# Challenges for Organising and Collective Bargaining in Care, Administration and Waste collection sectors in Central and Eastern European Countries

## CZECHIA: Care sector

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## 1. Methodological preface

This report is based on five interviews and desk research and the research conducted previously within the research projects of PERHOUSE, PHS-QUALITY and BARSOP, covering Czechia. The list of conducted interviews:

| Respondents | Interview date | Interview code |
|---|---|---|
| Czech Association of Nurses - representative of the section of homecare services | Nov 2023 (updated May 2024), in person | INT1_healthcare |
| The trade union of employees in social services ALICE | Nov 2023 (Updated May 2024), online | INT2_union_social |
| Trade Union of Health Service and Social Care in Czechia (Odborový svaz zdravotnictví a sociální péče České republiky, OSZSP ČR) | May 2024, online | INT3_union_social |
| Czech-Moravian trade union of employees in education (Českomoravský odborový svaz pracovníků školství, ČMOS PŠ | May 2024, online | INT4_union_education |
| Association of social care providers (Asociace poskytovatelů pečovatelských služeb, APPS) | Jan 2024, online | INT5_employer |

## 2. General characteristics of the sector

**Before going into details of the sector characteristics, it is necessary to explain how the sector is organised regarding public/private employers and financing.** The Act on Social Services 108/2006 coll. All providers, public, private, and non-governmental (non-profit), must register as social care providers, encompassing long-term care social services and social assistance centres. These providers are entitled to subsidies from the public sector only with the registration. Nevertheless, being registered does not automatically mean that the provider receives the subsidy. As a source of financing, providers can also collect fees, but the law caps them. Providers outside this system are business entities not authorised to provide social services, which represents the risks for clients. Some of these private providers occur primarily in elderly residential care and, to some extent, in child care.

**Healthcare services in long-term care are financed through healthcare insurance companies** and provided either by hospitals or private, primarily non-profit organisations in the case of home care services. The primary source of healthcare funding in Czechia comes from mandatory health insurance, which health insurance companies administer. Local governments may also

provide additional funding for local healthcare providers, but most of the financial responsibility lies with the central government and health insurance companies.

**Childcare has several sources of financing distinguishing facilities for children below 3 years, financed and regulated by the Ministry of Labour and Social Affairs (MoLSA),** and those above 3 years of age are financed and regulated by the Ministry of Education, with municipalities formally acting as providers. Private institutions can act as providers in both sub-segments, although public sources are significantly limited for these providers. One notable exception is EU funds, which compensate for part of the operational costs of facilities to increase the accessibility of care for kids below 3 years old.

The central government focuses on regulatory oversight and policy development, while local governments manage the operational aspects of healthcare and social care delivery within their jurisdictions. This includes overseeing local hospitals and social and healthcare facilities, ensuring they meet national standards and community needs.

The main types of providers, financing and responsible ministries are depicted in the following table:

*Table 1 Type of providers in care services in Czechia*

| | **Long-term care (health care and social care)** | | **Social assistance centres** | **Childcare and pre-school education** | |
|---|---|---|---|---|---|
| | **Health care** | **Social care** | | **Childcare** | **Pre-school education** |
| **Ministry responsible for the policies and regulations in the sector** | Ministry of Health | Ministry of Employment and Social Affairs | Ministry of Employment and Social Affairs | Ministry of Employment and Social Affairs | Ministry of Education |
| **Type of institution** | Hospitals and specialised centres for long-term care<br>Home healthcare services | Providers of social care (institutionalised and home care) | Providers of social care (institutionalised and home care) | Nurseries, child groups (for kids in the age of six months up to 6 years) | Pre-primary schools (for kids from 3-6 years old) |
| **Providers** | Public (hospitals, regional and municipal organisations) and private | NGOs, public (regional or municipal organisations) and private providers | NGOs, public (municipal or regional organisations) and private providers | NGOs, public (run by municipalities) and private for- | Public (run by municipalities) and private providers |

| | | | | | |
|---|---|---|---|---|---|
| | (NGOs and for-profit organisations) | | | profit providers | |
| **Financing** | Public (dominant) - channelled through insurance companies, regulated by the ministry | Public (dominant) 60% public, 38% non-profit private, 2% for-profit private | Public (dominant) | Both public (mostly EU funds) and private (individual payments for care services) | Public (dominant), private (individual payments for care services) |
| **Collective bargaining dominant level (occurrence)** | Establishment level (moderate – at bigger establishments) | Establishment level (rare) | Establishment level (rare) | Establishment level (scarce) | Establishment level (scarce) |

Source: own compilation

**The ageing population is driving the policies in the area of long-term care**. Projections show that 30% of the population will be older than 65 by 2030, and the number of older people will almost double (MPSV, 2021). This increase in the number of older people is expected to increase employment in the social and healthcare sector by 11 thousand workers, which is 30% more than now (Horecký & Průša, 2019).

**In Czechia, 11.5% of the population above 65 years of age receive long-term care, the OECD average** (OECD, 2023). 81% of those receiving long-term care were provided at home, above the OECD average (OECD, 2023). Nevertheless, a significant part of this care is provided by informal carers (ibid) as there are only 2.4 long-term care workers per 100 people older than 65, compared to 5.7 OECD average.

**According to evidence from the Ministry of Labour, there are 113 ths. Employees in social services**, of which 50% are employed in senior care, another 25% in other social assistance centres (daily care services, stationeries, ambulant services) and the rest in other services (e.g. asylum houses, shelters of other ambulant services)(MPSV, 2023). According to Eurostat, the number is higher, with 130 ths. employees (Table 1)

*Table 2 Employment in NACE 87 and 88*

| Category of services | NACE code | Name of the NACE unit | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LTC and SAC | 87 | Residential nursing care activities | 72.4 | 68.5 | 73.8 | 72. | 65.9 | 72.9 | 77.1 | 82.4 | 82.0 |
| | 88 | Social work activities without accommodation for the elderly | 29.8 | 31.7 | 29.6 | 36.9 | 36.4 | 42.3 | 42.7 | 41.4 | 48.2 |

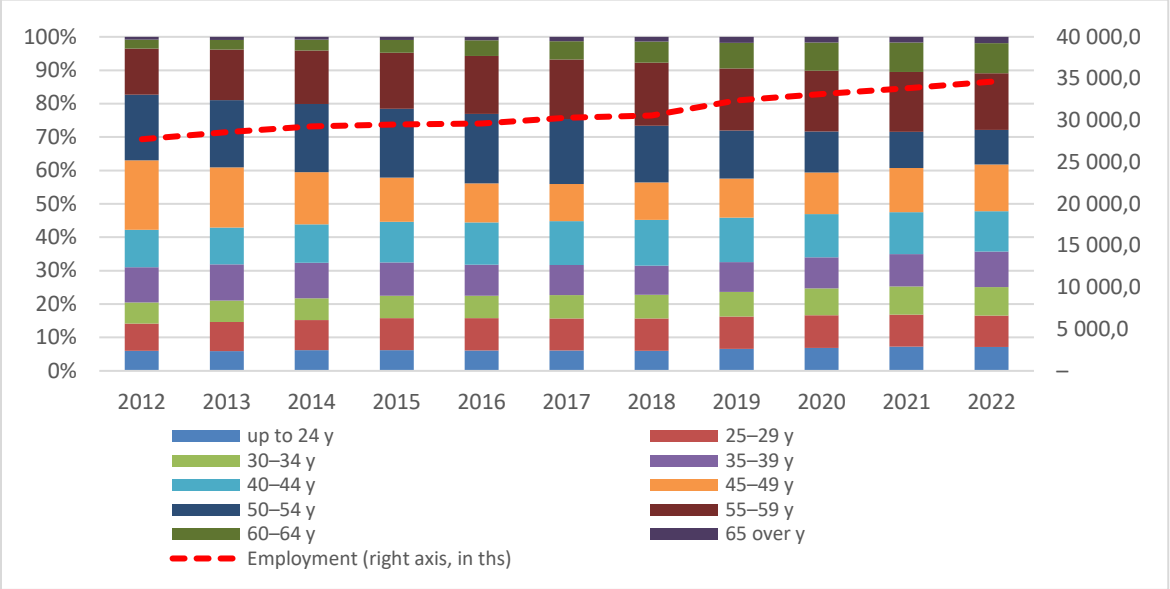
Source: Eurostat [lfsa_egan22d]

**Childcare and pre-school education**

**There are 50.756 employees in pre-primary education, of which 34.7 ths are teachers, and the rest are support staff such as cooks, cleaners, and assistants.** The support staff share increased between 2012 and 2022 by 6% or seven ths. (Ministry of Education, 2023). Similarly, the number of teachers increased by another seven ths. employees. The increased employment accounts for an increased number of children in pre-primary education, but also efforts to provide better inclusion measures through more stable financing to teaching assistants and other supportive measures. The result is the improved ratio of children per employee, which decreased from 12.8 to 10.7 in 2022 compared to 2012 (Ministry of Education, 2023).

**The sector suffers from staff ageing; especially significant is the increase in the age group of 60 to 64y**, which is a combined effect of increasing retirement age and labour shortages in the sector. At the same time, the number of employees from young cohorts (up to 34y) increased by three percentage points in 10 years (Figure 1). This increase can be attributed to improved working conditions, increasing wages, and extended opportunities to work in this sector as teaching assistants, which young women very often undertake. Qualification of employees increased as well, with the share of those with university education (bachelor's degree) increasing from 7 to 15.7% between 2012 and 2023, while the share of those with completed secondary education decreased from 82% to 66.5% (Ministry of Education, 2023).

*Figure 1 Employment and ageing in pre-primary education*




Source: Own compilation based on (Ministry of Education, 2023)

**Czechia has a very low share of children under 3 years in institutional care.** The estimated share is 7%, while the Barcelona target is 33%. Similarly, 81% of children between 3 and 5 years old attend pre-primary education facilities, but the target is 90% (MPSV, 2021).

**To increase participation rates of children in care and education facilities, in 2014, Czechia introduced legislation allowing for the establishment of Child Groups (Dětské skupiny),** an organisation for kids from 6 months to 6 years. More than two-thirds of kids in Child Groups are between the ages of 2 and 4 years, and they attend this organisation before entering pre-primary schools (Paloncyová & Höhne, 2023). Child groups were introduced to satisfy the demand for facilities for kids under 3 years old because classic nurseries were cancelled in 2013 without replacement. Kids aged 2y and more were supposed to be gradually accepted by kindergartens, but this was possible in areas where the demand for kindergarten was relatively low. However, in the case of urban areas with difficulties finding capacities for even 4-year-olds, this was impossible. In search of a more flexible childcare option, the Ministry of Labour introduced child groups with lower education requirements for the staff. It allowed for a lower staff/kids ratio than kindergartens.

**The Ministry of Education, Youth, and Sports allocates funds from the state budget for direct expenses of kindergartens and nurseries to individual regions.** According to the Education Act, direct expenses include salaries, wage compensations, bonuses, severance payments, contributions to social security and general health insurance, teaching aids, and other expenses

specified in the law (Ochrana et al., 2010). Workers in the public sector are paid according to their assigned pay grade.

**Child Groups, in contrast, are primarily funded through EU structural funds, employers, NGOs, municipalities, and parental contributions rather than direct state financing.** However, providers of child groups can apply for an operating subsidy from the state (MPSV, 2024). Consequently, wage-setting is determined by market conditions. The higher occurrence of flexible working contracts in these facilities may also contribute to lower wage averages.

**In 2023, over 1400 child groups were operated by 910 providers with a capacity of 20 ths. children** (Paloncyová & Höhne, 2023)**.** The maximum number of kids in one group is limited to 24. Data about employment in the sector is not available. Wages in the Child Groups differ; in the public providers, it is 31208 CZK (1248 EUR), while in the private providers, it is 28441 CZK (1137 EUR). The wage difference reflects that public sector providers (usually municipalities or public institutions) face fewer budget constraints than private (including NGOs) providers. Compared to pre-primary education, wages are 150 to 200 EUR lower.

## 3. Major problems and challenges in the sector

**Long-term social care and social assistance centres, which in Czechia both fall under social services,** suffer from labour shortages[1], low wages, and an unqualified workforce. Specific issues arise in the home care social services subsector.

The average **wage in the sector for social care is 37 ths CZK (1400 EUR) in the private providers and 42 ths in public providers**, which is below the average wage in the public 44 ths CZK and private sector (46 ths CZK) ((MPSV, 2023). Nurses' wages in the social care sector are higher, varying from 41 to 50 ths CZK (1640 EUR to 2000 EUR). However, compared to wages of nurses in hospitals, these are lower (in hospitals, nurses' wages vary between 1760 EUR to 2160 EUR monthly)(ibid). At the same time, a low share of those working part-time or having a fixed-term contract exists. The prevailing type of contract is full-time (OECD, 2023).

[1] Employers estimate that in 2023, 1600 employees were missing at 700 employers in the sectors, while in 2021 the estimates were around 1000 missing employees, thus the labour shortage intensifies in the sector. (INT_employer)

**The average wage in childcare services was 34,940 CZK in 2022 (1400 EUR**). Due to inflation in 2021 and 2022, real wages in 2023 dropped by 15 %, around 4 ths. (160 EUR) in monthly wage decrease (Ministry of Education, 2023). In preschool education (from 3 to 6 years), respondents mentioned the most striking problems in working conditions, low wages, increasing administration requirements, and the high number of kids in kindergartens, increasing employee stress and overload**.** A significant problem in kindergartens is workforce ageing and the high fluctuation of younger workers (INT4_union_education). In child groups for kids up to 3 years old, it is unstable/short-term work contacts.

**Low wages are a widespread problem in the care services sector, but specifically, they are affecting the private, not-for-profit sector**, where dominant providers are NGOs. The problem is state financing, which allocates sources on a short-term yearly basis, leaving providers uncertain about the allocated budget from public sources. *"And what happens there is that there's just no way to deal with those employers in the long term to improve those conditions because they just don't know their budget for the next year."* (INT2_union_social).

**Working conditions in the sector are challenging in the private care homes owned by multinational corporations**. "*We see how much clients pay for their stay, but the business logic of private providers is such that costs must be low; thus, they save labour costs, paying lower wages than in the public sector."* (INT2_union_social). An associated problem is the high number of clients per employee in these centres.

**The specific problems are costs and extended working hours in the home care services caused by commuting to clients**. Moreover, home care is connected with physical challenges related to individualisation and separation from colleagues, safety concerns, especially when visiting aggressive clients (e.g. those with Alzheimer's who do not remember people), or sexual harassment and inappropriate behaviour from older men (also often associated with Alzheimer's disease). Supervision and support in difficult situations (e.g. If the client passes away) are poorly regulated in the sector, and employers do not pay enough attention to them (INT2_union_social).

**Migrants work primarily in elderly care services and are often exposed to exploitation from agencies** and work in the informal part of the sector. Moreover, migrant workers often lack the needed language skills. Each employee must also undertake 150 hours of training to provide care services if he/she wants to work in the care sector. *"The problem is that employers fake*

*documents about undertaking this course, as it is possible to undertake it online. There is no control in this respect, and migrants thus do not have appropriate training to be caregivers"* (INT2_union_social).

**Another problem is bogus self-employment, especially in the home care services** or work contracts with decreased hours. Unregistered providers are also mushrooming in the sector, representing challenges because there is no control over service provision and working conditions.

## 4. Characteristics of social dialogue organisations in the sector

Social partners in the sector are represented by several trade union organisations and employer associations, as depicted in Table 3.

*Table 3 Social partners in the sector of care*

| | Organisation | Sectors covered | Number of Members |
|---|---|---|---|
| **Trade unions** | Trade Union of Health Service and Social Care in Czechia (Odborový svaz zdravotnictví a sociální péče České republiky, OSZSP ČR) | Social care and healthcare (incl. long-term care) | 45 ths members, of which 3000 are in social care services, 80% are estimated to be organised at public providers, and 20% at private |
| | ALICE | Social care workers | 500 members |
| | Czech-Moravian trade union of employees in education (Českomoravský odborový svaz pracovníků školství, ČMOS PŠ) | Education workers, including those in pre-primary schools | N/A (number very low, pre-primary schools are rarely organised) |
| **Employers** | Association of social care providers (Asociace poskytovatelů pečovatelských služeb, APPS) | Social care | 1 246 providers of social services in 2 785 establishments |
| | Other: Czech Council of Social Services (100 organisations), Confederation of Social Services Providers (200 organisations), Charitas (300 member organisations), and Diakonie ČR (40 internal organisations) | Social care | 640 organisations |
| | Association of providers of child groups (Asociace provozovatelů dětských skupin, APDS) | Childcare (child groups) | Associates 205 providers, with 380 establishments which care for 5200 children |
| | Association for pre-school education (Asociace předškolní výchovy) | Pre-school education | N/A |
| **Other** | Czech Association of Nurses (professional association) | Healthcare nurses in homecare | N/A |

Source: own compilation

The central platform where social partners meet is the working teams at the tripartite body Council for Social and Economic Agreement (Rada hospodářské a sociální dohody, RHSD). Social work activities are discussed at this so-called small social tripartite. Similarly, education has its working team as well.

## 4.1. Challenges for organising employees

**Establishing a trade union in the smaller establishments of social and childcare services is difficult, which usually account for a maximum of 20 employees.** It is because of employers' hostility towards trade unions and employees' unwillingness to start formal negotiations in such small facilities (INT3_union_social, INT4_union_education). Formally, the establishment level is where social dialogue and collective agreements should be bargained, as no sector-level negotiations are taking place.

**In social services, the home care workers were mentioned as challenging to organise because of dispersed workplaces**, high turnover and precarious working conditions leading to the lack of time devoted to organising (INT2_union_social). In child care, pre-primary education facilities with usually up to 20 employees are seen as impossible to organise, as there are more than 5,300 of them; child groups are similarly non-organized. There are ongoing organising campaigns and activities in the healthcare trade union OS ZSP focusing on hospitals and residential social services (INT3_union_social).

## 4.2. Good practices for organising employees

**Good practices mentioned by respondents included experience with resolving the bad working conditions after the activation of workers** and establishing a trade union organisation, resulting in improved working conditions. Instead, advanced forms of organising are applied in the trade union organisation ALICE, which tries to persuade and actively recruit employees by offering services and educating them about the power resources of labour. Organising at multinational care providers was also mentioned as a successful story leading to real improvements.

Membership in trade unions is usually based on affiliations to basic trade union organisations at the establishment level. Nevertheless, given the dispersed form of workplaces, some higher cross-establishment units should be considered. All three sector trade union organisations allow individual membership, which could be used more often, given the high fluctuation in the sector.

**An exciting practice has appeared recently in terms of organising workers into professional associations instead of trade unions.** There are two professional associations of workers in social care services: those with healthcare backgrounds and those with social backgrounds. Both are affiliated with the employers' organisation APSS. The number of members is unknown.

### 4.3. Characteristics of employer representation

**Public, private for-profit, and private non-for-profit providers are present in the care sector.** The largest employer organisation is APSS, which associates 1,246 providers of social services in 2,785 establishments. Five other organisations operate in the sector (see Table 3). (Cibuková et al., 2022).

**Representatives of APSS are aware of the benefits of sector-level collective bargaining and are open to negotiations according to their representative** (INT5_employer). Nevertheless, the anecdotal evidence of trade union respondents suggested that, in general, employers in the sector are hostile to trade union establishment at the company level (INT3_union_social)

**In education, school directors (mostly primary and secondary) act as employers,** but public budgets limit their competencies in increasing wages; thus, establishment-level bargaining is limited to some employment benefits.

## 5. Collective bargaining and other forms of social dialogue in the sector – characteristics

**In all three care subsectors, individual organisation-level collective bargaining prevails**, and collective agreements are only concluded at the establishment level. Estimated coverage in the social care sector is 20% (Eurofound, 2020), and in pre-primary education and childcare, it is even lower (but no estimates are available).

**Both representatives of employees and employers expressed willingness to conclude a collective agreement at the sectoral level.** Nevertheless, there are mutual reservations and a lack of will to proceed with collective bargaining (INT3, INT5). The two main issues for employers are:

- disagreement with increasing wages via tariff increases (to all employees by government order) but via personal increases, thus having the possibility to differentiate between workers

- disagreement about personal standards. While trade unions aim to establish a maximum number of clients per employee, employers want to establish a minimum.

*"So, those are the two disagreements we have. Otherwise, we have practically the same idea about the changes."* (INT5_employer).

## 5.1. Content analysis of collective agreements

**Collective agreements at the company level are not available because employers commonly require them to be unpublished.** Thus, we build our evidence on the secondary resources related to collective agreements signed in the sector last year in the two important private providers of elderly care, Alzheimer's Home and Senecura.

**In 2023, the trade union of employees in social services ALICE signed a breakthrough collective agreement** in the Czech private care sector with the largest provider of private residential care, Alzheimer Home Company. The company runs 30 establishments nationwide, employing 1500 employees and providing 3000 beds for people with Alzheimer's or other dementia diseases. In the collective agreement, an average wage increase was agreed upon, ranging from six to eight per cent, based on the specific profession. The contract ensures a wage increase for 1,473 workers (Alarm, 2023).

**In June 2023, The Trade Union of Health and Social Care and the Union of Employees of Trade, Logistics and Service (UZO)** also successfully negotiated a collective agreement with the long-term care provider SeneCura, offering 2250 beds in 17 establishments. Their original request, accounting for inflation, was a 20% salary raise for all workers and an increase in quarterly benefits from 600 CZK to 1,000 CZK. In the end, unions negotiated a 10% increase in the base salary (the fixed portion of the wage). They raised the quarterly benefit, provided as Flexi passes[2] or contributions to supplementary pension savings or pension insurance, from 600 CZK to 800 CZK. SeneCura also introduced a "Birthday Day" benefit, allowing employees to take paid time off on their birthday. If they choose to work that day, they will receive a bonus for the hours worked. Another benefit is "First Grader's Day," where employees scheduled to work on their child's first day of school are entitled to paid time off. Following management's proposal, an extra 10,000 CZK will be added to the company's home fund, raising the total to 60,000 CZK. This fund will be used for individual benefits based on employee and union requests, ensuring

[2] A voucher provided by the employer for the payment of sports activities, culture, travel, and vacations in Czechia and abroad.

that the benefits are appropriate for as many employees as possible (Hnyková, 2023).

### 5.2. Other forms of social dialogue

**Additionally, to tripartite social dialogue, social partners are members of various working groups** dealing with changes in financing and amendments to the Social Services Act relating to changes in working conditions or communicating challenges in social services and pre-primary education. On the other hand, home care workers and those working in child groups are the least represented in these bodies, and their working conditions are rarely a subject of debate for social partners.

**Wages for homecare services** for nurses are negotiated at the Ministry of Health, health insurance companies, and all interested stakeholders, including the Czech Association of Nurses (INT1_healthcare).

**Another platform where social partners meet with other stakeholders** is committees for planning social services at the regional level in each of the 14 regions of Czechia, where it is decided which providers will receive public subsidies.

## 5.3. Impact of European Sectoral Social Dialogue

**Both social partners recognise the significance of cooperation at the European level**—the employers' association APSS is affiliated with the Federation of European Social Employers, the trade union in social services OSZSP is affiliated with EPSU, and the trade union in education ČMOS PŠ is affiliated with ETUCE.

**APSS is part of the European social dialogue and welcomes the establishment of The Committee for European Social Dialogue in Social Services.** *"The fact that in September of this year [2023], the European Commission decided to establish it, after ten years of our efforts, is a signal that it recognises the need to dedicate special attention to social dialogue in this area. This is certainly important, but the competence lies with the individual member states, so it depends on whether they take something from it".* (INT5_employer).

**Social dialogue recommendations in social services are also mentioned as a relevant input for the national debate:** *"Regarding those recommendations, we know that, for example, it is recommended to have one worker for every six clients. We welcome all such recommendations because they provide something we can use in negotiations".* (INT2_union_social)

**There is also ongoing cooperation between trade unions in healthcare and social services with EPSU** on the topics of team building in basic organisations and organising strategies. For instance, within this cooperation, the video course available for trade union members is available on the topic "Recruitment and Organizing – How to Prepare Conditions". *"The key to success will be gradually integrating learned things into practice. And even though we provide tools and insights, real progress will come slowly. We need to have realistic expectations. But that's how it is with challenging tasks*, " claims one of the participants of the training with EPSU (OZZSP 2024)

## 6. Conclusions and recommendations

**Czechia's growing elderly population generates a substantial need for care sector workers, while childcare capacities are also missing, especially for children under 3 years.** Workers in the sector receive low wages and suffer from a high workload, primarily because of the high number of clients per employee. Working conditions in home care are harsh and precarious as this sector is only partially regulated.

**In recent years, social services trade unions successfully launched organising campaigns** in cooperation with EU-level trade unions, either UniEuropa (trade union Alice) or EPSU (trade union in healthcare). The main obstacles to organising efforts remain dispersed workplaces (the extreme case is homecare services), fragmented employers, and workers´ fluctuation. The decentralised bargaining in the sector means relatively low collective bargaining coverage. Thus, efforts focus on residential care services, especially at providers with several establishments such as Alzheimer's homes or SeneCura. Collective bargaining initiatives in residential social service have recently yielded wage increases and better working conditions, showcasing the positive outcomes of social dialogue in large employers.

**Sector-level social dialogue is close to being established, as this sector is already regulated**, and actors in the sector regularly meet and discuss the impacts of regulations. It should also be highlighted that employers in the sector (APSS) are highly organised; thus, collective bargaining could also benefit them, e.g., reducing social dumping and labour competition or narrowing working conditions in the sector.

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*"The problem is that employers fake documents about undertaking this course, as it is possible to undertake it also online. There is no control in this respect, and migrants thus do not have appropriate training to be caregivers." (INT2_union_social)*

*"So, I can imagine that if the higher-level collective agreement were concluded, it would greatly help in other organisations where unions are not active and where there is no apparent interest in them." (INT3_union_social)*

*"Within the framework of social dialogue in 2016, together with the unions, we significantly influenced or caused a substantial wage increase, including funding sources. At that time, there was a 33 per cent increase in basic salary tariffs. This also affected wages in the sector. It was a crucial step, where salaries were raised, and about 1.8 billion CZK was allocated to cover the costs. Yes, it was a joint effort by social partners." (INT5_employer)*