Ad-PHS
Advancing Personal and Household Services

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COUNTRY REPORT POLAND

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EASPD IMPROVING SERVICES IMPROVING LIVES
EFSI European Federation for Services to Individuals
UNI global union europa
EFFAT
IWAK Institut für Wirtschaft, Arbeit und Kultur Zentrum der Goethe-Universität Frankfurt am Main
diesis
EFFE EUROPEAN FEDERATION FOR FAMILY EMPLOYMENT & HOME CARE

Introduction

Poland's population is ageing, though not as drastically as in other countries of the European Union (EU). In the labour market Polish as well as migrant (including Roma) women are experiencing many different obstacles even though they are a potential target group for the Personal and Household Services (PHS) sector. A problem in the field of PHS is the lack of professionalisation and formalisation: PHS in Poland tend to be undeclared, leaving a majority of workers without rights and protection, and there were no criteria regarding who may provide formal care services until the early 2000s, when new occupations started to replace unskilled workers. Also, there are only a few political instruments regulating the PHS sector, and almost all of them exclusively address care activities.

Factors Supporting the Growth and Development of the Field of PHS

In Poland, life expectancy at birth is 73.8 years for men and 81.7 years for women.[1] The country is in the process of an accelerated **ageing of the population**. Currently, people aged 65 years and older form 13.4 per cent of the population and by 2060, their share is estimated to be at 34.7 per cent.[2] About 6.8 per cent of the population live with severe disabilities due to health problems, and this number is projected to increase to 11 per cent or more than 3.7 million people by 2060.[3] Due to the ageing of population and future shortages of those who can provide care within the framework of the Polish (informal) family care regime, the demand for paid care for the elderly will be on the rise.[4]

Poland is a country of **net emigration** with a very **low fertility rate**; for example, the total fertility rate (TFR) was at 1.256 in 2013,[5] and at 1.46 in 2018.[6] Due to the low fertility rate, the demand for paid childcare will probably not increase, although the hiring of a nanny is one of the ways to cope with the labour market pressures for young parents, especially as institutional care services for infants aged up to three years old are scarce.[7]

Women's situation on the Polish labour market is said to be in part responsible for the very low fertility rate in Poland. Important contributing factors are lower employment, lower economic activity rates, the earnings gap, and long working hours and overtime working in combination with an unequal distribution of household and care responsibilities. As for April 2019,

[1] Statistics Poland (2019a).
[2] European Commission (2011); Kindler et al. (2016).
[3] European Observatory on Health Systems and Policies/OECD (2017).
[4] Kindler et al. (2016); Wóycicka (2009).
[5] Kindler et al. (2016).
[6] Eurostat (2018b).
[7] Grotkowska/Sztandar-Sztanderska (2009); Kindler et al. (2016).

the Polish employment rate was at 73 per cent which is very close to the overall EU-27 employment rate (female employment was at 65,3 per cent in Poland against 67,3 per cent in EU-27).[8] The concurrent demands of the labour market and of household needs have to be coped with primarily by women, who eventually turn to the delegation of household tasks to non-household members if they can afford it.[9]

In the population of persons aged 18 to 64 years (all gender), 37.3 per cent took care of their own children below 15 years of age and/or other family member aged 15 years and more requiring care. 43.5 per cent among them used formalised care services. The use of care services for children depended strongly on the level of education of the surveyed persons. Formalised care services were mostly used by persons with tertiary education (53 per cent). Breaks in employment related to childcare of children below 15 years of age concerned mainly the female population (97.1 per cent).[10]

There are several other challenges on the Polish labour market, and one of them still is **undeclared work**. One sixth of Poland's gross domestic product (GDP) is generated in the so-called "hidden" or "shadow economy", which means all work not reported in tax returns and statistical reports.[11] According to a study in 2014, gardening and farming were the most common types of undeclared work (22.2 per cent), followed by construction and installation maintenance or repair (13.5 per cent) and construction or installation services (14.5 per cent). Other significant areas of undeclared work comprised neighbourhood services (9.8 per cent), taking care of a child or elderly person (5.6 per cent), manufacturing (3.5 per cent), and trade (3.9 per cent). Among those, the most commonly jobs performed by both men and women were gardening and farming. The next most common jobs of undeclared work for men were construction or installation services and construction and installation maintenance or repair, while for women, it was taking care of children or elderly persons and neighbourhood services. The main group of employers who undeclared work was performed for was constituted by natural persons/households (68.9 per cent).[12]

Unemployment in Poland is affecting mainly young persons, whose percentage share in the total number of the unemployed amounted to 28.2 per cent in 2019. The majority of the unemployed registered in labour offices comprised persons with a relatively low level of education. Long-term unemployment is more often observed among women. However, the education structure of unemployed women was different than the structure of men, as 56.8 per cent of unemployed women had secondary and tertiary education.[13]

In general, employers did avoid hiring **women** who are at the childbearing age for a long time, because they are associated with the risk of higher labour costs due to the right to maternity leave. The problem was aggravated by an underdeveloped infrastructure, inadequate support from public funds which could help reconcile work and family life, and partnership relations in families based on a male breadwinner model.[14] However, this situation has been changing over the last years, as more recent data shows.[15]

[8] Eurostat (2020).
[9] Kindler et al. (2016); Matysiak (2009).
[10] Statistics Poland (2019b).
[11] Wyżnikiewicz (2019).
[12] CSO Poland (2015); European Commission (2018c).
[13] Statistics Poland (2019c).
[14] Balcerzak-Paradowska (2001, 2003); Golinowska (2004), Kurowska (2012).
[15] Zajkowska (2019).

The situation is even more difficult for Roma women, of whom only 55 per cent are in paid full-time employment, the rest being either to a lesser extent part-time and mainly informally employed. Given that their education level (especially among the younger age groups) supports labour market integration, they could represent a target employee group for the PHS sector. Racism could be a major challenge, as 22 per cent report discrimination when looking for employment.[16]

Advertisements on internet portals suggest the presence of **immigrant women** working in the PHS sector. Employment migration is represented by immigration from neighbouring countries, mainly from the Ukraine, Belarus, as well as from Vietnam and China. Immigrants find jobs in segments of the labour market that are not attractive to domestic Polish workers (such as childcare, long-term care/LTC, assistance in agriculture, cleaning, and catering service) or where the supply of specifically skilled Polish labour force is limited, in part because Polish people themselves work abroad (such as physicians, nurses, engineers, and qualified blue-collar workers).[17]

Definition and Development of PHS Instruments

In Poland, **"domestic workers"** are categorized into different jobs within the classification of professions and specializations (*klasyfikacja zawodów i specjalizacji*). For example, the classification of social and household activities (*klasyfikacja działalności gospodarczej*) included in the group 97 the category "domestic household employing workers" in 2008.[18]

Long-term care (LTC) in Poland is organised along a 'two-tier system' which means that both the health, just as the social assistance institutions are part of the service structure.[19] Currently very fragmented and underfunded,[20] LTC is governed by several laws and principally provided by family members. This may not be sustainable in the context of an ageing population and societal changes such as more women joining the workforce. LTC is also often provided in hospitals.[21] Problematic in terms of care standards are those arrangements that are being provided in private homes. Those home care settings are barely standardised and only poorly monitored,[22] pointing at the intersection of care and labour standards in private households in general. This happens against the backdrop of a vast prevalence of informal care throughout the country, mostly done by women and often instead of formal labour market participation.

Home care is situated within the health care and social assistance systems (but equally in the LTC scheme). There are several care forms available within the healthcare system as well as different types of support from the social assistance sector. Until recently, home care within

[16] EU FRA (2014).
[17] Golinowska (2004).
[18] Kindler et al. (2016).
[19] Sowa-Kofta (2018), p. 4.
[20] Czepulis-Rutkowska (2016).
[21] European Observatory on Health Systems and Policies/OECD (2017).
[22] Sowa-Kofta (2018), p. 4.

the healthcare system has been provided almost exclusively by primary care and through professions such as the family physician and the family nurse. Nowadays, there are new forms of home care services financed through health insurance, namely long-term home nursing care, home hospice, home care for people with complex needs, and medical rehabilitation at home.[23]

Within the social sector, a **nursing cash allowance** is granted to children with disabilities, individuals with disabilities over 16 years old whose disability was certified before the completion of 21 years of age, and eligible seniors over 75 years old who are not pensioners. It is essentially an income-support measure granted by the state budget. Once income eligibility is assessed, the amount is fixed and not related to the beneficiary's income level. A care allowance financed by the state is paid through social insurance to pensioners, retired people over the age of 75 years, and people unable to live independently. Again, the amount is irrespective of the beneficiary's income level. It is not allowed to use both the nursing allowance and the nursing supplement at the same time.[24]

Additionally, a **fixed benefit** (*zasiłek stały*) can be obtained by (not only elderly) persons who live alone and have a relatively small income. This instrument is means-tested: In order to be eligible, the beneficiary's income must be below a set minimum level.[25] At present, the monthly amount of this benefit ranges between EUR 7 and 163.[26]

With the exception of the fixed benefit, which represents a social allowance for persons with a low income, all the instruments listed above exclusively address care activities. The fixed benefit is oriented towards persons with low income, whereas the other instruments are oriented towards persons with care needs and their families.

Financing of the Main Instruments and Associated Prices

Health services financed by the **National Health Fund of Poland** (*Narodowy Fundusz Zdrowia*/*NFZ*)[27] are, with some exceptions, free of charge for insured persons,[28] and **social assistance services** are financed by **local authorities** and frequently co-paid for by the people using them.[29] Social security and health care insurance contributions of family carers who leave the labour market to support their relatives are paid by the state.

[23] WHO (2013).
[24] OECD (2011).
[25] Brzozowski/Surdej (2011).
[26] European Commission (2020).
[27] https://www.nfz.gov.pl/.
[28] WHO (2013); Law on Health Care Services [Poland] (2004).
[29] WHO (2013); Prekurat/Chylek (2007); Law on Social Care [Poland] (2004).

Work Arrangements

According to the **general labour regulations** in Poland, regular work in the PHS sector should be based either on an **employment contract** or on a **contract of mandate (umowa zlecenia)**.[30]

An **employment contract** remuneration cannot be lower than the minimum wage. Working time as well as start and end times should also be included in the contract, which may be fixed term (temporary) or indefinite (permanent). Health and social contributions are mandatory, giving an employee the right to paid holiday leave, to sick pay (paid by the employer for the first month and paid by the Polish Social Insurance Institution/*Zakład Ubezpieczeń Społecznych* or *ZUS*, if the leave is longer), to maternity and parental leave (each of them being 26 weeks long and both fully paid by *ZUS*), and to unemployment benefits. The duration of work during full-time employment is limited to 40 hours per week, and extra hours or work during holidays (such as Sundays, Christmas, Easter) should be paid extra. Moreover, an increase in the length of employment is used as the basis for future entitlements, which means that the longer the official employment lasts, the higher the remuneration of the employee.[31]

However, **employment in the PHS sector usually remains unofficial**. Employers are rarely willing to sign employment contracts, mainly due to the high share of contributions they have to pay, and the formalities required (before starting any work on the basis of an employment contract, an employee must undergo a medical examination and training in security and hygiene issues). Interviews with "domestic workers" and migrant "domestic workers" conducted by Kindler et al. (2016) show that when employees demand an employment contract, employers only agree if the employee bears the costs of formal employment. As a result, "domestic workers" oftentimes are not interested in having a signed contract since it means lower remuneration. Only very few employees agree to sign a contract and pay contributions from their own salary; it is mostly foreigners, because an employment contract helps them to prove that they work legally when they wish to prolong their residence permit or get a new visa with the right to work. Those who sign contracts often engage in "falsely declared employment"; for example, the contract states that the employment is part-time when in fact the employee works full-time.[32] In 2011, however, the Polish government introduced a new scheme for persons working as 'nannies' wherein the state pays the social security contributions of the employee.[33]

An alternative requirement for PHS-related work given by the general regulations in Poland is the **contract of mandate**, which is a civil law contract signed for a specified time and specified activities to be carried out. The contract of mandate requires paying taxes as well as health and social contributions (unless social contributions are already paid for the employee at another place of work). These conditions still make this type of contract too costly for employers and employees, although its signing does not require as many formalities as in an employment contract.[34]

[30] Kindler et al. (2016).
[31] Kindler et al. (2016).
[32] Kindler et al. (2016).
[33] ZUS (2017).
[34] Kindler et al. (2016).

Another civil law contract that can be found in the Polish PHS sector is the **task-specific contract (umowa o dzieło)**, which is signed for performing specific tasks with a specified deadline. The advantages of such a contract are that it enables flexible work for different employers at the same time and that it comes with a very narrow scope of necessary formalities, as only taxes need to be paid. On the other hand, these contracts provide no means of security (such as insurance, paid annual leave, paid sick leave, limit of working hours); they are even called in Poland "trash contracts" (*umowy śmieciowe*) since they do not constitute a sufficient basis for accessing labour rights. All in all, neither employers nor employees are usually very eager to sign them.[35]

According to Kindler et al. (2016) and other studies, people are more willing to employ "domestic workers" on the basis of contracts when they own a business. Thus, they can formally employ them for their company and deduct taxes, though in fact, the services provided are performed at the employer's private place.[36]

Landscape of Employees and Degree of Professionalisation

Until recently, there were no criteria for the professional qualifications regarding who may provide formal care services in Poland. However, **new occupations** started to replace unskilled workers in the field of home care. For example, the profession **"community carer"** or "domicile guardian" (*opiekun środowiskowy*) and the **"assistant to the disabled"** (*asystent osoby niepełnosprawnej*) were introduced in 2001,[37] and so was the profession "medical guardian" (*opiekun medyczny*) in 2007. Education for one of those professions takes one to two years, depending on the previous education level. Currently, non-governmental organizations delivering social assistance services (such as the Polish Committee of Social Services and the Polish Red Cross/*Polski Czerwony Krzyż* or *PCK*),[38] in agreement with the Social Assistance Centres (*Centrum Pomocy Rodzinie*),[39] employ and train persons who do not possess the above-mentioned qualifications. Besides that, there are private agencies that employ and train individuals performing services at people's homes.[40]

Another profession in the field of home care is the **nurse**, defined by law and decrees. Currently, in order to practise as a nurse, it is necessary to have a nursing bachelor's or master's degree. The tasks a nurse performs contain for example the dressing of burns and wounds, the treatment of bedsores, and others on condition of additional training. Furthermore, long-term home care nurses should have a qualification course and/or specialization in fields such

[35] Kindler et al. (2016).
[36] Kindler et al. (2016).
[37] WHO (2013); Szczerbińska (2006).
[38] https://pck.pl/.
[39] https://wcpr.pl/.
[40] WHO (2013).

as LTC, family care, chronically ill and care to persons with disabilities, and internal or geriatric nursing.[41]

A further profession in the field are **social workers** working in social assistance centres. They maintain professional relationships with clients and act as guides to the social assistance system. Tasks typically involve conducting interviews with clients and their families in order to assess and review their situation and offering information/counselling support to clients and their families. In order to qualify as a social worker, one has to meet at least one of the following conditions: 1. have a diploma from the College of Social Service Workers; 2. be a university graduate in the area of social work; or 3. be a university graduate with a specialization that prepares for the profession of the social worker.[42]

The tasks of **assistants to persons with disabilities**, of **medical guardians** and of **community carers** consist of assistance with personal, domestic and social tasks to the people taken care of.[43]

Wages

Extensive internet research results show that **gross wages for carers move around the minimum wage level**. The median of the gross monthly income for carers is at EUR 586 (PLN 2,510) for assistants to persons with disabilities and EUR 554.11 (2,370 PLN) for community carers, while the gross minimum wage for Poland was set at EUR 523 in 2019. Hourly wages range from EUR 2.34 (PLN 10) for unqualified persons to EUR 5.86 (PLN 25) for qualified persons. Internet ads suggest that there are many rural residents in need of PHS, as there are ads asking for somebody to look after a farm among the required household activities.

Policy Process

The Polish **Ministry of Health**[44] is responsible for the regulation and shaping of health policies, and the Polish **Ministry of Family, Labour and Social Policy** (former Ministry of Labour and Social Policy)[45] is responsible for shaping social policy and the supervision of its implementation.

The **National Health Fund of Poland** (*NFZ*) is responsible for signing contracts for the delivery of a fixed number of services of a specified quality within health care.[46] The rules of contract proceedings are legally specified and define equal treatment of all potential providers. The

[41] WHO (2013); Decree of the Minister of Health [Poland] (2007); Decree of the Minister of Health (2009) [Poland]; Law on Nurse and Midwife Profession (1996) [Poland].
[42] WHO (2013); Law on Social Care [Poland] (2004).
[43] WHO (2013).
[44] https://www.gov.pl/web/zdrowie
[45] https://www.gov.pl/web/rodzina
[46] WHO (2013); Law on Health Care [Poland] (2004).

Fund is obliged to lead the contract proceeding openly in a way that secures legal competition and respect of the legal provisions.[47]

Commonalities across Countries

The Polish welfare regime in general **is described as "familist"** (and "post-communist"). There is little state intervention into the field of care, but in contrast to other Eastern European "familist by default" regimes, there is a high proportion of co-residence within the extended family, which is rather characteristic for Mediterranean familist regimes.[48]

Previous Instruments

Generous disability pensions for elderly unemployed persons who were unable to return to the labour market due to structural reasons have been abandoned, as the instrument created too high costs for the state.[49]

[47] WHO (2013).
[48] Keck/Saraceno (2008).
[49] Kindler et al. (2016).

Glossary

Formalisation: In the context of informal care work, the European Commission describes how "formalisation of informal care takes place either through payments and associated social security (pension and health insurance), training/certification of skills schemes and finally legislation (recognition of status and rights to being assessed as a carer)". In the same article, the EC associates "any type of formal work" with the following features: payments (preferably regular and predictable); an employment contract and social security (such as being protected by regulation); training and validation of skills; and finally broader legislation which recognises the importance of the role and offers assurance of a certain minimum standard of rights."[50]

Immigration: "Immigration" is the action by which a person establishes their usual residence in the territory of a Member State for a period that is, or is expected to be, of at least 12 months, having previously been usually resident in another Member State or a third country (Regulation (EC) No 862/2007 on Migration and international protection).[51]

Migration Chain: The terms "chain migration" or "migration chain" refer to "a process in which initial movements of migrants lead to further movements from the same area to the same area. In a chain migration system, individual members of a community migrate and then encourage or assist further movements of migration."[52]

Professionalisation: "[P]rofessionalisation means granting workers of a certain sector employment and social protection rights that are equivalent to those enjoyed by employees working under employment contracts regulated by law, including a decent wage, regulated working hours, paid leave, health and safety at work, pensions, maternity/paternity and sick leaves, compensation in the event of invalidity, rules governing dismissal or termination of the contract, redress in the event of abuse, and access to training; whereas the domestic work and care sector can be professionalised through a combination of public finance (tax breaks), social finance (family allowances, aid to businesses, mutual societies and health insurance, works councils, etc.) and private finance (payment for services by private individuals)."[53]

Regularisation: In the context of (illegal) migration, "regularisation" is defined by the European Union (EU) "as state procedure by which illegally staying third-country nationals are awarded a legal status"; a synonym that is rather used in the USA and less in the EU is "legalisation" (AE: "legalization").[54]

Regular Profession: In the context of work and professions, the EU defines a "profession" as "regulated (…) if [one has] to hold a specific degree to access the profession, sit special exams such as state exams and/or register with a professional body before [one] can practice it."[55]

[50] European Parliament (2008).
[51] Eurostat (2018a).
[52] European Commission (2018a).
[53] European Council, European Parliament (2016: 6).
[54] European Commission (2009).
[55] EU (2019).

Undeclared Work: In the EU, the term "undeclared work" denounces "[a]ny 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." The 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 (for example, the production/trafficking of drugs, firearms and persons, or money laundering), it is part of the wider criminal economy, such as 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.[56]

Undocumented or Irregular Migrant: The EU defines a "undocumented" or "irregular migrant" as "a third-country national present on the territory of a Schengen State who does not fulfil, or no longer fulfils, the conditions of entry as set out in the Regulation (EU) 2016/399 (Schengen Borders Code) or other conditions for entry, stay or residence in that EU Member State."[57]

Unpaid Sphere: The term "unpaid sphere" refers to activities that are lawful as regards their nature but not declared to public authorities and without monetary payment.[58]

[56] European Commission (2018b).
[57] European Commission (2018a).
[58] European Commission (2018b).

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