DEVCOBA
Developing Collective Bargaining in the Care Sector

WP3 Case Studies Report
SLOVAKIA

New forms of work vs. traditional collective action:
Reconstructing social dialogue and workers' collective identities in Slovakia's care sector

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Introduction

The care sector in Slovakia has been facing similar pressures as in other countries – staff shortages, low wages, and budget constraints. On the one hand, trade unions are well established, and collective bargaining is practiced at both the workplace and the sector level. On the other hand, the sector permanently faces staff shortages and dissatisfaction with working conditions and wages. This contrast suggests that the traditional structures of collective interest representation are failing to deliver improvements in working conditions, and actually, we see several emerging initiatives outside of the conventional representation structures, both on the side of workers and unions, as well as on the side of employers.

This report studies which new forms of work emerge in the care sector, how traditional social partnership structures respond to these new forms of work, and what the identified collective needs and representation practices of the care workforce are in these conditions. The suggested cases below capture the construction of worker identities, interests, and an organising potential beyond the traditional strategies of union-driven member recruitment. Instead, our cases cover a continuum between two extremes, where one the one hand we raise the question of how collective interests of workers can emerge in the conditions of very decentralised and novel forms of work in ECEC (CASE 1 - the Omama project in marginalised Roma communities), through strategies of worker mobilisation in LTC within an established representation system of trade unions (CASE 2 - a nation-wide protest of workers in social care homes and the perception of this protest by a worker from a social care home in the city of Rožňava in Eastern Slovakia), to new forms of tackling labour shortages in the generally paternalistic approach vis-a-vis worker wellbeing in the provision of elderly care (CASE 3 - hiring young and foreign workers within care homes organised under the Association of Social Service Providers in Slovakia). The last case covers two subcases - first, a case when labour shortages are tackled by innovative ways of recruiting and seeking commitment of young workers, and second, a case where the employer's interest and the worker's interest are best negotiated outside of the established structures of social partnership.

The overall framing of the presented cases is embedded in recent literature on hybrid work (Murgia et al. 2025), where non-standard workers are increasingly becoming standard, and the question of worker organising and the pursuit of collective interests expands the traditional understanding of the workplace and established trade unions as worker representatives.

The diversity of these cases allows us to study not only the efforts to organise and represent workers and bargaining on their behalf in the established structures, but ask why we see increasingly emerging cases when workers' interests are being met outside of the established structures, and what lessons these cases can yield for the established social partners to embrace new forms of work, develop organising strategies in currently unorganised parts of the social case sector, or interact with organisations that are managing to successfully meet the workers' interests but remain outside of the boundaries of institutionalised social partnership. These cases acknowledge that non-standard forms of work are reshaping European labour markets. In turn, collective interest formation, to be successful, needs to acknowledge the potential of workers currently outside of the formal bargaining system, or those that are leaving the formal bargaining system and engaging in protests, campaigns and forming collective interest outside of the formal bargaining system, because they are dissatisfied with its performance. These cases demonstrate

how non-standard forms of work are reshaping European labour markets in the care sector and interest representation therein.

Case 1: Omama – Provision of ECEC in marginalised Roma communities in Slovakia

1.1 Goals

Thousands of people in Slovakia, including many from the Roma community, live in generational poverty, where children are born into challenging circumstances that give them an unequal start in life. Low levels of education, high unemployment, inadequate housing, and frequent health issues create a vicious cycle that is very difficult to escape without external support.

For people living in poverty, particularly in marginalised communities like the Roma, education often does not have the same perceived value as it does for the middle class. Members usually see only a few examples in their communities where education has led to success. As a result, the benefits of education feel abstract, uncertain, and long-term, and there is little awareness of how urgently education is needed to improve their situation, especially in the most disadvantaged areas. In contrast, communities that are more developed and less segregated tend to show greater concern and awareness about the importance of education.

However, the problem actually begins well before children start primary school. Research conducted by Charles University on early childhood education and care (ECEC) in Slovakia (Slováková, 2017) found that children from excluded communities are, on average, two years behind in their cognitive development when they enter primary school. This means that a child who is six years old physically may have the mental development of a four-year-old. For many children, the gap is even wider and tends to increase over time.

Numerous neurobiological studies confirm that toxic stress caused by poverty and exclusion severely disrupts the development of brain architecture, especially during the first 1,000 days of life—a critical period when most neural connections are formed. Children from disadvantaged communities who lack these foundational experiences struggle to develop essential skills later on. Early neglect has profound and lasting negative effects on success in school, employment, and overall life outcomes. Experts agree that attempting to address developmental delays only after children reach school age is too late.

In response to these challenges, the Omama programme focuses on three main goals:

Improving early childhood education and care (ECEC) in marginalised Roma communities, where structural barriers—such as limited access to ECEC and mental developmental delay—often prevent children from receiving adequate education and care

Supporting parents in understanding their crucial role by actively involving them in their child's development and educational journey.

Empowering women from the community through extensive vocational training, education, and personalised support to help them overcome the lack of formal qualifications and secure employment.

1.2 Actors involved

Main Actors of the Project

- **Non-governmental organisation (NGO) Cesta von** - the main initiator, owner, and coordinator of the Omama project, providing methodology, expert guidance, funding, training, and overall program development.
- **Omamas** - the women from marginalised Roma communities (often directly from settlements) who are employed by the NGO Cesta von, who undergo professional training in ECEC and then visit families with young children, teaching parents how to develop their children.
- **Mentors and Supervisors** - supporting and guiding the Omamas in their work, a robust network of professionals who provide methodological, psychological, and organisational support
- **Parents and Families from Marginalised Communities** - the direct recipients of support, who learn parenting skills and gain tools to better foster their children's development.
- **Children from Marginalised Communities** - the main beneficiaries of the project, whose aim is to support their cognitive, social, and psychomotor development during the most critical period of life (0–3/4 years).

Supporting Actors and Partners

- **Experts from Various Fields** - the project collaborates with professionals in ECEC and social work, who help develop methodologies and training.
- **Organisations and Institutions** - social organisations, local governments, as well as international partners, which financially support the project and help expand its reach.
- **State and Public Institutions** - the project has also received recognition and support from public institutions, such as the Slovak Finance Ministry or the Office of the Plenipotentiary of the Slovak Government for Roma Communities.
- **Donors and Grant Agencies** - financial support also comes from individual donors, foundations, grant schemes, and awards (for example, SozialMarie).

1.3 Description of the case and actor strategies

The Omama programme is designed to support child development from birth, primarily through early childhood education and care (ECEC) and targeted engagement with parents. Within the programme, women from marginalised communities, known as "omamas," regularly visit hundreds of families in their own communities, teaching both children and family members how to foster age-appropriate development.

These omamas are typically women from the Roma community who have grown up or live in the settlements they serve. After they receive specialised ECEC training from the NGO 'Way Out' (Cesta Von), omamas are employed by the NGO and visit the homes of disadvantaged families to support children's mental development. Each omama works with about 14 to 28 children aged from birth to four years. They visit each child weekly, conducting tailored, stimulating activities

designed to promote early cognitive and emotional growth. The programme focuses on the crucial early years when the foundation for lifelong learning is established.

At the same time, omamas show parents how to stimulate their children's mental capacities, even under impoverished conditions, using games and activities that nurture brain development. As parents participate in each session, they learn to support their child's growth at home throughout the week, becoming active agents of change within their families. This involvement helps create a more supportive environment, increasing children's chances to reach their full potential. Additionally, the programme helps families develop skills to better manage their households, improve employment prospects, and enhance living conditions, with the aim of transforming poor settlements into viable communities.

Finally, the project provides community women with comprehensive vocational training, education, and ongoing support to compensate for the lack of formal qualifications. This professional growth enables them to pursue ECEC work beyond the programme itself. Thus, the Omama programme addresses the shortage of skilled labour in ECEC within Roma communities while simultaneously promoting educational opportunities and social integration.

1.4 Results

In general, the Omama programme is considered a very successful initiative at all three levels mentioned above. First, it makes a significant contribution to supporting ECEC for children from socially vulnerable families. This model of facilitating education directly in the family or community environment allows trust to be built as omamas create a safe environment. "She is a safe person, they [family members] are not afraid of her, they are not afraid to let her into their homes," a respondent described the perception of omama. At the same time, improved outcomes in children's mental development are being observed, including a more positive attitude toward school among children and a stronger appreciation for education among their parents. According to a respondent, "children who have gone through the programme have a more positive attitude towards school, perform better in certain specific skills, and their parents have a better attitude towards education." This encourages children to settle into nurseries and the education system, which can significantly reduce the impact of social exclusion.

Second, the Omama programme proves very useful in teaching parents how to properly raise and support their child's healthy development, as early childhood is one of the most critical periods for brain functioning and the overall mental, social and cognitive development of the child. As mentioned, in the Roma communities, "the first 1,000 days from conception to approximately the second birthday, when the fastest brain development occurs, are often neglected because parents lack the cultural capital to develop their children." The programme thus acts as an important intervention point to bridge this disadvantage for families at risk of social exclusion. In addition, when parents know how to communicate with their children properly and develop their abilities at home, their own attitude towards education and care also improves.

Last, the programme motivates women from communities with low levels of education to pursue personal and professional growth. "It motivates them to keep on completing their education," which increases their qualifications and improves their job opportunities. This also creates opportunities for their gradual integration into teaching or assistant roles within inclusive

education, which is important in connection with the need for "pedagogical insight and the use of cultural particularities" for effective work with Roma children. Additionally, a significant benefit in this regard is also the improvement of the psychosocial situation of Roma women, especially Roma mothers, who often face difficult living conditions. As one respondent said, "if they succeed in cleaning up this Augean stable that many carry in their heads due to their difficult situation, then things will always be easier for them." Systemic support and positive experiences help change the lives of women and potentially of the entire community.

Overall, in the context of emerging work forms in ECEC, Omama illustrates how worker identities and interests can be constructed through grassroots, community-based practices rather than traditional union-driven recruitment and representation. The omamas' work is highly personalised, localised, and integrated into community life, which raises important questions about how collective interests and organising potential can develop within such decentralised arrangements. Their dual role as caregivers and educators, combined with tailored vocational training and support, both empowers them professionally and challenges standard definitions of labour representation in the care sector.

1.5 Barriers and limitations

However, the Omama programme faces several significant barriers that limit its full potential. One of the main challenges is insufficient funding – as a respondent stated, "the Omama project is largely funded by the recovery and resilience plan, but it does not cover the entire cost," with only about half of the required resources being received. This funding shortfall limits not only the scope of the service but also the quality of support, for example, there is a lack of "luxury items such as teambuildings" for field workers, which may affect their motivation and the sustainability of the programme.

Another barrier is the systemic and cultural isolation of the programme from the educational infrastructure. Although Omama provides valuable support to families, there is a lack of strong links with kindergartens, which may complicate the transition of children to the school environment. Furthermore, ECEC has historically been perceived as a social service rather than an educational process, which hinders its integration into the school system and creates barriers to its acceptance by teachers and institutions. Respondents also point to the possibility of inadequate training and preparation of teachers, who often do not know how to respond adequately to the specific needs of children from programmes such as Omama.

In this regard, the work of the "omamas" also faces a significant challenge due to unclear categorisation within the labour law framework, as they do not fall neatly under the formal education sector, despite their substantial role in ECEC. At the same time, their employment contracts and official employment status often lack clarity and consistency, placing them in a precarious position. Additionally, there is an issue with unclear qualification requirements for their role, which complicates their professional recognition and standardisation. As a result, omamas do not receive the same formal protections and benefits as other recognised professions, leaving them vulnerable in terms of job security, rights, and social safeguards. This legal ambiguity may complicate both their professional status and efforts to improve their working conditions within the broader labour market.

Last, some limitations are related to psychosocial and cultural factors. Families, especially in Roma communities, often face difficult life situations and traumas that are passed on to parents and children. As such, it is deemed essential to "address the trauma of parents so that they do not pass it on to their children," but this area has not yet been sufficiently covered. In addition, social prejudices and a lack of support from the majority of society persist, making integration and the lasting positive effect of the programme even more difficult. Barriers are also created by family hierarchical relationships and cultural patterns that prevent the full emancipation of women and their full participation in the educational process and social life.

Case 2: The struggle for trade union rights and improvements in working conditions in social care homes – two most different cases

This case uncovers two recent trade union led initiatives to organise workers, to form a collective identity despite individual fears of job loss, and the struggle for higher wages and improved working conditions in public care homes. This common goal is however implemented by very different union strategies that show most different trajectories of forming a collective identity, interaction between sectoral and workplace unions and the overall results of these activities.

SOZZaSS (Slovak Trade Union Federation of Healthcare and Social Care – *Slovenský odborový zväz zdravotníctva a sociálnych služieb*) is the largest sectoral union federation organising social care workers. Its members are base union organisations in public care homes across the country. The federation provides a network of support, including legal expertise and bargaining expertise to its members and also negotiates a higher-level collective agreement for public services (covering also social services). Despite its established role in the bargaining system and access to regulatory changes via tripartite and bipartite negotiations, SOZZaSS has used the momentum to mobilise also other kinds of actions, including a public protest, in March 2025, to spotlight the persistent problems in the social care sector, lack of staff and low wages. The protest emerged from failed efforts to conclude wage improvements in the new collective agreement for public care homes negotiated in late 2024.

Beyond describing the protest itself, this case describes how it has been lived in specific care homes located in remote regions – those with great physical distance from hte central union federation and the location of the protest, as well as general conditions such as underdeveloped infrastructure, high unemployment and concentration of poverty. Working in the public sector is generally seen as attractive in such regions (e.g. because teachers and care workers are remunerated according to a national tariff scheme, agreed in a collective agreement, while costs of living in larger cities are higher). However, in the case of this campaign and in social care homes in general, even carers from care homes in poorer regions mobilized and developed a common identity of dissatisfaction with their working conditions. One employee of a care home in Roznava, explained below, even gave a public interview to national media. This is an unusual behaviour, as people in an unemployment-stricken region tend to value their jobs despite poor working conditions and low pay. The case speaks about mobilisation and voice, which united care workers across various regions of the country. Yet it also highlights the failure of traditional bargaining structures and the risk of the union activity not expanding beyond already organised care homes.

2.1 Goals

SOZZaSS organised a protest of social care workers, working in residential care homes, on March 13, 2025. The protest aimed to draw attention to persistently low wages and poor working conditions in care and social service facilities. The union coordinated the event under the slogan *"Máme plné ruky práce a prázdne vrecká"* ("Our hands are full, our pockets are empty"), emphasizing workers' exhaustion and the lack of fair pay. Around 500 participants gathered physically at the protest site in Bratislava, mostly employees from care homes and social service facilities from

across the whole country, including those from remote areas. Many others joined symbolically by wearing red T-shirts to work on that day, sharing posts on social media, e.g. the facebook group *Sociálne služby Slovensko* (Social services Slovakia) and sending group photos to the Office of the Government, the Ministry of Finance, and the Ministry of Labour to express support to the SOZZaSS protest. According to the organizers, this was the first nationwide protest action by social service employees who had "*finally stood up for themselves*" after years of silence. As one union leader remarked, "they always argued they were too few and too overworked to go, but this time they came."

The main goal of the protest was to push for the signing of a higher-level collective agreement and to demand that promised €800 bonuses and salary indexation mechanisms, similar to those in the health sector, be implemented. The protest aimed to pressure the Association of Towns and Municipalities and regional governments as founders and funders of public care homes to engage in negotiations with the Ministry of Finance to find a budget to cover these costs. The action generated significant media attention and, according to interviewees, led to government approval for the financial transfers that enabled the payment of the bonuses, though they acknowledged this as a non-systemic solution. As one organizer stated, "Our goal was to force negotiations and the signing of the collective agreement — and now they are signed."

From the point of view of industrial relations, the protest revealed the dynamics between centrally organised mobilisation and a diversity in emerging grassroots initiatives of trade unions in the care sector. On the one hand, there we workers actively engaged, e.g. those from the Jasanima care home, because their motivation stemmed from a sense of injustice and stagnating wages. Despite persistent fear of employer retaliation, many workers overcame hesitation, which the organizers described as "a spark of hope" that employees were beginning to assert themselves publicly after years of silence and fatigue. With this motivation, union coordination at the central and local levels (e.g. the union representative in the mentioned care home and other care homes in the region) contributed to care workers speaking up for themselves, not minding photos on social media showing their dissatisfaction. This was only possible in conditions of coordination and mutual support.

2.2 Actors involved

Jasanima is a public long-term residential care home, funded by the higher territorial unit of Košice in Eastern Slovakia. It is a not-for-profit civil association established in 1991, currently with 57 employees and providing services for about 80-90 clients. It faces similar challenges highlighted in Case 3, which are widespread in Slovakia. These include workforce shortages in long-term care, aging of the workforce, and dissatisfaction of the workforce with current working conditions and wage levels. The latter includes high work pressure and extensive scope of tasks provided by the employees, which is connected to the lack of workforce. The workers complain about high workload, low wages, and low attention to workplace health and safety regulations when manipulating with clients and delivering care services for them (e.g. a single female employee on a night shift with a high number of clients creates high physical pressures on the worker especially if most workers are older workers).

Despite most public care providers are organised in SOZZaSS, which also engages in sector-level bargaining for public care homes and provides legal advise for bargaining at the workplace

level, dissatisfaction with working conditions of the care workers persists. One of the public care homes not organised in SOZZaSS is the specialised care home Javorina in Western Slovakia. In Javorina, the workers share the dissatisfaction with their working conditions, which eventually led to setting up a new trade union. Seeking support first at the Chamber of care workers, the union founders were directed towards a different trade union than SOZZaSS, namely, the union UniJA associated to the sectoral federation of the trade union federation of energy and chemistry (*Energeticko-chemický odborový zväz,* ECHOZ). At UniJA, the union at Javorina is the only member representing the care sector. The employer did not support the trade union at Javorina's emergence, and all founding members (4 workers) were fired, which led to individual court cases and an eventual continuation of their employment at Javorina. As of mid 2025, the union is striving to develop its own agenda and support, yet did not consider following the activities of SOZZaSS or other unions affiliated to SOZZaSS. A collective identity of workers in Javorina has not yet strongly developed, and the newly founded union is at the crossroads of growth and organising more workers or closing down.

The above actors demonstrate a diverse group of actors that are involved in shaping working conditions and their implementation in care homes within a larger system that is funded by regional governments but governed via national policies including national collective bargaining in the public sector. In case of Jasanima, the interviewed trade union representative mentioned ongoing collaboration across care homes in their region (both on th side of unions and care home managements). These homes are all under the authority of the Košice regional government, which sets the conditions that workers are protesting against. Within each home, the primary actor driving coordination was the local trade union organization. At the Jasanima care home, over 80% of employees are union members, according to a research interview. The union leadership also played a role: representatives from each participating care home formed a *"four-member committee"* to harmonize their actions and share information. The national-level union infrastructure supported the coordination as well, especially logistically by funding buses to transport the care workers to the protest in the capital city. Additionally, non-union workers in the facilities sometimes participated symbolically in union-run activities, since the issues affected all job categories including *caretakers, cleaners, cooks, and maintenance workers.* In contrast, in Javorina, the newly established trade unions have yet to develop cooperations with unions in other care homes in their region, or to recruit new union members at the workplace.

2.3 Description of the case and actor strategies

The care homes organised a one-day protest, under the leadership of SOZZaSS, where all workers wore the same red T-shift with a statement "Our hands are full of work, but our pockets are empty", in early 2025. Beyond established bargaining practices, this campaign aimed to raise public attention to the desperate working conditions in the sector and calls for improvements. In addition, a worker from Jasanima provided an in-depth interview for the media, specifying in great detail the sources of workers' dissatisfaction and expected improvements. This is a rather uncommon step, as care workers are not normally standing up individually on behalf of their colleagues. This strategy shows cooperation between established trade unions with novel types of public action to improve working conditions in LTC. The protest campaign may contribute to more mobilisation among care workers to stand up for their rights - within or beyond the traditional trade union organisation. The interviews will reveal whether this kind of action could

have a direct positive impact on bargaining coverage (which is quite high, but failing to deliver quality working conditions), or whether it would mobilise the unions to recruit new members in previously unorganised LTC care homes.

Cooperation developed in stages. First, facilities communicated about shared conditions, exchanging experiences of staffing shortages, burnout, and low wages. These conversations revealed that problems were not isolated: *"In every facility, the caregivers are on the edge."* The homes then shifted from discussion to collective action by forming the cross-facility committee to plan a unified response. This committee coordinated the drafting and circulation of an open letter. According to the interviewed trade union leader in Jasanima, signatures were gathered facility by facility, reaching a high level of support thanks to grassroots activities by local unions.

For the protest itself, the strategy involved both direct and symbolic participation. Workers who could attend the protest in person traveled by buses and cars to the protest. Those who could not leave their posts wore red shirts and took photos in their workplaces to show they were part of the collective action. Participation was voluntary, but strongly encouraged through personal conversations, e.g. by explaining to new employees what is at stake and let them decide to join the protest. The strategic aim was not only to be visible, but to show unity to the regional government and stand up for their demands.

2.4 Results

The aim of the SOZZaSS campaign was to stabilize/increase the number of caregivers and improve the carer-patient ratio to decrease the workload. At the same time, the aim is to construct collective interests of care workers within and beyond established trade union structures, recruit new union members, improve collective bargaining and bargaining coverage.

The cooperation across facilities produced a strengthened sense of collective identity and shared purpose. Workers realized that the difficult conditions they experienced individually were in fact systemic and widely shared. The interviewee described the protest experience as emotionally powerful. This collective emotional release reinforced solidarity and validated the sense that protest was justified and necessary. The protest also increased momentum for future action. As a result, the willingness to mobilize care workers has grown. As stated in an interview, *"if there is another protest, one bus will go from every facility, because people are already charged up."*

The cooperation also influenced how workers perceive their ability to act. Before, dissatisfaction was mostly expressed privately in informal conversations. After the protest and open letter sent to the representatives of the regional government (founder and funder of care homes in the region), workers began to expect and demand continued organizing efforts. The joint committee of trade unions from several care homes in the Košice region established during this process remains active and continues coordinating their efforts across homes. This suggests that the protest built organizational capacity and long-term networks for collective bargaining and future mobilization.

In contrast, the newly established union at Javorina failed to join these broad initiatives in the care sector. The potential reasons include their small size and only recent establishment, coupled with personal coping strategies, e.g. in court cases vis-à-vis the employer. The sectoral federation supported the unionists in their individual court cases, but this interaction did neither produce

cooperation with SOZZaSS, nor a significant higher-level pressure on improving working conditions in the care home under the UniJA/ECHOZ trade unions.

2.5 Barriers and limitations

The success of mobilisation campaigns organised by the sectoral trade union federation SOZZaSS lies in the broad presence of trade unions belonging to SOZZaSS at the establishment level. At the same time, SOZZaSS organizes mostly public care homes, leaving the private ones outside of their scope of action, while some of them face similar challenges or even worse conditions for work (e.g. those operated by non-profit organisations or churches). While SOZZaSS succeeds on organising campaigns, it fails to expand its operations to non-organised workplaces. This situation resembles an insider-outsider dilemma, where SOZZaSS acts upon the interests of its members (insiders) and is not interested in expanding its coverage and bargaining strategies to outsiders. This can be potentially a threat to the stability of the system in which SOZZaSS operates, some kind of a Troyan horse, when non-organised are homes seek innovative ways how to tackle labour shortages and how to improve working conditions outside of traditional bargaining structures (see Cases 1 and 3 in this report), of which SOZZaSS is part of.

Despite the broad coordination, several limitations constrained participation and outcomes. Fear of retaliation remained a significant factor on the side of workers that did not support the protest in care homes where the majority supported it. According to the interviewed union representative at Jasanima, internal divisions also persisted, particularly with former union members who left after leadership changes and influenced others to withdraw from support. Resource constraints also shaped participation. Because attending the protest required using personal time off from work, many workers who supported the cause were unable to attend. Additionally, practical staffing needs limited involvement, as those scheduled for shifts had to stay in the facility.

Finally, the largest limitation concerns decision-making power. While unions in care homes in the Košice region coordinate effectively among themselves, they operate under the regional government, which controls staffing levels and wage structures. The director of the care home does not have an impact on the financial and staffing decisions. After the protest, workers waited unsuccessfully for a response from the regional government. This reveals a structural barrier: collective action increased solidarity and visibility, but the authority capable of implementing systemic change remained distant and unresponsive, limiting immediate material outcomes.

Case 3: Tackling labour shortage via a paternalistic employer approach outside of the domain of established industrial relations actors

3.1 Goals

The workforce shortage in long-term care (LTC) in Slovakia is a long-standing and deepening crisis, shaped by a combination of structural, demographic, and economic factors. One of the primary issues is the aging of the care workforce itself. Many caregivers are nearing or have already reached retirement age, and there are insufficient numbers of younger workers entering the sector to replace them. This generational gap is particularly pronounced given the physically and emotionally demanding nature of care work, which makes it unattractive to many job seekers — especially in the absence of incentives.

Low wage levels are another major factor contributing to workforce shortages. Despite the demanding nature of LTC jobs, salaries in the sector often hover just above the minimum wage. Care workers frequently cite a lack of fair compensation relative to the intensity and responsibility of the work — which often includes shift work, emotional labour, and physical strain. The poor pay is especially discouraging in smaller cities and rural areas, where employment opportunities might be limited but the cost of living remains relatively high compared to earnings in the care sector.

Working conditions also play a significant role. High workloads, staff-to-resident ratios that are often well below recommended standards, and a lack of support or professional development opportunities contribute to burnout and high turnover. Many facilities operate in crisis mode, depending heavily on overworked and understaffed teams to maintain basic levels of care.

The geographical distribution of care facilities and staff further exacerbates the problem. In smaller towns or regional centres with multiple residential care facilities, the competition for qualified staff is fierce. Younger workers often prefer to seek employment in larger cities or abroad, where wages are higher and opportunities for advancement are greater. Slovakia's EU membership makes it relatively easy for care professionals to migrate to countries like Austria or Germany, where salaries and working conditions are significantly better.

As a result of these factors, the care system in Slovakia is increasingly unable to meet the needs of an ageing population. In the most critical cases, some facilities are unable to maintain minimum staffing levels and are forced to send residents home, relying on relatives — often untrained and overwhelmed — to provide informal care. This places additional stress on families and further highlights the urgent need for structural reforms, improved working conditions, and investment in the care workforce.

To be able to provide appealing work opportunities and retain their workers, employers must often come up with incentives in the form of employee benefits. In the long-term care sector, where wages are often low and working conditions demanding, non-wage benefits can play a crucial role in attracting and keeping staff. These may include flexible working hours, extra paid leave, contributions to supplementary pension schemes, or support with transportation costs — especially in rural or underserved areas.

Some care facilities also offer professional development opportunities, such as free or subsidised training and certification, which can help staff advance in their careers and feel more valued. Others provide psychological support or wellness programs to reduce burnout and promote mental health. While such benefits cannot fully compensate for low base pay, they can help create a more supportive and stable working environment, which is key in a sector where staff turnover is high and recruitment is increasingly difficult. This strategy is also being used by the care providers who are part of the Association of Social Services Providers in the Slovak Republic - instead of becoming an active participant in the collective bargaining process and arguing for higher wages, the providers come up with their own incentives to keep their staff.

A new pilot programme is also being introduced by the city of Banská Bystrica in collaboration with several social care facilities - nursing students are helping regular employees take care of patients. Through this, the city is trying to deal with labour shortage and the students can gain valuable work experience and also be provided with a work opportunity after finishing their studies.

Additionally, in 2002 the Academy of Education and Research in Social Services was created. As of now, it remains the only company in Slovakia that specializes in the issue of quality of social services with the development of its own products for systemic improvement and quality assurance in social services and with its own professional publishing and educational activities.

3.2 Actors involved

- Social care providers
- Employees
- Nursing school students
- NGO - Academy of Education and Research in Social Services

3.3 Description of the case and actor strategies

The first social care provider described an annually updated educational plan based on staff needs and feedback. Internal training sessions are held every two months, alongside individual training and mandatory supervision. Staff also participate in external programs, such as a recent burnout prevention project funded by the Ministry of Health through EU funds. Though the €1,200 cost per employee was high, the provider covered it in advance to avoid financial burden for staff.

An annual plan for employee recognition and care is also in place. Each employee has a yearly one-on-one feedback session to discuss performance, ambitions, and well-being, which informs the next year's benefit plan. This includes small monthly gestures such as birthday gifts, fruit days, symbolic recognition on holidays, and personalized gifts. Though modest, these are appreciated and support a positive workplace culture. Employees also benefit from a taxi service to and from work and a free weekly Pilates class.

A major concern is the lack of overtime pay. Staff can take time off instead, but this leaves colleagues understaffed. In contrast, paid overtime is highly motivating. This provider stands out for reimbursing overtime and offering flexible compensatory leave.

Unlike other facilities that require staff to use vacation days or pay for mandatory training, this organization fully covers education costs and treats training as paid time, reinforcing its fair approach to both overtime and professional development.

Another interviewed subject, the Academy of Education and Research in Social Services, was created in response to repeated failures in quality audits. According to the academy, many social service workers, especially new graduates, are poorly prepared for practical work. Higher education often fails to equip them with necessary skills, leaving facilities unable to identify or implement needed changes. The academy offers training for internal/external auditors, quality managers, and caregivers.

Acting as a "mobile training institution," it delivers courses on-site across Slovakia. Trainings are practical and supported with tools like procedural documents and expert manuals—covering topics such as human rights, physical restraint, and information strategies.

Audits revealed frequent legal violations. For instance, caregivers illegally administered medication, staff mishandled deceased bodies and misunderstood "thermal comfort" requirements. One critical area that was emphasized is the insufficient attention paid to swallowing difficulties, especially among clients with dementia. Apparently, up to 70% of clients with dementia experience problems with swallowing, yet this is not adequately covered in caregiver training. There have been cases where clients suffocated due to a lack of proper assessment and intervention.

The academy began with quality manager training and now offers accredited programs for various roles, all approved by the Ministry of Labour, including an MBA program. A key priority is workforce stabilization through training, support, and clear procedures.

The interviewee criticized the lack of defined professional standards in Slovakia. Training providers and state authorities lack a unified vision of professional competence. The Ministry of Labour does not set content or performance standards, leading to inconsistent caregiver training. In contrast, the academy defines clear learning outcomes for even one-day courses.

Beyond core programs, the academy offers 149 specialized modules—from one-day to ten-day courses—covering areas like hygiene, crisis and risk management, aggressive behavior, addiction care, and volunteer-based services. Their focus remains on delivering highly practical, content-rich programs that fill gaps in professional preparation. Going forward, they aim to push for recognition of specialized qualifications and clear professional training standards across the sector.

3.4 Results

The interviewees generally report positive outcomes from their initiatives aimed at improving staff retention, satisfaction, and professional growth.

One interviewee highlighted that their staff retention has significantly improved, with low levels of turnover and high loyalty. Employees reportedly refuse offers from hospitals or other providers because they value the overall working conditions at their organization, which include a human approach, recognition, and meaningful engagement. During the COVID-19 crisis, no staff member left, which she saw as a clear sign of successful HR management. The feedback they collect annually shows that employees especially appreciate tangible gestures like personalized gifts, celebrations, and the subsidized transportation service.

Another interviewee similarly reported stable staffing, particularly among caregivers, with some employees having been with the facility for more than a decade. They attributed this to flexible working conditions, full reimbursement of overtime, free meals, and consistent support for education and family needs. They observed that such policies distinguish their facility from others in the region, where staff shortages and dissatisfaction are more pronounced. Their facility receives unsolicited applications and enjoys a good reputation, which they consider evidence that their initiatives are working. The freedom to bring children to the workplace and the ability to freely schedule holidays are especially appreciated.

The Academy of Education and Research in Social Services points to the widespread demand and positive feedback their training academy receives. Many directors and professionals in social services compare their courses favourably with others, noting that their programs lead to better-prepared workers who understand both the legal framework and the practical application. As a result, their training has gained strong word-of-mouth credibility and repeat attendance, even without any state or institutional backing.

3.5 Barriers and limitations

Despite the positive results, the interviewees identify structural, financial, and regulatory barriers that limit what they can do.

A major constraint, according to one respondent, is the legal framework governing public funding for social services. Many desirable financial benefits (like extra paid leave or bonuses) are considered non-eligible expenditures under the law or require approval from the Ministry of Labour. They emphasized the risk of being penalized during audits if funds are used inappropriately. This limits their ability to implement more generous financial rewards, even if they are needed or wanted.

Another respondent, although more flexible in their practices, also noted financial limitations. While they provide many non-monetary benefits, they cannot offer direct financial support (like transport contributions) without approval from the organizational leadership or without external grants. They also have no control over larger structural incentives such as the state's stabilization or entry bonuses, which often motivate the workers in social care to instead leave for work in healthcare as nurses. Additionally, the burden of ensuring constant staffing while planning things like team buildings or leave arrangements limits the extent to which some initiatives can be expanded.

For the Academy of Education and Research in Social Services, the key limitations are systemic and policy-related. They strongly criticize the lack of standardized training content across Slovakia, which results in inconsistent qualifications among social care workers from different institutions. The academy must often compensate for the gaps left by universities or other providers. Despite the high relevance of the courses, the organization has not received public project funding, which they attribute to a lack of recognition by public authorities and their limited understanding of what constitutes professional competence in the care sector.

Even here, one of the main challenges lies in financing. Even though students often apply for funding from the Office of Labour, Social Affairs and Family, the office frequently denies support. The reason is that the academy offers highly specialized professional courses which cover gaps not

addressed in formal university or vocational education. However, since these qualifications are not officially recognized by the state system, authorities question their necessity. For instance, they may reject a course in quality management or hygiene and epidemiology for social service facilities, claiming that such issues fall under the remit of the Regional Public Health Authority. The academy argues that this is a fundamental misunderstanding, since hygiene and epidemiology make up approximately 25% of the factors influencing the quality of the work environment and the quality of life in care facilities.

Comparative assessment of the cases

This report examined how the collective organisation and identity-building among care workers are emerging and transforming in the Slovak care sector under conditions of staff shortages, low wages, and systemic underfunding. While Slovakia has well-established social partnership structures and collective bargaining at both sector and workplace levels, the care sector continues to suffer from chronic labour shortages and dissatisfaction with pay and working conditions. This persistent mismatch between institutionalised bargaining structures and deteriorating working realities pushes both workers and employers to experiment with new forms of work (in the case of ECEC) and representation (in the case of LTC) that partly bypass traditional arrangements.

Across early childhood education and care (ECEC) and long-term care (LTC), the report shows how non-standard and hybrid forms of work are becoming normalised and how collective interests are articulated in ways that do not fit comfortably into mainstream trade union models. In the Omama programme, women from marginalised Roma communities are employed by an NGO to deliver ECEC directly in families in segregated settlements. Their work is intensely local, personalised, and embedded in community life, with "omamas" visiting families weekly, working with 14–28 children each, and teaching parents how to foster their children's development using simple games and practices. This form of work constructs a new role: neither fully formal teacher nor classic social worker. This form of work challenges existing labour and professional categories. Omamas are hired, trained, and supported by the NGO *Cesta von*, which provides methodology, expert guidance, and continuous support, but their status in the formal labour law and education system remains ambiguous. This legal and institutional ambiguity creates a paradox: Omamas carry out substantial educational and care functions, yet do not enjoy the full recognition, standards, or protections that accompany recognised professions in the education sector. The report shows that this ambiguity is not just a legal technicality, but a structural barrier for inclusive forms of organising and interest representation. In the Omama programme, collective identity and agency emerge less through unions than through community-based practice and shared life experiences.

In the publicly funded LTC sector, trade unions remain central actors yet are forced to move beyond conventional bargaining practices to maintain legitimacy among workers. The sectoral federation SOZZaSS negotiated higher-level collective agreements but failed to secure satisfactory wage improvements in late 2024, which prompted it to orchestrate a nationwide protest of social care workers in March 2025. The protest represented a break with the sector's tradition of quiet endurance and individual coping strategies, especially in more remote regions where workers were, until now, rather quiet and did not voice their claims openly in order to protect their jobs. Now these workers chose to stand up publicly, including through media interviews that described in detail low pay, high workload, and long-standing frustrations about frozen pay scales and unequal distribution of personal bonuses.

This mobilisation, however, also revealed the limits of traditional union structures. On the one hand, established federations like SOZZaSS remain crucial for providing legal expertise, bargaining leverage, logistics and cross-facility coordination. Local unions in care homes can rely on sectoral infrastructure while at the same time building new forms of horizontal collaboration across facilities in the region, forming joint committees and drafting open letters to the regional government. On the other hand, the higher-level bargaining system largely excludes private

providers and remains focused on insider workplaces already organised in SOZZaSS. Non-organised or differently organised care homes, such as the Javorina facility affiliated to another federation, struggle with employer hostility, fear of dismissal, and the absence of cross-union cooperation. This evidence suggests an insider–outsider dynamic: unions effectively defend those within their established membership base while leaving structurally similar workers in private or differently organised homes to seek solutions outside the traditional bargaining arena, including court cases, employer-driven initiatives, or exit to foreign labour markets.

The third set of practices discussed in the report concerns employer-led strategies to tackle labour shortages and stabilise staff in LTC without, or only marginally, relying on collective bargaining over wages. Some care providers, especially those associated with the Association of Social Services Providers, adopt a paternalistic but proactive approach to people management. They introduce wide portfolios of non-wage benefits, e.g., flexible working arrangements, paid overtime, free or subsidised training, personalised recognition, transportation support, and wellness initiatives. Annual feedback interviews are used to align benefits with staff needs, and employers frontload the costs of expensive external programmes to shield employees from financial risks. These employers explicitly contrast their practices with other facilities where training is unpaid or where overtime is compensated only by time off, causing further understaffing and resentment. These strategies are reported to improve retention, build organisational loyalty, and raise the reputation of individual facilities. During the COVID-19 crisis, some facilities did not lose any staff, and they received unsolicited job applications while neighbouring providers struggled with vacancies.

However, the report stresses that these initiatives are constrained by law and funding rules. Many desirable benefits are non-eligible costs in public funding schemes or require ministerial approval; employers risk sanctions in audits if they expand financial benefits beyond narrowly defined categories. This regulatory regime discourages systemic improvements in working conditions and encourages small-scale, project-based or informal fixes rather than structural change. As a result, even the most innovative care homes remain dependent on the goodwill of their leadership and on local budget manoeuvring, rather than on secure, collectively bargained standards.

The Academy of Education and Research in Social Services illustrates another type of actor evolving outside the classic social partnership framework. It emerged in response to repeated quality audit failures and systematically identifies gaps in formal training of care workers. The Academy offers a broad range of highly practical, accredited courses that combine legal knowledge with everyday practice, e.g., human rights and physical restraint to hygiene, risk management, aggression, and swallowing difficulties in dementia care. It defines clear learning outcomes even for one-day courses and positions itself as a mobile training institution capable of reaching a large scope of care facilities across Slovakia. Yet it faces significant barriers to institutional recognition and public funding: its specialised courses are often not accepted for support by labour offices, and state authorities question the necessity of qualifications not embedded in the formal education system. This again shows how innovative practices that directly address quality and safety in care must operate in a grey zone, plugging holes left by universities and weak regulatory standards, while struggling for formal recognition and sustainable financing.

Taken together, the three cases demonstrate that the Slovak care sector is characterised by a proliferation of working conditions and representation that sit uneasily alongside formal industrial relations institutions. Community-based workers in ECEC, protesting trade union members in public care homes, newly organising workers in hostile care facilities, paternalistic but constrained employers, and independent training providers all contribute to shaping working conditions and articulating collective interests. Traditional trade unions still matter, especially where they can combine bargaining with public campaigns and cross-facility coordination, but they risk losing relevance in parts of the sector where new forms of work and representation are emerging. The key overarching finding is that effective collective interest formation increasingly requires recognising and engaging actors and practices that operate at the margins or outside of established social partnership structures. Without integrating these into a broader strategy, the system risks reproducing a two-tier reality in which some workers benefit from institutional protections while others rely on ad hoc initiatives, individual resilience, or exit options.

Resources

Website of the care home: www.dssroznava.sk

SOZZaSS campaign https://sozzass.com/protest-mal-obrovsky-ohlas-po-celom-slovensku/

References

Murgia, A. (2025). *Hybrid Labour: Measuring, Classifying, and Representing Workers at the Boundaries of Employment and Self-employment.* Routledge: https://www.routledge.com/Hybrid-Labour-Measuring-Classifying-and-Representing-Workers-at-the-Boundaries-of-Employment-and-Self-employment/Murgia/p/book/9781032405629?srsltid=AfmBOoofX7dOWUqTxEBAxuPY3OW_VX0ZbUAoxQAgSx6pIP7_AecqZVGW

Slováková, P. (2017). *Prístup štátu a neziskového sektoru ku vzdelávaniu Rómov na východnom Slovensku.* Retrieved from https://dspace.cuni.cz/handle/20.500.11956/1616.