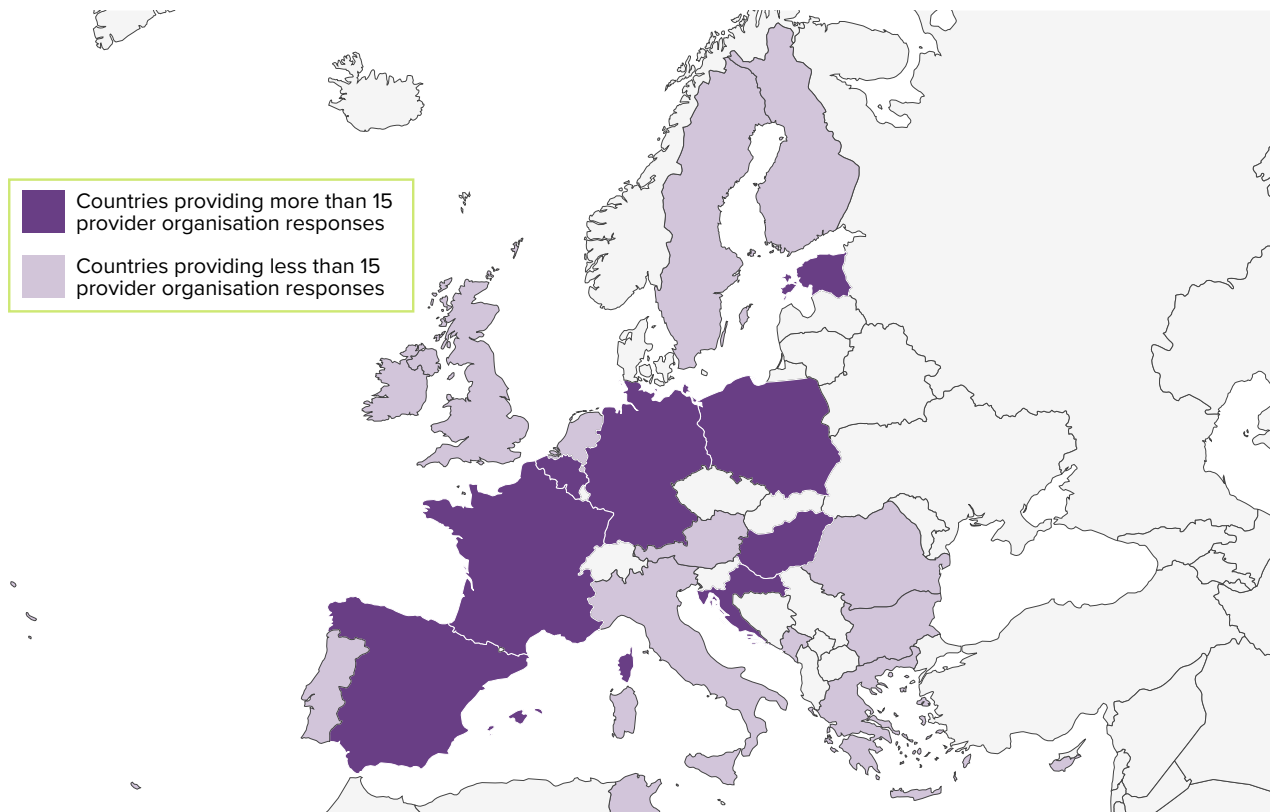


Figure 8. Distribution of PHS provider organisation responses to the survey

Whereas around 70% of provider organisation responses in 2024 came from for-profit PHS providers, this year that number was 37%, with another 30% coming from non-profit PHS providers, 17% coming from public entities, and 10% from placement agencies.

Which of the following best describes you or your organisation?

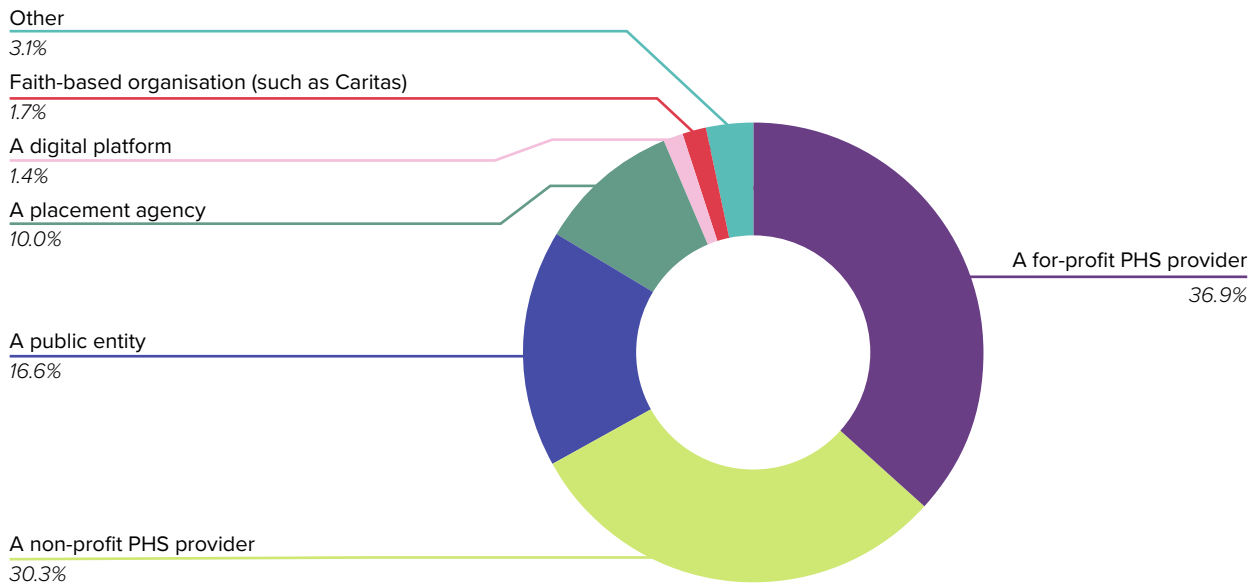


Figure 9. Distribution of PHS provider organisation responses by type

As in 2024, the majority of organisations who responded (64%, n=223) can be considered small-and-medium sized enterprises, employing between 10 to 250 PHS workers, while 32 organisations (9%) said they employ more than 1,000 workers. The figure below shows the breakdown of responses by organisation type and number of employees.

Number of PHS provider organisation responses by number of PHS employees

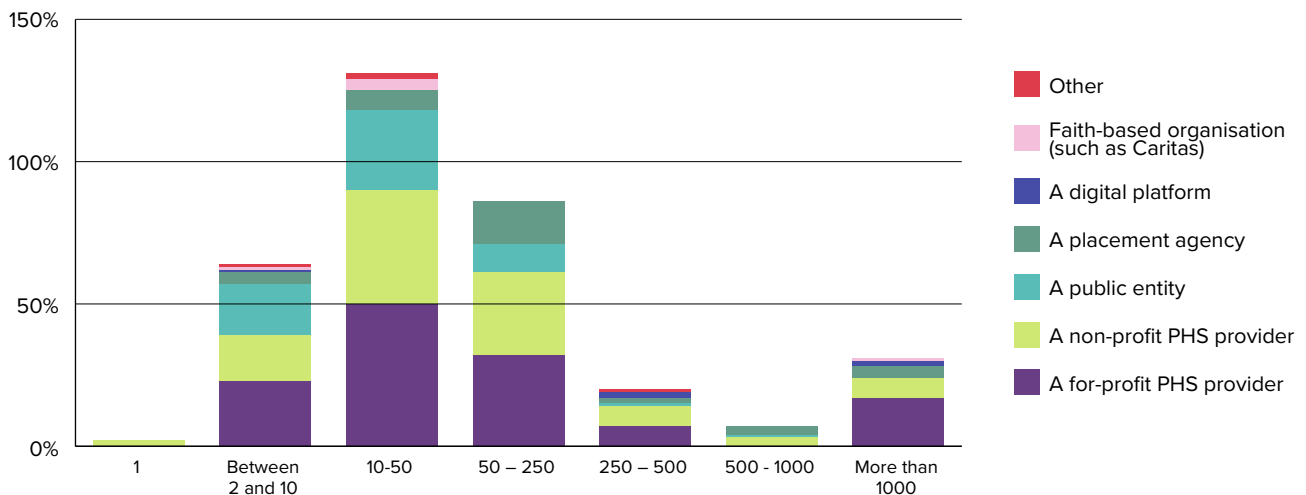


Figure 10. Distribution of PHS provider organisation responses by number of employees

Essential sectors

An estimated 10 million people work in the PHS sectors throughout Europe⁶, accounting for around 5% of total European employment⁷. They play a keystone role in supporting the wider functioning of society, with their critical personal and household services facilitating the working lives of millions — especially working women.

When asked who would most likely take on the work of the PHS workers in their home if they could no longer work there, 55.7% of users said that they personally would have to do so. Another 14.3% said that their partner or spouse would take on the work. However, the answers to this question had a strongly gendered dimension. **Around two-thirds of women (67.3%, n=922) who responded said they themselves would have to take on the work their PHS workers do**, while just 5.4% said their spouses would take on the work (n=75). Men who responded were about half as likely to say they would take on the work (37.2%, n=315), and over 5 times as likely to say their spouse would take on the work (29.3%, n=248).

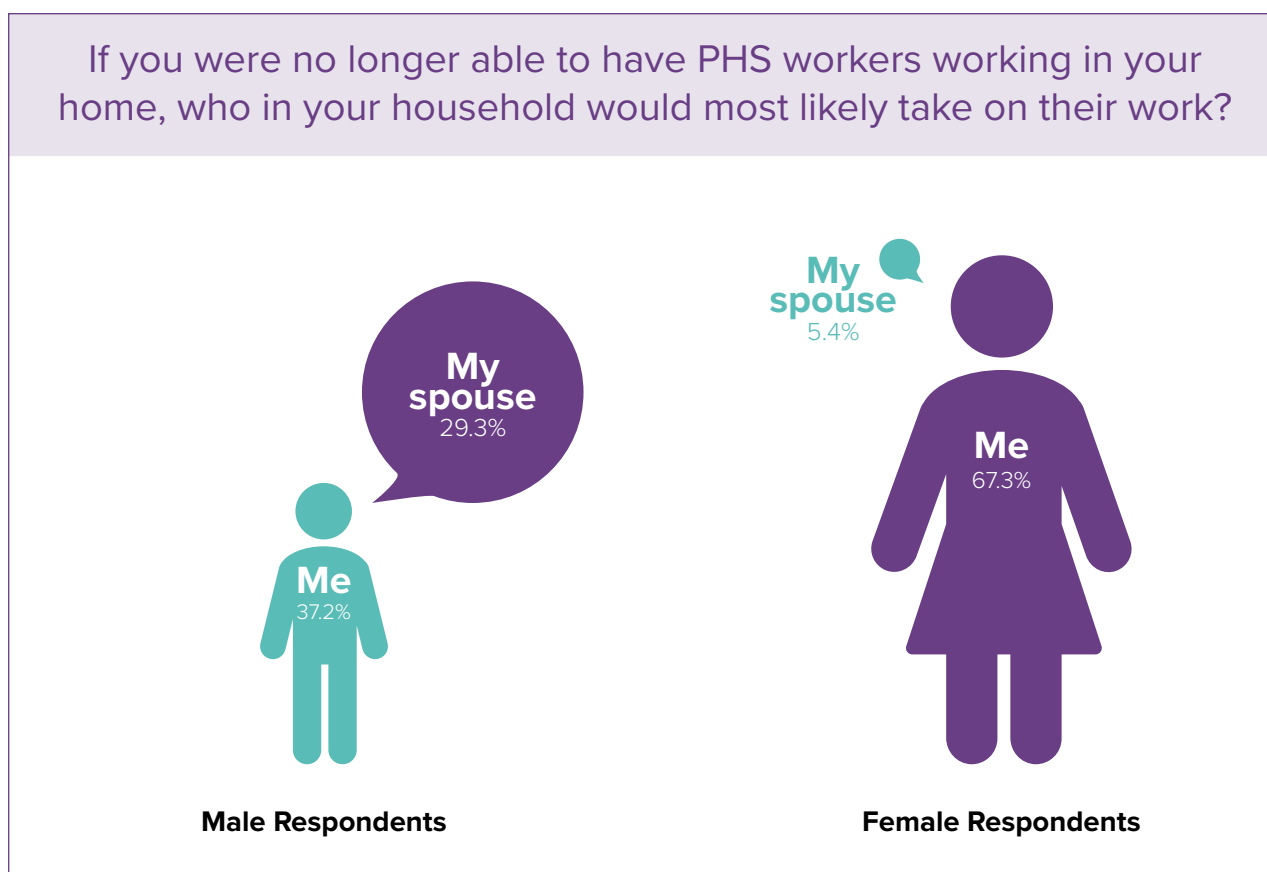


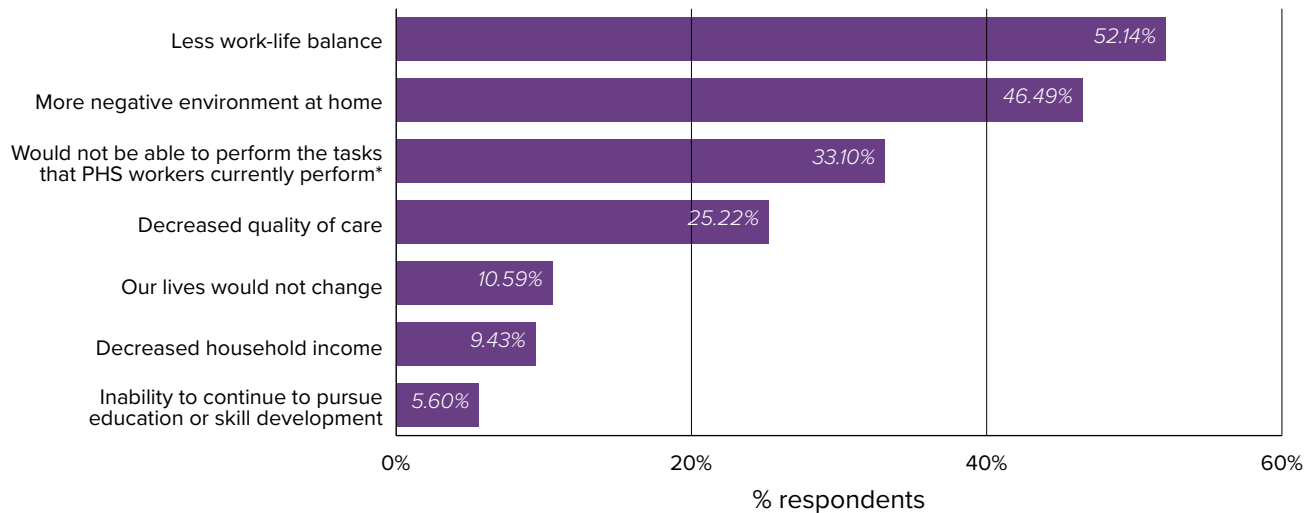
Figure 11. Gendered impact of PHS work on work-life balance and working careers

6 EU PHS Social Partners. (2022). "PHS Social Partners Joint Response for the Open Consultation on the Upcoming Gender Equality Strategy 2026–2030". [Link](#) (last accessed 01/06/2026)

7 Eurostat. (2026). "EU labour market - quarterly statistics". [Link](#) (last accessed 01/06/2026)

Asked how losing the PHS workers in their home would affect their lives, over half (52.1%) of PHS service users said it would result in less work-life balance. 46.5% said it would lead to a more negative environment at home, while a quarter said it would result in decreased quality of the care and household support they need. One third said that their household simply would not be able to perform the tasks that their PHS workers perform.

If you were no longer able to have PHS workers working at your home, how would your life or the lives of those you live with change?



* "My household would not be able to perform the tasks that the PHS workers who work in my home perform"

Figure 12. Effects of losing access to PHS, as shared by service users

PHS workers are well aware of the value of their work, even if they often do not feel treated in accordance with its social importance.

I believe that despite the hardship of the work, the stress and the physical toll it takes over the years, being a caregiver remains a wonderful profession. - PHS worker, Belgium

Yes, it's quite satisfying. Although the PHS sector has its drawbacks, if it adheres to the rules (appropriate working hours, additional funds for health and pensions in addition to salary), it's a good job. - PHS worker, Greece

It's fulfilling, it's the main reason why I'm still doing this job, since the pay is really low. The joy of my client when I come to her, the progress we achieved together and the positive feedback are my motivation for every new working day. - PHS worker, Croatia

Yes, the gratitude you receive back from people. Helping with people's basic needs. Learning to enjoy the little things in life; we are so fragile. - PHS worker, Belgium

Perhaps because of this pride and understanding of the critical and sensitive nature of their work, nearly half of all PHS workers surveyed said they would be likely or very likely to recommend a career in the PHS sectors to someone, and less than a quarter said they would be unlikely or very unlikely to do so. This is despite the widespread challenges these workers face, which we will see illustrated both statistically, and in their own words, throughout this report.

Towards a better, more sustainable sector for all

In this section of the report, we will review the responses of the four key cohorts of the PHS sectors — workers, service provider organisations, user-employers, and non-employer service users — to the question of what changes they would most like to see in the PHS sectors. The responses to this question will frame the focus topics for the rest of the report.

In all four cases, respondents were asked to choose just 3 from a set of 8 options reflecting known problem areas where sector stakeholders are actively working to make improvements. By asking respondents to choose just three items, rather than select all that think would improve the PHS sectors, we gain greater statistical clarity (across the thousands of responses gathered) of which changes are the most important to the people that make this sector work.

While these stakeholders' top selections highlight areas for most urgent action, they should not be understood to represent the set of all changes needed in the PHS sectors. As can be seen in the tables below, the recommendations of respondents were diverse, even while highlighting, in the aggregate, what changes they believe to be most important.



Personal & Household Services (PHS) workers want higher pay, benefits, and respect

In the case of workers, the results are clear: **personal and household services workers around Europe, from Belgium to Greece, Poland to Spain, are concerned about pay, benefits, and the need for greater institutional recognition, protection and support for their work.**

Note, in all tables below, cells are colored according to the relative priority of the item within a given country (i.e., they are colored row-wise).

Which of the following changes to the PHS sector would you most like to see? Your answers here can make a real difference. Please choose three at most. (Workers)								
	Higher pay	Additional benefits like sick pay or pensions	More institutional respect for PHS work	More protection against abuse by clients	More free training	More flexible work schedules	A safer work environment	Easier rules for immigrant workers
France	70.9%	55.2%	45.8%	37.4%	26.5%	8.2%	10.0%	4.9%
Belgium	88.3%	59.5%	48.9%	22.5%	10.8%	5.4%	10.1%	3.8%
Croatia	91.0%	46.8%	43.1%	25.4%	16.2%	9.8%	11.0%	0.6%
Ireland	73.9%	36.9%	43.1%	24.6%	20.3%	38.2%	16.6%	3.4%
Hungary	90.0%	34.3%	47.4%	16.5%	27.7%	14.6%	10.3%	0.6%
Spain	76.2%	48.0%	32.9%	22.0%	17.7%	22.7%	19.5%	20.2%
Italy	64.2%	51.3%	36.7%	11.1%	16.8%	15.9%	13.7%	10.2%
Portugal	67.5%	56.9%	50.3%	18.8%	3.0%	18.8%	10.2%	4.6%
Austria	85.5%	74.1%	31.6%	38.9%	10.9%	8.3%	10.4%	3.1%
United Kingdom	43.3%	41.5%	35.1%	37.4%	7.0%	13.5%	36.3%	37.4%
Germany	78.7%	55.9%	43.4%	24.3%	17.7%	12.5%	14.7%	10.3%
Greece	62.7%	66.1%	30.5%	21.2%	11.9%	17.0%	14.4%	29.7%
Netherlands	76.9%	51.9%	49.0%	17.3%	10.6%	6.7%	9.6%	20.2%
Luxembourg	76.1%	38.0%	51.1%	26.1%	6.5%	12.0%	15.2%	15.2%
Poland	78.2%	54.0%	47.1%	27.6%	8.1%	11.5%	6.9%	4.6%
Estonia	58.8%	31.4%	54.9%	29.4%	49.0%	7.8%	5.9%	3.9%
All workers	74.5%	51.8%	43.8%	29.2%	20.0%	12.6%	12.5%	7.4%

Table 2. Changes PHS workers said they would most like to see in the PHS sectors, by country

74.5% of workers chose “higher pay” as a change they would like to see. 51.2% said they would like to see additional benefits, including sick pay or pensions, while 43.8% said they would like to see more institutional respect for PHS work.

Given the dominance of higher pay as a top priority among PHS workers across countries, it is important to contextualise these results within the frame of the ongoing cost-of-living and affordability crises throughout Europe⁸. The 2024 PHS Employment Monitor already showed how low pay is contributing to labour shortages in the PHS sectors. If cost-of-living pressures continue rising, unaddressed calls for higher wages will mean continuing recruitment and retention issues, and – as we will see later – the continued prevalence of undeclared work.

⁸ National context is important here, since the cost of living with respect to wages varies widely by country. In this way, high demand for wages can reflect low pay in the PHS sectors in particular, broader country-level cost-of-living pressures, or (often) both. Purchasing power-adjusted wage data by country can be found in the data of the [OECD](#). On the other hand, [Eurobarometer](#) data can be useful for comparing the perceived relative cost-of-living pressure at a country-by-country level.

“Higher pay” and “Additional benefits” were the most common pairing selected by workers (n=2095), highlighting the importance of non-pay benefits for PHS workers in line with what many other workers in Europe are guaranteed. However, the next two most frequent co-occurrences saw “More institutional respect” paired with each of these material demands, “Higher pay” (n=1751) and “Additional benefits” (n=1094). This demonstrates how the seemingly intangible benefit of “respect” is understood as something concrete and no less impactful on a worker’s life than these other more transactional forms of remuneration.

Despite workers’ common and cross-national concerns, the sheer diversity and patchwork of institutional arrangements that characterises this sector leads to wide variation between countries. Throughout this report, we will explore the specific conditions that give rise to these country-by-country variations more in depth.

PHS provider organisations want more support for both workers and users

Like in the case of workers, PHS provider organisations who responded to the survey showed a great deal of agreement regarding what they identify as the most important priorities for the sectors.

Which of the following changes to the PHS sector would you most like to see? Your answers here can make a real difference. Please choose three at most. (Provider organisations)								
	Better pay for PHS workers	More financial support to make PHS affordable for users	More institutional respect for PHS work	Better-trained workforce	A wider variety of candidate workers to choose from	Clearer standards for working conditions	Easier rules for hiring immigrant workers	Easier process for declaring work
France	74.0%	52.0%	49.4%	45.5%	19.5%	10.4%	23.4%	7.8%
Hungary	95.9%	46.9%	61.2%	40.8%	20.4%	16.3%	0.00%	2.0%
Croatia	82.6%	71.7%	47.8%	19.6%	28.3%	21.7%	6.5%	2.2%
Spain	44.0%	72.0%	36.0%	48.0%	16.0%	20.0%	52.0%	0.0%
Estonia	45.5%	59.1%	40.9%	54.6%	31.8%	36.4%	9.1%	9.1%
Germany	48.9%	60.0%	46.7%	11.1%	33.3%	22.2%	26.7%	15.6%
Italy	33.3%	75.0%	16.7%	50.0%	16.7%	41.7%	16.7%	8.3%
Sweden	30.0%	40.0%	30.0%	30.0%	30.0%	10.0%	50.0%	0.0%
Belgium	66.7%	40.0%	53.3%	33.3%	26.7%	26.7%	13.3%	13.3%
Austria	41.7%	33.3%	25.0%	33.3%	33.3%	58.3%	25.0%	8.3%
Poland	66.7%	46.7%	13.3%	6.7%	60.0%	20.0%	53.3%	6.7%
All provider organisations	66.2%	57.9%	46.1%	36.1%	22.9%	20.1%	20.1%	7.2%

Table 3. Changes PHS provider organisations said they would most like to see in the PHS sectors, by country

Pay for workers was a top focus for provider organisations (66.2%), along with achieving more financial support to make PHS affordable for users (57.9%), but provider organisations also recognise the need for more institutional respect for the sectors (46.1%).

As with workers, the co-occurrence of the two material options available to them, “More financial support to make PHS affordable for users” and “Better pay” was highest (n=133), with the next two most-frequent two co-occurrences being “More institutional respect” with each of these material demands, “Better pay” (n=114) and “More financial support” (n=97).

The emphasis provider organisations put on the need for an improved financial situation for both of the other major sets of actors in the PHS sectors — workers and service users — indicates a point of alignment between interests, and an opportunity for cooperation. This will be explored more in depth later in the report.

Beyond the core focus on higher wages, financial support for users, and more institutional respect, over a third of provider organisations identify a “better-trained workforce as a priority change they would like to see in the PHS sectors. Around a quarter say they would like to see a wider variety of candidate workers to choose from, and a fifth would like to see easier rules for hiring migrant workers.

The relative selection of these options varied country-by-country — organisations operating in Poland emphasised a wider variety of candidate workers and easier rules for hiring immigrant workers, while organisations in Estonia and France were more concerned with having access to a better trained workforce. However, **overall, 62% (n=215) of provider organisations selected at least one of these workforce-related options as a change they would like to see in the sector. This reflects the difficulties many provider organisations are facing when it comes to recruiting and retaining PHS workers**, as will be discussed later.

As with workers, we can observe more country-by-country variation based on the particular context. Some of these will be highlighted and analyzed throughout the report.

PHS user-employers and non-employer service users have diverse priorities across countries

Compared to PHS provider organisations and workers, service users showed less overall consensus regarding the changes they would most like to see in the PHS sectors. In the case of service users, it is also important to disaggregate the perspectives of users who employ PHS workers directly (PHS user-employers) and those who do not (non-employer PHS users), given the distinct challenges faced by service users in each category. This difference reveals more diversity of priorities, but also meaningful patterns. We begin this section by examining the choices of service users as a whole, before looking at the specific priorities of PHS user-employers and non-employer PHS users.

As the table below shows, “More institutional respect for PHS work” was the most-chosen change the PHS users as a whole would like to see, selected by 37.1% of all service users. This was followed by a “Better-trained workforce” (36.1%) and “More affordable prices for PHS” (34.8%).

Which of the following changes to the PHS sector would you most like to see? Your answers here can make a real difference. Please choose three at most. (All service users)								
	More institutional respect for PHS work	Better-trained workforce	More affordable prices for PHS	Easier rules for hiring immigrant workers	A wider variety of candidate workers to choose from	Easier process for declaring work	Better pay for PHS workers	More guidance for providing a safe working environment
Italy	33.7%	36.0%	36.2%	35.3%	29.5%	28.8%	14.1%	19.0%
France	45.7%	36.9%	27.0%	26.3%	19.8%	27.7%	44.0%	21.8%
Greece	16.3%	47.8%	55.4%	47.8%	47.8%	30.4%	8.7%	9.8%
Belgium	57.0%	22.2%	20.8%	27.8%	12.5%	23.6%	70.8%	29.2%
Germany	57.9%	31.6%	34.2%	36.8%	44.7%	18.4%	34.2%	7.9%
Hungary	44.1%	38.2%	41.2%	2.9%	44.1%	26.5%	38.2%	5.9%
Bulgaria	22.6%	38.7%	29.0%	6.5%	32.3%	0.00%	29.0%	16.1%
All service users	37.1%	36.1%	34.8%	32.7%	28.6%	27.8%	22.8%	18.7%

Table 4. Changes PHS users said they would most like to see in the PHS sectors, by country

PHS user-employers

The table below shows the priority selection by PHS user-employers, providing country-level breakdowns for countries where more than 30 responses were received from user-employers.

Which of the following changes to the PHS sector would you most like to see? Your answers here can make a real difference. Please choose three at most. (PHS user-employers)								
	Better-trained workforce	More affordable prices for PHS	More institutional respect for PHS work	Easier rules for hiring immigrant workers	A wider variety of candidate workers to choose from	Easier process for declaring work	More guidance for providing a safe working environment	Better pay for PHS workers
Italy	35.3%	36.2%	33.9%	35.4%	29.3%	28.5%	19.3%	14.2%
France	36.7%	27.1%	45.4%	30.6%	21.4%	25.3%	22.3%	38.0%
Greece	52.5%	52.5%	13.1%	50.8%	49.2%	37.7%	9.8%	6.6%
All PHS user-employers	35.9%	35.5%	35.3%	34.8%	29.3%	28.7%	18.9%	18.1%

Table 5. Changes PHS user-employers said they would most like to see in the PHS sectors, by country

Four quite distinct options received similarly high rates of selection among user-employers: a better-trained workforce (35.9%), more affordable prices for PHS (35.5%), more institutional respect for PHS work (35.3%), and easier rules for hiring immigrant workers (34.8%).

Investigating the co-occurrence of different selections, the most common pair selected by user-employers was “easier rules for hiring immigrant workers” together with “easier process for declaring work” (n=243). This suggests that there is a strong desire among many user-employers to formalise work in the PHS sectors, even if (as will be discussed) this goal may feel out of reach for them on an individual level due to financial or administrative challenges, including the administrative difficulty of regularising immigrant workers.

The second most common co-occurrence was “a better-trained workforce” together with “a wider variety of candidate workers to choose from” (n=239). These together suggest that some user-employers are unsatisfied with the quality of the services they are receiving. As we will see, these workforce related issues can be driven by many factors, including the low level of attractiveness of the PHS sectors for workers due to poor pay and conditions, and low levels of professionalisation, which is closely linked to systematic lack of recognition of the sectors.

Non-employer PHS users

The table below shows the priority selection by non-employer PHS users, providing country-level breakdowns for countries where more than 30 responses were received from non-employer PHS users.

Which of the following changes to the PHS sector would you most like to see? Your answers here can make a real difference. Please choose three at most. (Non-employer PHS users)								
	Better pay for PHS workers	More institutional respect for PHS work	Better-trained workforce	More affordable prices for PHS	A wider variety of candidate workers to choose from	Easier process for declaring work	Easier rules for hiring immigrant workers	More guidance for providing a safe working environment
Italy	12.3%	29.2%	50.8%	35.4%	33.9%	33.9%	33.9%	12.3%
France	65.6%	46.9%	37.5%	26.6%	14.1%	35.9%	10.9%	20.3%
Greece	12.9%	22.6%	38.7%	61.3%	45.2%	16.1%	41.9%	9.7%
Belgium	76.2%	63.5%	22.2%	17.5%	9.5%	19.1%	22.2%	33.3%
All non-employer PHS users	46.0%	46.0%	37.0%	31.8%	25.1%	23.5%	22.5%	18.0%

Table 6. Changes non-employer PHS users said they would most like to see in the PHS sectors, by country

Two options stood out as selected by nearly half of all non-employer service users: “better pay for PHS workers” and “more institutional respect for PHS work” (both at 46%). These were followed by “better trained workforce” (37%). The pairing of “better pay for PHS workers” and “more institutional respect for PHS work” was also the most common co-occurrence among non-employer service users (n=98). This is notable, since these two options are specifically not process-centered or concretely focused on the experience of receiving services, but rather reflect a broader and multi-dimensional view of the social undervaluation of the PHS sectors.

At the same time, the 37% of non-employer PHS users who prioritised a “better trained workforce” also deserve special attention. A later section will go into more detail on the complex issue of training, covering its implications for workplace safety, quality of care and household services, and, more broadly, social and institutional recognition of the PHS sectors. For now, it bears mentioning that both user-employers and non-employer service users saw training as a significant priority, though their relationship to the training of the PHS workers in their homes is in some ways structurally distinct.

Common ground: wages, costs, and respect

By jointly considering the responses of all four key stakeholder groups — workers, service provider organisations, user-employers, and non-employer service users — three clear areas of intersecting and overlapping interests arise. It is in these areas of shared interest that we can work to identify mutually-beneficial solutions to improve the PHS sectors through cooperation and social dialogue.

1. There is considerable agreement between workers and provider organisations that pay in the PHS sectors should be higher.
2. Provider organisations, user-employers, and non-employer service users agree that additional support is needed to make PHS more affordable for households relying on these services.
3. Finally, and perhaps most notably, all stakeholder groups prioritise the development of more institutional respect for PHS work.

This broad agreement begs the question of what exactly it means to develop institutional respect for PHS. As the results of the survey will show, institutional respect for PHS work means PHS workers are treated the way other workers in Europe are treated, with the same rights and protections. At the same time, it means institutional support in line with these sectors' social importance. In other words, respect is not about attitudes, but concrete employment and policy practices.

The call to build institutional respect for the PHS sectors, through actions rather than through words, is the thread that flows through the remainder of this report. Ultimately, it binds together the desire for better conditions and benefits among workers, for a better-trained and professionalised workforce among service users and employers, and for a more financially sustainable situation for all parties.

In the next section, we begin to explore the ways in which the societies, institutions, and expectations PHS workers work within fail to treat their work as work and to recognise them as workers. Overcoming this failure is a fundamental part of building a firm, long-term foundation for the PHS sectors – sectors which, without workers, would be unthinkable.

Recognition as “proper work”

I find [my work] fulfilling. Because of my income from this job, I can send my kids to a better school and lead a better life. I just wish that [it could] be recognised as proper work so we can have some basic right[s and] benefits and we can secure ourselves when we retire. - PHS worker, the Netherlands

There is no recognition, it is difficult to find healthy boundaries. This is where colleagues burn out! Big hearts get trampled. - PHS worker, Hungary

Recognition is a concept that emerges again and again in the testimony of PHS workers, and is deeply connected to respect. Where respect speaks to the desire for both basic ethical treatment and treatment in line with the importance of PHS work, recognition is about PHS workers being seen for what they are: professionals on the same level as any other.

[U]nfortunately there are still people who see a domestic worker as a servant, we are workers like many others, we get sick, we have children, a family, and our rights are not like those of private employees, we have 15 days of sick leave a year, we can be fired without justification, we do not have the right to maternity or maternity leave like all other mothers, I do not understand what the difference is, work and work - PHS worker, Italy

Contracts aren't “recognised” by banks for mortgages; they refuse to grant a mortgage to those with a domestic contract. The minimum raise recognised by law shouldn't be absorbed by the base pay if I earn more. - PHS worker, Italy

It's not even a well-paid job anymore, and as self-employed people we have almost no rights, only obligations. - PHS worker, Slovakia

What distinguishes a job from a career is not just the work's ability to provide a sufficient salary and comfortable conditions to the worker, but the prospects it holds for a dignified and secure retirement when the time comes. Here, again, PHS workers show that the norm for their sector is far out of step with more recognised careers.

It is a very hard, stressful job, which affects us both physically and mentally, a job that does not receive the respect or appreciation it deserves. We take care of old, sick people, we offer them affection, empathy, care and when we reach old age we have a miserable pension, which does not even offer us a decent living. In addition, in case of illness, we do not benefit from adequate social protection. - PHS worker, Austria

It's very hard work, it can be done at a young age, fatigue isn't always recognised, and because after a lifetime of work you can't retire at nearly 70 on 650-700 euros a month, I believe this contract needs to be revised to guarantee the dignity of domestic workers. - PHS, worker Italy

Lack of recognition is intimately linked to the persistent differential treatment that the sectors receive both at the institutional level, and in society. For some workers, the solution to the problem of underrecognition lies in securing a work contract.

I consider my job unsatisfactory because there is no employment contract, no benefits, and no good salary. - PHS worker, Spain

Yes. From my point of view, I quite enjoy cleaning, and the apartments where I work are the same ones I've worked in since I started seven years ago. I get along well with everyone. The only downside is that I don't have a contract anywhere. :(- PHS cleaner in Spain

[...] I'm employed under an employment contract and have all the benefits that come with it. - PHS worker, Germany

Unrecognised jobs, unbalanced demands

The low level of recognition of PHS work exposes workers to unbalanced working lives. In line with the findings from 2024, the results of the survey show that **a regular 35-40 hour work week is the exception rather than the rule throughout the PHS sectors**. Overall, just 27.8% (n=1547) of workers reported working between 35 and 40 hours per week. Over a third said they work more than 40 hours per work, while 38.2% work less than 35 hours. The graph below shows the full breakdown of weekly hours worked among respondents.

Less than a third of PHS workers reported working a typical 35-40 hour work week

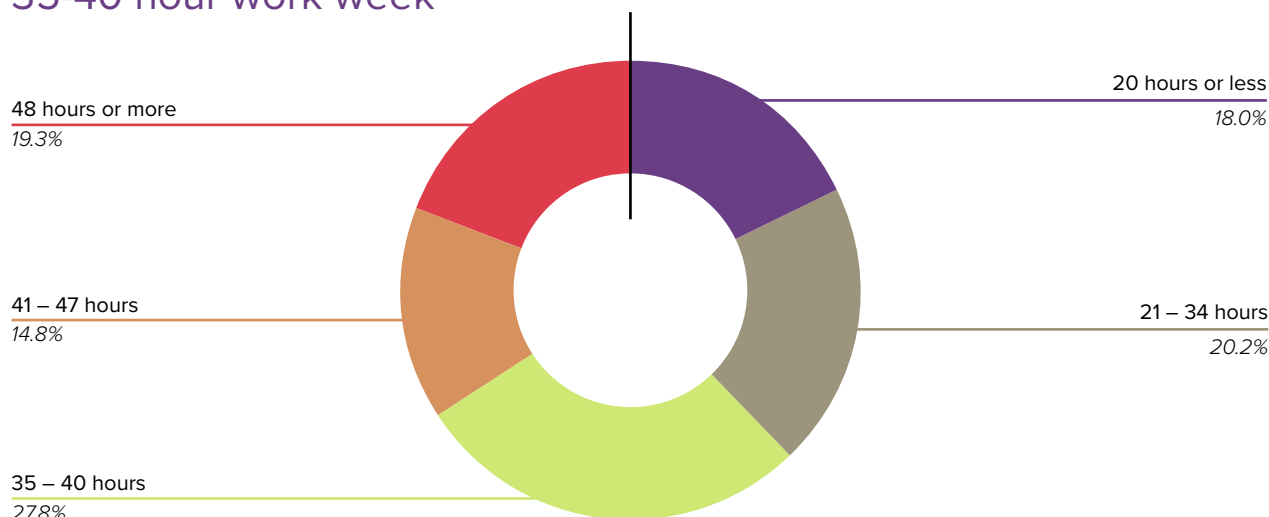


Figure 13. Distribution of weekly hours worked for PHS worker respondents

Many workers appreciate the flexibility of PHS work. When asked why they continue working in PHS, 35.8% of PHS workers (n=1980) chose the option “the working hours or flexibility fit my needs”.

I work how I want, where and when I want; I organise my own schedules. - PHS worker, France

For me it is satisfying because I am in control of my time, I organise myself to be able to take care of my son with an illness and I am independent. - PHS worker, Spain

I am self-employed, so I can adjust my working hours to my home needs, and that's why I find it satisfying and I enjoy spending time with people. I like cleaning. - PHS worker, Poland

On the other hand, the relatively unstructured nature of the PHS sectors produces conditions where workers find themselves outside of typical working schedules one way or another. In some cases, they may struggle to find enough work to fill their week, leading to stress and precarity, while in other cases they may be forced to take on extra hours to make ends meet in an environment of low pay, or to complete tasks that are outside of their contract, but expected by clients.

It's not always satisfactory for me, because as a domestic worker I have to adhere to my employers' schedules and changes of plans. - PHS worker, Spain

[T]here's the lack of understanding on the part of employers who hire us for a certain period, we reserve that day or period for work, but then they cancel it for whatever suits them and don't reschedule the day or period to compensate, and we end up with the period vacant and without income. If we don't work, we don't get paid. - PHS worker, Portugal

Again in line with the results of the 2024 PHS Employment Monitor, we observe that **PHS workers who work for a company or other organisation are significantly less likely to work more than 40 hours per week**. As with the results from 2024, **workers who say they are self-employed tend to work more than 40 hours per week most frequently** (47.9%), though the overall percentage who did so was lower than in 2024 (63%). Differences from the 2024 results may be related to different geographic coverage, but the overall rank order remains the same: PHS workers employed by companies and organisations tend to be the least exposed to overwork, followed by directly-employed workers, while self-employed workers are the most exposed to overwork.

As the table below shows, **this observation holds regardless of whether the worker works in multiple households, or just one household**. In particular, it is quite alarming that nearly 2 in 3 workers who identified as self-employed workers working in a single household said they work more than 40 hours per week. Workers in such a situation can almost certainly be considered to be subject to so-called “bogus self-employment”⁹, since the actual working relationship is de facto dependent employment.

⁹ European Labour Authority. Bogus self-employment . <https://www.ela.europa.eu/en/glossary/bogus-self-employment> (Last accessed 12/06/26).

	Percent working more than 40 hours per week (All workers)	Percent working more than 40 hours per week (Workers who work in more than one household)	Percent working more than 40 hours per week (Workers who work in one household)
I am self-employed	47.87%	20.48%	64.61%
I am directly employed by one or more households	41.86%	17.91%	36.54%
I work for a company or organisation	14.16%	10.40%	25.25%

Table 7. Incidence of workweeks longer than 40 hours, by employment type and number of households worked in

Alarmingly, 27.4% of workers (n=1047) said they are unable to take rest breaks during work hours. This problem was particularly widespread in Hungary, where over half of workers (54.2%, n=160) said they are unable to take breaks during work hours, and was also commonly cited by workers in Portugal (38.6%, n=68), Luxembourg (34.6%, n=19), and Spain (34.3%, n=83).

Many workers are regularly asked to do tasks beyond their job description

I used to [find my work fulfilling]. Not anymore. I'm burnt out. Some users consider us free labor. - PHS worker, Croatia

The PHS workers who responded to the survey reported regularly performing an average of 2.5 tasks at work¹⁰, which matches the finding from the 2024 PHS Employment Monitor almost exactly. **39.6% of workers (n=1584) said they at least sometimes perform tasks that they were not hired to do.** As the graph below shows, this was most common for household tasks like cleaning, ironing, and cooking, while considerably less common for care-related tasks like childcare and care for the elderly.

¹⁰ Note, this average excludes childminders, who were a large part of the sample but who work in their own homes and thus tend to perform fewer PHS tasks.

Many PHS workers perform household tasks they were not hired to do

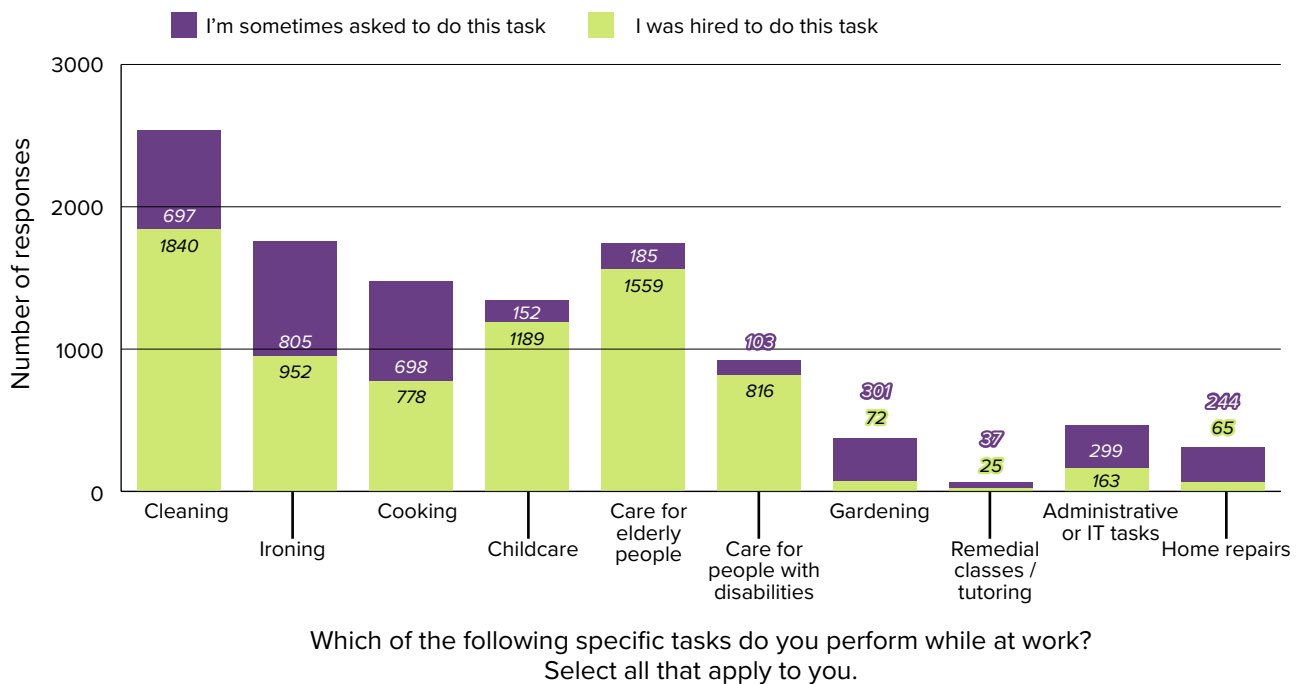


Figure 14. Counts of tasks reported by PHS workers

It's satisfying because I earn an honest living, but it's not satisfying because they hire you for cleaning and then add ironing, picking up the kids from school, and even walking the dog, all for the same salary. - PHS worker, Spain

This widespread phenomenon of what could be called “job description creep” in the PHS sectors is complex and driven by multiple factors, from the sectors’ perceived informality, to the particular nature of the private home as a workplace, to structural factors that incentivise users to make these kinds of requests.

Many home care workers in particular report being asked to perform tasks outside of their core job description, with cleaning being an especially common request by users. **Overall, 18.7% of PHS workers who were hired to provide direct care (n=544) said they are sometimes asked to clean, even when it lies outside of their assigned job description.** This phenomenon is particularly common in Belgium, where 43.7% (n=31) of PHS workers hired to provide direct care said they are asked to clean as part of their work, despite not being hired to do so — over 2 times higher than the proportion from the dataset as a whole .

Travel is a significant unpaid cost for multi-home PHS workers

For PHS workers who regularly work at more than one household (68.5%, n=2695), time spent travelling between homes is, like their job descriptions, another grey area, filled with costs in terms of time, money, and stress, and yet often not formally considered a part of their jobs or given fair compensation.

Always on the road, and that time isn't paid. Families can be difficult (denial of the illness), which complicates the job. Poor pay and little recognition. - PHS worker, France

This issue came up repeatedly in the testimony of PHS workers in Belgium and Ireland¹¹, the two countries with the highest proportion of workers who said they work at 3 or more households (82.7% and 87.5% respectively for Belgium and Ireland, compared to 49% for the sample as a whole).

*I really love my job, and have for almost 22 years now. However, something really needs to be done in family care regarding the trips to other clients; the distances are currently far too great. Sometimes driving from one municipality to another causes a lot of stress. A better solution would be to redistribute the teams, assigning each team a municipality and creating a schedule based on that. Clients would be satisfied because you might be 5 minutes late, and due to the shorter distances, staff could travel from one client to another by bike. I think the job could become fulfilling again then :)
- PHS worker, Belgium*

Before (30/40 years ago): yes [I found my work fulfilling]. We had the opportunity to do our jobs properly, including a large human element. Today, we have to shorten shifts, cover the enormous absenteeism in this field, and driving in Brussels is hellish, nothing but stress and fatigue. - PHS worker, Belgium

[T]here's a lot of stress related to the scans upon arrival and at the end of a service, which sometimes makes us reckless on the roads. - PHS worker, Belgium

The pay is too low, hours are not reliable, poor management, insufficient time given for travelling from house to house, no travel time paid and in most cases cancelled appointments not paid to the carer. I could keep going... - PHS worker, Ireland

This work is so important to the people we help on a daily basis, but time is very limited, as there are time constraints, driving in between takes time. I genuinely love this work.- PHS worker, Ireland

¹¹ Note that no quantitative questions were asked of workers regarding the issue of travel. This issue emerged from qualitative analysis of worker free response testimony. Future editions of the PHS Employment Monitor should consider including some quantitative content around this topic.

Finally, increasing workload and time pressure has a negative impact on quality of care and household services, a fact that affects service users directly and contributes to the pervasive stress that workers experience.

I enjoy helping vulnerable elderly people. However, I feel very disrespected when I request additional time to care for a client who has deteriorated over time and this extra time is refused. Consequently, I am delayed at some homes at my own expense because I cannot leave the client in a needy state. I am therefore arriving late to my next client. I have no autonomy over my work, my opinion doesn't count. - PHS worker, Ireland

Highlight: Overwork and poor management fuels burnout in Ireland

Ireland was one of very few countries where pay was not the most-cited reason why PHS workers have considered leaving the sector in the past 3 years. Instead, **the most cited reason for which Irish workers said they have considered leaving the sector was poor work-life balance (53.5%, n=68).**

Just 4.6% of PHS workers in Ireland (n=15) said they are either self-employed or directly employed by one or more households — the lowest of any country surveyed. 83.1% (n=260) said they work for a public entity, which in the case of Ireland most often means the Health Services Executive (HSE).

PHS workers in Ireland were unique in identifying “more flexible work schedules” as a high-priority change that would improve their experience in the PHS sectors (38.2%, n=124, versus 12.6%, n=700 for the sample as a whole). Most of these public sector workers (77.3%, n=201) said they were hired to provide some form of direct home care services as a part of their jobs.

*Work life balance is very poor. Not enough annual leave. [...]ong flexible hours, meaning burnout, fatigue. Also, lone working can cause isolation among colleagues.
- PHS worker, Ireland*

*There's no rest days. They could have you working 10/12 days in a row its tiring
- PHS worker, Ireland*

PHS workers in Ireland were most likely to report experiencing burnout as a result of their work (54.7%, n=176, vs 23.2% for the wider sample). Worker testimony from Ireland reveals a shared sense of decline in the sector, along with a set of common experiences rooted in a perception of poor management.

I love my job I'm just saddened that we aren't supported by office staff it's become really cold - PHS worker, Ireland

*I have the work I do extremely fulfilling. I love my job and have a great rapport with every one of my clients. Unfortunately I work for the HSE and management interfere all the time and cause problems where there are none. The work we do is not for everyone and it's getting harder and harder to recruit staff and I think management are to blame for this. Years ago every other person in Ireland was a home help at one time or another. It was an enjoyable, fulfilling job. Red tape and rules and regulations have knocked the good out of it for most people. Also we deserve a better wage for the kind of work we do. We could be in 10 different households a day, we are always expected to have a smile on our face and listen to all sorts of problems and it takes a toll.
- PHS worker, Ireland*

[I]’ve found in the last few years that the work is not respected by our bosses. We are used and treated unfairly. They are taking the enjoyment and care out of our jobs by disrespecting our worth. I feel our bosses should work with us as we’re on the ground. We know our clients and areas, but that has changed now. We can only rise to a certain level in our job. I don’t understand why, as we’re always having to learn and adapt.
- PHS worker, Ireland

Management prefer to not listen to our opinions/concerns...an element of ‘out of sight out of mind’...can be thrown into the deep end without a care plan especially when clients return home from hospital - PHS worker, Ireland

Yes, 30-odd years doing this work in two countries, and I always enjoyed it until the last few years. We, as workers, are treated as the bottom of the ladder, but without us, there would be no job moving up in offices. We are stopped at a certain stage from progressing, yet we still have to learn new ways to work, do courses, and are not paid for this. We’re also unable to work extra hours for time in lieu, which we prefer, yet other groups in HSE can do this. We even feel mistreated and undervalued by our bosses. We work on the front, we know our clients, we know our areas, but we’re not included in any discussions when changing rotas. - PHS worker, Ireland

The testimony of HSE-employed Irish home care workers clearly links overwork to burnout and decreased quality of care. These workers see the challenges they face as institutional and specific to their context, and this is largely true. However, they remain nested within broader themes of underpay and lack of recognition that affect the PHS sectors throughout Europe.



Training can improve quality of PHS, but also career prospects

PHS user-employers selected a “better-trained workforce” as their top overall priority for improving the PHS sectors (35.9%, n=659), along with 37.0% of non-employer service users (n=140, the 3rd most chosen option overall). About an equal proportion of provider organisations also identified a better trained PHS workforce as a priority — the 4th most chosen option overall, but still notable.

That training is a priority for service users and user-employers seems reasonable: worker training has a direct impact on the quality of services that they or their loved ones receive. Emphasis on better training was even higher among user-employers and non-employer service users who regularly receive direct care¹² services (29% and 24% higher respectively compared to those that do not regularly receive direct care services). As the chart below shows, the survey revealed an uneven landscape across Europe in terms of the level of training among PHS workers who provide direct care.

The frequency of job specific or university training among PHS workers who perform direct care tasks varied significantly by country

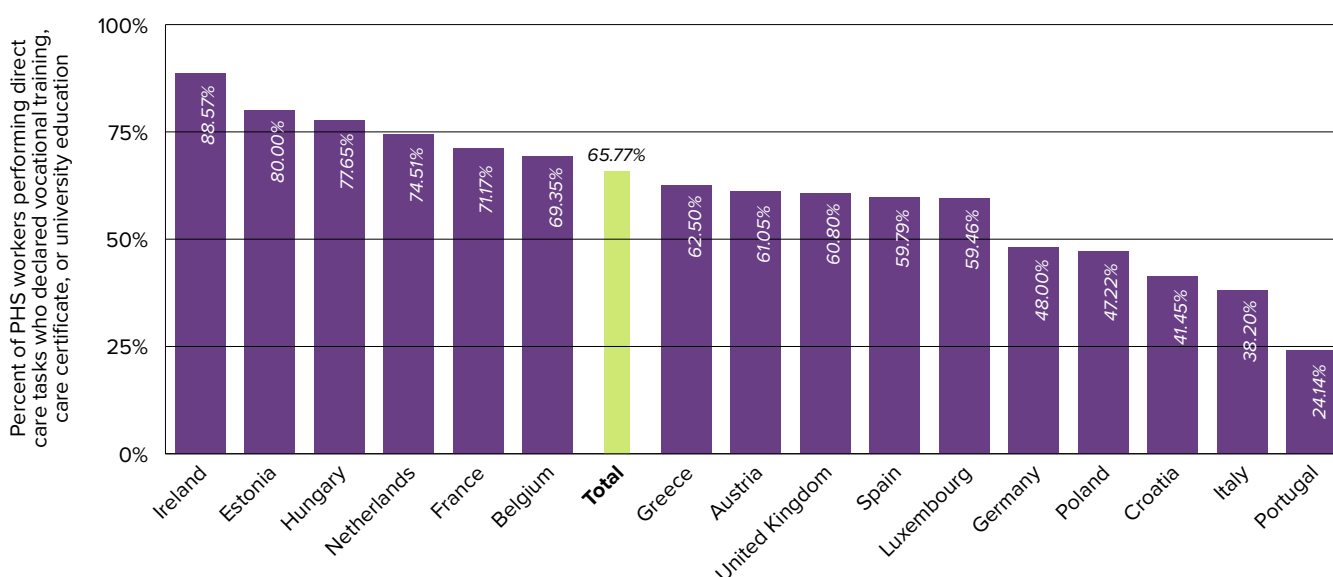


Figure 15. Frequency of job specific training among direct care workers by country

The low frequency of job specific or university training among PHS workers in Italy who provide direct care may go some way towards explaining the particular salience of the training issue among PHS users in that country. “A better trained workforce” was, in fact, the top priority among non-employer PHS users in Italy (51%, n=33) — higher than in any other country that provided a significant number of responses.

There is a need to develop training courses or establish training schools that issue ministerial certifications. This is a job category that provides access to anyone who wants or needs to work, even if they lack the training that is absolutely essential in this field. - For-profit PHS provider organisation, operating in Italy

¹² E.g. Childcare, care for the elderly, or care for people with disabilities

Aside from workers' own certifications and degrees, provider organisations in the PHS sectors also offer trainings to the workers they employ or work with. The table below shows the frequency of various categories of trainings that service providers organisations say they offer to their PHS workers.

	Percent of PHS providers offering this training
Safety in the workplace	73.70%
First aid	61.27%
Ergonomics and prevention of Musculo-skeletal risks	48.27%
Procedures for reporting harassment from customers	44.22%
Fire hazard	39.31%
Use of chemical and hazardous products	36.13%
Grief and difficult situations at work	32.66%
Food safety	19.08%
Other	4.91%
None of the above	7.80%

Table 8. Frequency of health & safety trainings provided to workers by PHS provider organisations

As can be seen, most (but not all) provider organisations offer basic workplace safety trainings. First aid trainings are also common, though not universal. **Trainings more associated with employee well-being and protection (procedures for reporting harassment, training for dealing with grief) are considerably less common**, despite the complicated situations workers often face.

For example, a sick elderly person dies in our hands. They [the employer] are not aware of these traumas, and with this mental burden we have to continue working, they cannot notice what happened to the next elderly person in another place half an hour ago, this is just a small fraction of what happens to us. - PHS worker, Hungary

We face financial hardship when our employers die, and there is no psychological support. - PHS worker, France

Training is not just about quality of services provided, workplace safety, or worker well-being, though these are all important. For many workers, training is part of building a future, and provides a way to see PHS as a career with opportunities for growth. Conversely, when training is unavailable and prospects for advancement seem narrow, this contributes to the image that PHS is marginalised: at best a temporary stop before moving on to better things, at worst a job for the desperate.

You have to do things that propel you forward, seek better salaries and better working conditions. Cleaning houses or caring for the elderly won't get you anywhere. - PHS worker, Andorra

I'm doing this job because I'm not qualified; if I were, I wouldn't be taking this job. - PHS worker, Portugal

When asked why they continue working in the PHS sectors, **just 9.6% of PHS workers said they do so because their work offers opportunities to develop skills or experience (n=532)** – the least-chosen general option.

The training offered is basic and superficial, providing no career advancement opportunities within the profession. We are poorly recognised in terms of both salary and retirement benefits. - Childminder, France

It's a job with a low social status, which contributes to low self-esteem. It involves significant physical and health demands. It's poorly paid and offers no opportunities for advancement. It's monotonous and often underappreciated. If you're not tough enough, you won't be able to handle the job... - PHS worker, Belgium

It's boring. There's no possibility of progress. You can't learn the language. - Polish PHS worker, France

While the fundamental issues of low wages and lack of benefits dominate workers' list of priorities, the development of training frameworks that nurture workplace safety and quality of services and care, while also charting paths towards career development for PHS workers, is a clear point for cooperation between stakeholders in the sector that can contribute to greater institutional respect. Deepening shared understanding of the training gaps in the PHS sectors from a multi-dimensional and multi-stakeholder perspective can be a focus for future editions of the PHS Employment Monitor.



Highlight: Childminders in France deal with late payments and falling demand

Childminders in France represented the largest single country-profession combination in the survey (n=1426), providing around 25% of the total worker responses to the survey, and 60% of responses from French workers. Childminders are a unique group among PHS workers. **Rather than performing their work in the homes of others, childminders take care of other people's children in their own homes.** As the responses to the survey show, this particular position opens them up to specific challenges.

Overwhelmingly, childminders speak of the fulfilment they get from being able to make an impact on the growth and development of the children they watch over, and more broadly their impact on the next generation. Yet, **in harmony with the testimony of other PHS workers around Europe, childminders see their profession as being undervalued and under-recognised.**

I think the work of childminders lacks visibility and recognition. Caring for children is a noble profession that requires a great many qualities and skills. Children are the future of our nation, but no one seems to care. - Childminder, France

Working with children is very rewarding on a personal level, but it's undervalued in our society. Looking after three children for ten hours a day, five days a week, is extremely tiring, both psychologically and physically. There's absolutely no support in place to help us, no career development opportunities, no improvements to our working conditions—nothing! - Childminder, France

There's no recognition for our work as childminders; we're invisible yet indispensable to society. We work long hours for a decent wage, considering the enormous responsibilities involved. The work isn't recognised for its hardship: noise, posture, fatigue, carrying children, responsibility... It's a subject that no one cares about! - Childminder, France

The low recognition of the childminding profession has impacts on workers' lives that extend beyond professional issues. A significant number of childminders highlighted the difficulty of receiving mortgage financing as childminders, since “banks don't like our profession”.

... [T]his work, paid through the CESU (Universal Service Employment Voucher), isn't recognised when applying for housing, and it's very complicated when putting together an application. It's the same for loans. We never know where we fit in, even with 30 years of experience... - Childminder, France

... It's practically impossible to apply for a mortgage to buy property given our precarious employment; the banks aren't reassured. - Childminder, France

It's impossible to get a mortgage even with a permanent contract. Banks consider the CESU (Universal Service Employment Voucher) no better than temporary work. - Childminder, France

Another recurring theme in the testimony of childminders in France was the growing difficulty of finding clients (that is, families whose children they can watch over). Many described this as a long-term and structural trend, related to a decline in birthrates and a growing oversupply (in their analysis) of “micro-nurseries”, as well as to a lesser extent changes in the landscape of childcare due to increasing work-from-home practices.

There are too many daycare centres and not enough demand right now because of the declining birth rate... – Childminder in France

[T]he rise of micro-nurseries and the declining birth rate have increased the precariousness of our profession. - Childminder, France

Declining birth rate, increased opening of micro-nurseries = difficulty finding contracts. The profession of childminder is doomed to disappear. I therefore strongly advise against this career. - Childminder, France

When the number of workers in a sector outstrips demand, this can open the door to declining conditions for workers and opportunities for abuse. **40.3% (n=575) of childminders working in France cited “more protection against abuse by clients” as one of their top 3 priorities to improve their sector.** The shape this abuse takes is described in the free response testimony of childminders.

I cannot recommend someone to become a childminder, just to have to chase after her salary every month, to have her contracted hours and pay dates disregarded. I cannot advise her to be verbally abused when parents arrive already upset, or to constantly have to explain the rules to them. - Childminder, France

Working with children is fulfilling, but everything surrounding the job is demanding: long hours, parents who don't respect schedules, being criticised for not working, late pay on top of already low wages, and the fact that the France Travail supplement isn't available to everyone... Luckily, the children's smiles give us the recognition we deserve for our work. - Childminder, France

One particularly alarming practice that childminders mention is parents either delaying or withholding payments, with one worker going so far as describing these as “hostage situations”. A shocking 47.6% of French PHS workers report experiencing late payments, the highest of any country with more than 50 responses.

... There are increasingly demanding requirements related to the job, job insecurity, little recognition, disregard for privacy, and even hostage situations involving wage payments and adherence to working hours. - Childminder, France

Because it's a very precarious job. Due to the parents' unwillingness to pay us, it's very difficult to enforce a court order to get what we're owed. The number of hours worked doesn't correspond to the salary. We can be dismissed overnight (as childminders)... - Childminder in France

All of this must be contextualised by the fact that, in a sector characterised by high levels of direct employment, particularly in the absence of adequate institutional structures, user-employers face obstacles such as administrative complexity, information gaps, and specific cost challenges. For example, this widespread incidence of late payment is a known issue within the childminding sector in France, and, when considering the user-employer perspective, also has economic and structural drivers. **While the sample of user-employers of childminders in France is quite small (29 responses), nearly all of them indicated that the cost of PHS is either a major (45%) or minor (48%) problem for them, with just around 7% saying it is not a problem. This indicates a cost burden significantly above the average for user-employers across the full dataset.**

Thanks in part to active and robust social dialogue, there are concrete efforts within the childminding sector in France to address the problem of delayed or late payments. For example, the Pajemploi+ system¹³, implemented in 2019 and managed by the URSSAF (the French entity tasked with collecting social security contributions), has been specifically developed to relieve the burden of managing payroll from user-employers of childminders, while also protecting childminders from late payment. Importantly, Pajemploi+ addresses one major structural factor driving delayed payment, by advancing to user-employers the amount they will receive in childcare subsidy to ensure there is no gap between wage payments to workers and subsidy payments to users. The Pajemploi+ system has been optional since its inception, but should become obligatory from 2027. **The development of such sector-wide and institutional approaches to address acute areas of conflict between user-employers and their PHS employees shows what a strong, structured, and dialogue-centered approach can produce.**

Another consistent point of conflict for childminders appears to be the practices of the French mothers' and children's welfare agency, Protection Maternelle et Infantile (PMI). Dozens of childminders specifically cited complaints about treatment by the PMI in their free response testimony.

The world of early childhood is an extraordinary and enriching world, but the PMI do not respect us. - Childminder, France

It is difficult to feel supported, especially by the PMI, and families. - Childminder, France

Everything is fulfilling for me except for the demands of the PMI coordinator, because each one applies her own rules and there's nothing written down to which we can legally refer. - Childminder, France

Regulations of the PMI are becoming increasingly complicated, and there are too many differences between departments and PMIs (leading to too many abuses). - Childminder, France

I find my work with children very fulfilling. Communication with the PMI is complicated if someone turns against us without proof. We are immediately blamed... - Childminder, France

It's difficult to work with PMI. They seem more interested in putting down the people who work than in helping them and answering their questions. - Childminder, France

... I receive no support from the child welfare services (PMI) or related agencies, who seem more like police officers against us than supporters... - Childminder, France

Specifically, PMI-conducted inspections of childminders' homes are seen as being overly-intrusive, invading childminders' privacy, disrupting their family lives, and creating an air of mistrust.

... As for the Maternal and Child Health (PMI) services, the requests are becoming increasingly absurd; they search our homes from top to bottom. Our homes are no longer our homes, but rather places where our families have no right to live. - Childminder, France

¹³ More information on Pajemploi+ can be found [here](#)

...There's no possibility of privacy; our homes are inspected and never meet the standards—there's always something wrong. - Childminder, France

Work could be enjoyable if we [had...] a maternal and child health service that works with us, instead of giving the impression of spying on us. - Childminder, France

I dislike the practices of the public health nurses at my local PMI who forget that I have not only duties but also rights, that my family has rights, and that our home is not a train station belonging to the department. Similarly, my salary is not revenue to be reinvested in my professional activity, and I shouldn't have to be employed for free during my free time to attend every conference, forum, or whatever else they decide to do. I want access to occupational health services, salary and pension increases, subsidies for the purchase and renewal of childcare equipment, free and effective legal protection against unscrupulous employers, and a legally binding NATIONAL building code for use by PMI, with two staff members present during visits to limit abuse and illegal (always verbal, by the way) demands... the best interests of the child can be implemented without infringing on the rights of the professionals who care for them daily. Let's all adopt good practices that respect everyone. - Childminder, France

Of course, the question here is not whether regulation should exist, but how a regulatory arrangement can balance the safety of children, the concern of parents, and the privacy and dignity of childminders. This task of balancing interests between the different actors in the sector is one of many places where collective agreements can play an important role.

Overall, between schedules that feel out of their control, and inspections that cross line into invasion of privacy, childminders live and work in another PHS grey area unique to them, and centred on their own homes. This can explain why **childminders in France were 30% more likely to say their job does not allow sufficient personal time for things like sleep, leisure, socialising, and care for loved ones (43.1%, n=590), compared to the sample as a whole (33.2%, n=1747).**

The home is a workplace, and must be a safe one

It is well-known that the PHS workplace (that is, private homes) exposes PHS workers to complex and unique risks¹⁴. Some of these risks are related to abuse. PHS workers are particularly exposed to abuse because of the private environment they work in, which can fuel behaviours that may be avoided in a traditional workplace setting. For example, a quarter of workers say they have experienced or witnessed verbal abuse. 13.6% of workers say they have experienced either sexual harassment, physical or sexual violence, or multiple of these.

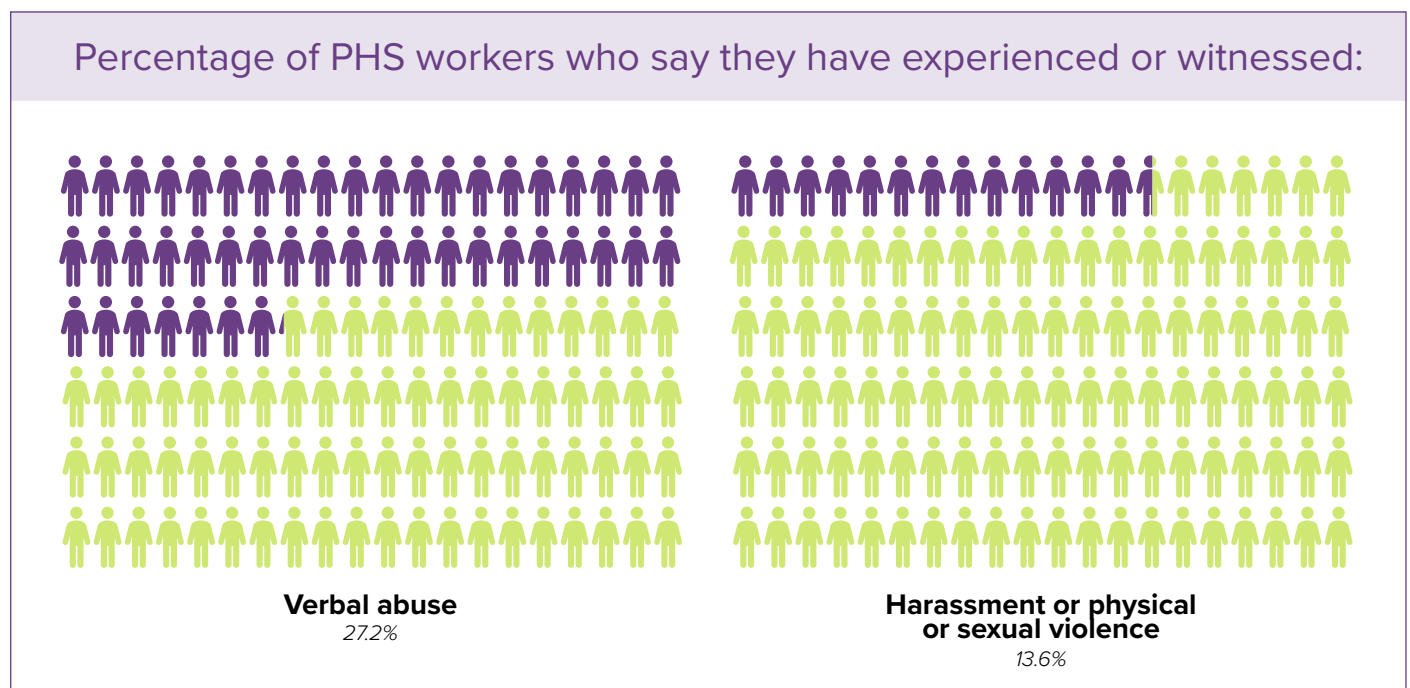


Figure 16. Frequency of harassment and violence in the PHS sectors

The realities of working in private homes also extend beyond abuse and harassment. Unlike workers in traditional workplace settings, PHS workers often work in isolation, without regular contact with colleagues, supervisors or worker representatives. Private homes also function as workplaces, despite not being designed as such, exposing workers to specific occupational safety and health risks, greater vulnerability to undeclared work, and blurred professional boundaries. These characteristics shape the working environment of many PHS workers and must be fully considered when designing protections, support mechanisms and working conditions for the sector.

For PHS workers, institutional respect means having recourse to the same protections and support as other workers, whether from physical injury, mental strain, or abuse. In this section, we review a number of highlights from the results of the 2026 Monitor that relate to these physical and psychological tolls that workers pay, including the strikingly-high incidence of musculoskeletal disorders reported by PHS workers, the specific and precarious situations faced by immigrant PHS workers and live-in PHS workers.

¹⁴ Arasanz, J., EU-OSHA. (2025). How Can New Policies Address Occupational Safety And Health For Home Care Workers? [Link](#) (last accessed 01/06/2026).

Workers report alarming levels of musculoskeletal disorders

We have seen that PHS workers around Europe are unanimous on the issues of pay, benefits, and institutional respect, but there is another place where we see consistent responses across the board: the topic of physical health. Overall, **six out of ten of workers (58.1%, n=3225) reported suffering from musculoskeletal disorders (MSD) such as tendinitis or back pain as a result of their work in the PHS sectors¹⁵**, a proportion that varied by country but was consistently high.

Doing this full-time until retirement is killing you. Part-time work punishes you by taking away your pension rights; it is working until you drop dead or until they have to scrape you back together. Respect and recognition are certainly in order here from the top brass. - PHS worker, Belgium

This job is interesting; serving others gives meaning to my life. However, given my age (56) and the physically demanding nature of the work, a pay increase would allow me to work fewer hours and avoid musculoskeletal disorders. Early retirement due to the arduous nature of the work should be considered. - PHS worker, France

I have spinal problems, herniated discs, carpal tunnel syndrome, and a tendency to develop tendinitis. I had surgery two months ago and am currently on sick leave. My sick pay is very low. I'm struggling to get back to work so I can earn money. - PHS worker, Portugal

I love my job and it gives me great pleasure to help people, but I don't see myself doing this job until I'm 60 because at 40 I already have serious arthritis problems due to my work. - PHS worker, Belgium

I have been a home care aide for 42 years. For a pittance (working mornings, evenings, weekends, etc.), working conditions at home are grueling (I've had surgery for a herniated disc, a cervical herniation, two shoulder surgeries, carpal tunnel syndrome... what will my quality of life be like in retirement, and above all, what will my pension be like! - PHS worker, Belgium

Despite the widespread incidence of musculoskeletal conditions among workers, just under half (48.3%, n=167) of provider organisations say that they offer training covering ergonomics and the prevention of musculoskeletal risks.

In recent weeks, PHS workers in Belgium have taken action of their own to address this pervasive problem. Along with the Belgian union CSC and the organisation Médecine pour le Peuple, workers have taken Fedris, the occupational health & safety agency, to the Brussels Labour Court for refusing to recognise musculoskeletal disorders as a occupational diseases¹⁶.

This represents yet another struggle by PHS workers for recognition, this time regarding the reality of their experiences on the job. It is a basic right for workers to be able to take paid leave when they fall sick. Yet, PHS workers often find themselves denied this right — whether by institutions, employers, or clients — a fact that once again seems to place them in a separate, ill-defined, but certainly lower category compared to other workers in their countries.

¹⁵ This is in line with assessments by the [ILO](#) concerning the risks of ergonomic hazards among workers who work in domestic settings.

¹⁶ For more information, see here: <https://www.facebook.com/share/1B6APrk6WS/>

Thanks to my job as a cleaner, I got seriously ill and they don't allow me to see a doctor, take a vacation, or take sick leave. - PHS worker, Slovakia

It's rewarding, the only downside is not having the right to sick leave and paid vacation. If I don't work, I don't get paid. - PHS worker, Portugal

[R]espect is nowhere to be found; if you are no longer needed, you are immediately pushed aside. It is as if as a household helper you are a robot, and you cannot or are not allowed to get sick. - PHS worker, Belgium

It's hard work. Companies get upset when we're sick, some clients are difficult and want a lot in a short time. - PHS worker, Belgium

[T]he pay doesn't reflect the amount of care given and physical toll on your body. No sick pay... - PHS worker, Ireland

Immigrant PHS workers want information, regularisation, and protection

Working conditions are exploitative for migrant women: lack of rights, low wages, long hours without clear schedules, especially when working as live-in domestic workers. Most of us are undocumented and without contracts, which means our work is undervalued and, because we don't contribute to social security, we have no right to unemployment benefits or a decent retirement. - Argentinian live-in PHS worker, Spain

As we have seen, all workers (along with PHS user-employers, non-employer PHS users, and PHS provider organisations) were asked what 3 changes they would most like to see in the PHS sectors. Given the exceptional challenges immigrant PHS workers face, they were asked an additional question regarding which supports and protections would most improve their experience as immigrant workers specifically. Workers were required to select no more than 3 answers, in order to identify key priorities. Notably, the responses to this question varied considerably depending on whether or not the worker's country of origin was an EU country, as the graph below shows.

In your opinion, which of the following supports and protections do you think would most improve the experience of immigrant PHS workers?

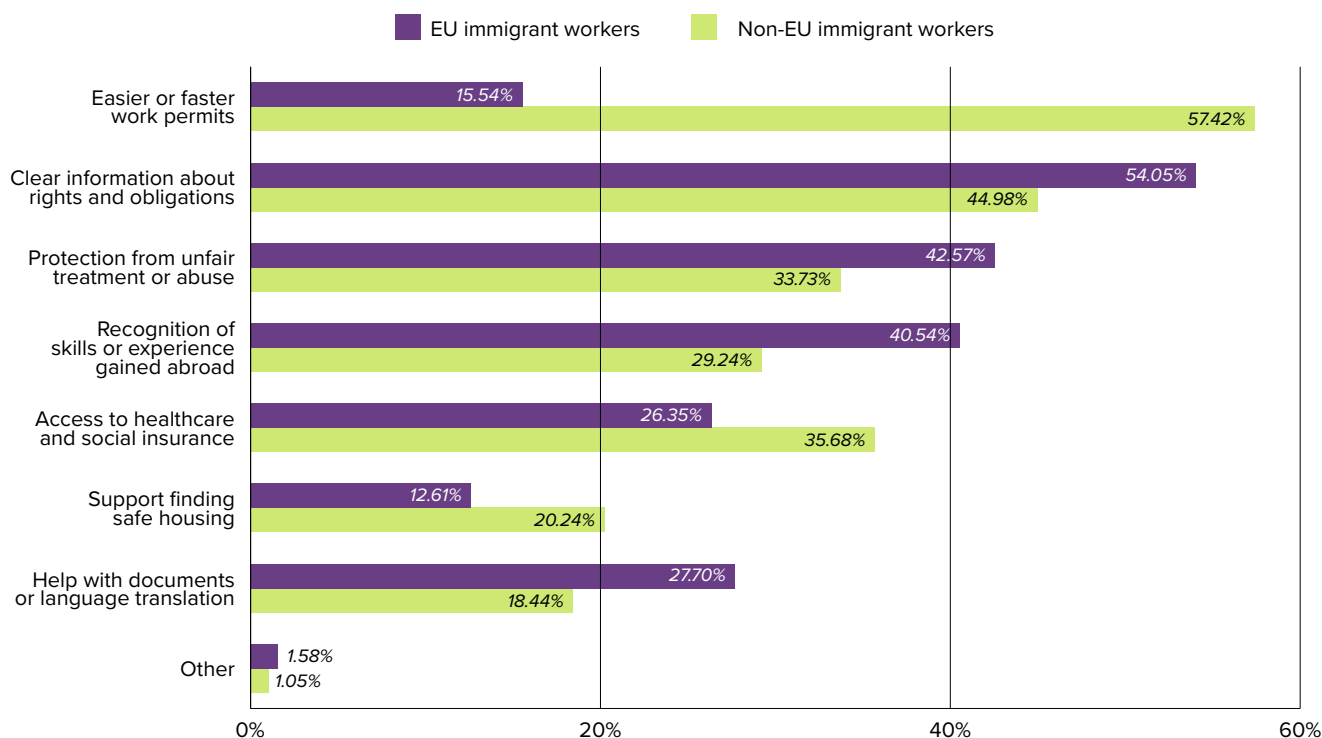


Figure 17. Priorities chosen by EU and non-EU origin immigrant PHS workers

The top priority by far for non-EU immigrant PHS workers was “easier or faster work permits”, selected by nearly 6 in 10 workers¹⁷. Workers from both within and outside of the EU prioritised “clear information about rights and obligations” (around 50% overall).

Non-EU immigrant workers were also more likely to choose “access to healthcare and social insurance” (36% vs. 26%) — another reflection of the effects of underrecognised and undeclared work, magnified by the precarious position of many undocumented immigrants.

“Protection from unfair treatment and abuse” was a priority cited by over a third of all immigrant PHS workers, indicating a stark reality. Immigrant PHS workers were twice as likely as non-immigrant workers to say they have experienced racism or religious discrimination at work (16% vs. 8%). Furthermore, around 1 in 10 reported specifically being threatened regarding their immigration status, including 14% of non-EU workers specifically.

Overall, “protection from unfair treatment and abuse” was cited more often by EU-origin workers. However, this could reflect in part the particularly challenging conditions of Slovakian and other EU immigrant workers in Austria, as discussed earlier. Alarming, for example, around 6 times as many immigrant workers in Austria said they experienced physical violence at work compared to other immigrant workers (28% vs. 5%), and more than 4 times as many said they experienced sexual violence at work (12% vs. 2.5%).

¹⁷ 16% of immigrant PHS workers from EU countries cited “easier or faster work permits” as a support or protection that could improve the experience of immigrant PHS workers, despite the fact that they should not require work permits to work in other EU countries, due to free movement policies. This could be explained by different factors, including the fact that the question does not ask about supports that would improve the respondent’s individual experience, but rather the experience of immigrant PHS workers in general, or the possibility that some EU immigrant PHS workers used this option as a stand-in for broader administrative challenges they have faced as immigrant workers.

On the issue of non-EU immigrant workers prioritising “easier or faster work permits”, it is worth noting that this was a priority shared more broadly by PHS provider organisations and user-employers. Among the latter group, “easier rules for hiring immigrant workers” was the fourth most-chosen desired change for the PHS sectors, virtually tied with the other top 3 choices at around 35%. 1 in 5 provider organisations also chose “easier rules for hiring immigrant workers” as a top priority. For provider organisations, the importance of facilitating regularisation for immigrant PHS workers is closely linked to persistent labour shortages in the sectors.

[...]about shortages are intensifying, especially in live-in care and elderly support. Europe cannot solve this without structured and ethical labour migration channels. Clear, transparent, and monitored recruitment systems are essential to prevent exploitation and unfair competition. - A PHS placement agency operating in Greece

[...] While migration is an essential tool in addressing labor shortages, the lack of streamlined regularization processes for in-demand professions prevents the stabilization of service providers who are already trained and operational. - A PHS placement agency operating in France.

This last quote reinforces the notion that smoother processes for regularisation impact not just new immigrants, but also those that have already made lives and put down roots in the countries where they live, but who have to continue to navigate bureaucratic and administrative mazes under precarious conditions, all while working to provide crucial personal & household services.



The european PHS sectors and global care drains

An important analytical lens for understanding immigrant work in the PHS sectors is that of the global care chain, and the related concept of care drains¹⁸. The global care chain describes the existing network of global relationships whereby people from lower-income countries or regions (overwhelmingly women) immigrate to higher-income countries or regions in order to work to provide care (direct or indirect), and send remittances back home to support their families. Testimony from PHS workers collected in the 2026 Monitor speaks to the individual realities of this global structure.

[W]orking in PHS give[s] me a stable income to provide [for] my family back home and [...] sustain my daily needs here day by day..” - Filipina PHS worker, Greece

[With] this work I [can] proudly say I [can] finally give my family the best life they could [n]ever have before. - Filipina PHS worker, The Netherlands

For the 2026 PHS Employment Monitor, PHS workers were asked to identify their country of origin along with the country where they work. This provides us with a picture of the shape of the migration flows among survey respondents. The maps below provide a visual overview of the flows identified in the survey data, from the rest of the world to Europe, as well as within Europe.

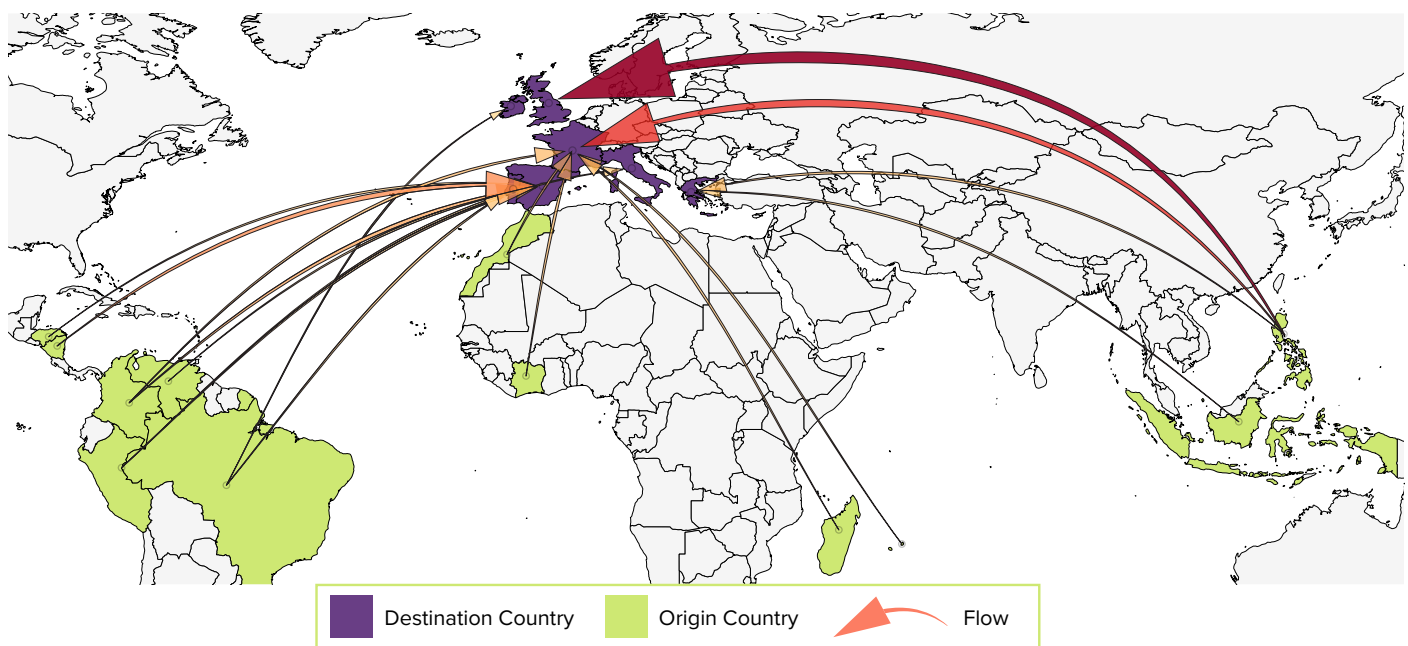


Figure 18. Map of self-reported migration flows among non-European PHS workers

18 Lutz, H. & Palenga-Möllnbeck, E. (2012). Care Workers, Care Drain, and Care Chains: Reflections on Care, Migration, and Citizenship. *Social Politics*, 19(1), 15-37.

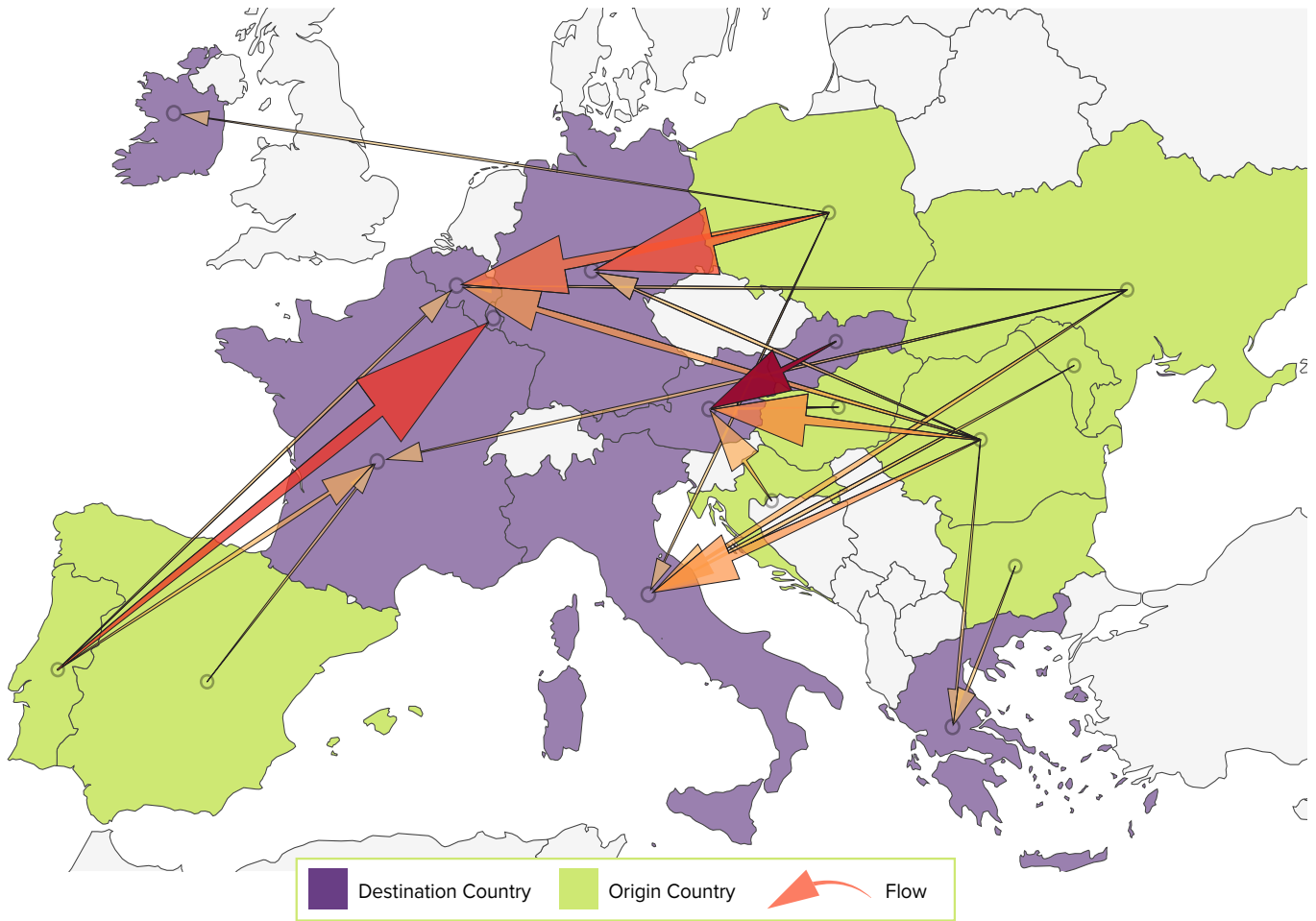


Figure 19. Map of self-reported migration flows among European PHS workers

The structure of the global care chain can contribute to care drains in the countries that see net out-migration of care workers. **36.4% (n=413) of immigrant PHS workers said that if they had not left their country of origin, they would either be working in the care sector there, or taking care of a family member or loved one.** 23% said they were unsure. This varied widely by country.

Percent of PHS workers who say they would be performing care work in their origin country (by origin country)

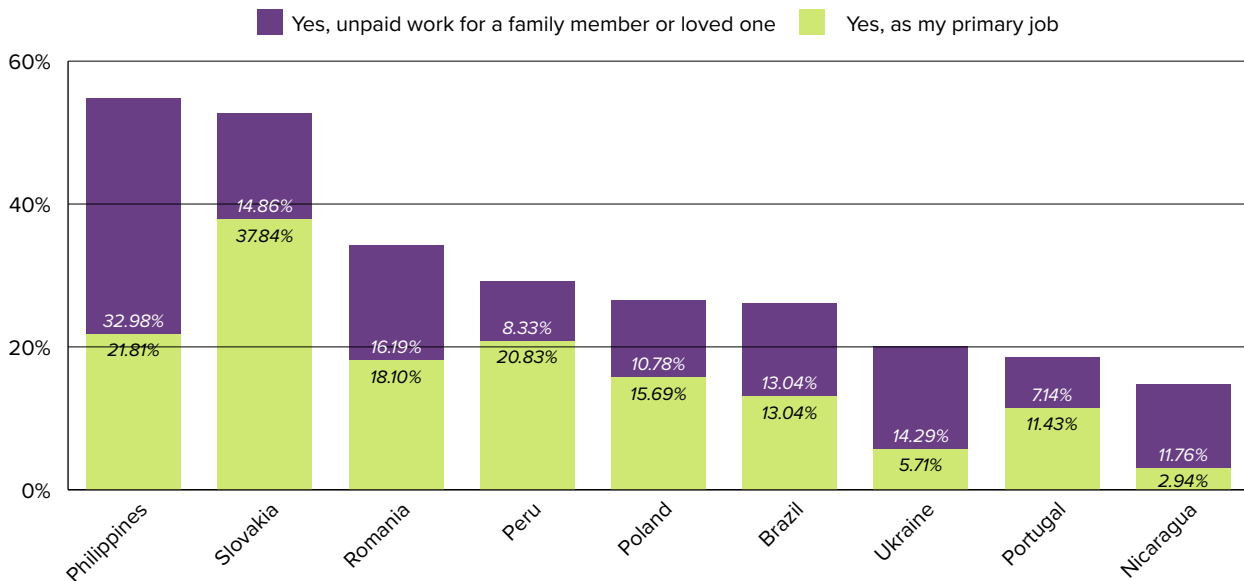


Figure 20. Care drains

With as high as 50% of PHS workers from some countries (the Philippines and Slovakia) saying that they would be performing care work in their countries of origin if they had not left, the evidence for the reality of care drains as presented by the results of the 2026 Monitor – both within and from outside of Europe – are clear.

In the following section, we turn to the specific type of working arrangement that many immigrant PHS workers enter into when they arrive in a new country: live-in PHS work.

Live-in workers in the PHS sectors are under physical and psychological strain

The 2024 PHS Employment Monitor revealed that PHS workers who live full time in the household (or one of the households) where they work face a set of specific challenges, including overwork and exposure to abuse. The results from this year’s Monitor reconfirm this assessment.

8.3% (n=466) of workers responding to the 2026 Monitor said they were live-in workers — significantly lower than the 25% from the previous edition of the Monitor, a difference that can be mostly explained by the differences in national and sectoral coverage between the two surveys. The proportion of live-in PHS workers varied significantly by country, with Austria having the highest proportion by far (78.0%, n=124), several countries having 20%-35% live-in worker responses (namely, Greece, the UK, Germany, Italy, and Spain), and many others having less than 5%. **Live-in workers were significantly more likely to be immigrant PHS workers. Whereas 21% of respondents overall self-identified as working in a country other than their country of origin, this number rose to around 60% for live-in workers.**

Alarming numbers of live-in PHS workers report experiencing a lack of food (32.8%, n=177), and inhumane living conditions (22.2%, n=120). These extreme conditions can take a toll. As the graph below shows, **live-in workers report higher levels of self-reported psychological issues such as stress (60.1%), anxiety (33.7%) and depression (22.7%).**

Live-in PHS workers have higher self-reported incidences of a range of psychological issues

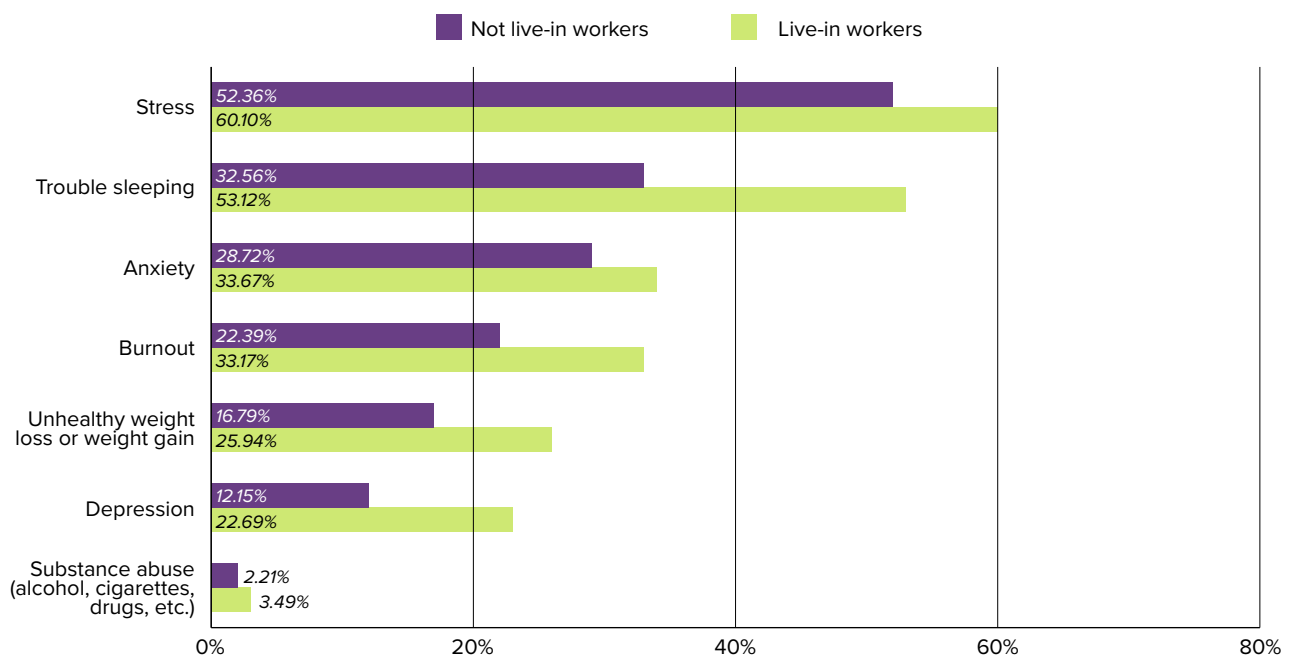


Figure 21. Incidence of psychological challenges among live-in PHS workers versus all workers

Around half of live-in PHS workers said they regularly work on call, meaning they are sometimes expected to be available when their client calls them, even though they are not technically on the clock. **60.9% of PHS live-in PHS workers who work on call (n=126) reported having trouble sleeping** due to their work, compared to just 34.1% of all workers.

For live-in PHS workers, sometimes working hours are longer without additional pay. - Indonesian live-in PHS worker, Greece

[L]ive-in domestic work is an oppressive, racist, and exploitative system, and that's why we urgently need to #EradicateLiveInDomesticWork - Ecuadorian live-in PHS worker, Greece

Highlight: PHS workers in Austria providing “24-hour care” continue to struggle

In the 2024 PHS Employment Monitor Report, it was noted that PHS workers in Austria reported alarming levels of harassment and violence at work, often linked to the established system of “24-hour care”¹⁹ in that country.

24-hour care is a unique system that lies between traditional shift-based PHS work and full-time live-in work. In the 24-hour care system, workers live full time in users’ homes and are effectively “on call” 24-hours a day, but only for a series of weeks. After this, they return home (often across a border) and another worker takes their place. The system thus provides continuous care while attempting to mitigate the harsh conditions of live-in, on call work.

The 2026 PHS Monitor received 193 responses from respondents working in Austria. 46.1% (n=89) said they regularly work on call — the highest proportion of any country with more than 50 total responses, representing 70% of all live-in workers from Austria who responded to the survey.

67.4% (n=130) of workers in Austria said they were not originally from Austria — also the highest proportion of any country. Of these, 55.4% said they were from Slovakia (n=72), 22.3% said they were from Romania (n=29), and 13.1% said they were from Croatia (n=17).

It doesn't fulfill me at all, it seems like a waste of time for a very low salary and a miserable pension. Caring for a person in their own home is an exclusive service that should be properly valued, the carer is dedicated to only 1 person and not to the entire department like in a retirement home. The person being cared for is at home, has the service just for themselves and that is proper exclusivity. Unfortunately, until now, Austrian families have taken it as a cheaper, more economical option. They don't mind that women here lose their mental equipment when they are locked up in a house with the person being cared for for 2 weeks. - Slovakian PHS worker, Austria

Half a year out of the year I sleep in someone else's bed, in someone else's family, my whole family suffers when I'm not home. Then because as a self-employed person I don't have any paid leave, since I don't work through an agency, if I lose my job it sometimes takes two or more months to find another patient and during that time I have no income, after x years of work a miserable pension, because from a small salary low contributions etc. - Slovakian PHS worker, Austria

¹⁹ See the [page](#) on “24-hour care” at the website of the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection, and the website of the self-organised “24-hour care” worker advocacy group [IG24](#) for more information about this system.

The particular structure of 24-hour care causes Austria to stand out in a variety of ways compared to the other countries in the dataset. Compared to other countries with more than 50 responses:

- workers in Austria were the least likely to say that their job allows for “sufficient personal time for things like sleep, leisure, socialising, and care for loved ones” (just 36.9% of Austrian workers said it does, versus 47.7% for the sample as a whole);
- were the most likely to say they had considered leaving the PHS sectors in the past 3 years (67.4%, n=124, 20 points higher than the sample);
- were the most likely to choose “more protection from abuse by clients” (38.9%, n=75) as a priority for improving the PHS sectors.

The shape of the abuse workers need protection from is outlined clearly by the data. Austrian PHS workers reported experiencing the highest rates of both physical and sexual violence, as well as sexual harassment, and the second highest rates of verbal abuse. Austrian live-in workers were by far the most likely to report experiencing inhumane living conditions (47.9%, n=58), and 73.6% (n=89) reported experiencing a lack of food.

Sometimes [my work] fulfills me: when the client and his relatives behave as they should, with respect and pleasantness, and know how to say thank you. It does not fulfill me at all when the client or his relatives treat me with disrespect and have fanciful ideas about what the nanny should do, immediately and without complaining, for that small salary, and when they make it seem that we from the Ostblock are just maids - Slovakian PHS worker, Austria

It seems unsurprising that 76% of Austrian PHS workers (n=146) report experiencing stress as a result of their work. 68.8% (n=132) report having trouble sleeping, which could be as much a symptom of stress as it is a structural result of 24-hour care work.

I like helping people, but there should be clearer laws about what a caregiver [“opatrovateľka”] can and cannot do in the home and what the client can or cannot demand, and to define time and rest, because many times caregivers are abused as maids and work 10-12 hours a day, and they are even woken up several times at night. - Slovakian PHS worker, Austria

Helping the sick fulfills me, without empathy it is impossible to do this work. I have been working in the field of care for 18 years, unfortunately it is not sufficiently valued financially. Separation from family is also one of the obstacles. A big problem are intermediary agencies that parasitise on people, collect a lot of money from them, as well as from families, force them to travel with carriers. They do not respect the trade of caregivers, as a self-employed person I have to decide and negotiate work with the client, the financial issue. All this is decided by insatiable agencies. Fortunately, I speak the language, I can help myself, unfortunately the help for caregivers is very little, almost zero. Advice, interpretation, help in communicating with authorities, insufficient evaluation of 24-hour care, two hours off, even that is used many times for shopping for clients. For running errands for clients. Very poor social contact. - Slovakian PHS worker, Austria

The harrowing conditions often faced by workers involved in the 24-hour care system in Austria are not unknown to provider organisations. A solid majority (58.3%, n=12) of provider organisations operating in Austria cite “clearer standards for working conditions” as a change they would like to see in the PHS sectors. However, many of the abuses identified by workers are certainly already in violation of existing labour standards, suggesting that more comprehensive action may be necessary to resolve what might be characterised as a crisis in this critical component of Austria’s economy and society.

Between low wages and high costs

*The cost for the PHS user is too substantial. Wages & benefits are too low for PHS workers. Inefficient regulation by the government.
- A PHS placement agency operating in Belgium*

The results of the report up to this point have shown the effects of the lack of institutional respect for the PHS sectors on working conditions, quality of services, and the general sustainability of these essential sectors.

To make fair and effective progress towards stronger PHS sectors, the workers, service users, and provider organisations that understand these challenges best – because they live them every day – must be together in the driver’s seat. However, this also requires finding common ground between these different groups.

To that point, the responses of the key PHS cohorts regarding the changes they would like to see in the PHS sectors reveal an interlocking set of tensions and shared interests:

- We find agreement among workers and provider organisations that pay is too low in the sectors.
- Meanwhile, provider organisations, user-employers and non-employer service users agree that additional financial support is needed to make PHS more affordable.

In this section, we explore both of these overlapping points of agreement, and the trade-offs they imply in the absence of sufficient institutional support and social dialogue.

PHS work continues to be undervalued

The personal contact is rewarding. The pay is inadequate. - PHS worker, Italy

PHS workers and provider organisations agree: wages in the PHS sectors are too low. 74.5% of workers (n=4142) chose “higher pay” as one of the three changes they would most like to see in the PHS sectors — significantly more than any other option (“additional benefits like sick pay or pensions” followed with 51.8%, n=2879). Likewise, “better pay for PHS workers” was the most chosen change that PHS provider organisations would like to see in their sector (66.2%, n=231), followed by “more financial support to make PHS affordable for users” (57.79%, n=202).

For workers, the shared desire for higher pay is deceptively simple. When given the option, few people would say no to a pay raise. However, dissatisfaction with pay has many dimensions. On the one hand, pay is inadequate when wages are not enough to cover basic necessities, or to keep up with the changing cost of living. On the other, pay can feel inadequate relative to the challenges workers face on the job, and the value of the work they do. For example, some PHS workers expressed a frustrated sense that they could make a better living in other traditionally low-wage jobs, despite the social importance of PHS work.

It has and will never be recognised as the very important job that is, how can scanning shopping be better paid than ensuring people's family members are happy, medicated correctly, kept clean and comfortable and organising and attending important appointments? Doesn't make sense! - PHS worker, United Kingdom

Given the high standards of some beneficiaries, it's better to put canned goods on the shelves; there will be less risk of malice and denigration. - PHS worker, France

More generally, many PHS workers express a frustration at their level of pay being out of proportion with their qualifications, experience, and training.

Fulfilling? No, because it's not recognised enough, even after 30 years of experience! A bonus would be welcome! Our work isn't valued enough; we feel like we're just part of the furniture! - PHS worker, France

[T]he pay in homecare is disgraceful. We should be on the same pay scale as [in a] hospital [setting]. At the end of the day we all do the same work and all went to college for the same training. - PHS worker, Ireland

I don't feel fulfilled because sometimes I feel tired from the dedication I give, the lack of recognition, and the very poor pay for what I do for the person, despite having a degree and years of experience. - PHS worker, France

The strong level of agreement between workers and provider organisations on the issue of worker pay is notable. One key factor influencing the provider organisation stance here is the challenge of hiring and retaining PHS workers. **66.8% of PHS provider organisations who responded to the survey (n=235) said it is either difficult or very difficult for them to recruit PHS worker staff**, while 43.1% (n=151) said it is either difficult or very difficult to retain PHS workers.

Professional respect and financial recognition could make the profession more attractive to young people, because there is currently no professional replacement. - A public entity operating in the PHS sectors in Hungary

The sector faces a significant shortage of suitable candidates. Young workers are reluctant to work in the sector, and experienced employees are dwindling, meaning companies are constantly undergoing recruitment processes and incurring significant costs. - A for-profit PHS company operating in Poland, Germany, and Austria

Among the provider organisations who said retaining PHS workers is either “difficult” or “very difficult”, 82.8% (n=125) said retaining workers is difficult because wages are too low. The perceived issues driving difficulty recruiting PHS workers were more diverse, but the most-cited reason by provider organisations overall was “There is insufficient state support for the PHS sector” (56.60%, n=133).

47.5% of PHS workers who responded to the survey (n=2584) said that they have considered leaving their career in the PHS sectors in the past 3 years. This is about 12% lower than the result from the 2024 PHS Employment Monitor. This may in part reflect the greater distance from the height of the Covid-19 pandemic (2021 was 3 years before 2024), when PHS workers faced extremely challenging situations. On the other hand, it is still an alarmingly high statistic that speaks to a broader and ongoing workforce crisis in the PHS sectors.

Regarding the primary reason workers say they have considered leaving the sector, low pay remains the most significant factor, as identified by 57.3% (n=1204) of workers. This is down from 67.5% in 2024. About twice the proportion of workers cited poor work-life balance as the primary reason they have considered leaving the PHS sectors (27.3% in 2026 vs. 11.3% in 2024). Continued tracking of these responses will be important for determining if these represent consistent patterns of change.

Highlight: a crisis of low wages in Hungary and Croatia

The survey results from Hungary and Croatia are interesting because of the high number of responses from both workers and provider organisations, together with the general agreement between workers and provider organisations regarding the changes the PHS sectors need.

While low pay was a key and universal grievance for PHS workers across all countries included in the survey, the results indicate that the crisis of low pay is particularly acute in Hungary and Croatia. **When asked to choose 3 improvements that they would most like to see in the PHS sectors, 91% of Croatian workers and 90% of Hungarian workers said “Higher pay” — the highest percentages of all countries with more than 50 responses,** and around 15 percentage points higher than the median for countries with more than 50 responses (76.1%).

Among provider organisations in both countries, there was general agreement that pay for workers is problematically low. **95.9% of Hungarian and 82.6% of Croatian provider organisations selected “Better pay for PHS workers” as a top priority for improving the PHS sectors.** Again, these numbers were higher than those of any other country with a significant number of provider organisation responses.

Hungary: low pay drives turnover

Over half (55.7%, n=177) of Hungarian workers said they had considered leaving their PHS career in the past 3 years (several percentage points higher than the overall survey sample, at 47.5%)

When asked why they had considered leaving their PHS career, 82.14% said because the pay is too low — while this was the top reason workers said they have considered a job change in many countries, the proportion of workers in Hungary who choose this response was higher than in any other country.

“After 30 years of employment, the salary for home care where we bathe, medicate, diaper, and feed is 290,000 net.” - PHS provider organisation operating in Hungary

*“Fair wages! Adequate financial and moral appreciation for social workers! Society should be aware of what social workers do!”
- PHS provider organisation operating in Hungary*

Provider organisations in Hungary also expressed significantly greater difficulty in both hiring and retaining PHS workers. **75.5% of provider organisations in Hungary said recruiting PHS staff is difficult or very difficult (n=37), and 55.3% said retaining PHS staff is difficult or very difficult (n=26).**

Croatia: Providers want institutions to act to improve wages

Like in Hungary, in Croatia we observe high levels of agreement between provider organisations and workers regarding the key problem facing the PHS sectors: low wages.

I am filled with the feeling of helping a person with a disability, but the pay for that job is too low, so I am forced to work another job just to get through the month. - PHS worker, Croatia

No, [I do not find my work fulfilling] anymore because I see that absolutely no one cares, for personal assistants, we are underpaid. We have quite high living expenses, and low incomes. - PHS worker, Croatia

It is necessary to increase employees' salaries so that they feel more secure. - PHS provider organisation operating in Croatia

[L]abor shortages resulting from uncompetitive salaries, so that these jobs are mostly taken by those who have no other choice. Higher salaries and better working conditions, as well as a generally better perception of employees in the sector, might contribute to attracting better quality staff - PHS provider organisation operating in Croatia

The biggest problem is that employees have low salaries that prevent them from staying in their jobs, the scope of work is large, demanding and not sufficiently "recognised". - PHS provider organisation operating in Croatia

In the face of the situation described by the worker testimony above, provider organisations in Croatia look to institutional solutions. Unfortunately, they say, either the institutional will is lacking, or the process is moving too slowly to stem the tide of workers leaving PHS careers.

A major drawback is the Law that is not properly harmonised, although work is being done on it, everything is moving very slowly, and we are losing quality workforce. - PHS provider organisation operating in Croatia.

The problem is that the salaries are minimal, and the work is demanding and not for everyone. The Ministry has been doing nothing to change this for more than two years. - PHS provider organisation operating in Croatia

Unharmonised prices of social services in the state and non-state sectors, which makes the non-state sector no longer competitive on the market. While non-state workers are paid per hour worked, state workers have collective agreements, which means that if an employee goes on sick leave, annual or similar, the competent Ministry does not pay anything for it, while the employer has to. In other words, the Social Welfare Act and the Labor Act are not harmonised. And with that in mind, the price of service received by non-state providers is nowhere near adequate to offer good wages. Moreover, with the provision of social services, we are in the red when salaries are paid. - PHS provider organisation operating in Croatia

It is necessary to ensure more stable and long-term financing models, clearer work standards at the sector level, and strengthen social dialogue between the state, employers and workers. - PHS provider organisation operating in Croatia

The cases of both Croatia and Hungary show clearly and in specific contexts how the broader undervaluation and lack of recognition of the PHS sectors creates costs for both workers and employers. However, they also reveal how this situation can align the interests of workers and employers, and create opportunities for cooperation to improve the status quo.

Costs are a significant problem for service users

57.9% (n=202) of PHS provider organisations surveyed said that they would like to see “more financial support to make PHS affordable for users” as a top priority to improve their sector. This was the second-most chosen priority, after increasing worker pay. In fact, the results of the survey show that the cost of PHS is a significant challenge for both service users and user-employers, although the nature of these affordability concerns may differ between the two groups.

79.8% of PHS service users (n=1796) say that the cost of PHS is either a minor or major problem for them, while 20.2% (n=454) say it is not a problem at all. As the graph below shows, in the countries with a significant number of user responses, the proportion of users saying the cost of PHS is a problem never fell below 50%. However, it did range widely, with the lowest proportion being 56.9% in Belgium, and the highest being 86.8% in Greece.



Is the cost of personal & household services a major problem for you, a minor problem, or not a problem at all?

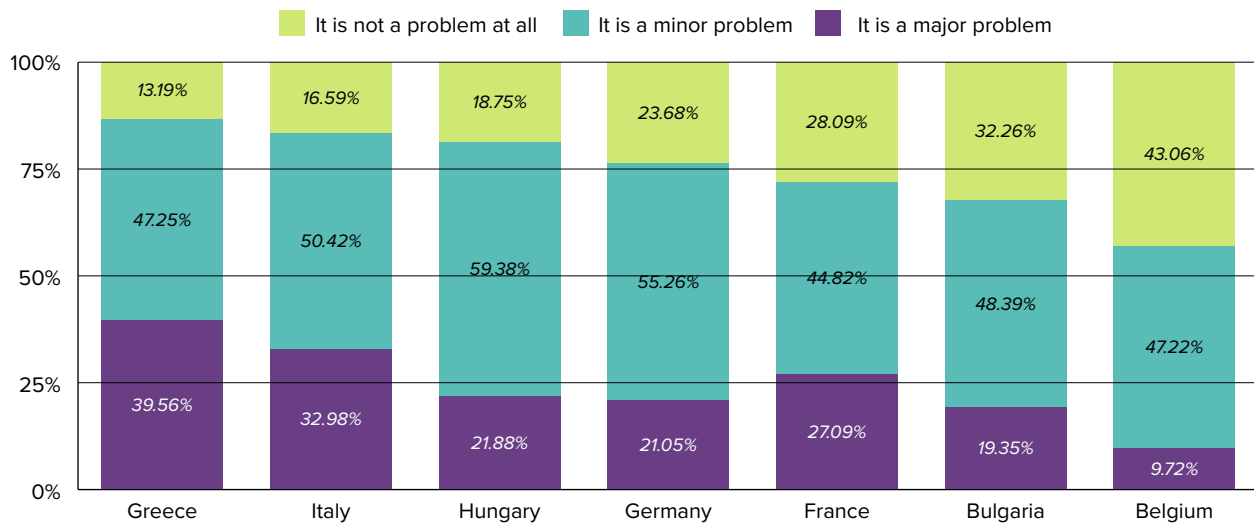


Figure 22. PHS cost pressure for service users by country

The issue of cost was highlighted not just by current service users and user-employers, but also by members of the general population who said they do not currently have PHS workers working for them. As a reminder, the 2026 PHS Employment Monitor featured a smaller survey directed at a general population, which received nearly 2,500 responses. Around half of the respondents in this group said they did not have a current need for help. However, among the remaining respondents, 30.5% (n=344) cited cost as the reason why they do not currently have a PHS worker working in their home. From a different perspective, as the chart below shows, members of the general population who said they had university education were more than twice as likely as those with high school or vocational education to say they have used PHS in the past.

Percentage of general population non-users who said they have used PHS in the past, by education level

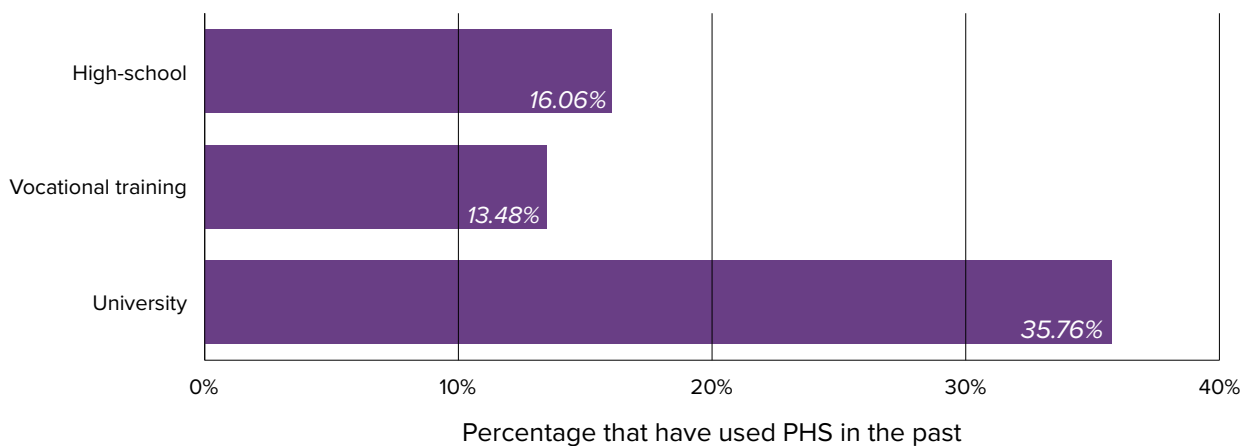


Figure 23. Previous use of PHS among general population users, by education level

Highlight: In Greece and Italy, lower levels of institutional support translate to higher costs for user-employers

Greece and Italy stand out with over 30.7% (n=690) of service users saying that the cost of PHS is a major problem for them. The wide variation in cost pressure for users across countries has complex structural origins. In Greece, around 11% (n=10) of users who responded said that the PHS workers in their home are employed by a company or other organisation²⁰. In Italy, this number is just around 3% (n=52). In all other countries, the percentage of users who said their PHS workers are employed by a company or other organisation was considerably higher, ranging from around 20% in France, to around 80% in Belgium.

Some particular aspects of the Greek situation are worth highlighting. Greece is a paradigmatic example of the traditional model for the PHS sectors employed in Southern Europe^{21,22}. This model has relied historically on unpaid personal and household services provided by family members. As the market for paid PHS has grown, countries following this model have tended to develop sectors with a heavy share of direct employment by households, as well as relatively high levels of undeclared work. This is compounded by the fact that Greece has the lowest purchasing-power adjusted average wages of any OECD European country²³. In this way, the high cost pressure reported by PHS users in Greece should be interpreted within the context of a broader cost of living crisis which, while present throughout Europe, is particularly acute in Greece²⁴. With this background in mind, the low level of institutional development and policy action with respect to the PHS sectors in Greece leaves both users and workers in this crucial sector in a precarious position²⁵.

More generally, in institutional environments that have not adapted to this form of PHS employment, user-employers can face structural cost pressures that are distinct from both non-employer PHS users and provider organisations. As non-commercial employers, for example, they may be unable to deduct labor costs from their taxes, creating additional cost burdens that could be offset through targeted policies like tax credits or subsidies.

The cost pressure of PHS for users has an impact on the dynamics and relationship between workers and users. As the chart below shows, **in countries where cost pressure is lower, users are more likely to see increased pay for PHS workers as a major priority**. The R² coefficient of determination reported in the chart indicates that around 75% of the variance in the percentage of users choosing higher pay for PHS workers as a priority across countries can be accounted for by variations in the level of cost burden for users.

20 As noted in the overview of the sample, these statistics rely on self-reported status by users as to whether or not they directly employ the PHS workers in their homes. The complexities of employment relationships may result in confusion and misreporting among users. As such, it is important to note that these numbers may be somewhat inflated. The authors are not aware of strong comparative data in Greece, in part due to the relatively unstructured nature of the PHS sectors there.

21 Ferrera, M. (1996). The 'Southern model' of welfare in social Europe. *Journal of European social policy*, 6(1), 17-37.

22 EFFE. (2022). PHS observatory in Europe. Country report: Greece. [Link](#) (last accessed, 01/06/2026)

23 Full data available [here](#).

24 The cost of living was highlighted as the top concern among Greek respondents to the most recent Eurobarometer survey (Spring 2026, see [here](#)), at rates far above the EU average.

25 It is notable that, unlike Italy, Greece is not a signatory to [ILO Convention 189](#) ("Convention concerning Decent Work for Domestic Workers").

Where users are under more pressure because of the cost of PHS, they are less likely to prioritise increasing PHS worker pay



Figure 24. Percent of users experiencing low cost pressure, versus percent who prioritise pay for PHS workers, by country

This reflects a zero-sum logic that can exist in the PHS sectors in the absence of public action or state support: wage gains for workers (clearly so sorely needed) may be passed on as costs to users, who are struggling with costs themselves. At the same time, as we have seen, PHS work is essential work. It must get done one way or another. Without intervention, one way workers and users solve this bind is through undeclared work, a point to which we now turn.

Low wages and costs contribute to undeclared work

Undeclared work is the most important problem [in the PHS sectors]. Those involved need to be informed about the short-term and long-term consequences: low current wages, low pensions in old age.

- For-profit PHS provider organisation operating in Germany

Undeclared work is a persistent issue in the PHS sectors, both fuelled by and fuelling the lack of recognition of PHS sectors, in a vicious cycle. Working undeclared keeps PHS workers from enjoying many of the rights and benefits afforded to those working formally, in PHS or in other sectors. Given this, why do workers work undeclared, and why do employers and service users use undeclared PHS? The results of the survey show that the drivers of undeclared work are complicated, but that financial calculus is a major factor on both sides of the employment relationship.

In the 2026 PHS Employment Monitor, workers and users, who are the ones who most concretely participate in undeclared work, were not asked directly if they pay for or perform undeclared work, due to concerns about non-response to such a sensitive question. Instead, both groups were asked if they think undeclared work in the PHS sectors is at least sometimes justified²⁶.

In response to this question, **23.0% (n=522) of users and 24% of workers (n=1310) said that undeclared work in the PHS sectors is at least sometimes justified.** Another 22% of workers and 6% of users said they preferred not to say if undeclared work in the PHS sectors is at least sometimes justified, leaving around 50% workers and 70% of users saying that, in their opinion, undeclared work is never justified. This is in line with statistics that suggest that at least around half of all PHS work is undeclared work²⁷.

The costs families incur [when declaring work] are excessive compared to their income. It's not like a business that generates revenue—salaries are fixed and not enough. - PHS user-employer, Italy

In the opinion of users, workers, and provider organisations alike, the primary driver of undeclared work is cost. **Among workers who said undeclared work was at least sometimes justified, around half said this was because declaring work makes wages too low. Among users who said undeclared work was at least sometimes justified, about 36% said this was because declaring work makes PHS too expensive.**

66% of provider organisations surveyed said that undeclared work is either common or very common in the PHS sectors. Among provider organisations who said undeclared work is common or very common, 70.9% (n=163) said that the cost to users of declaring work is a cause. Slightly less (57.4%, n=132) said declaring work makes wages too low for workers.

In recent years, there has been a significant increase in undeclared work, especially in family care. During the Covid-19 pandemic, thanks in part to intensified controls, the situation appeared more straightforward and traceable. Today, however, we are seeing a return to irregular practices. It would be helpful to introduce targeted financial incentives for families, making the regular hiring of workers more sustainable and affordable. Measures of this kind could help reduce the use of undeclared work and promote greater protection for both employers and workers. - A non-profit PHS provider operating in Italy

Administrative complexity is another factor driving undeclared work

28.4% of user-employers who said that undeclared work was at least sometimes justified specifically cited the complexity of declaring PHS work as one of the reasons (n=391), along with 33.9% of all other service users who agreed that undeclared work was at least sometimes justified (n=118).

Sometimes the regulations aren't sufficiently flexible. - PHS user-employer, Italy

Interestingly, compared to user-employers and other users, the complexity of declaring work was cited far less frequently as a driver of undeclared work by both provider organisations (13.9%, n=32) and workers (14.8%, n=180). This may suggest that the burden of administrative complexity when it comes to declaring work lies on users more than on other actors in the sector.

²⁶ It is important to note that saying undeclared work is at least sometimes justified should not necessarily be interpreted as meaning that undeclared work is “good” or ideal, but can simply mean it is the best option from a set of constrained choices facing users and workers.

²⁷ See here: https://www.ela.europa.eu/sites/default/files/2022-03/Study-report-on-personal-and-household-sector.2021_EN.pdf

Some users identified specific situations where they feel it is justified to avoid the administrative or financial overhead of declaring work.

If the job is very short, it isn't worth it - PHS user-employer, France

I feel it's justified when it's occasional, not regular work - for regular work, I would feel uncomfortable knowing that someone who I am employing is not paying in for state pension eligibility, etc., though I know the work is poorly paid and workers sometimes have their reasons to work informally for a while. - PHS user-employer, UK

There is an initial transitional period during which flexibility is needed because the parties are often helping each other out; this helps build and strengthen the relationship and the worker's stability, aspects that a formal contract does not address (e.g., the lack of all legal requirements, including valid documents and residence permits). - PHS user-employer, Italy

In other words, undeclared work is in some ways perceived as a stop-gap, filling holes left open by inadequate regulations and institutions in the PHS sectors. While user-employers and workers alike may see undeclared work as their best option from a range of constrained choices in certain scenarios, this does not erase the problems that undeclared work itself generates: keeping PHS workers from enjoying basic rights and protections, from developing their pensions, and from being recognised socially and institutionally.

Highlight: Most PHS workers in the Netherlands said undeclared work is at least sometimes justified

[I]t is hard to do this kind of job because it is not recognised just like any kind of work with sick and travel pay. As long as it is not a declared work, it doesn't build a pension in the end. - Filipina PHS worker, the Netherlands

As the chart below shows, the Netherlands stood out as the country where the highest proportion of PHS workers by far said that undeclared work is at least sometimes justified (53.9%, n=55).

Percentage of PHS workers who say undeclared work is at least sometimes justified, by country

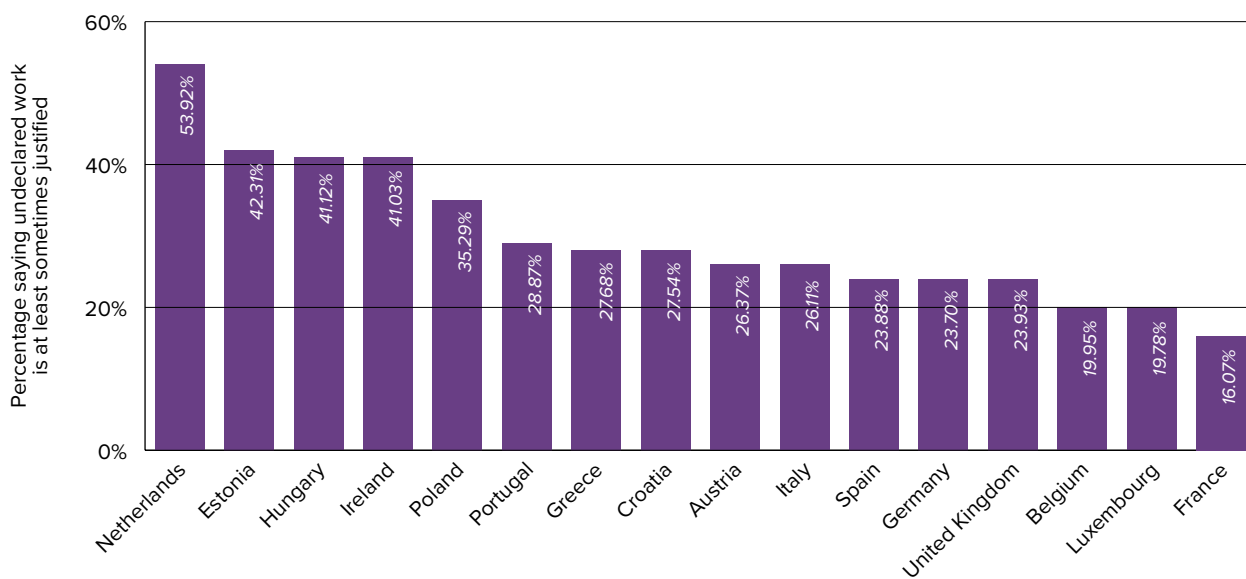


Figure 25. Percent of PHS workers who say undeclared work is at least sometimes justified, by country

Furthermore, workers in the Netherlands who felt that undeclared work is at least sometimes justified provided reasons that were distinct compared to workers in other countries. The Netherlands was the only country where the most common reason was “because PHS work is not considered formal work” (42.6%, n=23). This reason was cited more often by immigrant PHS workers in the Netherlands — who most often were from the Philippines — than non-immigrant workers there (53.3% vs. 38.5%).

[G]uess I have no choice since I do not have the proper documentation to be a legal immigrant... as long as I can [support] my daily needs and my family[’s] needs back home... I have to do PHS work and will learn to love and like this job... I like helping people as well - Filipino PHS worker, the Netherlands

75% of immigrant PHS workers in the Netherlands (n=27) want “easier or faster work permits”, compared to around 57% of all immigrant workers (n=383) who self-identified as being from non-EU countries who responded to the survey — a proportion only slightly exceeded by immigrant workers in the UK (76.3%, n=71). As we have seen in other cases, there is a vicious cycle in the relationship between the gray areas that PHS workers often find themselves in — in this case regarding immigration status — and the perception of PHS work: this essential work is often not treated as “real work” on a concrete, institutional level, with the consequence that it is often simply left out of administrative processes for work permits or other such authorisations relating to labor migration, leaving already-vulnerable immigrant workers in these sectors with little choice.

Yes it is fulfilling when we are treated with respect and equality. But sometimes it is degrading to most of us because of our current status, when being threatened due to our status. - Filipina PHS worker, the Netherlands

[I]f only the government [would] legalise PHS WORKERS, I think everything [would] be in order. I hope undocumented people will be given a CHANCE to have their RESIDENCE PERMIT by helping Dutch families maintaining their houses clean and organise[d]. - Filipina PHS worker, the Netherlands



From structural tensions to collective solutions

The 2024 and 2026 PHS Employment Monitors have attempted to present a detailed picture of the drivers of core issues in the PHS sectors, as identified by PHS workers, user-employers, non-employer service users, and provider organisations. However, the PHS Employment Monitor is not a passive tool of observation. Organised by the European Social Partners in PHS, it exists and has been developed within a larger, ongoing effort by sectoral stakeholders – including trade unions and representative organisations of providers and user-employers – to improve conditions for all actors in the PHS sectors.

The means for promoting cooperation between workers, user-employers, and provider organisations are social dialogue and collective bargaining. These vehicles offer the way forward for identifying maximum impact points of agreement, and working for their implementation. In this section, we review what the results of the survey have told us about the relationship between workers, provider organisations, users, the organisations that represent them, and the collective structures that can push the sectors forward.

Unions are a primary source for PHS workers to learn about their rights

Better to be employed, protected by laws and by a union, than to be an independent worker. - PHS worker, Austria

Overall, 30% (n=1634) of PHS workers who responded to the survey indicated that they were members of a trade union. Among countries with more than 50 responses, the proportion of trade union membership was by far highest in Belgium (97.7%) and Ireland (93.2%), followed by the UK (61.2%). In 8 out of 16 countries with 50 or more responses, less than 20% of respondents were union members. Given the mixed distribution method of the survey, including some union-led distribution among workers, these proportions to some extent reflect union participation on a country-by-country level.

Workers who were not union members were asked why they did not belong to a union. 39.5% (n=1388) cited reasons that were purely informational or awareness based: they did not know enough about trade unions, how to join, or whether a trade union existed for their work. 45% cited reasons related to perceived preference or constraint: they did not believe membership would benefit them, they thought dues were too expensive, they said they did not have time, or they worried it could cause conflict with their employer.

Reasons PHS workers cited for not being union members

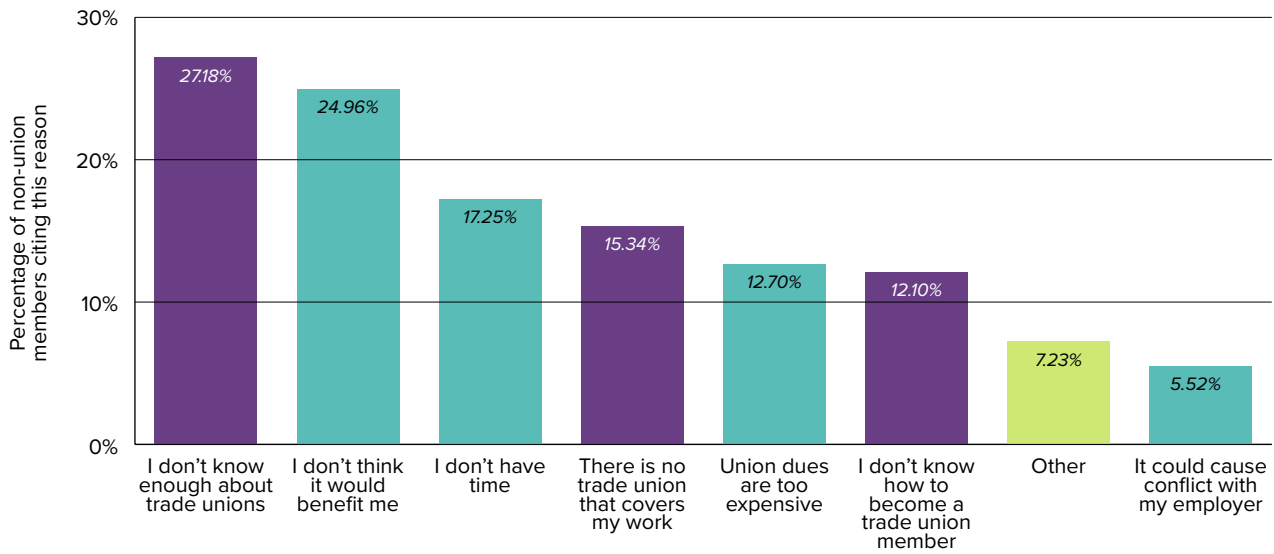


Figure 26. Why workers said they were not trade union members

Often working in isolated environments, it can be difficult for PHS workers to access information about their rights at work. Workers were asked where, if anywhere, they have received information about their rights. **Among union members, trade unions were by far the most common source (62.4%, n=1007). Non-union members were significantly more likely than union members to rely on government websites (23.0% vs. 13.9%), social media (23.9% vs. 17.5%), and friends or family (18.1% vs. 12.1%).** Union members were also more likely to say they had received information about their rights from their employer (25.5% vs. 18%).

It is sad that we have to research the laws ourselves in order to exercise our labor rights. - PHS worker, Croatia

There is strong potential to expand representation of user-employers

In contrast to the 2024 PHS Employment Monitor, significantly fewer user-employers who responded to the 2026 survey indicated that they are represented by an employer's association contributing to social dialogue in the PHS sectors. Just around 27.9% (n=523) said they are represented by such an organisation — down from around half in 2024. This difference indicates the 2026 Monitor's success in reaching new populations of user-employers, despite a similar overall geographic distribution of responses.

Among those users who said they were not represented by an employer's association, 3 in 10 (n=377) said they thought they would benefit from joining such an association, while the largest portion — 4 in 10 (n=563) — said they were not sure if they would benefit. This means that overall, **a solid majority (7 in 10) of user-employers said they either saw the benefit of representation, or were unsure about it. These numbers highlight considerable potential for outreach and education efforts to bring more user-employers under the umbrella of social dialogue.**

Do you believe you would benefit from being represented by an employer's organisation contributing to social dialogue in the PHS sector?

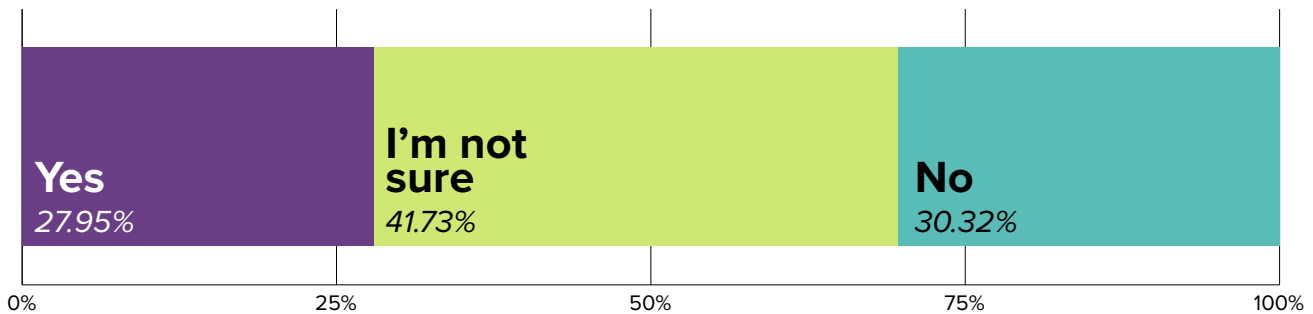


Figure 27. Response of user-employers to whether they believe they would benefit from employer's organisation representation

Collective agreements remain far from universal in the sectors

We are the sector with the fewest labor rights; we don't even have a collective agreement to improve them. - PHS worker, Spain

In results similar to the 2024 PHS Employment Monitor, nearly two-thirds of non-employer PHS users (60.3%, n=226, versus 66.4% in 2024) said they would prefer to use a company or organisation that has a collective agreement with a trade union defining working conditions for the workers in their homes, while around a quarter said they were unsure (25.9%, n=97, versus 22.6% in 2024).

Nevertheless, collective agreements are still not universal in the PHS sectors. **44.2% of PHS provider organisations who responded to the survey (n=156) said they follow a sectoral agreement**, and 6.5% (n=23) say they have a company level collective agreement with a trade union. **40.4% said they do not have a sectoral or company level collective agreement (n=143).**

Even where sectoral agreements exist and are followed on paper, as in France, in practice workers identify challenges in having their end of the bargain respected.

I love my job, but employers often don't know the collective agreement and have trouble respecting it. They think they can hire us or fire us as they please. It's a shame that everything isn't written more clearly when it comes to explaining continued salary payments during absences for hospitalization or holidays, especially when you have multiple employers. Too many people think that the PHS is optional and not a full-fledged job like any other. - PHS worker, France

Yes and no. It's a job in the human sense, requiring empathy, and it touches on the personal lives of our employers, so we often have to use social psychology. I've never met an employer who was familiar with the national collective bargaining agreement; it's up to us to explain it during the hiring process to avoid creating conflicts, but despite that, it happens quite often. - PHS worker, France

Those providers who said they do not have or follow a collective agreement were asked whether they thought a collective agreement would be beneficial to their organisation. Direct testimony paints a complicated and divided picture, varying by country and organisation type.

I'm not sure. With collective bargaining agreements, labor costs usually rise significantly above the minimum wage. These additional costs have to be refinanced, which is difficult because our hourly rates are capped by health and long-term care insurance. Privately paying customers are deterred by higher prices, which in turn leads to a reliance on undeclared work and/or neighborly assistance. - For-profit PHS company operating in Germany

No. The home care market is subject to market forces in terms of employee wages and client prices. Regulation through collective bargaining would disrupt this self-regulating system. - For-profit PHS company operating in Poland

Yes, it would eliminate the black market. - For-profit PHS company operating in Poland

No. The sector is not ready for this, employees are unaware, and families have a great need for support in the form of care services but cannot afford it because they do not receive support from the state/government. - For-profit PHS company operating in Poland

Yes, it would equalise the working conditions of employees, but unfortunately it would increase the cost of labor. - Non-profit PHS provider operating in Croatia

It's always beneficial - Non-profit PHS provider operating in Spain

*It would certainly be good for improving the quality of work.
- Non-profit PHS provider operating in Croatia*

Yes. It would protect the interests of both employees and employers. - A public entity operating in Hungary

It would not be useful because costs are covered according to the price list set by the state, which does not take into account the fact that the minimum wage increases every year, the prices of food and hygiene supplies increase, and the employer has no other sources of income with which to further stimulate employees. - Non-profit PHS provider operating in Croatia

Yes, it would be beneficial. However, it makes no sense to think of such an organization without laws protecting businesses (in Portugal, the legislation penalises private companies) and also a system in which the State contributes to the expenses of individuals using PHS. - For-profit PHS provider operating in Portugal

These responses present a challenge for sector stakeholders who are promoting social dialogue as a promising path forwards towards the goal, widely desired among workers, service users, and providers, of institutional respect for the PHS sectors. The awareness of the need for change is there. Perhaps what is missing is an understanding of social dialogue and collective bargaining not as an end in itself, but as crucial means. This is not hypothetical, but rooted in real advances that the PHS sectors have seen. Indeed, social dialogue has taken a driving role in the development of coherent structures for the sectors²⁸, training and professionalisation programs at the regional²⁹ and national levels³⁰, and formal educational efforts — whether to raise the profile of PHS as a career path, or give PHS user-employers the support they need to exercise their rights and fulfill their obligations³¹. Raising awareness of the specific mechanisms by which social dialogue and collective bargaining have contributed to success stories in the sectors may go some way towards bringing provider organisations to greater consensus in this area.



28 EFFAT. (2025). The EFFAT Guiding Framework for the Recognition of Domestic Work. [Link](#) (last accessed 01/06/2026).

29 Home Care Lab. (2023). Zainlab II: Implementación y despliegue de nuevos roles y figuras profesionales en el ámbito de los cuidados. [Link](#) (last accessed 01/06/2026).

30 Fidalò. (2026). Il lavoro domestico: attività di formazione e le nuove linee guida sugli standard formativi. [Link](#) (last accessed 01/06/2026).

31 See <https://www.unjobquiditmerci.be/> and <https://www.tousrespectueux.be/> respectively from Sectoraal Vormingsfonds Dienstcheques / Fonds de formation sectoriel Titres-Services in Belgium for worker-focused and user-focused educational resources.

Conclusion: the path forward

This report began by highlighting the essential role that Personal & Household Services (PHS) play in supporting working careers and family life across Europe. It went on to show how, nevertheless, these keystone sectors continue to be systematically undervalued and underrecognised, in ways that affect all involved.

PHS workers are stuck in institutionalised gray areas, often struggling to be treated as workers like any other, or in accordance with the value they provide. PHS provider organisations struggle to recruit and retain workers, given low prevailing wages and lack of benefits, and face competition from widespread undeclared work as a result of insufficient institutional efforts to structure the sectors. PHS user-employers see quality of services affected by the lack of professionalisation in the sector – ultimately, again, a question of institutional neglect. They also often face high costs with little relief, pushing them to hire cheaper, undeclared services. Meanwhile, responses from the general public suggest unequal access to PHS due to affordability issues.

The geographic scope of the 2026 PHS Employment Monitor has allowed us to observe both the diversity of the PHS sectors and the pressures they face, but also what unites them. The results have shown the significant mutual overlap between the interests of workers, provider organisations, and service users. **The strongest point of agreement among all stakeholders is that the PHS sectors deserve more institutional respect.** That lack of respect is reflected in the sector's prevailing conditions, and in growing problems that remain unsolved.

With that said, much work is being done to carry the PHS sectors forward, as reflected by robust social dialogue at the European level, and varied but creative policy efforts across national and regional contexts. Even the PHS Employment Monitor represents an important step towards cohering the sectors. **By responding to the survey, thousands of workers, provider organisations, and users all across Europe self-identified as being involved in the PHS sectors: a concept that many of them may have never even considered before, much less felt themselves to be a part of.**

These respondents are looking for solutions. The productive path forward for the sectors suggested by the results is one of cooperation, within the framework of collective bargaining and social dialogue. Only a collective effort by the people closest to this sector – workers, service users, and provider organisations – will be able to promote and guide the kind of supportive action by policy-makers and governments so necessary to ensure the future of these vital sectors.

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Appendix A.

Responses by Country

Country	Workers	User-Employers	Users	Employers*
France	2349	234	68	77
Italy	228	1475	70	12
Belgium	448	9	63	15
Croatia	347	4	20	46
Hungary	324	15	19	49
Ireland	328	2	11	5
Spain	281	14	11	27
Germany	138	18	20	45
Portugal	202	7	7	4
Greece	118	61	31	4
Austria	193	2	4	12
United Kingdom	171	6	6	2
Netherlands	105	5	7	1
Poland	88	3	5	15
Estonia	52	6	13	22
Luxembourg	92	0	1	0
Bulgaria	21	14	17	2
Türkiye	29	4	3	0
Sweden	23	0	1	10
Slovakia	20	0	2	0
Iceland	17	1	2	0
Finland	5	1	2	5
Romania	10	0	0	2
Switzerland	8	0	1	0
Cyprus	3	2	1	1
Albania	2	0	1	0
Belarus	1	1	0	0
Montenegro	1	0	0	1
Ukraine	2	0	0	0
Andorra	1	0	0	0
India	0	0	0	1
Indonesia	0	0	0	1
Kosovo	0	0	1	0
Latvia	0	0	1	0
Lithuania	0	1	0	0
Moldova	1	0	0	0
Norway	1	0	0	0
San Marino	1	0	0	0
Tunisia	0	0	0	1
TOTAL	5610	1885	388	354

* Employers were asked to select up to three countries their organisation operates in. Because of this, the total country selections made by employers will not match the total number of employers who responded to the survey.