

## CELSI POLICY PAPER 2025

# Slovak home carers working in Slovakia and abroad – from precarious to safe working conditions

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### Key points

The [Care4Care](#) project's policy paper aims to improve working conditions for Slovak home care workers in Slovakia and Austria by preventing exploitative labour, promoting safe migration, and establishing international networks for sustainable cooperation.

The paper discusses challenges in Slovakia's home care sector as the main drivers of the care drain to Austria. Addressing the challenges, such as budget constraints, declining service quality, and care worker shortages, would mitigate the many factors contributing to care migration. The paper also suggests strategies to regulate 24-hour care and improve working conditions in Austria.

### Key findings

Home carers in Slovakia receive low wages, often slightly above the minimum wage. The physically demanding nature of the work and low pay make these positions unattractive, leading to a shortage of qualified workers. Home care workers lack job security, operate often informally, and face unpredictable working hours, leading to job precarity and stress and mental health risks due to client expectations and exposure

to hazard situations for both the caregiver and the cared-for person. Slovakia has one of the lowest long-term care worker ratios in the EU, with only 1.5 workers per 100 older adults, indicating a significant role for families in caregiving.

Low wages in care sector Slovakia drive migration to Austria. Slovak caregivers in Austria work as self-employed, paying taxes and making social security contributions themselves. Slovak and Austrian agencies coordinate their work. Agencies have significant control in the 24-hour care structure, often acting like employers, while caregivers have limited influence, leading to an imbalance in power. Some agency contracts include restrictive clauses such as inconsistent termination conditions and penalties for continuing work after contract termination.

### Key recommendations for Slovakia

Ratify the ILO Convention on Domestic Workers to regulate labour status and working conditions. Ensure adequate funding for social services to improve home care and working conditions. Establish qualifications and education standards for caregivers to enhance the quality of care. Regulate "care mediation" for intermediary agencies to promote safe working migration.

## Introduction

The [Care4Care project](#) addresses the working conditions of home care and 24-hour care workers in Slovakia in relation to Slovak care workers in Austria. The aim is to explore the prevention of exploitative working conditions and the promotion of safe labour migration. The additional objective of the project is to build up networks and cooperation between relevant stakeholders on an international level through exchange meetings and study visits and to develop a strategy that ensures sustainable cooperation after the project.

Over the past decades, relevant changes have affected home care services, with distinct effects on providers, the workforce, working conditions, and employment relations. Many European countries face increased demand for home care services and increased difficulties in providing them under austere conditions. As a result, a more intense trend toward home care service privatisation and marketisation and pressure on employment relations and working conditions emerged. In Slovakia, home care

services are among the most challenged regarding increased demand, budgetary constraints, and job and service quality.

The paper is based on desk research and interviews with various stakeholders, including NGOs and social partners engaged in in-home care services in Slovakia. It also uses the findings from other projects with similar or overlapping objectives.

The policy paper first briefly describes Slovakia's home care system, including the working conditions. It then indicates the most significant challenges to the working conditions of the Slovak home carers working in Slovakia and Austria and the practices addressing these challenges. Promising practices on the regulation of 24-hour care are presented, concluding with the recommendation for Slovakia to improve the working conditions for Slovak home carers and mitigate the care drain for home care services.

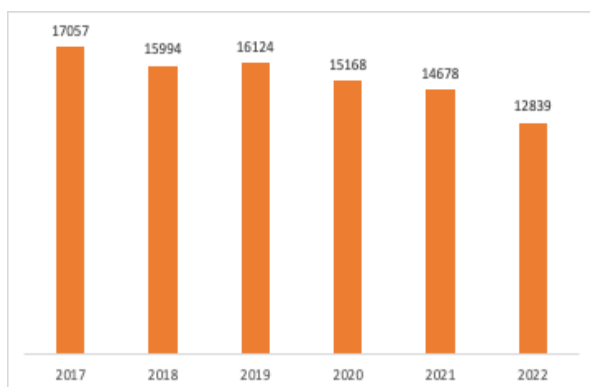
## Working as a home care worker in Slovakia

The responsibility for the home care system is split between the Ministry of Labour, Social Affairs and Family, and the Ministry of Health. Social services are mostly provided by local and regional municipalities, funded by their and state budgets, client payments, and other

contributions. Payments for home care services are typically less than 50% of the median income for older people. The investments in home care services are not sustainable, primarily relying on funding from national projects supported by the European Union (Holubová, 2024).

Home care services in Slovakia are divided into two categories: home care services for dependent individuals (domáca opatrovateľská služba), which fall under social services, and home health services for dependent individuals (domáca ošetrovateľská služba), which are part of the healthcare system and long-term care (LTC). Home carers need at least 230 hours of care training to qualify for the job, while home health services are provided by nurses and regulated by the Ministry of Health. Social insurance covers costs for necessary home health services.

**The number of employees in home care services (in persons, 2013 – 2022)**



Source: Ministry of Labour, Social Affairs and Family of the Slovak Republic (2023)

Public municipal home care services are scarce, leading many to rely on private services, which may not be affordable. Additionally, Slovakia has one of the lowest ratios of long-term care workers in the EU, with only 1.5 workers per 100 older people (European Commission, 2021). This shortage, particularly in the home care sector, suggests that family members (informal carers) remain the main long-term care providers. Slovakia struggles to recruit workers for long-term care more than

retain them. Moreover, the number of employees in home care services decreased from 2017 to 2022 (Ministry of Labour, Social Affairs and Family of the Slovak Republic (2023)).

Upcoming reform, driven by EU criticism, aims to enhance community-level social services. It should advance the development of social care in the realm of households. The changes include a "personal account" or care allowance directly available to those needing care, offering flexibility and autonomy in choosing services. The personal account may be in the form of direct payment (care allowance) or in the form of a card – voucher to purchase the care service. The working conditions of the home carers will depend on their employment status, which has not been set yet. The reform, starting in 2026, will depend on large investments, primarily relying on European funds (Holubová, 2024).

**Key challenges in working conditions:**

**Home carer positions are both unattractive and demanding.** The unattractiveness of the home caregiving service is primarily due to the low wages paid to caregivers. Although caregivers' wages have recently increased, they often remain slightly above the minimum wage. Low wages and the physical demands of performing the care service result in a lack of qualified labour in care services (Filipová et al., 2021). Average gross monthly wages are at the level of 846 EUR, which is significantly below the average wage in the national economy (1,430 EUR in 2023). Wages may vary by region and profession. For a health nurse who

provides home health care services, the average gross wage might be 1,700 EUR per month. Salaries are lower in all regions outside of Bratislava (Holubová, 2024).

**Low job sustainability and social security:**

Formal home carers are usually employed under standard employment contracts, either regulated by the Act on Public Interest Work (for public providers) or by the Labour Code (for non-public providers). However, the availability of such contracts depends on funding from the municipality and often national projects designed to support home care services. A considerable share of home care workers are self-employed, which does not provide the same level of security as employment under the Labour Code. Many homecare workers work without declaring their income, meaning they do not have any social security coverage (Holubová, 2024).

**Precarity due to the working time:** Precarity often stems from unpredictable working hours and overall working time, which frequently results in excessive and unpaid overtime. For formal home care for seniors, working time depends on the number of hours per day agreed upon between the provider and the client. Typically, they work 4 or 8 hours per day during regular working hours. Often, the number of hours is insufficient for the needs of the client's family. In such cases, carers work overtime, which is not properly monitored. It is also problematic that if the client is hospitalised or the family suddenly changes plans and takes care of the client themselves, the working hours become unpredictable (Holubová, 2024).

**Precarity due to the scope of the workload:**

The precarious working conditions of home carers may result from the insufficient scope of work and required activities, leading to greater exposure to work-related stress. The issue also lies in the job description for home caregivers, which needs to be more comprehensive and clear.. According to the Social Services Act, home care also involves household support tasks, such as 'the delivery of coal, the delivery of wood, the removal of ashes, the delivery of water, the heating of heating elements and their cleaning', or 'positioning of the client' (Act no. 448/2008 Call, Attachment No. 4.) Some of this work is physically demanding, without proper protection of work health and safety rules for the carer. The broad range of household support work and supervision by the self-service tasks can be easily exploited, leading to potential abuse of home caregivers who may be asked to perform tasks beyond the scope of their agreement or prescribed competence (Holubová, 2024).

**Risk to mental health and burnout:** Home care workers are often stressed by the client's families – they expect much more work than agreed and control the carer, despite not being the employer. Home carers are often involved in family relations issues, such as the unwillingness to care for a family member or inappropriate behaviour towards them. Caregivers are frequently exposed to life-threatening situations when they provide first aid to their clients and save lives, impacting carers' stress levels and mental health (Holubová, 2024).

## Slovak 24-hour carers in Austria and Slovakia

Approximately 13,000 caregivers from Slovakia<sup>1</sup> regularly travel to neighbouring Austria for two-week tours to provide care for the elderly and sick. The biggest drivers for working abroad are still the low wages in Slovakia and the lack of well-paid and suitable jobs for elderly women in Slovakia, specifically from the eastern and southern regions. The monthly gross payment for 24-hour home care services in Austria ranges from approximately 1,000 to 1,500 EUR. (Durisová, 2017).

The 2007/2008 Home Care Act (Hausbetreuungsgesetz) allows the organisation of care work and domestic support for a person in the private home to be based either on an employment contract (in which case working time regulation applies) or self-employment. A new professional category has been created for the so-called 24-hour care, the 'carer for persons' (Personenbetreuerin), and the tasks have been defined in the Trade, Commerce and Industry Act (Gewerbeordnung), including some paramedical and nursing tasks if delegated to the care worker by doctors or nurses. Self-employment falls outside the scope of the Austrian Working Time Act, and no minimum wage regulation applies (however, solo self-employed persons are covered by all social insurance schemes except unemployment insurance in Austria) (Scheiwe, 2021).

Most private contractors choose self-employment of care workers (amounting to 99 percent of 24-hour care arrangements). It is very questionable whether these care workers would be categorised as self-employed under EU law if they work under the detailed instruction of one employer for long hours (up to 24 hours as a live-in) on the premises of the person in need (Scheiwe, 2021).

Most Slovak caregivers deliver 24-hour care on a freelance basis (self-employed model). As sole traders, they contribute to and pay taxes into the Austrian social security system. The caregivers typically seek assistance from intermediary agencies in Slovakia to find work or new clients. The overall coordination of 24-hour care is achieved through international cooperation between Slovak and Austrian agencies (Durisová, 2017).

Within the 24-hour care structure, agencies play a crucial role, while carers are less influential. This imbalance is evident in agencies' behaviour, which often act as quasi-employers.

Some agency mediation contracts contain clauses addressing inconsistent conditions for terminating the contractual relationship. These inconsistencies may involve different notice periods, reasons for termination, associated sanctions, competition, confidentiality obligations for nannies and carers, and the

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<sup>1</sup> Data of the Chamber of Commerce in Austria on the registered carers from Slovakia in 2023

agency's exclusion of liability for successfully mediating the client (Durisová, 2017).

Certain agencies may impose contractual penalties if they terminate the contract with the person being cared for, and the caregiver continues to work in that person's home. In known cases, these fines have ranged from EUR 1,600 to EUR 6,600 (Durisová, 2017).

Some agencies require carers to give them power of attorney in matters related to their trade, how their fees are paid, or the payment of social security contributions ( Durisová, 2017).

As agencies aim to compete in the care work market, they offer care workers at the best possible price. Most agencies, as well as the carers or their families, justify the wage differences by citing variations in income and living standards between Austria and the carers' countries of origin (Durisová, 2017).

### **24-hour home care in Slovakia**

The Act on Social Services (Act 448/2008 Call.) does not exclude providing a 24-hour home care service. If the care service is provided directly by the municipality, it is directly obliged by law to finance this social service provided within its self-governing jurisdiction (Liptáková,

2024). If the 24-hour home care is provided by the public provider, the employment relations between the carer and public social services providers should be regulated accordingly to the work. <sup>2</sup>

However, 24-home care sometimes exists only as an informal 'voluntary' arrangement. This kind of arrangement overlaps with formal home care services. The family or the home carer agrees on the expanded hours during the night, on weekends, etc. The working conditions are rarely regulated. Experts estimated that the demand for 24 hours will increase, and there is a need for regulation (Holubová, 2024)

Currently, a reform financing of home care services is in the pipeline. The core is based on the 'personal services account' designed as a new social insurance benefit. The reform also addresses the status of the care workers. It will depend on their employment status. Either they will be regular contract employees of the municipalities or self-employed with regulated working conditions. In the case of 24-hour care, more than one carer is considered. On the other hand, the current Austrian model is regarded as a good example, which is proven to be questionable (Holubová, 2024).

## **Promising practices for 24-hour care workers**

The analysis conducted for IG24 and LEFÖ-IBF in 2023 has provided promising practices aimed

at organising regulations and improving working conditions to mitigate precarious work among

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<sup>2</sup> More at <https://www.employment.gov.sk/files/slovensky/rodina->

[socialna-pomoc/socialne-sluzby/faq/domaca-opatrovatelska-sluzba.pdf](https://www.socialna-pomoc/socialne-sluzby/faq/domaca-opatrovatelska-sluzba.pdf)

domestic workers. The main characteristics of the promising practices are provided as follows:

General findings show that an employment model with a third-party employer is preferable for both workers and clients. Additionally, non-profit co-operatives are an attractive model for establishing collaborative arrangements between recipients and caregivers, as well as for creating sustainable career options (Sagmeister, 2023).

Crucial regulatory challenges for the domestic care sector were defined (Sagmeister, 2023):

- Regarding formalisation and information, the importance of written contracts and the availability of relevant legal documents in multiple languages and in clear and plain language can be highlighted.
  - Recruitment and employment administration can be organised through employers' and workers' organisations, and digital tools might ease the administrative burden, especially when established in a non-profit way, as the example of the Equal Care platform shows.
  - Challenges regarding probation periods and termination arise primarily in direct household employment; the employer's death should not lead to the immediate loss of the worker's residence or affect their migration status.
  - The observance of tenancy law might serve as a solution, and including domestic care workers in unemployment benefit schemes reduces vulnerability.
  - The most promising approach is employment with a third party, such as a public service provider, as it ensures sustainable employment independent of individual clients.
- Working time standards must still be met, as good care requires well-rested care workers. Care workers deserve days off and holiday leave and must be compensated accordingly for overtime and night work.
  - Employers must employ more than one worker if the care need is more significant than can be accommodated within existing working time standards.
  - Precise definitions of working and standby hours and resting periods are crucial to ensure compliance.
  - As a typical feature of live-in care work, standby time is one of the most critical points requiring regulation.
  - The Swiss 'on-call duty' requires that the worker can be reached by telephone and be on site within a specific time frame as an alternative to long standby hours. The involvement of family members and/or volunteers can bridge gaps if well organised, as the example of Equal Care's 'Care Teams' demonstrates. Regulations regarding health and safety at the workplace should apply, and as most domestic workers are women, maternity protection and protection from sexual harassment are of particular importance.
  - Regarding remuneration, there are no justifications for a different treatment of domestic care workers or an exclusion from minimum wage regulations.
  - Payment in kind should only be deductible from wages up to a maximum limit and must reflect the actual value of accommodation and food, for which precise standards must

apply. Support for households in managing care costs should not be reached through lower wages but through subsidies.

- Innovative approaches to labour inspection can help to balance privacy and workplace protection and enhance the implementation of relevant laws. Document inspections

(contracts, time recordings, etc.) can occur without entering the household, but on-site inspections at private households with prior consent or a court order are also possible.

## Employment Model in Personal Care

A new study (Segameiter, Grolmus, 2024) focuses on labour and social law frameworks for personal care employment in Austria, emphasising the 24-hour care sector. While the self-employed model has been prevalent, the employment model offers significant benefits for both carers and families.

### Advantages of the Employment Model

The employment model provides entitlements to vacation, continued wage payment during illness, and unemployment benefits. Minimum wage provisions apply through collective agreements or tariffs, depending on the model. Social security contributions, including health, pension, and unemployment insurance, are shared between employees and employers, offering better protection for carers. Employees benefit from contributions to pension plans and unemployment insurance ensures better protection during periods of unemployment. Employing carers through a social provider (bearer model) is more efficient than direct employment by households (household model), securing better working conditions for carers

and reducing administrative burdens on individual households.

### Migration Context

Many care workers commute between Eastern Europe and Austria, raising issues regarding accessing social rights, including unemployment and pension benefits. Austrian law offers benefits after 52 weeks of insured employment, compared to Slovakia's 720-day requirement. The employer partially pays pension contributions, and the entitlement to a compensation allowance depends on the country where the pension is spent, which is especially important in migration cases.

### Labour law application

The labour law's application provides employment advantages such as vacation rights, continued wage payments, and minimum wage protection. It also mandates special payments and bonuses for night work. The Austrian Home Care Act from 2007 allows long working hours and two-week work periods, but the treatment of on-call time as non-working



time is criticised as carers remain constantly available. The employment model, particularly under the SWÖ-KV agreement (Collective Agreement for the Social Economy in Austria), offers better protection than direct household employment, including protection against sudden job termination due to the care recipient's death.

In conclusion, the employment model, especially with social providers, is more advantageous for workers and families, providing better legal protections, social security benefits, and reduced administrative burden. The migration and social rights issues for carers commuting between countries remain a significant consideration.

## Recommendations for Slovakia

Based on the key findings, the following policy implications are proposed:

- Ratify the ILO Convention on Domestic Workers to provide a basis for more adequate regulations on domestic workers' labour status and minimum working conditions requirements.
- A comprehensive approach involving regulatory, financial, and professionalisation strategies is recommended to tackle challenges in the care sector, including the migration of workers abroad. Ongoing dialogue and collaboration among unions, associations, and government bodies are crucial for driving improvements in the home care sector.
- Ensure sufficient funds are available to implement the Social Services Financing Reform. With increased investments, the reform may improve the situation of in-home care services.
- Define caregivers as an independent profession in law, outlining competencies and clarifying their role within social or health sectors based on prevailing competencies.
- Introduce a register of home care workers, similar to the register of health nurses, to support professionalism and increase the status of domestic workers.
- Establish qualifications and continuous education standards for caregivers, defining in law the competencies and status of qualified and unqualified caregivers receiving carer allowances.
- Promote greater cooperation between social partners representing the interests of people working in the sector, thus increasing their unionisation to formulate common goals and demands.

For Slovak caregivers working abroad (Based on the proposal of the Chamber of Caregivers of Slovakia):

- Establish regulated trade, "care mediation," for intermediary agencies so that they are registered and easy to identify.
- Introduce state control of Slovak intermediary agencies.
- Define by law agency contract terms to protect caregivers' rights and prevent practices like agency transport contracts and double commissions.
- Monitor Slovak carriers to ensure drivers transporting caregivers abroad adhere to rest intervals.
- Ensure foreign agencies' conditions comply with home country laws and monitor for signs of abuse or modern-day labour exploitation.

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