Ad-PHS FINAL CONFERENCE

10th December 2020

From 14:00 to 17:00 CEST via ZOOM

COVID-19 and PHS

Thomas Bignal (EASPD)







COVID-19 Pandemic has been particularly impactful on the PHS sectors:

- Physical proximity to users
- High share of small and micro-sized enterprises
- Staff recruited among vulnerable groups
- High levels of undeclared work

A Study to Assess this Impact!



METHODOLOGY



- Survey of PHS organisations, PHS workers and households using PHS/employing PHS workers;
- Desk research collecting information on policy responses to the effects of COVID-19 in different PHS sectors;
- Expert interviews in nine selected countries
- → Countries targeted: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Luxembourg, Malta, the Netherlands, Poland, Romania, Slovakia, Slovenia, Spain and Sweden
- → Focus on first wave (February-June 2020)





- I.I Responses from Organisations: Impact
 - Half of the PHS organisations experienced a complete (26%) or partial (24%) business closure.
 - Financial capacity negatively affected (73%)
 - Increased difficulty to find new customers (73%)
 - Psychological well-being (76%) and physical health (66%) of personnel negatively affected





- I.I Responses from PHS organisations: Strategies
 - Organisations provided PPE for their PHS workers (91%) and revised the standards and procedures of service provision (84%)
 - Frequency, duration and/or nature of services were changed (69%). In terms of processes, internal communication (60%) and contacts with external partners (49%) were revised.
 - Addressing the well-being of PHS workers (71%).
 - 39% of the PHS organisations reduced the working hours of their personnel and 11% increased them. But few
 permanent personnel changes: 20% hired new PHS workers and 14% laid off their personnel





- I.II Responses from Households:
 - Impact on financial resources for PHS (32% affected)
 - Uncertainty as to impact on demand (variations by types of services?)
 - Negative impact on communication with PHS workers (79%), but not with PHS organisations (9%)
 - Strategies: Provision of PPE for their workers (50%), addressing the well-being of workers (39%)

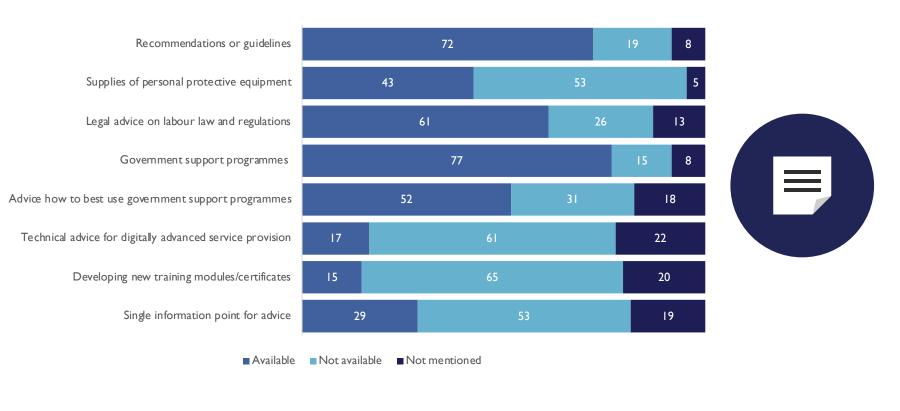




- I.III Responses from PHS workers:
 - Changes in income: 46% no change, 9% hardly noticeably, 27% moderately, 9% strongly
 - Reduced working hours (46%) or contract termination (9%)
 - Increased difficulty to find additional/new work (36%)
 - Negative impact on physical health (82%): stress, limited availability of PPE, uncertainties over service provisions, impact on private life.
 - Strategies: using PPE (64% provided by employer, 27% bought themselves) and cancel services in households with particularly vulnerable groups (55%).

Availability of support measures





Support programmes, Guidelines, and advice readily available, but more so for organizations than households and workers.

PPE were available to only 43% of the respondents







Variations in EU Member States responses for the field of PHS but common goals:

- stabilising the provision of PHS for different user groups
- retaining the PHS as a domain that offers business opportunities for a great variety of providers and employment to a large number of PHS workers.





Modification of PHS Instruments as Means of Supporting the Provision of PHS

Demand side:

- In Luxembourg, maximum lump-sum tax allowance for employing domestic workers was temporarily increased;
- In Italy, persons who had children under 12 years of age and did not take 15 days of paid leave received a voucher for childcare services;
- In Belgium, the validity of service vouchers, the main financial support instrument for inducing demand for PHS, was extended by three months;





Modification of PHS Instruments as Means of Supporting the Provision of PHS

Supply side:

- In Brussels Region a gross indemnity of €2.5 per hour of temporary unemployment was introduced to guarantee a replacement revenue of 95% of the PHS worker's regular salary;
- In Spain, domestic workers were granted 70% of their salary, provide that they could prove that their jobs had been lost or suspended.
- In Italy, domestic workers who did not live at their employer's and whose employment contract(s) added up to more than ten hours per week, received a support of €500 in April and May 2020.





The COVID-19 pandemic has exacerbated existing challenges in the PHS sectors.

The dependence of many users on these services emphasises the importance of these sectors.

We identify **three key axes of intervention**:

- > Re-organising the provision of PHS
- Demand for PHS
- Working Conditions for PHS workers

COVID-19 has also highlighted the commitment, resilience, and creativity of the PHS sectors.

Let's capitalize on this considerable impulse!





Thank you.



Ad-PHS -Grant agreement no.VS/2018/0344. This project is funded by the European Union