



## PHS-QUALITY Project

Job Quality and Industrial Relations in the Personal and Household Services Sector - VS/2018/0041



COUNTRY REPORT: SLOVAKIA

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## Introduction

Personal and household services (PHS) cover a range of activities that contribute to the well-being at home of families and individuals, including child care, care for the elderly and persons with disabilities, housework services (such as cleaning, ironing and gardening), remedial classes, home repairs, etcetera. This report is a national report on Slovakia within the international research project PHS-QUALITY - Job Quality and Industrial Relations in the Personal and Household Services Sector (VP/2017/004/0049), funded by the European Commission.

The report answers two research questions:

- *How can regulation, public policy and social partners' actions improve job quality and fight informality in the PHS sector?*
- *What are the responses of social partners to challenges of lowering informality, fighting precariousness, providing visibility, improving job quality and social protection in the PHS sector?*

The study offers an overview of all services that can be described as, and fall under the description of, personal household services in Slovakia. The report then narrows the focus and analyses the sector based on its formality: formal (regulated) and informal (less/not regulated). Taking into account that there is a range of PHS services from the most formal to informal, the report presents an evidence on elder care (both formal and informal) and household services such as cleaning, cooking and similar (mostly informal). The report looks at the period of last 10 years (2010-2020), but if necessary, refers to earlier periods (e.g. in case of national legislation).

The report is based on several sources. It combines available statistical evidence concerning domestic workers with the analyses based on desk research on available literature, current legislation and relevant legal regulations at the national level, including the ILO Domestic Workers Convention. Several semi-structured interviews with the representatives of social partners/relevant actors and experts were conducted (see Table 1). Due to the limited collective representation of domestic workers and a case study of crossborder home careers,

interviews with individual workers were used as a supplementary evidence (see Table 1). The evidence is supported by the media articles and any other relevant documentation.

**Table 1: List of interviews**

Code	Organisation	Respondent's position	Date of the interview
INT1	Trade union confederation	Representative	20.2.2019
INT2	Trade union confederation	International Secretary	20.2.2019
INT3	Slovak Academy of Sciences	Expert	1.2.2019
INT4	N/A	Care worker working in Austria	27.11.2018
INT5	Ministry of Labour	Head of Department	18.2.2020 Email exchange
INT6	Institute of Healthcare Policy	Analyst	18.2.2019 Email exchange
INT7	Institute of Social Policy	Analyst	18.2.2019 Email exchange
INT8	N/A	Household care worker and cleaner	19.4.2018 (CELSI archive)
INT9	Trade union of employees in health and social services	Representative	24.4.2018 (CELSI archive)
INT10	N/A	Household care worker	8.8.2018 (CELSI archive)
INT11	N/A	Child care worker (Platform work)	28.11.2017 (CELSI archive)

The report is structured as follows. First chapter offers an overview of the personal and household services (PHS) sector in Slovakia. It explains the intersection of long-term care (LCT) and personal household services (PHS) in Slovakia and presents the structure of the sector, with a particular focus on elderly care and household support activities. The second part of the first chapter describes the size of the PHS sector and its employment and the third part discusses working conditions in the sector. Second chapter analyzes the implementation of ILO Domestic Workers Convention 189/2011 and its impact on national labour standards. Third chapter describes all relevant actors in the sector, social dialogue in the sector and gives evidence on the strategies of social partners in the sector. Fourth chapter focuses on case study of Slovak care workers in Austria. Fifth chapter discusses the challenges of PHS work, and sixth chapter concludes this report.

## 1. The Personal and Household Services Sector (PHS) in Slovakia

The personal and household services (PHS) sector is not defined in the Slovak legal system, similarly to many EU countries. Even at the European level, PHS are not recognized as one economic activity with its own NACE code (Decker and Lebrun 2018). First definition of the PHS was developed in 2012 European Commission's document on the employment potential within the sector. The EC defines personal and household services as:

**“broad range of activities that contribute to well being at home of families and individuals: child care (CC), long term care (LTC) for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc.”**  
(European Commission 2012).

The European Federation for Services to Individuals, an organization which represents federations and companies of personal services in Europe, clusters these activities based on two sub-sectors. It defines personal and household services (PHS) as:

**“activities carried out mainly in users' home relating to personal assistance services (early childhood, child care, dependence, disability, invalidity, etc.) summarized under the term “care-related services” and to services of daily living (cleaning, ironing, gardening, small DIY, maintenance, remedial classes, etc.) united under the term “household support”.”** (Decker and Lebrun 2018).

This report follows the definition of the European Commission and works with the division of PHS to two sub-sectors. While the focus of the PHS-QUALITY project is primarily on elderly care, child care services are referenced in the analysis to offer a unified picture on nature of domestic work in Slovakia. The report uses the term **“domestic work”** to describe **all work performed in or for a household(s)**, in accordance with the ILO's Domestic Workers Convention no.189/2011.

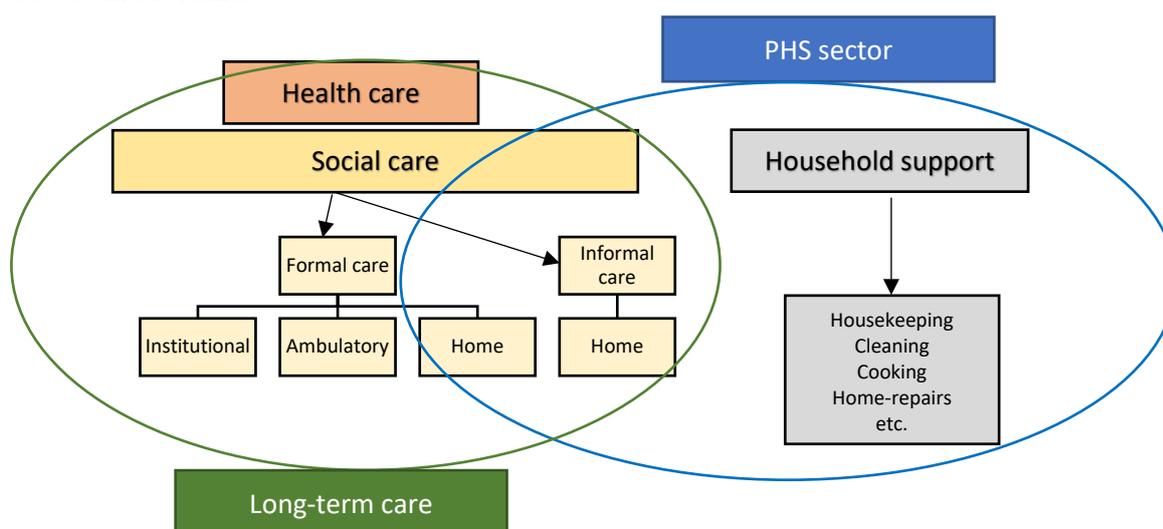
### 1.1. The structure of the PHS sector

While some European countries adopted legislative framework, which operationalizes the provision of services at home and even the quality of PHS work, Slovakia does not recognize the term “personal household services” or “domestic work” in its national legislation. Various aspects of PHS sector in Slovakia are either a part of health care and social services (social care) and thus included in a broader debate on long-term care system, or a part of a broader spectrum of household work which may include various housekeeping activities from home repair services, gardening, cleaning to cooking and similar.

Figure 1 summarizes all aspects of personal household services sector in Slovakia. It highlights the intersection of long-term care services (LTC) and personal and household services (PHS). LTC system in Slovakia consists of provision of complex medical care, nursing care and custodial services (social care) for a long-term period. Childcare services are a part of a formal social care. Household activities include all household support activities. PHS sector then combines all activities carried out at user's home, i.e. formal care and informal care (also informal home care) and household support activities.

Long-term care is a combination of social services and medical services provided for a long-term period (Radvanský and Páleník 2010). Health care is provided by the state and social care, which in Slovakia covers elderly care, care for disable and chronically ill, and child-care, is provided by the state, local administration (regions), charity and private institutions. Both social and health care can be formal -institutional care, ambulatory care or home care, and informal – home care by a family member or a close relative.

**Figure 1: Intersection of long-term care (LTC) and personal and household services (PHS) sector in Slovakia**



Note: LTC system (green). Healthcare sector (orange). Social care services (yellow). Childcare services -part of social care - (yellow). Household activities (grey). PHS sector (blue).

Source: own compilation

PHS sector can be divided according to the source of financing to public and private. While medical care is financed by the state as a part of health insurance, social care falls under the social welfare system and is covered by the regions or municipalities via local taxation and possible contribution (co-payment) of clients (Radvanský and Páleník 2010). Informal home carers can be financially supported by care allowance (for caring for a family member).

The Act No. 448/2008 on Social Services defines five types of social services (§ 12): a) social services ensuring necessary conditions for the satisfaction of the basic necessities of life (such

as care for homeless; community centres, etc.); b) social services supporting families with children; c) social services for persons of retirement age and persons with severe disabilities d) social services using telecommunication technologies; e) support services (such as respite care).

The law further defines eight types of social services for elderly people (c):

1. social services in establishments for natural persons who are dependent on the assistance of another natural person, and for natural persons who have reached the retirement age, which are:
  - 1.1. Facility of supported living (*zariadenie podporovaného bývania*)
  - 1.2. Facility for seniors (*zariadenie pre seniorov*)
  - 1.3. Facility of care services (*zariadenie opatrovateľskej služby*)
  - 1.4. Rehabilitation center (*rehabilitačné stredisko*),
  - 1.5. House of social services (*domov sociálnych služieb*)
  - 1.6. Specialized facility (*špecializované zariadenie*)
  - 1.7. Daily stationary (*denný stacionár*)
2. home care services (*domáca opatrovateľská služba/opatrovateľská služba*),
3. transport service (*prepravná služba*)
4. guide service and reading service (*sprievodcovská služba a predčitateľská služba*)
5. interpretation service (*tlmočnícka služba*)
6. mediation of the interpretation service (*sprostredkovanie tlmočnickej služby*)
7. procurement of personal assistance service (*sprostredkovanie osobnej asistencie*)
8. renting of equipment (*požičiavanie pomôcok*)

In a nutshell, social services for elderly are either institution-based or home-based. The law also distinguishes a form of social service to ambulatory form, in-field and institutional, and stipulates that social services offered in-field have priority over residential social services. In-field social services, according to the Act, are provided in person's natural social environment or in her home environment (§ 13).

PHS sector can be also divided to formal and informal. Then, formal sector consists of formal health care services (ADOS) and formal social care services (home care service). Informal PHS sector cover informal (home) care and all household support activities. For the reader's comfort, next section presents an overview of PHS services based on character of activity (elder care; household support) and not based on its non-formal/formal division (although it is being indicated).

#### 1.1.1. Elderly care

Bednarik et al. in their analysis of long-term care sector in Slovakia from 2011 stress that Slovak legislation does not recognize or define "formal" and "informal care sector". Slovak

legislation does not recognize the term “family care” either. This situation has not changed since.

Nevertheless, we can distinguish formal care services as those which are legally stipulated in the Slovak legislation. Formal elderly care provided at home is thus either a part of health care system (agency of home nursing care) or a part of social care system (home care service). Informal elderly home care is provided by family members or relatives and is not regulated. Additionally, informal care can be provided by various other private actors and services, not specifically defined in the legislation.

#### *a. Health care services provided at home*

*Type: formal care*

Legal provisions on agency of home nursing care -ADOS (*agentúry domácej ošetrovateľskej starostlivosti*) are scattered in several legislative acts. The Act no. 576/2004 on healthcare and health-related services recognizes home nursing care as a part of ambulatory health care for immobile patient that require professional health services. Functioning of agencies is then specified in Act no. 578/2004 on providers of healthcare services and in several governmental decrees and regulations (c.f. Kozuchova 2019). Home nursing care is provided by a qualified medical worker, i.e. qualified nurse, midwife, or a physiotherapist with medical education, and the service is covered by healthcare insurance. In 2018, there were 182 ADOS facilities operating in Slovakia, established by 157 providers (NCZI 2018). In addition, terminally ill can use services of mobile hospice (*mobilný hospic*), healthcare service offering palliative care at home. In 2018, the healthcare statistics reports 22 mobile hospices established by 11 providers (NCZI 2018).

#### *b. Social care services provided at home*

*Type: formal care*

**Home care service** (in a Slovak law referred to as “care services”; *domáca opatrovateľská služba/opatrovateľská služba*) is defined in the Act no. 448/2008 on Social Services as a social service provided to persons reliant on help of other person, whose degree of reliance on help of others is categorized as at least second of six degrees (see Table 2). Care services include help with daily activities of self-care, household support activities and basic social activities, such as help with shopping, delivery of lunch, assistance with meals, and similar. Based on a decision of the social advisory committee, the municipality (as a provider of care services) decides on the level of reliance in hours. The minimal range of care services cannot be less than the set level of reliance.

**Table 2: Classification mechanism for degrees of reliance on help of others**

Degree	Points	Average time of reliance in hours/day	Average time of reliance in hours/month
I.	105 – 120	0	0
II.	85 – 104	2 – 4	60 – 120
III.	65 – 84	4 – 6	120 – 180
IV.	45 – 64	6 – 8	180 – 240
V.	25 – 44	8 – 12	240 – 360
VI.	0 – 24	More than 12	More than 360

Source: Act no. 448/2008 on Social Services

### c. Informal carers

#### Type: informal care

Informal home care is provided by family members or relatives living in the same household as a dependent person. Informal care is not defined in the legislation as a special type of social care services, but it is covered in the Act No. 447/2008 on financial contributions to compensate severe disability. According to the Article 39, informal home carer is entitled to a financial compensation for home care (care allowance, *peňažný príspevok na opatrovanie*). The Act stipulates “natural persons” who are eligible for compensations as husband, wife, parent or guardian (including legally recognized guardian of an old person), children, grandparents, grandchildren, siblings, daughter/son in law, father/mother in law, sister/brother in law and nieces (Article 40 part 3). In addition, other natural persons who live in the same household are also entitled to care allowance (Act no. 447/2008 Coll.). There are no requirements on professional qualifications of home carers. The Slovak legal system does not recognize any other types of informal care.

### d. Other types of care services

#### Type: informal/private/not-defined

Elderly home care can also be provided by other types of services beyond those officially recognized by the legislation on social or health care. Clients can for instance hire domestic care workers privately, or via various agencies, portals or platforms. Then, the relationship between the clients and the workers should follow the provisions of Labour Code or the Civil Code. However, informal care services are often not only informal in a sense that they lack formal recognition in the Slovak legal system, but also in their undeclared nature, i.e. home care services are to a various degree a part of informal economy.

Platform work, which is increasingly more popular for its easiness to match clients with care workers, is not recognized in the Slovak legislation either. A natural person can also earn an income of up to 500 Eur annually without a need to tax it (microwork, mini-jobs), but the nature of work shall not bear signs of business activity (Sedlakova 2018).

#### 1.1.2. Household support

Activities of household support, i.e. cleaning, cooking, gardening, etc., are also not specifically regulated by the law. As stated earlier in the report, Slovak legislation does not define the concept of domestic work or a status of persons who perform domestic work (domestic employees). According to the legislation, any natural person who performs dependent work, defined in § 1 par. 2 of the Labor Code, should have a status of an employee. Hence, if a person carries out household work which has characteristics of dependent work, she should be classified as an employee (see Box 1).

#### **Box 1. Definition of dependent work: Excerpt from the Labour Code, Part one, General Provisions, Scope of the Labour Code, § 1:**

*(2) Dependent work is work carried out in a relation where the employer is superior and the employee is subordinate, and in which the employee carries out work personally for the employer, according to the employer's instructions, in the employer's name, during working time set by the employer for a wage or remuneration.*

*(3) Dependent work may be carried out only in an employment relationship, a similar labour relation or in exceptional cases defined herein in another form of labour-law relation. Dependent work cannot be carried out in a contractual civil-law relation or in a contractual commercial-law relation according to special regulations.*

*Source: Act No. 311/2001 Coll. (Labour Code)*

In 2018, the Act no. 112/2018 Coll. on Social Economy and Social Enterprises was adopted, setting conditions for operation and support of social enterprises. The law defines three forms of social enterprises (promoting employability of disadvantaged persons, social housing, enterprises for other types of socially beneficial services) but relevant for this analysis is that it introduces service vouchers as one of the three forms of assistance to social enterprises<sup>1</sup> (European Commission 2019).

The act stipulates that service vouchers can be used for household support activities (laundry washing, cleaning, cooking, ironing, etc.) and care for garden and by two types of clients: households and persons depending on the assistance of others (i.e. elderly people, persons with disability, etc.). Service vouchers are provided by the Ministry of Labour and the value of one service voucher is 10 Eur. Persons dependent on the help of others buy the service

<sup>1</sup> Financial support, support to stimulate demand (service vouchers) and compensatory support. Source: European Commission 2019.

vouchers at the reduced price of 5 Eur. In short, the system allows workers who are employed via social enterprises to be paid by service vouchers, which can be then exchanged for money. The Ministry subsidises a portion of the vouchers (3 eur to household and 5 eur to dependent persons).

The Act intended to utilise service vouchers to increase the availability of services to people dependent on help of others (elderly people). In addition, service vouchers have been cited as an instrument to strengthen formality within the PHS sector (European Commission 2012). Thus, service vouchers not only promote employability of workers of social enterprises, but also contribute to formalization of activities which are often a part of informal economy – household support activities and gardening. Nevertheless, the availability of social enterprises offering these types of services is still limited in Slovakia.

**Picture 1: Service vouchers**



*Note: Service vouchers for persons dependent on help of others (pink), service vouchers for others (blue).*

### 1.2. Size of the PHS sector and its employment

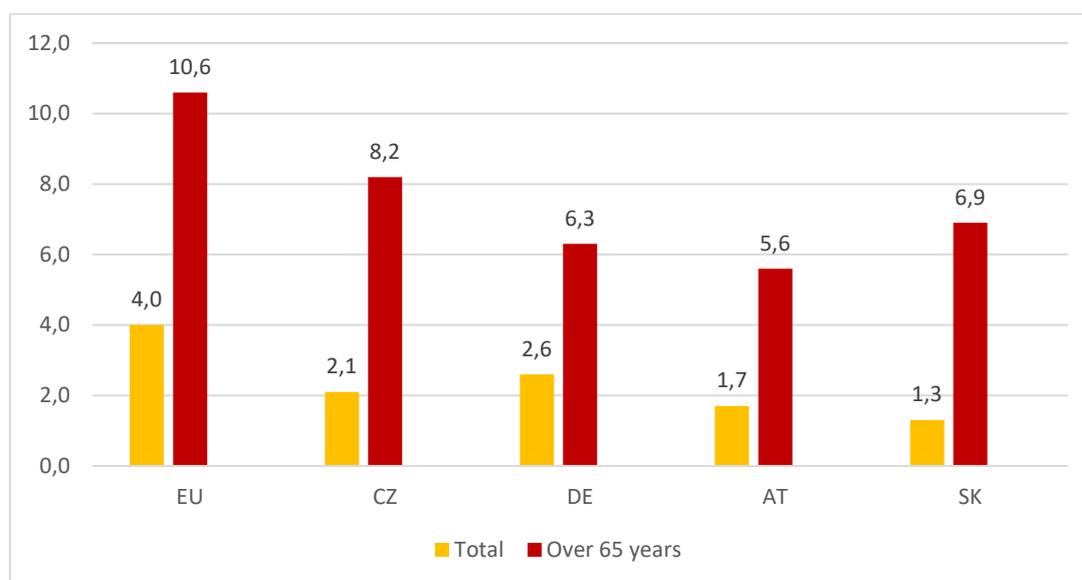
Since PHS sector is not statistically recognized as a distinct economic activity, the size of employment in the sector is only estimated. There are two main approaches to measure employment in the sector. The first assumes that PHS sector workers are directly employed, i.e. they have a status of employees (direct employment model). The second is based on intermediary organisations, mainly private companies but also platforms, which employ workers (service providers model). However, in the second model, the status of a worker is not clear, and she can be both employed or self-employed (Decker and Lebrun 2018; European Commission 2020).

European Commission estimates that the PHS sector represents 8 million jobs in the EU, which is 4% of its total employment (European Commission 2020). While their estimation is based on NACE classification (NACE 97 “services of households as employers of domestic personnel” and NACE 88 “social work activities without accommodation”), EFSI’s 2018 PHS Monitors applies different methodology and looks at the size of the sector based on classification of occupations ISCO (c.f. Decker and Lebrun 2018). For Slovakia, Eurostat does not provide statistics on services of households as employers of domestic personnel (NACE 97) because

of the low reliability. In social work activities without accommodation (NACE 88), Eurostat reports employment of 44,800 people in Q4 of 2019 in Slovakia. EFSI's estimation for Slovakia shows the share of PHS sector workers well below 3.5 % (Decker and Lebrun 2018).

Figure 2 presents a number of self-reported use of home care Services in Slovakia. Only 1.3% of people declared use of these services in 2014, 6.9% of users were over 65 years old. As can be seen from the figure, these numbers are comparable to self-reported use of home care services in Czechia and other selected countries.

**Figure 2: Self-reported use of home care services (2014), in %**



Source: Eurostat [hlth\_ehis\_am7e]

The number of personal care employees has been increasing since 2011, with a slight decrease in 2018, reaching 57,800 employees in 2019 (see Table 3). In terms of share on total employment, this equals to approximately 2.7%. Overwhelming majority of personal care employees are women (83%).

**Table 3: Personal care employees**

GEO/TIME	2011	2012	2013	2014	2015	2016	2017	2018	2019
European Union (ths.)	7,284.7	7,238.3	6,784.3	6,848.1	7,000.4	7,111.6	7,335.4	5,504.8	5,728.1
Czechia (ths.)	56.1	59.5	64.5	59.9	66.5	82.1	84.9	86.3	92.3
Germany (ths.)	624.3	405.4	438.0	430.7	436.9	480.1	501.0	509.5	534.8
Austria (ths.)	98.1	102.1	106.0	110.6	113.8	126.0	121.6	126.5	136.3
<b>Slovakia (ths.)</b>	34.0	37.4	43.5	50.8	49.6	46.6	53.8	58.4	57.8
• Share on total employment	1.48%	1.61%	1.88%	2.16%	2.06%	1.89%	2.15%	2.7%	2.67%

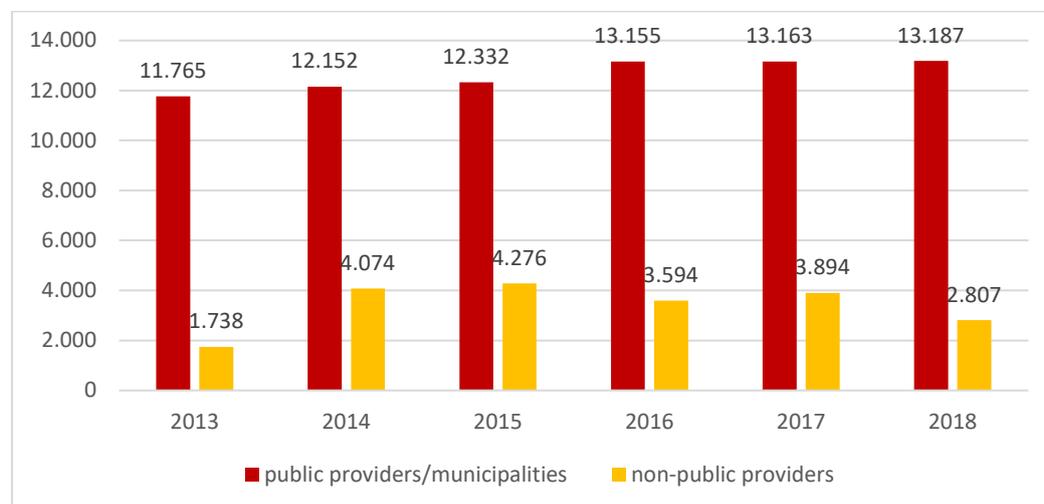
• Share of female personal care employees	91%	92%	89%	85%	91%	91%	91%	85%	83%
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Source: Eurostat [lfsa\_eseeg]

Following sections looks deeper into the size of employment in the two PHS sub-sectors by types of services offered at home. In 2018, 182 agencies of home nursing care (ADOS) and 22 mobile hospices operated in Slovakia. There is no statistics on the exact number of healthcare workers employed in ADOS. Mobile hospices report 22.18 work places, of which 9.26 were nurses and midwives (NCZI 2018). These small numbers suggest that palliative care at home is not popular in Slovakia.

A total of 15,994 individuals receiving home care services<sup>2</sup> in 2018. Municipalities provided this service to 13,187 individuals and non-public providers served 2,807 individuals in 2018. Figure 3 shows the number of recipients of home care services between 2013-2019. According to the figure, home care services provided by municipalities have been reaching more people every year since 2013. On the contrary, the number of individuals who used home care services of public providers dropped by 1,087 clients in 2018. According to the Ministry of Labour, the likely cause of this is the end of financial support from the EU funds (MPSVR SR 2019a).

**Figure 3: Home care recipients**

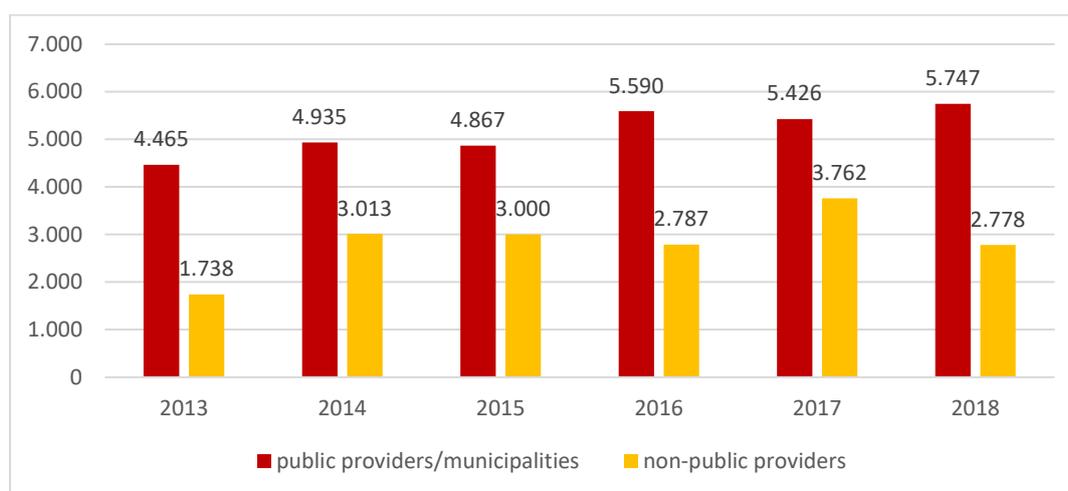


Source: MPSVR SR 2019a

<sup>2</sup> The Ministry of Labour in its Report on the Social Situation of the Population of the Slovak Republic refers to recipients and employees of these services as “Nursing Service Employees” and “Nursing Service Recipients”. The confusion between the two terms – nursing (*ošetrovanie*) and caring (*opatrovanie*) – comes from the fact that in Slovak language, these are often used interchangeably without referencing their different background (nursing is a part of health care system, caring part of social care system). In addition, various sources translate positions of “carers” as “nurses”. This report distinguishes nursing as professional, medical service and caring as social service offered by both professional (by education or certified) and non-professional carers.

The Ministry of Labour reports 5,747 employees in home care services of 54 public providers (established by towns and municipalities) and 2,778 employees of non-public (private) founders in 2018 (see Figure 4). While the number of employees of public providers has been slowly increasing over time, the number of employees working for non-public providers decreased in 2018 by almost 1,000 employees compared to year 2017. The Ministry of Labour ascribes this, similarly to the situation with recipients of home care services, to the end of national program supporting these services (MPSVR SR 2019a).

**Figure 4: Number of employees in home care services**



*Source: MPSVR SR 2019a*

The number of care allowance beneficiaries shows that informal home care by a family member or a relative is far more popular than home care services provided by professionals in Slovakia. Table 4 shows the development of public spending on care allowance for informal carers and the number of beneficiaries between 2010 -2018. As can be seen from the table, in 2018, 53,356 informal carers receiving care allowance have been reported in Slovakia. While this number is comparable to year 2017, the table shows that overall spending on allowances has increased substantially in 2018 due to the legislative changes which increased the amount of care allowances for individuals.

**Table 4: Care allowance beneficiaries**

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Average monthly number of beneficiaries	55,933	57,175	58,700	58,941	58,992	56,572	54,666	53,209	53,356
Spending in €	96,161,310	NA	103,855,374	105,814,295	104,309,411	97,335,801	92,364,482	110,681,082	149,431,226

*Source: own compilation based on reports on the social situation of the Slovak population (2010-2018)<sup>3</sup>*

<sup>3</sup> All reports are available here: <https://www.employment.gov.sk/isp/>

The data on employees in other types of informal care services are not officially available. Similarly, there is a lack of official statistics on domestic work of any-kind. Both demand and supply-side of domestic work is advertised mostly informally – via forums, social networks, online platforms, but considerable part is play by a spread of a good word (Sekerakova-Burikova 2017; Sedlakova 2018). Evidence shows that the demand for paid domestic workers in Slovakia is filled mostly by local women who are citizens and not migrants, usually of the same ethnicity as their employers – another local woman, who do not live in the same household (Sekerakova Burikova 2017). This is influenced by a general low number of migrants in the country, but it also shows that Slovak women are willing to work for low wages (ibid.). In a study on child care and household support domestic workers, Sekerakova-Burikova finds that there is a paradoxical mismatch in perceived demand and supply of domestic workers in Slovakia: both the demand and supply (for childcare and household support activities) are high, yet the demand-side claims it is very hard to find suitable domestic workers (Sekerakova Burikova 2017).<sup>4</sup>

Nevertheless, some indication of the size of the sector can be gathered via data from the biggest internet portal Domelia.sk, offering services of both sub-categories of PHS sector: care services (child care; elderly care; care for person with disabilities) and household support activities (mostly cleaning). Table 5 shows the number of active profiles by three categories, offering their work in March 2020. A total of 3,940 people offered their services in all categories, of which 1,872 in capital city Bratislava. The majority of workers offered child care services (1,733), followed by offers for household support activities (1,482). Only a small number of profiles appear on the demand side (51), which suggests that clients (potential employers) approach workers rather than vice-versa.

**Table 5: Number of profiles for different types of PHS services on job portal Domelia.sk**

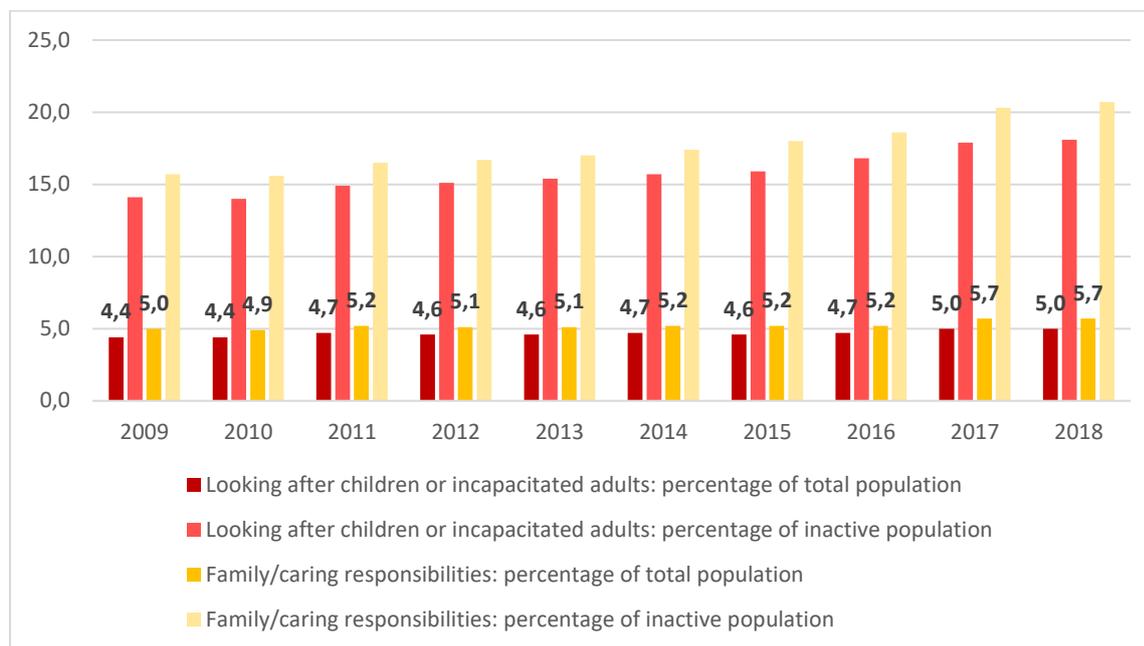
Type of services offered:	Number of profiles	of which in Bratislava
Child care	1,733	817
Elderly care, including persons with disabilities	725	331
Household help	1,482	726
Total	3,940	1,872

Source: Domelia.sk as of March 22, 2020.

Figure 5 offers additional picture on the amount of people who are not seeking employment due to caring responsibilities, including child care and care for dependent adults. In 2018, 5% of total population was not seeking employment due to looking after children or incapacitated adults. Additional 5.7% were inactive due to family/care responsibilities.

<sup>4</sup> Findings are based on qualitative interviews of domestic workers hired for childcare and housekeeping activities (11), and their employers (25). See Sekerakova-Burikova 2017.

**Figure 5: Inactive population (15-64) not seeking employment due to care for children and incapacitated adults and family care, in %**



*Source: Eurostat [lfsa\_igar]*

### 1.3. Working conditions in the PHS sector

As described in the previous section, PHS sector covers a variety of workers from skilled healthcare professionals (ADOS) to less skilled professionals (private care workers, workers with no professional background in caring; retired workers, unemployed). Social care also covers variation between formalized service provision (home care services) and undeclared work (private care workers).

Working conditions of home cares, or sometimes referred to as “care relations”, are rarely addressed in the literature, which focuses more on well-being of dependent person (Bednarik 2011; Sekerakova-Burikova 2017). Other studies address working conditions of specific group such as migrant care workers in Austria (c.f. Bahna and Sekulova 2019).

Depending on the level of formality in the sector, working conditions of domestic workers differ. This section analyzes working conditions in the PHS sector based on several dimensions: character of their work, form of employment (type of contract), their wage, working time and collective representation. Collective representation of PHS workers is analyzed separately in chapter 3 of this report.

### 1.3.1. Character of work: hidden workers

Support provided at home is often hidden (Bednarik et al. 2011). This means that not only we have a limited amount of information on occurrence of this type of work, which is often informal, but we also lack qualitative on working conditions of “hidden” domestic workers. This is also the case even for workers with an official employment status: since households are private places, securing decent working conditions behind the close door becomes harder. Importantly, hidden nature of work influences, or have a potential to influence, all aspects of work and working conditions of domestic workers.

The literature identifies several negative consequences of care-giving on workers, related to the nature of their work. First, caring for dependent person is time-consuming task which may limit activities and hobbies of a carer. This in turn may have a negative impact on health of a carer (Bednarik et al. 2011; Bahna and Sekulova 2019). Both psychological and physical health is also challenged by the nature of work, which is very demanding and lacking peer-based support and counselling (Bednarik et al. (2011). Studies on Slovak migrant care workers also report long-term commuting as a negative factor on health (Bahna and Sekulova 2019). Second, informal carers may face economic consequences of caring on their own economic welfare, since it often collides with other work-related responsibilities and professional career (ibid.).

Concerns about safety (of both workers and clients), and liability of domestic work is another problematic aspect. Fear of accidents at home related to child-care were pointed out by respondents working in the care sector (Sedlakova 2018). Informality of work and lack of written agreement can lead to various situations, illustrated by the respondent working as a child carer:

*“It once happened to me that one father came to me and gave me his baby for three days [agreement was for one day only]. He was not picking up the phone, noting. I did not know what to do. Three days later he came and said that he was on business trip.” (Sedlakova 2018).*

In elderly care, especially in agencies of home nursing care (ADOS), domestic nature of work is challenged by several additional factors, such as unavailability of medical tools and equipment (Kozuchova 2019). In informal home care, carers are not required to have any specific training or educational background.

### 1.3.2. Forms of employment/employment contracts

The level of formality within the PHS sector influences also the type and form of employment in the sector. In formal part of the elderly care, i.e. healthcare and social care services

performed at home (ADOS; home care service), PHS workers are usually employees, employed based on the provisions of the Labour Code. They either have a standard employment contract (including part-time) or various work agreement contracts (for short-term work of limited nature, performed outside an employment relationship) (MPSVR SR 2019a). The status of informal carers is not defined in the law (see again section Informal carers). Workers offering household support services can have any formal or informal status: from full-time employees of, for instance, a cleaning agency to temporary agency workers, self-employed, or informal workers with no contract at all (undeclared work).

In a study on domestic childcare workers and household support workers (mostly cleaners) in Slovakia, Sekerakova-Burikova finds that standard employment contracts are rare, even in cases when domestic work exhibits signs of regularity and is performed for a long time (Sekerakova-Burikova 2017). The author points to the disadvantages of standard employment contract for both sides, mainly due to the nature of work: domestic work is unpredictable, often for a short period. Standard situation in domestic work sector is that workers have no formal employment contract, and often they have no written contract/agreement at all. According to the author, this shows that domestic work is not perceived as a real job, but rather as a help (Sekerakova-Burikova 2017). Contracts based on verbal agreement, however, require trust between the parties, which has been found problematic (c.f. Sedlakova 2018) and relates to the safety concerns described in the previous section.

The type of employment contracts is also closely related to social protection and social rights of the workers. While PHS workers without any formal contract have no social security, workers with a full-time standard employment contract enjoy social protection as defined in the labour legislation. Informal carers - recipients of care allowance are health insured by the state. Since January 1, 2017, the amendment to the act 447/2008 on financial contributions to compensate severe disability removed a 12-year limit on state's obligation to pay insurance contributions for informal carers (who provide personal assistance for at least 140 hours per month). This means that informal carers are also entitled to pension benefits, i.e. time spent on caring is counted as work experience, although only as a percentage of an average wage (MPSVR SR 2016). In addition, since the evidence shows that home care for children, including housekeeping activities, is often a secondary job activity for workers in Slovakia (Sekerakova-Burikova 2017; Sedlakova 2018), a part of workers in PHS sector can derive their social security from their "primary job".

According to the EC's Special Eurobarometer report from 2014, in Slovakia, 2.1% to 3.3% employees work without any type of contract. More common than undeclared work is undeclared, or under-reported income (European Commission 2014). Respondents from Slovakia were more likely than others<sup>5</sup> to have made undeclared purchases of home repair or

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<sup>5</sup> Others: respondents from other EU member states.

renovation products or services (53%) as the most common type of undeclared work (ibid.). Data on undeclared purchase of gardening services, home babysitting, assistance for dependent and elderly were not robust to draw any conclusions on the national level (ibid.). In several qualitative studies, cash or envelope payments were common form of a pay in work performed at home (Sekerakova-Burikova 2017; Sedlakova 2018).

### 1.3.3. Remuneration for work/wages

Workers in PHS sector have on average lower wages compared to the national average (see Table 6). The highest wages are reported for the formal part of the PHS sector, which employs qualified nurses and medical employees for elderly care (mobile hospices and ADOS). Care workers and personal assistants earn significantly lower wages than the national average for the whole economy (1,092 Eur in 2019), but also lower than other occupations in the sector, gardeners or housekeepers. In addition, the workers in the care sector are predominantly female (see Table 7), which perpetuates gender pay gap in the economy and does not help to fight the stereotype of “female” vs. “male” occupations.

**Table 6: Wages in PHS sector**

	<b>MPSVR SR (2018)</b>	<b>Platy.sk (2020)</b>
<b>Occupation</b>	<b>Average gross wage in EUR</b>	<b>Average wage range in EUR</b>
Care worker, Personal assistant	475	580-768
Nurse	918	580-1251
Housekeeper	536	580-1165
Gardener	631	618-1457

*Source: MPSVR SR: Structure of average gross monthly earnings, average net monthly earnings by occupation, 2018; Platy.sk*

*Note: Statutory minimum wage for 2018= 480 Eur; 2019=520 Eur, 2020=580 Eur. National average wage for 2018= 1,013 and for 2019=1,092 Eur.*

In formal elderly care which belongs under the social services (home care services), only aggregate data on all care workers are available. Table 7 thus presents the structure of wages of professional care workers employed in all social services facilities (i.e. not working at home).

**Table 7: Structure of wages of professional care workers in social service facilities, 2018**

Number of employees (persons)	3,331
• of which females	3,105
Functional salary (EUR/month)	<b>496 EUR</b>
Of which	
• Tariff/scale salary	396
• Extra pay for management	0
• Personal bonus	81
• Wage compensation	7
• Shift differential	12

Bonuses	73
Pay for overtime	13
Additional and extra pay	85
<b>Total salary (EUR/month)</b>	<b>745 EUR</b>

Source: MPSVR SR 2019a

*Notes: The number of professional care workers (opatrovatelky z povolania v zariadeniach sociálnych služieb) refers to all care workers employed in formal social services sector. Social Service Facilities refers to all institutions of social care defined in Act No. 448/2008 on Social Services (social services homes; facilities for the elderly; specialised facilities; day-care centres; assisted living facilities; emergency housing facilities; refuges; rehabilitation centres; nursing service facilities; night shelters; “halfway houses” (refuges for young adults who grew up in institutional care)).*

While social allowances – in this context care allowance – are introduced to substitute for the loss of income, table 8 shows that the financial compensation for informal carers is not equivalent to wages of a full-time care workers. Carers with statutory pensions, students, even full-time employees are also entitled to care allowance, if their wage does not exceed twice the amount of the subsistence minimum for one adult natural person.

**Table 8: Financial compensation for home care**

<b>Family members caring for:</b>	<b>SUM (EUR)</b>
One person	430.35
Two persons	572.36
In combination with ambulatory care for 20 and more hours	
One person	378.70
Two persons	532.30
Two persons; second person has ambulatory care up to 20 hours or no ambulatory care	555.20
<b>Carers with any statutory pension benefit caring for:</b>	
One person	215.18
Two persons	286.18
In combination with ambulatory care for 20 and more hours	
One person	189.35
Two persons	266.15
Two persons; second person has ambulatory care up to 20 hours or no ambulatory care	277.60

Source: MPSVR SR at: <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/tazke-zdravotne-postihnutie/penazne-prispevky/pp-opatrovanie/>

Bednarik et al. (2011) finds that informal carers criticize low amount of care allowance which is dependent on the economic status of a carer (economically active vs. post-productive) and does not allow to be shared with more persons/carers (Bednarik et al. 2011). While the care allowance has been significantly increased since 2011, the other two aspects are still present in the system.

#### 1.3.4. Working time

Since the Slovak law does not recognize ‘domestic workers’, working time of these “hidden” workers often depends on their agreement with a client (“employer”). The level of formality

within the PHS sector plays again a significant role: while it is expected that employees of agencies of home nursing care (healthcare part of the elderly care) follow working time provisions according to the Labour Code, self-employed workers, informal carers, or workers without any formal contract face various challenges related to their time management.

Elderly care is especially prone to long working hours. Migrant care workers in Austria, described more in chapter 4, for instance work in two-weeks shifts and are expected to be available 24/7. Respite care services, introduced with the Act no. 447/2008 Coll. and available since January 2009, were introduced to improve the situation of informal carers, who can use this service provided by municipalities for a maximum of 30 days per calendar year.

Other types of work within the PHS sector, especially various activities of household support, such as cleaning, are more flexible. As already mentioned, these workers have often other jobs and cleaning is only a supplementary income for them (Sekerakova-Burikova 2017).

## 2. Implementation of ILO Domestic Workers Convention 189/2011 and its impact on national labour standards

International Labour Organization's Domestic Workers Convention No. 189/2011 was adopted by the General Conference of the International Labour Organization in Geneva at its 100<sup>th</sup> Session on 16 June 2011. The Slovak delegation, consisting of the representatives of the government, Ministry of Labour and social partners, voted in favour of adoption of the Convention. Representatives of employers abstained their vote on Recommendations.

The Ministry of Labour, specifically its Department of Labor Relations in cooperation with the Department of Foreign Relations, prepared in 2011 a detailed legal analysis of the ILO Convention 189/2011, available as the *'Assessment of ratification of ILO Convention on decent work for home workers No. 189 from 2011 by the Slovak Republic'* (MPSVR SR 2011).

Article 1 of the Convention defines domestic work as work performed in or for a household (s). Domestic worker is any person engaged in domestic work within an employment relationship. Importantly, a person who performs domestic work occasionally and not on occupational basis is not recognized as a domestic worker.

Since domestic work shows some special features (e.g. an employee may also be living in the employer's home), in order to regulate rights and obligations of domestic workers, Slovakia would need to define and distinguish domestic work and domestic workers in the Labour Code. Hence, the analysis states that legal regulation in Slovakia is not in accordance with the article 1 and for the same reason also with the article 2.

The analysis states that the legislation is in accordance with Article 3 of the Convention on human rights of domestic workers, because protection of fundamental human rights is guaranteed universally to all persons, i.e. to all employees, through the Constitution (Act No. 460/1992 Coll.) and the related legal regulations.

Similarly, according to the ministerial analysis, Article 4 (on minimum age of domestic workers) and 5 (on protection against all forms of abuse) is in accordance with already implemented the Slovak legislation.

The most important part regarding the working conditions of domestic workers are defined in the Article 6 of the Convention, which states that "Each Member shall take measures to ensure that domestic workers, like workers generally, enjoy fair terms of employment as well as decent working conditions and, if they reside in the household, decent living conditions that respect their privacy." (Domestic Workers Convention 2011). According to the legal

analysis Slovak legislation is not in accordance with this article because it does not regulate the issue of decent living conditions of domestic worker living in the employer's household.

The principle which ensures that domestic workers are informed about terms and conditions of employment (article 7), is in Slovakia ensured for all employees in various parts of the Labour Code.

Migrant domestic workers are regulated in the article 8 of the Convention. It ensures that prior to migration, job offer or employment contract is signed with a worker, which is then enforceable in the hosting country. Migrant domestic workers are, however, not defined or regulated in the valid Slovak legislation.

Similarly, labour relations in Slovakia do not cover conditions defined in the article 9, i.e. on living situation of domestic workers and conditions of residing in the same household. The same holds for the article 10 on working time of domestic workers. The analysis specifically points out as problematic (in terms of compliance with the Labour Code) part two which states that weekly rest shall be at least 24 consecutive hours.

While Article 11 on minimum wage coverage for domestic workers is in accordance with the Slovak legislation and minimum wage is secured for all employees without any difference, article 12 on rules of wage payments, is not. Specific rules on wage payments for domestic work would have to be changed, e.g. that the wage is paid at least once a month (in SK possible to agree on different schemes) or that payments in kind are limited to certain proportion of wage.

The Slovak legislation is not in accordance with the Articles 13, 14 and 15 of the ILO 189/2011 Convention. The article 13 stipulates the right to a safe and healthy working environment, however, due to a lack of definition of domestic work, it is problematic to take effective measures applicable to specific characteristics of domestic work. In addition, the analysis questions a real possibility to ensure control of safe and healthy environment of work performed behind the close doors of households. Article 14 which calls for not less than equal social security protection for all workers, including maternity, is also problematic in the Slovak context for the same lack of definitions. The same is also valid for the article 15 on operation of private employment agencies in the sector, which calls for “adequate protection for and prevent abuse of domestic workers”.

Access to courts, tribunals and dispute resolutions, as defined in the article 16, is guaranteed in the Slovak legislation for all employees. However, the article 17 on complaint mechanism and labour inspections applicable to domestic workers are not defined in the Slovak legislation.

The Convention also states that each member state should implement its provisions in consultations with social partners. Here, the ministerial analysis claims that if accepted, the convention would need to pass the consultation process with employers and employee representatives. Lastly, the analysis states that the Article 19, stating that more favourable provisions applicable to domestic workers are not affected by the Convention, is not in accordance with the legal stipulations in Slovakia due to non-existence of stipulations on domestic work.

In its conclusion, the document summarizes that the Convention cannot be ratified without changes in legal regulations. The ratification of the agreement would need to 1) define domestic work and 2) domestic employee and consequently, 3) modification of certain provisions to reflect specific characteristics of the domestic work (MPSVR SR 2011).

The analysis was the subject of interdepartmental comment procedure and was also discussed by the Economic and Social Council of the Slovak Republic (tripartite body) on November 21, 2011. The Council made no comments. Consequently, the Government of the Slovak Republic at its 76<sup>th</sup> session on 30 November 2011 took a note of the report on the progress and outcomes of the 100th session of the ILO's General Conference and based on the legal analysis discussed above, concluded that the Convention no. 183/2011 is currently not ratifiable in Slovakia<sup>6</sup>.

**Table 9: Summary of the legal assessment of ratification of ILO Convention 189/2011**

Number of Article	Slovak legislation in accordance with the Convention: YES/NO
Article 1 on definitions of domestic work and domestic workers	No
Article 2 on application of the Convention	No
Article 3 on human rights	Yes
Article 4 on minimum age and protection of young domestic workers	Yes
Article 5 on protection against all forms of abuse	Yes
Article 6 on decent working and living conditions	No
Article 7 on information of conditions and terms of employment	Yes
Article 8 on migrant domestic workers	No
Article 9 on housing situation	No
Article 10 on working time and weekly rest	No
Article 11 on minimum wage coverage	Yes
Article 12 on remuneration and its payment	No
Article 13 on safe and healthy work environment	No
Article 14 on social security and maternity	No
Article 15 on agency work	No

<sup>6</sup> All documents submitted to the Government are available in Slovak at: <https://www.employment.gov.sk/sk/ministerstvo/medzinarodna-spolupraca/medzinarodne-organizacie/medzinarodna-organizacia-prace-mop/100-zasadnutie-generalnej-konferencie-medzinarodnej-organizacie-prace.html>

Article 16 on access to courts and dispute resolution mechanisms	Yes
Article 17 on complaint mechanisms and labour inspection	No
Article 18 on consultations with social partners	Yes
Article 19 on more favorable provisions	No
Article 20 - 27	Standard closing statement
	Total <b>YES: 7</b> Total <b>NO: 12</b>

*Source: own compilation based on MPSVR SR (2011) Právna analýza ratifikovateľnosti Dohovoru Medzinárodnej organizácie práce o dôstojnej práci pre domácich pracovníkov č. 189 z roku 2011 Slovenskou republikou*

### 3. Role of social dialogue in the PHS sector

The voice of workers in PHS sector is weak and they lack collective representation in the labour market. However, sub-sectors of the PHS sectors are to a certain extent included in the existing structures of social dialogue. This chapter analyzes the role of social dialogue in the PHS sector by focusing on the strategies and responses of various actors, as well as their potential to influence working conditions of PHS workers.

As defined in the first chapter of this report, the personal and household services (PHS) sector covers broad range of activities with a common denominator that they are performed at home. Therefore, several actors and social partners across sectors enter into a (potential) social dialogue in the sector. Table 10 summarizes the main actors in the PHS sector, the level at which they operate and a sub-sector of the PHS sector, as described in the section 1.1 of this report. The list of actors is not exhaustive: for example, only one national level employers' association is listed in the table – that which associates sector-level partner relevant for the PHS sector. Similarly, the Association of Towns and Municipalities (ZMOS) is not included in the table, even though municipalities are responsible for social services and are founders of facilities for social care in Slovakia. Other actors are newly established, such as the Chamber of care workers of Slovakia (KOS) which has been established on November 29, 2019.

There is no social dialogue and collective bargaining distinct for the PHS sector, as defined in this report. Thus, the level of collective representation of various types of workers depends on the existence of social partners in the respective sub-sector, presence or absence of social dialogue in the sub-sector and on a possibility to sign a valid collective agreement. Healthcare workers and social care workers are for instance represented by several trade unions. Various groups of workers, depending on the profession, are covered by a sector-level collective agreement valid for all public workers. Social care workers are included and covered by the sector-level collective agreement for public workers. Company-level collective agreements in facilities of social care are also concluded. PHS workers in household support activities, such as cleaners or gardeners, lack any form of representation.

**Table 10: Main actors in the PHS sector**

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

*Source: own compilation*

Trade union representatives from the Confederation of Trade Unions in Slovakia (KOZ SR) interviewed for this project stress that the number of domestic workers in Slovakia is rather small and the statistics on this type of work is not sufficient. Because of that, neither the Confederation nor its member trade unions raised up the issue of domestic work at any of their meetings. The issue is, however, somewhat indirectly integrated in a broader debate on

informal economy, which is prevailing in domestic work. The only exception which has been discussed by union representatives is the issue of Slovak migrant care workers in Austria. On the contrary, the issue of migrant workers in Slovakia is also not salient. Nevertheless, this is expected to change in the near future with more migrant workers in Slovakia (e.g. from Ukraine) (INT1; INT2).

Nevertheless, union representatives acknowledge that domestic workers are not protected in the Slovak legislation and their status in the labour market is not clear. In their view, the state should address this issue, also because of the potential tax losses. Although the respondents' organization follows closely every ILO recommendation, the respondents did not work for the union in 2011 when the ILO Convention on domestic workers has been discussed in Slovakia.

Regarding the role of unions, the respondents do not see a potential for a collective agreement in the PHS sector, since it lacks corresponding employer association. There is, however, an identified potential for better sector-level collective bargaining, and an agreement which would include domestic workers into already existing structures, but for that, the sub-sectors of the PHS sector need to be mapped better (INT1). For now, the Confederation focuses its attention on their members, i.e. workers who are organized in trade unions, and for this reason, there is no strategy related to domestic workers.

Similarly, trade union in healthcare SOZZaSS says that the segment of domestic care workers in Slovakia is not significantly big and hence, the union is not particularly active in this issue. According to the respondents, the care sector (both formal and non-formal) is not attractive for newcomers due to the low wages, especially of nurses and care workers. The union claims there is a shortage of nurses and care workers in all types of services, formal and non-formal. Migration of care workers, especially women, to neighbouring countries such as Austria or Germany is a contributing factor to this shortage (INT9). In addition, the job itself is very demanding both psychologically and physically, especially in case of elderly care.

Currently, the majority of care workers are working institutionally, in both public and private institutions. However, the demand for home care (and domestic workers) will, in their opinion, increase in the near future due to several factors. First, limited capacities of formal social services for elderly people (1), at the same time aging society (2) and expensive formalized private care services (3). In addition, growing preference for home care and deinstitutionalization (4) will further increase the demand for domestic care workers.

The common challenge throughout all forms of employment in care sector (formalized, non-formalized) is decent working conditions of workers. The respondents mention several of them (INT9):

- Domestic workers are expected to be available 24/7;

- Overtime work not properly monitored
- Blurred line between resting time and working time
- Weekend work; work during public holidays
- Limited personal space: working at clients' home
- Physically and psychologically demanding work
- Low wages, further pushed down by migrant workers from Romania or Bulgaria
- Not attractive for younger generation; aged workers; feminisation of the sub-sector

There has been an unsuccessful attempt to unionize cross-border Slovak care workers working in Austria already in around 2010. In union's view, a potential for organizing these workers is huge – they anecdotally count approximately 40,000 workers of which about 20,000 officially registered (INT9). The idea was to offer legal consultations and related services to these workers, since other type of collective representation, such as conclusion of collective agreements was not possible in a foreign country. The union came up with a different system of financing its services, not based on a membership fee (usual wage deduction not possible since workers are self-employed) but in a form of a fee for legal consultation. This attempt collapsed on various personal and organisational issues (INT9).

In general, the union stresses its role as a representative of organized workers, i.e. their members. Since the union does not accept self-employed persons as their members, their representation falls outside of unions' attention. Nonetheless, union understands that informal work and undeclared work of many domestic (care) workers is a problem which has an impact on working conditions in the formalized care sector. A lack of a corresponding social partner -or employer- with whom unions could potentially negotiate, is another obstacle in workers representation.

The Chamber of care workers of Slovakia (KOS), a newly established association, unites approximately 400 care workers. In their public appeared at the end of the year 2019, they listed several demands. First, KOS wants to increase the salaries of care workers in Slovakia by 300 Euros per month. Second, they call for an amendment to the Labor Code, which would enable care workers to work based on (two-week) rounds. Workers in the care sector should also have a priority in social housing provided by the municipalities. In addition, the Chamber calls for a regulation of the Slovak agencies which intermediate work for the Slovak workers in Austria. As a response to a tragic car accident in 2017 (see chapter 4), KOS also demands a control of the Slovak transportation companies to see, whether their drivers transporting the Slovak care workers abroad, follow the mandatory resting periods. Better working conditions, should according to the KOS representative, encourage Slovak women to return from Austria back home:

*“The lack of care workers in Slovakia has been an alarming fact for a long time. At home, we lack at least 7,000 care workers in social services facilities, and we miss almost as much in the field.” (Šišuláková in Karierainfo.sk 2019).*

The employers of 126 non-public social service providers are represented by the Association of Social Service Providers in the Slovak Republic – APSSVSR, a member of the National Union of Employers (RUZ). The association publicly criticizes towns and municipalities (especially ZMOS) for their inability to secure enough care workers in Slovakia. They criticize low wages of workers, massive exodus to Austria and project-based financing of social services, dependent on EU funds, after whose end the availability of services and care workers declines (TA3 2019).

The Union of Social Service Providers in the Slovak Republic is another employers’ association in the sector, however, there is a lack of available public information on their functioning.

The Ministry of Labour, Social Affairs and Family does not report any official inquiries or complaints related to domestic work and there is no evidence of any problems in practice (INT5). According to our respondent, the ministry has never been approached by any trade union to ratify the Convention. The representative of the Ministry of Labour from a legal department, who also participated at the ILO general Conference on 16 June 2011, confirmed that the Domestic Workers Convention No. 189/2011 is not ratified in Slovakia and there are no plans for ratification in the near future. The ministry’s position is that according to the valid legislation, anyone who is performing dependent work should have a status of an employee. Therefore, due to all the reasons listed above and because to the fact that domestic work is not a salient issue in Slovakia, the Ministry states that it would be difficult to justify the motivation for ratification of the Domestic Workers Convention (INT5).

Several other civic society organisations enter into the dialogue about the PHS sector, or its sub-sectors. One example is a non-governmental organisation SOCIA- Social Reform Foundation (*SOCIA- Nadácia na podporu sociálnych zmien*), active mainly in social services sub-sector, which aims to promote changes in the social system for the benefit of vulnerable social groups of the population.

#### 4. Case study: Slovak care workers in Austria

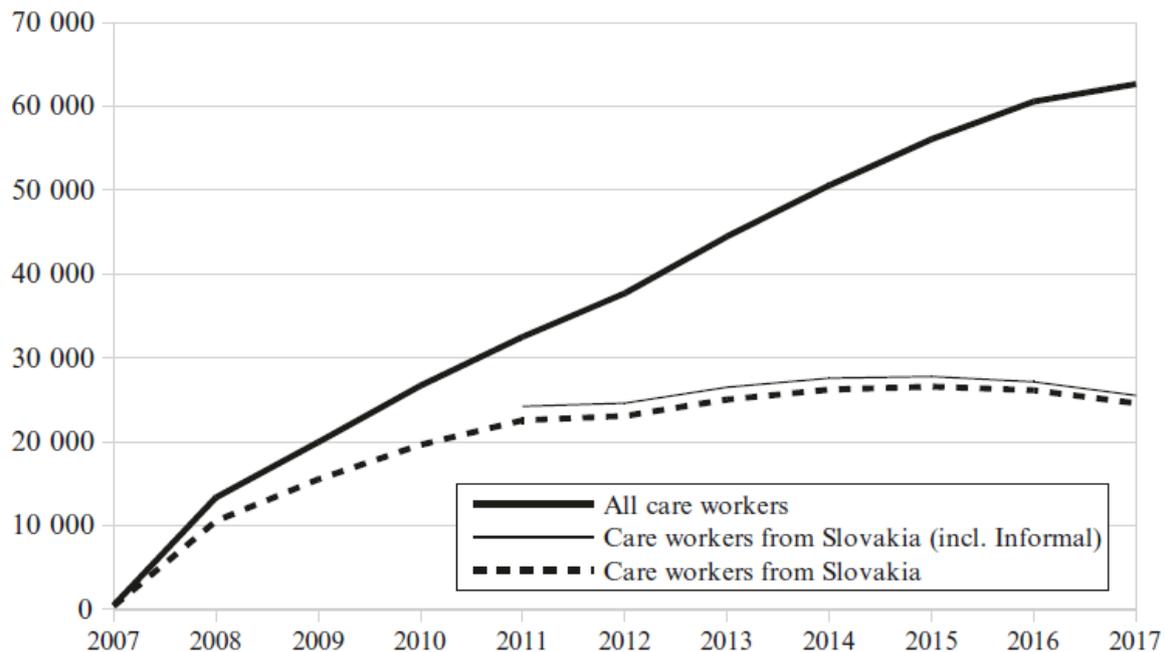
Lack of representation of care workers became again a hot topic after a serious car accident occurred in early morning hours of October 2017, in which eight people died on their way home from Austria to Slovakia. Seven women from various parts of Slovakia, care workers, travelled in a minibus hired by the agency when the driver lost control of the car and collided with a truck. After this event, care workers and nurses, especially those working in Austria, utilized this unfortunate occasion to discuss their working conditions in the media, or even in front of politicians. Several workers decided to unite and establish an association whose aim is to bring back people who work abroad. Its representatives met with a former president Andrej Kiska. The care workers claimed that if payed better, they would return to Slovakia. They also discussed the issue of financing of care services, which is in their opinion not sustainable while based largely on EU funds and projects (Kancelária prezidenta SR 2017).

The fact that Slovakia is a donor country of domestic workers, especially care workers, is supported by research of Bahna and Sekulova in their book "Crossborder Care" in which they study Slovak care workers providing 24-hour live-in elder care work in neighboring Austria. The authors base their unique research on mixed method approach, combining quantitative surveys with qualitative data from field work at two points in time.

The most popular destination for Slovak care workers, mainly because of the economic factors, is Austria together with Germany. Official numbers show 60,000 to 85,000 migrant care workers in Austria with prevailing nationality of carers being Slovak, Romanian and Polish (Bahna and Sekulova 2019). In 2018, 23,300 Slovak care workers worked in Austria and almost all of them were women (see Figure 6). Males accounted for only 5% of carers in Austria. Since, 2016, an interest in this type of work is slightly decreasing and in 2017, Romanian women outplaced Slovak care migrants in Austria (ibid.). According to the respondent working in the care sector interviewed for this project, it is becoming less profitable to work in Austria as the supply side increases: Slovaks and Czechs are being pushed out by Romanians and Bulgarians, who travel home less often and thus save costs, and are willing to work for less money (INT4).

The Slovak care workers after 2008 are more often previously unemployed, they come from more distant regions of Slovakia and are less often professional "qualified nurses" (Bahna and Sekulova 2019). Vast majority of care workers from Slovakia working in Austria are satisfied with their job, satisfaction rate of care workers was found to be higher than the average satisfaction of all employed in Slovakia (ibid.). The authors also find that workers with longer experience of 24-hour care were more likely to experience a "prestige drop", i.e. lower post-care work position compared to the pre-care status at the labour market (Bahna & Sekulova 2019).

**Figure 6: Active registered care workers in Austria (Bahna and Sekulová 2019)**



*Source: The Austrian Economic Chambers (WKO) in Bahna and Sekulova 2019.*

In 2007, Austria in its Personal Care Act allowed 24-hours care workers to be self-employed, although the nature of the work fulfils the condition of standard employment relationship (Bahna and Sekulova 2019). Since then, self-employment became almost immediately the prevailing form of labour market status of migrant carers, who until legislative changes in 2007 and 2008 were illegally employed in Austria<sup>7</sup>. Currently, self-employed carers in Austria have their social security covered by special allowance. Social rights, especially access to family benefits (financial support for dependent children) is another attractive factor for care work in Austria, even so because the allowance per child is significantly higher compared to Slovakia (ibid.).

Although self-employed, Slovak care workers are heavily dependent of agencies for work intermediation. There are several problematic issues related to the status of cross border carers in the labour market. According to the former State Secretary of the Ministry of Labour Mr. Branislav Ondruš, Slovak carers working in Austria sometimes think that they are agency workers rather than self-employed. He also points out that carers often learn what is expected from them only after their arrival in Austria, hence, their tasks may include actions for which they are not qualified, such as administering injections, for which professional carers or health

<sup>7</sup> The care relationship in Austria can be based on: 1) employment relationship with the person in need of care or 2) being a relative or 3) signing a contract with a non-profit service provider or by 4) employing a self-employed carer (European Commission (2019) Austria - Long-term care. Available: <https://ec.europa.eu/social/main.jsp?catId=1101&langId=en&intPageId=4405>).

workers/nurses are needed (TASR 2017). Examples of manual addition of tasks to the original contract, such as gardening and other housework activities, were also reported (INT4).

The former state secretary describes practices of some agencies as unfair and shady, referring to a practice when workers sign a so-called “general authorization” with an agency, which gives the agency significant competences. The most problematic part, in his view, is that the Slovak legislation does not recognize or define intermediation of services such as care work abroad (intermediation of work for self-employed in a care sector). The matter is even more complicated due to the fact that these workers are self-employed in Austria, not in Slovakia, but are approached by and have work arranged by Slovak agencies. Therefore, they often sign contract with the agency prior to their arrival to Austria and only then (on the Austrian territory) gain self-employment status in Austria (TASR, 2017). In addition, Slovak agencies often charge higher fee than Austrian (INT4). Recognizing all these issues, the Slovak Ministry of Labour has no formal competences in this process.

Nevertheless, as a response to a vast number of Slovaks working as carers in Austria, the Ministry of Labour and the Austrian Economic Chamber (WKO) cooperated on an information campaign on rights and obligations of self-employed care workers in Austria, including tips on how to spot a “good” work agency. The document for instance informs about all necessities of a contract with the agency intermediating the work (MPSVR SR 2019b) and is published on the ministerial webpage, but also on the webpage of the Central Office of Labour, Social Affairs and Family and WKO.

## 5. Discussion: challenges of work in the PHS sector

PHS sector in Slovakia faces several challenges described in the previous parts of this report. This section returns to the research questions presented at the beginning of this report and analyzes quality of PHS services and working conditions in the sector. For this purpose, ILO Domestic Workers Convention discussed in chapter 2 serves as a benchmark to evaluate the quality of PHS services and working condition. In addition, the role of social partners in improving working conditions, lowering informality and improving job quality, is evaluated based on findings in chapter 3 and 4.

Both sub-sectors of the PHS sector, elderly care and household support activities, experience several challenges related to the quality of working conditions as described in the first chapter: hidden nature of domestic work, high risk of informality, low wages in both sub-sectors and demanding or unpredictable working time with limited resting periods. Social partners active in the sector address these challenges to a various extend. Based on the legal analysis presented in the second chapter, Table 11 shows which topics were identified as problematic by the actors active in the PHS sector. As can be seen from the table, almost all issues that are included in the ILO's Domestic Workers Convention 189/2011 were discussed by the social partners and relevant actors during the interviews, or in the media and public statements.

Thus, even though 1) the social partners did not explicitly call for a special regulation of domestic work or domestic workers, and 2) even though the existence of legal regulations does not equal enforcement in practice, 3) taking into account the argument of the Ministry of Labour that the current labour legislation covers all workers, we see that the current system does not sufficiently secure decent working conditions of domestic workers.

The ILO convention, however, has its own limits: it recognizes domestic workers as those engaged in work within an employment relationship, while occasional or sporadic work is not domestic work. Therefore, even if ratified, it would not cover some parts of the PHS sector and its workers in Slovakia, such as informal care workers, or seasonal gardeners, and similar. This also relates to the discussions on bogus self-employment and the definition of dependent work in Slovakia (see again Box 1 on the definition of dependent work) and is similar to that in platform work, where self-employed workers are (to a various degrees) dependent on online platforms, which refuse to be labeled as “employers” (c.f. Sedlakova 2018 and Kahancova et al. 2020).

**Table 11: Issues identified as problematic by PHS actors, based on the legal assessment of ratification of ILO Convention 189/2011**

Number of Article	Slovak legislation in accordance with the Convention: YES/NO	Problematic issues as identified by PHS actors
Article 1 on definitions of domestic work and domestic workers	No	X
Article 2 on application of the Convention	No	
Article 3 on human rights	Yes	
Article 4 on minimum age and protection of young domestic workers	Yes	
Article 5 on protection against all forms of abuse	Yes	
Article 6 on decent working and living conditions	No	X
Article 7 on information of conditions and terms of employment	Yes	X
Article 8 on migrant domestic workers	No	
Article 9 on housing situation	No	
Article 10 on working time and weekly rest	No	X
Article 11 on minimum wage coverage	Yes	
Article 12 on remuneration and its payment	No	X
Article 13 on safe and healthy work environment	No	X
Article 14 on social security and maternity	No	X
Article 15 on agency work	No	X
Article 16 on access to courts and dispute resolution mechanisms	Yes	
Article 17 on complaint mechanisms and labour inspection	No	X
Article 18 on consultations with social partners	Yes	X
Article 19 on more favorable provisions	No	
Article 20 - 27	Standard closing statement	

Since the PHS sector covers various types of services with different level of formality, domestic workers in Slovakia are not motivated to organize based solely on the nature of their work (hidden work performed at home). I argue that similarly to our findings for workers in the platform economy (Kahancova et al. 2020), while domestic work is additional, or small source of income and workers are able to claim social rights and job security from their primary job, they will lack motivation to organize, mobilize and fight for their labour rights.

For the similar reasons, unions do not see domestic workers as a distinct group which should be specifically recognized and mobilized. Nonetheless, some union representatives identified a potential for inclusion of these workers into their traditional structures (based on sector lines). My previous research (Sedlakova 2018) identified several obstacles for inclusion of platform workers into the existing trade union structures, which are also applicable for domestic workers:

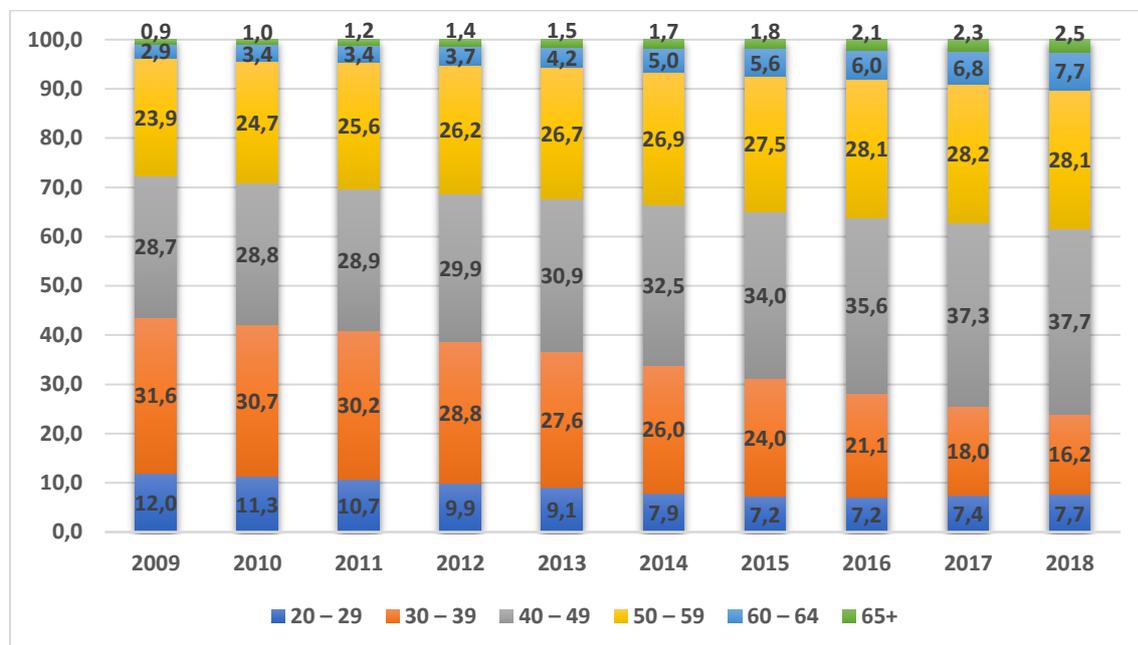
- Problems with identification of domestic workers (hidden workers)

- Problems of cross-sectoral inclusion: if domestic workers join unions across the industry lines, it may complicate collective bargaining negotiations in the sector
- Structure of the organization and decision-making process within the organization: unions are organized according to sectors and based on place of work (no company level bargaining)

There are no strategies, innovative actions, campaigns, or programs related to domestic work by social partners. The most salient discussion revolves around the Slovak migrant care workers in Austria, where signs of cross-border cooperation have been identified between the ministries of labour in Slovakia and Austria (common information campaign). With aging society in Europe and migration which will increase in the future, there is an expectation that the PHS sector in Slovakia, especially elderly care, will increase and change dramatically.

Figure 7 points to additional issue previously not discussed: aging of health care workers which negatively influences not only the healthcare part of the PHS sector but also social services sector. As can be seen from the graph, while the category of nurses aged 20 to 29 is relatively stable over time, the average age of nurses in Slovakia is rapidly increasing. Because of the low wages in Slovakia, even professional nurses migrate to Austria, although it is not as common as in the past (c.f. Bahna and Sekulova 2019).

**Figure 7: Development in age structure of nurses**



*Source: NCZI 2018*

Several recent media articles have pointed out the severe lack of care workers and care facilities for elderly in Slovakia. According to the article "Catastrophe of care services in Slovakia", more than 9,000 of citizen are waiting for placement in social care facilities, of

which only a minimum have an access to home care services. The article also claims that more than 23,000 care workers are missing in Slovakia and majority of in-field care service (home care services) are financed by EU projects (DennikE 2019).

The Value for Money department at the Ministry of Finance identified several measures for improvement of long-term care in Slovakia in their Revision of expenditures in Healthcare, some of which are relevant for this analysis. First, they suggest to increase capacities and expenditures for subsequent institutional health care, hospices, mobile hospices and agencies of home nursing care by 27 mil. EUR overall. Related to this, Slovakia should increase financial resources to the level of EU15 by 340 mil. EUR per year for a period of 10 years. The report also calls for a significant strengthening of home nursing care – ADOS and mobile hospices. Last but not least, informal carers should enjoy sufficient financial compensation for caring and support for better labour market participation (e.g. by allowing flexible work) (Útvar hodnoty za peniaze 2019, p. 109).

## 6. Conclusions

This report analyzed the personal and household services (PHS) sector in Slovakia as a part of an international research project PHS-QIALITY, supported by the European Commission.

The report finds that in Slovakia, the PHS sector is not distinctly defined in the Slovak legal system and work in the sector falls under the intersection between the long-term care services (LTC) and personal and household services (PHS). Similarly, the concept of domestic work and domestic worker is not recognized in the Slovak legislation.

The hidden nature of domestic work has a potential to influence all aspects of work and working conditions of domestic workers. Several negative consequences of home care-giving on workers related to the nature of their work have been identified, including consequences on personal health and economic consequences of care work. Concerns about safety of both workers and clients, and liability of domestic work was also seen as problematic. The employment status of workers differs based on the level of formality in the sector. In the formal parts of the PHS sector, workers enjoy the standard employment contracts. Workers of more informal sub-sectors, such as housekeeping, can have any formal or informal status: they can be full-time employees, agency workers, self-employed, or informal workers with no contract at all (undeclared work). Wages of workers in PHS sector are on average lower than the national average. Their working time is often without resting periods.

The Slovak Republic did not ratify the ILO's Domestic Workers Convention no. 189/2011 and there are no plans for its ratification in the near future. According to the valid legislation, anyone who is performing dependent work should have a status of an employee. Therefore, domestic workers do not require special legal status according to the Ministry of Labour. The ratification of the Convention would require several amendments to the legislation, mostly related to the definition of domestic work, domestic workers, and the subsequent adaptation of certain provisions and the implementation in relation to the specific characteristics of domestic work. The analysis of social partners' positions and identified problematic aspects of work in the PHS sector, however, show a need to reevaluate this position and address various aspects of poor(er) working conditions of domestic workers.

The voice of workers in PHS sector is weak and PHS workers lack collective representation in the labour market. However, sub-sectors of the PHS sectors are to a certain extent included in the existing structures of social dialogue. There is no social dialogue and collective bargaining distinct for the PHS sector, as defined in this report. Thus, the level of collective representation of various types of workers depends on the existence of social partners in the respective sub-sector, presence or absence of social dialogue in the sub-sector and on a possibility to sign a valid collective agreement.

Slovakia is a donor country for care workers to Austria and working conditions of Slovak migrant workers in Austria influence the “domestic debate” on care sector, especially availability and quality of elderly care services. Comparably to the situation of platform workers in Slovakia, who lack representation in the labour market, domestic workers are not included in the existing trade unions’ structures.

There is a great potential for further research related to the various aspects of quality of services and quality of working conditions in the PHS, and on the cooperation of various actors such as non-governmental organisations, policy makers and social partners and in the sector. The lack of quantitative and qualitative data on the domestic work in Slovakia, however, remains a challenge to overcome. Policy makers face additional challenges and opportunities: with COVID pandemic around the world, which will have severe consequences not only for the economies but also for the healthcare and social care sectors, they can use this challenging times to further develop and improve policies, regulations and working conditions of various groups of PHS workers.

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