



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

Slovakia: Care sector

Barbora Holubová



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1. Methodological preface

This report was created as part of the CEECAW project and focuses on the care sector. The sector is scoped as long-term care (LTC - caring for older people and people with disabilities, including activities in social assistance centres (SAC) and early child education and care (ECEC) – nurseries and kindergartens.

The report is based on comprehensive desk research, including the results of the CELSI's previous projects on social dialogue in the care sector, such as SOWELL¹ and PERHOUSE.² These projects involved archived interviews conducted between 2022 and 2023 with stakeholders, social partners, and employer organisations. These included two interviews with trade union representatives, two with employer representatives, and two with representatives of relevant sectoral professional associations. Additionally, some information from the archived interviews was updated with a brief supplementary interview with the relevant trade unions.

List of interviews

Type of stakeholder	Name of the organisation	Date of the interview
Trade unions in LTC	Slovak Health and Social Services Trade Union	Archive 2022 and additional interview in 2024
Trade unions in ECEC	The Union of Workers in Education and Science of Slovakia	Archive 2023
Employer in LTC	Ministry of Labour, Social Affairs and Family; Department of social policy – Section of social services	Archive 2023
Employer in ECEC	Ministry of Education, Science, Research and Sport)	Archive 2023
Professional association in LTC	Chamber of Carers of Slovakia	Archive 2024
Professional association in ECEC	Society for the pre-primary education	Archive 2023

2. General characteristics of the sector

The Slovak Republic has a family-based long-term care (LTC) and childcare system, which means that LTC and childcare primarily depend on informal personal care provided by parents or family members, subsidised by allowances (Schmahl, 2022, Holubová, 2023; Holubová, 2024).

¹ More information on the project at <https://www.celsi.sk/en/sowell/>

² More information on the project at <https://www.celsi.sk/en/perhouse/>

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. In Slovakia, the ECEC sector has two systems: one for children under three years old in nurseries regulated by the Ministry of Social Affairs and another for 3-6 year olds in kindergartens governed by the Ministry of Education. From 2025, kindergartens will be funded directly by the state budget under the Ministry of Education rather than by municipalities, as previously.

Nurseries are mostly non-public, with parents bearing most costs. Kindergartens are mainly public, but parents pay extra fees. Strict regulations have hindered new facilities, leading to a lack of childcare capacity. This has prompted the exploration of alternative childcare options like children's groups and university childcare services.

Responsibility for LTC in Slovakia is formally divided between the Ministry of Labour, Social Affairs and Family (MLSAF) and the Ministry of Health (MH).

MLSAF determines national strategy and supervises social service providers. Municipalities provide LTC and are responsible for developing plans, defining policies, contracting service providers, and determining contributions. MH is responsible for medical services and sets national healthcare strategy. Social care and healthcare are separate, and both partially provide LTC, making a fully integrated care model absent (Schmahl, 2022). Social services are provided mainly by self-governing local and regional authorities and financed from their budgets, clients' payments, and financial contributions. The out-of-pocket payments for home care are well below 50% of the median income among older people (Holubová, 2023).

The number of LTC workers per 100 people aged 65 and over is among the lowest in the EU-27 (1.5 workers per 100 older people), representing less than half the EU-27 average. This confirms that care provided by family members remains the main form of LTC in Slovakia (European Commission, 2021).

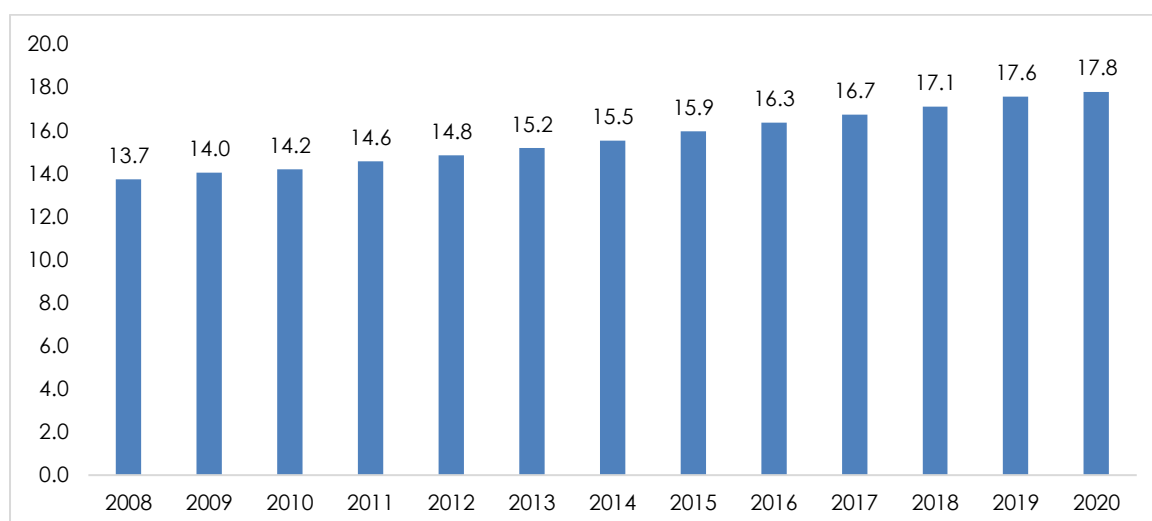
The tenure, defined as the number of years LTC workers spend with their employer, is high in Slovakia compared to other countries. In 2016, the median tenure was about six years, above the EU-27 average. Taking into account the low number of LTC workers in relation to the population aged 65 and over, Slovakia faces greater recruitment issues than retention issues. According to experts, a lack of professionals who provide long-term care at home represents

³ <https://ec.europa.eu/social/BlobServlet?docId=24080&langId=en>

a major problem. Most LTC workers are women, accounting for more than 90 % of the total in 2016 (European Commission, 2021).

Slovakia has one of the lowest attendance rates in early childcare and education among OECD countries. According to Eurostat, the attendance rate was 82.6 % in Slovakia, while the EU average was 95.5 % in 2019. The enrolment of children under three was 5% (:26% in OECD). The lack of service capacity is not the problem itself but geographical distribution. In larger cities and some districts, the low ECEC coverage does not meet the demand in the long run. The lack of capacity is also critical for the children from the marginalised Roma communities in various parts of Slovakia and children with special needs. Spending on ECEC in Slovakia is lower than on average across other countries, although the expenditure on ECEC over time increased from 0,44% to 0.55% of GDP (Holubová, 2023).

Graf 1: Development of the number of teachers in the kindergartens over time (thousand persons)



Source: Ministry of Education, Science, Research and Sport of the Slovak Republic⁴

The standardised Eurostat data shows that the number of classroom teachers and academic staff by education ISCED0 comprised 14,5 thousand persons in 2019, out of which men represented a considerably small proportion (0,4% to 0,9%). **The number of teachers and academic staff ISCED0 increased in 2013-2019** by approximately 300-400 persons per year. Women in ECEC working as school-management personnel comprise 100% of the workforce. **Most of the ECEC teachers work full-time**, and the part-timers present 0,1% over time.

⁴ <https://www.cvtisr.sk/buxus/docs//JC/rady/radtab01.xls>

Table 1: The classroom teachers and academic staff in ECEC by sex (number)

	2013	2014	2015	2016	2017	2018	2019
Classroom teachers and academic staff by education level ISCED0	12 250	12 590	13 016	13 410	13 782	14 144	14 568
Females (number)	12 208	12 542	12 956	13 294	13 712	14 074	14 513
Males number)	42	48	60	116	70	70	55
Female school-management personnel (%)	100	100	100	100	100	100	100

Source: Eurostat, The classroom teachers and academic staff by education level, programme orientation, sex and age groups [educ_uoe_perp01]

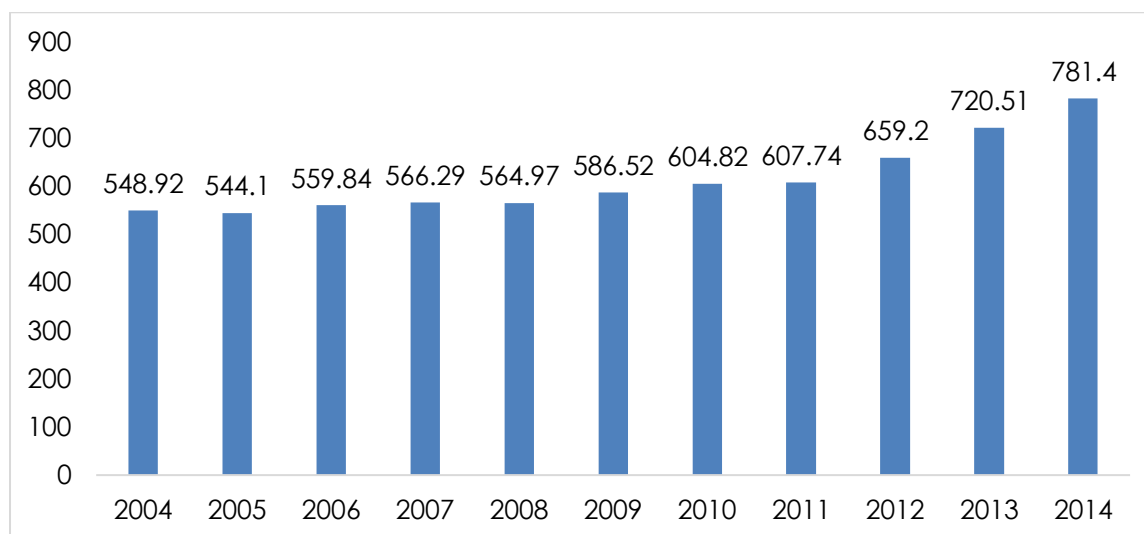
According to Eurostat, **the age structure of ECEC staff is skewed to the older age categories.** While the age bonds from 25 to 39 years present from 3,5 to 10 % each, the most represented categories are from 50 – 54 (20%) and 55-59 years (18,5%). During 2013 – 2019, the proportion of oldest age categories increased over time. ⁵ (Holubová, 2023).

In 2018, there were 51,476 places in social service facilities, most providing services for ‘people in need of assistance from another person’ (i.e., long-term care services). A majority of clients were older people aged 63 years or more (73 %) and people with the highest degree of dependence (68 %). Residential services represented the majority of long-term care provided in social service facilities (approximately 85 %) (European Commission, 2021).

Home care services for care recipients are delivered by public and private providers. Publicly run services are more common. In 2018, home care services were provided by 5747 municipal workers to 13,187 people, representing 82 % of all home care recipients. In the private sector, home care services were delivered to 2807 care recipients, relying on 2778 care workers. As regards residential services in the health care sector, there were nine nursing care homes with 194 places and ten hospices providing 188 places in 2018. Semi-residential services were provided by 128 day care centres with 1593 daily places and 22 mobile hospices. There were 157 providers of home nursing care agencies that provided long-term health care at home (European Commission, 2021).

⁵ Eurostat, Distribution of teachers at ECEC education level by age groups [educ_uoe_perd01]

Graf 2: Nursing and elderly home beds per 100 000 population



Source: European Health for All database⁶

Projections show that the number of people in need of LTC will increase from 510 thousand in 2015 to 770 thousand in 2070. This represents a change of 52%, which is higher than the increase of 25% in the EU (Schmahl, 2022). The proportion of people aged 65 years old or more is projected to expand from 16.0 % in 2019 to 20.9 % in 2030, representing an increase of 4.9 p.p. (European Commission, 2021)

It is expected that there will be an even larger "care deficit" in Slovakia in the next few years. The nature of the "Slovak care deficit" results from the fact that many elderly people in need of LTC do not receive any social assistance. However, this is not due to a shortage of local (national) workforce, but to inadequate funding and efforts to meet LTC needs primarily through family members (Schmahl, 2022).

3. Major problems and challenges in the sector

The working conditions in both care sectors can be evaluated by looking at the percentage of **employees in precarious employment**. The data indicates that this percentage has risen from 0.5% in 2010 to 1.4% in 2019.

⁶ Data refer to beds in social service homes, specialized facilities, residential homes for seniors, rehabilitation centres, and residential nursing facilities.

Table 2: Workers with a precarious contract in the educational or human health and social work activities sectors (% , 2000 – 2019)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Slovakia (%)	0.5	0.5	0.5	1.0	1.5	1.7	2.5	3.1	2.4	1.7	1.1	1.4

Source: ICTWSS 2000-2017 based on LFS.

Note: The percentage of workers with precarious contracts employed in the educational or human health and social work activities sectors on the total employed population from 15 to 65 years old in the two sectors.

The demand for **childcare services** often exceeds the available funding, leading to decreased in **quality** of ECEC and **poorer working conditions over time**. This affects job quality, including **issues with staffing**, such as having too many children per teacher in a classroom (Holubová, 2023).⁷

Kindergartens are **underfunded**, with primary funding coming from personal taxes and the competencies of municipalities and cities. Despite a new policy focusing on inclusive education and children with special needs, there is a shortage of qualified staff and professionals. This results in **violations of labour laws**, such as **teachers working long hours without breaks** and not being adequately compensated for their work. ECEC teachers also receive **below-average wages despite the increasing qualifications required** for their profession (Holubová, 2023).⁸

Additionally, there's **a push to lower the requirements for standard ECEC** in order to accommodate all groups of children, including non-standard forms of organised child groups as providers of pre-primary education (Holubová, 2023).⁹

Pay in the long-term care (LTC) sector is relatively low, with social services workers earning 78% of the national average in 2018. Many workers, especially social carers and assistant social carers, earn **near minimum wage**. On the other hand, specialized nurses, social workers, and therapists tend to receive better compensation (Holubová, 2023).¹⁰

The long-term care workforce in Slovakia is very limited, accounting for only 3% of the total workforce in 2019. This includes 1.5% in residential care and 1.5% in non-residential care. These occupations are experiencing shortages, partly due to increased demand for LTC services. Most LTC workers in Slovakia are employed in the public sector (Holubová, 2023).¹¹

⁷ Based on the archive interviews with social partners and stakeholders

⁸ Based on the archive interviews with social partners and stakeholders

⁹ Based on the archive interviews with social partners and stakeholders

¹⁰ Based on the archive interviews with social partners and stakeholders

¹¹ Based on the archive interviews with social partners and stakeholders

The shortage of LTC workers is expected to increase due to a "**care drain**", with social and health workers leaving Slovakia to work in countries such as Czechia, Austria, and Germany. For instance, an estimated 20,000 Slovak carers are working in Austria. These are mostly elderly women working in live-in care arrangements and as self-employed in precarious working conditions (Holubová, 2023).¹²

Working conditions in the LTC sector are deteriorating in terms of health and safety. This exacerbates the already challenging working environment for various LTC professions. For example, social care staff on temporary agency contracts, earning low incomes, and working in facilities with low staff-to-bed ratios face additional hardships (Holubová, 2023).¹³

It's also important to note **that some challenges in the LTC sector are not being addressed by social partners or other stakeholders.** For instance, informal carers, who form a significant portion of the LTC workforce, are not represented by any social partners. Additionally, domestic LTC workers are not covered by collective agreements (Holubová, 2023).¹⁴

4. Characteristics of social dialogue organisations in the sector

The Ministry of Labour, Social Affairs and Family (MLSAF) is the main public authority that plays a decisive role in the legal regulation of industrial relations and social dialogue. Through the Labour Code, MLSAF regulates basic individual and collective labour relations, employment and working conditions, and wages and facilitates bipartite social dialogue. The government consults the social partners through tripartite social dialogue. Bipartite social dialogue consists of two-tier collective bargaining conducted at sector and company levels (Czíria, 2021).

In the **childcare sector**, several social partners operate at the sectoral level. However, there is no specific social partner dedicated solely to pre-primary childcare services in Slovakia. The social partners either represent all employees in the education sector (in terms of kindergartens) or social services sectors (in terms of nurseries). At the higher level, pre-primary education falls into the industrial relations structures in the whole education sector.

The Union of Workers in Education and Science of Slovakia (Odborový zväz pracovníkov školstva a vedy na Slovensku, OZPŠaV) is the largest and the oldest sector-level union in education. Currently, the structure of the Union has no

¹² Based on the archive interviews with social partners and stakeholders

¹³ Based on the archive interviews with social partners and stakeholders

¹⁴ Based on the archive interviews with social partners and stakeholders

special unit for pre-primary education. However, the Union also presents itself as an expert organisation for pre-primary education. Nevertheless, the issues of pre-primary education fall into the category of primary schools, and the association of primary schools has a separate sub-section representing pedagogical employees in pre-primary education.

The Independent Christian Trade Unions of Slovakia (Nezávislé kresťanské odbory Slovenska, NKOS) encompass The Association of Employees in Education and Science (Zväz pracovníkov školstva a vedy, ZPŠaV), representing about 1,000 Christian teachers, some of them also from church kindergartens.

In long-term care and respective social services, **the Slovak Health and Social Services Trade Union** (SOZZaSS) has been active in Slovakia since 1990. The union is a sectoral trade union representing both health and social care personnel in Slovakia. SOZZaSS is involved in multi-employer collective bargaining separately with three sector-related employers' associations. Simultaneously, SOZZaSS member unions engage in single-employer bargaining. SOZZaSS engages in bipartite and tripartite sectoral social dialogue. It is represented in the national tripartite social dialogue in the Economic and Social Council (HSR) through the Confederation of Trade Unions of the Slovak Republic (KOZ SR) (Kahancová, 2011).¹⁵ As of 2024, the unions represent 115 basic trade union organisation in social service facilities, mainly public social services with 4 474 members of trade unions. (43,91%) of all employees in these social services facilities.

The Trade Union prepares for the basic organisations the model of the collective organisational agreement for collective bargaining at the level of the organisation. Many issues must be clearly addressed to the founders. Collective agreements are negotiated annually across the board for staff working in the public interest and in civil services. Collective bargaining takes place at the enterprise level, where trade unions operate. The trade unions within the tripartite and the Slovak Trade Union of Health Care and Social Services trade union operate in various committees, working groups, and councils of government at the national level (Kopcová, et al. 2016).

The only specifically devoted organisation to carers is the **Chamber of Carers of Slovakia** (*Komora opatrovateliek Slovenska*). Their mission is to improve the status of Slovak female and male caregivers, female and male domestic

¹⁵ <https://www.eurofound.europa.eu/publications/report/2011/slovakia-industrial-relations-in-the-health-care-sector>

caregivers, and orderlies.¹⁶ KOS is a professional association established in 2019 that unites more than 500 care workers. Based on the KOS statutes, the Chamber is an independent, professional and interest-based association of natural persons who officially work in social services, such as caregivers, paramedics, or other helping personnel. KOS also unites informal caregivers and people interested in social services. (Holubova, 2024). The Chamber's legal status is a non-government organisation, not registered as a trade union, despite its activities favouring caregivers' rights and improving working conditions.

4.1. Challenges for organising employees

Based on the recent interview with the trade union representatives in LTC, the challenges to organise employees are as follows:

- Membership in the trade union is voluntary; employees are not encouraged or generally motivated to participate.
- Pay increases and other benefits agreed in the collective agreement apply to all employees, not just trade union members, which further discourages unionisation.
- Paying the 1% membership fee from their salary also deters employees from joining the unions, given the low wages in the sector.
- Even if a trade union is established, people are hesitant to participate in its committees, seeing it as additional work on top of their existing workloads.
- Although by law, trade unionists are entitled to paid time off for union work, this is not possible in social service facilities with continuous operation. Therefore, they perform such activities in their free time, although they are paid for them as working hours. However, this may still discourage employees from joining unions.
- In some private care facilities, management obstructs the formation of trade unions to prevent organised requests for improvements in working conditions. Employers in these settings use various tactics to discourage unionisation, including threats of termination.

We found no specific challenges for organising employees in the ECEC and SAC that would differ from those in the LTC sector. In all sectors, employees are encouraged to organise in case of deteriorating working conditions, salary reductions, or other crises.

¹⁶ The Slovak language allows gender-inclusive language to avoid making female professionals and women in general invisible. The mission of KOS, written in gender-inclusive language, indicates that the organisation is gender sensitive and very much aware of the gendered work of home carers.

4.2. Good practices for organising employees

Good practice in organising LTC workers may be upheld by the local social dialogue vertically coordinated by sectoral trade unions. Low-quality working conditions and the violation of health and safety issues in residential LTC facilities are the challenges addressed by the social partner. The permanent operation of the Slovak Trade Union of Health Care and Social Services focuses on improving the conditions of night shift work, establishing a decent working environment and preventing the violation of health and safety rules at the level of particular social care providers in the LTC sector. The effort to achieve the working standards in care work was coordinated vertically from the sectoral to the local level. Support in capacity building, providing the templates for collective agreements, legal counselling, and assistance in workplace-level bargaining is a solution to mitigate the low job quality in the sector (Holubová, 2023).

The activities of the KOS—the Chamber of Caregivers of Slovakia (Komora opatrovateliek Slovenska)—are a good practice in organising adult care workers. KOS started to emerge in response to a tragic car accident in 2017 when several caregivers coming from Austria died due to violation of the resting rules. Therefore, 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 realises, 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).

4.3. Characteristics of Employer Representation

The Association of Towns and Communities (ZMOS) represents employers in the ECEC, SAC, and LTC subsectors. It associates employers established by cities and municipalities to provide public services. In 2016, employer organisations from the industry left AZZZ SR and RUZ and established a new peak employer organisation - the Association of Industrial Unions (APZ). AZZZ SR, RUZ, APZ and ZMOS participate in the national-level tripartite consultations at the Economic and Social Council of the Slovak Republic. In 2019, they represented more than

930,000 employees in the economy. ZMOS also participates in multi-employer collective bargaining to conclude collective agreements for public servants (employees performing activities for the public interest). Organisations affiliated with ZMOS employ around 142,000 people (Czíria, 2021).

The Association of Social Service Providers in Slovakia is another employer organisation in the sector. They represent 290 providers and more than 850 service facilities (mostly residential), either non-public or public. The association was perceived in the public discourse as representing only public social services providers and fighting mostly for equal conditions between public and non-public providers. However, recently, the association presented that one-third of its members are public-municipal social service providers.¹⁷ (Holubová, 2024). It is a professional and interest organisation that brings together social service providers to uniformly formulate and enforce their demands, interests and ideas on legislation, funding and the entire social services system. It unionises experts in social services to move providers professionally and their employees to an ever-higher quality of social services to the satisfaction of recipients of social services. The association is a National Union of Employers (RUZ) member. The association publicly criticises towns and municipalities (especially ZMOS) for their inability to secure enough care workers in Slovakia. The Association of Social Service Providers is an apolitical and independent organisation that professionally points out shortcomings in legislation, funding and application practice in social services to bring effective and functioning solutions, which must always aim to respect the interests and rights of the participants: that is, the recipient, the employee and the employer. The organisation also promotes a global view of the social system in Slovakia, which must be prepared for the radical rise of dependent seniors (Holubová, 2023). APSS is a member of the Social Employers Europe and European Ageing Network (Holubová, 2024).

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

A recent study on the coverage of **collective bargaining** (Eurofound 2021) indicates that, **in the education sector**, multiple-employer bargaining is most prevalent. This is reflected in the activities of the sectoral trade unions. The Union of Workers in Education and Science of Slovakia strives for sectoral collective agreements, especially targeting wage increases for all pedagogical and non-pedagogical employees in the education sector, including those in ECEC facilities. However, this applies only to public employees.

¹⁷ <https://apssvr.sk/aktuality/vysledok-valneho-zhromazdenie-29-5-2024/>

In social services and the human health sector, collective bargaining involves both multi- and single-employer bargaining. The percentage of employees covered by multi-employer bargaining in the human health sector is estimated at approximately 57%, and for all social services together, it is around 49%. There is no specific information available for the sub-sectors of residential social services, child day-care activities, or social work without accommodation (Eurofound 2021.) Benádrik and Turkovič (2023) estimate the sector-related bargaining coverage on 69,800 employees.

Collective bargaining in Slovakia is strongly decentralised, and the dominant level of collective bargaining in Slovakia is at the enterprise level. Moreover, the negotiated content of the CBA can be characterised as minimalist in terms of its comparison with the legal level of employee rights. For a long time, most CBAs have generally only copied the legal regulation. If they regulate some rights differently, it is usually a so-called soft law (recommended provisions or conditional obligations) or a reference to the regulation contained in the company collective agreement (Benedeková, Čambalíková, 2023).

The so-called opt-out clauses are also quite common; they allow the employer to avoid the application of a specific provision of the CBA. The minimalist content of CBAs has several reasons. One of them is the significant asymmetry in the negotiating position of employers' associations and trade unions, which is also largely conditioned by the potential of creating pressure on one or the other contracting party (Benedeková, Čambalíková, 2023).

5.1. Content analysis of collective agreements

I. **A collective agreement of a higher level¹⁸ for employers who proceed with remuneration in accordance with Act no. 553/2003 Coll. on the remuneration of certain employees for the performance of work in the public interest for the years 2023-2024¹⁹**

The CBA presents a formal agreement, a cross-sectoral national bargaining level agreement for all social services and employees in education, including ECEC, working according to Act no. 553/2003 Coll, on the work in the public interest. The number of workers covered by the agreement is estimated to be a total of 230,000 (Bednárík, Turkovič, 2024).

¹⁸ This kind of CBA is a multi-employer collective agreement.

¹⁹ <https://www.ozskolstva.sk/files/kzvs-2023-2024-verejna-sluzba.pdf> and <https://sozass.com/wp-content/uploads/2022/07/KZVS-2023-2024-verejna-sluzba.pdf>

The CBA is valid and binding for all employers who employ workers under Act 553/2003 Coll, regardless of whether they are public or church organisations. This agreement was signed by all relevant social partners in ECEC and LTC, including the Independent Christian Trade Unions of Slovakia.²⁰ The CBA is a formal agreement that sets guidelines for public service employment, a comprehensive overview of the working conditions for public sector employees, specifically focusing on wage settings for 2023-2024.²¹

It includes detailed provisions about salary adjustments, pay grades, and other financial conditions affecting public sector workers. The "clauses" refer to final decisions or resolutions regarding these wage settings, marking the conclusion of negotiations or discussions on this topic for the specified period.

Wage Settings: the CBA specifies the wage structures for public service employees, including base salaries, salary increases, and other compensation-related matters. It outlines how wages will be adjusted over the period, detailing the percentage increases or specific amounts applicable to different pay grades or positions. The salaries increased by 7% since January 2023 and by 10% since September 2023. For the employees in education, the increase was 10% since January 2023 and 12% since September 2023.

Working Time: the agreement includes provisions related to working hours, establishing standard working times at 37 and ½ per week and any allowable deviations or flexibilities. It also addresses overtime policies and compensation, ensuring employees are fairly remunerated for extra hours worked beyond the standard schedule.

Vacations: the CBA sets out the number of vacation days/weeks employees are entitled to, including any additional leave for long service, special circumstances, or public holidays. It also details how vacation time is accrued and any conditions under which it can be carried over to the following year. The basic duration of the vacation is six weeks for all employees, 33 years old or older, in the respective year.

Social clauses: the CBA covers broader social issues affecting public sector employees, including health and safety measures, work-life balance support, family leave provisions, and other benefits contributing to employee welfare. It also encompasses guidelines for dealing with workplace disputes or grievances.

²⁰ <https://nkos.sk/2024/05/14/otazka-a-odpoved/>

²¹ The additional rounds of collective bargaining on the CBA, which is to be valid from September 1, 2024 to December 31, 2025, took place in July 2024.

These clauses represent the final agreed terms for the specified period, reflecting the outcomes of negotiations between the relevant parties.

- II. An example of the **company-level CBA is the collective agreement between primary schools and kindergartens in Bratislava**.²² Here are examples of interesting clauses from the CBA:
- VARIABILITY SURCHARGE: The employer pays the working employee in two-shift operations a monthly shift supplement in the amount of 1.3% of the salary scale of the first salary level
 - ALLOWANCES, REWARDS AND EMERGENCY COMPENSATION:
 - The employer undertakes if he decides to pay the employee a reward for work merits when he reaches 50 and 60 years after working for the organisation for five years.
 - The employer may pay the employee remuneration for work a) on the occasion of the summer vacation period and b) on the occasion of the Christmas holidays

General characteristics of the CBA contents:

- In Slovakia, pay rates set in collective agreements are often lower than the statutory minimum wage, and the employer must pay the employee the difference from the applicable statutory minimum rate. Nearly three-quarters (74%) of the sampled agreements contain a rate lower than the statutory minimum. In contrast, more than half of the negotiated rates were set below the statutory minimum for an average period of almost five years. Moreover, half of the agreements are in the public sector and refer to Act No. 553/2003 Coll. on the remuneration of certain employees for the performance of work in the public interest, which sets wages below the statutory minimum wage (Eurofound, 2024).
- In Slovakia, the agreements are often outdated, resulting in basic negotiated rates being lower than the statutory minimum wage by 13% to 22% (Eurofound, 2024).

5.2. Other forms of social dialogue

Apart from engaging in collective bargaining, social partners also participate in other forms of social dialogue. They are involved in the preparation of relevant laws, amendments, and strategic materials through preparatory working groups. For example, they are currently involved in preparing the planned reform of social service financing. When submitting their comments, they use the public portal to comment on legislative documents. Additionally,

²² <https://mojplat.sk/pravo/databaza-kolektivnych-zmluv/bzince> :

they engage in bilateral meetings and consultations with employers to address specific problems. They also use joint statements, public protests or threatened strikes when necessary. Furthermore, they hold meetings with arbitrators or mediators to resolve collective disputes.

In addition to social partners and official social dialogue, other actors, such as professional associations and non-governmental organisations, play an important role in influencing employment relations in Slovakia. Professional associations track and represent their members' professional and economic interests, while non-governmental organisations also strive to influence regulations, policies, and decision-making.

In the ECEC, **the Society for Preschool Education in Slovakia** is an independent professional organisation bringing together kindergarten teachers and experts in the field of preschool education. Currently, it represents approximately 800 teachers from kindergartens throughout Slovakia, associated with 32 regional organisations and experts on the ECEC.²³

The Council for the Development of Kindergartens is also a professional organisation. A pedagogical employee or professional employee of a kindergarten, an expert in the field of pre-primary education or a natural person interested in developing pre-primary education can become a member of the Council. The membership is not large, but the Council instead presents a powerful professional team.²⁴

The Alliance of Private Nurseries and Kindergartens unites childcare facilities throughout Slovakia to the addressee the quality of private kindergartens and nurseries. The organisation was established in 2017 when the new law on nurseries was implemented. The Alliance is a network of private nurseries that lobbied for simplification of the establishment of the nurseries on one side but also controlling the quality of the services and appropriate regulations.

In LTC, **the Chamber of Social Work in the Slovak Republic** is a self-governing professional organization that brings together social workers and social work assistants. Among its main responsibilities are maintaining a registry of chamber members and safeguarding their rights and interests in relation to their professional activities in social work.

The Slovak Chamber of Nurses and Midwives is a professional association with a nationwide scope, headquartered in Bratislava, bringing together nurses and midwives, including the nurses working in social services, respectively, in LTC.

²³ More information at <https://www.spv-zv.sk/>

²⁴ More information at <http://www.rms.sk/>

The chamber established 55 centrally managed regional chambers and is a member of important international organisations such as EFN, EMA, HORACIO etc.

Similarly to ECEC, several non-governmental organisations operate in LTC. An example is **SOCIA—Social Reform Foundation** (SOCIA—Nadácia na podporu sociálnych zmien), which is active mainly in the social services sub-sector and aims to promote a social change system for the benefit of vulnerable social groups of the population.

5.3. Impact of European Sectoral Social Dialogue

Several social partners in the LTC, SAC, and ECEC subsectors are members of or affiliated with EU-level social partners or organisations relevant to the care sector. These include EPSU, EASPD, ETUCE, and Eurocarers. The Slovak Trade Union for Healthcare and Social Services (SOZZASS) is a member of EPSU, and the Chamber of Carers in Slovakia (KOS) is a member of Eurocarers.

The Slovak Trade Union for Healthcare and Social Services (SOZZASS) is a member of EPSU, and the Chamber of Carers in Slovakia (KOS) is a member of Eurocarers. The Association of Social Services Providers of Slovakia, representing employers, is a member of Social Employers Europe and the European Ageing Network. The trade union for Education is a member of ETUCE (Holubová, 2024).

The Slovak social partners for social services are represented in the European sectoral social dialogue committee for social services via its European Social Partners membership. The SOZZASS representatives value their membership in EPSU because it allows them to share information with other countries and showcase Slovakia's achievements and best practices in social dialogue within social services. They also appreciate EPSU's seminars for young unionists and the sharing of effective initiatives for organising new members and supporting social dialogue. Additionally, they recognise that EPSU's mandate and competencies are limited in terms of intervening at the national level and understand that the challenges and workers' rights need to be addressed at the national level first.

SOZZASS's attitude to EU legal acts, such as the Directive on Minimum Wages, is welcomed and expected to be a tool for expanding collective bargaining and agreements to more social services in Slovakia.

6. Conclusions and recommendations

Collective bargaining in the care sector tends to be limited in scope and is often decentralised. Paradoxically, agreements may offer conditions below statutory minimums.

Challenges arise when organising workers within the care sector, particularly in the fragmented subsectors. The absence of dedicated social partners for specific groups, such as pre-primary educators, self-employed carers, and informal caregivers, further complicates efforts to improve working conditions and wages through social dialogue.

Collective agreements in the care sector are often the bare minimum, mainly mirroring legal minimums without significant advancements in workers' rights or conditions. This reflects the power asymmetry between employers and trade unions, where unions struggle to exert enough pressure to secure more favourable terms.

There is a rise in non-union advocacy groups, such as the Chamber of Carers of Slovakia (KOS), that have emerged in response to gaps in traditional union representation. These organisations focus on specific issues within the sector and have gained influence through their advocacy efforts, particularly during crises such as the COVID-19 pandemic.

The impact of European sectoral social dialogue on the Slovak care sector is limited but growing. While several Slovak social partners are affiliated with European organisations, local social partners remain relatively unaware of the impact and outcomes of European dialogue.

Recommendations:

Enhance Recruitment and Retention Strategies: Sectoral social partners should advocate for improved wages, benefits, and working conditions to attract and retain LTC and ECEC workers. This could include government-subsidised wage increases, better job security, and professional development opportunities.

Increase Funding and Improve Infrastructure: There is a need for increased public investment in both the LTC and ECEC sectors. This could involve lobbying for higher government spending on care services and implementing policies that encourage the expansion of care facilities, particularly in underserved areas.

Strengthen Social Dialogue: Informal carers and domestic LTC workers should be included in social dialogue mechanisms. This could involve extending

collective bargaining agreements to cover these groups or creating new platforms for their representation.

Promote Integrated Care Models: Social partners should push for policies that promote integrated care models to ensure a more cohesive and comprehensive approach to LTC, improving outcomes for care recipients and working conditions for care workers.

Address the 'Care Drain': To mitigate the migration of care workers, social partners should collaborate with the government to develop strategies that make working in Slovakia's care sector more attractive. This could include offering incentives for workers to stay, such as housing subsidies, tax benefits, or bonuses.

Strengthen Sectoral Representation: Social partners should consider consolidating their representation within the care sector to form more unified and powerful voices, especially for underrepresented groups like pre-primary educators and LTC workers. Creating dedicated sub-sections or coalitions within existing unions could help address the specific needs of these groups more effectively.

Enhance Collective Bargaining: Collective bargaining processes need to be strengthened to move beyond minimalist agreements. Social partners should focus on negotiating for improvements exceeding legal minimums, particularly wages, working conditions, and job security. Building the capacity of trade unions through training and strategic support could help in this regard.

Support Worker Organisation: Efforts should be made to address the challenges in organising workers in the care sector. This could include targeted campaigns to increase union membership, especially among younger workers and those in precarious employment. Expanding the scope of collective bargaining to cover more workers, including those in private and informal care settings, is also crucial.

Leverage Non-Union Advocacy Groups: Non-union organisations like KOS should be encouraged to collaborate with traditional unions to amplify their advocacy efforts. These groups can provide valuable insights and support in areas where traditional unions may have limited reach or influence, particularly in representing informal and cross-border workers.

Increase Awareness of European Dialogue: National social partners should work to increase awareness and understanding of the outcomes of European sectoral social dialogue. This could involve more active participation in European social dialogue bodies and better dissemination of European



standards and practices within Slovakia. Aligning national dialogue more closely with European initiatives could help improve conditions in the care sector.

Promote Best Practices: Social partners should identify and promote best practices in organising and collective bargaining within the sector. Examples like the successful negotiation of working standards in LTC through vertically coordinated efforts can serve as models for other sub-sectors. Additionally, creating and using templates for collective agreements can streamline bargaining processes and ensure more consistent outcomes across the sector.

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