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

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 as opposed to a disease and is therefore inherently incurable, this approach favoured development of the network of facilities that would accommodate these people and address their basic needs. This model has been preserved rather intact until the present day. Depending on financial resources, it recently began to comprise humanisation, 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.¹

The beginning of the process of transformation of the social services system is related to the political change in the year 1989. The main reason for the transformation of the system is reaching the harmony between social needs of inhabitants and in the situation of social or material deprivation and the available offer, which can help to solve their situation.² 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 Family 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 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.³

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.⁴

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,

¹ Courage to provide new social services. http://iness.sk/media/file/pdf/INESS_Courage_Provide_New_Social_Services.pdf

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

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

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

- preventing social exclusion of an individual and a family.⁵

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 of seniors and disabled persons in facilities with a capacity to cater for less than 40 clients.⁶ 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

⁵ 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.

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

whether they are non-profit or businesses companies, since it is not possible to support profit-seeking providers by public funding.⁷

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.⁸

1.2. Financing of 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 himself. This, however, continues to meet the criteria for services provided in the public interest.⁹

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, it is often unable to provide their services to all applicants, so the waiting lists are being created. Although the system allows to apply the principle of self-payment, a serious question is what percentage of people reliant on social services in Slovakia is 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.¹⁰

Private social services providers long-term 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

⁷ 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

⁸ 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

⁹ 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

¹⁰ KORIMO VÁ, G. – KME ŤOVÁ, E.: Perspektíva udržateľnosti financovania v sociálnych službách. http://www.ef.umb.sk/konferencie/vdrsp/zb/pdf/Korimova_Kmetova.pdf

Association of the social services providers as well as other providers of crisis intervention services are related to multi-source funding of selected types of social services (social service homes, facilities of sustentative housing, specialized facilities and centers of rehabilitation) and low-threshold services of crisis intervention, which belong the competences of local self-government. They are funded by little or no, often with the reference to the lack of financial sources.¹¹

European Union Treatment confirms a support of the high level of social protection and development of economic and social interconnection of Member States. From the reason of monitoring the social protection¹² development in the EU Member States, European Commission demands accessibility to current and detailed data and information on social protection. The European system of integrated social protection statistics is one from basic statistical instruments. Overall social protection receipts in Slovakia decreased annually in 2013 by 1.9% (mainly due to the opening of the 2nd pillar) and reached 13 985 Mill. EUR (18.9% of GDP). The structure of social protection receipts was the following: 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).¹³

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 receipts for social protection increased 3.7-fold from 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 receipts by sectors of national accounts (classification ESA95), a legislative change has been reflected since 2002, when some competences were transferred from central government to local and state government. In the crisis year of 2009, the importance of central government payments increased (especially central government transfers and social contributions for civil servants) and the share of social protection financed by corporations and households decreased. Since 2005, significantly larger receipts of 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.

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

¹² 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)

¹³ 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 by function, expenditure on the sickness/health care function reached the lowest share in 2005 (29.9%) and the highest share in 1996 (37.5%). The share of expenditure on the disability function was the lowest in 1996 (6.4%) and the highest in 2008, 2012 and 2013 (9.0%).

Expenditure on the old age function ranged from 31.0% (1996) to 39.3% (2013). Expenditure on the survivors’ function had the lowest share in 2003 (4.9%) and the highest share in 1995 (5.8%). The share of expenditure on the family/children function peaked at 14.0% in 1995, dropping to a minimum of 8.1% in 2002 and 2003. Expenditure on the unemployment function ranged from 3.4% (2006, 2013) to 6.8% (1999) and expenditure on the housing and social exclusion function ranged from 2.5% (2009, 2013) to 6.8% (2001).

In 2013 in Slovakia, 5.1% of overall benefits paid were means-tested. There were no means-tested social benefits recorded in the sickness/health care function, because reimbursed expenditure on pharmaceutical products and health care for old age and disability pensioners were insignificant. In 2013, means-tested social benefits represented 12.4% in the disability function, 3.6% in the old-age function and 0.7% in the survivors’ function (e. g. Christmas allowance to pensions). In the family/children function, 2.3% of benefits were means-tested, in the unemployment function 0.3%, and in the social exclusion and housing function 90.4%.¹⁴

In 2014, Ministry of Labour, Social Affairs and Family 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.

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, of which € 38,801,260 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 (€

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

- 679,680), assisted 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 by € 16,983,625 (37.6 %) higher 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.¹⁵

Higher municipality authority (VUC) and Slovak Union of town and village municipalities (ZMOS) provides funding according to the degree of dependency of client (the highest is the 5th and 6th grade - this person is absolutely unable to take care of her/himself). Institutions with clients of these highest levels of dependency are essentially hospice. This can be explained by the difference between the funding of public and private providers. Non-public provider of social services for clients can choose the clients with different grade of dependency. If non-public provider chooses more clients with a lower degree of dependency, staff has with this client the less trouble, because they can take care of themselves more, but hence less funds receive from VUC (higher municipality authority). On the other hand, a lower dependency even less need for qualified professional staff, that the wages paid to employees are below. When it's counted in total result this is favorable opportunity. Government is obliged to take care of its population in cities and villages and to take care especially about people with the highest degree of dependency and must provide social services as soon as possible, so in institutions which was founded by the self-governments, as well as higher financial contributions to the budget, on the other hand, it brings negative aspect, since the institutions have capacity oversized (Interview 3 - trade union).

"If we have a systematic view to the public and private provider, then we need to make a systemic change. Therefore, we need to ask ourselves what kind of services we want? Should we go for community services. Then we need to change the assessment system and funding shifted to the recipients - clients of social services. But the question is how the state represented by a government decide on the financing (that through a personal budget and decisions of the client and his/her assessment of the quality of social services). Hard systemic change. It's in the priorities of the Ministry of Labour, Social Affairs and Family of Slovak Republic and we enforce it there - crucial thing is the long term strategy of social services. But, in reality 50% of all clients of social services (so 22 from 50 thousands of all) are assessed in 6th stage of dependency (the highest one). But there are many people who in reality are not fully dependent - they are deprived of legal capacity, but this is not true (e.g. in one public institution a client fully laying in a bed has 6th stage of dependency the same as a client cutting a trees for a village in which his institution is settled). So it notes for the bad and unjust assessment system. Based on the logic that if the municipality wants to rid of the responsibility about its citizen, send him to public provider of social services (municipality is the founder of this provider) and funded own costs in one way. Therefore it often happens that clients of public providers of social services need only a small amount of support in practice, but they have assessed as the hardest level of dependency the same as a clients of non-public providers, who really cares about very difficult cases. It also happens that higher territorial units (VUC - HTU) assess a clients in the sixth degree of dependency for social services but for the compensation only 2nd degree of dependency and this assessment is made by one the same doctor of higher territorial unit. Assessment system is bad. Moreover how it is possible that in modern society of nowadays is still possible the monopol and interference of competition? HTU decides on inclusion and allocation of the client, the amount of finance on him for provider and decides on the reallocation of finance despite the fact that applicants for this funding is in addition to private providers also HTU itself!" (Interview 10 - social workers in non-profit organization, coordinator of and leading author of Annex 2 of the Act of Social Services concerning the conditions of quality of social services; guarantor and principal methodologist of National Project of deinstitutionalisation from ESF; health policy analyst at the Institute of the Ministry of health).

¹⁵ 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

"It is necessary for trade union (SOZZaSS) to pointed to the direct culprit: State set the wrong rules (bad legislation - the Law on Social Services since 2008 was 12-times revised and still did not remove discriminatory provisions) and absolute power gave to municipal and regional politicians who can not cope with competencies shifted by the state. Financing of social services and nursing interventions is set up by such a way that one part of the workforce is practicaly discriminated and they are flagrantly violated in their rights: the right to remuneration, the right to equal participation in public resources, the right to a level playing field for the provision of services. A trade union can't be a friend with any government, it must defend the interests of workers. Not in order to preserve social peace to let itself lull by the Government and it is its obligatory not to be silent. The tripartite system must always search for agreement. Competence in the providing and delivering of social services, state government shifted to municipalities (about 2,800 institution of social services in the Slovak Republic) and higher territorial units (VUC - HTU are 8 in SR). The state has flagrantly rid of responsibility for their citizens and shifted the competence of government to higher territorial units, which can't have under the control and even state doesn't want to control them. Under conditions of permanent under-funded social services system the higher territorial units fund providers of social services, which ones they founded. For funding of private (mostly NGOs) providers does not allocate sufficient funds in the budget. Therefore the Constitution of the Slovak Republic are violated in many of the provisions, and the government does not want to deal with it. The main problem is that the government has given to local governments a little money on all competencies, which need to be organized. Local government considers the public providers of social services as own and non-public providers of social services as foreigners and that is the main reason for unequal public funding. Employees in social services don't need to raise the minimum wage (at 405 euros per month !!!), employees need to make the system of financing by such a way in order employers have enough money to pay employees their wages. It's not possible to live from € 405 per a month - workers in social services sector are in the current financing system like modern-day slaves. Solution: The government, regional authorities and municipalities should to have attitude to people in need in equal point of view, not in terms whether they are or not "their" voters. Everyone can understand that there is no more money. But it can not be understandable, that the public provider (higher territorial unit is a founder) receive funds for the person admitted to social services from higer territorial unit for the same social services the budget of 3 or 5-times higer than non-public provider to a client in the same social need. The state represented by a government is here to set such rules (laws) which will not discriminate at all or at least try to discriminate any group of citizens to a minimum. And the government doesn't do that already for 8-years since the adoption of new Social Services Act 448/2008 was done. Trade unions should first indicate a problem and they haven't done it yet - so staff in social services didn't even know that such trade unions exist at all "(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).

As of 31 December 2013, there were 5,413,392 inhabitants in the Slovak republic, of whom 43,845 35 persons (0.81 %) were provided social services in 1,168 social service facilities established by municipalities, self-governing regions or private providers. Social services with a character of long-term care were provided to 36,441 clients in 995 facilities (facility for the elderly, social services home (SSH), specialised facility, day-care centre, assisted living facility, rehabilitation centre, home-care service facility).

In 2013, there were 42,794 places in social service facilities of any type, of which 38,249 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 %). Of the total number of places, 39,004 are intended as being associated with social services with the character of long-term care (91.1 %).¹⁶

¹⁶ 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

1.3.1 Elderly

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 of places are available. The real population of these facilities 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 establisher 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 (92), minority portion is of individuals (18 in the whole SR). In most of facilities, 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 presents 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
Number of persons	11255	5954	727	1078	387	3109

Source: SO SR

1.3.2 Persons with disabilities

The second most important category are residential social services services for people with disabilities. Overall, the number of facilities for elderly and social service home for adults is 787 facilities, with 34 931 available places and 30 396 clients. It creates 59% of facilities and 70% of available palces in facilities. Those 2 categories of facilities provide services for 64% of clients from total number of social services recievers in residentila 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 failure and failure of manners and daily health care station.

In Table 2 is presented 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.

Table 2. Number of care institutions for people with disabilities at the end of the year 2013						
	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 receiver are children. Also in this case, there exist 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 sustentative 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. In the list of facilities also figure facility of sustentative housing, 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. Relatively strong is in this case also the position of self-governmental region. By this establisher again appears the situation of higher number of clients comparing to declared capacity. The overview of the situation is in the Table 3.

Table 3. Number of care institutions for children at the end of the year 2013							
	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

Development of average number of employees in social care institutions - public providers and members of SOZZaSS trade union in the internal division is stated in the following table. It follows that for 15 years there is a significantly decrease of health professional staff as well as educators, contrary to the increase of social workers, and remained almost unchanged in manual workers, employees of catering establishments and administrative staff.

On the basis of the first interview with an employee of institution of social care - public sector providers and also a member of SOZZaSS, there are more than 80% of employees of her institution of social care in the trade union. Due to constant personnel changes membership changes every month. Newly employees when they hear that the benefits of the collective agreement can use although they are not a member of trade union, they refuse to be a member of trade union and in fact they have no reason at all considering joining a union and this is the nationwide problem concerning personal staff of both sector - health and social services too. Certainly public opinion on trade unions does not help to solve the problems in health and social work, which are dealt with in our country for several years and the acting Ministers toss them between themselves and the outgoing ministers pass on their followers. Trade unions have a program for young trade unionists, but what of it when the average age of employees is 35 social services and more (interview 1 - union).

Table 4 Development of average number of employees in social care institutions - public providers and members of SOZZaSS trade union		
Employee category	in 2000	in 2 015
Together	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	447	198
Social workers		1 271
ergotherapists		258
psychologists		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

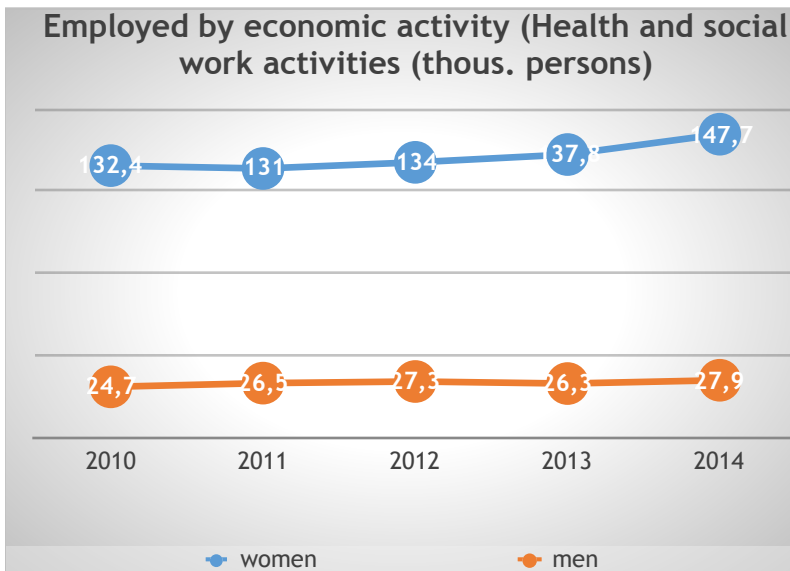
Regarding the number of employees of the social services sector in Slovakia, the highest proportion, almost half (47%) create employees of the SSH for adult people with disabilities. Almost the quarter of employees (24%) are employees of facilities for elderly. Another 19% are employees of facilities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

Table 5. Employees of the social services sector (December 2013)		
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%
Total	24 865	100%

Source: SO SR

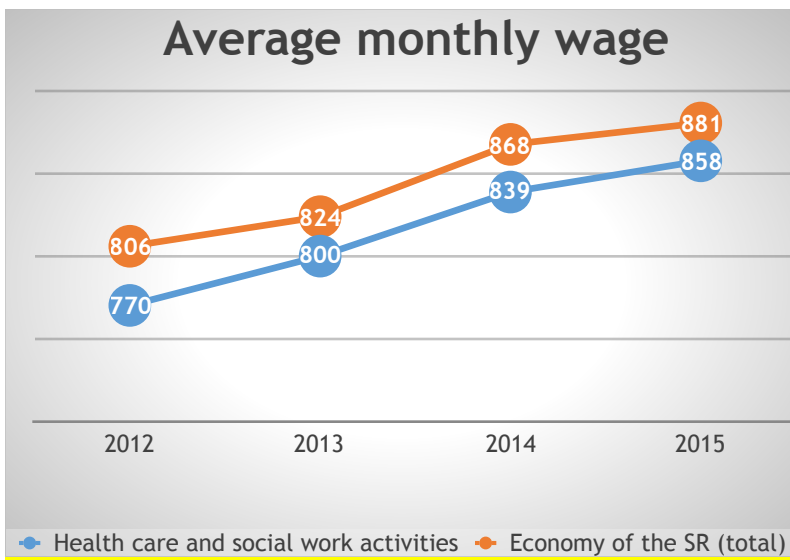
Very important information related to employees is their gender structure, as well as income situation. In spite of the fact, that there are not register specific data for the sector of social services, there are just aggregated data about the sector of “health care and social work activities. In following chart 1 is presented serious imbalance in the proportion of women comparing to the proportion of men employed in this field. In this case, strongly dominate women, and the trend shows the growing number of women. On the other side, the number of men is relatively constant a stable.¹⁷ This situation indicates problem of “female-dominated” sector, what leads to many negative consequences.

¹⁷ 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



Source SO SR.

In the following chart is shown the development of the average monthly wage in the sector of health care and social work activities. In 2015 the average monthly wage was on the amount of 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. But, on the other side, the level of wages is in the long-term perspective under the average of the Slovak republic. The figures 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 difficult system and organizational conditions, lack of funding in the system, all of this contribute to the situation that in the Slovak republic the employment in the social services is not very attractive, 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

The start of trade unions in Slovakia are dated back to the second half of the 19th century. **Historically**, the trade union movement in Slovakia is based on the recognition that only a common procedure for employees against employers can bring success in the fight against low wages, difficult social status, poverty, loss of employment, arbitrary employers, etc. The unions therefore arose from the need for employees to have their organization, aimed at improving working conditions for fair remuneration for their work to promote the 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 largely detrimental to workers in employment relations based on wages especially in lower positions.¹⁸

Working revenues in Slovakia are still the lowest in Europe¹⁹, **unemployment** is still too high at present time (rate of registered unemployment for the month of February 2016 is 10.09%)²⁰. Several layers of citizens are brought to the poverty line (the overall risk of poverty or social exclusion in Slovakia is 19.8% of the total population)²¹, the social status of families currently is still below a specific level, a fear is growing, helplessness and apathy of employees towards employers in their relations. Material deprivation remains above the EU average (19.5%), the latest data even suggests its deterioration (to 23.4% in 2013). The impact of social transfers in reducing the poverty among children is markedly below the European average point (33.7% in Slovakia in comparison to 41.3% in the EU as a whole)²². Several groups most vulnerable to the longer term persistence of poverty could be identified in Slovakia. In terms of the type of household it is mainly households consists of singles 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 more dependent children lingered the risk of poverty in 2013. An important differentiating factor is education, where, as expected, the incidence of long-term poverty increases with decreasing levels of education. Among those with primary and lower secondary education were 14.2% of individuals in the age of 16 and more were in long-term poverty in 2013.²³

In this situation, when the maximum unity, cohesion and solidarity of employees are needed, trade unions are facing the **decrease of union members** for various reasons (the Confederation of Trade Unions - hereinafter KOZ has a decrease of 50% of members in last 10 years). By this fact, this create the space for employers to act for limitation of the power of the trade union movement. The task of the day for the unions is to stop the declining of membership, recruitment of new members especially in atomised small and medium-sized businesses, where employees are most at risk and can mobilize union members. The trade union movement after November 1989 (breaking down the communism) shall also be in terms of the new quality. It forms into new structures, which are now independent from the state and has the opportunity to act in the interests of members who are associated in the trade union.²⁴

In the Constitution (Article 37, 1993) there is stipulated the right for every citizen to freely associate with others to protect their economic and social interests. Traditional organizations through which citizens -

¹⁸ Škultéty, KOZ, 2007. http://www.kozsr.sk/?page=dolezite_materialy/dolezite_materialy

¹⁹ Statistics: http://ec.europa.eu/eurostat/statistics-explained/index.php/Wages_and_labour_costs

²⁰ Statistics: http://ec.europa.eu/eurostat/statistics-explained/index.php/Wages_and_labour_costs

²¹s.9 a s. 21 http://ec.europa.eu/europe2020/pdf/csr2015/cr2015_slovakia_sk.pdf

²²s.9 a s. 21 http://ec.europa.eu/europe2020/pdf/csr2015/cr2015_slovakia_sk.pdf

²³ 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

²⁴ Škultéty, KOZ, 2007. http://www.kozsr.sk/?page=dolezite_materialy/dolezite_materialy

employees can notably pursue 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 Z.z.
- 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 Z.z.
- Convention on the Protection of Wages (ILO 95) - ratified in Slovakia in 1990, and docked Act. 411/1991 Z.z.
- Convention on Discrimination (employment and occupation) (ILO 111) - ratified in Slovakia in 1964, embodied the amended Act. 465/1990 Z.z.
- Convention for the Safety and Health at Work (ILO, 155,187, Recommendation 197, 198) - ratikovaný in Slovakia in 1988 and anchored the amended Act. 330/1996 Z.z., recommendations adopted by Slovak Government Resolution č.393 / 2006 Z.z.
- Convention concerning Employment Policy (ILO 122) - ratified in Slovakia in 1975, embodied the amended Act. 490/1990 Z.z.
- The Convention on the corporate health care services (ILO 161) - ratified in Slovakia in 1985, embodied the amended Act. 145/1988 Z.z.
- Convention on the Protection of Wages (ILO 95) - ratified in Slovakia in 1990, laid down by law no. 411/1991 Z.z.
- 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 Z.z.

In addition to the Slovak Republic Constitution and the Charter of Fundamental Rights and Freedoms should be noted the **trade union rights in the national base**, namely:

- Labour Code - Act no. 311/2001 Z.z. and as amended, the Civil Service Law no. 400/2009 Z.z. and the law č.313 / 2001 on Public Service
- Law no. 2/1991 Z.z. on collective bargaining as amended
- Law no. Z.z. 120/1990 laying down certain relations between unions and employers, as amended
- Law no. 330/1996 Z.z. and 124/2006 Z.z. OSH
- Law no. 5/2004 Z.z. on employment services and on amending laws
- Law no.103 / 2007 Z.z. 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

Confederation of Trade Unions of Slovak Republic (KOZ)²⁵ is a voluntary association of trade unions and their senior level trade unions in the Slovak Republic, which brought together for the purpose of defending the rights and legitimate interests of trade union members - trade unionists. The basic mission of the KOZ is to associate trade unions and to defense of trade union rights and to promote their economic, social, cultural and other interests and needs arising from or related to the implementation of their employment and occupation. Documents of KOZ Confederation of Trade Unions of the Slovak Republic (statutes, program) states that the role of trade unions in Slovakia is to protect, defend and promote workers' rights and other interests and needs of trade unionists that arise from the implementation of employment. KOZ aim is to strengthen social security, effective employment, decent working conditions and fair pay for work performed to enable a decent living standard. Trade unions grouped into a confederation and they manage the independent trade policy carried out against the state authorities, local self-government, towns and higher territorial units, employers, political parties and movements and other actors of the political system.

The **basic objective of the KOZ** is to contribute to the development of freedom, social justice and solidarity, so that each employee can lead a meaningful life for the full development of the personality and abilities of each man or woman with the guarantee of human and civil rights within a democratic society, the morality of a social market economy. Confederation of Trade Unions aims in particular about:

²⁵ KOZ, dostupné na http://www.kozsr.sk/?page=dolezite_materialy/dolezite_materialy

- Consolidation of the democratic rule of law and democratic governance,
- The development of citizens' freedoms,
- Development of an economic policy of the state,
- Eliminate all forms of discrimination,
- A substantial reduction of unemployment,
- The creation of jobs and the creation of such tools in the labor market to ensure the highest employability as it can be,
- Strengthening of tripartism and social dialogue principles,
- Strengthening of trade union rights and the rights of workers in labor law, the social security and collective bargaining,
- strengthening of health and safety at work, the continuous appreciation of the price of labor.

KOZ currently brings together 26 trade unions (including 16 production and 10 non-manufacturing), and central to this study is precisely the **Slovak Trade Union of Health and Human Services (SOZZaSS)**. It deals with several themes and operates on several levels. The information in 2016 on the website show these kind of activities: representatives of SOZZaSS are involved in the negotiations 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.²⁶

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 to conclude company collective agreement, respectively collective agreement of higher level.²⁷

2.2 Subject of collective agreement in the sector of social services

The **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 the 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 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), so employment contract is invalid in those its part, in which it provide rights of an employee to a lesser extent than in collective agreement.²⁸

²⁶ SOZZaSS, <http://www.sozzass.sk>

²⁷ Farkašová, SOZZaSS, 2015. Internal materials for members of SOZZaSS - presentation for new members.

²⁸ MPSVR SR, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

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 the granting of working holiday beside the obstacles for the work from the the general interest reason and in important personal obstacles at work,
- providing of working holiday or funds for staff training
- contributions to the recovery of workers and promoting sports and cultural activities,
- specification of the range of employees or former employees whose employer provides meals,
- higher severance at work above the minimum set out in the Labour Code.

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

- increasing of the daily amount of income compensation during temporary incapacity for 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)

Subject to a collective agreement may be other institutes in which the parties agree and are freely editable by provisions stemming from the Labour Code or special laws.²⁹

Membership of 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 work holiday in addition to the Labour Code, conditions of work, including health and safety policy, compliance with the terms overtime labor, non-monetary benefit from the employer.³⁰

From **level trade unions** (the OZ) these items 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 in the sector, weekly working time, work holiday entitlement above the minimum defined in Labour Code, non-financial additional payment from the side of 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. SOZZaSS provides for its members also 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 about what is happening in the sector and the fields of each month and participation in training, leisure and club activities.³¹

SOZZaSS defines the role and powers of the union on **two levels**, namely:

1. the first within the trade union bodies to their members and to other trade union bodies
2. In addition to the employer trade union bodies, public authorities and to other bodies.

Employee representatives at the level of trade unions is the relevant trade union body, works council, works trustee, employee representative for safety and health at work according to a special regulation. The trade union organization shall be obliged to inform the employer about the opening of his tenure 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.³²

Trade Union Confederation KOZ as **the government partner** can talks at this level during tripartite process and to corrigate the governmental actions in the reduction and offset the impact of economic

²⁹ MPSVR SR, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

³⁰ Farkašová, SOZZaSS, 2015. Internal materials for members of SOZZaSS - presentation for new members.

³¹ Vitálošová, SOZZaSS, 2015. Internal materials for members of SOZZaSS - presentation for new members.

³² Farkašová, SOZZaSS, 2015. Internal materials for members of SOZZaSS - presentation for new members.

government action in the social field through the Labour Code, the minimum wage moderation in energy and transport, the position of workers in the state and public service, government regulations of the applicable ratios in the budgetary sector through drafting.³³

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**, which results in all issues relevant to the subject of collective agreements such as low wages and of course the low social status of the profession in social services (Interview 2 - trade union). Lack of funds is also reflected in the quality of provided services. Clearly we have in Slovakia set high quality standards for social services, which enshrined the right principles reflecting the latest knowledge and trends in the EU, but only a few are applied into the practice because there are no money for that (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 resorts (Ministry of Health and Ministry of Labour, Social Affairs and Family of Slovak Republic). If we look at the social services from the point of view from the client, in fact, the most of institutions of social service assist to the health sector, despite of the several years longing effort to develop the medician-social interresortial model, that clearly define how long the patient with this diagnosis and the problem will be in the hospital under the financial mechanism of health sector and since he/she will belong to the department of social services. There is a lack of clarity and transparency of the system (Interview 4 - trade union).

The main subject of collective bargaining is the **salaries of employees** in the social services sector. In the past, if the sole founder of social services, the State, also covers the salaries. Rules, competencies, partners of tripartite, collective bargaining condition, these all were clear. Now the Ministry of Labour, Social Affairs and Families of Slovak Republic guarantees only accreditation process based on an assessment of expertise (permits, certificates to provide the social services), controlling of the professionalism and quality of social services, but financement of these social services are managed by higher territorial units from one common budget 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 affiliation (not skill) will approve funding for education, transportation, sanitation etc. in the first place and social services are at the bottom and are considerably underpowered. The absence of complexity roofing financing of social services at 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 creates the Ministry of labour, social affairs and families of SR but financement is 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, it usually happens that the deputies to abolishment and changes for the better at the level of HTU will not happen and thus it will not transferred to the direct work of social service providers for the enging beneficiaries - clients (Interview 3 - trade union). The problem is also in compliance with negotiated pay conditions - eg. Despite the collective agreement concluded by employers in some social service institutions, they often do not want to pay out of credits (of continuing education in the health professions) and the risk premium due to composition 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 for the first time since socialism was breaked down, the policy statement of the new government efforts to increase wages of social services for the first time in present. This phenomenon occurred after gradual pressure from trade unions. In 2014 there is an increasement of wages through collective bargaining about 2% in 2015, about 2%, and from January 2016 to 4%. SOZZaSS trade union submitted the Governmental Office proposal to maintain the other benefits (to mention here below) as well as increase salaries over 10%. Example of events in Slovakia in social services - Bratislava Region (BSK) as one from eight higher

³³ MPSVR SR, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

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 confessed 4% adjustment salary increase from January 2016 was guaranteed. In July in 2015, it was necessary to submit applications for financial contributions for next year through the budget proposals of social services providers (public the same as non-public). These both kind of providers received instruction that the 4% increase should be suggested from their own resources such as savings operating costs, which shift to labor costs. After January 2016 providers started paying higher wages under an approved collective agreement of a higher degree, but nevertheless, it is April 2016 and they have not yet received the higher contribution from BSK (HTU - VUC) and they still operate on the saved operating costs (e.g. on cleaning products etc.). Another example of the problematic relationship between social service institutions as employers and employees in the social services sector is a payment of personal bonuses for an employee, who temp his colleague during his/her illness to which he is entitled under a collective agreement. However, if provider has an ill employee, it need to send the unused portion of wages back to HTU - BSK, who later sent part of wages in personal bonuses to colleague - another employee of the same provider, that it is an useless process that only stretches the time (interview 1 - employee of public provider and the director of basic trade union in organisation).

As the second biggest problem the **lack of qualified staff** is perceived, because new hires come on for close to minimum wage. Even these new employees were previously registered at Labour offices as jobseekers, through state contributions for retraining they graduated in the course of nursing, but when they enter a social services, many of them are not able to stay in social services jobs even for the first three months of the probationary period because of the complexity of work, responsibility and mental work and physical stress, which are higher in social services in comparison to other occupations in the labor market (Interview 3 - trade union). It should be mentioned that there are problems of skilled staff in the social services sector. The employer determines the positions and also defines the professional staff involved in social services, therefore the higher salary is based on expertise and qualifications. Those who have medical education, have also continuing education opportunities and therefore also possibility to increase their salary with the health credit surcharge. So far nurses in social care institutions did not have a specialty after graduating at secondary school. Recently a law about obligation of specialisation studies of nurses came into the force, if their position is classified as professional staff (e.g. log on to paid annual and specialized study at the Slovak Medical University). Those employees who do not have medical education (such as carers, occupational therapists etc.), are not entitled to a credit surcharge, because they may not even attend additional training, although their performance and quality of service is as important and requiring expertise too. Therefore, a mismatch between employees who, in practice, often performing the same occupation, but is classified as non-professional employee and the other works as a healthcare professional and has the obligation for the further training, has a credit surcharge and higher grade only on the basis of another called job position in the employment contract (interview 4 - trade union). In the past it happened that collective bargaining in the health sector achieved a higher salary with surcharges for nurses (the same in hospitals as well as in social care institutions), but those nurses in social care institutions will have a higher salary than their bosses - director of social services institutions, therefore employers shifted the professional nurses to jobs with lower professional quality as non-professional staff, they remained 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 occupations. What really has to do a nurse in institutions of social services? There was conducted a survey and found 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 unemployed (Interview 4 - trade union).

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 family in SR haven't publicate any directive since 2001, which should this issues clearly define and adjust. Because if it is not clear collective

agreement, the employer is used to avoid to comply with it. Last year, trade union was 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 the few people may choose to use them, in order don't threaten and respect the 24-hour operation of social care institutions. Because not the same and regular working time of health professional staff, it usual happend, that employees working time is assessed within 3 month (e.g. in January overtime, but it does not get reimbursed because then in March he/she will work the less hour). Overtime are reimbursed up to 3 months of period or are not paid at all due to lack of funds and staff required to take compensatory time off (Interview 3 - trade union).

Other benefits, which recently negotiated trade unions in the social services sector is **shorter working hours** by half an hour per a day (2,5 hours per a week). It means that rate of wage per hour is higher. Creation of social fund at a higher level than the law and the contribution to the 3rd Pillar are next negotiated benefits of last years. The problem is that it not be budgeted by HTU and, therefore, many employers in the social services sector don't to meet consumers financially with their employees. It happens that employers and unions in the basic organization indeed sign a collective agreement to establish trade union, on the other hand, however, do not respect it and haven't any penalties for failure of it (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 thing that does not correspond to the principles of proper nutrition due to employees' claims (eg. Semolina pudding for seniors is not enough for a young carer who should have the power to use physical activity with the client). Employers stated that the if the staff is handling the food, there is a risk that they will take foods from clients and eat, so they must to take 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 - 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 herein 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 associate members - organizations may participate in social dialogue at national, sectoral and local levels. 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.³⁴

Collective agreement³⁵ 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 to achievement and maintaining of good labor relations with the employer,

³⁴ MPSVR SR, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavatela/kolektivne-pracovnopravne-vztahy/>

³⁵ §2 ods. 3 písm.a) zákona č. 2/1991 Z.z. o kolektívnom vyjednávaní v znení neskorších predpisov

- 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 agreement³⁶, where the participant is only 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, and 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 maintained by the Office of the Slovak Republic in electronic form. It is a public administration information systems - central register of contracts (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 on its validity it requires the approval of the competent authority. If this person does not have web site, the contract is published on the web site of its founder or free of charge in the Commercial Bulletin.

The respective trade union body shall **acquaint employees with the contents of the collective agreement** within 15 days from its conclusion. New hired employees are obligated to be informed by the employer with the working rules, with a collective agreement with the legislation relating to work performed by him with the law and other regulations for ensuring safety and health at work required by the employee for their work respected, the provisions on the principle of equal treatment. In a collective agreement, it is advisable to anchor also information obligation for the employer, for example in the following terms: The employer immediately after the conclusion of the collective agreement will ensure that a copy is available to each site, for every member of the leadership and for an every member of the Committee of Leading employees and are obliged to inform subordinates with the terms of this collective agreement. If requested by an employee, the employer allows to read and consultate the collective agreement by employee at any time. The Parties shall retain the collective agreement and the arbitrator's decision, which it is concerned, at least five years after the end of the period for which the collective agreement is concluded.³⁷

The procedure of collective bargaining in Slovakia is as follows³⁸:

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, unless the parties agree otherwise, and in response to rule on those parts which were not accepted. The Parties shall negotiate together and provide further requested collaboration, unless it is contrary to 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) - need to request confirmation of receipt of the copy of the cover letter or such by mail (registered mail with return receipt). Collective bargaining takes place personally during meeting of the partners, usually with several different interval 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 ensure the participation of consultants (e.g. for the security and protection in the work, labor experts, etc.) or participation of senior trade representatives. After each round of collective bargaining is recommended to make a written record (minutes). It's evidence on what the parties agreed and that 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 is assessed as a work directly related to the performance of tasks during working time according to § 240 paragraph. 1 of the Labour Code, so employer shall be treated as work, for which the employee has the regular salary. The signement of collective agreement is done by authorized persons. A collective agreement may be amended (and supplemented) by

³⁶ § 5a zákona č. 2/1991 Z.z. o kolektívnom vyjednávaní v znení neskorších predpisov

³⁷ § 5 ods. 7 zákona č. 2/1991 Zb. o kolektívnom vyjednávaní v znení neskorších predpisov

³⁸ § 8 ods. 1 až 4 zákona o č. 2/1991 Zb. o kolektívnom vyjednávaní v znení neskorších predpisov

amendments. Provision that should be mentioned also within the collective agreement and the procedure as described in concluding a collective agreement.

In the case, that parties of collective bargaining do not close the agreement, they should proceed within the meaning of collective disputes³⁹. **Collective disputes** under this law is in dispute concerning a collective agreement and disputes about fulfillment of the obligations of the collective agreement giving rise to claims to individual employees. The list of intermediaries (and judges) is kept by the Ministry of Labour, Social Affairs and Family 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 arbitration activities. To resolve the collective dispute, the parties may agree on an intermediary process. Mediation proceedings are following receipt of the request for arbitration intermediaries. If the parties are not be able to agree on an intermediary person, by request of any Party, the Ministry will choose intermediary person from the list of intermediaries held by the Ministry. Delivery of the decision on the appointment of a mediator before the proceedings began. In a dispute concerning a collective agreement may file a request before the lapse of 60 days from the submission of the written proposal to conclude the contract. The parties and the mediator are obliged to provide cooperation for each other. Actions before a mediator is considered a failure if the dispute is not resolved within 30 days of receipt of the request for arbitration intermediaries or from the date of notification of the decision determining the mediator, unless the parties have agreed on another time. The costs of proceedings before the intermediary shall be born by each party and shall be halved. Part of the cost is the intermediary in particular remuneration and travel expenses under 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 receipt of the request by the arbitrator. The arbitrator write down the receipt of minutes with the Parties. Arbitrator submit the record to the Parties and to the Ministry. Arbitrator can't be a person who was in the same dispute the mediator. 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.⁴⁰

Strike in a dispute concerning a collective agreement: if a collective agreement is not concluded, even after proceedings before a mediator and the parties do not request the arbiter to settle the dispute, it may be as a last resort in a dispute concerning a collective agreement to declare a strike. The strike is a partial or complete stoppage of work by employees. Strike participant is the worker throughout all strike duration, who agreed with stike and its aims; a employee who joined the strike are considered by its 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, it is voluntary participation. The representatives of the respective trade union body, authorized to represent participants in the strike, shall provide adequate and safe access to the workplace and the employer may not prevent the employees who want to work from the access to the workplace and leaving workplace or threaten these employees by any harm; abut interruption of work employer can only discuss with his employees. 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 before a mediator and the parties do not request the arbiter settle the dispute, it may be declared lockout as an extreme means of resolving a dispute concerning a collective agreement. Lockout means partial or complete cessation of work by the employer.⁴¹

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 is concluded for employers to reward employees performing work in public interest in public sector and the employer, which is the state (e.g. civil servants) and it shall be concluded for one year. During the period

³⁹ § 10 zákona o č. 2/1991 Zb. o kolektívnom vyjednávaní v znení neskorších predpisov

⁴⁰ § 13 zákona o č. 2/1991 Zb. o kolektívnom vyjednávaní v znení neskorších predpisov

⁴¹ § 16 zákona o č. 2/1991 Zb. o kolektívnom vyjednávaní v znení neskorších predpisov

covered by the collective agreement the collective agreement can not validly terminate, e.g. unilaterally terminate its effects on the Parties. 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 for storage.⁴²

List of saved and current higher level collective agreements at Ministry of Labour, Social Affairs and Family 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; Other.⁴³

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, identified for the year of 2016 these benefits - 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.⁴⁴

In the **health** field was concluded in 2012 Higher Level Collective Agreement, including the six amendments related to social services in Slovakia between Slovak Trade Union of Health and Human Services (SOZZaSS) and medical trade associations and the Association of Slovak higher level hospitals. The content is more convenient change of working conditions, including wage conditions, working time, working holidays, severance pay, severance, 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.⁴⁵

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 ods. 1 a) to c) of the Labour Code, at least one average monthly 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.⁴⁶ 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. Dodatkom no. 4, the Parties agreed to extend the force and effect until 03/31/2015. At present, therefore, there is no agreement valid with association of hospitals. Proposal of

⁴² §2 ods. 3 písm. b) až d) a §9 zákona o č. 2/1991 Zb. o kolektívnom vyjednávaní v znení neskorších predpisov

⁴³ MPSVR SR, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavateľa/kolektívne-pracovnoprávne-vztahy/>

⁴⁴ Farkašová, SOZZaSS, 2015. Internal material for new members of trade union - presentation during education.

⁴⁵ MPSVR SR, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavateľa/kolektívne-pracovnoprávne-vztahy/>

⁴⁶ MPSVR SR, 2016, <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavateľa/kolektívne-pracovnoprávne-vztahy/>

SOZZaSS trade union from 18th august 2014 Association of hospitals didn't accept. The negotiations are still ongoing.⁴⁷

SOZZaSS trade unions brings together 140 grassroots organizations established at 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 (TTSK and PSK), the problem in communication is also in the Bratislava region (HTU - BSK) because of a different political orientation (right-wing) 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, there is the tripartite at only national level (Higher level collective agreement for public sector) and at the level of the public organizations. Absence of social dialogue at the level of HTUs is misfortune. 5 or 6 national trade unions would prefer social dialogue at the level of HTU, but if something is not given by the law, there is no willingness on the other side, that is, representatives of HTU are not willing to enter the social dialogue (Interview 2 - trade union). HTU is contributory or budgetary organizations, what is often used as an argument. The point is that even though the chairman of HTU promises something during collective bargaining, he/she is not in a position to prove it many times, since decisions go through the approval of member parliament of HTU. It so happened that even if the chairman does not sign the agreement on something suggested by member parliament of HTU, even twice and return it to discussion, finally, if the HTU member parliament approved at the meeting, it is also valid without the signatures of the chairman (Interview 4 - trade union). For questions regarding of structured social dialogue at the national level, again when Ministry of labour, social affairs and family of SR can not solve any social problem, it creates a commission. For example, last year was the creation of the expert commission for making legislative changes in social services. Law 448/2008 Z.z. on social services is very comprehensive and has a number of additional attachments that are for many (including directors of social services institutions) unknown. It specifies terms of quality of social services and minimum standards. Laws are introduced, but the expert committee the last year dealt with the problem how to apply these standards into the practice of social service providing and is still pending. Committee aims to develop methodologies for social services institutions to proceed quality standards in order to Ministry could monitor and control these conditions of quality of provided social services in social services institutions. But in the same time not Committee neither Ministry do not remove "intermediated" factor - HTUs position of financing body and superior authority of HTU, which is also a huge limiting factor in the same time (Interview 4 - trade union). Within SOZZaSS trade union as a single trade union of employees in social services, employees of social services are only in 1/5th part from all members of this trade union of health services and social services providers, so this is also limiting factor for the dedication to social issues (in excess of the need to address health topics - interview 4 - trade unions). *“Despite of the very low wages of workers in social services sector, I’ve never heard that trade union and workers inside ever protested. Trade union “fought” only to fund the salaries of nurses at the medical level of wage tariffs. The Trade Union of Workers of Health and Welfare Social Affairs are the most fairy tale Cinderella, who is waiting for her prince. This is due to the fact that jobs in the catalogs 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 emergence of social workers is the Chamber as an opportunity for change.*” (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 the years of 1991-1992). Agenda that addresses the Slovak Chamber of social workers and assistants in social work is regarding to 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 seen in the debate a general lack of trend discussing the problems and looking for ways how to “win-win”. I also think it would help greater awareness and information that you can use this tool at all*” (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 devices that do not know and do not apply any form of social dialogue procedures. Because the most of

⁴⁷ MPSVR SR, 2016, dostupné na <https://www.employment.gov.sk/sk/praca-zamestnanost/vztah-zamestnanca-zamestnavateľa/kolektivne-pracovnopravne-vztahy/>

these organizations are civil society organizations (NGOs), employees are also members simultaneously as well. So the problems are solved before the general meeting as the world of work. 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, must tolerate and accept the fact that their remuneration will be lower than if it is covered by the activities of 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 contractual basis (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 the years of 1991-1992).

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, though at the national level the third – governmental – party joins in. The aim of the negotiations 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 negotiations, but do not necessarily lead to an agreement, though the parties usually honour their outcome.
- Giving opinion – representatives of the state administration seek views of trade unions and employers’ organisations on government policy. The stances of the social partners are not binding for the government. The principles of giving opinion however are mostly regulated by law, which also determine in which cases the government is obliged to seek the opinion.
- Informing - representatives of the state administration shall, on their own initiative or at the request of interested parties, provide information to the social partners. Providing the information is not associated with the obligation to hear the position of the parties, but the common practice is ensuring the opportunity to ask additional questions and to conduct a short discussion. At the level of a single company (institution), the unions, employees’ councils and other forms of employees’ representation possess the right to info.

3.3 Forum of social dialogue

The tripartite at the national level is not constituted. 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 company level, where trade unions operates. Within the tripartite representatives of SOZZaSS trade union operates in various committee, working groups, councils of government at the national level in the social services sector:

- 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 methodics and methodical evaluation of quality standards of social services providing
- 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, the position of the Confederation of Trade Unions of Slovak Republic is relatively weak for employees of health and social services in Slovakia, government (specifically MLSAF) is showing a little

interest to meet with them, but it remains in the position of hearing their demands and opinions. In previous years, this concerned mainly about staff salaries in the social services sector - they considered salaries as very low and inadequate, but I do not think that something happened with it in recent years. Cooperation with MLSAF of SR ran regularly with the participation of representatives of MLSAF in conferences and seminars organized by the Confederation of trade unions KOZ, which were presented and discussed the plans of the Government regarding the social services (conception, legislation), and if the trade unions pointed to poor salary conditions of employees, it was not possible to solve at the level of MLSAF because this issue has passed under the competence of the Governmental Office, which, however, probably does not even know that they have this competence (the evidence is that Governmental office referred journalists asking to salary issues to MLSAF). KOZ is commentary authority in the legislative process and thus their representatives were always invited in the meeting of creation of laws in the social services and to negotiate and discuss with them their suggestions and comments, and if it was factually and politically possible, they were accepted. Trade unionists themselves / members should ponder whether their hitherto work bring some benefits for employees. Are the union leaders who represent trade union enough active, experts and doing a loud sound and if not, what can be done to change it for the better? I think so.”(Interview 9 - independent expert in social services; former Director of Social Services Department of MLSAF in the years 1991-2015)

“Union of town and villages of Slovakia (ZMOS) repeatedly ranks among its priorities a change in legislation which would allow practical and financial viable conditions for the provision of social services. Despite this, the huge topic so far from the position of ZMOS was failed. Rather, it is the appeal directed to the government and relevant departments. It is also appropriate to note that social services are formulated as the original scope of local self-government and regional self-government. And Slovakia, except of liabilities such to the rights of persons with disabilities, is also bounded by the European Charter of Local Self-Government - the adequacy of the administrative structures and resources appropriate to the tasks of local authorities (Art. 6 ods. 1); the financial resources of local authorities (Art. 9 paragraph. 2.3, 4 and 8), the right and ability of local authorities within the law and manage a substantial share of public affairs under their responsibility and in the interest of the local population (art. 3, paragraph. 1), the right of local authorities as far as possible to adapt to local conditions carrying out powers delegated it central or regional authorities (Art. 4 paragraph. 5) the right of local authorities within the framework of national economic policy, to adequate own funds with which they could within their power to dispose of freely (Art. 9 paragraph. 1). If the question is directed the sectoral social dialogue, it is possible to cause the virtual absence of it by a) defining the subject of the sectoral dialogue in comparison with specialized platforms (Government Council, committees) where they also represent the relevant employers' organizations, trade unions generally and b) Unidentified "sector" social dialogue. It's also possible that, compared with conventional sectoral social dialogue (on the part of employers in principle always Entities same or similar type, e.g. businesses) in social services representing all the public, via private, to NGOs, e.g. already unification issue at hand, for employers may be difficult. Allow me also to formulate the hypothesis that even the situation from the side of employees is not ideal covering the sectors. I fear that household services are covered by unions only in a few range, or not at all. The same pays for services providing basic living conditions (e.g. services to the homeless, drug addicts, sex industry etc.). From this perspective, it was an unavoidable subject for Chamber of social workers but chamber is still a building, and it is not built on the principle of trade union, but on principle of professional associations.”(Interview 11 - Director of the legislative section of ZMOS).

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 these challenges as for work force in the social service sector (from the perspective of care homes` and their employees):

There is a **low percentage of young employees**, low attractivity and interest in employing in social services. In spite of this there is a great potential for formation of new work positions in social services in

the context of demographic trends. We need to think ahead over factors influencing decreasing attractiveness of employment in this field (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 association, a director of non-public social services, previous president of the trade union).

Inadequate wages and employees’ low motivation for career growth 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 social worker in an NGO, a sponsor and a main author of the appendix 2 of Social Services Act focused on conditions of social service quality a guaranty and a chief methodologist of the deinstitutionalization national program, an analyst for the Health Policy - 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). But the situation is also caused by financing of social services. Even if the so called table salaries increased, still non-public providers (city council, county council) do not have enough resources from the public finance to fund social services. Respectively if they wanted to increase salaries (e. g. personal extra pay) under the valid legislation they have no finance to provide it. Consequently the situation in employment of quality employees as well as in providing their professionalism via education, supervision is very difficult. In practice we can see this situation when an employer recruits a qualified employee, eventually invests into his further education and development but this quality employee leaves as an employer cannot motivate him to stay by an increased or adequate salary. Therefore an employee leaves to an employer where he is better paid. (See home nurses leaving for Austria and Germany after getting qualified in an accredited course and practice). Employees having no motivation to improve and develop themselves if they only earn low salaries are not rare at all. Social service employees (unlike health care, education) do not receive such a support from trade unions. Slovakia has never witnessed these employees to be actively on strike and they did not even intend to. Many of them work in regions where the unemployment is very high. So they are happy to have at least badly paid employment. Even more who could provide care for clients in times of strikes as it is hard enough to manage and provide care even in normal conditions? It is difficult or even impossible to leave powerless and paralyzed clients without staff. The trade union’s lobby should be stronger (to be more radical) in enforcing 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 - an independent expert in social services, previous manager of social service department in Ministry of labor, social affairs and family in the Slovak Republic during 1991 - 2015)

Low attractiveness of social service employees in membership in trade unions - mainly from non-public service providers (interview 2 - trade unions). *“I do not see any benefits from being a trade union member. I have been a member for years and besides paying membership fees I did not see anything positive. In this stage trade unions of social services are dysfunctional - as far as I know. They are not interested in employees’ work conditions and they do not solve them. At least I do not have any information about that.”* (Interview 12 - a vice-president of Association of service providers and a director of a non-public service provider, a previous member of the trade union). *“The membership in the trade unions could be made more attractive if there were „greater activity of Slovak Trade Union of Health Care and Social Services and a real focus on problems - that will have caused a catastrophe within few years - in the field of social service provision and care . “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, a director of a non-public provider, a previous president of the trade union). *“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. They are oriented in a different direction - not towards flexibility but towards warranty and stability. For community services to be able to function efficiently, the Labor Code needs to be changed in many areas including the tax wedge. The trade union representatives cry for higher salaries but they do not say anything about the service quality for a client. What would the trade unions do if a worker infringed a client’s rights? Slovak unions in general are bad. If we were in Norway the unions would also have ethical committees, would deal with things and would negotiate, and represent clients as well as workers. It is not only about the unions claiming some activity. But they publish directions, they work professionally - as if they were a chamber”.* (Interview 10 - a social worker in an NGO sponsor and a chief author of the appendix 2 of Social Services Act focused on conditions of social service quality a guaranty and a chief methodologist of the deinstitutionalization national program, an analyst for the Health Policy 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 **obstructions in providing flexible working hours** - possibility to implement temporary jobs according to approved budget for certain time and thus minimize “breaks” linked with that e. g. 2 month lasting unemployment of an 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 - part time employees for night shifts, agreement based employees etc. The flexibility of work positions is low. 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 social worker in an NGO a sponsor and a main author of the appendix 2 of Social Services Act focused on conditions of social service quality a guaranty and a chief methodologist of the deinstitutionalization national program, an analyst for the Health Policy Institute in the Ministry of health in the Slovak Republic).

Routine work, minimum innovation, **“burning out”** - occurs mainly in huge 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 the 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).

Great numbers of female workers and 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 clients”* (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 the years of 1991-1992).

The **process of deinstitutionalization** ahead of us (in chosen care homes already running) and its influence on the work force - insecurity resulting from the developing 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, a director of a non-public service provider and a previous president of the trade union):

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 yearly approved 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.*

In regard to the lack of employees in social service sector (public as well as non-public ones) and to the incapacity to satisfy the **demands the system of funding needs to be changed** in such a way as to stabilize as well as to increase number of professional employees’ in social service sector. This change

needs to be carry out not only via employees` wage increase - just like other trade unions tend to solve situations now. Only a systemic change in social service funding can bring about changes in wage policy for the work force in social services. The effort to change the system has already started. The non-profit sector focused on social services on the national level tries 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 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 necessarily needs to be supported by paid services for the public. *"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. It means though repeated increase of costs that will not be covered by allocated income. Thus employees` wages have low chance to grow unless funding system for social services radically changes."* (Interview 12 - a vice-president of Association of service providers and a director of a non-public service provider, previous member of the trade union). *"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 - president of association, a director of non-public social services, previous president of the trade union). *County municipalities are sometimes those that initiate systemic changes e. g. in the area of education. Sometimes they sort something out. But 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 though understand them as the maximum ones and enforce expenses rather on material equipment. 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 social worker in an NGO, a sponsor and a main author of the appendix 2 of Social Services Act focused on conditions of social service quality a guaranty and a chief methodologist of the deinstitutionalization national program, an analyst for the Health Policy 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. If not, social service quality will be endangered and then consequently basic clients` rights and liberties that are compulsory to observe by the state - Social Services Act „ (standards, criteria and indicators for social service quality)"* (Interview 9 - an independent expert in social services, previous manager of social service department in Ministry of labor, social affairs and family in the Slovak Republic during 1991 - 2015).

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 - an independent expert in social services, previous manager of social service department in Ministry of labor, social affairs and family in the Slovak Republic during 1991 - 2015).

There is a need for **inter-sector networking** with the aim to achieve quality structured social dialogue engaging 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. The experience though shows the unwillingness to include the non-profit sector in the tripartite 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 Platform roof of non-public providers of social services and the previous Minister of labour, social affairs and family of the Slovak Republic in the years of 1991-1992). To extend the tripartite social dialogue by the **business sector** that is willing thanks to their social responsibility (CSR) and company philanthropy. To increase social service quality - 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.).

Need to participate in all key state processes for social services - it means any social dialogue concerning social services with the aim of **active impact co-formation 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 condition and growing trend of civilization diseases there is and increasing demand and need for social services. It means for more efficient social policy **enforcing innovative trends in social service provision** including new forms based on community, deinstitutionalization and the field social work, home nursing care etc. The oncoming deinstitutionalization process (or already running in chosen care homes causes insecurities in most of care homes resulting from development of new community based social services. As for the deinstitutionalization most of the staff is skeptical. (Interview 2 - trade unions)An example might be the failure of the national project of home nurses (from ESF through Labor Ministry). Finance to run it were given for only a very short period of time - 1 year. They signed contracts with clients living in their households, and started to run the services. Consequently after a suspicious victory of one service provider for the whole Slovakia they could not carry on their activities in their households because of the provider`s lack of money. (Victorious provider did not take care of the clients to the full extent and many clients remained without any help again).

For the sake of increase of social service quality implementation and **extension of education** in social services by further specialized studies, courses and trainings are inevitable (with foreign lecturers to provide exchange of good practice examples and international cooperation) that could remove insecurities and negative mindsets towards 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 social worker in an NGO, a sponsor and a main author of the appendix 2 of Social Services Act focused on conditions of social service quality a guaranty and a chief methodologist of the deinstitutionalization national program, an analyst for the Health Policy - 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 - director of legislation section of Slovak Association 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 ESF 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 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’ 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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ANNEX LIST OF EXPERT INTERVIEWS

Nr.	NAME & SURNAME	ORGANISATION	FUNCTION	CONTACTS
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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 peter@mladezulice.sk
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 the years of 1991 - 2015	+421 949 279 962 lydia.brichtova@gmail.com
10	PhDr. Miroslav Cangár	Ministry of Labour, social affairs and family 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 miroslav@cangar.sk
11	Mgr. Bruno Konečný	Union of towns and villages of Slovakia (ZMOS)	Director of legislative section	+421 2 2925 945 konecny@zmos.sk
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 empatia@harris.sk
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 dobrotkova@stonline.sk
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1	Prof. PhDr. Monika Čambalíková, CSc.	Institute of sociology of Slovak Research Academy	research	+421 2 5296 4355 kl. 105 monika.cambalikova@savba.sk



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