



# 2024 PERSONAL & HOUSEHOLD SERVICES EMPLOYMENT MONITOR

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Towards a sustainable and equitable future for care and help at home

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# Highlights

The 2024 PHS Employment Monitor collected a total of 6523 survey responses from over 4,000 workers, over 2,000 service users and user-employers, and 157 companies and other organisations in the Personal & Household Services sectors across Europe – making it the largest ever European survey of the PHS sectors.

The results of the Monitor pointed to an ongoing and serious crisis of labour shortages and turnover in the PHS sectors, which in turn undermines both quality service provision and working conditions.

Over half of PHS workers surveyed said they do not believe their job is sustainable until retirement age. 57% said they have considered leaving the sectors in the past three years. Low pay was the most commonly cited reason why PHS workers say they have considered leaving their jobs.

61% of employers surveyed said they have raised wages in order to reduce staff turnover, yet 83% said that more needs to be done at the sectoral level to address labour shortages.

Some provider organisations cited the challenge of attracting young workers to the PHS sectors. Younger workers surveyed were more likely to have been born in a country other than where they work, and were more likely to have considered leaving the sectors in the past three years.

Directly employed and self-employed PHS workers were slightly less concerned about pay, but said they work significantly longer hours than workers employed by a company or other organisation, and have a worse work-life balance. These circumstances, taken together, mean that such workers may not be able to meet their own care needs at home.

Health and safety standards in the PHS sectors remain patchy and inconsistent. Just around 40% of workers surveyed said they have received health and safety trainings related to their jobs.

Among those PHS users who receive PHS from a provider organisation, two-thirds said they would prefer to use a company or organisation that has a collective agreement with a trade union establishing the working conditions of PHS workers in their homes.

Over 40% of unrepresented user-employers surveyed believe they would benefit from representation by an employer's organisation – a notable fact given that, in the majority of countries, PHS user-employers do not have a recognized status or representative structures,

Among those provider organisations surveyed whose workforces are not covered by a collective bargaining agreement, around 60% indicated that they would be open to signing such an agreement.

Despite the many issues they face, PHS workers in their free response answers often share a sense of dignity and pride, and recognition of the importance of their work.

Overwhelmingly, PHS users evocatively expressed the hardship they would face if they no longer had access to the services they receive at home.

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## About this report

This report is an outcome of a project co/financed by the European Commission (“PHSDialogue: Building an EU Sectoral Social Dialogue and collective bargaining capacity in Personal and Household Services” – project reference number: 101102302). This 2 year project was launched in 2023 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.

## 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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## Acknowledgements

The report was produced by Jarrow Insights, a research and survey agency, with input from all project partners, as well as a panel of subject matter experts. The following experts and organisations have been consulted in the process of publishing this report:

Adriana Paz (IDWF), Alan Sable (UNI Global Union), Claire Hobden (ILO), Lilana Keith (PICUM), Marina Durano (UNI Global Union), Nikola Ptić (RITU-RIS), Peter Kerckhofs (Eurofound), Valeria Spazzoli (DG EMPL, European Commission)

Eva Maria Jiménez Lamas (ACV-CSC Brussels), Sofia Lamouchi (BBTK-SETCa), Pierangelo Raineri (Fisascat-CISL), Gianfranco Brusaporci (Fisascat-CISL), Emanuela Loretone (Filcams-CGIL), Jeff Nonato (Filcams-CGIL), Greg Prujarczyk, COZZ-UHR), Nikola Ptić (RITU-RIS), Lorenzo Gasparrini (DOMINA), Rebecca Gasparrini (DOMINA), Florence Gilbert de Cauwer (Federgon), Delphine Chilese-Lemarinier (Edenred), Olivier De Cock (Group Daenens), Clarisse Broux (FEPEM), Alessandro Lupi (ASSINDATCOLF), Andrea Zini (ASSINDATCOLF), Michael Christophe (FEPEM), Roberta Calabro (ASSINDATCOLF), Wijnand Prins (Gastoudercoöperatie Nederland), Véronique Dubeau-Valade (FEPEM), Sigfried Debruyne (FEPEM).

Alessandra Giannessi (UNI Europa), Alessia Capuano (EFSI), Aude Boisseuil (EFFE), Aurélie Decker (EFSI), Grace Papa (EFFAT), Lucas-Balla Danfaga (EFFE), Mark Bergfeld (UNI Europa), Thomas Hector (EFFE), Victor Plyson (EFFAT)

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# Introduction

Every day, all across Europe, millions of people rely on the dedication of **Personal & Household Services (PHS) workers**, who provide care or domestic support for people in their homes. PHS workers perform many diverse and essential tasks, from caring for children, the elderly, and disabled people, to the activities of daily household life such as cooking, cleaning, gardening, and more.

Accounting for an estimated 4% of total employment in the EU<sup>1</sup>, the PHS sectors are essential, not only due to their overall size, but also because of the role that PHS play in the broader functioning of the economy, particularly as more and more women have opportunities to advance their careers, and more and more households become dependent on two incomes. Care work of all kinds has long been undervalued, culturally and economically. The COVID-19 pandemic contributed to a shift in cultural perceptions, but this positive change has yet to be solidified politically and economically, particularly for care that takes place in homes<sup>2</sup>.

Despite the importance of the PHS sectors, it is difficult to obtain a clear picture of the day-to-day realities of their operation. This is a consequence of a variety of factors, from the fragmented and diverse nature of PHS work, to the low level of formal and professional recognition of the sectors. Direct employment relationships between households or individuals and PHS workers are common. Undeclared work is also known to comprise an important part of the PHS sectors.

In an effort to overcome this information gap, and to shed light on these critical sectors, in 2024 the EU Social Partners for Personal & Household Services<sup>3</sup> launched the first ever **PHS Employment Monitor** (PHS Monitor, the Monitor) – a comprehensive survey aimed at the three pillar groups of the sector: PHS workers, employers, user-employers, and service users. Over 4,000 responses were collected from workers, over 2,000 from service users and user-employers, and 157 from employer companies and organisations<sup>4</sup>, for **a total of 6523 responses across 27 countries**.

The picture that emerges is of a set of interconnected challenges, all stemming fundamentally from a lack of recognition of PHS work and the PHS sectors. The issue of recognition can be divided into two highly interrelated parts: recognition at the formal and legal level, and recognition of the value of the PHS for society, and for those who receive them.

In the following pages, the results of the Monitor will be broken down in detail, with a particular aim of identifying the root causes of the problems facing the PHS sectors, as told by the workers, users, and employers who know them best.

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1 Manoudi, A., Weber, T., Scott, D., & Hawley Woodall, J. (2018). An analysis of Personal and Household Services to support work life balance for working parents and carers. *Synthesis Report. ECE Thematic Review*. Additionally, see: EFSI. (2018). PHS Industry Monitor. [https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2018/PHS\\_Industry\\_monitor\\_April\\_2018.pdf](https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2018/PHS_Industry_monitor_April_2018.pdf). (Last accessed 30/04/24).

2 PHS Social Partners. (2022). "PHS Social Partner statement on the European Care Strategy". [https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913\\_EU\\_Care\\_strategy\\_PHS\\_social-partners.pdf](https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913_EU_Care_strategy_PHS_social-partners.pdf) (Last accessed 30/04/23).

3 EFFE, EFSI, EFFAT, and UNI Europa.

4 At time of writing, the social partners have decided to continue this monitoring exercise with a new project application.

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Throughout the report, the quantitative data collected by the Monitor will be contextualised by selections from the more than 70,000 words of free response answers provided by PHS workers, employers, and users. While many PHS workers expressed feeling underappreciated, the PHS users who responded to the survey - those who receive PHS services at home - consistently and overwhelmingly highlighted how essential these services, and the workers that provide them, are for their lives.

Overall, the results of the Monitor speak to immense challenges facing social partners, policy-makers, and governments in the coming years with respect to the PHS sectors. Ongoing labour shortages threaten the very sustainability of these sectors of the economy responsible for care and help at home. The results presented here shed light on the origins of widespread dissatisfaction among PHS workers, and hopefully point the way towards solutions to ensure equity and sustainability in these essential sectors.

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# 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**, 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

It has been estimated that around 70% of PHS workers are either full time or part time employees of **PHS provider organisations**<sup>5</sup>, whether they be private companies, non-profit organisations, or public entities such as state social services.

## Direct employment by a household

It is common for PHS workers and service users to enter into direct contractual relationships. Here, the worker is the employee of the service user, or a family member of the user receiving the service. Thus, the user acts as both service user and employer. These users will be referred to as **user-employers** in the report.

## Self-employment

Many 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” 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 bargaining<sup>6</sup>. 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.

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5 EFSI. (2018). PHS Industry Monitor. [https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2018/PHS\\_Industry\\_monitor\\_April\\_2018.pdf](https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2018/PHS_Industry_monitor_April_2018.pdf). (Last accessed 30/04/24).

6 See <https://www.uni-europa.org/news/eu-paves-the-way-for-collective-bargaining-for-solo-self-employed/> for more details (last accessed 06/05/24).

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# Methodology overview

The questionnaire that produced the PHS Employment Monitor's results was hosted online, and was open for a period of 70 days, from February 15<sup>th</sup> to April 24<sup>th</sup> 2024. 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 users, user-employers, and service provider organisations, with support from the research and survey agency Jarrow Insights. 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 as well as a panel of subject-matter experts.

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, responses for the 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 their affiliates and allies, including trade unions representing PHS workers, PHS provider organizations, and PHS service users represented or served by relevant organizations. The questionnaire was also distributed through posts on PHS-related job boards on Facebook, as well as through social media advertisements.

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. In these cases, countries which provided more than 50 results are considered.

# Overview of the sample

As the table in Figure 1 shows, the Monitor received over 6,500 responses from PHS users, workers, and provider organisations across 27 European countries, and in 14 different languages<sup>7</sup>. Italy, Belgium, and France were the countries that received the most responses, totalling 5007 responses all together.

The original goal of the Monitor was to gather 1,500 responses. The success of this first iteration sets up the Monitor to be further developed in coming years. Crucially, future iterations of the Monitor can build upon one another, tracking for changes over time while also developing a broader, cumulative database. The following section provides an overview of the characteristics of each cohort surveyed.

| Cohort                     | Responses   | Number of countries |
|----------------------------|-------------|---------------------|
| PHS Workers                | 4142        | 26                  |
| PHS User-employers         | 1921        | 16                  |
| All other PHS users        | 300         | 18                  |
| PHS Provider organisations | 157         | 17                  |
| <b>Total</b>               | <b>6523</b> | <b>27</b>           |

**Figure 1.** Number of responses and number of countries by respondent cohort.

## Workers

Over 4000 responses were received from PHS workers from 26 countries across Europe. Eight countries<sup>8</sup> received over 100 responses each.

96% of the PHS workers surveyed were women, which is in line with estimates of the demographic composition of the PHS sectors<sup>9</sup>. 31.2% (n=1276) said they live in a country other than their country of origin, although this number varied significantly by country. Among those countries with more than 50 responses from workers, Slovenia and France had the lowest percentage of responses from migrant PHS workers, at 5.3% (n=6) and 5.4% (n=39) respectively, and the United Kingdom (76.7%, n=66), Italy (71%, n=159), and Spain (66.2%, n=153) had the highest percentages of responses from migrant PHS workers.

Regarding their employment situation, 54.9% (n=2263) of workers surveyed reported working for a company or other PHS provider organisation as employees, while 1329 (32.3%) said they were directly employed by one or more households, and 15.6% (n=643) said they were self-employed. Note that a small number of respondents indicated multiple employment situations (e.g. some direct employment by households, some work for a company or other organisation). As will be discussed later, a fairly low proportion of workers indicated that they perform undeclared work.

<sup>7</sup> The survey was available in the following languages: Bulgarian, Croatian, Dutch, English, Filipino, French, Germany, Italian, Polish, Portuguese, Slovak, Slovenian, Spanish, Ukrainian

<sup>8</sup> Belgium, France, Slovakia, Spain, Italy, Austria, Slovenia, Croatia

<sup>9</sup> European Labour Authority. (2022). "Tackling Undeclared Work in the Care and Personal and Household Services Sector". [https://www.ela.europa.eu/sites/default/files/2022-06/UDW%20in%20PHS\\_%20Learning%20resource%20paper\\_0.pdf](https://www.ela.europa.eu/sites/default/files/2022-06/UDW%20in%20PHS_%20Learning%20resource%20paper_0.pdf) (last accessed 30/04/24)

## Users

Over 2000 responses were received from PHS users as well, from 21 countries across Europe, and in 12 different languages.

The majority of users surveyed were direct employers of PHS workers. 300 either used a company or other organisation to find workers, or reported that they had self-employed workers working their homes, while 1921 said they employed workers directly (user-employers). Nearly 1754 user responses (79%) came from a single country: Italy. Most of the responses received from service users in Italy came from users who directly employ PHS workers (user-employers). PHS user-employers in Italy benefit from a relatively high level of organisation and representation, which in turn lends user-employers in Italy a stronger political voice, as represented by these results. A later section will focus specifically on results from workers and users in Italy.

It is important to highlight the challenges of conducting a survey on a topic that many users see as quite personal, particularly regarding the conditions of workers in their own homes. Additionally, the prevalence of undeclared work in the PHS sectors means that some users and user-employers are likely even less willing to take a survey related to employment and working conditions in their homes. In this way, again, increased formalisation of the PHS sectors can also contribute to increased levels of transparency and knowledge about these sectors.

## Provider organisations

157 responses were received from PHS provider organisations, from 17 European countries. 109 of these responses were from for-profit companies. The full distribution of provider organisation responses by organisation type can be found in Figure 2 below.

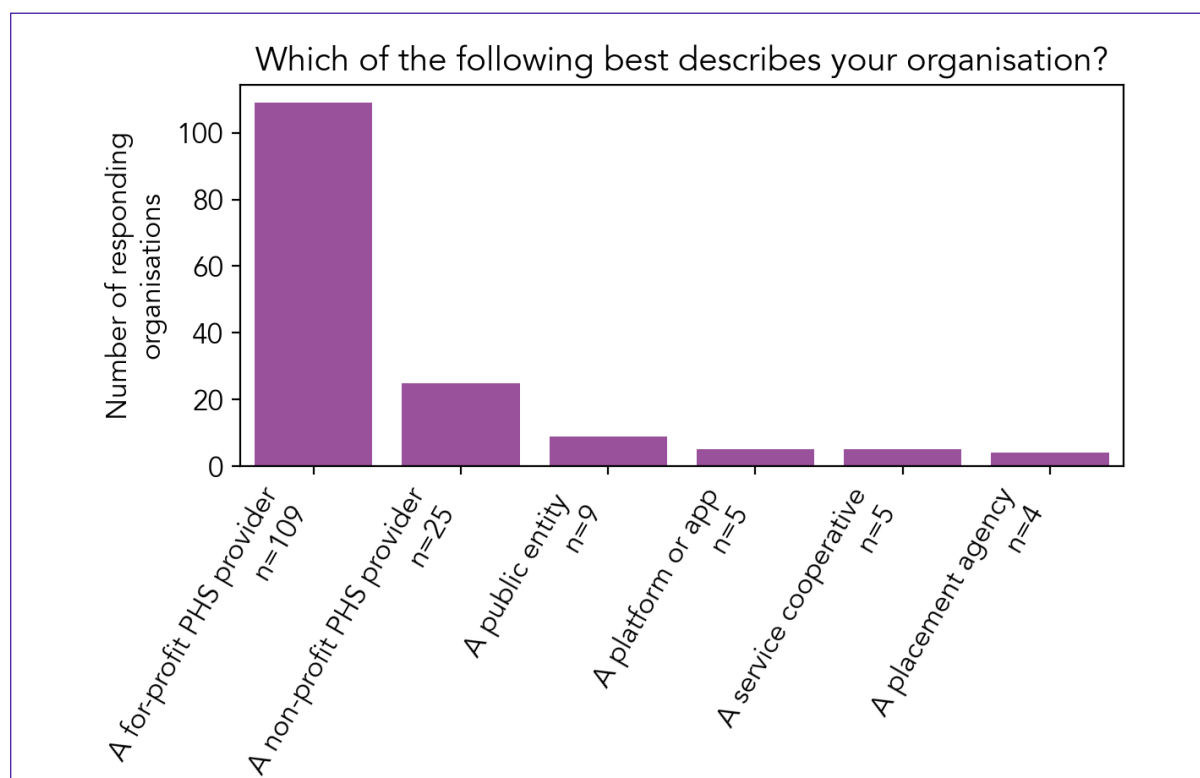


Figure 2

About 65% of the provider organisations that responded to the Monitor can be considered small-and-medium sized enterprises, employing between 10 to 250 PHS workers (see Figure 3). There were 25 responses from employers of more than 1,000 PHS workers, including companies from 8 different countries: Germany, Belgium, Italy, Ireland, Sweden, France, Spain, and Finland. 70% (n=110) of companies said their employees work between 20 and 40 hours per week. 18.8% said their employees work less than 20 hours per week, and 9.6% said their employees work more than 40 hours per week.

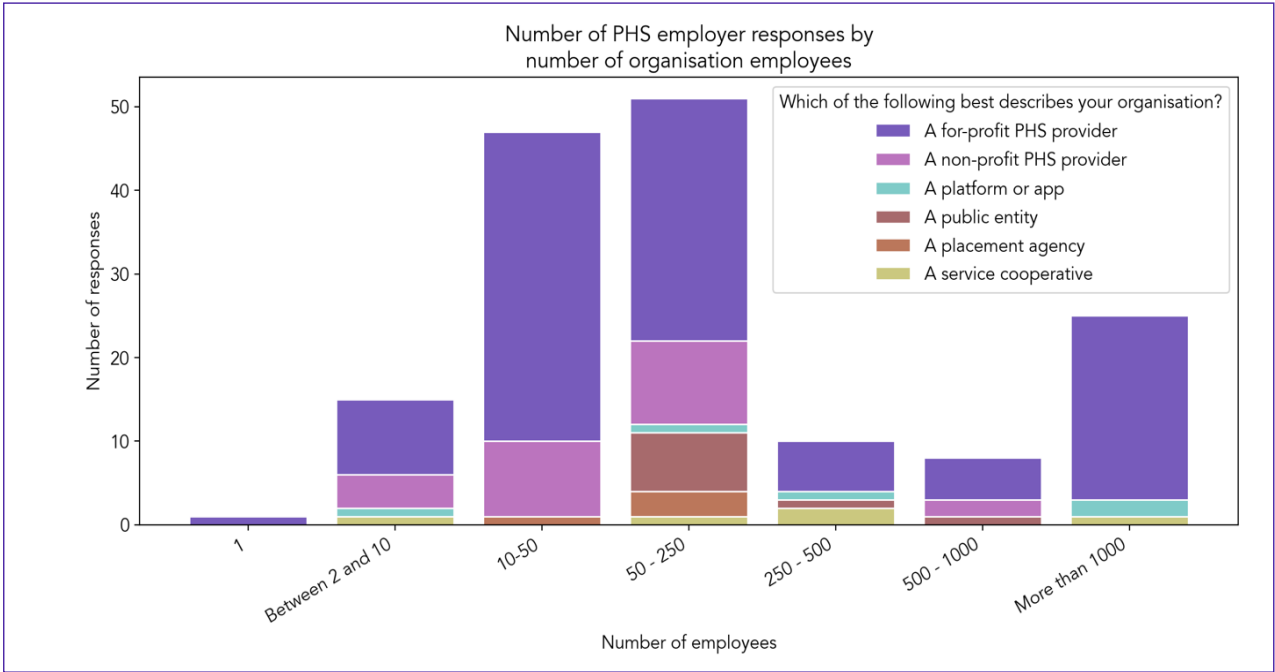


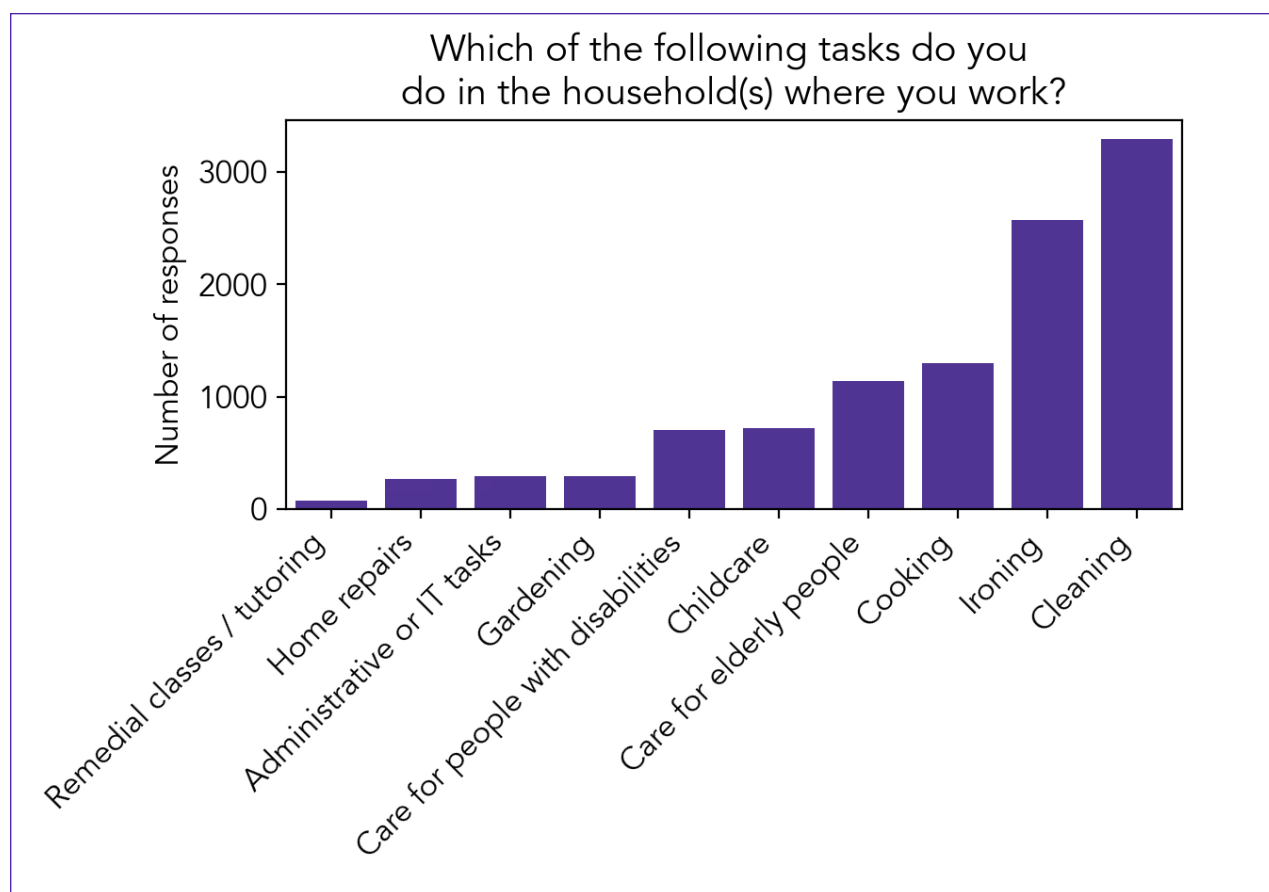
Figure 3

# PHS: No single job description

Although they share the common setting of private homes, and the common goal of helping service users with their essential day-to-day tasks, PHS work is diverse, and the work day of any two PHS workers can be quite distinct.

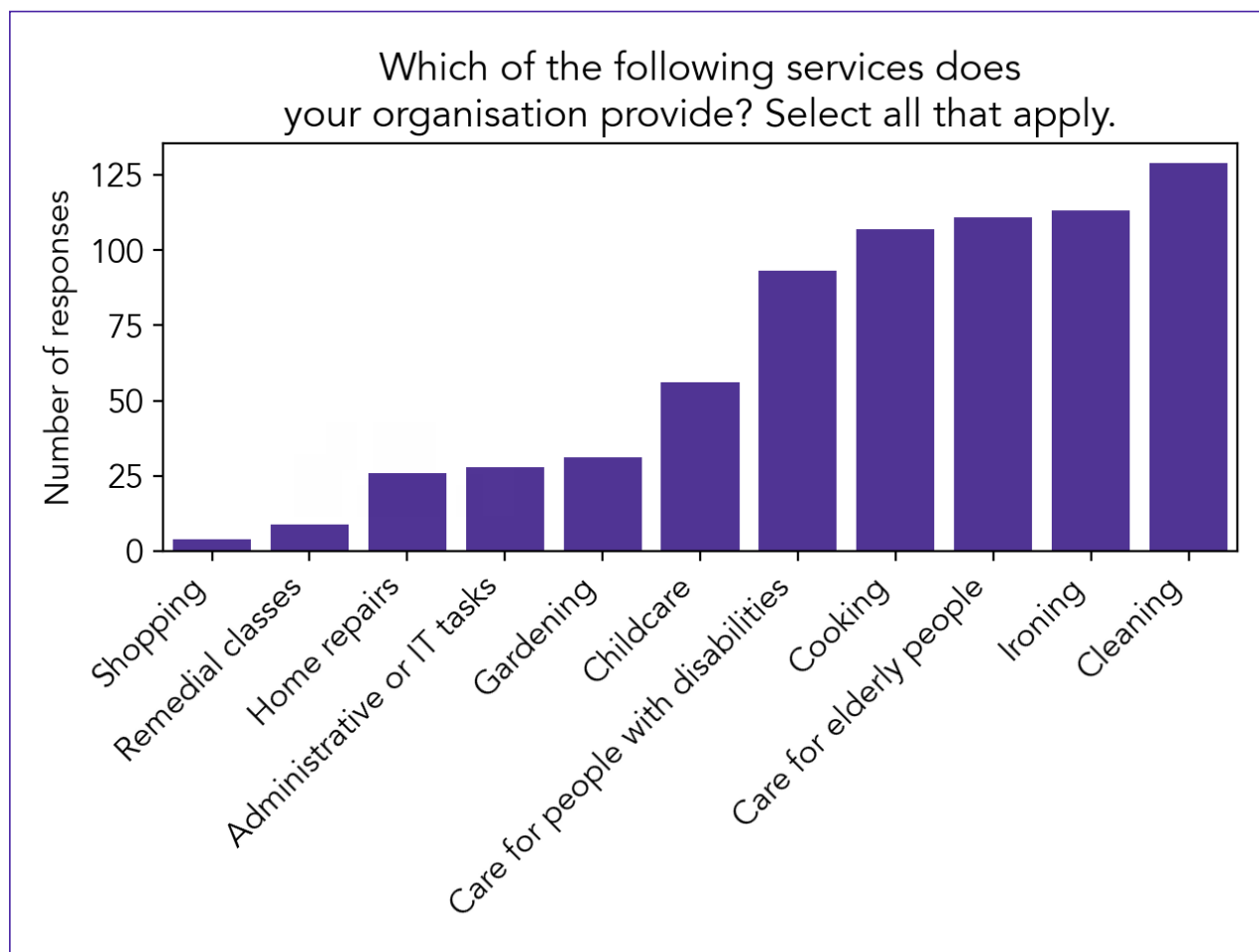
While all PHS work takes place in private households, some PHS tasks involve providing direct care to service users, while others only involve indirect care or essential household support<sup>10</sup>. Direct care refers to any task that involves person-to-person interaction between the worker and the service user, such as feeding, bathing, or even simply passing time together. On the other hand, PHS work also involves other types of indirect care tasks and/or essential household tasks where the service user is not directly involved, but which set the conditions for the service user's care and well-being, such as cleaning, or taking out the garbage. Around half of PHS workers surveyed perform at least some direct care tasks in the households where they work. 15% exclusively provide direct care, while around 32% provided some combination of direct care and other tasks.

The most commonly reported tasks were cleaning, ironing, childcare, cooking, and care for elderly people (see Figure 4a for a full breakdown of tasks reported). Figure 4b presents similar data from the PHS provider organisations surveyed for the Monitor. Around 35% of provider organisations surveyed said their workers provide at least some direct care services.



**Figure 4a.** Number of worker respondents who indicating performing various tasks

<sup>10</sup> International Labour Organisation. (2018). "Care Work and Care Jobs for the Future of Work". [https://webapps.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_633166.pdf](https://webapps.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633166.pdf) "Care work and care jobs" (Last accessed 30/04/24).



**Figure 4b.** Number of provider organisation respondents who indicated providing various services

Neither the typical PHS worker nor the typical PHS provider organisation provide just one service, however. Workers who responded to the questionnaire reported working an average of 2.66 tasks (s.d. 1.7). Overall, 38.1% (n=1569) of workers reported working more than 2 tasks regularly. Figure 6a below shows the full distribution of number of responses received per number of tasks regularly performed. As can be seen, the distribution has a somewhat long tail, and some workers reported performing as many as 10 tasks in their jobs.

The most common combinations of tasks among workers surveyed were as follows:

| Task combination performed                                                               | Number of worker responses |
|------------------------------------------------------------------------------------------|----------------------------|
| Cleaning & Ironing                                                                       | 1277 (31%)                 |
| Cleaning, Cooking, & Ironing                                                             | 202 (4.9%)                 |
| Care for elderly people, Cleaning, Cooking, & Ironing                                    | 181 (4.3%)                 |
| Care for elderly people, Care for people with disabilities, Cleaning, Cooking, & Ironing | 110 (2.6%)                 |
| Care for elderly people, Cleaning, & Cooking                                             | 60 (1.5%)                  |

**Figure 5a.**

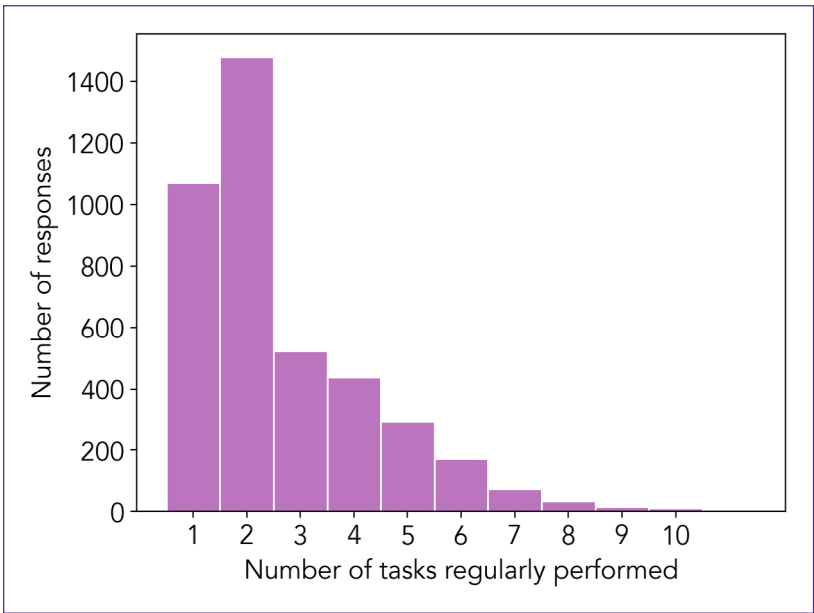


Figure 6a.

On the other hand, the average number of services provided by PHS provider organisations who responded to the survey was 4.71 (s.d. 2.3). The full distribution of number of tasks provided per provider organisation can be viewed in Figure 6b. The most common combinations of services provided by provider organisations were as follows:

| Service combination provided                                                                        | Number of provider responses |
|-----------------------------------------------------------------------------------------------------|------------------------------|
| Care for elderly people, Care for people with disabilities, Cleaning, Cooking, & Ironing            | 17 (10.9%)                   |
| Cleaning, Cooking, & Ironing                                                                        | 14 (8.9%)                    |
| Care for elderly people & Care for people with disabilities                                         | 13 (8.3%)                    |
| Care for elderly people, Care for people with disabilities, Childcare, Cleaning, Cooking, & Ironing | 8 (5.1%)                     |
| Cleaning & Ironing                                                                                  | 7 (4.5%)                     |

Figure 5b.

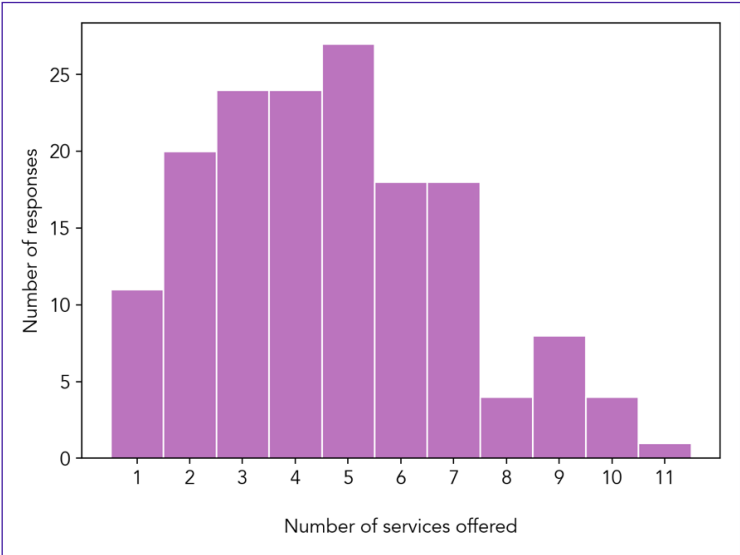


Figure 6b.

# An aging PHS workforce in an aging society

Nearly 50% of PHS service user respondents said they were 65 or older. The overall age distribution of user respondents can be seen in Figure 7 below. These results reflect the known reality that an aging society has an increased need for PHS services. This demand for PHS is further spurred by governments developing community-care and person-centred care approaches, as well as the growing number of two-income households with professional salaries that make the purchase of PHS more accessible, together with professional schedules that make it more necessary.

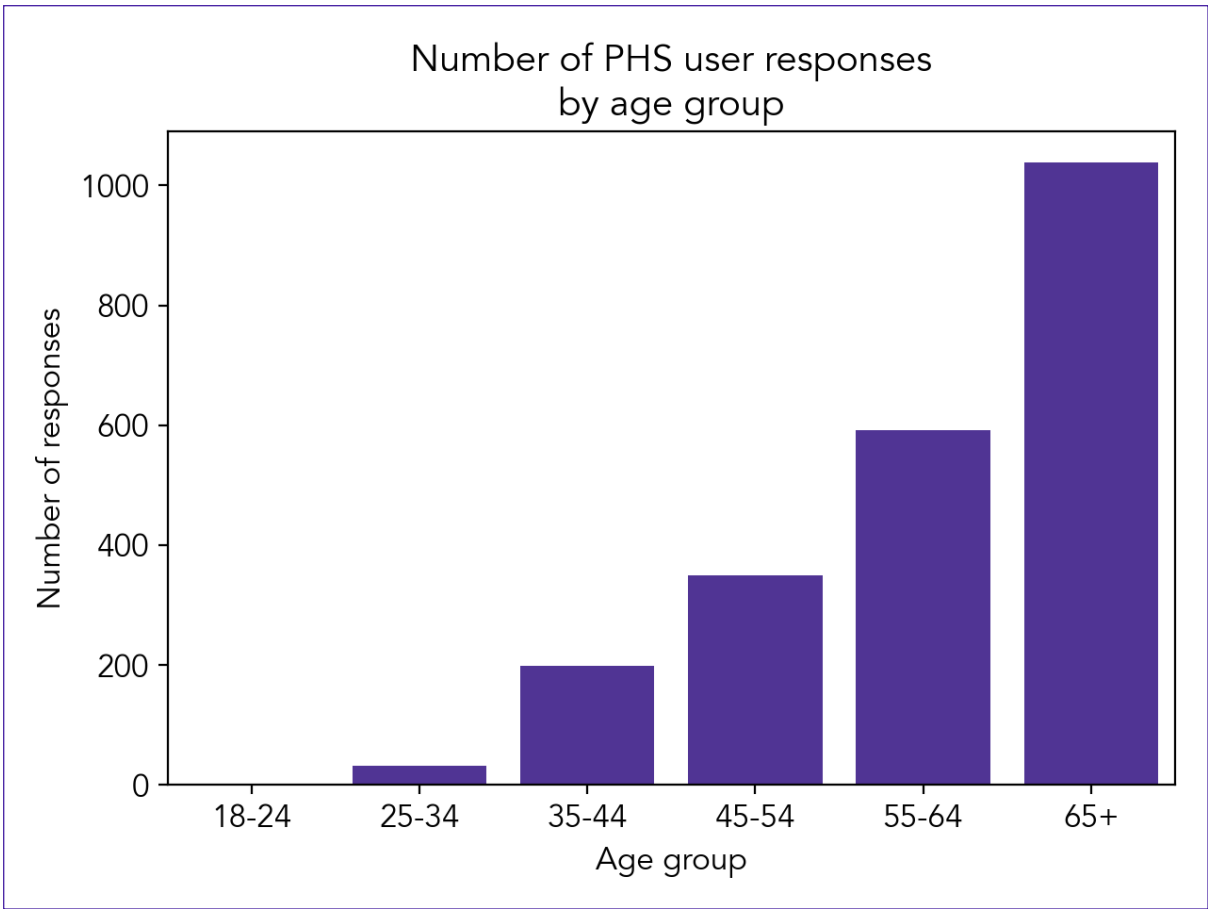


Figure 7.

In general, the age of PHS workers who responded to the monitor skewed older, as shown in Figure 8. The implications of an aging PHS workforce for the sustainability of the PHS sectors will be discussed in detail in the following section.

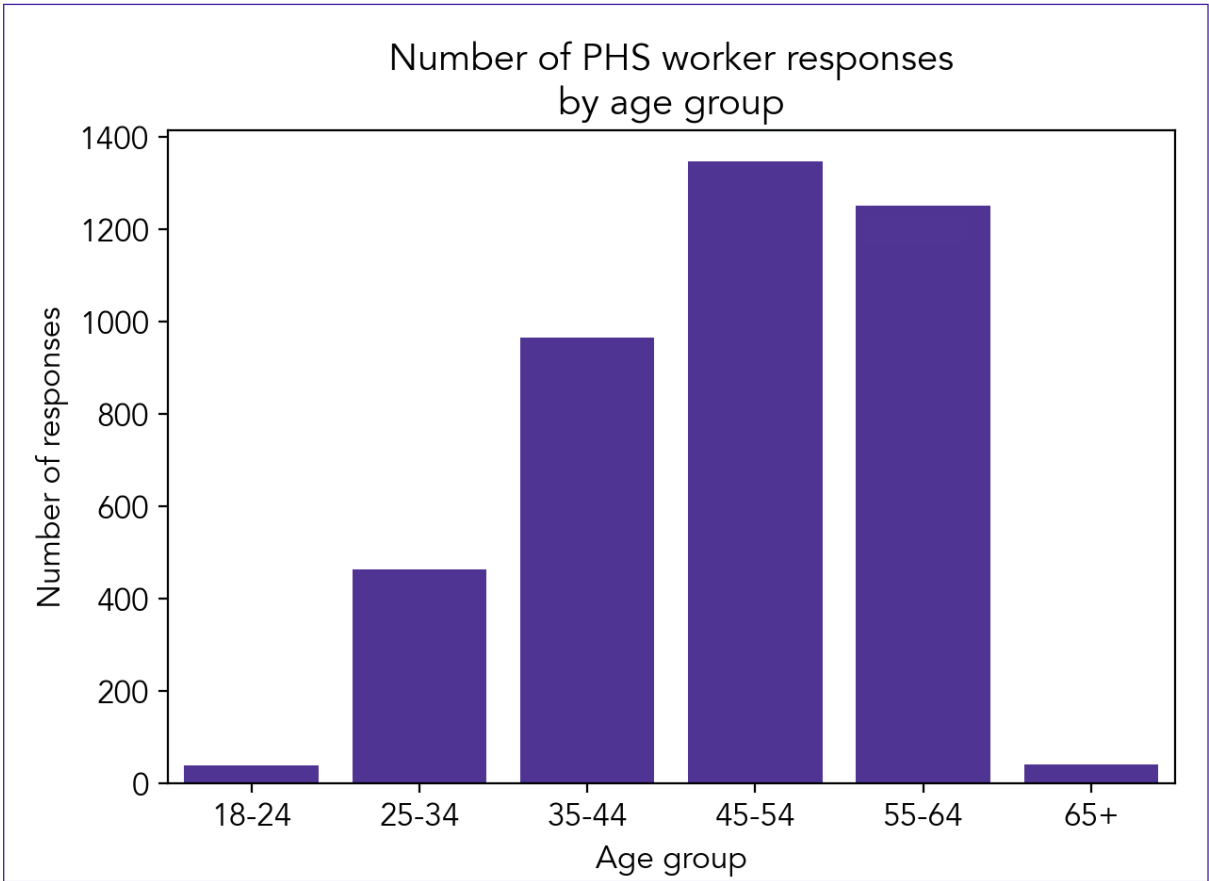


Figure 8.

# Labour shortages and turnover threaten the sector

Turnover and labour shortages are front and center in the minds of PHS providers. 64.9% of provider organisations surveyed cited turnover as a major problem for their operations. 83.4% said that more needs to be done, at the sectoral level, to address labour shortages. In their free response comments, some organisations framed the issue as threatening the fundamental sustainability of the PHS sectors.

- “It is getting more and more difficult to find people who want to work in the sector. In the medium term this could be a major problem.” - For-profit PHS employer, Spain*

*“The world is turning upside down. We’re turning [users] away because we don’t have the manpower.” - For-profit PHS employer, France*

What is at the origin of the phenomenon of labour shortages? The PHS sectors, whose importance is growing in the face of shifting demographics and growing social need, are facing demographic challenges of their own.

- “Older women are aging out of the sector and younger people are not attracted to it.” - Non-profit PHS Employer, Ireland*

*“Young people don’t want to do it because it’s a poorly paid job.” - Non-profit PHS Employer, Slovakia*

While overall 56.9% of PHS workers surveyed said that they do not consider their job sustainable until retirement age, this number varied significantly by age range, as can be seen in Figure 9. Strikingly, **more than 70% of PHS workers in the age range of 18-34 do not believe their jobs are sustainable until retirement age.**

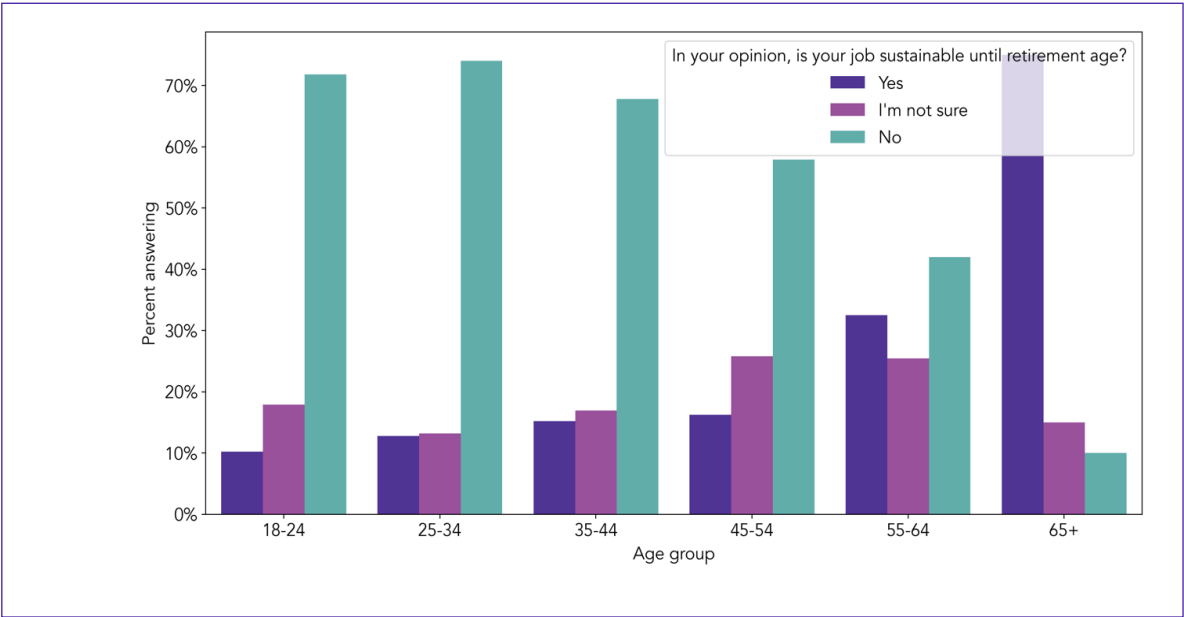


Figure 9.

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Uncertainty about the personal sustainability of PHS work is far from restricted to the younger age groups, however. Workers saying their jobs are not sustainable until retirement age formed the solid majority in all age groups except those 55 and older. **Even among workers aged 45-54, nearly 60% said they do not believe their job is sustainable until retirement age.** This was reflected in many workers' answers to the Monitor's free response questions.

*"It's a tiring and underpaid job. The retirement age should be 62." - PHS worker, Italy*

*"You will only crawl to retirement with burnout. It's a shame because I like this job, but after 18 years, enough is enough. I'm on my way out." - PHS worker, Slovakia*

*"Family care is very taxing and difficult to maintain until the statutory retirement age."  
- PHS Worker, The Netherlands*

More urgently, **59.9% of workers surveyed said they have considered leaving the PHS sectors completely in the past 3 years.** The Monitor asked them to provide the primary reason they have considered making this change. While the reasons shared were diverse, one was overwhelmingly common: the pay is too low. **Among workers who said they have considered leaving the sectors in the last 3 years, 67.5% (n=1625) cited low pay as the primary factor.**

*"I would like our work to be valued more." - PHS worker, Spain*

*"Very rewarding work but poorly paid, and little considered." - PHS worker, France*

*"Too much work for this kind of money, and its hard work for my body and soul."  
- PHS worker, Slovenia*

*"It is demanding work physically and especially mentally, it should be more valued."  
- PHS worker, Slovakia*

*"Higher hourly wage!!!! That would mean more appreciation for this type of work."  
- PHS worker, Germany*

Low pay was by far the most commonly cited primary reason workers considered leaving the PHS sectors, but 11.3% (n=274) cited poor work life balance, and 7.1% (n=171) said that their work is not enjoyable enough. The salience of low wages varied sharply by country, but was always widespread. In both Belgium and Slovakia, low pay was the driving factor cited by over 70% of workers. In Spain, conversely, low pay was cited as the primary factor by around 46% of workers - a lower number, but still quite a significant one. Note that proportionally more Spanish workers cited poor work-life balance as the primary factor why they have considered leaving the PHS sectors in the past 3 years (23%, n=24), possibly reflecting the higher number of live-in PHS workers who responded to the survey in Spain. More on the work-life balance issues facing live-in workers will be discussed in a later section.

Nearly all of the PHS provider organisations surveyed (96.7%, n=155) indicated that they have implemented at least some measures to reduce labour turnover. On average, provider organisations reported implementing around 3 such measures (s.d. 1.53). **61.1% (n=96) said they**

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**had raised wages with the specific aim of reducing turnover – the most common measure of all.** Other common measures included efforts to improve workers' mental health and well-being (53.5%, n=84), providing access to training and career development opportunities (52.9%, n=83), and providing workers with additional non-wage benefits (49.7%, n=78).

*“Salary enhancement and benefits can make the difference. Pay for invisible hours, or considerably increase the base rate that is much too low. The risk is that the situation will worsen through a lack of staff, and we will no longer be able to meet the demands and needs of elderly and disabled people.” - For-profit PHS Employer, France*

*“Hourly rates urgently need to be increased.” - For-profit PHS Employer, Germany*

Low wages (particularly in relation to the importance and difficulty of the work) may produce a tendency for PHS work to be viewed as temporary: something to be endured as a step on a journey, or to fill the gaps. This is exacerbated by the difficulty of developing trade unions and social dialogue in a context where workers change jobs frequently, and where occupational identity is low – problems that require concerted action by both governments and PHS provider organisations to be resolved.

*“The salary is not attractive, they do not want to work in this sector or when they work there, it is not the priority.” - For-profit PHS Employer, France*

*“My other work requires more time and attention, which means it is not always easy to combine.” - PHS worker, the Netherlands*

*“I have the ambition and education to do something different.” - PHS worker, Belgium*

In the same vein, PHS provider organisations and workers alike linked low pay in the PHS sectors to a broader lack of respect and recognition for PHS work – in all its forms – as critical, professional, and difficult work.

*“It is a profession with high human value but too little remuneration given the multiplicity of tasks, the emotional involvement, the working conditions (schedules, travel, etc.) and the adaptability that it requires.” - PHS worker, France*

*“Improving the image of the care sector as a whole and in particular the importance of housekeeping for each individual household. This will increase willingness to pay real prices.” - For-profit PHS Employer, Germany*

*“Cleaning is still looked down upon. This undervaluation also translates into lower rates and remuneration.” - For-profit PHS employer, Belgium*

*“[T]he workers who flock to this job, despite being many, all come from a low working and social class. Many do it because they can't find other work, many to be able to take advantage of cohabitation contracts and therefore solve the housing problem. In essence, workers who dedicate themselves to home care for the elderly or disabled are paid little for doing an extremely difficult job.” - For-profit PHS Employer, Italy*

# Overwork is prevalent

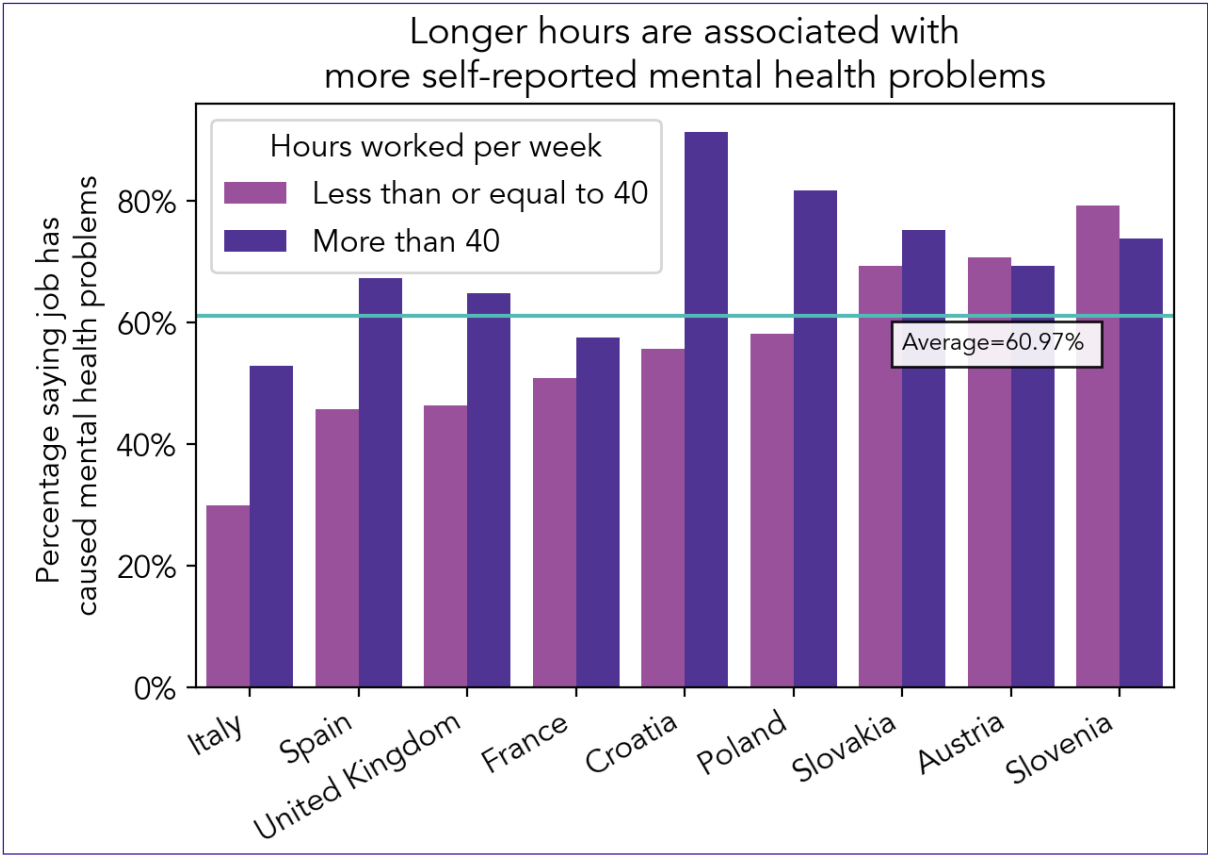
As is the case wherever labour shortages arise in a given sector<sup>11</sup>, the challenge of labour shortages in the PHS sectors risks becoming a vicious cycle, as workers leave because of poor conditions, while those who remain must fill the gaps, reducing the overall quality of care<sup>12</sup>.

*“Staff shortages are a big issue. Always jumping in and lots of overtime.” - PHS worker, Austria*

*“Too much workload. Always filling in for the sick and those on leave while you already have enough.” - For-profit PHS employer, Belgium*

Just over 54.6% (n=2248) of PHS workers surveyed said they work between 20 and 40 hours per week on average. Around a quarter (24.3%, n=1000) said they work more than 40 hours per week. The remainder (21%, n=865) work less than 20 hours per week.

The majority of PHS workers reported their jobs as being mentally taxing, a phenomenon that only increases with the amount of hours worked per week. Among those who work 40 hours or less per week, 54.5% (n=2210) said their job has caused mental health problems such as stress, anxiety or burnout. Among those who work more than 40 hours per week, this number rises to 66.5% (n=651). This phenomenon is quite consistent across countries, can be seen in Figure 10.



**Figure 10.** Note, Only countries with 15% or more share of workers working over 40 hours per week are shown

11 European Commission. (2024). “Labour and skills shortages in the EU: an action plan”. <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10790> (last accessed 30/04/24).

12 For a literature review covering studies of the effects of turnover on quality of care, see: [https://www.uni-europa.org/wp-content/uploads/sites/3/2022/06/Literature-review\\_v3.pdf](https://www.uni-europa.org/wp-content/uploads/sites/3/2022/06/Literature-review_v3.pdf)

The countries where mental stress was less strongly related to hours worked were those where mental stress was more prevalent in general among the PHS workers sampled, such as Slovenia, Austria, and Slovakia.

Mental stress was also related to higher numbers of tasks performed by PHS workers. As can be seen in Figure 11, the percentage of workers reporting that their job has had negative impacts on their mental health rises with the number of tasks performed.

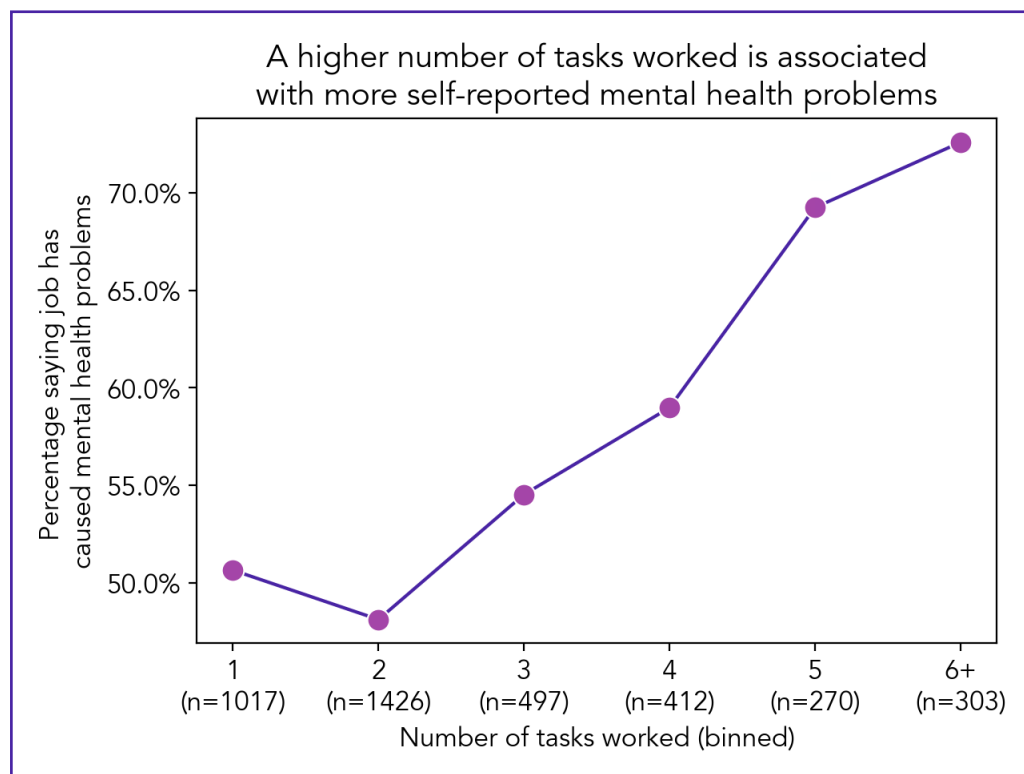


Figure 11.

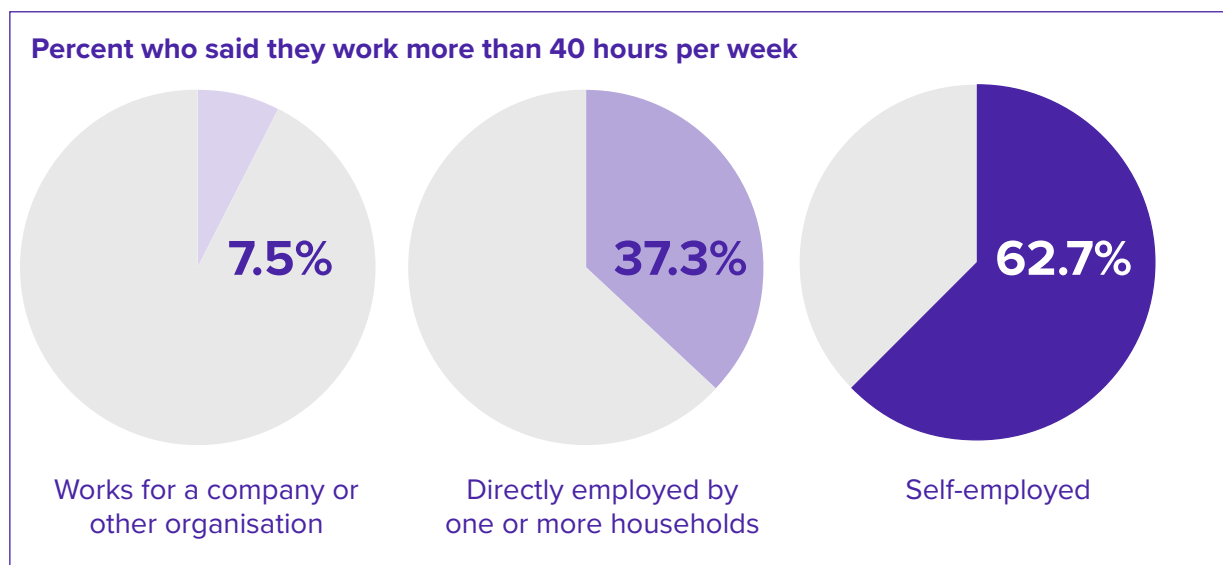
These high rates of incidence of self-reported mental health problems as a result of PHS work are quite alarming. It is worth noting that mental health falls under the umbrella of occupational safety and health (OSH), which in turn is one of the fundamental principles of international labour standards as established by the International Labour Organization (ILO)<sup>13</sup>.

Overwork can occur in two forms: workers may be subject to a working day that is excessively long, or they may be expected to be excessively productive during a fixed shift. The results of the Monitor indicate that PHS workers experience both types of overwork, to varying degrees depending on a variety of factors. In both cases of overwork, excessive task switching, and the expectation that workers perform tasks outside of the regular scope of their duties, can deepen the problem.

“They pay for an eight-hour work day, but in fact we work much more.” - PHS worker, Spain

<sup>13</sup> International Labour Organization. “Occupational Safety and Health Convention, 1981”. [https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100\\_ILO\\_CODE:C155:NO](https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO) (Last accessed 30/04/24).

In terms of excessively long working days, stark differences appear when considering workers' employment situations. As can be seen in Figure 12 below, **self-employed<sup>14</sup> and directly employed workers were much more likely to report working more than 40 hours a week.**



**Figure 12.**

These striking facts have consequences. **While 66.7% of workers employed by a company or other organisation said that their job allows for a good balance between work and life, just 49.9% of self-employed and directly employed workers said the same.**

<sup>14</sup> It is worth emphasizing again here that self-declared self-employment does not necessarily indicate that a worker falls within the legal definition of a self-employment.

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## Country highlight: Belgian workers cite high expectations and intense shifts

Even those who work more standard, 20 to 40 hour work-weeks can experience overwork in the form of work intensity and pressure. This variety of overwork was cited particularly by Belgian workers.

Belgium is considered to have some of the most advanced PHS policies of any European countries. Belgium's Service Voucher System (Titres-Services)<sup>15</sup> subsidises essential services to families and individuals for all residents. Many of the worker respondents from Belgium were household cleaners. Most worked between 20 and 40 hours a week. However, in their free response testimony, they consistently highlighted what they perceive as the excessive expectations of service users regarding how much workers should accomplish in a short number of hours.

*"Fortunately, I have good people to work for, but since I started working with service vouchers, people increasingly want more in a shorter time."*

**- PHS cleaner and cook, Belgium**

*"The workload is sometimes too high, because customers want too much for the number of hours they pay... Personally, I think that the agency I work for should first check whether the materials are sufficient and whether it is realistic to clean that house in 4 hours. If not, they should propose to the customer to schedule more hours."*

**- PHS Cleaner, Belgium**

*"Families sometimes ask to do more in 4 hours and sometimes have no respect."*

**- PHS Cleaner, Belgium**

*"In some houses we are not regarded as house help, we also have to clean up a lot, people take advantage of us, no respect, they demand too much in 4 hours and do nothing themselves anymore, the work equipment is also not always in order, such as dirtier rags and mops, and also far too low wages for the hard work we have to do."*

**- PHS Cleaner, Belgium**

*"Too much is demanded of you in 3/4 hours."*

**- PHS Cleaner, Belgium**

The frustration relayed in these open responses is reflected in the quantitative data as well. 63% of Belgian workers surveyed said they have considered leaving their jobs in the past 3 years, versus 57.3% of all other workers surveyed.

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<sup>15</sup> For more information on the Titres-Services system, see: [https://www.ela.europa.eu/sites/default/files/2023-09/BE-Service-Vouchers\\_Titres\\_Services-Fiche.pdf](https://www.ela.europa.eu/sites/default/files/2023-09/BE-Service-Vouchers_Titres_Services-Fiche.pdf) (last accessed 16/05/24)

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# Live-in PHS workers are particularly vulnerable to overwork

While all PHS workers provide their services directly in the homes of service users, a smaller group even share those same homes with their customers. Around one quarter of respondents to the Monitor (n=1032) indicated that they live in one of households where they work. Of these, 6.8% (n=283) lived and worked in a single household. 40.8% (n=418) of live-in workers who responded to the survey indicated that they are migrant PHS workers, compared to 28.1% (n=858) of non-live-in workers. The percentage of live-in workers among respondents varied country to country. About half of respondents from the UK said they were live-in workers (n=45), along with 39% of Spanish PHS worker respondents (n=92) and around a third of Italian, Polish, and Slovakian respondents (n=73, 27, 107 respectively).

Live-in PHS arrangements can be appealing to workers and service users alike for a variety of reasons. For the worker, receiving room and board as in-kind wages can help to reduce the uncertainties of the job and housing markets. For users, hiring live-in workers can be significantly cheaper, while also providing the user greater access to the worker. However, as the results of the monitor showed, these arrangements also produce unique challenges, sometimes placing workers in vulnerable situations where they are at the whim of the user – an unfortunate consequence of the discourse of “person-centred care”.

**23% (n=229) of live-in PHS workers said they have experienced living conditions that they would consider inhumane while working in live-in arrangements.** 20.8% (n=205) said they have lived and worked in households where they did not receive enough food. These numbers rose to 32.7% (n=92) and 37% (n=101) respectively for live-in workers who live and work in a single household.

The definition of “inhumane” living conditions for each individual worker is somewhat subjective, but the free response commentary of live-in workers, together with some statistics discussed below, can provide useful context. When given the chance to share more in free response questions, some live-in PHS workers who work for a single household expressed a sense that their work never ends, as lines between work and leisure blur, along with lines between different tasks and expectations. In the worst cases, single-household live-in workers describe their situations as akin to slavery.

*“I work without a day off. I only have 2 hours a day off. In addition, I am at the client’s disposal. When asked about a day off, Polish companies say that I am not entitled to one. This is slavery.”  
- Live-in PHS worker, Poland*

*“The work of live-in home caregivers is not well paid. Even though it requires a lot of responsibility. The workers spend many hours in the homes of the people they care for, often with only 2 free hours a day. They start their work very early, and disconnect from their responsibilities starting at 9:00 p.m.. Often there is no fixed schedule, to go to their room to rest at night.” - Live-in PHS worker, Spain*

In fact, the results of the survey show that workers who live and work in a single household tend to work much longer hours than others, as can be seen in Figure 13. Furthermore, they on average perform 4.1 tasks, much higher than the average of 2.5 for all other workers surveyed.

| Employment situation                  | Percent who said they work more than 40 hours per week | Average number of tasks performed | Percent who said their job allows for a good work-life balance |
|---------------------------------------|--------------------------------------------------------|-----------------------------------|----------------------------------------------------------------|
| Lives and works in a single household | 60.7%                                                  | 4.0                               | 35.3%                                                          |
| All others                            | 21.7%                                                  | 2.5                               | 61.1%                                                          |

Figure 13.

As mentioned, live-in workers are more likely to be migrants living in a country other than their home country. This adds an additional layer of dependence to an already vulnerable situation. It is to the particular situation of migrant PHS workers that we now turn.

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# Migrant PHS workers are younger, and more dissatisfied

*“I would like to be valued, and that we not be discriminated against so much because we are immigrants, and that the people we care for do not treat us badly.” - Migrant PHS worker, Spain*

PHS workers working outside of their home country form an important part of the PHS sectors. About 30% of the PHS workers who responded to the survey indicated that they live in a country other than their country of origin. **About one third of provider organisations surveyed said that they recruit PHS workers from abroad.** Among these employers, just over half (n=28) said they recruit workers from both EU member countries and from non-EU countries, while 32.1% (n=17) said they recruit from the EU only, and 15.1% (n=8) said they recruit from outside the EU only.

The most common methods used to recruit workers from abroad were through referrals or word-of-mouth (n=33), social media (n=28), and applications through the organisation’s website (n=26). The use of public employment services and work agencies was more common among mid-sized PHS providers (those employing between 50 and 250 PHS workers) than among larger ones.

In general, migrant PHS workers experience a significantly worse work-life balance. **38.2% of migrant PHS workers said that their job does not allow for a good work-life balance, compared to 25.8% of non-migrant workers who said the same.** Likewise, significantly more have considered leaving the profession in the past 3 years.

*“Without work permits, employers do not respect established schedules and do not give vacations. It is tiring work and we need to rest because it is hard mental work.”  
- Migrant PHS worker, Spain*

*“I am undocumented in NL and the government does not recognize my work here so we do not have benefits like sick leave with pay. We don’t work, we don’t pay, and we don’t have a pension. There is no security in our job and can be fired at any time the boss wants.”  
- Migrant PHS worker, the Netherlands*

Overall, about a 40% of migrant PHS workers said that they faced administrative difficulties related to their migration status when trying to find PHS work. This proportion varied widely across the countries with a significant number of responses from migrant PHS workers. In Belgium, just 14.5% said they faced administrative difficulties, while in Italy the number rose to 33%, and in Spain it was as high as 50%. While the issue of undeclared work will be discussed further in a later section, it should be said here that administrative challenges related to migration status present another barrier to declared work for migrant PHS workers.

*“By working without a contract due to document issues, they take advantage of the payment in relation to work savings.” - Migrant PHS worker, Spain*

*“There are jobs that humiliate you for not having documentation and if you think something they don’t like you will be fired from the job and they won’t even give you the rights and they threaten you.” - Migrant PHS worker, Spain*

As can be seen in Figure 14, the migrant workers who responded to the survey tended to be much younger than non-migrant workers, making their higher levels of dissatisfaction on the job even more concerning for the long-term sustainability of the PHS sectors.

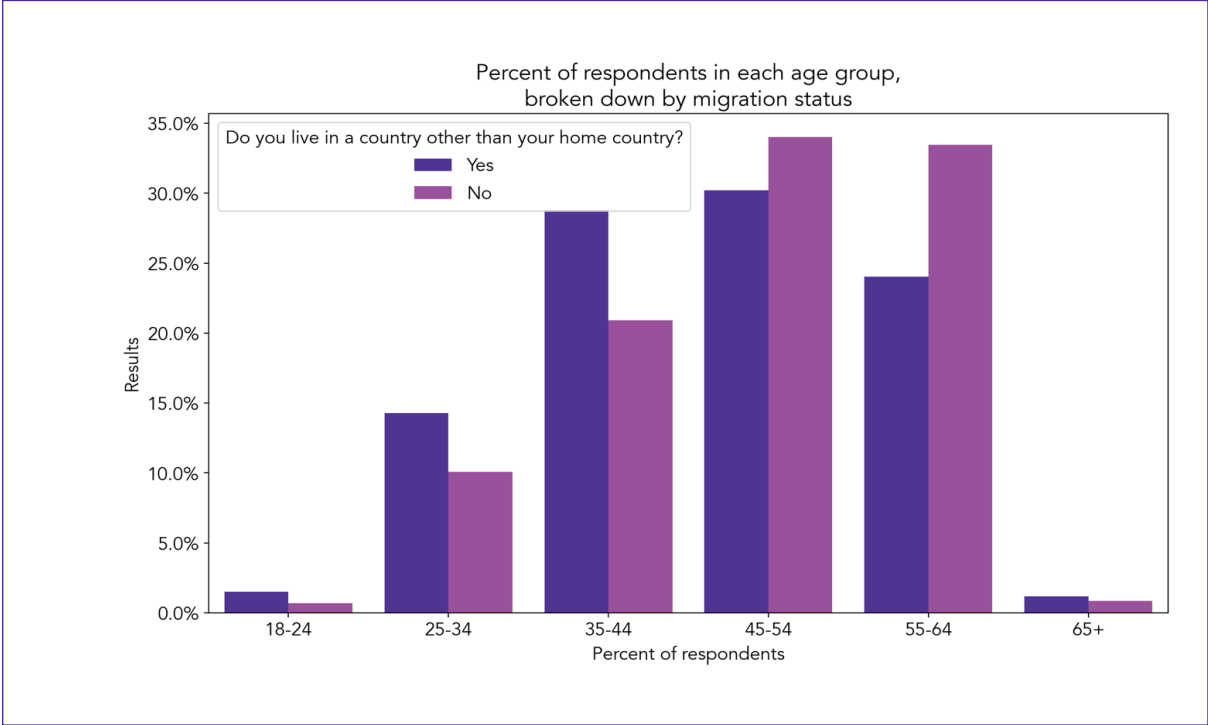


Figure 14.

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# Health & safety standards remain patchy and uneven in the sector

| *“Inside a private home, anything can happen.” - PHS worker, Italy*

A further side-effect of the lack of recognition of the PHS sectors, and their lack of professionalisation, is a lack of standardisation in the realm of training, health, and safety. For its part, the EU Framework Directive for occupational safety and health (OSH) specifically excludes “domestic servants”<sup>16</sup>, a double standard that affects PHS workers.

**Only around 60% of PHS workers surveyed say they have received health and safety trainings related to their jobs, while 40% say they have not received any health and safety trainings.**

Somewhat unsurprisingly, the number who have received trainings is higher among workers who work for a company or other organisation (67%), versus those who are self-employed or directly employed by one or more households (51.2%).

86.2% (n=131) of PHS provider organisations who responded to the survey indicated that they provide at least some health and safety training to their employees. Of these, 75.5% (n=99) said they provide workplace safety training, 70.2% (n=92) said they provide first aid training, and 64% (n=84) said they provide training related to ergonomics or the prevention of muscular-skeletal injury. The discrepancy between the incidence of worker- and provider organisation-reported health and safety trainings may be partly explained by social desirability bias, potentially leading some provider organisations to over-report the health and safety trainings they provide. Additionally, a relatively high proportion of provider organisation responses came from countries with more developed levels of social dialogue, higher sectoral or collective bargaining coverage, and more representation in employer organisations, all of which can contribute to more standardised occupational safety and health (OSH) practices.

Notably, among users-employers, those who are represented by an employer organization were generally more aware of the occupational risks facing their workers, and more often had taken measures to reduce them. This can be seen in Figure 15 below.

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<sup>16</sup> Council of the European Union. (1989). “Consolidated text: Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC)”. <https://eur-lex.europa.eu/eli/dir/1989/391> (last accessed 06/05/24).

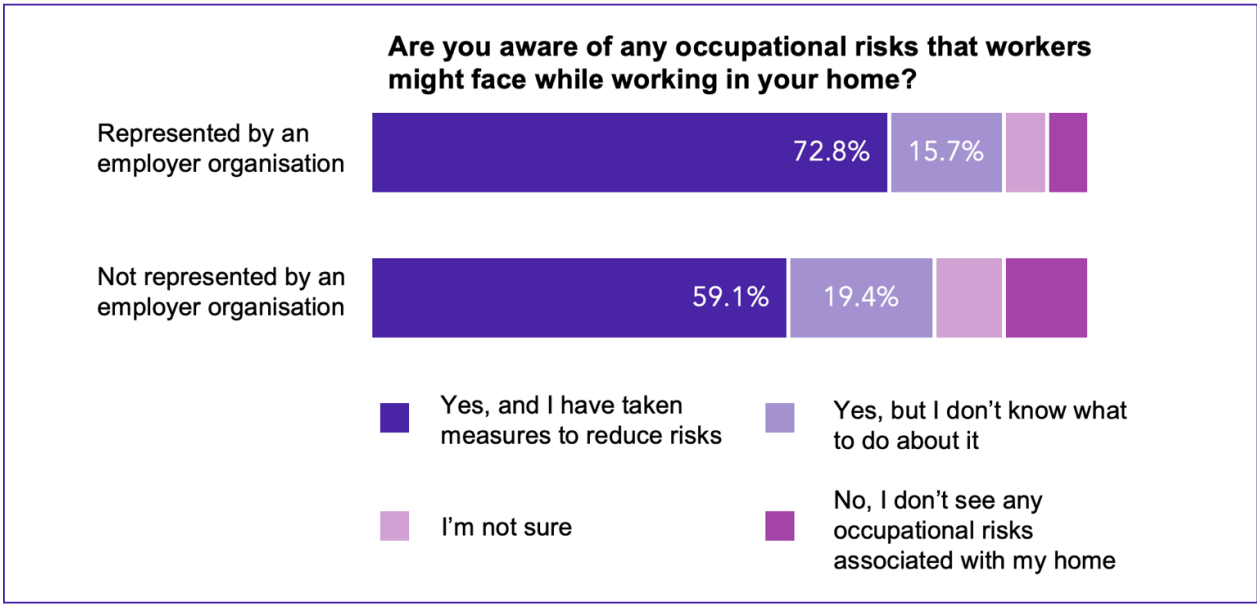


Figure 15.

Not all safety concerns can be reduced to workplace hazards, accidents, and equipment. Alarming, 28% (n=1112) of PHS workers surveyed say they have experienced harassment on the job<sup>17</sup>. 15.9% (n=628) said they have experienced violence on the job. These figures varied significantly by country and region. Among countries that received over 50 responses from workers, respondents in Belgium, France, Spain, and Italy reported the lowest levels of violence and harassment on the job, while those in Slovakia, Slovenia, Austria, and the United Kingdom reported significantly higher levels (see Figure 16). Workers in Poland and Croatia reported relatively higher levels of harassment, and lower levels of violence.

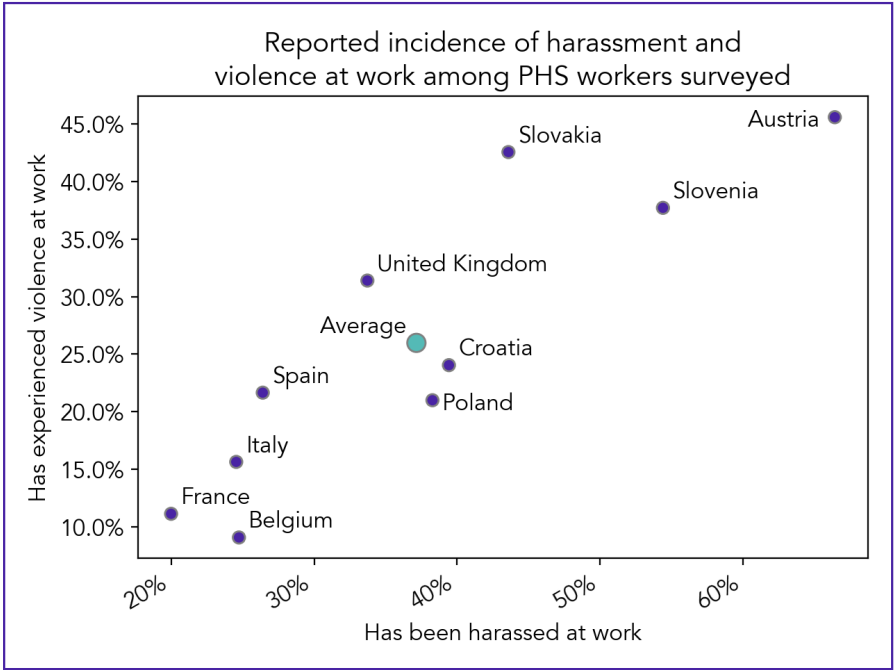


Figure 16.

<sup>17</sup> The precise text of the question is provided for context: “Have you ever been harassed at work? (including verbal abuse, insults, threats, or sexual harassment)”.

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Notably, these figures do not necessarily correlate with levels of direct employment versus the provider organisation model of employment. For example, Italy is a country where the direct employment model predominates, while in Belgium the provider model is more common, but both have similarly low levels of reported violence and harassment on the job. One notable commonality between the 3 countries with the lowest levels of reported violence and harassment – Italy, France, and Belgium – is the presence well-established social dialogue in the PHS sectors.

Those countries where the rates of reported violence and harassment at work are higher tend to be located in Central and Eastern Europe. It is also worth noting that many workers who said they live in Slovakia indicated that they actually work in nearby Austria. The structure of “24 hour care”, a form of live-in work specifically defined in Austrian law<sup>18</sup>, was referenced by several Austrian and Slovakian workers as particularly challenging, and particularly vulnerable to abuses.

*“With 24 hour care it’s like you’re in a prison, or like you’re all alone in a psychiatric ward - just terrible.” - PHS worker, Austria*

*“It’s slave labour which is called “caregiving”. 24 hours a day for minimal money, often in bad conditions.” - PHS worker, Slovakia*

*“Clients and their family members do not respect us and abuse us for jobs that are not in our job description. They think that 24 hour care means we have to work 24 hours a day.”  
- PHS worker, Slovakia*

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<sup>18</sup> Österle, A., & Bauer, G. (2016). The legalization of rotational 24-hour care work in Austria: Implications for migrant care workers. *Social Politics*, 23(2), 192-213.

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# Undeclared work remains a concern, but challenging to measure

The European Labour Authority (ELA) defines undeclared work as “any paid activities that are lawful as regards their nature, but not declared to public authorities, taking into account differences in the regulatory systems of the Member States”<sup>19</sup>. Undeclared work is known to remain common within the PHS sectors. While exact numbers are difficult to determine, the ELA has estimated that anywhere from 30-50% of PHS work is undeclared<sup>20</sup>.

While 63.3% of PHS provider organisations surveyed said they consider undeclared work a “major” problem for their operations, far fewer users or workers reported paying for or performing undeclared work. Just 15.3% of users said that they have knowingly received undeclared services, either now or in the past. A similar proportion of workers, around 16%, either said that they perform undeclared work, they were not sure, or they did not want to say. However, among workers who said they were either directly employed by a service user, or who said they were self-employed (44.5%, n=1832), this number rose to as high as 23%.

The difference between these self-reported numbers and other estimates of the prevalence of undeclared work cited above can likely be explained in part by the reluctance of service users and workers to affirm that they provide or receive undeclared services – a form of social desirability bias wherein both groups are aware of the negative social connotation of undeclared work, and adjust their answers accordingly - together with potential uncertainty that some respondents may have regarding the definition of undeclared work<sup>21</sup>.

Despite seeing it as a major issue, provider organisations (and some service users) agree on the perceived motivation behind undeclared work clearly. 66.2% of PHS provider companies and other organisations surveyed identified “the higher labour cost of declared work” as being a key driver of undeclared work. This was by far the highest cited driver, followed by “The lack of professional recognition of the sector”, which was selected by 25.6% of employers. Around 15% of provider organisations cited either the administrative complexity of declared work, the coexistence of different employment models across the PHS sectors, or limited regulation, in equal roughly equal numbers. Certainly, the perceived cost of declared work was seen as the primary driver of undeclared work.

*“Full-time employees perform undeclared work in addition to regular employment in order to survive.” - Public PHS employer, Slovenia*

*“There is a shortage of workers in this sector and many of those who exist opt for jobs where they are not regulated since they receive a higher salary. Labour and structural costs force us to provide services at very high prices that the vast majority of clients cannot afford.”  
- For-profit PHS employer, Spain*

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19 As defined by the European Labour Authority: <https://www.ela.europa.eu/en/undeclared-work#bcl-inpage-item-426> (last accessed 30/04/24)

20 European Labour Authority. (2022). “Tackling Undeclared Work in the Care and Personal and Household Services Sector”. [https://www.ela.europa.eu/sites/default/files/2022-06/UDW%20in%20PHS\\_%20Learning%20resource%20paper\\_0.pdf](https://www.ela.europa.eu/sites/default/files/2022-06/UDW%20in%20PHS_%20Learning%20resource%20paper_0.pdf) (last accessed 30/04/24)

21 Note that a definition of undeclared work was provided to respondents from all cohorts.

## Country highlight: Self-reported undeclared work is more common in Italy, along with direct employment

When segmenting the response data by country, the results from several countries indicate higher levels of self-reported undeclared work (see Figure 17). Italy is an outlier. In that country, 35% of workers (n=71) said they perform undeclared work.

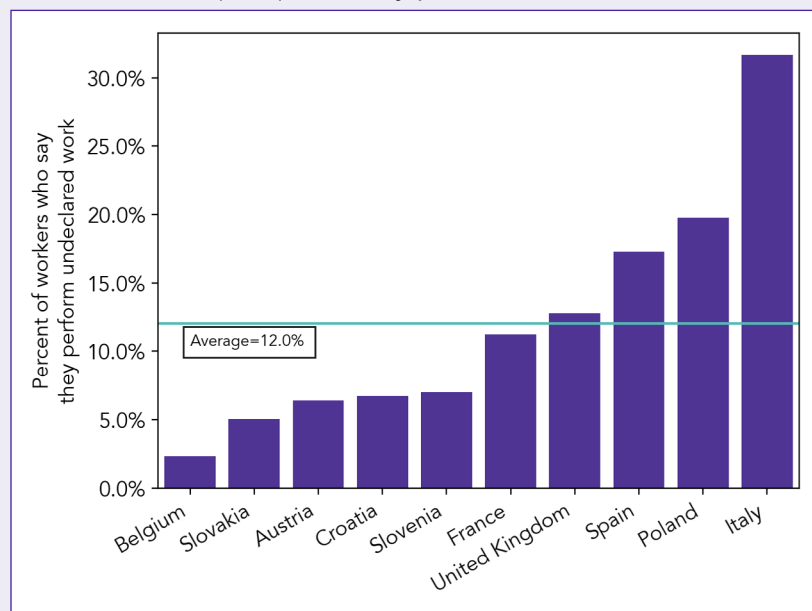


Figure 17.

Italy was also the country with the highest percentage of workers who said they are either employed directly by one or more households (67.6%), or self-employed (23.6%), in line with previous studies that indicate Italy as a country where the direct employment model is common. Likewise, 87.9% of service users in Italy (n=1921) said they employ the PHS worker(s) in their home directly. As mentioned earlier, a large part of the sample of service users came from Italy. This raises the opportunity to dig somewhat deeper into the crucial relationship between PHS workers and service users in the Italian context.

Italy's regime of welfare provision has been characterised by a strong emphasis on the family as the essential unit of care. This "familist" approach corresponds to a lack of a well-defined legal frameworks regarding direct PHS employment in Italy, which in turn has effects on the working conditions of directly-employed PHS workers, the economic situation of service users, and quality of care overall. These same factors also contribute to the predominance of undeclared work<sup>22</sup>.

*"In Italy there is no consideration and value of these figures as they are seen as a surrogate for a disobedient working wife and therefore, not valued adequately. It's always a question of patriarchy. Everything is reflected in the salary and protections. As if hiring someone off the books would make you feel less guilty about availing yourself of that help."*

**- PHS user-employer, Italy**

In the absence of state support, **46.5% of Italian service users surveyed said the cost of PHS was a major problem for them. Only 18.3% said it was not a problem at all.**

<sup>22</sup> Ad-Phs. (2022). *Country Report: Italy*. [https://ad-phs.eu/ht8ag2/uploads/2021/08/country-report-italy\\_en.pdf](https://ad-phs.eu/ht8ag2/uploads/2021/08/country-report-italy_en.pdf) (Last accessed, 30/04/24)

*“The main cause of undeclared work in this area is the fact that there are no laws designed for the family. Instead we rely on laws created for businesses. I am a person who does things well but in certain situations it is a burden and I understand those who don’t do things regularly, because in 80% of cases THEY CAN’T AFFORD IT.” - PHS user-employer, Italy*

As the statistics in Figure 18 show, compared to PHS workers from other countries, Italian workers more often reported worse work-life balance and working more than 40 hours per week. They also say they less often receive proper equipment to do their jobs safely, and less often receive health and safety trainings.

|                                                | Italy | All other countries |
|------------------------------------------------|-------|---------------------|
| Job allows for good work life balance          | 37.7% | 60.5%               |
| Given proper equipment to do their jobs safely | 51.1% | 68.3%               |
| Have received health and safety trainings      | 22.7% | 62.1%               |
| Works more than 40 hours per week              | 39%   | 23%                 |

**Figure 18.**

*“The domestic work sector, unfortunately, is not protected in the right way by the authorities, and we have few guarantees to maintain it, it is disorganized from a fiscal point of view with the consequent evasion of contributions for domestic workers, etc. by both workers and employers. We need more controls and tools to keep up with the times from an administrative point of view, more information from the INPS and help from the authorities to be updated so as not to evade our tax rights and duties even in good faith.”*  
- PHS user-employer, Italy

*“I believe that in Italy this category of workers is not protected, that the Governments have never decided to evaluate the problems and that above all they do not protect the workers and also the employers.” - PHS user-employer, Italy*

Both workers and users specifically cited the weakness or absence of sick leave and sick pay for PHS workers in Italy.

*“We, like all workers, must also have paid sick leave and respect for our work.”*  
- PHS worker, Italy

*“The work of a domestic worker is not protected in the event of even serious illnesses.”*  
- PHS worker, Italy

*“You can’t afford to be sick because employers don’t pay for sickness.” - PHS worker, Italy*

*“It must be said that workers are not insured like other categories for illness. The Italian Constitution provides that it is the obligation for everyone to have the same right. So before this category of workers starts going on a general strike, which would be a disaster for our country, it would be better if they were recognized the same rights by the Italian state.”*  
- PHS user-employer, Italy

Overall, the issues raised – often in harmony – by PHS workers and service users in Italy point to a wide gap in policy affecting the PHS sectors.

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# There is room for collective bargaining, social dialogue, and representation to grow in the sector

It is clear from the results of the Monitor that the PHS sectors are facing rising challenges in the coming years, particularly concerning worker retention and labour shortages. Workers, provider organisations, and many users seem to find common ground in the notion that the PHS sectors lack the public recognition and respect to match their importance and contribution to society, thus exacerbating the low pay and poor conditions that drive workers to look elsewhere. This lack of recognition is deeply linked to a lack of public investment in the sectors.

Many provider organisations (and some service users and user-employers) used the free response section of the Monitor to share their often detailed ideas about the changes necessary to keep the PHS sectors sustainable in the long-run. These recommendations were diverse, ranging from formalisation of the sectors, to educational efforts to improve the image of PHS work for workers and users, to increased state funding to resolve the tension between high prices and low wages in the PHS sectors.

*“The lack of support for families in hiring our services because the cost of the declared work is often difficult for families to assume. Tax credits and lower indirect taxes would help fight undeclared work. The lack of regulation and recognition of the sector also affects us negatively. We need a strong sector with clear regulations that encourage the development of stronger public and private entities.” - For-profit PHS employer, Spain*

*“The state needs to invest in LTC, reduce the cost of accessing personal care and social care, explore having community benefit clauses for social enterprises in public procurement that recognises the value of workers rights and quality care provision, increase the tender costings and base annual budget for home care for older people and people with disability on the number of workers needed in the sector, not solely the hours of care delivered, as this does not account for travel time of the workforce.” - Non-profit PHS employer, Ireland*

*“If there is cost sharing by the State, PHS companies will be able to pay workers better, ensure technical and human training, guarantee better working conditions, continuity of work and, consequently, more dignity and prestige as a profession.” - For-profit PHS employer, Portugal*

*“We need to make our professions known to young people.” - For-profit PHS employer, France*

*“More help from the state is needed.” - PHS user-employer, Italy*

Working towards any proposed resolution to the challenges facing the PHS sectors will require resources, coordination, advocacy, and a broad scope likely out of reach of individual actors, as well as government and public investment tied to the development of good jobs. In this context, the participants of social dialogue, trade unions and employer organisations, become highly relevant. The results of the Monitor showed significant room for educational efforts to bolster both types of organisations.

### Workers and trade unions

58.7% of workers (n=2402) who responded to the survey indicated that they are members of a trade union, and another 4.1% (n=166) indicated that they were members of a self-organised group of PHS workers. These numbers varied significantly from country to country. Belgium was the country that supplied by far the most responses from unionised workers. 95% of responses from Belgium (n=1840) came from unionised workers.

Union membership did not have a significant impact on whether an individual worker worked more than 40 hours per week. However, among countries with over 50 responses from workers, those with higher numbers of responses from union members also had lower overall numbers of workers working more than 40 hours per week (see Figure 19). This may imply knock-on benefits for non-unionised workers in countries where collective or sectoral bargaining is more common.

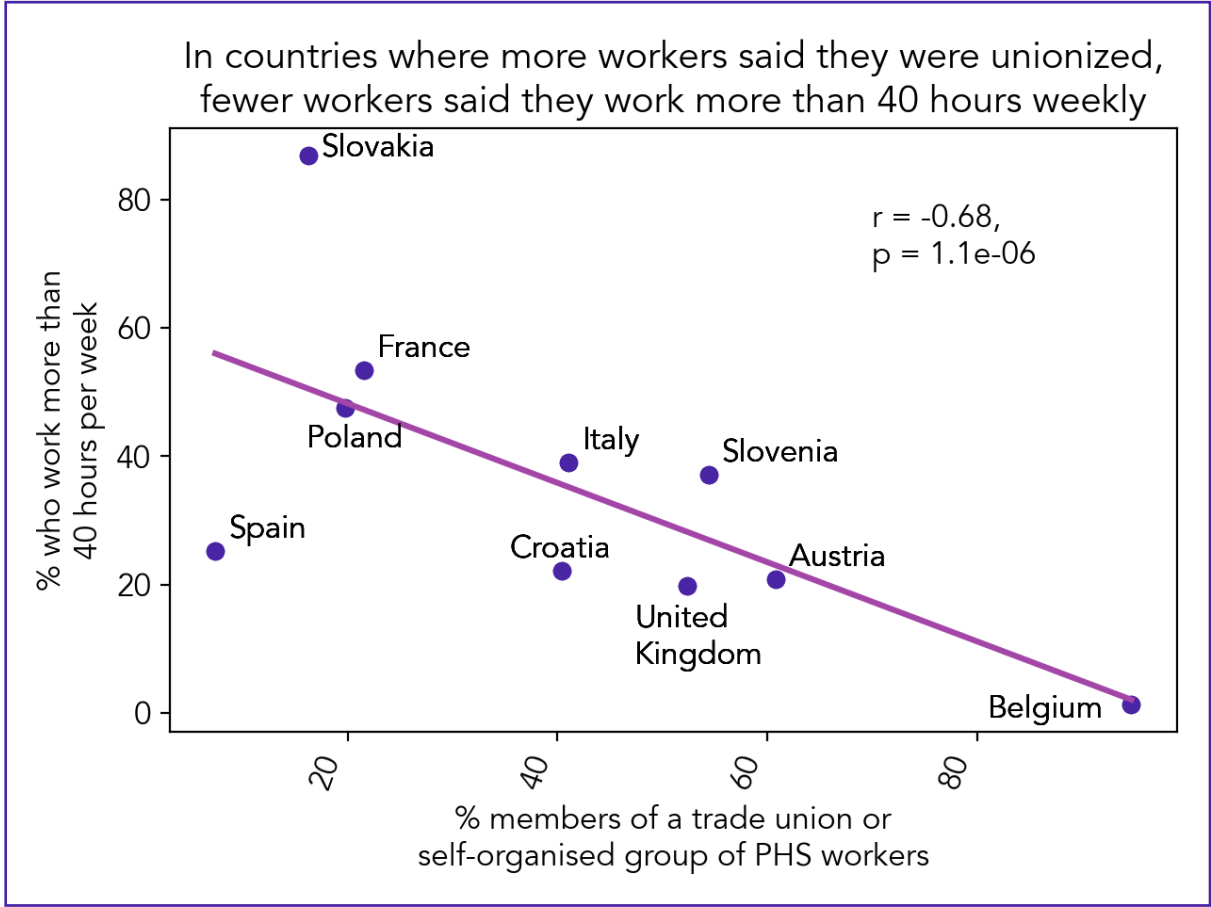


Figure 19.

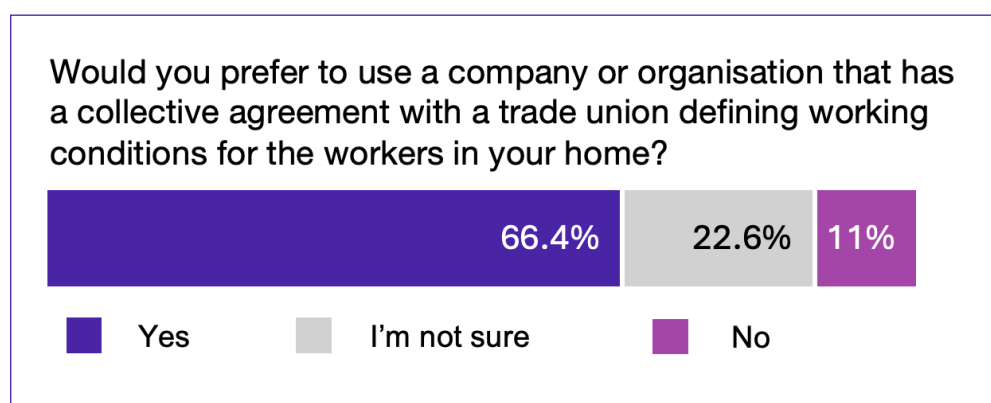
## Country highlight: Live-in PHS workers in Spain work shorter hours

Spain is somewhat of an outlier in Figure 19. A very low number of respondents from Spain indicated that they were members of a trade union or self-organised group of PHS workers (7.4%, n=17), but the rate of working more than 40 hours per week was also low among respondents there (25.2%, n=58). This may be partially explained by regulations in Spain that cap the length of the working week at 40 hours per week for live-in workers, together with obligatory rest time of 12 hours between shifts<sup>23</sup>. A relatively high proportion of worker respondents from Spain indicated that they are live-in PHS workers (39.8%, n=92). Notably, while 71.3% of work single-household live-in workers indicated working more than 40 hours per week (n=164), just 11.3% (n=6) of single-household live-in PHS workers in Spain said the same.

While these results indicate that live-in workers in Spain have a relatively better work-life balance than live-in workers elsewhere, they must be contextualised. Live-in PHS work is still associated with poor self-reported work-life balance, even in Spain. Overall, a much larger proportion of live-in PHS workers in Spain said their job does not allow for a good work-life balance (40.4%), when compared to non-live-in workers from the sample as a whole (28%).

## Service users and trade unions

Among service users who receive PHS services through a company or other organisation, 66% 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. 22% were unsure – perhaps due to an uncertainty regarding the concept of collective bargaining (see Figure 20).



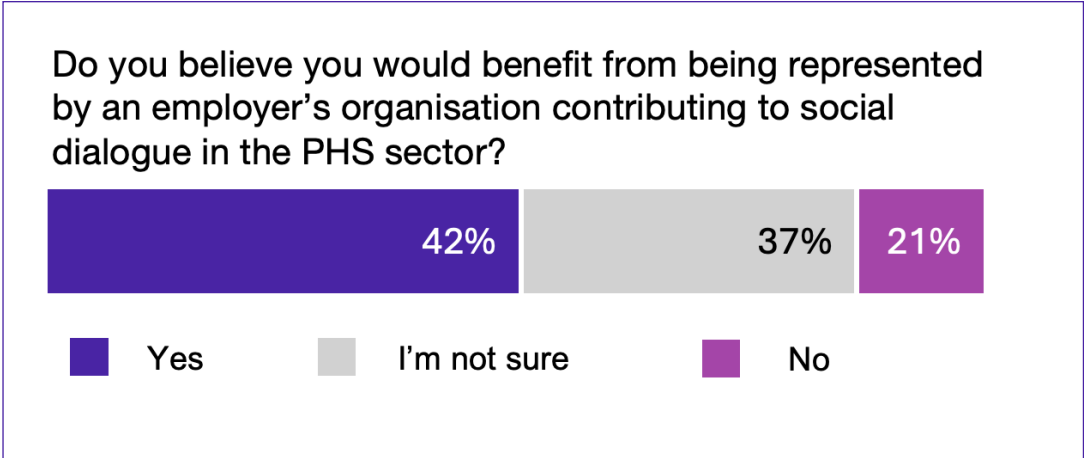
**Figure 20.** A sizeable majority of users would prefer to use a company that has a collective agreement with a trade union, while many are unsure.

These statistics highlight the importance of educational efforts aimed at PHS users, both regarding the broad benefits of trade unions and collective agreements, as well as the specific status and conditions of the workers in their homes. The notable majorities of users in favour of collective agreements covering the workers in their homes can be considered a strong starting point for translating concepts of “ethical consumerism” to the PHS sectors.

<sup>23</sup> Ad-Phs. (2022). *Country Report: Spain*. [https://ad-phs.eu/ht8ag2/uploads/2021/08/country-report-spain\\_en.pdf](https://ad-phs.eu/ht8ag2/uploads/2021/08/country-report-spain_en.pdf) (Last accessed, 30/04/24)

## User-employers and employer organisations

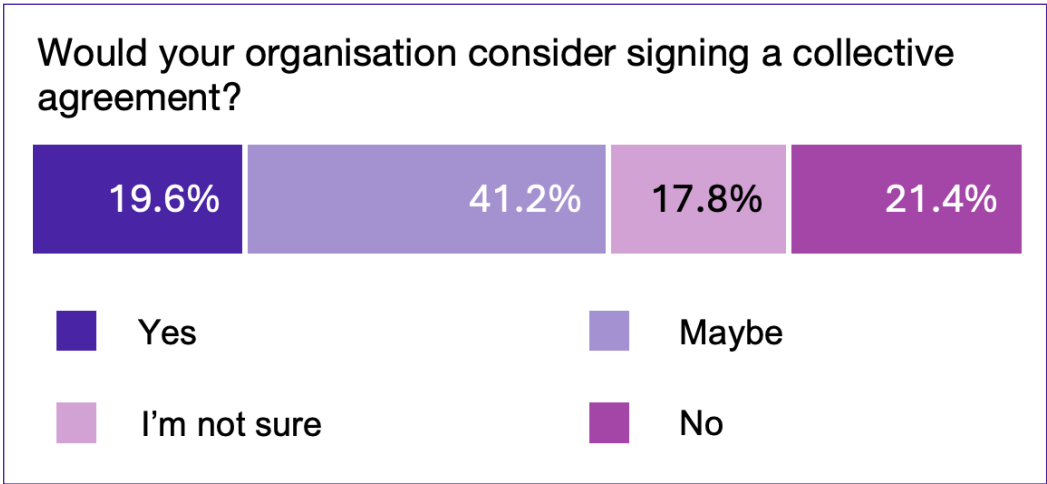
Just half of PHS users who employ workers directly said they were represented by an employer’s organisation contributing to social dialogue in the PHS sectors. Of those who said they were not represented by such an organisation, 42% said that they would benefit from representation. 21% said they would not benefit, while 37% said they were unsure whether they would benefit or not (see Figure 21). Once again, these numbers show potential for educational efforts on the benefits of representation for user-employers.



**Figure 21.** Many unrepresented user-employers surveyed believe they would benefit from representation by an employer’s organisation

## Provider organisations and collective bargaining

Of the 35.6% (n=56) of PHS provider organisations surveyed who either said they do not have or follow a collective agreement, or who said they did not know if they had a collective agreement, 12 (21.4%) said they would not consider signing a collective agreement. 11 (21.4%) said they would consider it. 23 (41.2%) said maybe, and the rest (10 employers, 17.8%) said they were not sure (see Figure 22).



**Figure 22.** Many provider organisations are uncertain about, but not opposed to, signing collective bargaining agreements

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# PHS work is seen as dignified, crucial, and undervalued

*“Care assistant, home help is a vocation. To do it correctly you need a minimum of compassion and empathy, loving people, listening to them, responding to their needs. I could write entire pages on this beautiful, poorly recognized profession.” - PHS worker, France*

*“People sometimes underestimate our job. It is a tough profession. And I hope that one day we will be viewed as normal work people and no longer have to hear the phrase that you are just a cleaning lady.” - PHS worker, Belgium*

Throughout this report, we have heard PHS workers, users, and employers alike express that PHS services, and the workers who perform them, are undervalued, both in terms of prevailing wages and a general lack of public respect. Despite this fact, for many workers, working in the PHS sectors remains a fulfilling career - one whose value they see clearly.

*“This job is very rewarding when you get to perform the tasks that make a person just that: a person, autonomous and with a minimum quality of life.” - PHS worker, Spain*

*“Working with people in their own home is an honour and not one to be taken lightly.” - PHS worker, United Kingdom*

*“For this job, it is necessary to have a lot of will, positivity and understanding towards the people who need you. Heart and sincerity.” - PHS worker, Slovenia*

## Many users value PHS immensely, too

In a free response question to the Monitor, service users were asked how their lives would change if they no longer had access to PHS workers for their homes. Over and over, across many hundreds of responses, users related their sense of the “disaster” that would await them, and of a life completely upended.

*“Things would be very challenging if I didn’t have this help, adding pressure and anxiety to an already tense situation.” - PHS user, United Kingdom*

*“It would be very majorly impaired - they are a fundamental help in the management of our family life.” - PHS user, Germany*

*“I cannot live without them. I try to build a trust relation as they become nearly part of the family!” - PHS user, Belgium*

Some who have PHS care workers in their homes expressed how they would have no choice but to move parents and other loved ones into assisted living and out of their homes.

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*“Help of PHS workers is indispensable for the care of my elderly mother who without such help would need to live in an institution. With help of PHS workers, she can still live alone at her own home.” - PHS user, Finland*

*“We would have to move my father in law to an old people’s home.” - PHS user, Germany*

*“I would have to put my mother in a retirement home” - PHS user, Portugal*

Another common theme was the critical support that PHS workers provide to working women – often helping them achieve the work-life balance that PHS workers struggle to maintain. Many women who receive PHS services at home shared their recognition that, without the help of these workers, they would find their career opportunities more constrained, and their quality of life reduced, particularly as regards their work-life balance. By providing this crucial support to women developing their professional careers, PHS workers contribute to society’s movement along the path towards equal pay.

*“I am able to have a full-fledged professional career thanks to the support provided by PHS workers. They are extremely important, especially to support the careers of women.”*

*- PHS user, Belgium*

*“Life would be much more complicated. These people allow Spanish women to develop their professional work, access positions whose workload is very high that would otherwise be impossible, both physically and psychologically.” - PHS user-employer, Spain*

*“There might be tensions in my relationship as these jobs would mostly fall on me (f, 35, mother of 1) and take up time and energy from my own paid work.” - PHS user, Portugal*

*“I would find myself alone to take on everything, so this would accentuate my mental load and the observation of the role of women in our patriarchal society.” - PHS user, France*

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# Conclusion

As presented in this report, the results of the first-ever European PHS Employment Monitor reinforce many of the goals and priorities that have emerged from social dialogue in the PHS sectors. The most urgent of these priorities is to achieve broad institutional recognition of the PHS sectors, on equal footing with other categories of care work<sup>24,25</sup>.

The fact that PHS work takes place in the home should not - but often does - cover up its enormous significance for society as a whole. The words of PHS users reproduced in the previous section, along with hundreds more that cannot fit into these pages, are a testament to that. The PHS sectors extend far beyond the 3-5% of the workforce that they employ. Around 75% (n=3109) of PHS workers surveyed said they work in more than one household. With this in mind, how many careers does the average PHS worker enable? How many families do they help keep together? How many lives do they keep on track?

Keeping the social impact of PHS in mind, the results of the Monitor show that promoting and developing PHS work as decent work is not only ethical, but pragmatic. The most striking commonality among PHS workers surveyed, across countries and task specialisations, was just how many have considered leaving their work in the PHS sectors in the past 3 years, and how few see their work as sustainable until retirement age. Without PHS workers, there will be no PHS sectors. Without the PHS sectors, the care and support systems that keep our societies running would be under immense strain.

It is important to remember that workers are not the only ones who suffer when conditions in the PHS sectors are poor. In the absence of official recognition, and the corresponding state support that comes with it, the interlocking pressures on the various actors in the PHS sectors lead to the perception of a zero-sum conflicts. The tension between PHS workers who feel underpaid and often underappreciated, and service users who feel overburdened by the cost of services they desperately need, undermines the quality of care and contributes to the sector's overall precarity.

In conclusion, the results of the first edition of the PHS Employment Monitor have shown that PHS work is far from being valued in line with its contribution to society and the lives of service users. Much remains to be learned about these essential services, and those that provide and use them. Future iterations of the Monitor will build upon the base provided here by over 6,500 participants who were willing to open the door to provide a view into their world of care and help at home. We conclude this report with the words of a PHS worker in Spain, who reminds us of just how universal care and help at home can be:

*"I like what I do, being able to help and support vulnerable people such as users with disabilities or the elderly, something that requires patience. We must treat them with dignity. In the end, we are all going to go through it." - PHS worker, Spain*

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24 See PHS Social Partners. (2022). "PHS Social Partner statement on the European Care Strategy". [https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913\\_EU\\_Care\\_strategy\\_PHS\\_social-partners.pdf](https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913_EU_Care_strategy_PHS_social-partners.pdf) (Last accessed 30/04/23).

25 International Labour Organization. (2024). "From global care crisis to quality care at home: The case for including domestic workers in care policies and ensuring their rights at work". <https://www.ilo.org/publications/global-care-crisis-quality-care-home-case-including-domestic-workers-care>. (Last accessed 06/05/24)

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This report is an outcome of a project co/financed by the European Commission  
("PHSDialogue: Building an EU Sectoral Social Dialogue and collective bargaining  
capacity in Personal and Household Services" – project reference number: 101102302)



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# Appendix A: Glossary of terms relevant to the PHS sectors

*This glossary is reproduced from the PHS social partners' Joint Statement on the European Care Strategy. (September 2022)<sup>26</sup>.*

## **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”<sup>27</sup>. 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”<sup>28</sup>.

## **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.

## **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.

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<sup>26</sup> See: [https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913\\_EU\\_Care\\_strategy\\_PHS\\_social-partners.pdf](https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913_EU_Care_strategy_PHS_social-partners.pdf) (Last accessed 07/05/24).

<sup>27</sup> European Commission, SWD (2012) 95 final

<sup>28</sup> International Labour Organisation website, <https://www.ilo.org/global/topics/domestic-workers/who/lang--en/index.htm> (last accessed 07/05/24)

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**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 sphere<sup>29</sup>.

**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.

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<sup>29</sup> European Commission (2018): Glossary of Terms. European Platform tackling undeclared work. URL: <https://ec.europa.eu/social/BlobServlet?docId=20304&langId=en> (last accessed 07/05/24)

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## Appendix B: Further reading: collected joint statements of the EU Social partners in the PHS sectors

The PHS Employment Monitor is a continuation of long-standing and ongoing social dialogue in the PHS sector. A selection of joint statements and recommendations by the EU social partners in PHS (EFFAT, EFFE, EFSI, and UNI Europa) is reproduced below.

- PHS social partners, Joint Statement on the European Care Strategy. (September 2022). [https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913\\_EU\\_Care\\_strategy\\_PHS\\_social-partners.pdf](https://www.uni-europa.org/wp-content/uploads/sites/3/2022/09/20220913_EU_Care_strategy_PHS_social-partners.pdf)  
(Last accessed 07/05/24).
- PHS social partners, Joint Recommendations as follow-up of the European Platform tackling undeclared work seminar. (March 2022). [https://www.effe-homecare.eu/wp-content/uploads/2022/03/EFFE\\_EFSI\\_EFFAT\\_UNI\\_Joint-statement-UDW\\_March-2022\\_final.pdf](https://www.effe-homecare.eu/wp-content/uploads/2022/03/EFFE_EFSI_EFFAT_UNI_Joint-statement-UDW_March-2022_final.pdf)  
(Last accessed 07/05/24).
- PHS social partners, Joint statement on Eurofound's Industrial relations landscape report. (January 2022). [https://www.efsi-europe.eu/fileadmin/MEDIA/News/2022/EFFE\\_EFSI\\_EFFAT\\_UNI\\_Joint\\_statement\\_Eurofound\\_report\\_January\\_2022.pdf](https://www.efsi-europe.eu/fileadmin/MEDIA/News/2022/EFFE_EFSI_EFFAT_UNI_Joint_statement_Eurofound_report_January_2022.pdf)  
(Last accessed 07/05/24).
- PHS social partners, Joint statement on PHS require priority access to COVID-19 vaccine. (December 2020). [https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2020/EFFAT-EFFE-EFSI-UNI\\_Europa\\_Joint\\_Statement\\_COVID-19\\_Vaccine\\_PHS\\_2020\\_12\\_14\\_final.pdf](https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2020/EFFAT-EFFE-EFSI-UNI_Europa_Joint_Statement_COVID-19_Vaccine_PHS_2020_12_14_final.pdf)  
(Last accessed 07/05/24).
- PHS social partners, Joint statement on the COVID-19 pandemic in PHS. (April 2020). [https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2020/EFFAT-EFFE-EFSI-UNI\\_Europa\\_Joint\\_Statement\\_COVID-19\\_Pandemic\\_in\\_PHS\\_final.pdf](https://www.efsi-europe.eu/fileadmin/MEDIA/publications/2020/EFFAT-EFFE-EFSI-UNI_Europa_Joint_Statement_COVID-19_Pandemic_in_PHS_final.pdf)  
(Last accessed 07/05/24).

## Appendix C: Response counts by country and group

| Country         | Workers | Service users (non-employers) | User-employers | PHS provider organisations |
|-----------------|---------|-------------------------------|----------------|----------------------------|
| Belgium         | 1944    | 50                            | 9              | 25                         |
| France          | 720     | 45                            | 186            | 40                         |
| Slovakia        | 296     | 4                             |                | 1                          |
| Spain           | 231     | 6                             | 16             | 12                         |
| Italy           | 224     | 117                           | 1637           | 10                         |
| Austria         | 125     | 1                             | 7              | 2                          |
| Slovenia        | 114     | 7                             |                | 11                         |
| Croatia         | 104     | 0                             | 2              | 0                          |
| United Kingdom  | 86      | 6                             | 6              | 3                          |
| Poland          | 81      | 1                             | 2              | 1                          |
| Germany         | 45      | 20                            | 15             | 21                         |
| The Netherlands | 41      | 4                             | 3              | 1                          |
| Greece          | 8       | 0                             | 1              | 0                          |
| Bulgaria        | 8       | 0                             | 0              | 0                          |
| Ireland         | 7       | 0                             | 0              | 3                          |
| Luxembourg      | 6       | 0                             | 0              | 0                          |
| Sweden          | 5       | 0                             | 0              | 1                          |
| Portugal        | 4       | 19                            | 5              | 17                         |
| Finland         | 3       | 1                             | 1              | 2                          |
| Cyprus          | 3       | 0                             | 1              | 0                          |
| Malta           | 2       | 3                             | 5              | 0                          |
| Denmark         | 2       | 2                             | 0              | 1                          |
| Czech Republic  | 2       | 0                             | 0              | 0                          |
| Hungary         | 1       | 0                             | 0              | 0                          |
| Romania         | 1       | 0                             | 0              | 1                          |
| Norway          | 0       | 2                             | 0              | 0                          |
| Latvia          | 0       | 2                             | 0              | 0                          |
| Not specified   | 79      | 10                            | 25             | 5                          |
| Total           | 4142    | 300                           | 1921           | 157                        |

**Table A1.** Response counts by country and group