











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

PERHOUSE

Interim meeting 25 May 2023
SLOVAKIA – INITIAL FINDINGS – Barbora Holubová



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Structure of the presentation

What we know about the PHS in Slovakia

- Structure of the PHS subsector
- Example of the PHS for elderly persons and persons with disabilities (PwD)
- Data related to the formal and family home caregivers

What we know about the demand for PHS (drivers and barriers) – survey from 2014

Initial view on the legislation and governance

What we know about the industrial relations and social dialogue in PHS – ways forward

Main social partners and social actors

Items for consideration

Trying to apply the concept of the protective gaps as a part of the analytical framework





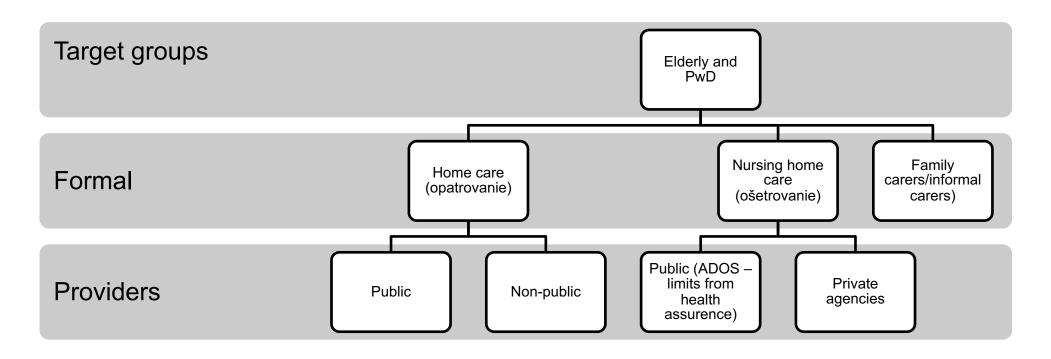
Structure of PHS in Slovakia

- by type of activities/services: care + support/assistance and non-care
- by type of recipients/target group:
 - Elderly persons and persons with disabilities (PwD) (home/nursing care and personal assistance)
 - Children (0 3 years)
 - Households as such
- Diverse degree of formality and informality
- Providers: state/public social services, non-public (non-profit), profit providers (enterprises)
- PHS care services have a strong interrelation with the social system (parental leaves/allowances and ECEC; LTC)
- Non-care PHS providers (housekeeping, cleaning, repair and gardening, partly child-care, etc.) –
 agencies/platforms/enterprises, single self-employer and/or undeclared (grey economy)



PHS IN SLOVAKIA - WHAT WE KNOW

Example of PHS for Elderly and PwD





PHS IN SLOVAKIA – WHAT WE KNOW

Formal Home care: Public or non-public provider is based on the social services Act.

Public providers:

- Fall under the responsibility of cities and municipalities obliged to provide home care (field) services for its residents.
- Public home carers are employees of municipalities renumerated by the Act of Work in the public interest no.
 553/2003 Call (sector-level collective agreement for all public employees, e.g. continual pay increase, benefits beyond Labour Code) organised in trade unions
- Time and work arrangements = irregular hours (e.g. 3 hours per day), but only regular working days, for more households per day, care/assistance but also housekeeping (laundry, cleaning, ...) upon agreement to be investigated
- Limited subsidised hours by municipality family needs more family by themself or undeclare/under-declared home carer (with limited social security and non-standard working time) (SOCIAL PROTECTION GAP)

Non-public providers: Regulated and protected by the Labour Code; not covered by collective agreements (REPRESENTATION GAP)

Formal home nursing care: Has to be certified health nurse – health qualification (member of chamber)

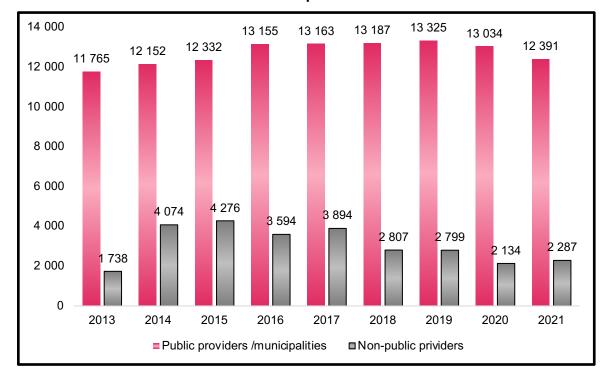
• ADOS – agencies of home nursing care (Ltd.) or individual nurses with licence or self-employed), contracts nurses





Formal home care

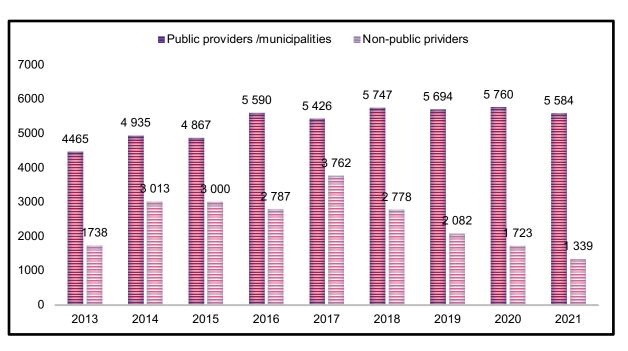
Number of home care recipients



Does not say anything about the home care services demand coverage.

Source: The Ministry of Labour in its Report on the Social Situation of the Population of the Slovak Republic

Number of home care employees





PHS IN SLOVAKIA – WHAT WE KNOW

Family (informal) caregiving:

- Prevailing home care for dependent elderly or PwD in Slovakia
- By close persons or acquaintances in the home environment (28% intergenerational care, 19% partners' care)
- The remaining half of caregivers comprise unmarried partners, siblings, parents taking care of a dependent child or caregivers without family ties.
- Paid (?) compensated with cash allowances for care and personal assistance (income-tested)
- Family/Informal caregiving can have a negative impact on the physical and mental health of caregivers.
- At the same time, these persons give up participation in the labour market,
- This impacts their current and future income through a pension or savings.
- Lower participation also has a negative impact on taxes and insurance premiums in the state budget
- Providing informal care should be a choice rather than a necessity.
- However, with the lack of formal services, family caregiving may often not be a choice.
- Care options should therefore be more flexible, with enough outreach, community, consultation and respite services to partially relieve the burden caregivers. They will then be able to at least partially integrate into the labour market.
- Space for consideration: to transform the family/informal caregivers into regular employees





Family/informal care for elderly and PwD

Number of recipients of care allowance in 2020 and 2021

	2020	2022
Average number of recipients of care allowance per month	61 734	62 917
Average number of persons cared for per month	63 525	64 694
Average amount of of care allowance per month (€)	363,13	399,32

Source: The Ministry of Labour in its Report on the Social Situation of the

Population of the Slovak Republic

"Working conditions" of the family/informal caregivers:

- EMPLOYMENT PROTECTION GAP
- Receiving the care allowance in concurrence of retirement pension (?)
- Comparison of the amount of the care allowance to the statutory minimum wage (e.g. €3,5/hour/2021)
- "Working time" arrangements (?)
- Respite service to enable the caregivers to get the necessary rest to maintain their physical health and mental health and prevent deterioration; for max 30 days/year; during the provision of respite service, the municipality is obliged to provide/arrange the care (low uptake)
- REPRESENTATION GAP eligibility gap as the family/informal caregivers are not recognised as work



PHS IN SLOVAKIA - WHAT WE KNOW

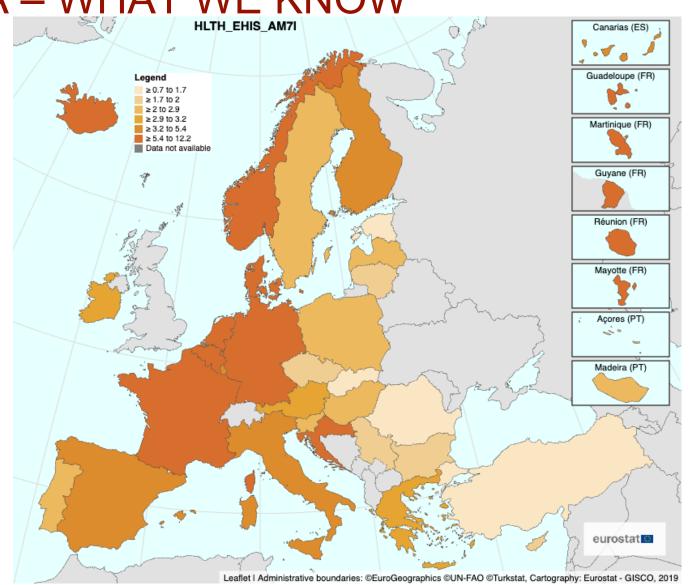
Demand side: Self-reported use of home care services by sex, age and income quintile (%, 2019)

Slovakia 1,3%, ranks 29 out of 31 countries EU-27 = 4,2%

CEE countries	%
Bulgaria	1,7
Czechia	1,7
Estonia	1,4
Croatia	5,4
Latvia	2,0
Lithuania	1,7
Hungary	2,8
Poland	2,5
Romania	0,9
Slovenia	2,6
Slovakia	1,3

Eurostat, European Health Interview Survey (EHIS); online code: Online data code: HLTH_EHIS_AM7I





OUTSOURCING DOMESTIC CHORES IN SLOVAK HOUSEHOLDS – PRECONDITIONS AND BARRIERS



Research on the process of outsourcing domestic chores in Slovak households

Volume of outsourcing and number of households which outsource certain activity (the current state of outsourcing and compare it with so-called latent demand, i.e. theoretical willingness of household to pay for certain service in the future)

To determine the main factors which drive the outsourcing and identify main barriers which prevent households from outsourcing domestic chores.

Sample of 1 142 households in Slovakia (data collection in 2014)

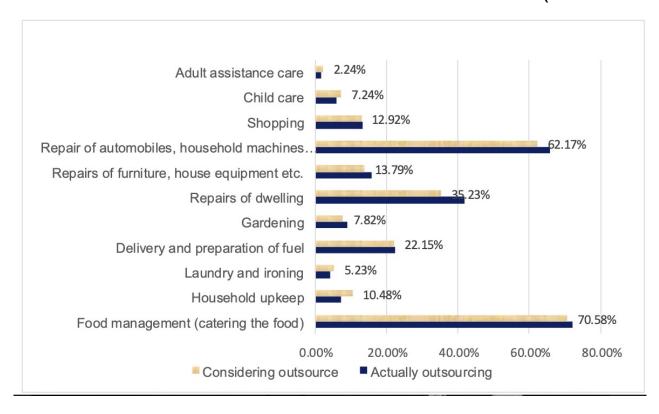
11 types of domestic chores in order to better understand consumer behavior of Slovak households in a group of market services which could replace the unpaid work done in households.



OUTSOURCING DOMESTIC CHORES IN SLOVAK HOUSEHOLDS – PRECONDITIONS AND BARRIERS



Actual and latent demand for substitutes of domestic services (% of households, 2014)



Považanová, Mariana & Vallusova, Anna & Nedelová, Gabriela. (2016). OUTSOURCING DOMESTIC CHORES IN SLOVAK HOUSEHOLDS – PRECONDITIONS AND BARRIERS. 10.20472/EFC.2016.006.018.; The research was supported by the Grant Agency VEGA, project VEGA 1/0935/13 "Unpaid work as a potential source of socioeconomic development of society and the determinant of individual's well-being".



OUTSOURCING DOMESTIC CHORES IN SLOVAK HOUSEHOLDS – PRECONDITIONS AND BARRIERS



Ranking of the reasons for outsourcing (the most outsourced/not care services) 1. place:

- These services save our time (catering the food)
- We are not able to provide these services by our own or within the family (repairs of dwelling)
- These services are professional and of good quality (repairs of household machines)

Ranking the reasons for **not outsourcing** four first places:

- 1. We are able to provide these services within our household or within the family
- 2. We are able to provide these services reciprocally within our friends
- 3. These services are not affordable
- 4. We want to do this work by our own
- Barriers to the outsourcing of domestic chores indicate the strong orientation of Slovak households toward self-supply economy or toward informal help within the circle of friends (including child care)
- High share of informal child care' provided without payment by relatives, friends and neighbourhood
 relation to gender regime and gender role/attitudes
- > The business sector is often seen as the last subject for securing household needs.
- ➤ The business opportunity in the area of the services substituting domestic chores are limited, as no direct financial costs connected to self—provision are often preferable to service of any quality.
- > A major innovation would be necessary to increase trust of households and make the services attractive to them.



Lagislation – Governance



Housekeeping and other non-care PHS:

- Slovakia did not ratify the ILO Convention on domestic workers
- Slovak legislation does not define domestic work or the status of persons who perform domestic work (domestic employees) explore more why and if the state authorities are considering any change

Legislation related to the working conditions (time arrangement, renumeration, etc.) Formal home care services –

- Act No. 448/2008 on Social Services
- Act on the work in public interest
- Labour code (for formal/non public caregivers)
- Self employed
- Regulation of intermediaries work agencies, ADOS, etc.

Industrial relations/social dialogue/civil dialogue



Broad and narrow social dialogue



- Previous findings (2019/2020)
- No distinctive SD or CB for PHS as a whole
- Sub-sectors of the PHS sectors are to a certain extent included in the existing structures of social dialogue
- Fragmented representation according to the profession (nurses, home carers)
- PHS workers in household support non-care activities, such as cleaners or gardeners, lack any form of representation
- Main obstacle for SD/CB: domestic workers have not a clear labour market status
- Better mapping of the sector is needed

Any change since then? We will provide detailed description and point to the workers/people working in PHS and not being represented.

Actors in PHS



Actor	Туре	Level	Part of PHS sector (care-related services, household support)	Member of tripartite committee YES/NO
Confederation of Trade Unions in Slovakia (KOZ SR) Konfederácia odborových zväzovo	Trade union	National	All	Yes
Trade union of employees in Helathcare and Social Services (SOZZaSS) Slovenský odborový zväz zdravotníctva a sociálnych služieb	Trade union (member of KOZ SR)	Sector	Care-related services (Healthcare)	Via KOZ membership
Trade Union of Nurses and Midwives Odborové združenie sestier a pôrodných asistentiek	Trade union	Sector	Care-related services (Healthcare)	No
Association of Professional Workers of Social Services Asociácia odborných pracovníkov sociálnych služieb	Professional association/civic association	Sector	Care-related services (Social care)	No
The National Union of Employers (RUZ) Republiková únia zamestnávateľov	Employers association	National	All	Yes
Association of Social Service Providers in the Slovak Republic Asociácia poskytovateľov sociálnych služieb v SR	Employers association (member of RUZ)	Sector	Care-related services (Social care)	via RUZ membership
Union of Social Service Providers in the Slovak Republic Zväz poskytovateľov sociálnych služieb v SR, o. z.	Employers association	Sector	Care-related services (Social care)	N/A
Chamber of Care Workers of Slovakia (KOS) Komora opatrovateliek Slovenska	Professional association	Sector	Care-related services (Social care)	Not applicable
Slovak Chamber of Nurses and Midwives (SK SAPA) Slovenská komora sestier a pôrodných asistentiek	Professional association	Sector	Care-related services (healthcare)	Not applicable
Ministry of Labour, Social Affairs nad Family of the Slovak Republic Ministerstvo práce, sociálnych vecí a rodiny Slovenskej republiky	State Authority	Natkional	Social care	Yes







- Strong gender dimension interaction with the gender regime/reproductive work transformative measures – e.g. transforming the family caregivers into employees with all the protection and representation of standard employees (pros and cons)
- Domestic workers with migrant background in Slovakia
 – Ukrainian before the war/current situation lack of data
- The undeclared or under-declared PHS workers and customers —are happy to lower the cost of the services - resistance, unwillingness to change — to transform into formal employment contracts
- PHS workers do not mind if working non-standard and more hours than is regulated they
 prefer flexibility and working non-stop hours, even undeclared and in precarious working
 conditions



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