

BARSERVICE

Towards smart bargaining in the social services sector in Slovakia

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2024



The project is funded by the European union, project No. 101126532

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Executive summary

This report examines collective bargaining in Slovakia's social services sector, with a focus on improving collective bargaining practices and addressing sector-specific challenges. It introduces the concept of "smart bargaining," aimed at enhancing the quality of collective agreements and raising bargaining coverage to meet European standards set by the Directive on Adequate Minimum Wages.

Sector-specific challenges to collective bargaining include the lack of alignment between single-employer and sectoral bargaining, bargaining coverage limited to public care providers, lack of employer interest to engage in coordinated bargaining, and fragmentation on the side of unions and non-union actors that often share similar goals yet lack cooperation. In these conditions, the report proposes several strategies for smart bargaining:

- Expand single-employer bargaining to include non-unionized workplaces.
- Establish a sector-specific bargaining level between public service agreements and single-employer agreements.
- Ensure that collectively agreed wages align with statutory minimum wage levels to avoid wage discrepancies.

Evidence to support these findings and recommendations originates from extensive desk research and earlier research work of the author, as well as one original interview conducted for the purpose of this report.



I. Sector identification and trends

The social care sector in Slovakia has been defined in the literature as care covering elderly care, care for people with disabilities, and child-care (Radvanský and Páleník 2010). From a structural point of view, social care is divided into residential provision of care, subsidized home care provided by professional organisations at the client's home (public or private), and non-subsidized personal and household services (PHS) provided by individuals or facilitated by agencies, where the costs are fully covered by the client (Sedláková, 2020, Holubová 2024b).

Social care is part of the social welfare system, which is funded predominantly by local governments, via local taxation and the clients' own contribution (Radvanský and Páleník 2010). Regarding formal care, residential care prevails. However, the number of LTC workers is among the lowest in the EU.³ Residential and semi-residential care services are offered by various facilities, which are aimed at various groups of people in need. Individual home carers can be financially supported by receiving a monthly care allowance for caring for a family member. The out-of-pocket payments for home care are well below 50% of the median income among older people (Holubová, 2024b).

The Act No. 448/2008 on Social Services defined five types of social services (§ 12): a) social services ensuring necessary conditions for the satisfaction of the basic necessities of life (such as care for homeless; community centres, etc.); b) social services supporting families with children; c) social services for retired persons and persons with disabilities d) social services using telecommunication technologies; e) support care services (Sedláková, 2020). Legislation further defines eight types of social services for elderly people (ibid.):

1. Social services in establishments for natural persons who are dependent on the assistance of another natural person, and for natural persons who have reached the retirement age, which are:
 - 1.1. Facility of supported living (*zariadenie podporovaného bývania*)
 - 1.2. Facility for seniors (*zariadenie pre seniorov*)
 - 1.3. Facility of care services (*zariadenie opatrovateľskej služby*)
 - 1.4. Rehabilitation center (*rehabilitačné stredisko*)
 - 1.5. Home of social services (*domov sociálnych služieb*)
 - 1.6. Specialized facility (*špecializované zariadenie*)
 - 1.7. Daily stationary (*denný stacionár*)
2. Home care services (*domáca opatrovateľská služba/opatrovateľská služba*),
3. Transport service (*prepravná služba*)
4. Guidance and reading service (*sprievodcovská služba a predčítateľská služba*)

5. Interpretation service (*tlmočnícka služba*)
6. Mediation of the interpretation service (*sprostredkovanie tlmočnickej služby*)
7. Procurement of personal assistance service (*sprostredkovanie osobnej asistencie*)
8. Renting of equipment (*požičiavanie pomôcok*)

The care sector, including residential care, faces a long-term staff shortage. The number of workers in long-term care (LTC) per 100 residents aged 65+ is among the lowest in the EU (1.5 workers per 100 persons of 65+, Holubová 2024c). At the same time, fluctuation of care workers is lower than in other EU Member States. Holubová (2024b) shows that in 2016, the median tenure was six years, exceeding the EU average. Implications of these trends are staff shortages and longer tenure, suggesting that the country faces problems with recruiting, rather than retaining, care workers (ibid.). Most LTC workers in Slovakia work in the public sector (ibid.) Another challenge in the sector is the pay level, which can be related to staff shortages and the so-called *care drain* when care workers leave the country to work in care services, often provided at home, in neighbouring countries, including Czechia, Austria and Germany.

Evidence in this report is based on extensive desk research, mostly drawing on previous research projects (some with the author's involvement) covering social services in Slovakia¹. In addition, the author conducted one original interview with the head and the vice-head of the Slovak Trade Union Federation of Health and Social Work exclusively for the purpose of this report, in September 2024. The interview has been recorded and transcribed.

II. Current state of collective bargaining

The existing arenas for collective bargaining in the above-described structure of social services cover only residential care services (social care homes). Holubová (2024b and 2025) analysed social dialogue in personal and household services provided at home, where the extent of bargaining is marginal compared to the residential care sector. The remainder of this report thus focuses on the residential care sector, which is the most organised and active in collective bargaining practices, and therefore the most relevant from the point of view of developing 'smart' bargaining (effective, and tailored, improvements in the current practices of collective bargaining).

Bargaining can be characterised as coordinated, where the majority of social service

¹ These projects, all co-funded by the European Commission and implemented by the Central European Labour Studies Institute between 2012-2024 include: PERHOUSE, SOWELL, CEECAW, DEVCOPA, and PHS-Quality. Information on these projects is available at <https://www.celsi.sk/en/projects/>.



providers are public, and these are covered by higher-level collective bargaining for public services. In addition, individual care providers can have their own single-employer collective agreement, which is also often the case.

There are several key actors in collective bargaining in the social care sector. On the employee side, the dominant trade union is the **Slovak Trade Union of Health and Social Services** (*Slovenský odborový zväz zdravotníctva a sociálnych služieb, SOZZaSS*). SOZZaSS signs the higher-level collective agreement for public services. It is a sectoral union federation, organising 115 trade unions from social care homes (besides other members in healthcare organisations or public health authorities). Those 115 member unions together organise 4474 union members (about 44% of workers, source: interview with SOZZaSS, September 2024). The union membership remained stable over the last decade, despite some unions at the workplace level ceased their operation while new ones emerged. In wage bargaining, SOZZaSS unsuccessfully proposed a similar automated mechanism for wage increases that has been applied since 2020 to the minimum wage setting: if social partners fail to agree a wage increase, the increase occurs via an automated indexation mechanism. Currently, wages in the public sector, including social care, are exclusively set by collective bargaining not related to minimum wage increases.

Besides wage bargaining, the effort of SOZZaSS in bargaining focuses on improving the conditions of night work and shift work in social care, establishing a decent working environment and preventing the violation of health and safety rules at the level of particular social care providers in long-term care. The effort to achieve the working standards in care work was coordinated vertically from the sectoral to the local level. SOZZaSS also provides support in capacity building for single-employer collective bargaining, providing the templates for collective agreements, legal counselling, and assistance in workplace-level bargaining as measures to improve job quality in the sector (Holubová, 2024b).

Besides the 115 unions that are members of SOZZaSS, there is a small number of unions that are associated to other sectoral federations. These include the Slovak trade union federation of public service and arts (*Slovenský odborový zväz verejnej správy a kultúry – SLOVES*), and the Energy-chemical trade union federation (*Energeticko-chemický odborový zväz – ECHOZ*). **Unija**, a trade union affiliated to ECHOZ, represents social care workers, especially those that work abroad, and claims to foster close cooperation with the Austrian Union of Private Sector Employees, Printing, Journalism, and Paper (*Gewerkschaft der Privatangestellten, Druck, Journalismus, Papier – GPA-DJP*). Although SOZZaSS dominates the trade union scene, this situation suggests

an internal union fragmentation in social services, which also spreads beyond trade unions to other actors that do not participate in collective bargaining.

One of those relevant organisations is the **Chamber of Caregivers of Slovakia** (*Komora opatrovateliek Slovenska, KOS*) attempts at organising adult care workers, including those working as care givers in private homes abroad. KOS was established upon a car accident in 2017 when several caregivers coming from Austria died due to violation of the resting rules. KOS also demands control of the Slovak transportation companies to see whether their drivers transporting the Slovak care workers abroad follow the mandatory resting periods. Better working conditions should, according to the KOS representative, encourage Slovak women to return from Austria back home (Holubová, 2024). KOS gained momentum during the COVID-19 crisis when the borders between Austria and Slovakia closed. Caregivers working abroad were stranded at the borders and not allowed to go home due to quarantine restrictions. KOS's multiple activities, such as press releases, working group membership, and interrelationships with EU-level Eurocarers, allow it to be a strong voice in the PHS sector. The organisation prefers not to be transformed into a trade union organisation despite defending caregivers' rights intensively and addressing their working conditions (Holubová, 2024).

On the employers' side, the dominant organization is the **Association of Social Service Providers** (*Asociácia poskytovateľov sociálnych služieb, APSS*), representing 1,000 care organisations (public and private) and providing care to approximately 24,500 care recipients. APSS is a professional and advocacy organisation that claims to organise and represent three types of stakeholders:

- **Social service providers**, aiming to articulate and promote their needs, interests, and perspectives on legislation, funding, and the overall social services system;
- **Social services professionals**, working to enhance the expertise of providers and their staff, thereby raising the quality of social services and increasing the satisfaction of providers;
- **Employers and affiliated organisations** providing social services, fostering a comprehensive understanding of the needs and interests of various stakeholders, with the goal of achieving social harmony and continually improving service quality.

APSS is an independent and apolitical organisation aiming to assist its members in improving the quality of social services for recipients and actively engaging in the legislative process to introduce positive changes in the social sector. The organisation advocates for common positions and needs of social service providers regarding the



provision of social services, improvements in legislation, and funding for social services. APSS organises education and expert activities and provides advice to its members.

APSS is not involved in collective bargaining, and SOZZaSS criticises its position that the social service providers do not need unions in order to value their employees and develop constructive relationships with them. Despite not being involved in bargaining, APSS is a member of higher-level employers' associations, which participate in collective bargaining at the sector and national level (the Republic's Union of Employers – *Republiková únia zamestnávateľov, RÚZ*) and the EU level (*Federation of European Social Employers*).

Currently available options for increasing bargaining coverage include mostly the extension of bargaining coverage – both at the workplace level (bargaining coverage of all employees regardless of whether they are union members) and the sector level (coverage of the higher-level collective agreement for public service in all public care providers, even in those that do not have an operating trade union and an own single-employer collective agreement).

III. Challenges to collective bargaining

Evidence on the care sector as well as the existing practices in collective bargaining allow identifying several challenges from the point of view of bargaining. These can be clustered into the following main points:

- Bargaining challenges emerging from the structure of actors
- Bargaining challenges emerging from obstacles to union organising
- Bargaining challenges emerging from the structure of bargaining and the content of collective agreements
- Challenges related to the mismatch between collectively bargained wages and the statutory minimum wage

Challenges related to the **structure of actors** emerge from the fact that there are several important actors, specified above, that do not participate in collective bargaining, and their relationship with bargaining actors is not fully transparent. These include in particular two organisations – the Association of Social Service Providers (on the employer side), and the Chamber of Caregivers of Slovakia (on the workers side).

Challenges related to **organising workers** can be further specified as follows:

- In conditions of relatively high bargaining coverage, there is little encouragement or motivation for employees to unionise beyond the workplaces already unionized. The unions in the care sector thus face the same challenges as on other sectors of the economy – declining membership.
- Closely related to the challenge of unionization is the free riding problem regarding bargaining coverage. Collective agreements most often stipulate wage regulations, including wage increases and benefits, as well as extra days off and working time regulations. The coverage of agreements is automatically extended to all workers at the respective employer, which reduces the incentive of individuals to unionise.
- The 1% membership fee, deducted from salaries, is also perceived as high by part of the care workers, particularly given the sector's low wages.
- Even when a trade union operates at the workplace, employees are reluctant to join union committees, perceiving it as extra work in addition to their current workload and responsibilities. Sometimes workers can face obstacles on the side of the employer to lift other obligations in favour of union work, which is particularly an issue in regions with high staff shortages in residential care homes.
- Despite legal provisions for paid time off for union-related work, continuous operation in social service facilities makes this challenging. As a result, such activities are carried out during the union representative's free time, albeit compensated as working hours. This arrangement, however, may still not serve as sufficient motivation to become a union representative.
- In certain private care facilities, management actively opposes the establishment of trade unions to avoid organised demands for improved working conditions. Employers often use tactics like job threats to deter unionization (Holubová 2024b).

Challenges related to the **current structure of bargaining** relate to the fact that most of the residential care homes currently covered by collective agreements are public, leaving private care homes outside the scope of collective bargaining. At the same time, bargaining is organised both at the multi-employer and the single-employer level. The multi-employer bargaining is part of the higher collective agreement for the public services, which automatically applies also to the public social service providers. However, not all social service providers, namely, residential care homes, engage in addition to this bargaining level in single-employer bargaining. This means that some workplaces are covered by the higher-level agreement, while others both by the higher-level agreement and the single-employer agreement.

Another challenge relates to the structure of bargaining, which covers both single-

employer bargaining and sectoral bargaining as part of the public services (for social care provided as a public service). In 2024, the previous higher-level collective agreement for public service was expiring at the end of August, and during several bargaining rounds the government and social partners participating in national tripartism failed to agree on a new collective agreement. The main issue was the requested wage rise, while the counter argument of the government was a planned cut of public spending and a set of consolidation measures to improve public finance.

The Confederation of Trade Unions (KOZ SR) claimed it will not sign amendments to higher-level the collective agreement for public service expiring in August 2024, because the state representatives continued to refuse to increase wages of public employees. Should the collective agreement expire without amending it or signing a new one, this situation would result in the loss of benefits for certain employees – namely those working in workplaces without a union representation. KOZ SR requested originally a 10% increase in collective agreed wages as of September 1, 2024 followed by another 10% increase as of January 1 2025. However, no agreement was reached on these points, which would mean that the higher-level collective agreements would remain in effect only until the end of August 2024, providing various benefits to employees in the public sector only until this date. The provided benefits that public care workers could have lost include:

- Increased contributions to the social fund
- Severance pay above the legal requirement as stipulated in the collective agreement
- Reduced working hours
- An additional week of vacation beyond the legal entitlement stipulated in the Labour Code
- Contributions to supplementary pension schemes

To avoid that workers would lose the benefits of the higher-level collective agreement should it not be signed again for validity from 1 September 2024, KOZ SR stated that its member unions, including SOZZaSS started urging its member unions to amend and update single-employer agreements and integrate the benefits from the higher-level collective agreement that were endangered into their single-employer agreements. This would have been the only possibility for workers to avoid losing these benefits. Workers in non-unionised workplaces that lack a single-employer collective agreement would be no longer covered by a collective agreement.

The situation has been solved only a few days before the collective agreement's

validity expired. KOZ SR agreed to compromises of a one-time benefit of 800 EUR per public employee in 2025, and a 5% wage increase from 2026. A new higher-level collective agreement is valid from 1 September 2024 for 2 years.

The last relevant challenge relates to wage bargaining, namely, that for public social service workers the wage is exclusively determined by collective bargaining. However, when the statutory minimum wage increases annually according to the existing minimum wage setting mechanism (Kahancová and Kirov 2021), which has been adjusted to the EU Directive on adequate minimum wages, the **misalignment of the collectively determined wages and the national statutory minimum wage** become obvious. This is because the lowest tariffs of the collectively agreed wages fall below the statutory minimum wage and require additional mechanisms for aligning the collectively agreed wage levels to the statutory minimum wage.

As revealed in the interview with SOZZaSS representatives, in 2024 the first three tariff wages in the higher-level collective agreement are below the minimum wage. With the minimum wage increase in 2025, also the fourth tariff wage will fall below the minimum wage. Employees are then compensated for the difference, but this is a systematic problem. Moreover, individual employers try to avoid this issue by allocating workers from the beginning to higher wage tariffs. The social care homes lack budget to cover these wage compensations. The effect is, according to SOZZaSS, a convergence of workers of various qualifications in social care homes in the lower bounds of the tariff wages (but those just above the minimum wage levels), some workers not having recognized their years of experience which would normally make them be allocated in a higher tariff. Workers in lower-skilled jobs are thus allocated to the same tariff bounds as high-skilled workers, because the lower wages need to be compensated while there is no extra budget available to allocate higher-skilled workers to higher tariffs. In the end, a support cleaning staff may end up with the same tariff wage as a care professional with a university degree.

IV. Towards Smart Bargaining

Based on the evidence provided above, this section attempts to propose strategies that would help to improve bargaining in the social services sector. The concept applied is the one of *smart bargaining* - defined as a kind of bargaining that effectively facilitates two aspects in bargaining (Kahancová 2024):

- Improving the quality and content of collective bargaining

- Raising bargaining coverage to meet the threshold recommended by the Directive on Adequate Minimum Wages.

Rather than pre-defining the concept of 'smart bargaining' before empirical research, the approach adopted is more inductive by letting the author and the stakeholders in the sector directly identify what smart bargaining means in their sector. This concept is rather novel in the industrial relations literature, and by this modified approach the author seeks to contribute also to practical policy goals. Developing the concept of smart bargaining based on research findings is also a practical input for strengthening bargaining procedures and equipping social partners with the right (smart) strategies in their specific empirical contexts.

Smart bargaining relates on the one hand to the bargaining process, and on the other hand to the contents of bargaining. In the bargaining process, the above evidence shows that it is well established, and bargaining is regularly practiced, both at the single-employer level and the multi-employer level as part of bargaining in the public sector. Improvements can be made in a better alignment of these two levels, e.g. by **expanding single-employer bargaining at non-unionised workplaces** that are currently only covered by the higher-level collective agreement for public service. This would help preventing the risk of workers to be left uncovered should the higher-level agreement not be concluded (based on the 2024 example specified above).

The second step towards smarter bargaining procedures is the establishment of real sectoral bargaining for social services only, thus a new bargaining level, between the currently practiced public service bargaining and the single-employer bargaining. The actors for such kind of bargaining are already established, including SOZZaSS and Unija on the side of the employees (and KOS if transformed to a legal status of a trade union), and APSS on the employers' side. This could happen voluntarily by actors' recognition of bargaining needs, which is however unlikely in the current situation. APSS openly claims it does not want to engage in collective bargaining, while SOZZaSS has been criticized for lack of cooperation with other relevant actors, maintaining its dominant position in social service bargaining.

An alternative way to develop this level of multi-employer bargaining could be facilitated by legal coercion. One of the most important changes emerging from the transposition of the EC Directive on Adequate Minimum Wages is the perception of employers' associations that have been established as voluntary associations but not as employers' associations. The new legislation establishes that all organisations, if members of a recognized higher-level employers' associations, are seen also as employers' associations that can engage in collective bargaining. Since APSS is a member of RUZ and Social Employers Europe, this expectation is likely to apply also

to APSS.

Currently APSS fights for improvements in social services using other tools than bargaining. For example, in December 2024, APSS published on social media its effort vis-à-vis the Ministry of Labour, Social Affairs and Family to try to simplify the process for hiring foreigners into the Slovak social services labour market, where there is currently a shortage of 4,000 caregivers and 2,200 nurses. The temporary compromises can fill the gap of care workers, however, with a demographic increase of 200% in dependents expected in just five years, systemic solutions will be necessary. APSS expressed beliefs that systematic solutions would emerge from reforms to the funding of social services.²

SOZZaSS on the trade union side also hopes for changes in the funding of social services, including a larger reform of wage setting. The remuneration system should be fairer and ensure that tariff wages do not fall below the level of the applicable minimum wage (source KOZ website)³.

Sharing similar goals between unions and the APSS could thus be the first step towards **establishing multi-employer bargaining in the social services**. Following the strategies of social partners in other sectors and at the tripartite level, together unions and employers could target the government for systematic changes to social services, beyond traditional means of collective bargaining on wages and other working conditions.

Developing multi-employer bargaining in social services would also have another benefit – namely, a higher coverage among non-public social service providers. Currently these are excluded from the higher-level agreement for public services, and unless they have their own single-employer bargaining, working conditions at such providers are regulated similarly to private firms, at the individual discretion of the employer. SOZZaSS, in the interview conducted by the author in September 2024, mentioned that in non-public providers, wages can remain very low while the management can treat itself with high bonuses. This cannot happen in the public service providers, where the external control of using public funds, also via collective bargaining, is significantly higher.

² Source: social media account of the APSS director (accessed December 17, 2024).

³ Source: <https://www.kozsr.sk/2024/09/18/kolektivne-zmluvy-vyssieho-stupna-pre-verejnu-a-statnu-sluzbu-na-rok-2025-a-2026/>

V. European Perspectives

SOZZaSS (Slovak Trade Union of Health and Social Services) is a member of **EPSU (European Federation of Public Service Unions)**. EPSU represents public service unions across Europe and advocates for better working conditions, pay, and rights for public sector employees, including those in health and social services. Through its membership in EPSU, SOZZaSS collaborates on international initiatives, shares best practices, and contributes to campaigns aimed at improving labor standards and public services across Europe. This membership strengthens SOZZaSS's capacity to advocate for its members at both the national and European levels.

Resulting from the 2022 European Care Strategy and the 2023 Social Dialogue Initiative, the European Commission adopted on 10 July 2023 a decision setting up the European social dialogue committee for social services. This sectoral social dialogue committee will be the 44th committee, bringing together EPSU on the side of public service employees, and the Social Employers Europe and the CEMR (the European Council of Regions and Municipalities) on the side of social employers in the EU. Plenary sessions will also be joined by UNI Europa and CESI on the trade union side.

Through membership in both EPSU and UNI Europa, SOZZaSS is closely engaged in social dialogue developments at the EU-level. However, when it comes to collective bargaining, the thematic topics emerge rather from country-specific and sector-specific needs in social services.

On the employers' side, APSSvSR is member of Social Employers Europe, thus also affected by the sectoral social dialogue for the care sector at the EU-level. However, the activities of APSSvSR in Slovakia do not directly respond to EU-level social dialogue themes, but rather address domestic concerns (according to the organisation's website, these included, e.g., fair treatment of public and non-public service providers, budgetary allocations, staff training, quality of service).

The EU-level Directives, such as the Directive on Adequate Minimum wages setting also requirements for bargaining coverage are relevant for the care sector mainly in the aligning of minimum wage floors determined in the higher-level agreement for public service and the Directive's stipulation on the adequate minimum wage.

VI. Conclusions

The social services sector in Slovakia encompasses care for the elderly, people with disabilities, and children. Care is provided through three main types: residential services, subsidized home care offered by professional organizations, and non-subsidized personal services fully paid for by clients. The sector faces significant underfunding, with staffing levels among the lowest in the EU at 1.5 workers per 100 residents aged 65 and older. Wages are low, leading many workers to seek higher-paying care roles abroad.

Collective bargaining in Slovakia's social services sector primarily focuses on residential care services. The main trade union, SOZZaSS, organizes 44% of the workers in this sector. However, challenges to collective bargaining include limited union membership, free-riding where non-members benefit from negotiated agreements, and employees' reluctance to engage in union activities due to heavy workloads and employer resistance.

Several key challenges hinder collective bargaining in the sector. These include:

- **Structural issues:** fragmentation among unions and a lack of organised employer participation in bargaining processes;
- **Coverage gaps:** many private care homes are excluded from collective agreements, leaving workers without protection or standardized working conditions;
- **Wage misalignment:** some collectively agreed wages fall below the statutory minimum wage, necessitating adjustments to align wage levels. Funds are used for this purpose, which in turn hinders upward wage convergence and a transparent wage setting of higher-skilled and higher-educated care staff.

Overcoming of these challenges and the development of smart bargaining practices in social services requires stronger collaboration between unions and employers, better alignment of wage structures, and targeted strategies to address sector-specific challenges.

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