



PESSIS 3 “PROMOTING EMPLOYERS` SOCIAL SERVICES ORGANISATIONS IN  
SOCIAL DIALOGUE”

COUNTRY-CASE STUDY: SLOVAKIA

TENENET (NGO)

Author(s):

Kopcová Elena, PhD., Čavojská Katarína, PhD., Doc. PhDr. Eva Mydlíková, PhD.

Country - Case Study: SLOVAKIA

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### **1. THE SOCIAL SERVICES SECTOR**

#### **1.1. Overview of the situation in the system of social services**

In the past, the process of building social service establishments was a direct result of the medical and/or rehabilitation approach to tackling the social situation of people who did not fall within the concept of normality. Since disability is a state (opposed to a disease)

and is therefore inherently incurable, this approach favoured the development of the network of facilities that would accommodate to these people and address their basic needs. This model has not been changed very much. Depending on financial resources, it recently began the change of attitude toward clients (person centered approach), reconstruction or even Internet access; unfortunately, the principal paradigm of institutional social services has remained unchanged as they continue to be based on moving disabled people into facilities, creating a world of their own, separating them from their families and communities and satisfying their basic needs in line with the best intentions of facility employees that are limited by the social environment.<sup>1</sup>

The beginning of the process of transformation of the social services system is related to the political change in 1989. The main reason for the transformation of the system is achieving the harmony between social needs of inhabitants (and in situation of social or material deprivation) and the available offer, which can help to solve their situation.<sup>2</sup> Regarding the current system of social services there are two legislation norms, which created the bases of the system of social services in Slovakia.

The first, Act No. 195/1998 Coll. on Social Assistance, effective from 1 July 1998 or 1 January 1999 for selected provisions, provided the basic legal framework for implementation of social prevention and addressing the issue of material or social distress. According to the legislation, recipients of social assistance were entitled to social counselling, social and legal protection, the provision of social services, social assistance benefits or cash benefits for compensation. The act defined the social services as specific activities to address the issue of material or social distress of citizens. The dossier drawn up by the Ministry of labour, social affairs and the families Working Group composed of representatives of the non-profit and public sectors, however, says that despite the stated new qualitative principles, the act brought nothing but minor changes only to lock the condition inherited from the past regime as characterised by

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<sup>1</sup> Courage to provide new social services. [http://iness.sk/media/file/pdf/INESS\\_Courage\\_Provide\\_New\\_Social\\_Services.pdf](http://iness.sk/media/file/pdf/INESS_Courage_Provide_New_Social_Services.pdf)

<sup>2</sup> Rozvoj komunitných sociálnych služieb. <http://www.rpsp.sk/download/publikacie/rozvoj.pdf> (s. 21)

exclusion of disabled persons, especially ones with mental disabilities, from society. In large residential facilities, clients were kept completely isolated from normal life outside the gates.<sup>3</sup>

The second, the Act no. 448/2008 Coll. on Social Services, amending and supplementing act no. 455/1991 Coll. on Trade Licensing (Trade Licensing Act), as amended (hereinafter the social services act), replaced the previous legislation after ten long years of being in force. Meanwhile, the Slovak Republic implemented the reform of public administration, with social services being transferred from the state (national) level to the scope of self-governments (higher territorial units and municipalities). From 2002 to 2005, competence and fiscal decentralisation of social services was implemented as a result. Following the reform, nationwide strategic priorities of social services development were being determined.<sup>4</sup>

The new legislation changed fundamental definitions, with social service being defined as an activity aimed at:

- preventing, treating or mitigating an adverse social situation of an individual, family, or community,
- preserving, restoring or developing an individual’s ability to lead an independent life and promoting his or her integration into society,
- ensuring necessary conditions to satisfy the basic necessities of life of an individual,
- addressing a crisis social situation of an individual and a family,
- preventing social exclusion of an individual and a family.<sup>5</sup>

The new legislation is more focused on individuals, families and communities that find themselves in or are at risk of an adverse social situation. The legislation specifies the grounds for which the person is in an adverse social situation, which may be one of the following: living habits, lifestyle, disability, unfavourable health condition, retirement age, caring for a person with severe disabilities, risk behaviour of others, a victim of human trafficking. There are several new elements in the legislation. It imposes an obligation on municipalities to develop a community social services plan and on self-governments to draw up concepts of social services development in their territories. Determining specific qualitative minimums (standards) is another significant change. The legislation specifies the maximum number of recipients of social service per employee (1 to 6, depending on the type of service) and the minimum percentage of professional employees in the total number of employees (50% to 80%).

Social services are provided in an ambulatory form, outreach form, residential form or another form, such as using telecommunication technologies. The recipient of ambulatory social services is commuting, accompanied or transported to a place of provision of social services. A place of provision of ambulatory social services may include a social service facility. Outreach social services are provided to an individual in their natural social environment. Providing residential social services means providing year-round or weekly accommodation. Nevertheless, in accordance with the principles of deinstitutionalisation, the legislation prefers that the recipients remain in their natural social environment. It establishes a duty to prioritise outreach or ambulatory social services over residential if possible, and to prefer weekly variants in providing residential services. The legislation expressly declares the rights of individuals to choose a form of social service. It also establishes a duty to prioritise the housing

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<sup>3</sup> Monitoring of Absorption of Structural Funds in the Area of Social Services. <http://iness.sk/media/file/pdf/MonitoringINESSen.pdf>

<sup>4</sup> Monitoring of Absorption of Structural Funds in the Area of Social Services. <http://iness.sk/media/file/pdf/MonitoringINESSen.pdf>

<sup>5</sup> The National Council of the Slovak Republic: Act no. 448/2008 Coll. on Social Services, amending and supplementing Act no. 455/1991 Coll on Trade Licensing (Trade Licensing Act), as amended. Bratislava, 30 october 2008.

of seniors and disabled persons in facilities with a capacity to cater for less than 40 clients.<sup>6</sup> The deinstitutionalism process states that maximum capacity should be 12 clients and maximum 6 for 1 unit.

Social services under the Act on Social Services shall be provided by means of professional, service and other activities the provider is obliged to provide or arrange if those activities are specified for the services. Providing professional activities, such as social counselling, social rehabilitation and stimulation of comprehensive development of children with health disabilities, is possible under the conditions established by this Act separately as well, on the basis of accreditation. The provider may also carry out activities that improve the quality of social services other than those governed by the Act. Social services are public services and are provided without profit, but the law also allows the provision of social services within a trade or business, i.e. based on profit. The Act on Social Services divides social services into several groups, depending on the nature of the unfavourable social situation or the target group:

- social services of crisis intervention
- social services to support families with children
- social services to address the unfavourable social situation due to severe health disability, ill health or due to reaching retirement age
- social services using telecommunication technologies
- support services.

For the provision of social services with the character of long-term care, provided to individuals in need of assistance of another person, the Act on Social Services regulates health and social assessment activities determining the dependence of the individual on social services. The Act on Social Services regulates the provision of social services by institutional health care facilities, and also the provision of health care by nurses, as employees of such facilities, within the scope of home-care service in selected social service facilities. A separate part of the Act regulates the financing of private providers of social services (hereinafter the provider) in compliance with statutory conditions; and, also, the financing of private providers of selected types of social services at the local level from the state budget, on the basis of the financial allocation from the MoLSAF budget. Private providers are divided into two groups, depending on whether they are non-profit or businesses companies, since it is not possible to support profit-seeking providers by public funding.<sup>7</sup>

In order to ensure the continuity and efficiency of social services and, at the same time, to encourage people dependent on assistance to remain in their natural family environment as long as possible, MoLSAF continues to address the deinstitutionalisation process of social services in Slovakia. The Government approved the Strategy of deinstitutionalisation of the social services system and substitute care (hereinafter the DI Strategy) on 11 November 2011. This document represents the commitment of Slovak Republic to the global trend of systematic elimination of the consequences of the traditionally applied, but historically surpassed, model of institutional isolation and segregation of persons requiring long-term assistance and care in specialized facilities, including children in substitute care, persons with health disabilities and elderly, and its replacement by alternative models of services and measures, by their nature most similar to conditions of normal life.<sup>8</sup>

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<sup>6</sup> Monitoring of Absorption of Structural Funds in the Area of Social Services. <http://iness.sk/media/file/pdf/MonitoringINESSen.pdf>

<sup>7</sup> Report on the Social Situation of the Population of the Slovak Republic for 2014. [https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version\\_kvalita-tlac.pdf](https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version_kvalita-tlac.pdf)

<sup>8</sup> Report on the Social Situation of the Population of the Slovak Republic for 2014. [https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version\\_kvalita-tlac.pdf](https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version_kvalita-tlac.pdf)

## 1.2. Financing social services

Overall it is possible to state, that the financing of social services has so called multisource character. Social services in Slovakia are funded by:

- sources (by MoLSAF in the form of financial contribution for municipalities to provide eg. services of the reception center, shelter, home of obligingness, senior’s homes, facilities for the elderly, nursing care facilities; from the budgets of regional and local self-government),
- payments for social services by its recipient, possibly the receiver’s family,
- donations,
- the profit of social services providers
- the income from the social enterprise, possibly other income.

In the area of the social services funding it is possible to apply the system of self-payment. It is the case, when on the funding for the social service for the individual person in need there are no public sources provided, and all related costs are fully financed by her/himself. This, however, continues to meet the criteria for services provided in the public interest.<sup>9</sup>

Care costs in facilities (especially private) are often higher than the pensions, and nursing care in the home environment is also costly. Due to the lack of the capacity and resources of many social service providers, they are often unable to provide their services to all applicants, so waiting lists are being created. Although the system allows self-payment, a serious question is what percentage of people reliant on social services in Slovakia are able to finance the following services at full price - at the level of economically justified costs. Although the Slovak republic is trying through the amendment of the legislation on social services to find the effective way of social services funding, which does not have a big impact on the quality of life of people dependent on those services, still there is a contradiction between the average pension (income) of potential service users and payment for provided services.<sup>10</sup>

Long term private social services providers criticize the system of funding. They talk about the inadequate and inequitable funding of social services in Slovakia and continuous discrimination of private providers of social services and their clients. Changes, that are proposed by the organizations associated in the Association of social services providers as well as other providers of crisis intervention services, are related to multi-source funding of chosen types of social services (social service homes, facilities of supported living , specialized facilities and centers of rehabilitation) and low-threshold services of crisis intervention, all of these are under the local self-government.

They are funded by little or not at all , often reasoning by the lack of financial sources.<sup>11</sup>

European Union treatment confirms a support of the high level of social protection and development of economic and social interconnection of Member States. In order to monitor

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<sup>9</sup> REPKOVÁ, K. 2012. Sociálne služby v kontexte komunálnej sociálnej politiky. Bratislava : Inštitút pre výskum práce a rodiny, 2012. 176 s. ISBN 978-80-7138-135. [http://www.ceit.sk/IVPR/images/IVPR/2012/socialne\\_sluzby\\_v\\_kontexte\\_komunalnej\\_socialnej\\_politiky.pdf](http://www.ceit.sk/IVPR/images/IVPR/2012/socialne_sluzby_v_kontexte_komunalnej_socialnej_politiky.pdf)

<sup>10</sup> KORIMOVÁ, G. – KMEŤOVÁ, E.: Perspektíva udržateľnosti financovania v sociálnych službách. [http://www.ef.umb.sk/konferencie/vdrsp/zb/pdf/Korimova\\_Kmetova.pdf](http://www.ef.umb.sk/konferencie/vdrsp/zb/pdf/Korimova_Kmetova.pdf)

<sup>11</sup> <https://www.tkkbs.sk/view.php?cisloclanku=20150707036>

social protection<sup>12</sup> development in the EU Member States, the European Commission demands accessibility to current and detailed data and information on social protection. The European statistics system of integrated social protection is a basic statistical instrument. The funding for social protection system in Slovakia throughout 2013 dropped by 1,9 % (mainly due to the opening of the 2nd insurance pillar) and reached 13 985 Mill.

EUR (18.9% of GDP). The structure of funding for social protection was as follows : social contributions 64.9% (44.4% paid by employers, 16.4% paid by employees, 3.5% paid by self-employed and 0.6% paid by voluntary contributors), general government contributions 33.1% and other receipts 2.1%. Overall gross expenditure (without subtracting taxes and social contributions paid by the beneficiaries) on social protection rose annually in 2013 by 3.6% and reached 13 556 Mill. EUR (18.4% of GDP).<sup>13</sup> The structure of social protection expenditure in Slovakia was the following: social benefits constituted 97.3%, administrative costs 2.6% and other expenditure 0.2%. The structure of social benefits classified by function was the following: sickness/health care 30.0%, disability 8.8%, old age 38.2%, survivors 5.0%, family/children 9.4%, unemployment 3.3%, social exclusion and housing 2.4%. The largest annual rise was demonstrated in these functions: old-age (4.7%) and disability (4.1%).

Overall funding for social protection increased 3.7-times since 1995 (3 750.4 Mill. EUR) to 2013 (13 985.3 Mill. EUR). After changes in legislation in 2005, transfers between social protection schemes gained larger significance, especially financial aid to the basic fund of old-age insurance from other funds of the Social Insurance Agency. Finances from privatization of state-owned companies were used for transformation of the old-age insurance system from 2006 to 2010, when they ran out. In funding according to different sectors of national accounts (classification ESA95), a legislative change has been reflected since 2002.

Some competences were transferred from central government to local and state governments. In the recession year of 2009, the importance of central government payments increased (especially central government transfers and social contributions for civil servants). The share of social protection financed by corporations and households decreased though. Since 2005, larger funding for social protection schemes than expenditure have been recorded. It was mainly caused by social contributions to the 2nd pension pillar (retirement savings) and the new possibility of health insurance companies to make profit.

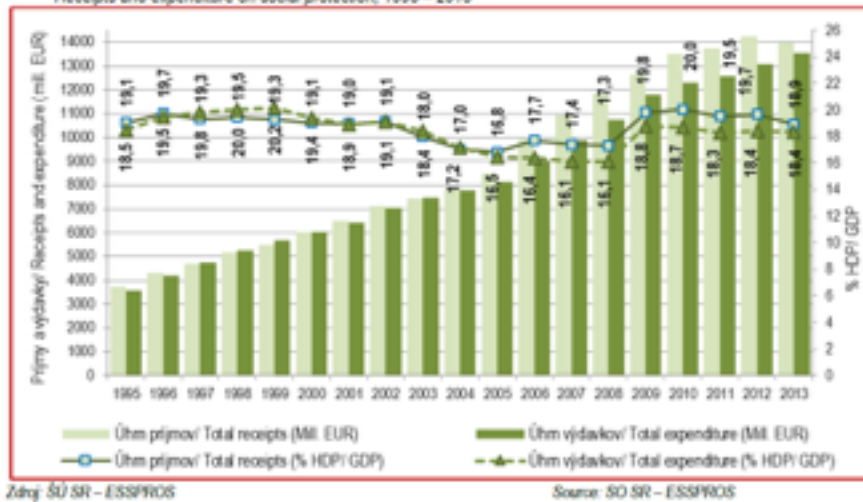
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<sup>12</sup> ESSPROS is built on the concept of social protection, or the coverage of precisely defined risks and needs including health, disability, old age, family and unemployment; it records the receipts and the expenditure of the organizations or schemes involved in social protection interventions. Social protection in the Slovak Republic is ensured by the social security system, consisting of social insurance, state social support and social assistance. In the social system of the Slovak republic, there exists the term of social and legal protection of children. The measures of social-legal protection of children and social guardianship (hereinafter SLPC&SG) are performed for a child, an adult person, a family, group or community under Act no. 305/2005 Coll. on Social-legal Protection of Children and Social Guardianship and amendment of certain laws, as amended. (Source: Report on Social Situation 2014)

<sup>13</sup> ŠÚ SR. ESSPROS – Expenditures And Receipts On Social Protection And Number Of Pension Beneficiaries In 2013.



Graf 5 Príjmy a výdavky na sociálnu ochranu, 1995 – 2013  
 Receipts and expenditure on social protection, 1995 – 2013



Overall expenditure for social protection increased 3.8-fold from 1995 (3 575.3 Mill. EUR) to 2013 (13 556.3 Mill. EUR). In 2007 - 2008 they represented only 16.1% of GDP, decreasing from 20.2% of GDP in 1999.

In the structure of social benefits depending on different purposes, expenditure on sickness/ health care reached the lowest amount in 2005 (29.9%) and the highest share in 1996 (37.5%). The amount of expenditure on compensation of disabilities was the lowest in 1996 (6.4%) and the highest in 2008, 2012 and 2013 (9.0%). Expenditure on the old retirement benefits ranged from 31.0% (1996) to 39.3% (2013). Expenditure on compensations for survivors’ was the lowest in 2003 (4.9%) and the highest in 1995 (5.8%). The amount of expenditure on family/children reached 14.0% in 1995, dropping to a minimum of 8.1% in 2002 and 2003. Expenditure on the unemployment compensations ranged from 3.4% (2006, 2013) to 6.8% (1999) and expenditure on housing and social exclusion ranged from 2.5% (2009, 2013) to 6.8% (2001).

In 2013 5.1% of overall benefits paid to people were tested whether or not these people own any properties. No receivers of sickness benefits were tested on their properties though because reimbursed expenditure on pharmaceutical products and health care for the elderly and the disabled was insignificant. In 2013, the tested social benefits represented 12.4% for compensation of disabilities, 3.6% for retirement benefits and 0.7% for compensation for survivors’ (e. g. Christmas allowance added to common pensions). As for benefits for family/children 2.3% of benefits were tested, for the unemployment 0.3%, and for the social exclusion and housing 90.4%<sup>14</sup> were tested whether or not they own properties.

In 2014, Ministry of Labour, Social Affairs and Families of Slovak Republic (MoLSAF) provided, in accordance with the Act on Social Services, appropriations to co-finance selected types of social services in facilities operated by both public and private providers.

<sup>14</sup> ŠÚ SR. ESSPROS – Expenditures And Receipts On Social Protection And Number Of Pension Beneficiaries In 2013.



Based on the submitted applications and concluded contracts with 149 cities and municipalities and with 194 private social service providers, appropriations to co-finance social services in amount € 61,609,660 were granted in 2014, € 38,801,260 of which was for public providers (310 facilities) and € 22,808,400 for private providers (291 facilities), as follows:

- according to § 71, section 6 of the Act on Social Services - social service facilities established or founded by municipalities: day care centres (€ 656,512), halfway houses (€ 10,800), social services homes (€ 3,936,240), night shelters (€ 502,080), specialised facilities (€ 447,480), shelters (€ 679,680), supported living facilities (€ 44,548), emergency housing facilities (€ 608,400), home-care service facilities (€ 5,544,960) and facilities for the elderly (€ 26,370,560),
- according to § 78a of the Act on Social Services - private providers: day care centres (€ 2,478,480), night shelters (€ 707,520), home-care service facilities (€ 1,962,240) and facilities for the elderly (€ 17,660,160).

Expenditures used on co-financing social services in 2014 were

Higher by € 16,983,625 (37.6 %)

than in 2013, mainly due to the provision of the one-off contribution, and also due to an increase in the number of facilities by 43. The number of clients of (both public and private) social service facilities for whom the contributions were provided increased by 3,014 persons year on year.<sup>15</sup>

Higher Municipality Authority Unit (HTU) and the Slovak Union of Town and Village Municipalities

provide funding according to the a client`s degree of dependency (the highest degree is the 5th and 6th

grade). This person is absolutely unable to take care of her/himself). Institutions with clients of the highest levels of dependency are basically hospices. This can be explained by difference between the funding of public and private providers. Non-public providers of social services for clients can choose the clients with different grades of dependency what means, that non-public providers usually choose clients who can take care about themselves better (so fewer number of clients with higher level of dependency to care). If a non-public provider chooses more clients with a lower degree of dependency, staff will have less trouble with these clients, because they are more able to take care of themselves, but the provider will receive less finance from HTU. On the other hand, a lower dependency client will have even less need for qualified professional staff, so the wages paid to employees are lower. . Government is obliged to take care of its population in cities and villages and to take care of people with the highest degree of dependency. It must provide social services as soon as possible, so institutions which were founded by the state or HTU, receive higher financial contributions. But on the other hand, it also has negative effect, as the institutions have capacity oversized (Interview 3 - trade union).

The trade union representative obviously believes that the public care homes are entitled to have more funds from the state than non-public. The reason for that is the fact that the public care homes take care of all clients including those with 6<sup>th</sup> degree of dependency and they cannot choose their clients. He is convinced that it is fair for non-public providers to be funded less as they can choose clients with minor degree of dependency with which these providers in his opinion do. He believes that non-public providers do not need that much money as there is not such a need for nurses as carers` work is sufficient.

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<sup>15</sup> Report on the Social Situation of the Population of the Slovak Republic for 2014. [https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version\\_kvalita-tlac.pdf](https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version_kvalita-tlac.pdf)

On the other hand we can read an opinion below presenting that the HTUs often assess clients as demanding 6<sup>th</sup> degree of dependency although many clients require only minor degree of dependency and care.

This is caused by a really bad system of assessing clients. Clients are assessed according to the providers needs so that the providers could get more funds.

*“As we aspire to have community based social services, the change needs to be made in the system of assessing people` disabilities, in the budget allocated on a person as well as taking to account clients` evaluation of services. Officially 50 % of all clients are assessed to be on 6th degree on dependency although it is not true. A lying patient and a mentally retarded person who can easily work in the woods are on the same 6th degree of dependency. It is caused by the unfair assessment system. Public provider`s clients often then need only minor support which is not fair to non-public providers that take care of people in much more critical conditions. Another problem is that the same person is assessed on 6<sup>th</sup> degree of dependency for social services but only 2<sup>nd</sup> degree for compensation subsidies. The next critical issue is the HTUs deciding on funding for public as well as non-public service providers. How can the system be fair as HTU is the decision maker as well as a social care provider?”* (Interview 10 - guarantor and principal methodologist of National Project of deinstitutionalisation from ESF; health policy analyst at the Institute of the Ministry of health).

*“The Slovak Trade Union of Health Care and Social Services Must finally point at the one that is guilty for all this which is the state. Social Services Act 448/2008 Coll. has been amended 12 times, still it is very discriminative. The state got rid of his own responsibility for his citizens and passed all responsibilities on regional units (HTUs and villages) which have the absolute power are incompetent to apply competences given by the state*

- *The state cannot control the HTUs` and villages` work and it does not even want to control them*
- *Enormous discrimination between health care workers and social workers - social workers are not given the right for fair reward for their work, right or equal participation in public resources, right for equal conditions*
- *The trade union should not be “propitiated” by any government as it happens in Slovakia, but it should really point at the problems*
- *Social services have been underfunded for years*
- *HTUs fund primarily service providers founded by HTUs and allocate no money for non-public providers (a HTU client gets 3 - 5 times more finance than a client in a non-public care home*
- *HTUs see HTU clients as their own and clients of non-public providers as “strangers”*
- *Constitution and principle of equity is broken in many ways and the government has not been able to solve it for 8 years at least*
- *Government, HTUs and village must not view the clients as their potential or impotential voters and they treat them accordingly”*

(interview 13 - President of Association, Director of the non-public provider, former President of the trade union).

### 1.3 Social Services

Regarding to actual changes in statistic data, which are monitored and evaluated in the national and European level, the latest ones are available from the year 2013 (edited in 2014).

On 31 December 2013, there were 5,413,392 inhabitants in the Slovak republic, of whom 43,845 35 persons (0.81 %) were provided with social services in 1,168 social service homes established by municipalities, self-governing regions or private providers.

Long term social care was provided for 36,441 clients in 995 homes (facilities for the elderly, social services homes (SSH), specialised facilities, day-care centre, supported living homes , rehabilitation centres, home-care service facilities).

In 2013, there were 42,794 clients places in social service of all types, 38,249 of which were associated with year-round care (89.4 %), 654 with weekly care (1.5 %), 2,728 with daily care (6.4 %) and 1,027 with transient care (2.7 %). 39,004 clients` places of these are intended as being associated with social services with the character of long-term care (91.1 %).<sup>16</sup>

### 1.3.1 Older people

An important part of social services in Slovakia are facilities for elderly (senior’s homes). Overall, in the Slovak republic are registered (to the December 31. 2013) up to 300 facilities, in which a total of 13,038 places are available. The real population of these homes on the same date represents 11,255 persons.

Unless we focus on the structure of facilities for the elderly, the most important part according to the founder are those established by the municipality (92 facilities, totally 5 954 clients), self-governing regions or other legal persons. Relatively less numerous, the proportion of facilities, founded by the Church are available (37), minority portion is of individuals (18 in the whole SR). In most of homes the capacity is higher than real numbers of clients, the only exception are facilities established by self-governing regions. While the capacity of them is 2507 places, the occupation is 3109 persons. This situation raises the question about the circumstances and conditions of the services in these facilities.

**Table 1. Number of care institutions for elderly people at the end of the year 2013**

	Total	Municipality	Church legal person	Other legal person	Natural persons	Self-governmental region
Number of facilities	300	92	37	76	18	77
Number of places	13 038	6516	863	2478	674	2507

<sup>16</sup> Report on the Social Situation of the Population of the Slovak Republic for 2014. [https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version\\_kvalita-tlac.pdf](https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version_kvalita-tlac.pdf)

Number of persons	11255	5954	727	1078	387	3109
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Source: SO SR

### 1.3.2 Persons with disabilities

The second most important category are residential social services for people with disabilities. Overall, the number of facilities for elderly and care homes for adults is 787 facilities, with 34 931 available places and 30 396 clients. It creates 59% of facilities and 70% of available places in facilities. Those 2 categories of facilities provide services for 64% of clients from total number of social services receivers of residential care. In case of people with disabilities, services are provided in several different types of facilities: social service home (SSH) for adults with physical handicap; SSH for adults with combination of handicaps; SSH for adults with sensory handicap; SSH for adults with mental disorders and failure of manners and daily health care station.

Table 2 presents the overview of the total number of facilities, available places and inhabitants (clients) of those facilities. As it is shown, the dominant provider of services for people with disabilities are self-governmental regions. They establish more than half of the facilities (51%). This proportion is visible also from the point of view of available places as well as clients of facilities.

	Total	Municipality	Church legal person	Other legal person	Natural persons	Self-governmental region
Number of facilities	487	55	47	114	25	246
Number of places	21876	1303	987	3063	895	15628
Number of persons	19133	993	795	2341	771	14233

Source: SO SR

### 1.4. Children

Another important target group of social services are children. Also in this case, there is a variety

of residential facilities: SSH for children with physical handicap; SSH for children with physical handicap and mental failure and failure of manners; SSH for children with mental failure and failure of manners; facility of supported housing; children’s home (including children’s home for unaccompanied juvenile); children’s home for unaccompanied juvenile; emergency shelters facility; facility with impermanent care for children.  
 facility of supported housing are also in the list of facilities (but to the December 31, 2013 no data for this type facility are available.)

Comparing to previous types of facilities, in this case the dominant establisher is the Centre of Labour, Social Affairs and Family. In his competence, the total of 40% of facilities are available. The position of self-governmental region is relatively strong in this case too. The situation of higher number of clients comparing to declared capacity also occurs in this case.  
 The overview of the situation is shown in the Table 3.

<b>Table 3. Number of care institutions for children at the end of the year 2013</b>							
	Total	Agency of labour, social affairs and family	Municipality	Church legal person	Other legal person	Natural persons	Self-governmental region
Number of facilities	165	66	11	24	25	3	36
Number of places	7215	4408	406	714	637	95	955
Number of persons	8129	4128	291	1803	839	95	973

Source: SO SR

### 1.5. Social services employees

The development of average number of employees in social care institutions - public providers and members of The Slovak Trade Union of Health Care and Social Services is stated in the following table. It shows that for 15 years there is a significant decrease of health professional staff as well as educators, which is in the contrast to the increase of social workers. It remained almost unchanged in the field of manual workers, employees of catering establishments and administrative staff.

Based on the first interview (with an employee of an institution of social care - public providers and also a member of The Slovak Trade Union of Health Care and Social Services)

more than 80% of social services employees are trade union members. Due to constant changes of staff, the number of members changes every month though. When new employees hear that they can benefit from collective agreement can even without becoming trade union members, they have no reason to join the trade unions. This is the nationwide problem concerning staff of both sectors - health and social services too. Certainly public opinion on trade unions is not any better as the public sees the problems in health and social work. The Ministers toss these problems between one another and the outgoing ministers pass them on their followers. (There is no willingness to tackle and solve the problems and these obviously are not their priorities. ) Although trade unions have a program for young trade unionists, this has a very limited impact as the average age of employees is 35 and more. (interview 1 - union).

Regarding the number of employees of the social services sector in Slovakia, the highest proportion, almost a half (47%) are employees of the SSH for adult people with disabilities. Almost the quarter of employees (24%) are employees of facilities for the elderly. Another 19% are employees of facilities for children. Presented numbers in the table 4 are the results of the average evidential number of employees counted to persons. Data are presented by the Statistical office of the Slovak republic.

Facilities for elderly	6 040	24,3%
SSH for adult people with disabilities	11 762	47,3%
Social services facilities for children	4 746	19,1%
Other facilities	2 317	9,3%
<b>Total</b>	<b>24 865</b>	<b>100%</b>

Source: SO SR

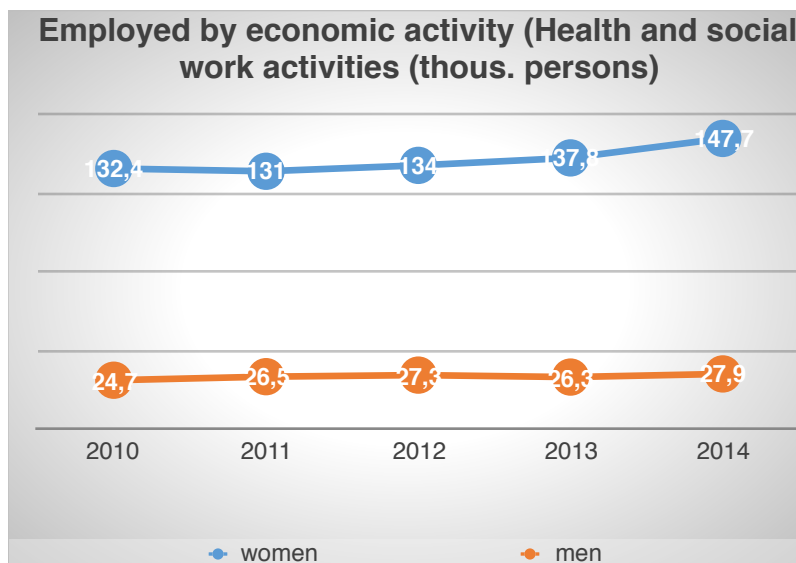
Very important information related to employees is their gender structure, as well as their income.

Employee category	in 2000	in 2 015
<b>Together</b>	21 207	16 027
administrative staff	1 514	1 273
educators	1517	89
co-educators		108
health professional staff	4 230	1 663



additive health staff	1 740	1 100
Social agenda staff		198
Social workers	447	1 271
ergotherapists		258
psychologists	30	28
special pedagogists	47	43
home-sitters care	5 853	4 135
manual workers, maintenance	2 803	2 772
catering establishments staff	1 675	1 439
others (not categorised)	1 341	1 650

There are no data on this area available , the only data we have are aggregated data on sector of health care and social help. Chart 1 shows that there is a serious imbalance in the proportion of women comparing to the proportion of men employed in this field. Women dominate in the sector, and there is a even growing number of them here . On the other hand, the number of men is relatively stable.<sup>17</sup> This situation indicates the problem of a “female-dominated” sector, which leads to lots of negative consequences.

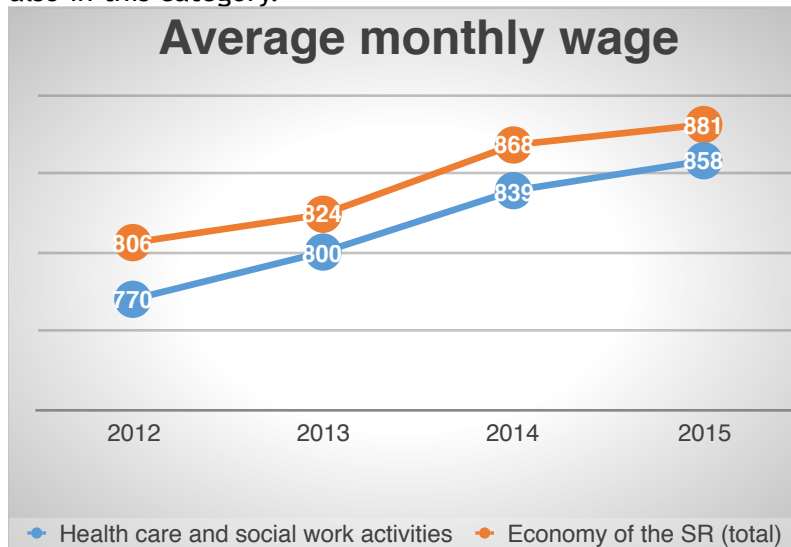


Source SO SR.

The following chart shows the development of the average monthly wage in the health care and social service sector. In 2015, the average monthly wage was 858 euros, slightly under the average of the Slovak republic. In the period of 2012 - 2015 moderate growth is visible. It follows the growth of the average wages in the Slovak republic. .However, the level of wages is

<sup>17</sup> Report on the Social Situation of the Population of the Slovak Republic for 2014. [https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version\\_kvalita-tlac.pdf](https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/english-version_kvalita-tlac.pdf)

long time under the average of the Slovak Republic. The figures though in this case can be skewed by relatively high level of wages of highly-qualified medical professionals, which are also in this category.



Source SO SR.

Relatively low wages, hard work, often difficulties in system, organization conditions and lack of funding in the system - all of these contribute to the situation which makes social services employment not a very attractive prospect, especially for young, well-educated and trained people.

## 2. Collective bargaining agreements and other agreements

### 2.1 Collective bargaining background in the social services sector

Trade unions in Slovakia were first set up in the second half of the 19th century. **Historically**, the trade union movement in Slovakia is based on the recognition that only a common effort in employees` interests towards employers can bring success in the fight against low wages, difficult social status, poverty, loss of employment, employers` willfulness, etc. The unions therefore arose as a response to the employees need for their organization, aimed at improving working conditions for fair remuneration for their work, enforcing interests of employees, particularly regarding the wages, labor and social conditions and at the same time the guarantee of democratic rights and freedoms. The transition to the market economy cause remarkable harm to workers in work relations based on wages especially in lower positions.<sup>18</sup> Wages in Slovakia are still amongst the lowest in Europe<sup>19</sup>, **unemployment** is still too high today (rate of registered unemployment for the month of February 2016 is 10.09%)<sup>20</sup>. Several groups of citizens live under the poverty line (the overall risk of poverty or social exclusion in Slovakia

<sup>18</sup> Škultéty, Confederation of Trade Unions, 2007. [http://www.Confederation\\_of\\_Trade\\_Unions.sk/?page=dolezite\\_materialy/dolezite\\_materialy](http://www.Confederation_of_Trade_Unions.sk/?page=dolezite_materialy/dolezite_materialy)

<sup>19</sup> Statistics: [http://ec.europa.eu/eurostat/statistics-explained/index.php/Wages\\_and\\_labour\\_costs](http://ec.europa.eu/eurostat/statistics-explained/index.php/Wages_and_labour_costs)

<sup>20</sup> Statistics: [http://ec.europa.eu/eurostat/statistics-explained/index.php/Wages\\_and\\_labour\\_costs](http://ec.europa.eu/eurostat/statistics-explained/index.php/Wages_and_labour_costs)

is 19.8% of the total population)<sup>21</sup>, the social status of families is currently still below a desired level and there is a sense of helplessness and apathy felt by employees towards employers. Material deprivation remains above the EU average (19.5%) and the latest data even suggests it is getting worse (to 23.4% in 2013). The impact of social benefits on reducing the poverty amongst children is well below the European average point (33.7% in Slovakia in comparison to 41.3% in the EU as a whole)<sup>22</sup>. In Slovakia we can identify several groups most endangered by long-term poverty. According to the type of household, it is mainly households consisting of single parents with children (21.3%) and households of individuals (15.0%). Both groups are among the most vulnerable groups and are monitored because of the risk of poverty on an annual basis. 7,6% of households with several dependent children were at the risk of poverty in 2013. An important differentiating factor is education, where, as expected, the level of long-term poverty increases with decreasing level of education. Among those with primary and lower secondary education there were 14.2% of individuals aged from 16 and above faced long-term poverty in 2013.<sup>23</sup>

In this situation, when the maximum unity, cohesion and solidarity of employees are needed, trade unions are facing a reduction in the number of **union members** for various reasons (the Confederation of Trade Unions - experienced the decrease by 50% members in last 10 years). Due to this trend, employers have the opportunities to limit the the power of the trade unions` movement. The current task of the unions is to stop the decline in membership, recruit new members especially in small and medium-sized businesses, where employees are most at risk. The trade union movement after November 1989 (break down of communism) provided opportunities for improving the quality of trade unions. There was a growth of new structures which are now independent from the state and have the opportunities to act in the interests of members who are trade union members.<sup>24</sup>

The Constitution (Article 37, 1993) specifies the right for every citizen to freely associate with others to protect their economic and social interests. Traditional organizations through which citizens - employees can notably enforce their interests are trade unions. This law is based and builds on the foundations

of the following **international trade union rights**: **Convention of the Freedom of Association and Protection of the Right of association (ILO 87) - ratified in Slovakia in 1964, embodied the amended Act. 489/1990.**

- The Convention on the implementation of the Right to Organise and Collective Bargaining (ILO 98) - ratified in Slovakia in 1964, embodied the amended Act. 470/1990. Convention on the Protection of Wages (ILO 95) - ratified in Slovakia in 1990, and docketed Act. 411/1991 Convention on Discrimination (employment and occupation) (ILO 111) - ratified in Slovakia in 1964, embodied the amended Act. 465/1990

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<sup>21</sup>s.9 a s. 21 [http://ec.europa.eu/europe2020/pdf/csr2015/cr2015\\_slovakia\\_sk.pdf](http://ec.europa.eu/europe2020/pdf/csr2015/cr2015_slovakia_sk.pdf)

<sup>22</sup>s.9 a s. 21 [http://ec.europa.eu/europe2020/pdf/csr2015/cr2015\\_slovakia\\_sk.pdf](http://ec.europa.eu/europe2020/pdf/csr2015/cr2015_slovakia_sk.pdf)

<sup>23</sup> Report on social situation in Slovak Republic for the year of 2014, s. 123 [https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/sprava\\_o\\_socialnej\\_situacii\\_obyvatelstva\\_za\\_rok\\_2014.pdf](https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/sprava_o_socialnej_situacii_obyvatelstva_za_rok_2014.pdf)

<sup>24</sup> Škultéty, CONFEDERATION OF TRADE UNIONS, 2007. [http://www.Confederation of Trade Unions.sk/?page=dolezite\\_materialy/dolezite\\_materialy](http://www.Confederation of Trade Unions.sk/?page=dolezite_materialy/dolezite_materialy)

- Convention for the Safety and Health at Work (ILO, 155,187, Recommendation 197, 198) - ratifikovaný in Slovakia in 1988 and anchored the amended Act. 330/1996, recommendations adopted by Slovak Government Resolution č.393 / 2006
- Convention concerning Employment Policy (ILO 122) - ratified in Slovakia in 1975, embodied the amended Act. 490/1990
- The Convention on the corporate health care services (ILO 161) - ratified in Slovakia in 1985, embodied the amended Act. 145/1988
- Convention on the Protection of Wages (ILO 95) - ratified in Slovakia in 1990, laid down by law no. 411/1991
- Convention concerning the Protection of Workers' Claims in the event of the insolvency of their employer (ILO 173) - ratified by Slovakia in 1998 enshrined the amended Act. 240/1999

In addition to the Slovak Republic Constitution and the Charter of Fundamental Rights and Freedoms it should be noted that the **trade union rights need to be incorporated within the national own legislation**, namely:

- Labour Code - Act no. 311/2001 Coll. and as amended, the Civil Service Law no. 400/2009 Coll. and the law č.313 / 2001 on Public Service
- Law no. 2/1991 Coll. on collective bargaining as amended
- Law no. Coll. 120/1990 laying down certain relations between unions and employers, as amended
- Law no. 330/1996 Coll. and 124/2006 Coll. OSH
- Law no. 5/2004 Coll. on employment services and on amending laws
- Law no.103 / 2007 Coll. on tripartite consultations at the national level and on amending certain acts (the Tripartite Act)
- Law no. 462/2003 Coll. on income compensation during temporary incapacity for work, and amending and supplementing certain acts as amended
- Law no. 650/2004 Coll. on supplementary pension saving and amending and supplementing certain acts as amended

**The Confederation of Trade Unions** of Slovak Republic<sup>25</sup> is a voluntary association of trade unions and trade associations having equal positions in the Slovak Republic, unified for the purpose of defending the rights and legitimate interests of trade union members - trade unionists. The basic mission of the CONFEDERATION OF TRADE UNIONS is to associate trade unions and to defend trade union rights and economic, social, cultural and other interests. It aspires to response to needs arising from their vocations. Documents of CONFEDERATION OF TRADE UNIONS of the Slovak Republic (statutes, program) state that the role of trade unions in Slovakia is to protect, defend and promote workers' rights, interests and needs of trade that arise from the members` employment. CONFEDERATION OF TRADE UNIONS` aims are to strengthen social security, effective employment, adequate working conditions and fair wage for work performed to provide a adequate living standard. Trade unions grouped into a confederation and they manage the independent trade policy carried out towards the state authorities,

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<sup>25</sup> CONFEDERATION OF TRADE UNIONS, dostupné na [http://www.Confederation of Trade Unions.sk/?page=dolezite\\_materialy/dolezite\\_materialy](http://www.Confederation of Trade Unions.sk/?page=dolezite_materialy/dolezite_materialy)

local municipalities, towns and higher territorial units, employers, political parties and movements and other actors of the political system.

The **basic confederation objective** is

to contribute to development of freedom, social justice and solidarity, so that each employee can lead a meaningful life. This aspires to contribute to full personal development of abilities of each man or woman as well as to the morality of a social market economy with guarantee of human and civil rights within a democratic society.

Confederation of Trade Unions aims in particular at:

- Consolidation of democratic application of law and democratic governance;
- The development of citizens' freedoms;
- Development of economic policy of the state;
- Eliminate all forms of discrimination;
- A systematic reduction of unemployment ;
- The creation of jobs and such tools in the labor market that provide as high employability as possible
- Strengthening tripartism and social dialogue principles;
- Strengthening trade union rights and the rights of workers in labor law, in social security and collective bargaining;
- strengthening health and safety at work, the continuous appreciation of labour costs .

CONFEDERATION OF TRADE UNIONS currently unifies 26 trade unions (including 16 production ones and, 10 non-manufacturing). For purpose of this study we use the **Slovak Trade Union of Health Care and Social Services**. It deals with several themes and operates on several levels. The information in 2016 on the website shows these kinds of activities: representatives of The Slovak Trade Union of Health Care and Social Services are involved in the negotiation of the European Economic and Social Committee (EESC) in Brussels, in the collective bargaining of higher level collective agreements, also in corporate collective agreements in organizations across the country, they are members of the Commission and the Committees on Employment regional offices, to make decisions regarding state contributions for registered unemployed, respectively their potential employers to support higher employment, to provide advice on employment relations (eg. health and safety, compensation of employees, use of the social fund, vacation, catering etc.) and to inform about changes relating to staff remuneration associated in trade unions, to participate in appealing procedure within the interdepartmental proceeding of the proposed legislative changes, to provide information to members from the trade union website, they are members of the tripartite sector, participating in meetings with representatives of the European Commission in Slovakia (e.g. about the challenges associated with restoring economic growth and migration) etc.<sup>26</sup>

In the broader sense of the **collective bargaining** we extend all forms of social dialogue taking place between the social partners (employers and employees) in order to determine the conditions of employment and the relations between social partners. In the narrow sense it is a specific form of social dialogue, which aims at conclusion of company collective agreement, respectively collective agreement of higher level.<sup>27</sup>

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<sup>26</sup> The Slovak Trade Union of Health Care and Social Services, [http://www.the\\_Slovak\\_Trade\\_Union\\_of\\_Health\\_Care\\_and\\_Social\\_Services.sk](http://www.the_Slovak_Trade_Union_of_Health_Care_and_Social_Services.sk)

<sup>27</sup> Farkašová, The Slovak Trade Union of Health Care and Social Services, 2015. Internal materials for members of The Slovak Trade Union of Health Care and Social Services - presentation for new members.

## 2.2 Subject of collective agreement in the sector of social services

A **collective agreement** is the result of collective bargaining. Collective agreements regulate the individual and collective relations between employers and employees and the rights and obligations of both parties (§ 2 paragraph. 1 of Act no. 2/1991 Coll. On collective bargaining). The collective agreement in practice is a compromise between the interests and strategic goals of the employer and employees. Social benefits, working conditions and conditions of employment negotiated in collective agreements are applied for all employees of the employer, not just for union members.

Claims arising from collective agreements for individual employees shall be applied and satisfied as other claims of employees resulting from employment relationship (§ 231 paragraph. 2 of the Labour Code).

If the collective agreement includes more favorable conditions, it takes precedence over employment contract (§ 231 paragraph. 3 of the Labour Code). It means that those parts of the employment contract are invalid if they provide employees` rights to a lesser extent than the collective agreement.<sup>28</sup>

The collective agreement can negotiate more favorable terms and conditions of employment beyond legislation. **Subject of a collective agreement** in Slovakia include the following areas governed by the Labour Code:

- wage bargaining
- reduction of working time without lowering wages,
- extension of working holiday by additional weeks beyond the statutory scope.
- determining more favorable conditions for
  2. working holiday in case of personal obstacles to work and in case of personal or family reasons not to work
- providing working holiday or funds for staff training
- contributions for the recovery of workers and promoting sports and cultural activities,
- specification of employees or former employees to whom the employer provides meals,
- increasing the contribution when leaving work above the minimum set out in the Labour Code.

Subjects of collective agreement are the following areas covered by other legislation:

- increasing of the daily amount of income compensation during temporary incapacity to work (§ 8 paragraph. 2 of Act no. 462/2003 Coll. on income compensation during temporary incapacity)
- supplementary pension (§ 2 paragraph. 3 of Act no. 650/2004 Coll. on supplementary pension saving and the other services)

Subjects to collective agreement may be also other institutes in which the parties agree and are free to be modified according to the Labour Code or special laws.<sup>29</sup>

Membership in a trade union **at the level of basic trade union** guarantees for its members protection of the rights of trade union members in the legitimate claims and rights of workers, in particular: Tariff Area, Social Fund, the weekly working time, paid holiday in addition to the holiday provided by the Labour Code, conditions of work, including health and safety policy,

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<sup>28</sup> MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY OF SLOVAK REPUBLIC, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

<sup>29</sup> Labour Ministry of the Slovak Republic, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>



compliance with the terms concerning overtime labor, non-monetary benefit from the employer.<sup>30</sup>

As for a basic **level of trade unions** these units are related to the members of a trade union: The collective agreement of higher level, the minimum rate tariff of payment in the sector, the amount of premiums within the sector, weekly working time, work holiday entitlement above the minimum defined in Labour Code, non-financial additional payment from an employer to employees, good working conditions, social welfare, occupational health and safety compliance, enforcement of the trade union`s requirements in sectoral regulations, education. The Slovak Trade Union of Health Care and Social Services also provides for its members free employment-law advisory services, social assistance in a difficult situation not caused by employee, support in serious and fatal accidents, information service for members, newsletter with detailed information on what is happening in the sector and training, leisure and club activities.<sup>31</sup>

**The Slovak Trade Union of Health Care and Social Services** defines the role and powers of the union on **two levels**, namely:

1. within the trade union bodies and their members as well as other trade union subjects ;
2. activities towards an employer, trade union bodies, public authorities and other bodies.

On the level of trade unions employees can be represented by a given trade union body, work council, work trustee, employee representative for safety and health at work according to a special regulation. The trade union organization is obliged to inform the employer about the opening of his negotiation with the employer and submit a list of members of the trade union body. Through trade unions there are four forms of indirect participation of employees, in co-decision, hearings, information, control activities, collective bargaining.<sup>32</sup>

CONFEDERATION OF TRADE UNIONS as the **government partner** can negotiate (at this level during tripartite process ), and correct the governmental actions concerning the impact of economic government action on the social field. This can be done through the Labour Code, through the minimum wage moderation, moderation of price increase in energy and transport. the position of workers in the state and public service, and government regulations of the applicable ratios in the budgetary sector through legislation forming.<sup>33</sup>

### **2.3 Problems of collective bargaining and statement of collective agreements in the sector of social services**

The biggest problem of collective bargaining and conclusion of collective agreements in the social services sector is underdeveloped financing of social services and **non-existence of a long-term concept of the financing system of social services**. This

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<sup>30</sup> Farkašová, The Slovak Trade Union of Health Care and Social Services, 2015. Internal materials for members of The Slovak Trade Union of Health Care and Social Services - presentation for new members.

<sup>31</sup> Vitálošová, The Slovak Trade Union of Health Care and Social Services, 2015. Internal materials for members of The Slovak Trade Union of Health Care and Social Services - presentation for new members.

<sup>32</sup> Farkašová, The Slovak Trade Union of Health Care and Social Services, 2015. Internal materials for members of The Slovak Trade Union of Health Care and Social Services - presentation for new members.

<sup>33</sup> MINISTRY OF LABOUR, K SOCIAL AFFAIRS AND FAMILY OF SLOVAK REPUBLIC, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavateľa/kolektivne-pracovnopravne-vztahy/>

results in the issues relevant to the subject of collective agreements, such as low wages and of course the low social status of the professions in social services (Interview 2 - trade union). Lack of funds is also reflected in the quality of provided services. Slovakia has set high quality standards for social services, which supported the right principles reflected in the latest knowledge and trends in the EU. but only a few fields were applied into the practice because there is no money available (Interview 4 - trade union). In practice, it is not purely a social service but also the performance of the medical profession. It is a matter of two Ministries (Ministry of Health and Ministry of Labour, Social Affairs and Families of Slovak Republic).

If we look at the social services from the point of view of a client, in fact, most of social service institutions actually help the health sector. This is the reality despite the efforts of several years to develop the A model combining medicine and social services. It needs to define how long the patient with this diagnosis will be in the hospital under the financial mechanism of health sector and when he/she will belong to the department of social services. There is a lack of clarity and transparency in the system (Interview 4 - trade union).

The main subject of collective bargaining are the **salaries of employees** in the social services sector. In the past, the sole founder of social services, the State, also covered salaries. Rules, competencies, partners of tripartite, collective bargaining condition were all clear. Now the Ministry of Labour, Social Affairs and Families of Slovak Republic guarantees only an accreditation process based on assessment of expertise (permits, certificates to provide the social services), controlling of the professionalism and quality of social services

But the financing of these social services is managed by higher territorial units from one common budget, which consists of shared taxes of citizens living in the municipality. It is clear, that bigger municipality units and their deputies elected on the basis of political membership (not skill) will approve funding for education, transportation, sanitation etc. in the first place and social services are at the bottom and are considerably underfunded. The absence of complex umbrella financing of social services on both - the state and local governments level, ambiguity and incompleteness of solutions is transferred to the local level or organizational level of providing the social services.

For example, the legislation and the relevant legal regulation salary of employees in social services is regulated by the Ministry of labour, social affairs and families of SR. But the finance for salaries are managed by regional units, and it is severely limited by agreements between members of higher territorial unit HTU (Interview 4 - trade union). We have experience that even if the Social Assistance Department of HTU is trying to solve something, the deputies usually refuse it and changes for the better at the level of HTU will not be realized. Thus they will not be transferred to the work of social service providers for the clients (Interview 3 - trade union). The problem is also in compliance with negotiated pay conditions - e. g. Despite the collective agreement concluded by employers in some social service institutions, they often do not want to pay out of credits (for continuing education in

the health professions) and the contribution for risky work due to conditions of clients. (Interview 3 - trade union).

Total wages of employees in the social services sector in comparison with the average salary in the economy is very low (70% in 2014). Now we have new hope, it seems to be the fact that since socialism was overthrown, the new government promised to increase wages of social services for the first time. This phenomenon happened after gradual pressure from trade unions. In 2014 there was an increase of wages by 2% through collective bargaining and in 2015, by another 2%, and from January 2016 up to 4%. The Slovak Trade Union of Health Care and Social Services submitted the Governmental Office proposal to maintain the other benefits (mentioned below) as well as increase of salaries over 10%.

This is an example of situation development in Slovakia in social services - Bratislava Region as one of eight higher territorial units (HTU) is a founder and employer of civil servants (employees in the public sector) with the performance of social services in social care homes.

Under a collective agreement of a higher degree agreed with 4% adjustment salary increase and since January 2016 this salary was guaranteed. In July 2015, it was necessary to submit applications for financial contributions for next year through the budget proposals of social services providers (public as well as non-public ones). Both kinds of providers received instruction that the 4% increase should be put into practice. The money was guaranteed to be allocated from their own resources such as savings, operating costs, which will be shifted to labor costs. After January 2016 providers started paying higher wages under the approved collective agreement of a higher degree. Nevertheless, it is April 2016 and they have not yet received the higher contribution from Bratislava HTU and they still operate from the saved operating costs (e.g. on cleaning products etc.).

The second biggest problem is the lack of qualified employees as new workers start their jobs for nearly a minimum wage. These are often people who are registered job seekers by the Labour Office, take nursing course funded by the Labour Office. After starting these jobs they often do not manage to stay there for at least 3 months of trial period. This is caused by the high demands, responsibility, high demands on physiology and psychology comparing to other professions in the labour market.

We also need to mention the problem of employees' qualification in social services. The employer allocates the positions needed and also defines positions that are better paid - based on their qualification and professionalism. Employees with nursing qualification can have the so-called credit benefit - if they fulfil the condition of their continuous education. Up to now

nurses in care homes did not have to have specialized qualification, the general qualification was sufficient. Recently though a new law was approved that they have to be specialized as for their qualification. If they want to work on „professionals; positions“. It means they have to apply for expensive course several years at the nursing university. The carers and ergotherapeuts who do not have nursing education, do not have the right for credit contribution. They also do not have to pass the additional education, although their work performance as well as work quality are equally important and requires professionakity. Thus we see inequality between employees who often do the same work but one of them is not a nurse and the other one is a nursing worker, is obliged to be continuously trained and is also better paid. The second group have credit contributions and higher salary tarrif based just on a different positions. ( interview 4 - trade union).

In the past collective bargaining in the health sector achieved a higher salary by surcharges for nurses (the same in hospitals as well as in social care institutions), but those nurses in social care instituions were supposed to have in the end higher salaries than their bosses - directors of social services institutions. Therefore the employers shifted the professional nureses into positions with lower professional quality as “non-professional staff”. This resulted in nurses in care homes remaining with low salaries despite the fact that they continued to carry out the same activities and work as previously (Interview 2 - trade union).

The problem is, that there are not clear and unambiguous classification of professions. .

What does a nurse in institutions of social services really have to do?

A survey that was carried out, found out that half of the time they do professional health nursing and the second half of their job is doing sittings, although a small part of these job positions are marked as professional health staff with higher salaries and most nurses are nurses on working non-professional staff positions with lower salary. These “social” nurses should call for “health” nurses and provide health service. In reality they carried out health services directly by themselves, because they have the necessary education. Convincing fact for them, why they are doing this, is high unemployment rate at all and therefore they often are able to be hired in lower job position with lower wages than to be long-term unemployes (Interview 4 - trade union). Paragraph is too long

The nationwide problem is the **additional working holiday**. Here is a paradox, because the Labour Code it enshrines (specifically §106), but Ministry of Labour, Social Affairs and Families in SR haven't published any directive since 2001, which should define and adjust these issues. If the collective agreement is not clear then the employer does not comply with it. . Last year, trade unions were able to arrange an extra week of working holiday beyond the scope of the Labour Code (5-6 weeks, compared to the Labour Code approved 4-5 weeks per year) (3 Interview - Interview 4 trade unions). Nevertheless, only a few people may choose to use them, in order not to threaten the 24-hour operation of social care institutions. Because the working time is not the same as the regular working time of health professional staff, what usually happens is that

working time is assessed within 3 months. Overtime is reimbursed up to 3 months of period later is staff are not paid due to lack of funds and so staff have to take time off (Interview 3 - trade union).

Other benefits, which recently negotiated trade unions in the social services sector is to reduce **working hours** by half an hour per a day (2,5 hours per a week). This means that that wage rate per hour is higher. The creation of a social fund at a higher level than the Labour Code and the contribution to the 3rd Pillar have been negotiated in recent years . The problem is that it not be budgeted by HTU and, therefore, many employers in the social services sector don`t finance this to their employees. Employers and unions in the basic organization have signed a collective agreement to establish trade union but they do not respect it there are no penalties for its failure (Interview 2 - trade union). The present problem is also the meal of the staff in social care institutions, which is the same as the food provided to the client. The food does not provide adequate nutrition for young adult care workers, who need to be physically active to deal with the lifting and caring of their clients. Employers stated that if the staff handling the food, there is a risk that they will take foods from clients and eat, so they must to make it mandatory (Interview 3 - trade union). Another problem is the personal protective equipment that is missing or is not in a good state (Interview 3 -s trade union).

### **3. SOCIAL DIALOGUE IN SOCIAL SERVICES SECTOR**

#### **3.1 The concept of social dialogue and its structural development**

Usually, the following three parties (**tripartity**) are involved in the social dialogue:

- the trade unions, representing the interests of employees associated in organisations operating at all levels of social dialogue;
- the employers (or employers’ associations), representing the interests of employers associated in organisations operating at all levels of social dialogue;
- the government, representing the interests of the state, consisting of representatives of the executive authority.

The unions and employers together are referred to as the social party, and therefore the trade unions and employers’ organisations are called social partners.

Social dialogue is understood as a dialogue between employers and employees or their representatives. Only employers and employees - employees of these organizations, representing national organizations according to the criteria of the statutory council as well as associated members - organizations may participate in social dialogue at national, sectoral and local levels. The state participates in the tripartite cooperation through its committees and representatives, such as the Council of Ministers, individual ministers and ministries, regional authorities and district governments, mayors and

their deputies, depending on the co-operation at various levels. The state has the regulative function and the role of employer in the social dialogue.<sup>34</sup>

**Collective agreement**<sup>35</sup> is concluded between a single employer and trade union or several trade union organizations. The employer performs the following important functions:

- is a legal instrument for the achievement and maintaining of good labor relations with the employer,
- is a source of law,
- is a legal instrument for cooperation between employers and employees and their trade unions,
- through company collective agreement it can improve the working, living and social conditions of employees.

Mandatory publication of a collective agreement<sup>36</sup>, where the participant is only a liable entity, shall be registered in central state the register. (This does not apply in the case of the National Bank of Slovakia and municipalities, higher territorial units, legal entity as budgetary or contributory organization, and obliged entities, which hold more than 50% of participation.) **Register of collective agreements** is a public list of the mandatory published contracts kept by the Office of the Slovak Republic in electronic form. It is a public administration information system - central register of contracts ([www.crz.gov.sk](http://www.crz.gov.sk)). Currently (April 2016) there are stored 324 collective agreements for 2016. Mandatory disclosure agreement, which is not published in a register, is published on the web site of the obliged person who is contracting, immediately after the conclusion of a contract or receipt of approval (if it requires the approval of the competent authority). If this person does not have a web site, the contract is published on the web site of its founder or free of charge in the Commercial Bulletin.

The trade union body shall **acquaint employees with the contents of the collective agreement** within 15 days from its conclusion. Newly hired employees have to be informed by the employer on the working rules, a collective agreement with the legislation relating to work performed by him with the law and other regulations for providing safety and health at work. All these should be required by an employee to be able to work and to be treated as equally as others. In a collective agreement, it is advisable to mention also information on duties of the employer, for example in the following terms: After the conclusion of the collective agreement the employer will immediately make sure that a copy is available to each site, to every member of the leadership and for every member of the Management committee. They are also obliged to inform subordinates on the terms of this collective agreement. If requested by an employee, the employer allows to read and discuss any time the collective agreement by employee. The Parties shall retain the collective agreement and the arbitrator's decision, for at least five years after the end of the period for

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<sup>34</sup> MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY OF SLOVAK REPUBLIC, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

<sup>35</sup> §2 par. 3 letter a) Act no. 2/1991 Coll on collective bargaining in amended

<sup>36</sup> § 5a Act no. 2/1991 Coll on collective bargaining in amended



which the collective agreement was concluded.<sup>37</sup>. **The procedure of collective bargaining** in Slovakia is as follows<sup>38</sup>: Collective bargaining will begin by submitting a written proposal for concluding a collective agreement from one party to the other party. Contracting Party shall write a respond to the proposal within 30 days and in response to rule on those parts which were not accepted unless the parties agree on something else, The Parties shall negotiate together and provide further requested collaboration, if it does not contradict their legitimate interests. The Parties shall open negotiations on the conclusion of a new collective agreement at least 60 days before the expiry of a collective agreement. Delivery of the collective agreement draft is made personally at the place of employer (e.g. Register) - confirmation receipt needs to be requested by mail. (registered mail with return receipt).

Collective

bargaining takes place personally during meeting of the partners, usually with several various intervals called series of rounds of collective bargaining. It is therefore important to choose the best composition of the negotiating teams and determine the appropriate chief negotiator. It is possible to provide the participation of consultants (e.g. for the security and protection at work, labor experts, etc.) or participation of senior trade representatives. After each round of collective bargaining a written record is recommended to be written. It's an evidence of what the parties agreed on and

which questions remain open or controversial. It also serves as a basis for mediation proceedings respectively for the arbitrator, if the parties have subsequently ask for a help of arbitrator. Negotiators - employees in collective bargaining are assessed by the work directly related to the work performance during working time according to § 240 paragraph. 1 of the Labour Code. The employees representatives` activities associated with work for the employer are considered to be the employees work tasks for which they need to be adequately paid. signing of collective agreement is done by authorized persons. A collective agreement may be amended (and supplemented) by amendments.

This principle is useful to be mentioned in the collective agreement itself and the process is as same as in case of conclusion of collective agreement.

In case, that parties of collective bargaining do not close the agreement, they should continue in the way of collective conflicts<sup>39</sup>.

**Collective conflicts** are conflicts concerning a collective agreement and conflict about fulfillment of the obligations of the collective agreement. These do not cause any demands for the individual employees

The list of intermediaries (and judges) is kept by the Ministry of Labour, Social Affairs and Families of Slovak Republic. The mediator is professionally qualified citizen who has particular expertise in employment law and social policy and has the skills necessary to carry out insurance mediation activities and decision making. To resolve the collective dispute, the parties may agree on an intermediary process. Mediation process follows rules of the arbitration and instructions of intermediaries. If the parties are not able to agree on an intermediary person, the Ministry will choose intermediary person from the list of intermediaries held by the Ministry. By delivering of the decision on a person of mediator negotiation process led by the mediator begins. In a dispute concerning a collective agreement The request may be handed in 60 days the latest after the submission of the written proposal to conclude the contract. The parties and the mediator are obliged to provide cooperation of one another. Actions led by a mediator is considered a failure if the dispute is not resolved

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<sup>37</sup> § 5 par. 7 Act no. 2/1991 Coll on collective bargaining in amended

<sup>38</sup> § 8 par. 1 až 4 Act o no. 2/1991 Coll. On collective bargaining in amended

<sup>39</sup> § 10 Act o no. 2/1991 Coll. on collective bargaining in amended

within 30 days of receiving the request for arbitration by intermediaries or from the date of notification of the decision appointing the mediator (unless the parties have agreed on a different appointment time. ) The costs of negotiation led by the intermediary shall be paid by each party and shall be halved. The mediator`s reward as well as his transport costs are the main mediator`s costs - just as it is written in a special regulation. If the parties don`t agree on compensation with the intermediary, he is entitled for the remuneration in accordance with the Implementing Regulations. If they were unsuccessful in mediation proceedings, the parties may agree to request an arbitrator to rule on the dispute.

Arbitration under arbitrator management is initiated on the date of receiving the request by the arbitrator.

The arbitrator and the contract parties write down the the record on receiving the request to resolve the conflict. Arbitrator submit the record to the Parties and to the Ministry. Arbitrator can`t be a person who worked as a mediator in the same conflict. If the judgment is delivered to the official parties in the dispute of a collective agreement, this agreement is already concluded. A final decision concerning fulfillment of the obligations of the collective agreement is enforceable by court.<sup>40</sup>

**Strike in a dispute concerning a collective agreement:** if a collective agreement is not concluded, even after proceedings led by a mediator and the parties do not request the arbiter to settle the dispute,

the last possible solution may be declaring the strike The strike is a partial or complete stoppage of work by employees. Strike participant is a worker who agreed with strike and its aims throughout all strike duration, ; a employee who joined the strike. He/she is considered to be a strike participant from the day he/she joined the strike. An employee shall not be prevented from taking part in a strike or be forced to take part in the strike. The participation is voluntary. The representatives of the trade union body, authorized to represent participants in the strike, shall provide adequate and safe access to the workplace.

The employer must not make problems to the employees must not prevent them from leaving workplace and must make work accessible for employees wanting to work. The employer must also not threaten these employees by any kind of harm, He is only allowed to discuss their interruption of work.

During the strike, participant of a strike has no wage or wage compensation. During the strike, the employer may not receive any other employees as a compensation for participants in the strike on their job positions. If the collective agreement is not conclude during the strike even after proceedings led by a mediator and the parties do not request the arbiter to resolve the dispute, the lockout may be declared as an extreme means of resolving a dispute concerning a collective agreement. Lockout means partial or complete cessation of work by the employer.<sup>41</sup>

**Higher Level Collective Agreement** is signed with more employers; the organization of employers - an association (one or more) and trade unions (one or more). Higher level collective bargaining agreements are concluded for employers to reward the employees performing work that in public interest in public sector. They are also concluded to reward the employer which is the state (state employess) and it will be concluded for one year.

During the period covered by the collective agreement the collective agreement can not terminate and terminated the effect on the parties e.g. terminate by one of the parties.

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<sup>40</sup> § 13 Act o no. 2/1991 Coll. on collective bargaining in amended

<sup>41</sup> § 16 Act o no. 2/1991 Coll. on collective bargaining in amended

Higher level collective bargaining agreements are negotiated by economic sector at national or regional level. Party on the employers' side is obliged to deliver higher level collective agreement at the Ministry to keep it.<sup>42</sup>

**List of saved and current higher level collective agreements** at Ministry of Labour, Social Affairs and Families of SR are from the following areas: Transport; Construction; Wood industry; Electrical engineering; Energy; metallurgy, mining and geology; trade and tourism; finance; food; glasswork; mechanical engineering; Civil service and public service; Water management; healthcare, chemical and pharmaceutical industries; agriculture and forestry; civil aviation; housing economy; others.<sup>43</sup>

**Higher level collective agreements for the relevant year for employers in the public (higher territorial units) and the civil service (hospitals)**, including social service providers, allowed these benefits for the year of 2016 - shorter working hours, longer paid working holiday, the growth of the salary scales of employees from January 2016 above 4%, severance equal to two salaries, employer's contribution to supplementary pension savings at least 2% of the brutto salary allocation to the social fund - compulsory 1%, the other less than 0.05% of the aggregate gross salaries of employees accounts for the year. It regulates the conditions of the law, namely: personal salary management supplement, extra fee for representation, wage compensation for difficult work performance (from 10% to 23% of salary rate 1st grade 1st grade basis. Salary scale Tariffs), shift work supplement (from 2.1% to 16.7% salary rate 1st grade 1st grade base salary scale tariffs), a credit surcharge (from 5% to 10% of the salary rate 1st step 1. grade primary scale salary tariffs), performance surcharge for the care and guidance of professional or motor vehicle surcharge for work on Saturday or Sunday (30% hr. rate of their salary), surcharge for night work (25% hr. rate of their salary), surcharge for work on holidays (100% hr. rate of their salary), salary for overtime work, salary for the inactive part of the work during emergency services outside the workplace.<sup>44</sup>

Higher Level Collective Agreement was concluded also in In the **health** care field in 2012 . It included the six amendments related to social services in Slovakia between Slovak Trade Union of Health and Human Services and medical trade associations and the Association of Slovak higher level hospitals. The content is about more convenient change of working conditions, including wage conditions, working time, working holidays, leaving pay, leaving contribution, social fund, supplementary pension saving, education, health and safety policy and employment conditions in addition to those conditions laid down by the generally binding legal regulations.<sup>45</sup>

**Higher Level Collective Agreement with the Association of Slovak Public Hospitals** (concluded by the arbitrator's decision dated 14.3.2012, as amended by amendment no. 1 to 6. and Addition no. 6 extended the validity of 30.6.2016) Benefits - Compensation Agreement for the reasons stated in § 63 par. 1 a) to c) of the Labour Code, at least one average monthly

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<sup>42</sup> §2 par. 3 letter b) až d) a §9 Act o no. 2/1991 Coll. on collective bargaining in amended

<sup>43</sup> MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY OF SLOVAK REPUBLIC, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

<sup>44</sup> Farkašová, The Slovak Trade Union of Health Care and Social Services, 2015. Internal material for new members of trade union - presentation during education.

<sup>45</sup> MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY OF SLOVAK REPUBLIC, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

earnings of an employee in excess of the severance pay according to § 76 paragraph. 2 of the Labour Code, severance pay amounting to at least two average monthly earnings of employees, wage surcharge for Saturday and Sunday, wage allowances for public holiday at least 60% of average earnings, Social Fund - Mandatory allocation of 1%, further added 0.5% of the aggregate gross salaries accounts for the year.<sup>46</sup> Higher Level Collective Agreement with the Association of Hospitals of Slovakia (concluded by the arbitrator's decision dated 20.10.2012, as amended by amendment no. 1 to 4. By amendment no. 4, the Parties agreed to extend the force and effect until 03/31/2015. At present, therefore, there is no valid agreement with association of hospitals. Proposal of The Slovak Trade Union of Health Care and Social Services trade union from 18th august 2014 was not accepted by the Association of hospitals . The negotiations are still ongoing.<sup>47</sup>

**The Slovak Trade Union of Health Care and Social Services trade unions brings together 140 elementary units** established within institutions of social services. Trade Union prepared for the basic organization the model of organisational collective agreement for collective bargaining at the level of the organization. Many issues must be addressed to the founders, the worst is communication with higher territorial units (HTU) of Trnava and Prešov regions. The problem in communication is also in the Bratislava region because of a different political orientation (right-wing) different from the other 7 HTUs. In smaller proportion, municipalities - towns, cities and villages are founders of social services institutions. In the social services sector alone, basically there is no tripartite social dialogue and there is tripartite dialogue only at national level (Higher level collective agreement for public sector) and at the level of the public organizations ).

The absence of social dialogue at the level of HTUs is a problem. 5 or 6 HTUs. National trade unions would be willing to participate in social dialogue at the level of HTU. But unless it is made obligatory by prescribed law, then employers and representatives of HTU are not willing to enter the social dialogue (Interview 2 - trade union).

The point is that even though the chairman of HTU promises something during collective bargaining, he/she is often not in a position to provide it because decisions have to be approved by members of the Board of HTU. (Interview 4 - trade union)

As for questions regarding structured social dialogue at the national level, when the Ministry of Labour, Social Affairs and Family of SR cannot solve a social problem, it creates a commission. For example, last year an expert commission for making legislative changes in social services was set up.

Law 448/2008 Coll. on social services is very long and complex and has a number of additional attachments that many people (including directors of social services institutions) are unaware of. It specifies terms of quality of social services and minimum standards. Laws are introduced, but the expert committee that last year dealt with the problem of how to apply these standards into the practice of social service providing is still undecided

The committee aims to develop methodologies for social services institutions to proceed quality standards so the Ministry could monitor and control these conditions of quality of provided social services in social services institutions. But at the same time neither Committee nor Ministry remove "intermediateing" factor - HTUs position of financing body and superior

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<sup>46</sup> MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY OF SLOVAK REPUBLIC, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

<sup>47</sup> MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY OF SLOVAK REPUBLIC, 2016, dostupné na <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

authority of HTU, which is also a huge limiting factor in the same time (Interview 4 - trade union). Within The Slovak Trade Union of Health Care and Social Services employees of social services represent only 1/5th part from all members of this trade union of health and social services providers. So this is also a limiting factor for the resolving the social issues as the health care employees form the most of the members. (shortened extract of interview 4 - trade unions).

*“Despite the very low wages of workers in social services sector, I’ve never heard that trade union and workers inside ever protested. Trade union “lobbied” only to fund the salaries of nurses at the medical level of wage tariffs. The Trade Union of Workers of Health and Social Affairs are the poorest fairy tale Cinderella, who is waiting for her prince. This is due to the fact that jobs in the catalogues of activities do not correspond to reality, they do not capture current trends and social work is undervalued compared to medical and teaching professions. The critical situation of social workers is an opportunity for change.”* (shortened extract of interview 7 - Social Umbrella Platform of non-public providers).

The agenda that addresses the Slovak Chamber of social workers and assistants in social work deals with the communication between employers and employees in social services, and is generally bound by the context of the Labour Code, without significant proportion of the use of a structural social dialogue - *“We see a general lack of motivation for discussing the problems and looking for ways how to “win-win”. I also think it would increase awareness and information that you can use this tool.”* (Interview 8 - President of the Slovak Chamber of social assistants and social work).

With a structured social dialogue in social services, representatives of private (non-public, most of them are NGO, not private entrepreneurship) providers of social services in Slovakia in general declare that they have no experience.

Private providers of social services are mostly smaller organizations that do not know and do not apply any form of social dialogue procedures. Because the most of these organizations are civil society organizations (NGOs), employees are at the same time the members.

So the problems are rather solved at the members` meeting than at the workplace.

In addition, work for the civil sector has its own specifics. Many organizations operate on a project basis, which means that workers are contracted only for the duration of the project. If they are contracted for an indefinite period, they must tolerate and accept the fact that their salaries will be lower than before when the activities were covered by the financial grants.

Uncertainty of future assignments and projects led and leads many workers in social services sector to leave the work and become a self-employer and work for organizations that have received resources only in a contractory basis (Interview 7 -Social Umbrella Platform of non-public providers).

### **3.2 Principles and forms of social dialogue**

Dialogue principles:

- independence and equality of the parties: organisations should be fully independent, and neither party may dominate;
- trust and compromise: the parties should engage in dialogue in good faith and aim at a compromise, at least in fundamental issues;
- accordance with law: the dialogue should address issues open for discussion and be conducted upon the principles understandable to both parties.



Dialogue forms - social dialogue can take many forms, amongst which the most popular are:

- Negotiations - usually with participation of social partners as well as the third subject which is the government
- The aim of the negotiation is usually a compromise that will guarantee social peace.
- Negotiations may also concern the substantial issues and the mutual relations between the parties. They should result in a contract binding all parties of the negotiations.
- Consultations - involve the same participants as the negotiation, but do not necessarily lead to an agreement, though the parties usually appreciate their outcomes
- Giving opinion - representatives of the state administration find out about opinions and views of trade unions and employers’ organisations on government policy issues. The government though does not have to follow these opinions, it is not government’s duty
- The principles of giving opinion however are mostly regulated by law, which also determine in which cases the government is obliged to seek other parties’ opinions.
- Informing - representatives of the state administration are obliged to provide information to the social partners on their own initiative or at the request of interested parties,

Providing information is not associated with the obligation to hear the position of the parties, but the common practice means providing the opportunity to ask additional questions and to provide a short discussion. Institutions, unions, employees’ councils and other forms of employees’ representation Posses the right to be informed.

### 3.3 Social dialogue forums

The tripartity is not constituted at all at the national level. Collective agreements are negotiated every year across the board for staff working in the public interest and in the civil services. Collective bargaining takes place at the enterprise level, where trade unions operate. The trade unions within the tripartity as well as the Slovak Trade Union of Health Care and Social Services trade union Operate in various committee, working groups, councils of government at the national level in the social services sector The Slovak Trade Union of Health Care and Social Services trade union Concretely they operate in:

- Committee on Equal Opportunities for women and men and equal opportunities (at MLSAF of SR)
- The Working group for legislative changes in the field of social services to MLSAF The Expert Working Group for the preparation of methods and methodologies for evaluating the quality standards of social services provision
- Regional Council of the Confederation of Trade Unions in 8 HTUs
- Sectoral Economic and Social Council at the Ministry of Health of Slovak Republic

*“ In my opinion confederation of trade unions is in a very weak position and the question is whether the existence of it makes still any sense. The cooperation between the trade union and the ministries is only based on their participation at conferences. The ministry is willing to listen to the trade unionists but not many of their suggestions are actually applied in practice. The ministry excuses that the salaries for example are not anymore in the ministry’s competence but in the competence of the Government Office. The Government Office leaders do not obviously know about this competence of theirs as they claim that this is the ministry’s responsibility.”* ( shortened extract of interview 9 - former Director of Social Services Department of MLSAF)

*“The Union of towns and villages of Slovakia repeatedly insisted on legislation to change. Their priority was the legislation providing sufficient funding for social*



*services. This effort has not been successful so far. We need to mention though that social services are originally in competence of regional and village municipalities. But it is the Slovak Republic government that ratified the conventions dealing with rights of people with disabilities as well as the European Charter of Regional Municipality. This deals with the need for the (adequate allocation of financial resources for municipalities to carry out their responsibilities (Art. 6 par. 1); funding for municipalities*

*(Art. 9 paragraph. 2.3, 4 and 8), the right and ability of local authorities within the law and manage.*

*As for the non-existence of inter-sector social dialogue, the causes is in the lack of defining of subject of the social dialogue as well as in defining which parties should be involved. (shortened extract of interview 11 - Slovak Union of Towns and Villages).*

#### **4. PERSPECTIVES OF SOCIAL DIALOGUE IN THE SECTOR OF SOCIAL SERVICES**

##### **4.1 Challenges in the field of work and employment in the social services sector**

The structured social dialogue in Slovakia faces challenges for the work force in the social service sector (from the perspective of care homes` and their employees):

There is a **low percentage of young employees** and young people are not interested in working in social services. In spite of this there is a great potential for the creation of new jobs in social services in the context of demographic trends. We need to think ahead about the factors that make employment in this field so unattractive (interview 2 - trade unions). The potential lies in young people who are educated, open - minded and require relevant wages for their work. (Interview 13 - a president of non-public providers association).

**Inadequate wages and employees` low motivation for career development** in care homes (interview 2 - trade unions). *"Salaries are low, social workers` salaries are much lower than of those working in health care.*

*Nurses leave because they are better paid in hospitals"* (Interview 10 - a guarantee and a main manager of De-institutionalism National Project, an health policy analyst for the Institute in the Ministry of Health in the Slovak Republic).

*"It is generally known that employees` salaries in social services are ones of the lowest in the national economy. This is not caused only by the valid legislation (Act no. 553 on awarding employees in the public administration, tables catalogue) where the salaries are defined as even lower than a minimal wage (e. g. salary class 3 for home nurses). The situation is also caused by the bad system of financing of social services. We have not enough resources from the public finance to fund social services. Employees do not have any motivation to improve and develop themselves if they only earn low salaries. Social service employees (unlike health care, education) do not receive such support from trade unions. The trade union`s lobby should be stronger (to be more radical) in enforcing the needs of their members on governmental level. The new Government`s program declaration also*

*contains increasing employees’ salaries in social services. It is a vague commitment if the document does not say when and who will pay it. The trade unions need to require to resolve their situation now - not without any deadlines and conditions. Otherwise next 4 years will pass and again nothing will change - just like in previous years.”* (Interview 9 - previous manager of social service department in Ministry of labor, social affairs and family in the Slovak Republic)

**Low attractiveness of social service employees in membership in trade unions** - mainly from non-public service providers (interview 2 - trade unions). *“The trade union management needs to speak with every single director in care homes. They need to be in touch, it is not a problem today - even if it is just e-mail communication. They should write a letter to the employees to offer trade union’s perspective and solutions of the critical situation in financing social services and bad situation in refunding nursing performances.”* An agreement needs to be achieved *“between the Slovak Chamber of Nurses and Midwives in relation to nurses working in social services. Slovak Chamber of Nurses and Midwives is convinced that if health insurance agencies start refunding nurse interventions in care homes - they will lose some part of the money allocated for health care.”* (Interview 13 - president of association of a non-public providers). *“I am skeptical as for the unions - I understand flexibility of services differently comparing to them. The Labor Code prepared by the trade unions - it is bad. The work and a client’s employment in the services is not flexible. Let us change the catalogue of activities in social services - they do not say so. (Interview 10 -a guarantee and a main manager of De-institutionalism National Project, an health policy analyst for the Institute in the Ministry of Health in the Slovak Republic)*

**Vagueness and ambiguity in job descriptions, responsibilities and scopes of work positions in the field of social services** (interview 4 - trade unions)*“If we focus on nurses in social services there is clearly problem of their status as they are officially “material and technical staff”, which significantly limits possibilities of their work. This thing obviously needs to be changed”* (Interview 8 - a president of the Slovak Chamber of Social Workers and Social Work Assistants). *“The potential lies in professionalization of position “home nurse” and in professionalization of nurse’s status in social services and in health care”.* (Interview 13 - president of association, a director of a non-public service provider and a previous president of the trade union.)

The low number and **barriers to provide flexible working hours** with a possibility to implement temporary jobs according to approved budgets for certain time and thus minimize “breaks” linked with that e. g. 2 months unemployment of a full time social service employee during summer etc. *“Insufficient work flexibility from the efficiency point of view If we want ambulatory as well as the field services it is better if we had a greater number of employees, e.g.- part time employees for night shifts, agreement based employees etc. There is little flexibility in existing jobs. Care homes social workers work from 8 am to 4 pm during the week they do not work besides their working hours which is consequently reflected in social service quality”* (Interview 10 - a guarantee and a main manager of De-institutionalism National Project, an health policy analyst for the Institute in the Ministry of Health in the Slovak Republic).

Routine work, minimum innovation, "burning out" - occurs mainly in large care homes (Interview 7 - Social Platform roof of non-public providers of social services and the previous Minister of labour, social affairs and family of the Slovak Republic in years of 1991-1992), tendencies to burning-out caused sometimes by work environment, sometimes by results seen only very late (interview 8 - a president of the Slovak Chamber of Social Workers and Social Work Assistants).

Large numbers of female workers and the higher average age of the employees (interview 2 - trade unions). *”There are mostly female staff for whom 12-hour working time is convenient because of - the extra pays, acceptable family - work life balance as well as their need to commute to work. As a consequence the care home day programmer is adapted to the employees and not to the needs of clients”* (Interview 7 - Social Umbrella Platform for non-public providers).

The process of deinstitutionalization ahead of us (in chosen care homes already running) and its influence on the work force - insecurity resulting from the development of community based social services is mostly looked upon skeptically by social service staff (Interview 2 - trade unions).

#### 4.2 Key themes and challenges of the social dialogue development and collective bargaining in the social services sector

For the sake of structured social development for future we define these needs:

The employees in the area of social services in general **do not try to form any trade union units** or to become members of Slovak Trade Union of Health Care and Social Services. We obtained several interesting points from the interview 13 (president of association for non-public service providers):

*An opinion of an employer: a director of and NGO providing social and health services for the elderly in the form of a care home: The employees are not organized in a trade union altogether we have 28 employees (fewer than 50) when there must exist the employees` committee. As an employer - a director of a care home I explained to the employees that they can found a trade union or to have an employees` representative to represent them. It was in 2003. Neither of the employees wanted to accept the burden to organize trade union work nor did anyone understand it. To solve legal situations requiring the existence of a representative of the trade unions, the employees committee or an employees` representative described by the Labor Code we appointed the employees` representative.*

**Key causes of the employees situation:** To found a basic unit (that could become a member of Slovak Trade Union of Health Care and Social Services, one of the employees would have to be initiative. He would have to speak to his colleagues, explain to them that this step was good for them and it will have an impact in the future. The employee himself would have to be convinced of advantages of membership in the trade unions. He would have to believe that thanks to trade unions he will be able to sort out something that does not work in a relation to his employer. This employee would also have to see the meaning of the negotiating - that could provide better conditions than imposed by an employer. An employee should understand the meaning of the trade unions which unfortunately is not understood by most of the employees in social services and health care.

**Key causes of the situation in the Slovak Trade Union of Health Care and Social Services:** As for the Slovak Trade Union of Health Care and Social Services - there is no activity of theirs to show the employees that they are represented in relation to the Labor Ministry (and in relation to the Government). For example they do not represent their need for change of home careers' social status although now they are "new age slaves working hard with sick people in day and night shifts for minimum wages They do not try for any better change in awarding system where are no conditions for wage valorization. They do not try to change the legal system asserting debt pays on wages in case of bankruptcy, thus it drives them out on the streets and they become homeless. The legal system forces them to be educated (home careers' secondary education and nurses' university education) but the society does not show them respect they deserve. The Slovak Trade Union of Health Care and Social Services shows no activity in recruiting new members or founding new organization units.

**The public provider's opinion:** A director of a public social services provider is under the thumb of their founder (a town or a county council). He is appointed by a founder i.e. the municipality (by MPs of a town or a county council) or by a mayor or a municipality representative and is in a difficult situation. The budget is approved annually by village representation or the county council. His salary is also dependent on a founder. He has practically no tools to influence his employees' social situation and solve the problem of their wages. Every employees' attempt to found a trade union unit would be considered a director's "loss of control" and bad management by a founder. Therefore every director of a public services providing home will try to obstruct any initiatives to found a trade union unit. If it is not possible to prevent founding it, the employees' representative will be enforced and appointed from amongst those who will not cause difficulties for him.

The funding of the social services sector needs to change in order to provide stability for an expanded professional workforce. This should be done not just by increasing wages. It requires a bigger systemic change in the funding of social services.

Some of these changes have already started. The non-profit social services sector at national level is trying to find the most suitable models for Slovakia (including personalized expenses and various combinations of compulsory state contributions etc.). It is also necessary to overcome differences in financing between public and non-public social service providers in Slovakia. The reliance and dependence of social service provision on state allocations and financial grants from county municipalities and towns needs to be supported by paid services for the public.

(In Slovakia clients already pay for social services even at public institutions. But this should be regulated by the legislation, not as it is now. Now the amounts of pay depend on decision of service providers and clients and their families. They usually have to choose between paying very high fees to institutions or no services at all. )

*“The main problem of social service workers are their low wages and low social appreciation of their work. This results in high frequency fluctuation and low quality of employees in performance based positions. This is mainly linked with the low income of non-public social service providers respectively with high costs of social services that are determined by dozens of the acts and regulations in social services. A constant pressure to increase quality is right but increased costs will not be covered by existing income. Thus employees’ wages have low chance to grow unless funding system for social services radically changes.”* (Interview 12 - Association for non-public providers).

*“In the bad times, an employer does not pay wages, employees work many over hours beyond the limits determined by the Labor Code. The trade unions will not help them because the problem is in the system the permanent lack of finance in social services and nursing care provided by home nurses. In relation to this problem we do not hear of the Slovak Trade Union of Health Care and Social Services’ active lobbying. If a non-public social service provider says that he cannot pay wages in due time because the state (municipality) did not perform their basic duties - to send money for services provided, then every employee understands that it is not his employer’s fault. Instead they know that for example Bratislava municipality does discriminative social policy towards clients of non-public service providers or the Labor Ministry officers did not send money on time”* (Interview 13 - Association for non-public providers).

*County municipalities sometimes initiate systemic changes e. g. in the area of education, are successful. The basic problem is that the law defines minimum numbers of professional staff for a client (appendix 1 in Social Services Act on minimum standards). Municipalities understand them only as maximum numbers and enforce expenses rather on material equipment (such as droger, meals and other staff, energy etc.) and social services at one package from HTU and it doesn’t care, how much is spent for social services and unfortunately most of budget is for operational costs. Thanks to this various absurdities occurred - e. g. a care home director got appreciated by a municipality and could give employees 100 % extra pays. In two weeks though she received a letter to fire 11 employees. The Labor Ministry issued methodological*



*directions on minimum standards of social service quality. Anything above these standards is understood as increasing service quality. Municipalities as founders and funders of social services put pressure and require minimum services to be performed. Instead they could make expenses focused on efficient clients` care via specialized professions in the social field. They do not look at the clients` needs. When they perform budget cuts, it is never in areas where wasting is the case. But they cut the budget in the fields where is the highest risk of endangerment of social services. Municipalities did budget cuts in human resources not in wasting money when purchasing paper, toners etc. They do not do any reflection of costs and the institution running but they focus on savings on staff expenses as they have feelings that this is the way to save. Then a care home employs 3 assistant maintenance workers and drivers(even in homes where are automatic gas boilers, maintenance workers are paid even night shifts). But social workers are made redundant”(Interview 10 - a guarantee and a main manager of De-institutionalism National Project, an health policy analyst for the Institute in the Ministry of Health in the Slovak Republic).*

*“Another necessary measure lies in systemic financing of social services for all service providers (public and non-public) in such a way as to provide the care homes not only to survive but to be able to provide quality work conditions (including awards) for their employees.” (Interview 9 - previous director of social service department in Ministry of labor, social affairs and family in the Slovak Republic).*

The need for **inter-sector networking** with the aim of achieving quality structured social dialogue engaging all the key partners from all the government departments (labor, social affairs, family, health care, education, regional development, economy, finance etc.). System incompatibility and gaps in social care causes repeated “handing over „responsibilities including financing. For example moving home nursing care from health department into the social department which results in underestimated financing and total missing of funding for the service. This has a direct limiting impact on social services as for staff and time capacity (e.g. Home health care services - ADOS financed by health and social insurance based on which a nurse works in the position of a home nurse who should provide health performance. In practice based on her education she does those health performances although she is paid only as a home nurse with lower qualification who is not eligible to provide health performance (Interview 4 - Trade Unions).

*“With regard to 80 % of social services provided for clients dependent on long-term care where clients necessarily need to be provided with health care on the level of nursing. Financing of nursing care needs to be urgently sorted out. These are not financed by the public health insurance at all therefore they are performed at the expense of deeply underestimated financial resources determined for social services. This problem is linked with the need to organize the system of inter - link of coordination, and integration for both health and social care in the Slovak Republic. A Slovak citizen who lives in a care home should have as equal rights for free health care*



*guaranteed by the Slovak Constitutional any other citizen living at home. As a consequence of the practice mentioned above clients` rights for free health care (guaranteed by the constitution) are violated. A client himself or his family often pay for the care ”(Interview 9 - previous director of social service department in Ministry of labor, social affairs and family in the Slovak Republic).*

There is a need for **inter-sector networking** with the aim of achieving quality structured social dialogue which engages all of the key partners. The tripartite dialogue should be extended and should integrate the civil society - to include professionals and experts from NGOs as representatives of **non-public service providers** in the social dialogue. There is an unwillingness to include the non-profit sector in tripartite social dialogue. *“I came across the social dialogues the ESF - OPL monitoring committee member (human resources in the Labor Ministry of the Slovak Republic when the project objectives of national projects were being approved for 2014 - 2020. A person asked a question whether the civil sector should not be included in the social dialogue. It was rejected to the full extent”* (Interview 7 - Social Umbrella Platform for non-public providers). To extend the tripartite social dialogue to include the **business sector** that is interested due to their corporate social responsibility and company philanthropy. Some of the non-public service providers in Slovakia are already members of some business and industrial chambers (AmCham, Dutch Business and Industry Chamber, committees, counselling bodies etc.).

Social services should be participating in all key state processes . This means that any social dialogue concerning social services with the aim having an **active impact on the formulation of public policies** concerning social affair and employability in all the fields.

The experience of the Slovak Trade Union of Health Care and Social Services shows that the social service employees do not want and do not have time to strike in the public. Their strike would endanger running of their care home and their clients who are dependent on them (Employees see the strike as an endangering suffering people entrusted in their care (interview 4 - trade union).

With regard to the demographic situation of Slovak population`s aging and worsening health conditions and growing trend of non-communicable diseases there is an increasing demand and need for social services. This requires more efficient social policy **enforcing innovative trends in social service provision**, which include new types of services based on community, deinstitutionalization, developmental social work, home nursing care etc. The continuing deinstitutionalization process (already running in chosen care homes) causes insecurities in most of care homes as a result of the development of new community based social services. Most staff are sceptical of deinstitutionalization. (Interview 2 - trade unions). One example might be the failure of the national project of home nurses (from ESF through Labor Ministry). Funding was provided only for a very short period of time - 1 year. Contracts were signed with clients

living in their households, and the services were started. However the provider which had been given a contract to deliver home care services across the whole of Slovakia was unable to provide services because of a lack of money. Care that had been provided did not meet the needs of the clients.

Increased education and training, including specialized studies, courses and training with international lectures to provide examples of good practice and international cooperation are needed to improve the quality of social services. This would help to remove the uncertainty and negative images of the new types of social services.

*“The workers` positions could be improved by increasing their status (which sounds a bit like a phrase but this phrase has the meaning). This could be achieved by directors, labor ministry and health ministry’s support of further education, supervision, formation of multidisciplinary teams etc.”* (interview 8 - a president of the Slovak Chamber of Social Workers and Social Work Assistants).

*“Education - a few investments into human resources, underestimation as for funding. If a care home employees want further education, they are not given conditions to do so, they do not invest into further education. The reason for that is low budgets of care homes but it also has more complex causes. 90 % of care homes do not have long-term vision related to work with clients and relations with them. Instead of investments into employees` supervision and education care home prefer improving technical background - organization, management and running. They rather invest into purchasing materials and aids (new gas boiler is bought every 2 year etc. because county councils needs to make a corrupt business with a chosen good friend.) The professional support of social services and social professionals is not systemically planned - in the context of a certain long-term vision of model implementation and social service transformation into services of higher quality.”* (Interview 10 - a guarantee and a main manager of De-institutionalism National Project, an health policy analyst for the Institute in the Ministry of Health in the Slovak Republic).

In the context of quality of education and the absence of specialized education (which are the objectives of new Slovak Chamber of Social Workers and Social Work Assistants) mass graduation at is also problematic *“Towns that can afford maximum one social worker but cannot afford an employee with a certain diploma as they are not that rich. Then they employ a person who does not even know where to start and do not have money to pay a person with practice and quality education”* (Interview 11 - Slovak Union of towns and villages).

The need for **research and analyses and their application in the social dialogue practice** (more information in chapter 6 - research specifically focused on social services.)

## **5. POSSIBILITIES OF SOCIAL DIALOGUE IN THE SECTOR OF SOCIAL SERVICES OF EU LEVELS**

### **5.1 Financial support and procedures of social dialogue**

In the area of financial support for structured social dialogue in Slovakia EU trade unions and the EU Association of social services could help to promote changes in the social services these ways - through a transparent anti-corruption outsourcing of European Social Fund in Slovakia in projects aimed at:

- supporting community based social services
- supporting complex structured social dialogue
- to support project research and monitoring developing structure social dialogue and social service quality, following OSN Convention on rights of a child as well as OSN convention on rights of persons with disabilities, other EU directions concerning quality of social services and structured social dialogue.

### **5.2 Sharing the experiences and reciprocal learning**

Challenges and expectations in experience sharing and further education in Slovakia ranging from EU trade unions to EU associations - social service providers for implementation changes in social services and social dialogue are: more active trade union membership in EU trade unions and our trade unions` cooperation with other EU countries

- international projects and good practice exchange will enable us to enforce changes in structured social dialogue more effectively more active membership of Slovak service providers (public and private ones) and their cooperation with providers from other EU countries
- international projects and good practice exchange will enable us to enforce changes in social services more effectively

Both points mentioned above mostly fail on the Slovak side of the cooperation. In spite of EU finance as well as different grants provided by EU associations or trade unions there is still a small number of representatives, Slovak trade unions or social service providers who participate in transnational meetings or engage in international projects. Reasons for them are said to be imperfect knowledge of the English language, self-depreciative English skills or lower professionalism comparing to other EU countries. Networking professional seminars, trainings and workshops organized by foreign partners here in Slovakia should be helpful to overcome these mental barriers and their activating.

### **5.3 Expectation of further international cooperation**

Expectations from international cooperation with EU trade unions and association of service providers deal with these needs:

- to use stronger diplomatic pressure on the Government of the Slovak Republic when negotiating,
- help in support of social dialogue development between employers and employees in social services

- getting new ideas to increase motivation and gaining new members of trade unions and service provider`s associations (including employees and and non-public social service providers)
- help in enforcing changes in financing social services
- help in increasing employability in social sector
- help in increasing qualification and specialization for employees in social services
- help in improving work conditions and prevention of burn-out employees in social services help in enforcing changes of wages and social status of employees in social services

## **6. CONCLUSIONS AND RECOMMENDATION FOR THE COLLECTIVE BARGAINING AND SOCIAL DIALOGUE IN SLOVAKIA**

The suggestions below are elaborated on the basis of research study Barošová (2013):

There is **absence of monitoring for social dialogue** in Slovakia initiated by the state. Even the elaborated methodology on how to do it has not been written yet. It means that now there is not any complex summary of objective information on situation and results achieved in social dialogue not even methods to gain them ( finding out) and their systemic updating. Therefore it is necessary to build up a relevant information basis, to define rules , to find out systemically relevant and objective conditions in this field and to open the way for suggestions of potential action plans to build up a complex system to gain, evaluate, and record of information for quality exercitation and realization of social dialogues in practice. There has not been any SWOT analysis - analysis for collective negotiating (weaknesses, strengths, opportunities and dangers) elaborated or carried out on in Slovakia that could be a basis for formation of professional strategy for collective negotiation.) Statistic complex data to find out about the level of coverage of Slovakia by collective bargaining that could complement choice based findings of work force by the Statistics Office of the Slovak Republic are also missing. The archive of collective contracts of higher level in the Ministry of Labour, Social Work and Family in the Slovak republic should make available not only collective contracts of higher level dated in the last year but also for the longer time. The Ministry of Labour, Social Work and Family in the Slovak republic should regularly evaluate the content of collective contracts of higher level (e. g. in case of Belgium evaluation of collective contracts is carried out even in case of enterprise collective contracts. Belgium pays attention to this field much more than Slovakia on a long-term basis - which can help to improve social dialogue and make collective bargaining more efficient). Increased attention should be paid to the way of availability of the list of employers` organizations and trade unions on the website of the Ministry of Home Affairs in the Slovak Republic.

**An independent Slovak agency to support processes of social dialogues** with an eye of collective bargaining is totally missing. The centre of social dialogue in the form

existing now needs strengthening. To strengthen constantly weakened social dialogue (especially collective bargaining on a transenterprise level). This kind of agency should exist as a stable institution in Slovakia. It should also include an education centre and a library. This agency could be financed by several resources (state, social partners, other resources like foundations). It is interesting to see that no foundation to support collective bargaining (mainly on higher levels) has ever been founded (at least according to the information available) in Slovakia. The collective contracts of higher level have a frame character still more and more frequently.

The regulations more frequently have declarative character only. Direct quotations of some regulations for labour relations mainly the Labour Code are typical for collective contracts.

The constant decrease in signing up collective contracts of higher level (valid during a corresponding year) as well as decrease of organization of trade unions in the Slovak Republic could be considered to be a negative attribute of collective labour relations. Situation could be improved by trade unions’ campaigns focused on fundamentals of organizing trade unions. The negative relations between some subjects mainly in the context of collective bargaining. (mostly employers and their organizations as well as frequent lack of knowledge of regulations and low culture of both social partners (mostly on enterprise level) contribute to the low quality of realization in collective bargaining. Constantly increasing resistance of employers and employers’ organizations towards extending collective contracts of higher level, but often even towards collective bargaining itself. It is inter alia an evident incomprehension of meaning of social dialogue and employers’ effort to minimize some of the work and employment conditions for employees frequently in order to achieve as high profit as possible. There is not sufficient public’s awareness of social benefits of collective bargaining in Slovakia. The collective bargaining seems to be only in peripheral interest of our society including low level of interest of massmedia. The media programmes miss discussions on need and meaning of social dialogue especially collective bargaining. Another Slovak problem is that some employers’ organizations are not founded in accordance with the Act no. 83/1990 on citizens’ gathering but in accordance to other Acts like the Commercial Code (Act no. 513/1991 Commercial Code). It means that they do not represent organizations (registered in the list of trade unions and employers’ organizations in the Ministry of Home Affairs), but registered by corporate entities. Even more many employers’ organizations have themselves removed from the registry lists of trade unions and employers’ organizations in the Ministry of Home Affairs in the Slovak Republic (§ 9a Act no. 83/1990)

and got registered as other NGOS and associations (in accordance with § 6 Act no. 83/1990). They did so even in spite of complicated registration process in order to avoid a condition (a duty) to bargain collectively in accordance to the Act no.2/1991 on collective bargaining i. e. ant in order not to be registered as employers’

organizations and trade unions in the Ministry of Home Affairs of SR, but as other kinds of associations.

In the last years we have heard of trade unions' suggestions on **collective contracts to have to relate only to trade unions' members** who pay their membership fees which in their opinions supports collective bargaining. In some of these people's opinions they should not apply to all the other enterprise employees.

This kind of approach would not only be unusual though but it would also be in contrast with the trade union's function as the trade unions are (not only) a representative body of trade unions' members. This approach would also contrast with the principle of equal treatment in labour relations (nondiscrimination). The trade unions should find a way to give preferential treatments to their members e. g. by providing legal counselling etc. Thus they should strengthen their salutariness for the society and increase their attractiveness for new potential members e. g. by organizing campaigns focused on improving work and life employees' conditions, by professional programmes in massmedia including organizing massmedia campaigns.

There are also opinions (and not always are they baseless) that **in the time of crisis or recession** - in case of temporary unexpected financial problems of an enterprise (company) it would be possible to **temporarily postpone (interrupt) the validity of a collective contract** (collective contracts of higher level or enterprise collective contracts). Then we talk about the so called using "clause of difficulties". This approach to limitation (interruption) of collective contract validity require consensus though. By this we mean the consensus not only by the partners but also by the partners. In case of accepting this temporary solution certain changes in related legislation (in Act no. 2/1991) or also in the Commercial Code should be consequently carried out.

The positive evaluation in social dialogue belongs to **social partners who founded an industrial bipartite dialogue**. It is the first case of social partners' self-administration in Slovakia.

It seems that this field of Slovakia **misses a sufficient number of (also academic) professionals (experts)** mainly as for the relations to the state. The lack of professional capacities sometimes has an impact also in official translations of EU documents in the field of social dialogue (presented in member countries' languages. For example there was a translation dealing with "trade union density" but instead the translators used the expression the "density in trade unions". But there are many more inaccuracies respectively the low culture of translations are not rare at all.

To improve the awareness of social salutariness in collective bargaining it would be very prosperous to carry out (more intensively) **courses (further education)** focused on techniques of collective bargaining as well as conflict resolving in collective labour relations for both of the social partners mainly on the level of enterprises.



The support of collective bargaining should also be supported by the state even e. g. by forms not used so far. For example the state when setting conditions for public procurement and state investments could set existence of a valid collective contract (enterprise collective contract) as one of the conditions for enterprises to participate. It would not only be an expression of state’s support of collective bargaining but also a warranty of certain social stability (social peace) of a company that is a candidate of public procurement (as well as warranty of fair and safe work conditions when realizing the subject of investment).

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Zákon no. 462/2003 Z. z. o náhrade príjmu pri dočasnej pracovnej neschopnosti zamestnanca a o zmene a doplnení niektorých zákonov in amended  
 Zákon no. 650/2004 Z. z. o doplnkovom dôchodkovom sporení a o zmene a doplnení niektorých zákonov in amended

**ANNEX**  
**LIST OF EXPERT INTERVIEWS**

Nr.	NAME & SURNAME	ORGANISATION	FUNCTION	CONTACTS
1	PhDr. Marianna Sninčáková	DSS Javorinská, Bratislava - public provider of social services	Chairman of basic organisational trade union	+421 903 644 187, <a href="mailto:marianna.snincakova@gmail.com">marianna.snincakova@gmail.com</a>
2	Mgr. Anton Szalay	The Slovak Trade Union of Health Care and Social Services - Slovak Trade union of health and social services provider	Chairman of trade union	+ 421 2 50240 270, +421 903 407332 szalay@the Slovak Trade Union of Health Care and Social Services.sk
3	Ing. Daniela Pochybová	The Slovak Trade Union of Health Care and Social Services - Slovak Trade union of health and social services provider	Vice-chairman of trade union	+421 2 50240 259, +421 911 510005 +pochybova@the Slovak Trade Union of Health Care and Social Services.sk
4	JUDr. Magdaléna Laufiková	The Slovak Trade Union of Health Care and Social Services - Slovak Trade union of health and social services provider	Lawyer of trade union - wage and salary issues of collective agreement	+ 421 2 50240 256 laufikova@the Slovak Trade Union of Health Care and Social Services.sk

Nr.	NAME & SURNAME	ORGANISATION	FUNCTION	CONTACTS
5	Mgr. Diana Farkasová	The Slovak Trade Union of Health Care and Social Services - Slovak Trade union of health and social services provider	Lawyer of trade union - labour law issues of collective agreement and collective bargaining	+ 412 2 50240 258 farkasova@the Slovak Trade Union of Health Care and Social Services.sk
6	Mgr. Ľudmila Pazderová	The Slovak Trade Union of Health Care and Social Services - Slovak Trade union of health and social services provider	International activities and projects of trade union	+ 421 2 50240 267 pazderova@the Slovak Trade Union of Health Care and Social Services.sk
7	PhDr. Helena Woleková	SOCIA - Foundation for the social changes support	Social Platform roof of non-public providers of social services and the previous Minister of labour, social affairs and family of the Slovak Republic in years of 1991-1992	+421 2 55 64 52 14 <a href="mailto:wolekova@socia.sk">wolekova@socia.sk</a>
8	Mgr. Peter Kulifaj	Slovak Chamber of Social Workers and Assistants of Social work	Chairman; Director of NGO as non-public provider of low-threshold programs for children and youth	+ 421 903 184 253 <a href="mailto:peter@mladezulice.sk">peter@mladezulice.sk</a>

Nr.	NAME & SURNAME	ORGANISATION	FUNCTION	CONTACTS
9	Mgr. Lýdia Brichtová, PhD.	Slovak Parliament - Political Group Freedom and Solidarity (SaS) - adviser of social services for Vice-Chairman of the National Council of the Slovak Republic Lucia Nicholsonová	independent expert in social services; Former Director of Social Services of MLSAF in years of 1991 - 2015	+421 949 279 962 <a href="mailto:lydia.brichtova@gmail.com">lydia.brichtova@gmail.com</a>
10	PhDr. Miroslav Cangár	Ministry of Labour, Social Affairs and Families of SR and Ministry of Health of SR	social worker in the non-profit organization; Coordinator and leading author of a Annex 2 of the Act on Social Services about the conditions of quality of social services; guarantor and principal methodologist of NP deinstitutionalization from ESF; health policy analyst at the Institute of the Ministry of Health	+421 907 172 035 <a href="mailto:miroslav@cangar.sk">miroslav@cangar.sk</a>
11	Mgr. Bruno Konečný	Union of towns and villages of Slovakia (ZMOS)	Director of legislative section	+421 2 2925 945 <a href="mailto:konecny@zmos.sk">konecny@zmos.sk</a>
12	Doc. MUDr. Božena Bušová, CSc., MPH	APSSvSR - Association of social services providers in SR; Empatia (NGO) - Home carers services	Vice-President of Association; Director of the non-public provider; Former member of the trade union	+421 2 6224 5607 <a href="mailto:empatia@harris.sk">empatia@harris.sk</a>

Nr.	NAME & SURNAME	ORGANISATION	FUNCTION	CONTACTS
13	Ing. Milada Dobrotková, MPH	HESTIA (NGO)	Presidet of Association; Director of the non-public provider; Former member of the trade union	+421 902 144 492 <a href="mailto:dobrotkova@stonline.sk">dobrotkova@stonline.sk</a>
Refused or unanswered interview:				
1	Prof. PhDr. Monika Čambalíková, CSc.	Institute of sociology of Slovak Research Academy	research	+421 2 5296 4355 kl. 105 <a href="mailto:monika.cambalikova@savba.sk">monika.cambalikova@savba.sk</a>
2	PhDr. Iveta Mišová	National Disability Coucil in Slovakia	vice-chairman; republic centre of Union of people with menthally handicap in SR (non-public provider)	+421 2 63814968 <a href="mailto:misova@zpmpvsr.sk">misova@zpmpvsr.sk</a>
3	Mgr. Michaela Šopová	Higher Territorial Unit (HTU) - Bratislava region (BSK)	Director of Dept. of social services	+421 2 4826 4208 <a href="mailto:michaela.sopova@region-bsk.sk">michaela.sopova@region-bsk.sk</a>
4	Mgr. Branislav Ondruš	Ministry of Labour, Social Affairs and Familiesof SR	First Statutory Secretary of MLSAF of SR	+421 2 2046 1310 <a href="mailto:branislav.ondrus@employment.gov.sk">branislav.ondrus@employment.gov.sk</a>