PERHOUSE

Personal and household services in Central and Eastern European Countries: Improving working conditions and services through industrial relations

National Report for Slovakia

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List of Abbreviations

Abbreviation	Full text
ADOS	Agencies of home nursing care (Agentúra domácej ošetrovateľskej starostlivosti)
APSSSR	Association of the social services providers of Slovakia Republic (Asociácia poskytovateľov sociálnych služieb Slovenskej republiky)
CEE	Central and Eastern European counties[1]
DOS	Home care services (*Domáca opatrovateľská služba*)
DS	Perhouse survey on demand of the PHS services
FG	Focus group
INT	Interview
IR	Industrial relations
KOS	Chamber for Carers in Slovakia (*Komora opatrovateliek Slovenska*)
MLSAF	Ministry of Labour, Social Affairs and Family of the Slovak Republic
NKÚ	Supreme Audit Office of the Slovak Republic (*Najvyšší kontrolný úrad Slovenskej republiky*)
PHS	Personal and household services
PwD	Person with disabilities
SD	Social dialogue
SDS	Perhouse survey on social dialogue in PHS
SOZZaSS	Trade union of Healthcare and Social Services (*Slovenský odborový zväz zdravotníctva a sociálnych služieb)*
WLB	Work-life balance
ZMOS	Association of Towns and Communities of Slovakia (*Združenie miest a obcí Slovenska*)

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[1] For the purpose of this project, the Central and Eastern European countries cover Hungary, Slovakia, Czechia, Slovenia, Poland, Croatia, Romania, Bulgaria, Latvia, Lithuania, Estonia and North Macedonia.

Executive Summary

Personal and household services (PHS) are vital for the well-being of families and individuals, transforming households into workplaces. Despite their importance, this sector faces poor working conditions and undervalued work, particularly in Central and Eastern Europe, due to weak regulations and ineffective industrial relations.

Therefore, the Perhouse project, supported by the European Union, aims to explore the challenges in working conditions and the role of social dialogue in advancing PHS regarding working conditions and regulations.

This report presents the findings for Slovakia and aims to answer two research questions. First, it examines the current state and structure of service provision in the sector and the working conditions of PHS workers in Slovakia. Second, it explores the role of social dialogue in improving these conditions and developing relevant regulations in Slovakia's PHS sector.

The PHS sector in Slovakia unequivocally suffers from a lack of standardised definitions and an overly complex regulatory framework, posing significant challenges in terms of regulation, recognition, and access to services. The sector's diverse nature, characterised by varying levels of formality and informality, creates unacceptable disparities in worker recognition, rights, and compensation.

According to data from the Statistical Office of the Slovak Republic, the total employment in the PHS sector is approximately 36,000 people, based on the relevant NACE classification. Care PHS services make up about 38% of total PHS employment.

Informal caregivers, mainly family members, provide long-term care for adults or disabled individuals in Slovakia. However, many receive little to no financial support due to income-tested care allowances. This financial strain forces caregivers to juggle caregiving with formal employment, impacting their physical and mental health. The lack of public care services and respite care options also contributes to caregiver burnout.

According to Eurocarers (2023), the number of informal caregivers in Slovakia is 428,496, representing 7.9% of the population. Many caregivers are forced to leave their jobs, reducing their income potential. More flexible care options, community support, and transforming informal caregivers into regular employees are needed to address these issues for better support and integration into the labour market.

According to an online survey conducted as part of the Perhouse project, 79% of respondents in Slovakia have purchased at least one of the listed PHS within the last five years. The primary reasons for ordering PHS were time and skills constraints.

Conversely, the most common reason for not purchasing PHS was that people prefer to care for their homes and family members themselves. This suggests a strong inclination among Slovak households towards self-service. Furthermore, further analyses confirm that the responsible municipalities do not ensure sufficient home care services for all in need.

PHS working conditions, particularly for home carers, offer low wages, barely above the minimum wage. Despite recent increases, these wages are insufficient to attract and retain qualified workers. Regional salary disparities further exacerbate this economic constraint, leading to labour shortages and a "care drain" where Slovak caregivers seek better-paid opportunities abroad.

Many PHS workers face precarious employment conditions characterised by unpredictable and excessive working hours, often without adequate compensation or formal contracts. A significant portion of the workforce is self-employed, leading to insecurity and lack of access to benefits typically afforded by formal employment, such as social security and paid leave.

The sector suffers from insufficient regulation and high administrative burdens, leading to inefficiencies and potential exploitation by intermediary agencies. This lack of regulation also contributes to the prevalence of forced self-employment and undeclared work, undermining labour rights and protections.

PHS workers, particularly those in informal caregiving roles, are exposed to physical and mental health risks due to demanding work and stress from client interactions. The broad and vague job descriptions can lead to exploitation, where workers are tasked with additional responsibilities beyond their agreements. Furthermore, the sector lacks adequate training, career development opportunities, and collective representation, leaving workers vulnerable to exploitation and limiting their ability to advocate for better conditions.

Slovakia has not ratified the International Labour Organisation's Domestic Workers Convention No. 189/2011 due to inadequate definitions of domestic work in Slovak law. Legal changes are needed for ratification.

Home care services, regulated under the Act on Social Services, face significant challenges, particularly in small municipalities, due to fragmentation and insufficient resources. Only a small percentage of municipalities provide these services, and most believe caregiving should not be their responsibility.
Current systems limit the effective combination of home care services and cash allowances, lacking flexibility for families to balance caregiving with work. Municipalities often underutilise allocated care funds without incentives for proper spending.

Upcoming reform, driven by EU criticism, aims to enhance community-level social services. The changes include a "personal account" or care allowance directly available to those needing care, offering flexibility and autonomy in choosing services.

The reform aims to prevent caregiver burnout by creating a backup for non-formal caregivers and ensuring formal services can provide support. It also promotes equal status for all service forms and better integration of social and healthcare services. Expected benefits include increased service availability, improved home care worker status, and fair financing.

The PHS sector in Slovakia unequivocally lacks distinct social dialogue and collective bargaining. While healthcare and social care workers are represented by multiple trade unions with sector-level collective agreements covering various professional groups, PHS workers in non-care subsectors currently have no representation.

The broad spectrum of stakeholders, including unions, associations, chambers, and NGOs, demonstrates significant potential for collaborating effectively to address challenges and influence policy decisions. It is imperative for these organisations to actively engage in regulatory discussions and advocacy to enhance working conditions and ensure fair practices within the PHS sector.

The evident gaps in representation, particularly for the self-employed, call for immediate expansion of union representation. Overall, the findings emphatically emphasise the critical importance of ongoing dialogue and collaboration among diverse actors to strengthen the effectiveness and equity of the PHS sector in Slovakia.

Social partners and stakeholders involved in PHS are working towards enhancing the overall environment and working conditions in the care sector. For instance, the Association of Social Services Providers raises concerns about the low recruitment of care workers and insufficient funding. They are calling for increased healthcare services and fair competition regulation.

The Chamber of Carers of Slovakia calls for defining caregivers as an independent profession, establishing qualification standards, and increasing wages by 500 euros. They also propose several measures for caregivers working abroad to prevent exploitation.

The Trade Union of Healthcare and Social Services highlights the need for professionalisation, better education, and improved working conditions and discusses upcoming legislative amendments to enhance worker standards and competencies.

Policy implications to address the challenges in the PHS sector require a multifaceted and well-coordinated approach involving regulatory reforms, financial investments, professionalisation efforts, and enhanced social dialogue. Policymakers must consider both formal and informal care sectors to create a sustainable and supportive environment for PHS workers and the people they serve.

Introduction

According to the European Commission's (2012) definition, personal and household services (PHS) refer to a diverse range of activities aimed at enhancing the well-being of individuals and families at home. These services encompass both care and non-care activities. They may include childcare, long-term care for older people and individuals with disabilities, cleaning, home repairs, gardening, remedial classes, ICT support, and other non-care PHS services.

The demand for personal and household services (PHS) is increasing due to population ageing, the deinstitutionalisation of care for older persons and persons with disabilities, the insufficient supply and quality of formal childcare, and the work intensity of workers in general. If sufficient support is available, living independently at home is preferred, which also helps prevent or delay admission to institutional care for adults. The PHS sector is important for providing childcare, which public services cannot meet, and helping with work-life balance by providing household support services formerly performed unwaged within the private household, usually to the detriment of the unpaid work of women (Cancedda, 2001).

PHS is an evolving sector and often faces poor working conditions and undervalued work due to inadequate regulations, especially in Central and Eastern European (CEE) countries. The absence of functional industrial relations in CEE countries has resulted in an insufficient regulatory framework, hindering the sector's growth towards quality working conditions and regular jobs.

To address the challenges of the PHS sector, the PERHOUSE project explores industrial relations to improve working conditions and services in CEE countries. Namely, the project aims to: (a) address the challenges of working conditions and services in the PHS sector, (b) deepen the industrial relations (IR) analysis and the potential of social dialogue in the PHS, and (c) promote awareness of the industrial relations practices related to the PHS sector.

The PERHOUSE project has a strong regional focus on CEE and covers 12 countries: Poland, Estonia, Czechia, Slovakia, Hungary, North Macedonia, Romania, Croatia, Lithuania, Latvia, Slovenia, and Bulgaria. The project was implemented from 8/2022 to 7/2024 and financially supported by the European Union's call Improving Expertise in the Field of Industrial Relations (SOCPL-2021-IND-REL-01).

This report presents the findings for Slovakia and aims to answer two research questions. First, it examines the current state and structure of service provision in the sector and the working conditions of PHS workers in Slovakia. Second, it explores the role of social dialogue in improving these conditions and developing relevant regulations in Slovakia's PHS sector.

A mixed-methods research design was used to collect comprehensive and reliable data to find answers. In addition to reviewing existing literature and statistics, the report used an online survey of PHS's current and potential users in Slovakia (53 responses), a survey of national stakeholders' views on the challenges and social dialogue in PHS (11 responses), individual semi-structured interviews with decision-makers, service providers, representatives of social partners, and social actors related to PHS (13 interviews), and three focus groups, two with domestic workers and one with stakeholders (national workshops discussion) supplement the data with additional information from a broad literature review and topic-related conference discussions.

The report is divided into two main parts based on the research questions. The first part covers the general characteristics of the PHS sector, including a description of the demand and supply of services in the PHS sector, key sectoral regulations, and job quality assessment. The second part presents the role of social dialogue in the PHS sector. It provides an overview of social partners and other social actors who contribute to the development of the PHS sector. It also presents the findings on how the social partners address the challenges related to the PHS sector through social dialogue and relationships with European Union-level social partners. The report's final chapter summarises the findings, draws conclusions, and highlights policy implications.

1. State of the Art of Personal and Household Services in Slovakia

1.1. Characteristics of the Sector

Although a standardised definition of personal and household services as one comprehensive sector has not been developed, the definition can be based on listing activities (D2.1). Usually, we distinguish between **care and non-care PHS**, where care PHS is provided at home by an external caregiver and centres on the person. Non-care PHS activities are generally object-centric, supporting the maintenance or preparation of a space or object directly related to the home. Services of daily living (cleaning, ironing, gardening, small "do it yourself" tasks, maintenance, remedial classes, etc.) are united under the term "household support" (Decker and Lebrun 2018). Nevertheless, the boundary between care and non-care PHS services is blurred, depending on the specific regulation or agreement between the worker/service provider and the consumer/client.

In Slovakia, the PHS sector is not perceived as one homogeneous sector despite the fact that the work has common characteristics, such as being executed in clients'/consumers' households or for private households and supporting the well-being of a person or a family. The terms 'personal household services', 'domestic work' or 'domestic services' are not recognised in the national legislation. The PHS sector in Slovakia can be understood and structured based on the following PHS service segments:

Care services for adults can be diversified into **home care services for dependent persons** (domáca opatrovateľská služba) and home health services for dependent persons (domáca ošetrovateľská služba) under the broader policy areas of social services and the long-term care system (LTC). Under the Act for Social Services (448/2008), home care social services are classified as field social services or the provision of social services in a natural home environment. Home carers need to have at least care training (kurz opatrovania) of 220 hours to be qualified to work as home carers. These kinds of services are provided by public or non-public (non-profit) social service providers based on orders from the municipality. Municipal authorities have the provision of home care services among their original competencies and obligations. Due to the shortage of public municipal home care services, people in need can hire private home care services with limited national affordability.

The home health services (domáca ošetrovateľská služba) for dependent persons are part of the health system and long-term care (LTC). Health professionals (nurses) can only provide home health services, and their competencies are strictly defined. Social insurance refunds the cost if the home health service is deemed necessary. Home health services are provided by agencies of home health services (ADOS) regulated by a decree of the Ministry of Health (84/2016 §6) and mobile hospices (Decree of the Ministry of Health of the SR 84/2016 §8).

Another system of home care services is the **care for persons with disabilities (PwD) provided by informal carers** (neformálni – rodinní opatrovatelia), who are not considered special professionals or employees but individuals compensated by a cash care allowance (regulated by 447/2008, §21-§23) or for personal assistance (447/2008 §39-§40). Informal carers are registered as "receivers of care/assistance allowance" in the state administration system. To be eligible for a cash care allowance, the person being cared for must be assessed as having a disability and being dependent on care. Only individuals with a disability classified as dependency level V or VI are considered dependent on care.

Eligibility for state or municipal allowances for paid home care services, home health services covered by health insurance agencies, or cash allowances for care or personal assistance based on a complex assessment of the degree of social or health dependency is relatively strict. A relatively small percentage of individuals who provide care or require care are able to access the necessary public support.

Childcare, i.e. caring for children at home (babysitting), the provision of remedial classes, and other services related to children in private households, are largely underregulated in Slovakia. Home childcare is offered by individual "nannies", usually students or older women from the neighbourhood, or offered via dedicated websites, platforms, or agencies offering babysitting services. The price and other working conditions are agreed upon between the provider and the private household. Home childcarers usually work

as self-employed individuals or without any official labour market status, i.e. undeclared. Such services are used to care for children if both parents or other relatives, especially grandparents, cannot take care of them due to the need for employment, lack of other public services and pre-primary education, or outside the standard hours of daycare centres, kindergartens, or children's clubs. However, these services are available only to better-off families who can afford such services, usually in larger towns or suburbs.

Regulated home care for children involves so-called child groups that fall under social services. Their essence lies in the fact that certified nannies can care for children up to five years of age but no more than four children in one child group. However, this model has not yet spread much in Slovakia because the conditions for establishing and running a children's group are difficult and disadvantageous for the caregiver.

Household support services that fall into the definition of PHS as non-care services are part of social home care services (domáca opatrovateľská služba) in Slovakia. The working conditions and payments are framed in the same way as the home care services under the Act on Social Services (408/2008 Coll.). Additionally, these services may be offered as specific, unregulated housekeeping or cleaning services by self-employed individuals or through agencies offering these services to private households. Then, the working conditions and payment are agreed upon between the individual service providers and the household.

The above-described services, hence diversified by the target groups of service receivers, the status of service providers/workers in the labour market, ways of setting compensation, and diverse regulations, can all be considered personal and household services (PHS) in Slovakia.

The PHS sector is closely interrelated with institutional, residential LTC and pre-primary education and care for children in dedicated facilities. While in LTC, there is a long-term ideological effort toward deinstitutionalisation, i.e. to limit the placement of people in institutional social or medical residential care and to provide care in low-capacity community facilities of social services or in the home environment, in childcare, there is an opposite trend. Personal care by parents and extended family in a home environment is compensated and desirable only up to a certain age (three years of the child), after which institutionalised childcare with elements of education and preparation for school attendance is expected.

Another relevant characteristic of the Slovak PHS sector is that each specific PHS can have a different degree of formality and informality; they can be private, public, or non-public but non-profit. Work in PHS can have a different degree of declaration and be undeclared or under-declared. Some of the PHSs are strictly regulated, mostly due to public funding. Still, the same work can also be unregulated, which state agencies could fully accept or ignore regarding taxes or social contributions, thus creating unfair competition in the regulated PHS. Another discrepancy is that while some of the PHS is considered work and a regular job, the same work under different regulations and circumstances is not considered work and, therefore, not compensated at all and does not provide any social security to the person providing the work.

The next section will use publicly available statistical and administrative data to explore the size of the supply and demand for the PHS sector.

1.2. Supply and Demand of Personal and Household Services

1.2.1 Supply of PHS Workers

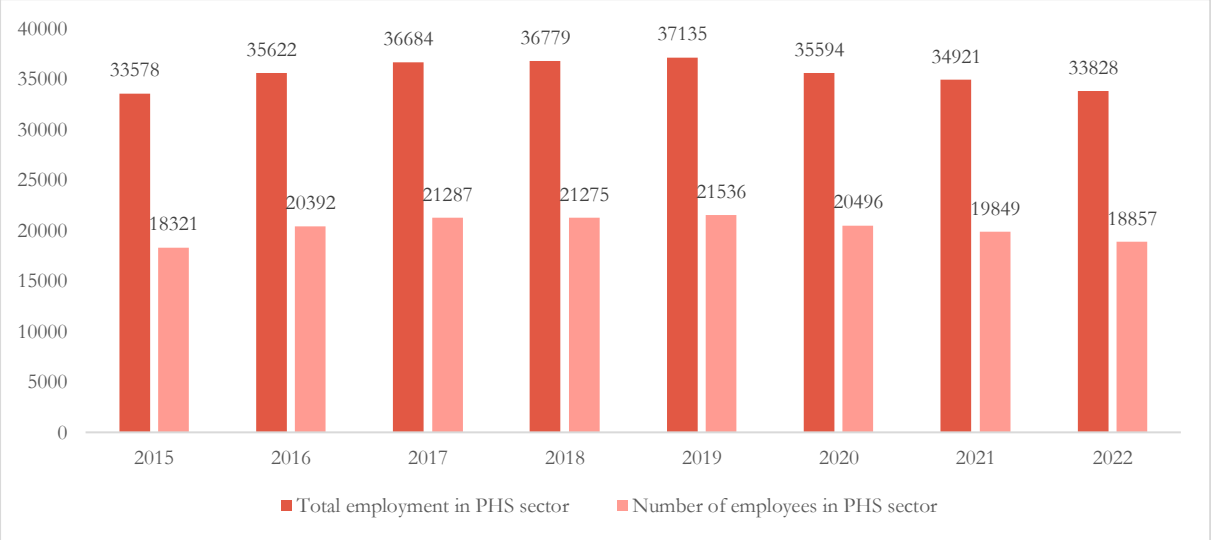
To explore the size of the PHS sector, we use the standardised statistical categories and administrative data from the relevant state agencies in Slovakia.

The PHS sector can be broadly defined using the following NACE Rev.2 classifications based on the standardised comparative statistics: Q88 – Social work activities without accommodation; T97 – Activities of households as employers of domestic personnel; S95 – Repair of computers and personal and household goods; and S96 – Other personal service activities (Guzi et al., 2022).

According to data from the Statistical Office of the Slovak Republic, **total employment in the PHS sector is approximately 36,000 people.** On average, other personal service activities account for more than 50%, social work activities without accommodation makeup about 22%, household activities as employers of domestic personnel comprise 16%, and the repair of computers and other household goods represents at least 12%. Based on the NACE categories, **care PHS services account for approximately 38% of PHS employment.**

Employment in the PHS sector increased between 2015 and 2019. However, this trend likely reversed with the onset of the COVID-19 pandemic. The percentage of employed persons out of the total employment in the sector was 57%, but the share of employed persons dropped to 56% in 2022.

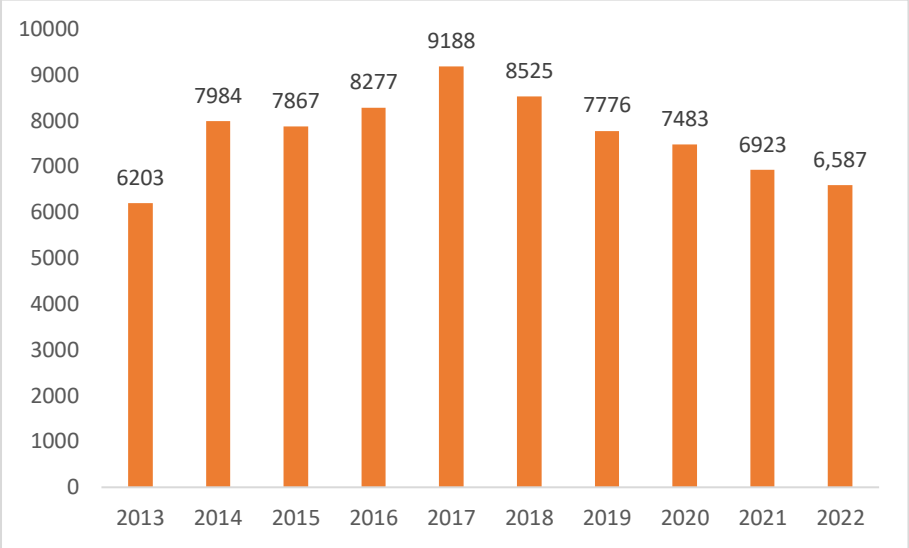
Figure 1: Employment in the Slovak PHS sector (in persons, 2015 – 2022)



Source: Statistical Office of the Slovak Republic, Employment by economic activities A88 - domestic concept [nu1057rs]; Total number of persons working in Q88 – Social work activities without accommodation, T97 – Activities of households as employers of domestic personnel, S95 – Repair of computers and personal and household goods, S96 – Other personal service activities.

Focusing on formalised PHS home care services for dependent adults, based on MLSAF administrative data, more than 6,500 home care employees were employed in Slovakia in 2022. However, an individual employee may have multiple contracts. The average number of weekly working hours was 33.3 hours, and the average age of the employees was 52. Women represented 96% of the total workforce (MLSAF, 2023). The fluctuation in the number of home care employees is influenced by the funding system, which is based on national projects designed for "field social care" and financially supported by funds from the European Union.

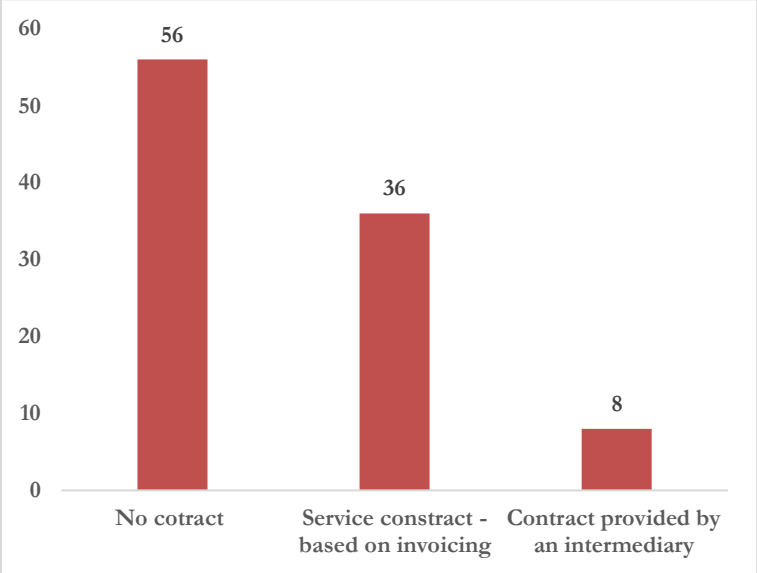
Figure 2: The number of employees in home care services (in persons, 2013 – 2022)



Source: Ministry of Labour, Social Affairs and Family of the Slovak Republic (2023) Report on the social situation of the population of the Slovak Republic for the year 2022. Data attachment. Available at https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politiky/spravy-socialnej-situacii-obyvatelstva/rok-2022.html

Based on a study prepared for the European Labour Agency in 2022, the PHS sector suffers from a high share of undeclared or under-declared work. According to the statistical analysis for all EU-27 countries, the share of PHS workers working undeclared might encompass 35% in care activities (NACE 88) and 70% in non-care activities (T97) (Guzi et al., 2022). The estimation for Slovakia is not available; however, a high share of undeclared work, i.e. working without any contract, not registered with the social insurance agency, or not declaring the income either fully or partially, was confirmed by the Slovak national stakeholders (INT6, INT8, FG3, INT14). Additionally, the results of the Perhouse survey on demand for PHS services indicated that more than 50% of the PHS users did not purchase the services with any contract.

Figure 3: Purchase of the PHS services in the last 12 months by type of contract (N= 25, in %)



Source: Perhouse survey on demand for personal and household services

The health home care services are provided in Slovakia by agencies of home health services or mobile hospices. Over the years, we have seen an increase in the number of healthcare providers and facilities. However, the registered number of healthcare professionals (FTE) working in these agencies or hospices did not reflect the increase in facilities.

Table 1: Home nursing care agencies (ADOS, Agentúry domácej ošetrovateľkej služby) and mobile hospices

ADOS	Number of healthcare providers	Number of healthcare facilities	Registered number of healthcare professionals (Full-time Equivalents)
2005	106	124	2,48
2018	157	182	1,00
2022	177	206	1,25
Mobile hospice			
2018	11	22	17,92
2022	16	25	14,2

Source: NCZI (2005, 2018, 2022) Zdravotnícke ročenky SR, at https://www.nczisk.sk/Statisticke_vystupy/Zdravotnicka_rocenka/Pages/Archiv.aspx

Home nursing care is provided by qualified medical workers such as nurses, midwives, or physiotherapists with medical education, and the service is covered by healthcare insurance. As of 2022, there were 206 ADOS facilities operating in Slovakia, established by 177 providers (NCZI 2022). Additionally, terminally ill individuals can access the services of mobile hospice (mobilný hospic), which offers palliative care at home. According to the healthcare statistics report, there were 25 mobile hospices established by 16 providers in 2022 (NCZI 2022).

Informal Carers

A special group of people related to the semi-formalised PHS in Slovakia are informal carers, also known as family caregivers. Informal or family care is the predominant form of home care for dependent adults or persons with disabilities (PwD) in Slovakia within the LTC. This care is often provided by close relatives or acquaintances within the home environment, with 28% of care being intergenerational (e.g., adult children caring for their parents) and 19% provided by partners (Salomonová, 2023).

The remaining caregivers consist of unmarried partners, siblings, parents taking care of a dependent child, or caregivers with no familial ties to the care recipient. While some caregivers receive compensation through cash allowances for care and personal assistance, these payments are often means-tested, creating a financial strain on caregivers who do not qualify for such support (Salomonová, 2023).

In 2019, the average monthly number of people receiving a care allowance was 57,048. Individuals of working age made up 59% of all recipients. The actual number of informal carers is expected to be higher than the number of benefit recipients since the care allowance is only paid to carers looking after individuals diagnosed with severe disabilities, who make up around 20% of those requiring long-term care. This means there are caregivers providing long-term care without financial support from the state (Eurocarers, 2023).

"It is often mixed - the woman works overtime in the facility as a caregiver and has to take care of her relative at home the rest of the day. The solution is to ensure that such informal caregivers can have a decent salary in their formal employment, the right to vacation, respite services, etc." (INT8).

Family or informal caregiving can negatively impact caregivers' physical and mental health. Additionally, many caregivers are forced to give up their participation in the labour market, which affects their current and future income potential, including pensions and savings. This reduced participation also negatively impacts the state budget by lowering tax revenues and insurance premiums (Salomonová, 2023).

The lack of public care services for PwD, as well as the high risk of burnout of informal caregivers, is evidenced by several tragic cases of people who could no longer take care of their relatives or children with health problems. There is a lack of support services, as well as the long-discussed respite service, which according to formal regulations should be provided 30 days a year, when the informal carer is entitled to respite and regeneration leave. However, it is often not possible to provide such a service, due to the need for highly specialised care in view of the type of health problem (Folentová, 2024).

Ideally, providing informal care should be a choice rather than a necessity. However, family caregiving often becomes the only viable option due to the lack of formal services. To alleviate this burden, care options should be more flexible and include sufficient outreach, community support, consultation services, and respite care. These measures would help caregivers partially integrate into the labour market and reduce the personal and financial toll of caregiving (Salomonová, 2023).

There is also room for considering transforming family and informal caregivers into regular employees, which could provide them with better support and resources to manage their caregiving responsibilities.

Based on the assessment of the organisation EUROCARERS, the number of informal carers is much higher than the official data on the recipients of the care or assistance allowance presented. In Slovakia, according to EUROCARERS (2020), there were 428,496 informal carers, representing 7.9% of the Slovak population. The CARE survey from EIGE also showed that informal carers providing long-term care at home comprise a considerable share of the population.

Table 2: **Percentage (%) of people who provide informal long-term care to people who need help with daily activities (2022)**

	Total	Women	Men
European Union - 27 countries (from 2020)	21,7	22	21,3
Slovakia	24,4	26,4	22,5

Source: EIGE, Survey of gender gaps in unpaid care, individual and social activities, [eige_gap_care_resp__ggs_care_ltc_for]

PHS Childcare

Childcare services (caring for children at their homes) are not regulated nor directly subsidised by the state or municipalities and go beyond residential childcare, such as nurseries, kindergartens, and/or school clubs. Parents are, however, recipients of the child care allowance for children under 3 years old and can partly compensate the cost of the PHS childcare.

There is no specific data on how many people provide services such as babysitting or tutoring. The size of the offer of this kind of service can be assessed by estimating the supply via the online platforms offering this kind of service. The platform *Domelia* (domelia.sk) provides, for example, more than 1000 offers (profiles of the nannies/babysitter) and *Fermeria (fermeria*.sk) offers around 500 offers for babysitting and 100 offers for tutoring. Fermeria offers, for example, hourly care - provision of services during the day, but also 24-hour care, i.e. shared household 24 hours a day, babysitting and caring for children in the child's household or in the nanny's household. Only for Bratislava, there are more than 200 offers. Most of the offers are for childcare in the family's home that is looking for the service. Considering the nature of the service provision, the majority offer services provided intermittently or irregularly (782) but also regularly in the afternoon and evening (683), all day (640) or on shifts/rotating bases (312) (Fermeria).

Table 3: Number of offers for childcare PHS (January 2023)

Platform	Childcare during the day	Childcare 24-hours care	Eur/hour	Per day	Tutoring
Fermeria	500 profiles	200 profiles	5- 15 €	50 – 160 EUR	100 profiles
Domelia	1065 profiles		Most offers 7 EUR and more per hour		

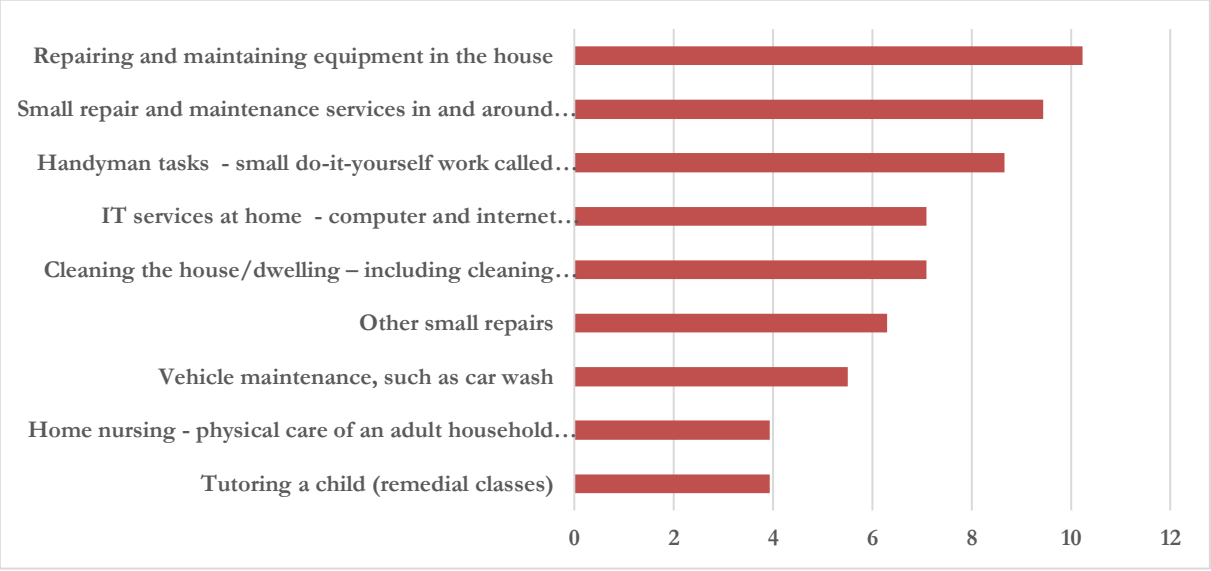
Source: https://www.fermeria.sk/opatrovanie-deti?place_children=0 and https://www.domelia.sk/ponuka-prace/opatrovanie-deti

1.2.2 Demand for PHS Services and Workers

Comprehensive data on the demand for PHS services are not available in Slovakia. However, the number of people purchasing or using HS care or non-care services can be estimated from population surveys and administrative data.

Our online survey within the PERHOUSE project showed that 79% of the respondents, purchased at least one of the listed PHS services in the last five years in Slovakia. The most often purchased services by households relate to non-care services, such as repair, handyman tasks, and cleaning. The results of the survey need to be taken with caution as the sample was small (53 responses, consisting of 78% of women, most under the age of 50 years).

Figure 4: The most often purchased PHS services in the last five years (N= 127, in %)



Source: Perhouse survey on demand for personal and household services. Multiple responses

Most respondents use the PHS occasionally or once a year (53%), 38% once a month or once a week and only 8% daily. Over 88% of respondents were satisfied with the service they received at their last purchase. Respondents found the service mainly through someone's recommendation (38%) and 27% through the web or social media. Despite the increasing platformisation of the sector, only 23% of respondents in the survey used the platforms offering the services. Public directories of service providers were used by only 8% of respondents, which is related to the fact that most types of services are non-care. In contrast, public directories are usually related to care services.

The most frequent reasons for ordering PHS were time and skills constraints. The respondents, however, also indicated that other reasons might relate to the unavailability of options other than PHS, such as family members' reluctance or impossibility to take care of a dependent relative.

"No one in the family wanted to take care of grandfather, who had senile dementia."

"The senior lives in a different village than me and needs assistance on a daily basis."

Source: Perhouse survey on demand for personal and household services. Open question.

Table 4: Reasons for ordering the last PHS service (N= 25)

Reason for ordering PHS	Percentage
I had no time to do it myself	44%
I do not have the right skills to do it myself	44%
I have no license to do it myself - I needed a professional	36%
I can afford it	12%
Other reasons	16%

Source. Perhouse survey on demand for personal and household services. Multiple responses

The most common **reason for not purchasing PHS was that people prefer to care for their homes and family members alone. The second reason was that another family member was caring for the home and family members.** Another reason was the **affordability** of such services and the **complication of finding and hiring somebody** (Perhouse survey on demand for PHS services).

The self-care for the dependants and household as the barrier to outsourcing or using a PHS was confirmed in other Slovak studies. For example, Pavažanová (at al., 2016) revealed that the household resource argument and demand capability argument could partly explain the outsourcing of certain domestic chores. The barriers to outsourcing domestic chores are in the types of PHS such as cooking, cleaning, laundry and ironing affordability and in all types of PHS, **a strong orientation of Slovak households toward a self-service economy.**

Asking about the **future demand for PHS services, the most common types of PHS needed are small repairs, care for dependent adults and housekeeping**. The care for children or pets is less frequent, probably because this type of work is considered the responsibility of the persons and families on their own. The high potential of the small repairs to be outsourced was also confirmed by the other survey on preconditions and barriers to outsourcing domestic work in Slovak households (Považanová, et al., 2016).

Table 5: The potential of future demand by the type of PHS (N= 28, in %)

	Disagree	Neither agree nor disagree	Agree
Care for a child	65%	8%	27%
Care for a dependent adult	30%	22%	48%
Housekeeping (cleaning, laundry, shopping, cooking)	35%	19%	46%
Small repairs	19%	22%	59%
Gardening	52%	26%	22%
Care for pets/animals	63%	22%	15%

Source: PERHOUSE Survey on demand for PHS services. The disagree option presents the sum of the responses for strongly disagree + disagree; the agree option is the sum of options that strongly agree+ agree). Question: Is it likely that you or your household will need the services in the future? Express your opinion using a 5-point scale.

We investigated what would encourage or motivate people to use PHS. The most frequent reason was the simplification of the online procedure (72%). The high quality of the services and the lack of time and skill to do the work were also the most common reasons.

Table 6: Reasons for maintaining or initiating the use of PHS (N= 27)

	Disagree	Neither agree nor disagree	Agree
Introducing or simplifying online procedures to use the services	8%	20%	72%
High quality of the services provided	22%	11%	67%
Lack of time due to other activities	26%	7%	67%
Lack of own (or other household members') skills to do the work	26%	7%	67%
Subsidising the services	15%	23%	62%
Simplifying the procedures to use the services	19%	22%	59%
Low price	12%	31%	58%
Possibility to deduct the cost of the services from the taxes	19%	26%	56%
Professionalisation of the workers providing the services	23%	23%	54%

Source: *PERHOUSE Survey on demand for PHS services. The disagree option presents the sum of the responses for strongly disagree + disagree; the agree option is the sum of options that strongly agree+ agree). Question: What would sustain or initiate your use of personal and household services?*

Eurostat data estimate the self-reported use of home care services on an annual basis. In Slovakia, the share of people who self-reported using home care services is 1.3 % out of the population 15 years old and over annually, whereas the EU average was 4.2 % in 2019. Slovakia's share is also low compared to other CEE countries, where, for example, the share in Hungary is 5.4%, in Slovenia 2.6% and in Latvia 2% (Eurostat, EHIS survey, 2019).

In the upper age groups, there is a significant increase in the percentage of self-reported home care service utilisation in Slovakia. People 65 to 74 years old used home care services at a rate of 4.2% in 2014 and 1.8% in 2019. The plausible reason for the decline in the share between 2014 and 2019 is a drop in the supply or demand for formal or informal home care services for the dependent adults (Eurostat, EHIS survey, 2014 and 2019). [2]

[2] Eurostat (2019) European Health Interview Survey (EHIS); online code: Online data code: HLTH_EHIS_AM7I. The proportion of people who used home care services for personal needs in the past 12 months.

Figure 5: Annual use of home care services in CEE countries (% of the population 15 +, 2019)

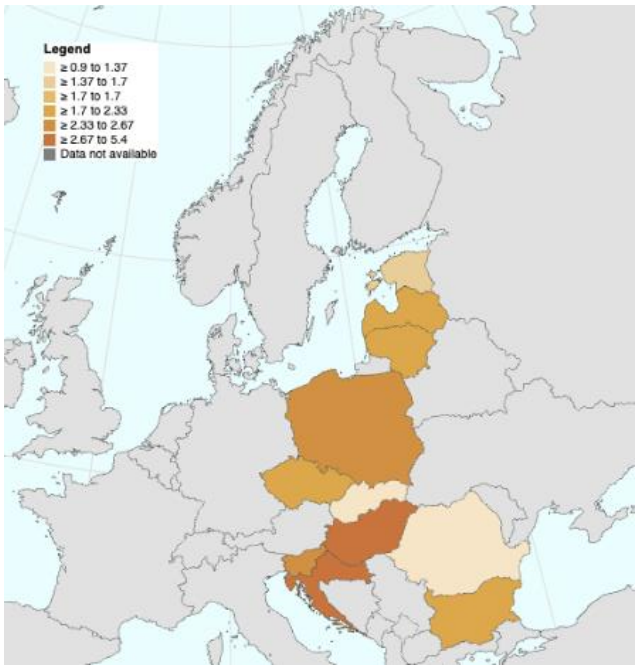
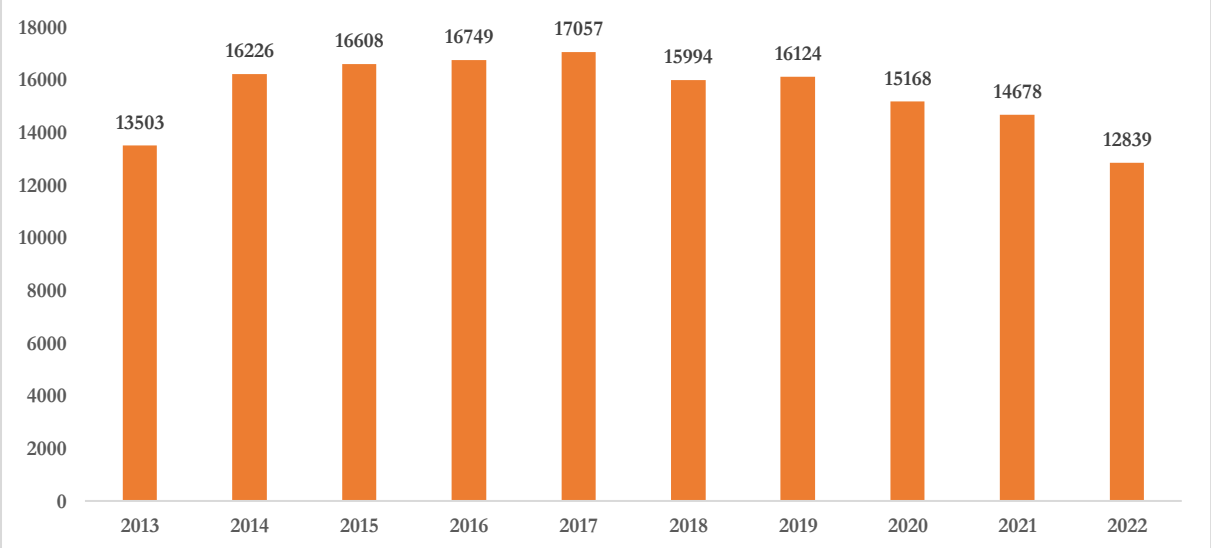


Figure 6: Annual use of home care services in Slovakia by age classes and years (in %, 2014 and 2019)

Source: Eurostat (2019) European Health Interview Survey (EHIS); online code: Online data code: HLTH_EHIS_AM7I. The proportion of people who used home care services for personal needs in the past 12 months.

According to administrative data from the Ministry of Labour, Social Affairs and Family (2023), the **average number of adult recipients of home care services over the last decade was 15.5 thousand**. This number remained relatively stable, gradually decreasing over the last three years. In 2022, the number of home-care adult receivers fell to 12.8 thousand. The variability in the number of home care services clients may be related to the currently set support system from EU funds and different data collection methodologies (MLSAF, 2023). Most home care recipients receive services from public providers, with 19%, on average, receiving care from non-public providers during the last decade.

Figure 7: The evolvement of the adult receivers of home care services (in persons, 2013 -2022)



Source: Ministry of Labour, Social Affairs and Family of the Slovak Republic (2023) Report on the social situation of the population of the Slovak Republic for the year 2022. Data attachment. Available at https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politiky/spravy-socialnej-situacii-obyvatelstva/rok-2022.html

Financial affordability was the most common reason for seniors in Slovakia to not use home care services for the elderly. Additionally, many seniors believe they do not need the services, and some refuse to be cared for, which is more frequent than the EU average.

Table 7: Reasons for not using professional home care services (2016, %)

	Financial reasons	Services not needed	Insufficient quality if services	Refusal from the person that needs to be cared for	No home care services available	Oher reasons
European Union - 27 countries (from 2020)	35,7	33,7	2,1	5,0	9,7	13,7
Bulgaria	65,1	6,2	2,4	5,6	13,3	7,3
Sweden	6,2	59,8	4,4	3,0	4,3	22,3
Slovakia all types o households	**28,0**	**34,5**	**0,5**	**14,1**	**9,3**	**13,7**
Slovakia (single person household 65 year over)	**34,6**	**46,9**	**0**	**5,9**	**3,5**	**9,1**

Source: Eurostat, ILC_ATS15

As for **home childcare PHS**, we do not have exact figures on demand. However, the number of pending applications for placement of children in pre-primary facilities can be an indicator. However, the number of pending applications can also be duplicated, so it is not an accurate indicator. However, the number of applications is around 18,000 - 20,000.[3]

The demand for home childcare, therefore, depends on the availability of a pre-primary education facility. Geographic inaccessibility may apply mainly to some districts in large cities but also to marginalised communities where there is a lack of places in public facilities suitable for children. The situation worsened when starting in 2023, mandatory pre-primary education gradually applied to 5-year-old, 4-year-old, and preferably even 3-year-old children.

Children's nurseries, which are aimed at children up to three years of age, are operated under the Social Services Act and are largely private (non-public). Parents have to pay for the services. The prices fluctuate around 350 to 600 Euros monthly and are unaffordable for some families (INT5).

Informal parent associations, the network of maternity centres, and other non-governmental organisations also confirm the need for services for families with children outside the standard hours of pre-primary facilities, with greater flexibility but also quality and specialisation for children with special needs (INT5, INT7, INT12).

1.2.3 Unmet Needs for PHS Services and Workers

Based on the public opinion representative survey carried out by the SOCIA agency in 2020, up to **93% of the population want to stay in home care in case of deterioration of health condition**. Most respondents wished to receive home care from relatives or professional home care (field) services (SOCIA, 2020). This implies that the demand for home care for seniors will gradually increase.

However, the National Control Office of the Slovak Republic (NKÚ) recently confirmed the ongoing unmet need for home care services for seniors or people in social dependence. According to the NKÚ, the actual demand for home care services cannot be estimated due to the lack of administrative records. Despite

[3] More at https://analyza.todarozum.sk/docs/19072315430002hok0/

that, the NKU stated in 2020 that the number of home care workers is insufficient, **and the responsible municipalities do not ensure a sufficient number of home care services** (NKÚ, 2020).

The analysis of NKU control found that only less than a third (954) of municipalities provided home care services directly; other municipalities and cities provide it through non-public operators or do not ensure at all. It is estimated that **up to 80% of the home care for dependent persons is provided by immediate or extended family members - the so-called informal caregivers** (NKU, 2020). The number of informal carers is anticipated to surpass the count of benefit recipients because the care allowance is exclusively disbursed to carers tending to individuals diagnosed with severe disabilities. This specific demographic represents roughly 20% of those needing long-term care. Consequently, caregivers must provide long-term care without financial assistance from the state (Eurocarers, 2023).

The Ministry of Social Affairs takes evidence of the requests for home care services each year. In 2023, around 3.4 thousand requests were filed, out of which 77% were processed. The average duration on the waiting list was around 21 days (MLSAF, 2023).

The unmet need for flexible and affordable home childcare is strongly interrelated to the availability of nurseries and kindergartens. Despite that, in recent years, the enrolment of children in primary education has increased; in Slovakia, there are town districts and communities where the formal childcare facilities do not have sufficient capacity to enrol the children (Holubová, 2023, SOWELL project). Moreover, a recent study on the parents' care needs revealed that they call for widely available institutional childcare, greater time flexibility of facilities and individual approach hand in hand with the flexible working arrangement (Fúsková et al., 2023).

1.3. Regulations and Governance

The International Labour Organisation's Domestic Workers Convention No. 189/2011 is the most prominent internationally recognised regulation specifically targeting domestic workers. However, **Slovakia did not ratify the ILO Convention on domestic workers** for several reasons. A legal analysis of the transferability of the Convention by the Ministry of Labour, Social Affairs, and Family from 2011 concluded that the Convention cannot be ratified without changes in Slovak legal regulations. The ratification of the Convention would require definitions of domestic work and domestic employees and, consequently, also modification of certain provisions to reflect the specific characteristics of domestic work. Despite that the legal analysis was also discussed at the tripartite session (the Economic and Social Council of the Slovak Republic); the Slovak Republic's statement on the Convention was that currently, it is not ratifiable (Sedláková, 2020).[4] This opinion remained unchanged, as confirmed during the Perhouse national workshop in January 2024 (FG3).

Home care services are regulated in the framework of social services - Act on Social Services (408/2008 Coll.), specifically § 41. These services are designed to assist individuals who are dependent on the help of others. Eligibility for home care services requires an assessment by the municipality, determining that the individual's dependency level is at least at the II degree. This means they need assistance with self-care tasks, household chores, and basic social activities.

Home care services are also available for individuals receiving a cash allowance for caregiving. In such cases, services can be provided for up to eight hours per month during the hospitalization of their caregiver, or for up to 30 days per year when relief services are offered to the caregiver.

Home care services are typically provided as field services, which include **Assistance with Self-Care and Household Tasks:** This includes helping with daily personal care, household maintenance, and engaging in basic social activities. The extent of assistance is determined by the municipality following a social assessment and is detailed in a contract for social services provision.

To access these services, the following steps are required:

- **Dependency Assessment:** The municipality issues a decision on the individual's dependency on social services. This decision is based on a request for assessment and subsequent social and health evaluations.
- **Service Request:** The individual or their representative must request the municipality to provide social services through a specific service provider. Alternatively, they can directly contact a social service provider. However, direct contact does not guarantee financial support from the municipal budget for service provision.

The funding for home care services can come from several sources. Provider's budget, i.e. funds allocated by the service provider, municipal financial contribution presents a financial operation contribution provided to non-public service providers by the municipality. The recipient's payment is made by the service recipient to the provider. The payment required from the recipient is set by the service provider. If the service is supported by public funds, the recipient is guaranteed a balance of income after payment, which should be at least 1.65 times the subsistence minimum (Kremser, et al. 2021)

Home care social services belong to the original competencies of the municipalities based on Act no. 369/1990 Coll. on municipal establishment. That means that the municipality has an obligation to provide home care services upon the needs of the persons who have received the decision on the individual's dependency on social services.

However, **fragmentation and equal competencies for all municipalities, regardless of their size, lead**

[4] All the related documents are available at https://www.employment.gov.sk/sk/ministerstvo/medzinarodna-spolupraca/medzinarodne-organizacie/medzinarodna-organizacia-prace-mop/100-zasadnutie-generalnej-konferencie-medzinarodnej-organizacie-prace.html

to the fact that small municipalities are unable to provide care services. The fragmentation of local territorial self-government results in high administration costs (municipality management) especially in small municipalities. Small municipalities do not have enough funds for other competencies (INT9, IN13). The same competencies for all municipalities, regardless of their size, also contribute to the fact that small municipalities cannot exercise all competencies. As a result, only one in ten municipalities, up to 1,000 inhabitants, provide home care services. The findings from the analysis also confirm the conclusions from the questionnaire survey. The majority of surveyed municipalities with up to 1,000 inhabitants identify with the opinion that caregiving services should not be within their competence (Filipová, et al, 2021)

The home care service, in combination with cash allowance for care according to the applicable legislation, is limited (max. 8 hours per month). In addition, cash allowance for caregiving can only be provided for higher levels of dependency (V. and VI. degree) (INT9, INT10, INT13). The current situation thus prevents the effective combination of these social services. Sufficient flexibility is not achieved in providing care for a dependent family member in the relationship of reconciling family and work responsibilities (Filipová, et al, 2021).

Municipalities do not allocate all the resources intended for care services to the care service. By comparing the sources of coverage of home care services and expenses, it is shown that municipalities spend approximately half of the funds intended for home care services. There is no legal one enforceability, nor incentive measures for municipalities to spend more on the home care service (Filipová, et al, 2021).

The overall trend of work platformisation also impacts the PHS sector. The digitally mediated provision of domestic care work services is also widespread in Slovakia (for example, Domelia.sk; Hlídačky.sk; Douma.sk, etc.). The platformisation of the care services is contributing to the unrecognition, undocumented and informality in the sense of undeclares of the PHS (Pulignano, et al. , 2023). The platformisation in care services especially is perceived as mediator of undeclared work and unfair competition (FG2, FG3, INT6, IN14). The platformers are not regulated and not established as employers in Slovakia.

Upcoming new reform of social services financing:

The European Union, professional organizations, and social partners often criticised the situation of LTC in Slovakia, creating long-lasting pressure to change the financing and overall settings of LTC services, including care services provided in the home. The Strategy of Long-Term Care formed the basis for the financing reform, and it took several years for the proposal to be developed.

It has been discussed for a long time, a suitable model is being invented, and it has been going on for years, but let's finally start to do something (INT9).

The upcoming reform will follow **the overall trend of community social care services. It should advance the development of social care in the realms of household**s (INT 6, INT2, FG3). The final reform of the social services financing system still has to be presented by the end of 2024. Currently, the proposal is under the scrutiny of the broad social dialogue of expert networks, social partners, and other social actors, including the consolidation of all comments and suggestions. Legislative text will be prepared during 2025, so the reform should enter into force from January 2026.

The key change is that currently, the state contributes funding to social service providers based on capacity and financially eligible costs (*finančne oprávnené náklady*)—based on the degree of social dependency, that is, the level of care and assistance services that the client needs. The higher the degree of dependency, the higher the contribution to social care services. This funding is currently provided to social care providers, including home care providers.

The financing reform brings the following key changes:[5]

- It introduces the so-called 'personal account' - a financial fund - care allowance (*príspevok na starostlivosť*)[6] directly at the disposal of people who need and will use the care service (based on the assessment of the social dependency level).[7]
- The personal account may be in the form of direct payment (care allowance) or in the form of a cart – voucher to purchase the care service.
- The needy might choose what form of care service he/she will use; this increases the users' flexibility and autonomy. Based on the assessment, the client can choose from a formal home care services provider (public or non-public), non-formal care provided by a relative or a combination of daily stationary and residential care.
- Thus, a personal budget is a tool that people who are long-term dependent on social care and support can use to control how this support is provided and organised.
- Moreover, if the client chooses non-formal care from a relative, a reserve will be created out of the payment in case the non-formal carer gets sick, needs rest (respite service—*odľahčovaciu službu*), or needs care for himself/herself. In this case, formal social services came into play to prevent burnout and exhaustion of the non-formal family carers.
- The system will maintain the co-financing of social services from local governments.

Expected positives of the reform:

- The reform will create prerequisites for increasing the availability of social services at the community level.
- **Strengthened financing through a voucher will make the position of a home carer more attractive.**
- Equal status of financing of all forms of social services.
- People with a lower degree of dependency will not be disadvantaged either.
- The reform will bring higher integration of social and healthcare.[8]

Table 8: Possibilities of the use of the new Care Allowance

On social services, including home care	On non-formal home care	On healthcare facility of lonf-term care
•Care services provided by the emploees of the formal social services •Will replace the current funding on social service from the ministry of social affairs conditioned by the degreee of dependency.	•Care provided by the close persons - relative at home •Will relaplace the care benefit •Non-formal carers will have possibility for relief leave and rest (reserv provided by the formal social services)	•Care provided by the employees of heahtcare facility of long-term care •New - need to be established

Source: Based on the https://www.employment.gov.sk/files/slovensky/esf/plan-obnovy/prezentacie/prezentaciampsvr_sr_financovanie-socialnych-sluzieb_web.pdf

[5] https://www.employment.gov.sk/files/slovensky/esf/plan-obnovy/prezentacie/prezentaciampsvr_sr_financovanie-socialnych-sluzieb_web.pdf

[6] Príspevok na opatrovanie – care benefit will be cancelled.

[7] Hand in hand with the new reform of social services financing, a new legislation will come into force that will unify assessment activities, and eliminate inefficiency and bureaucracy for assessors and assessors by digitising activities. At the same time, new dependency criteria will be defined to make assessment more transparent. More on the complex reform as envisaged in the National Reform Programme at https://www.planobnovy.sk/site/assets/files/1066/2023-k13_-_dostupna_a_kvalitna_dlhodoba_socialno-zdravotna_starostlivost.pdf

[8] https://www.employment.gov.sk/files/slovensky/esf/plan-obnovy/prezentacie/predstavenie-sucasnej-verzie-koncepcie-reformy-financovania-socialnych-sluzieb.pdf

Since 2022, an Act on inspection in social affairs and the amendment of certain laws (Law no. 345/2022 Coll.) has been effective. A part of the social affairs inspection is supervision (Správny dozor*)*. The purpose of the supervision is to evaluate compliance with the applicable legal regulations, mainly Act no. 448/2008 Coll. on social services and amendments to Act no. 455/1991 Coll. on trade entrepreneurship (Trade Act) as amended. The subjects of the supervision might be public and non-public providers of social services, including home care service providers. Based on the reports of the inspection results in 2023 and 2024, no home care provider was inspected.[9] The social affairs inspection can control, for example, whether the care provider has all the necessary registrations and permission and whether clients are treated according to regulations. **The social affairs inspection primarily serves to protect clients rather than the workers.**

[9] https://www.employment.gov.sk/sk/uvodna-stranka/inspekcia-socialnych-veciach/plan-dozornej-cinnosti/

1.4. Working Conditions and Service Quality

Wages and income

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 increased significantly in recent times, they still remain only slightly above the minimum wage. Low wages and the physical demands of performing this 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.

Table 9: Average gross monthly wage for PHS workers in Slovakia (2024)

Profession	Average gross monthly wage (EUR)
Home care worker	846 EUR
Cleaning services worker	763 EUR
Housekeeper	908 EUR

Source: Platy.sk

The average wages of domestic caregivers are slightly above the minimum wage level in a given year (700 EUR in 2023). Any increase above the minimum wage is considered a "recruitment allowance." Higher wages often cannot be offered due to a lack of funds from municipalities or the setup of projects for field home services financially supported by the European Union (INT9).

Despite improved regulation, there are still differences in the wages of public and non-public providers. In addition, tensions exist between residential and home caregivers due to the different benefits and allowances available. For example, the city provided a bath or transport allowance to residential nannies from a public social care facility. Non-public providers do not have such options (FG1).

The low wages in the home care sector lead to a care drain of Slovak carers, primarily to Austria and Germany. Despite the number of Slovak carers working in Austria decreasing in recent years (from 20,000 to 16,000 registered carers), the monthly payment is about 1,000–1,500 EUR. However, from this sum, caregivers working as self-employed often have to pay considerable fees to an intermediary agency, fees for transport services, etc. Additionally, they must pay their own deductions and taxes. Moreover, predatory agencies, due to insufficient regulation and control, often force caregivers to sign disadvantageous contracts, depriving them of any bargaining power over working conditions (INT8, INT14).

In the case of home childcare, the remuneration per hour varies and ranges from 6 to 15 EUR. However, it is usually never a full-time job but only a certain number of hours per month. Well-established agencies that mediate childcare try to set a minimum number of hours per month so that the nanny has sufficient income. In the case of non-standard hours or at the weekend, a higher hourly wage is required, as well as for more children or non-standard services (FG2).

The childcarers we spoke to within the project confirmed that although home childcarers work as self-employed workers, they may have, through precisely set contracts between the agency and the family, conditions that ensure at least minimal social security for the nannies. Although they have to pay taxes as self-employed people for social insurance and taxes, the precise setting of the rules and the guarantee of a regular income motivate them to provide services through the agency. Providing supervision and solving problems and unexpected situations by agencies and not by the nanny herself is also a significant benefit. The disadvantages are that several caregivers felt endangered, for example, when the children or another member of the family was sick, or when it was urgent to solve a care problem. They were stressed by securing the well-being of the child, and they often decided on their own how to proceed (FG2, INT12).

The agency itself, operating in a big city, realises that only better-off families can afford its services. However, in the case of caring for a child with special needs, they do not charge a higher fee. Their goal is to obtain a subsidy or grant from state financial mechanisms and to provide favourable services to disadvantaged families, such as single-parent ones (FG2, INT12).

The "working conditions" of informal caregivers are more problematic, as their compensation is provided by the care allowance. The care allowance has been continually increasing over the years. Since July 2024, the amount presented is the net minimum wage: 650 EUR. The hourly rate of personal assistance will increase from the current 5.52 EUR to 5.83 EUR. As the care allowance is income-tested, it is positive that the threshold of income from the carer's employment, which affects the provision of cash allowance for caregiving, is also being increased from two times the amount of the subsistence minimum to 2.5 times the amount of the subsistence minimum for one natural person of legal age (MPSVR, 2024).

However, informal caregivers do not have the right to paid leave; they can ask for respite services (30 days per year). Informal workers are not protected against job loss in case of work interruption due to caregiving. However, the care is part of years of service until retirement.

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 national project designed to support home care services. A considerable share of PHS workers are self-employed, which does not provide the same level of security as employment under the Labour Code.

Adult care and childcare domestic workers are calling for respect, acknowledgement, and advancement as full-time, stable employees with standard employment relationships.

When someone takes care of children, it should not be confused with a kind of domestic servant. That person deserves respect. The job doesn't have to be just part-time or temporary. If we want it [the home childcare] to be a full-fledged job, then we have to treat those people as employees in the sense that we know that they need to have a regular monthly income, and the flexibility is not as possible as many client families would like (FG2).

Working Time

Precarity in PHS often stems from unpredictable working hours and overall working time, which frequently results in excessive and unpaid overtime. According to the Perhouse demand surveys, PHS work/services were provided during working days (42%), on-call (i.e., always available) (29%), and in day shifts (4%).

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 (FG1). 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 (FG1).

Non-formalised home childcarers usually work as self-employed individuals or without any formal contract. The number of hours and the timing of babysitting depend on the agreement between the carer and the client, which is often unpredictable. This can involve late evening hours, weekends, or holidays without limits.
Some more established commercial intermediary agencies for childcare try to negotiate favourable working conditions for the worker with the client. For example, they agree on the number of hours, rate, and working time arrangement for the child carer. Typically, the minimum monthly working hours are set to 36 and the

maximum to 72. The regular working time is from 8:30 to 18:00, with an hourly rate of 15 EUR. After 8 p.m., the rate increases by 25%, and on Saturdays by 50%, or by 100% for the entire weekend. The rate increases to 20 EUR when caring for two children at once. The rate remains the same if the child has special needs (FG2).

Autonomy at work

The precarity of PHS working conditions may stem from the lack of appropriate scope of work and activities required, limited access to training and skill development, lack of career opportunities, and greater exposure to work-related stress.

Adult care PHS workers are often stressed by the client 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 literally save lives, impacting their stress levels and mental health (FG1, INT8).

The problem also lies in the fact that the job description for home caregivers is very broad and vaguely defined. Similar to women's unpaid work in the household and family, home carers are required to perform a wide range of tasks related to the functioning of the household and the personal care of the dependent person.

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. Annex 4). Some of this work is physically demanding, without proper protection of work health and safety rules.

The broad range of household support work 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. This problem is articulated in the description provided by the focus group participant when asked to characterise her work:

"We do everything like a housewife. What the client can't do, I do. It means cooking, cleaning, washing, ironing, dressing the client, washing her, helping her shop, and so on. We do everything. Sometimes, I even had such a problem that I was already repairing the toilet or driving out mice.; (FG1)

Although caregivers can refuse some tasks, such as washing windows, chopping wood for heating, or gardening, clients or their families sometimes request them.

Identified Challenges of PHS by the Demand and Social Dialogue Surveys

Based on the Perhouse demand survey, PHS work/service was provided during working days, i.e. from Monday to Friday (42%), on-call (i.e. always at disposal) (29%), and in day shifts (4%). Regarding formal home carers for seniors, the working time depends on the number of hours per day agreed upon between the provider and the client. Usually, they work 4 or 8 hours per day during regular working hours (FG1).

Non-formalised home childcarers usually work as self-employed or without any special contract. The number of hours and when the babysitting is provided is determined by the agreement between the carer and the client. However, these may occur in the late evening hours or on weekends, without limits.

However, more established commercial intermediary agencies for childcare try to agree with the client on favourable working conditions for the worker, such as the number of hours, rate, and working time arrangement for the child carer. For example, the minimum monthly working hours are set to 36 and the maximum to 72. The regular working time is set from 8:30 to 18:00 with an hourly rate of 15 EUR. After 8

p.m., the rate increases by 25%, on Saturday by 50%, and over the whole weekend by 100%. The rate increases to 20 EUR when caring for two children at once. If the child has special needs, the rate remains the same (FG2).

The social dialogue survey was disseminated among the national social partners and social actors related to PHS. They identified the following challenges related to working conditions in PHS:

All stakeholders identified low pay as a primary concern, which could contribute to workforce shortages and high turnover rates. The overwhelming workload reported by stakeholders suggests burnout and stress among workers, which may lead to decreased job satisfaction and retention.

Concerns over health and safety, including mental health and abuse, highlight the need for improved working conditions and support for PHS workers. A significant number of workers are considered vulnerable (migrants, women), pointing to potential exploitation or discrimination issues.

The absence of adequate social security for workers is a critical issue, affecting their financial stability and security. Many stakeholders indicated that much of the work, especially by unpaid family carers, is not recognised as formal work, which impacts the valuation and support for this role.

There is a notable amount of undeclared work, which affects both workers' rights and government revenues. Funding issues are a concern, impacting the sector's ability to expand and improve. Fake or forced self-employment is present, which may undermine labour rights and protections. Issues with how working time is arranged can lead to work-life balance challenges for employees.
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Table 10: Challenges related to working conditions identified by the national stakeholders (N= 9, %)

Type of challenge	=
Low wages/salaries	100
Heavy workload	100
Health and safety issues (including mental health and abuse)	100
Large share of vulnerable workers (migrants, women…)	89
Lack of social security	89
Most of the work is not recognised as work (unpaid family carers)	78
Large share of undeclared work	78
Financing of the services in the sector	78
Bogus-self-employment (forced or fake self-employment)	56
Working time arrangements	56

Source: Perhouse Social dialogue survey (Agree and Strongly agree responses)

In terms of general setting of the PHS in Slovakia, most of the stakeholders agreed on that there is a significant lack of funding in public services, which can hinder development and service delivery. Compliance with existing laws is problematic, indicating enforcement or regulatory challenges. The migration of skilled professionals to work abroad is a critical issue, leading to a brain drain that exacerbates workforce shortages. Insufficient regulations may lead to gaps in service quality and worker protection. The absence of strong representation and dialogue between stakeholders limits collaborative problem-solving and advocacy. The role of intermediary agencies could be problematic, either adding unnecessary costs or inefficiencies.

Table 11: Challenges related to PHS general settings identified by the national stakeholders (N= 9, %)

Type of challenge	%
Low investment/budget for public services	89%
Lack of appropriate regulations	78%
Low compliance with existing regulations	89%
Operation of intermediary agencies	44%
Lack of representation – social dialogue	67%
Care drain – professionals leaving the country to work abroad	89%
Other challenges in settings	67%

Source: Perhouse Social dialogue survey (Agree and Strongly agree responses)

National stakeholders also identified the challenges related to the PHS service quality. Every stakeholder identified a lack of workforce as a critical challenge, indicating severe shortages in staff availability, which could directly impact the quality and accessibility of services provided. All respondents agreed that high administrative requirements are a significant barrier, possibly leading to inefficiencies and increased costs within the PHS sector. Nearly all stakeholders pointed out high labour costs, which include taxes and levies, as a major challenge. This suggests financial constraints that may limit the growth or sustainability of service providers. There is a perceived gap in the variety or comprehensiveness of services available, indicating unmet needs among service users. The quality of the workforce, in terms of professionalism and training, is seen as lacking, which could affect service delivery standards. The majority noted that service providers are not flexible, potentially making it difficult to cater to clients' varied and dynamic needs.

Another aspect of working conditions' precarious nature is the lack or insufficient collective representation of workers' interests. That is why, in the next section, we will explore this relevant dimension of PHS sector working conditions.

2. The Role of the Social Dialogue in Personal and Household Services

2.1. Social Actors in the PHS

This chapter describes the social partners and social actors related to specific professions and areas of PHS as defined in this report. In addition to the social partners that are part of the social dialogue at the sectoral and national levels (tripartite), we are expanding the scope of social dialogue to include actors who have had a strong say in the long-term provision of social care services in households and have the potential to influence PHS regulations, including the status of PHS workers and their working conditions.

Table 12: The social partners and social actors related to PHS

Actor	Type	Level	Role /Professions and employers presented	Member of tripartite committee YES/NO
State – Ministry of Labour, Social Affairs and Family *(Ministerstvo práce, sociáojlnych vecí a rodiny)*	State agency	National	Responsible for legislative framework and funding of the care services	Yes
Ministry of Health (Ministerstvo zdravia Sovenskej republiky)	State agency	National	Responsible for legislative framework and funding of the healthcare services	Yes
Confederation of Trade Unions in Slovakia (KOZ SR) *Konfederácia odborových zväzov*	Trade union	National	All workers	Yes
Trade union of Healthcare and Social Services (SOZZaSS) *Slovenský odborový zväz zdravotníctva a sociálnych služieb*	Trade union (member of KOZ SR)	Sectoral	Employees in healthcare and social care services	Via KOZ membership
Trade Union of Nurses and Midwives *Odborové združenie sestier a pôrodných asistentiek*	Trade union	Sectoral	Nurses employed in hospitals	No
Association of Professional Workers of Social Services *Asociácia odborných pracovníkov sociálnych služieb*	Professional association/civic association	Sectoral	All professionals in social care services	No
The National Union of Employers (RUZ) *Republiková únia zamestnávateľov*	Employers' association	National	All employers	Yes
Association of Social Service Providers in the Slovak Republic *Asociácia poskytovateľov sociálnych služieb v SR*	Employers' association (member of RUZ)	Sectoral	Non-public and public social services providers (including home care providers)	via RUZ membership
The Chamber of Caregivers of Slovakia (KOS) *Komora opatrovateliek Slovenska*	Professional association	Sectoral	Care workers in home and residential social services and non-formal carers[10]	Not applicable
Slovak Chamber of Nurses and Midwives (SK SAPA) *Slovenská komora sestier a pôrodných asistentiek*	Professional association	Sectoral	Healthcare nurses	Not applicable
Union of Towns and Municipalcies of Slovakia (Únia miest a obcí Slovenska	Professional association	National	Represents municipalities and towns as the founders of the care services	Yes
SOCIA	Non-governmental organisation	National	Expert network involved in working groups and negotiations	No
National labour inspectorate	State agency	National	Control of labour standards of employees and intermediary agencies	No
Mosty pomoci	Non-governmental organisation	National	Help to non-formal carers	No
Platform of families of children with disabilities[11]	Non-governmental organisation	National	Non-formal carers of children with disabilities	No

Source: Sedláková (2020) + update by the author

[10] https://eurocarers.org/membership/
[11] https://www.platformarodin.sk/platforma-rodin/o-nas/

Here is a description of the most relevant social partners and actors active in the PHS sector in Slovakia.

Trade union in Healthcare and Social Services (SOZZaSS) (*Slovenský odborový zväz zdravotníctva a sociálnych služieb*). SOZZaSS has been active in Slovakia since 1990. The union is a sectoral trade union representing both health and social care employess 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). As of 2022, the unions represent 46 hospitals, 37 hospitals with polyclinics, 118 social service facilities, 36 regional public health offices, 8 spas and 14 other facilities, which is a total of 259 basic trade unions and at the same time, 17,641 members.[12]

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 union organisation within the tripartite operates in various committees, working groups, and government councils at the national level and is a member of EPSU at the EU level (INT2, FG3)

The union represents employees only. The self-employed workers are not represented by the union. Even though the Trade union of employees in Healthcare and Social Services represents mostly residential health and social care workers, **there is potential for spillover to home social and home healthcare workers** (INT2, FG3).

The Association of Social Service Providers (APSS) in the Slovak Republic is a respected professional organisation in the field of social services. The association is a member of the National Union of Employers (RUZ). The association has 290 members who operate more than 850 social 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.[13] The association potentially also represents the providers of home care services *(terénne sociálne služby),* as the amount of membership contributions is divided according to the type and capacity of the social service provider.[14] APSS is a member of the Social Employers Europe and European Ageing Network.

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 caregivers, and orderlies.[15] 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.[16]

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.[17]

[12] https://sozzass.com/referencie/
[13] https://apssvsr.sk/aktuality/vysledok-valneho-zhromazdenie-29-5-2024/
[14] https://apssvsr.sk/clenstvo/
[15] 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.
[16] https://www.komoraopatrovateliek.sk/stanovy
[17] More in subchapter 2.3. .

KOS started to emerge in response to a tragic car accident in 2017 when several caregivers coming from Austria died due to valorisation 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.

KOS gained momentum during the COVID-19 crisis when the borders between Austria and Slovakia closed. Caregivers working abroad were stranded at the borders, not allowed to go home due to quarantine restrictions.

The state and public governance are represented by the Ministry of Labour, Social Affairs and Family, the Ministry of Health, the National Labour Inspectorate, and the Union of Towns and Municipalities of Slovakia. State agencies and public governance institutions have a strong influence on the overall provision of PHS services, investments, and compliance with regulations in PHS.

Several important **non-governmental organisations** have been operating in Slovakia for many years and are actively engaged in changing or enforcing specific requirements. Even if they are dedicated to representing only some professions related to PHS (i.e. Slovak Chamber of Nurses and Midwives) or one of its aspects ("Mosty pomoci" focus on the social carers training, including carers from Ukraine and lending of medical devices), overall they form a very active broad civil dialogue with the potential for establishing a common platform to boost the discussion and generations on the sector's regulations with the decision-makers.

2.2. Social Dialogue Related to Personal and household services

The PHS sector in Slovakia, as defined in the project, lacks a distinct social dialogue and collective bargaining. The level of collective representation for different types of workers relies on social partners in their respective sub-sectors, social dialogue, and the opportunity to enter into a valid collective agreement. Healthcare and social care workers are represented by multiple trade unions. Several professional groups are covered by a sector-level collective agreement applicable to all public workers, including social care workers and home health nurses. Additionally, company-level collective agreements are also reached in social care facilities. Unfortunately, PHS workers in the non-care subsector, such as cleaners or gardeners, currently have no representation.

However, when we choose broader approaches and look at the landscape of social dialogue in a wider sense, we see social partners, professional associations, and expert non-governmental organisations, as well as vibrant networking, discussion, gatherings, and agreements in Slovakia. Despite that only 20% of the national social actors participating in the survey are involved in the social dialogue, 30% are active in diverse working groups and networks, 20% in dedicated counties and committees and 10% in diverse projects related to either adult care or informal care PHs workers.

Table 13: Involvement of the social partners and social actors in the wider social dialogue related to PHS in Slovakia (N= 10, in %)

Type of involvement	%
Involved in social dialogue	20%
Involved in working groups/networks	30%
Involved in dedicated councils and committees	20%
Involved in related projects	10%
Other (please specify)	20%

Source: Perhouse Social Dialogue survey

Those involved in official social dialogue do so at the national (i.e., tripartite or bipartite level) (50%) or at the sectoral level (50%). The primary activities of the social partners and actors involve engaging in consultations as a foundational step for various other initiatives. They also dedicate a significant portion of their efforts to providing feedback on existing regulations. Almost half of the respondents focus on capacity-building and propose new regulatory frameworks. The rare social bargaining and negotiations related to the PHS sector confirm a considerable need for improvement in negotiating better working conditions and regulations for the PHS workers.

The survey results are encouraging, as they indicate that all the decision-makers who took part in the social dialogue survey are committed to increasing their involvement in the field of personal and household services in Slovakia.

Table 14: Social partners and social actors' activities and actions related to PHS in Slovakia (N= 9)

Type activity	Number of responses
Social bargaining - negotiations	2
Capacity building	4
Campaigns	1
Protests/strikes	1
Consultations	6
Joint statements	2
Research	1
Proposing new regulations	4
Commenting on the current regulations	6

Source: Perhouse Social Dialogue survey
Q: What activities and actions related to personal and household services has the organisation applied? How often has the organisation undertaken the following activities in the past five years? Very often and family often answers.

2.3. Addressing the Challenges in PHS by Social Dialogue

In the social dialogue survey of national stakeholders, we asked them about their views on addressing the challenges identified in the PHS sector. Here are their main perspectives.

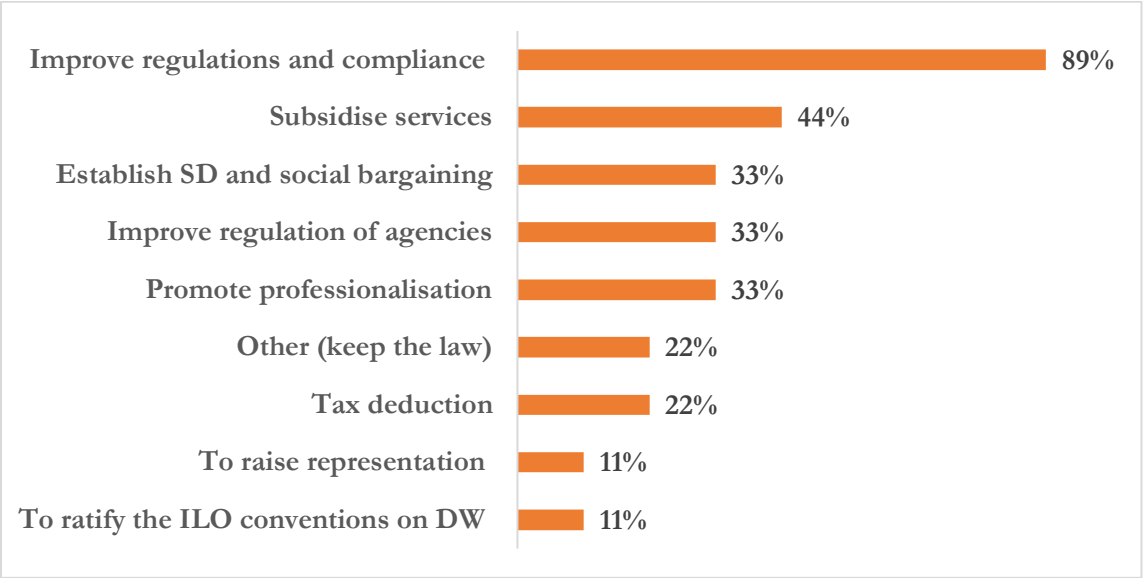
The data indicate that there is a strong consensus among national stakeholders on the importance of improving regulations and compliance as a primary means of addressing challenges in the PHS sector. This reflects a belief that stronger legal frameworks are essential for ensuring fair working conditions.

Significant support is also given to financial measures, such as subsidies and tax deductions, which could help improve economic conditions for workers and make services more accessible. The need for social dialogue, professionalisation, and better agency regulation is also recognised, highlighting a multifaceted approach to improving the sector.

Efforts to raise worker representation and ratify international conventions receive less support, suggesting these areas might be viewed as secondary priorities or as having a limited immediate impact.

Overall, stakeholders seem to advocate for a combination of regulatory, financial, and professionalisation strategies to enhance working conditions in the PHS sector.

Figure 8: National stakeholders' opinions on how to enhance working conditions in PHS (N= 9, %)



Source: Perhouse Social Dialogue survey
Q: What might be the ways to address/prevent the challenges considering the national context? Choose the three most relevant.

Below, you'll find a list of specific activities carried out by key social partners and stakeholders who are actively working to address the challenges in the personal and household services sector.

The Association of Social Services Providers (APSSSR) has criticised towns and municipalities, particularly ZMOS, for failing to recruit an adequate number of care workers in Slovakia in the long run. They have raised concerns about low funding of social services in general, the low wages of workers, the large number of workers leaving for Austria, and the dependence on project-based financing of social services, which relies on EU funds. This reliance leads to a decline in the availability of services and care workers (Sedláková, 2020).

The Association is powerfully involved in the upcoming social services financing financial reform. They advocate for the inclusion of more health care services and focus on preventing unfair competition, such as illegal care services (INT6, INT9).

The Association's representative, for example, raised the question of whether non-public providers of social services can generate profit, given that funding from the state and municipalities is insufficient. The Association also objected to any increase in caregivers' wages from the law or collective agreement not being reflected in increased payments for services by the state. Non-public providers are then compelled to pass the increased wages and other costs on to their clients and their families (FG3).

The Association supports the establishment of trade unions. However, they believe that trade unions should only be established when the state and local administration fulfil their obligations to sufficiently finance the costs of running social services(FG3) .

On the other hand, there were cases when the social service provider—the employer—took certain steps to prevent the creation of a trade union at the employer level or negative procedures towards union officials and violations of the Labour Code and other legal regulations (SOZZASS, 2024; FG3).[18]

[18] https://sozzass.com/wp-content/uploads/2024/03/stanovisko-SOZ-ZaSS_Ondrus.pdf (SOZZASS, 2024)

The **Chamber of Carers of Slovakia (**Komora opatrovateliek Slovenska, KOS) calls for several measures,[19] including improving the regulation and working conditions of the caregivers working in Slovakia:

1. Defining caregivers as an independent profession in law, outlining competencies, and clarifying their role within social or health sectors based on prevailing competencies.
2. Establishing qualifications and continuous education standards for caregivers, defining in law the competencies and status of qualified and unqualified caregivers receiving carer allowances.
3. Increasing caregivers' wages by 500 euros, with the state providing resources to employers.
4. Offering preferential rent for workers in helping professions in self-governed rental housing to ensure adequate accommodation for those migrating for work.
5. Enhancing caregiver education to meet increasing service quality standards will allow for professional growth and higher social status.
6. Providing health bonuses similar to those offered to soldiers and members of the Police force.

For Slovak caregivers working abroad, KOS proposes:

1. Establishing regulated trade, "care mediation," for intermediary agencies in order for them to be registered and easy to identify.
2. Introducing state control of Slovak intermediary agencies.
3. Define by law agency contract terms to protect caregivers' rights and prevent practices like agency transport contracts and double commissions.
4. Monitoring Slovak carriers to ensure drivers transporting caregivers abroad adhere to rest intervals.
5. Ensuring foreign agencies' conditions comply with home country laws and monitoring for signs of abuse or modern-day labour exploitation.

In late 2019, KOS publicly demanded an increase in care workers' salaries in Slovakia by 300 euros per month and called for a Labor Code amendment to allow care workers to operate on two-week rounds. Despite the demand for Slovak caregivers working abroad, KOS is challenging the "care drain" from Slovakia very vocally:

Migration is not a solution but a vicious circle that drains the abilities and skills of one state at the expense of another, which then tries to extract the same from another state, only to find out that it has the power to lure back for significantly more money. Our social and healthcare system is bleeding from lacking health workers and caregivers. The surrounding countries benefit from us, while our pro-family and pro-social system if these systems still exist, they are collapsing. It is unsustainable and the sooner those responsible realise it, the sooner we can reduce the consequences of a fall. There's nothing to wait for - you have to act! (KOS, 2023)

The Trade Union of Healthcare and Social Services (SOZZaSS) regularly meets with the Ministry of Labor representatives to address sector shortcomings, such as insufficient remuneration for social service employees (SOZZASS, 2024). Recent discussions have highlighted the need to improve the education and competence of care workers. The forthcoming major amendment to Act No. 448/2008 Coll. on social services will also discuss personnel standards (care worker/client). Additional issues addressed include:

- Professionalisation and further training of carers.
- Clarifying carers' competencies, distinguishing them from healthcare-nursing competencies.
- Improving labour inspectorate operations and reinstating their professional competence.
- Recognising work risks and providing wage compensation for challenging work conditions.
- Providing additional leave and seeking solutions through professional guidance.
- Proposing amendments to higher-level collective agreements for state and public services for 2024–2025 (SOZZASS, 2024).

[19] https://www.komoraopatrovateliek.sk/o-nas

2.4. Interrelation with the EU-level Social Partners

Several social partners confirmed that they are members of or affiliated with an EU-level social partner or organisation relevant to the PHS sector (Social Dialogue Survey). These include EPSU, EASPD, ETUCE, and Eurocarers. The trade union for healthcare and social services is a member of EPSU, and the Chamber of Carers in Slovakia is a member of Eurocarers. The Association of Social Services Providers, representing employers, is a member of Social Employers Europe and the European Ageing Network.

The European Care Strategy has limited visibility and impact in Slovakia. During interviews with Slovak national stakeholders regarding PHS, it was observed that the stakeholders did not associate the European Care Strategy with the PHS sector, reflecting the PHS's low or very indirect association in the strategy.

The ILO Convention on Domestic Workers has not been ratified in Slovakia, and there is no mention of any discussion on this convention. It was confirmed at the PERHOUSE national workshop that the Convention will not be ratified because the terms "domestic work" or "domestic worker" are not included in Slovak legislation. Implementing the convention would require significant changes to Slovak labour law and other relevant legislation.

The Slovak Republic has historically resisted implementing international conventions or non-mandatory regulations by the European Union. Essentially, Slovakian authorities have followed the approach of "if it's not mandatory, it won't be accepted," with exceptions being made for policies supported by influential stakeholders with significant resources.

The Slovak Republic's adoption of EU-level policies is accompanied by conditions such as receiving European funds or facing sanctions through other EU-level instruments like infringement procedures.

3. Conclusions and Policy Implications

Slovakia's personal household services (PHS) sector is divided and fragmented into several subsectors. The sector includes home care and health services for dependent adults, services for persons with disabilities, childcare services, and household support services. PHS services are regulated under various laws, distinguishing between formal and informal services. There is limited access to state-supported care services and allowances, and undeclared PHS work can lead to unfair competition and potential exploitation. The sector is complex and fragmented, with varied working conditions and recognition, affecting workers' social security and status within the sector.

Undervaluing the importance of care work is a key link between problems in the care sector and gender inequalities in households and the labour market. On the one hand, the lack of proper investment in the care sector leads to a shortage of good care services and poor working conditions for care providers. On the other hand, because unpaid care work (such as taking care of family members) is not recognised, and paid care jobs are often low-paid and insecure, this situation disproportionately affects women. This is because women are more likely to be caregivers both at home and in paid care jobs.

As identified by national stakeholders, the challenges in PHS can be summarised as follows: The sector grapples with critical workforce shortages, poor working conditions, and inadequate compensation. Addressing these issues is crucial for retaining and attracting skilled workers. Increased investment and improved regulatory frameworks are imperative to ensure high service quality and compliance. The sector faces significant social and economic challenges, including recognising and supporting informal caregivers, tackling undeclared work, and supporting vulnerable workers.

The diverse array of stakeholders, including unions, associations, chambers, and NGOs, indicates a strong potential for collaboration to address challenges and influence policy decisions effectively. Active engagement by these organisations in regulatory discussions and advocacy is essential for improving working conditions and ensuring fair practices within the PHS sector. Representation gaps, particularly for the self-employed, suggest areas for potential expansion of union representation. Overall, the findings highlight the importance of continued dialogue and collaboration among various actors to enhance the effectiveness and equity of the PHS sector in Slovakia.

Stakeholders advocate for a comprehensive approach combining regulatory, financial, and professionalisation strategies to address the sector's challenges. There is a significant emphasis on addressing the migration of care workers abroad, which is seen as a critical issue depleting the domestic workforce. Continuous dialogue and collaboration among stakeholders, including unions, associations, and governmental bodies, are essential for driving improvements and reforms in the PHS sector. Based on the findings, we propose the following policy implications:

Policy Implications for Policymakers:

- Ratify the ILO Convention on Domestic Workers to provide a basis for more adequate regulations on PHS workers' labour status and minimum working conditions requirements.

- Ensure sufficient funds are available to implement the Social Services Financing Reform. Without increased investments, the reform may not improve the situation in PHS.

- The deinstitutionalisation of adult care services could be supported by moving dependent persons at the first and second degree exclusively to home care services. Persons with a higher level of dependency will receive community or residential social care.

- Create a register for the demand for care and non-care PHS services to assess the unmet need for personal and household services.

- Expand training and specific education for caregivers to increase their professionalisation.

- Introduce a register of PHS workers, similar to the register of health nurses, to support professionalism and increase the status of domestic workers. This would prevent and reduce the share of undeclared work and employment in the PHS sector.

- Include care services for adult dependents in work-life balance (WLB) policies. So far, the WLB policies in Slovakia focus more on childcare and the evolution of pre-primary institutional care, omitting adult care and care for persons with disabilities (PwD). The WLB policies could extend the PHS services in their complexity as support for families and households to better reconcile paid work and unpaid work related to care and domestic chores.

- Consider enhancing the voucher system with a comprehensive list of PHS services.

- To expand the provision of PHS for people in need, continue creating joint municipal offices and integrating the provision of community social services, including home care services and household support services.

Policy Implications for the Improvement of the Situation of Informal Carers:

- Expand the respite service for all persons who care for individuals with a severe disability, regardless of whether they receive a cash allowance for compensation. Currently, only those carers who care for persons with a severe disability and receive a compensation allowance are entitled to respite services.

- Provide social counselling for people caring for individuals with a disability directly by the municipality, making the necessary information on the rights and claims for social compensation and support services more accessible to people in their locality.

Recommendations for the Social Partners:

- Promote greater cooperation between social partners representing the interests of people working in the sector, thus increasing their unionisation to formulate common aims.

- Create a common platform to support cooperation with EU-level social partners to enhance the voices of PHS social partners nationally.

- The questions of the PHS deficiencies, including care drain and lack of workforce, could be put on the agenda of the Sectoral Council for Health and Social Services, which could discuss the possibilities of supporting the profession's attractiveness.

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Annexes

Sample of the Perhouse survey on demand for personal and household services (SD)

Category	Number (N)	Percentage
Respondents	53[20]	100%
Gender (N= 28)		
Female	21	75%
Male	5	18%
Other	1	4%
Do not want to respond	1	4%
Age categories (N= 28)		
Under 30	3	11%
31 - 50	18	64%
51 and over	7	25%
Type of household (N=28)		
One-person household	4	14%
Household consisting of a couple without children	7	25%
Household consisting of a couple with children	11	39%
Single parent household	2	7%
Household including extended family	3	11%

Sample of the Perhouse Social Dialogue Survey (SDS)

Category	Number	Percentage
Respondents	10	100%
Type of organisation		
Trade union	2	20%
Professional association/chamber	2	20%
Service provider	3	30%
Non-governmental organisation	3	30%
Position in the organisation		
Management	8	80%
Expert on service provision	2	20%

List of interviews with the national stakeholders

Code	Type of stakeholder	Date of the interview
INT1	Individual expert	18. 9. 2023
INT2	Non-government organisations advocating for improved LTC	20. 9. 2023
INT2	Trade Unions	13. 4. 2023
INT3	Trade Unions	19.9. 2023
INT4	Individual expert	4.3. 2024
INT5	Service provider	6.3. 2024
INT6	State agency - Ministry	18. 12. 2023
INT7	Professional association	9. 10. 2023
INT8	Non-governmental organisation/Professional association	25. 1. 202č
INT9	Service provider	27. 9. 2023
INT10	Municipality	12.10. 2023
INT 11	Non-governmental organisation	9. 10. 2023
INT12	Childcare service provider	16. 3. 2024
INT13	Adult care services provider	16. 3. 2024
INT14	State agency – Labour inspectorate	4. č. 2023

[20] This is the number of respondents who participated in the survey; the number of responses to specific questions may differ as not all respondents answer all questions.

Description of the focus groups (FG)

Code	Type of PHS (childcare, adult/senior care, non-care)	Number of participants		Date of the FG
		Female	Male	
FG1	Senior home care	6	2	March 16, 2024
FG2	Child home care	6	0	March 11, 2024
FG3	Stakeholders group interviews (Moderated discussion at the Perhouse 'workshop discussion)	16	2	January 23, 2024

Table 15: PHS clusters of activities/work

Care PHS	1.	**Childcare** - Babysitting - supervising a child, reading, playing and talking with the child; accompanying child/driving to kindergarten/afterschool activities, walks; tutoring a child (remedial classes), Teaching - home pupil teaching and other services related to childcare done in household
	2.	**Care for adults** - Home nursing - physical care of an adult household member; Assistance to seniors or dependent persons at home; Assistance with mobility and transport for people with mobility difficulties; Accompanying seniors and persons with disability in their travels outside their home; Aesthetic care at home for dependent people (e.g. hairdressing, shaving, pedicure, manicure) and other services for an adult household member.
Non- care PHS	3.	**Housekeeping** - Cleaning the house/dwelling – including cleaning windows, Doing the laundry, Ironing, Shopping services, Cooking and baking, Dishwashing and Other housekeeping services. The housekeeping PHS might be connected to care PHS but also provided as a separate service/work.
	4.	**Small repairs** (Small repair and maintenance services in and around the house/dwelling, Repairing and maintaining equipment in the house, Handyman tasks - small do-it-yourself work called "all-hands men"; Vehicle maintenance, such as car wash, IT services at home - computer and internet assistance at home and Other small repairs)
	5.	**Caring for pets /animals** - Caring for pets, Walking with dogs - taking animals for a walk, Tending to domestic animals, and Other care services for pets/animals.
	6.	**Gardening** - Garden services, Lawn mowing (mowing the grass), Snow moving, and Other gardening services.

Source: D2.1. based on the literature review.