SOWELL

Social dialogue in welfare services

Employment relations, labour market and social actors in the care services

National report Slovakia

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List of Abbreviations

ECEC	Early childhood education
EO	Employers' organisation
HTU	higher territorial units (VUC)
IR	Industrial relations
LTC	Long-term care
MLSAF	Ministry of Labour, Social Affairs and Family of the Slovak Republic
MŠVRŠ	Ministry of Education, Science, Research and Sport of the Slovak Republic
MZ	Ministry of Health of the Slovak Republic
NGO	Non-governmental organisation

PA	Professional association
Pps	Percentage points
SA	Social actor
SD	Social dialogue
SP	Social partner
TU	Trade union

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Executive summary

The report was prepared within the SOWELL project focused on social dialogue in care services and co-financed by the European Commission DG Employment, Social Inclusion &Affairs (VS/2020/0242). The report presents the Slovak employment relations, working conditions and social partner strategies in care services, concentrating on two sectors: care services for children aged 0-5 (ECEC) and social and health services for the elderly people (LTC).

The report, based on extensive desk research, analysis of the dataset and interviews with the stakeholders, maps the employment, governance and industrial relations in ECEC and LTC to respond to two **research questions**:

a) **How did Slovakia balance the pressures of budget constraints, service coverage, job quality and quality of services in ECEC and LTC, the so-called 'quadrilemma'? and**

b) **What role do the social partners and social dialogue institutions play in favour of some solutions of care provision instead of others?**

The overall employment rate slowly increased after the economic crisis. However, the employment rate by gender shows persistent gaps to the detriment of women. **Slovakia's progress in catching up with the EU average has slowed down.** Due to the persisting labour productivity gap and the significant developmental gap between Slovakia's capital and its other regions, the GDP growth rate dropped from 5,9% in 2010 to 2,3 in 2019.

The overall employment in the educational sector increased, although the general government expenditure on education dropped from 4% in 2013 to 3,8% in 2017. The low expenditure reflects the low wages in the sector. A similar development was observed in ECEC when the number of kindergarten teachers slowly increased during the 2008 – 2019 period. Despite inflow of young teachers, the age structure skewed to the older age categories.

The Slovak ECEC sector is a dual system, differentiating the care services for children under and above three years old. The two systems are diverse in legislation, regulations, policies and competencies, end even industrial relations. Younger children are cared for in nurseries - the social services facilities regulated under the Ministry of social affairs. Children aged 3-6 years attend kindergartens considered pre-primary education governed by the Ministry of education.

The founding of nurseries and kindergartens is fully decentralised. The nurseries are mostly registered as non-public care services, and the parents bear most of the costs. Kindergartens are prevalently public facilities founded and subsidised by the local municipalities. However, parents also pay extra fees to supplement kindergarten operation.

Slovakia has one of the lowest attendance rates in early childcare and education among OECD countries. According to Eurostat, the attendance rate was 82.6 % in Slovakia, while the EU average was 95.5 % in 2019. The enrolment of children under three was 5% (: 26% in OECD). The lack of service capacity is not the problem itself but distribution. In larger cities and some districts, the low ECEC coverage does not meet the demand in the long run. The lack of capacity is also critical for the children from the marginalised Roma communities in various parts of Slovakia and children with special needs. Spending on ECEC in Slovakia is lower than on average across other countries, although the expenditure on ECEC over 2013 -2018 increased from 0,44% to 0,55% of GDP.

The establishment and operation of nurseries and kindergartens are strictly regulated, resulting in the slow process of opening new facilities and discourages the municipalities and non-public providers

from expanding the capacity. The lack of childcare capacities re-initiated policies for establishing alternative types of childcare, such as children groups or childcare services at universities.

Employment in the Human health and social works activities sector continually increases over time, while women encompass more than 2/3 of all persons in the sector. However, the number of LTC workers per 100 people aged 65 and over are among the lowest in the EU-27 (1.5 workers per 100 older people), representing less than half the EU-27 average. The noncompliance with staffing regulations is often identified. The informal-family care remains the main form of LTC in Slovakia.

Responsibility for LTC in Slovakia is formally divided between the Ministry of Labour, Social Affairs and Family and the Ministry of Health. Social services are provided mainly by self-governing local and regional authorities and financed from their budgets, client payments, and financial contributions. The out-of-pocket payments for home care are well below 50% of the median income among older people.

The delivery of long-term care needs to be improved due to a lack of an integrated legal framework and low public expenditure. The number of beds in nursing and residential care facilities per hundred thousand inhabitants is increasing over time, however, the growth has been negligible. Residential and institutional services still predominate in the offer of LTC. The deinstitutionalisation of LTC in Slovakia has been slowed due to procedural and financial barriers. Moreover, the current system does not provide sufficient support to families caring for dependent relatives.

Upcoming investments in ECEC and LTC intend to increase the capacity in both care sectors. The Recovery and Resilience Plan for Slovakia indicates an investment of EUR 141 million in kindergartens and EUR 193 million in enhancing community-based social care capacities.

During the last decade, the conflicting pressure of budgetary constrains, increased demand and challenges in job and service quality was prevalently addressed with **investments in coverage and quality of services at the expense of job quality.** The low job quality is reflected by the low or stagnated level of wages, causing the need for a qualified workforce and increased demand for the workforce. Sacrificing labour conditions for the sake of the other three dimensions is more pronounced in LTC (both form and informal carers) than in ECEC. Additionally, despite some improvements, **Slovakia ranks low compared to the EU or OECD average** in more indicators related to ECEC and LTC investments and services quality.

Both care sectors are **family and welfare oriented, transferring the responsibility for care to family members instead of public services**. The family orientation is in concurrence with the gender ideology of the women's perception as the "natural" and primary carers.

The current ECEC and LTC setting in Slovakia produces a high share of economically inactive women out of the formal labour market. The significantly disproportionate formal and informal care and predominance of women's employment in both undervalued care sectors at their expense results in low gender equality performance.

The social dialogue institutions are present in both care sectors; however, there is considerable space for improvement. The challenges addressed by the social partners and social actors are similar and mutually interrelated. Social partners via multiemployer social bargaining mostly target wages, overall underfunding and safety and security issues. Social actors focus on common services standards, staffing and overall setting of the care systems.

Some of the challenges and types of workers, such as informal carers, are not addressed either by social partners or social actors. Multiple employers bargaining is most prevalent, however, besides social dialogue, civil dialogue also plays a significant role.

Local solutions to the quadrilemma illustrate various approaches and actors' involvement. Joint advocacy of professional associations and sectoral unions mitigates the trade-off of service quality improvement vs service accessibility in ECEC. By applying massive investment and targeted management, the local municipality increased services coverage in kindergartens. Additional solution was, when the municipalities across larger reagon came together and created integrated LTC services despite the insufficient and fragmented regulation. The effort of the working standards in care work was coordinated vertically from the sectoral to the local level social bargaining. Sectoral social partners have addressed the low quality of working conditions and violation of health and safety issues in LTC.

The main **success factors** of the four cases rest on the following features. **Shared goals and initiatives of well-developed regional and local structures of sectoral social partners and social actors** are the first success factor. Joint actions bring high leverage by social bargaining and multiemployers collective agreements of pay raise. In LTC, **unions presenting both social and health workers, despite fragmented regulations,** is the additional success factor. **Vertical distribution of the national/sectoral social dialogue to the local level** allowed not only to rely on the national agreements for public employees but also to improve working conditions of the given employer.

Introduction

This report was compiled within the project SOWELL - Social dialogue in welfare services. Employment relations, labour market and social actors in care services. The project is financed by the European Commission DG Employment, Social Inclusion &Affairs (Project no. VS/2020/0242).

The report presents the Slovak employment relations, working conditions and social partner strategies in care services, concentrating on two sectors: care services for children aged 0-5 (ECEC) and social and health services for the elderly (LTC). The grounds for the focus on ECEC and LTC is that these care services are the core of EU social investment strategy and welfare reforms. Moreover, both are labour-intensive sectors and central to labour issues.

Over the past decades, relevant changes have affected care services, with distinct effects on providers, the workforce, working conditions and employment relations. Many European countries face increased demand for care services and increased difficulties in providing care services under austere conditions. As a result, a more intense trend toward service privatisation and marketisation and pressure on employment relations and working condition emerged.

The care services sectors are facing different pressures and conflicting priorities that need to be balanced: (a) **The public budget constraints** - in an age of "permanent austerity", governments have to be careful how to use very limited resources to respond to increasing social needs; (b) **The employment condition quality** - ensuring fair and homogeneous working conditions for the different labour market segments involved in this sector; (c) **Service coverage**; the coverage should be as broad and universal as possible given the importance of LTC and ECEC within the social investment strategy and European Pillar of Social Rights; (d) **Quality of services** - in a situation of tight budgets there is the possibility of a trade-off between broadening service and quality of care, delivered by qualified personnel.

The four conflicting pressures create a **quadrilemma** that the states respond to in different ways and with different outcomes. The diverse solutions can be represented on a continuum of a) «Hard» privatisation, where the focus is on budget constraints, to the detriment of pay and working conditions; heterogeneous quality of service; b) «Soft» privatisation» = public budgets and expansion of service coverage, at the detriment of pay and working conditions as well as of service quality; c) Care provision «soft» expansion = «muddling through» strategy, trying to cope with all priorities; difficult balance between the (limited) expansion of service coverage, medium level working conditions and job quality and d) Care provision integration = focus on job quality and quality of care, with less attention to public budget; extended service coverage; fair pay and working conditions.

Many factors can affect a country's choices in managing the quadrilemma, such as the role of the politics, policy legacy, path dependency, structure and performance of the country's economy, EU institutions, etc. Moreover, social partners, employment relations and social dialogue institutions may play a mediated role in influencing solutions for the quadrilemma, especially in the trend of deregulation of employment relations and preventing the risk of precarisation of working conditions in the care sector.

The report responds to the following research questions:

a) **How did Slovakia balance the pressures of budget constraints, service coverage, job quality and quality of services in ECEC and LTC?**

b) What role do the social partners and social dialogue institutions play to favour some outcomes in care provision instead of others?

To explore the objective of the research, the report provides the mapping of the characteristics and main transformations of the labour market in Slovakia in terms of providers, the share of the overall workforce employed and its composition. This mapping exercise is followed by scrutinising the working conditions, i.e., wage levels, contractual arrangements and employment relations institutions in ECEC and LTC. Additionally, the report contributes to understanding the role played by trade unions, employer associations, and other actors at local and national levels to promote and sustain social dialogue in care services. In particular, the report presents empirical evidence on how the quadrilemma has been addressed by strategies and actions of social actors, including employers and trade unions, but also national governments and local municipalities.

The scope of ECEC for the purpose of the report encompasses primarily formal child care in nurseries (social services for children under 3 years) and kindergartens (pre-primary schools) for children 2-6 years old. The LTC is scoped as a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or require some permanent nursing care. The report primarily searches for formal LTC for elderly people in residential, formal home, or semi-residential care. However, in Slovakia, informal long-term care is highly important. It is defined as LTC provided by someone in their social environment –often a partner, parent or another relative – who is not hired as a care professional.

In Slovakia, the social care services sectors are among the most challenged regarding increased demand, budgetary constraints, and job and service quality. Particularly early childhood education and care and long-term care services have long been subject to criticism within the European Semester reporting for unmet demand, low investments and unfinished reforms.[1] At the same time, the call for support for more effective social dialogue and strengthening the role of social partners to improve the situation intensified.

The report first provides a description of the development of employment, investments, governance and service coverage over the time span of 2008 – 2020, with the overlap to the most recent situation in 2021 and early 2022. After that, the report zooms into the industrial relations in ECEC and LTC and maps the social partners and social actor strategies and actions to deal with the budget constraints, job quality, service coverage and quality of services.

The report analyses four cases that offer solutions to the challenges LTC and ECEC face in terms of the quadrilemma. Special attention is focused on the role of social partners, social actors, social dialogue, and other aspects of industrial relations. The focus of the case studies is, therefore, on innovative solutions regarding practices, strategies and initiatives to address the issues. Particular attention is paid to the variation of the cases following the diverse solutions involvement of a variety of social partners and local authorities, and services providers.

The report was compiled based on existing literature and reports, expert interviews, analysis of the regulations on work and collective agreement applied, and quantitative analysis of national datasets if available. The interviews with representatives of the decision-making body, the national and local governance, representatives of the relevant social partners and other actors active in ECE and LTC sectors collect the relevant information. The lists of the interviews can be found at the end of the report.

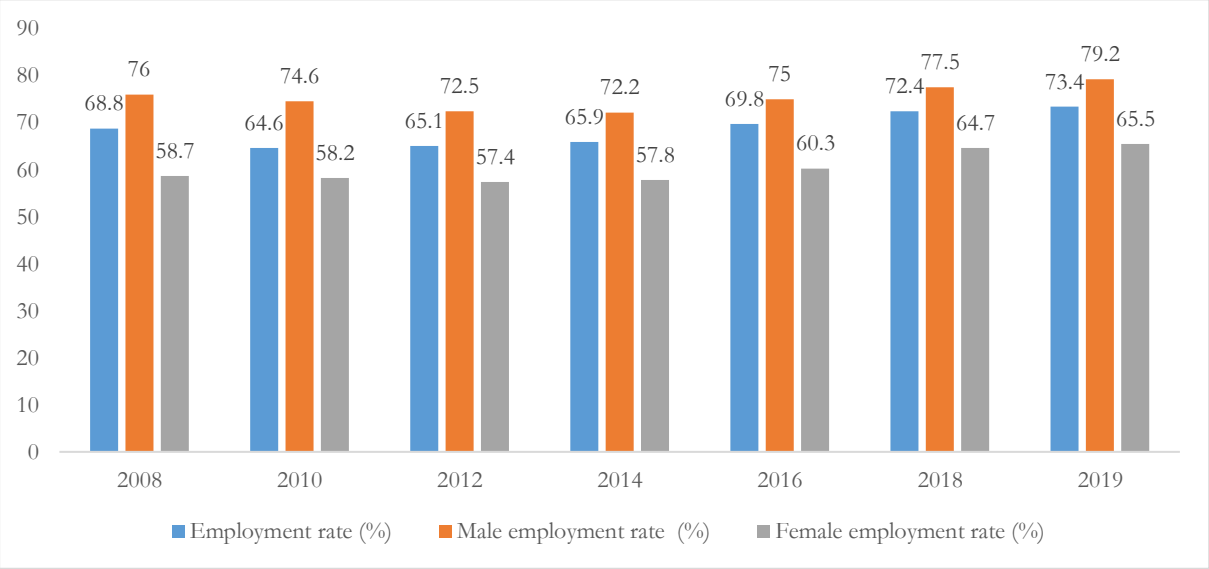
[1] See the European Semester Country Reports 2013 – 2021 at: https://commission.europa.eu/content/archive-european-semester-documents-slovakia_en#european-semester-2013

1. The labour market in general and in ECEC and LTC

1.1. The main characteristics of the labour market at the national level

The Slovak labour market is characterised by an overall employment rate of 64%– 73% in 2008 – 2019. The decreasing trend from 2008 to 2012 is related to the financial crisis and its aftermath. Since then, the trend reversed and slowly steeped to the 73,4% employment rate in 2019. Employment growth continued, driven by services and construction. According to the Statistical Office, after five years of steady growth, employment in the automotive industry, which is highly relevant for the Slovak economy and growth, plateaued (European Commission, 2020). Strong labour demand was met by an increasing activity rate (among people aged 20- 64 by 0.4 pps year-on-year). The latest annual data indicated a decrease of 1 pp. (percentage point) of 72,3% in 2020.[2] The quarterly data indicate an increase to 74,1% in 2021-Q2.[3] The current development of the employment rate is closely related to the pandemic waves and the effectiveness of the measures for maintaining the jobs implemented.

Figure 1. Development of the employment rate by gender in 2008 – 2019 (% of total population, 20 – 64 years)

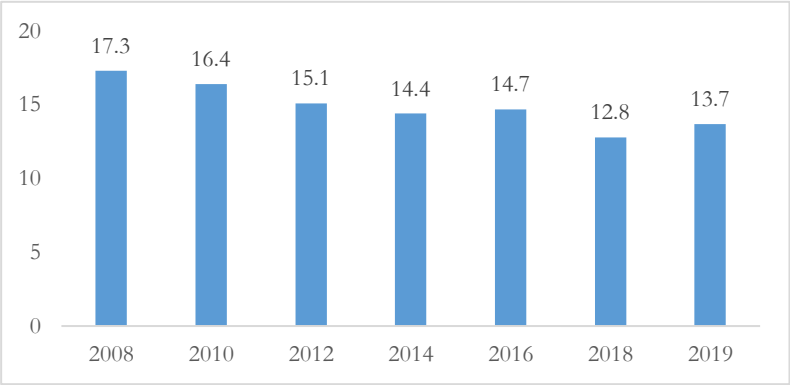


Source: EU-LFS

The development of **an overall employment rate by gender shows persistent gaps to the detriment of women.** In contrast, men´s employment rate ranged from 72,4% to 79,2% in 2008 – 2019, and women´s from 57,4% - 65,5%. The male employment rate has long been above 78-per cent, and the women´s progress stalled at 66 %. The gender employment gap decreased between 2013-2017, however, it remained at the level of more than 10 p.p. to the detriment of women. The decrease was due to the faster increase in male employment in comparison to females. The gender employment gap of 20- 64 olds reached 12.6 percentage points (pps.) in 2020. The gaps arose in the age category of 15-24 olds (13.9 p.p.) and were sustained in higher ages (55-64 old 6.6 p.p.) in 2020 to the detriment of women (MLSAF, 2021). The labour market participation of younger women continues to be low, constrained by the take-up of family obligations (encouraged by long paid maternity leaves, lack of childcare facilities, in particular for children under 3 years of age, and low uptake of flexible work arrangements (European Commission, 2020).

[2] Eurostat, Employment and activity by sex and age - annual data (online data code: LFSI_EMP_A)
[3] Eurostat, Employment and activity by sex and age - quarterly data (online data code: LFSI_EMP_Q)

Figure 2. Development of the employment gender gap in 2008 – 2019



Source: EU-LFS

The share of part-timers is small due to low wages and unattractiveness for employers and employees. The percentage of women and men working part-time never exceeded 10% in the last decade. (Statistical Office of the Slovak Republic, 2020).

Regarding the employment level by education attainment, the trends are positive. The share of tertiary-educated employed persons was continuously increasing in the last two decades and topped the level of 28,5 % in 2020, while the employed persons with lower educational attainment levels are decreasing. On the other hand, tertiary educated persons sometimes need to be more qualified in relation to their work and thus take the place of lower educated groups (European Commission, 2020).

The overall unemployment rate took a positive decreasing trend after the financial crisis and began to drop down to the 2012 level of 5,8% in 2019, according to the LSF series. The registered unemployment rate, based on the unemployed persons - job seekers of the state evidence system is much higher. The latest data from 2020 indicate a 7,57% rate (6,73% in men and 8,55% in women). Another **relevant characteristic of the Slovak labour market is long-term unemployment**, which is longer than 12 months. The levels averaged 11% of the population in the labour market (61% out of unemployed persons) in 2001 (European Commission, 2020).

Slovakia's progress in catching up with the EU average has slowed down. The GDP growth rate dropped down to 2,3% in 2019. After a period of swift convergence following Slovakia's ascention to the EU, the GDP per person in purchasing power standards has stood between 72% and 77% of the EU average since 2010. Slovakia's progress in catching up lags behind that of regional peers in Central and Eastern Europe. This is partly linked to the persisting labour productivity gap. In addition, there is still a significant developmental gap between Slovakia's capital and its other regions. Improving critical infrastructure and public services and strengthening urban-rural linkages can help narrow this gap. Slovakia's respective strategies and reforms are relatively straightforward and effective on paper, but their implementation often remains poor (European Commission, 2020)

Table 1 Yearly GDP growth in 2010 – 2019 (%)

	2010	2012	2014	2016	2018	2019
GDP growth rate (%)	5,9	1,9	2,6	2,1	3,8	2,3

Source: Eurostat

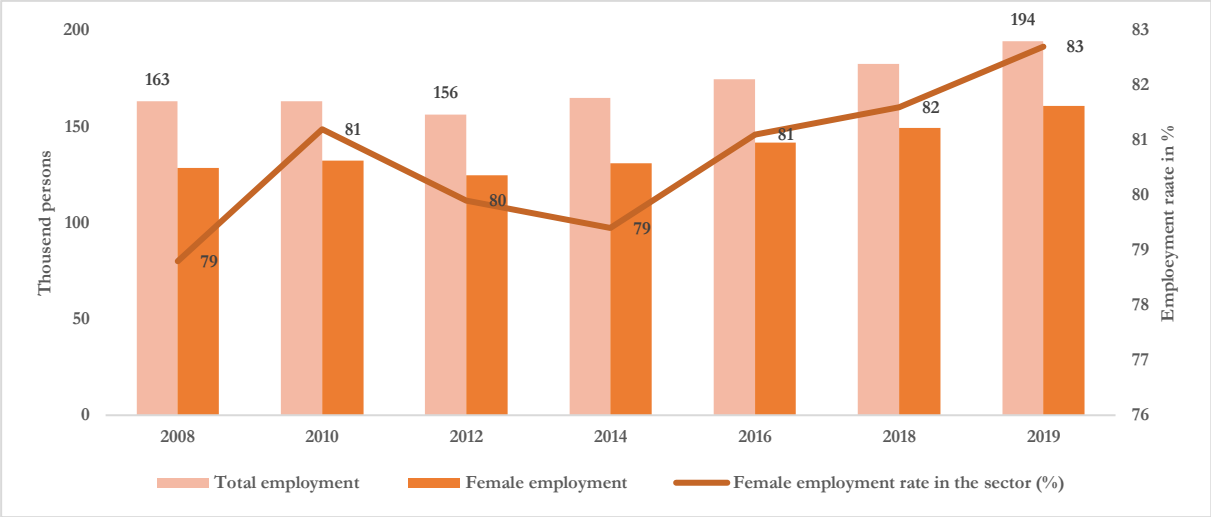
1.2. The labour market in the ECEC and LTC sectors

1.2.1 Characteristics of the labour market in the education sector

The overall employment in the educational sector comprises 150 to 194 thousand employees in Slovakia. The number has increased over time, dropping temporarily after the financial crises when austerity measures were implemented. The pay and hiring freeze has caused a dropped in the total number of persons employed in the education sector from 163 thousand in 2008 to 156 thousand in 2012. After persons employed picked up in 2019 when overall 194 thousand persons worked in the sector.

The share of women never dropped under 79% and can be seen as a female-dominated sector with its gendered and often biased characteristics. The gendered nature of the sector encompasses the under-evaluation of care and education qualifications in remuneration, low prestige and attraction for young people, especially men.

Figure 3 Employment in the educational sector over time



Source: Eurostat

The most presented age groups in the educational sector are women between the age of 25 – 49 (13 5% in 2019) and 50 – 64 years old (16,1% in 2019). The share of the younger group of women increased in the last five years, while the latter one remains stable.

In the educational sector, more and more employees have been gaining tertiary education over time. The employees with the upper secondary attainment level has all but dissapeared over time. Employees with primary or lower secondary education present less than 2 %.

The general government expenditure on education as a % of GDP, however, dropped from 4% in 2013 to 3,8% in 2017.

Table 2 General government expenditure by function (% of GDP)

	2013	2014	2015	2016	2017
Education	4,0	4,1	4,2	3,8	3,8

Source: Eurostat, OECD

The low expenditure reflects the low wages in the education sector. The salaries of teachers in Slovakia are low in proportion to the salary of university graduates compared to the EU countries in the OECD,

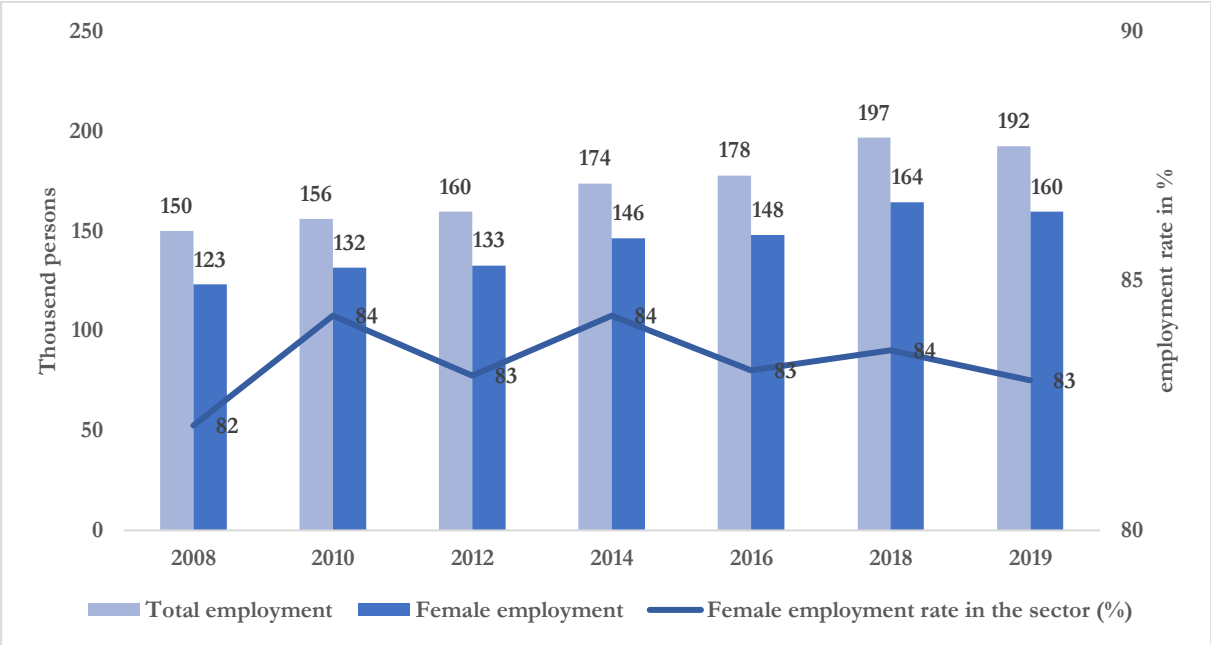
discouraging students from the teaching profession. The attractiveness of the teaching profession is measured; however, salary competitiveness is different in all regions. In areas with higher relative wages, teachers will earn less compared to other university-educated employees in the labour market (Balberčáková, Gancárová, 2022).

Slovakia needs more teachers, and this problem will increase in the coming years. In 2022, there will be approximately 1300 fewer students in regional education than in 2021 teachers, and by 2025 this number will grow to almost 8600.. Calculated additional demand for teachers is reflected by the growth in the number of pupils as well as teachers retiring (Balberčáková, Gancárová, 2022).

Characteristics of the labour market in the health and social services sector

Employment in the Human health and social works activities sector continually increased over 2008-2018. In 2019 the number decreased by 5000 people. Women encompass more than 2/3 of all persons in the sector and comprise 82 – 84%.

Figure 4 Development of employment in the Human health and social work activities sector (thousand persons and %).



Source: Eurostat

The overall expenditure in health as a % of GDP increased from 6,8% in 2013 to 7,+% in 2017.

Table 3 General government expenditure by function (% of GDP)

	2013	2014	2015	2016	2017
Health	6,8	7,0	7,1	7,4	7,1

Source: Eurostat, OECD

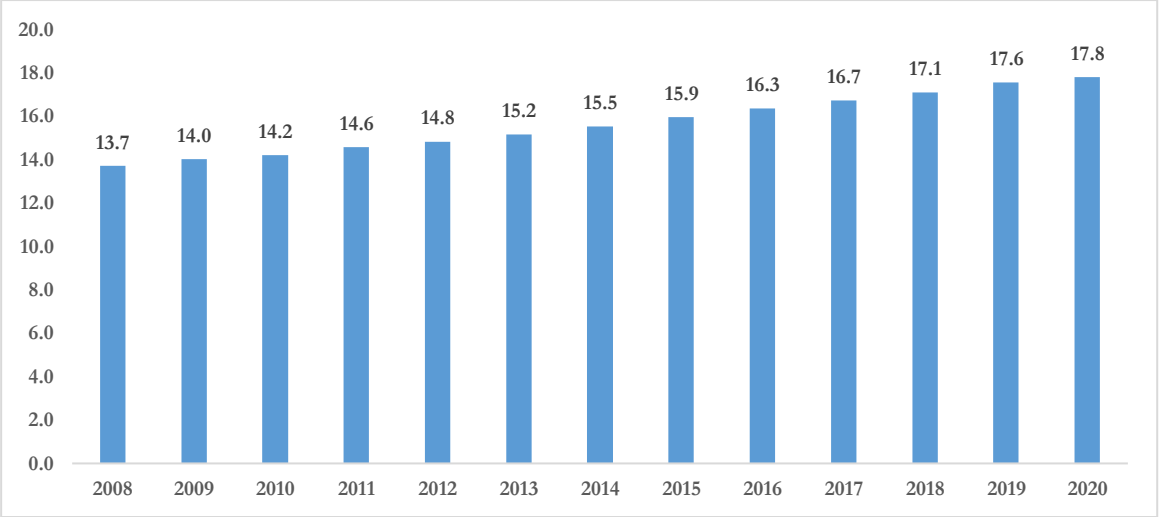
1.3. Employment in the ECEC and LTC service sectors

Employment in the ECEC services

Based on the data from the Ministry of education, **the number of teachers in kindergartens (maternal pre-primary schools) is continually increasing over time**. The top was 17,8 thousand teachers in 2020.

However, the level from 1989 still needs to be reached. In 1989, there were 18,7 thousand teachers in pre-primary education in Slovakia.[4]

Figure 5 Development of the number of teachers in the kindergartens over time (thousand persons)



Source: Ministry of Education, Science, Research and Sport of the Slovak Republic[5]

The standardised Eurostat data provides that the number of classroom teachers and academic staff by education ISCED0 comprised 14,5 thousand persons in 2019, out of which men present a considerably small proportion (0,4% to 0,9%). **The number of teachers and academic staff ISCED0 increased in 2013-2019** by approximately 300-400 persons per year. Women in ECEC working as school-management personnel comprise 100% of the workforce. **Most of the ECEC teachers work full-time**, and the part-timers present 0,1% over time.

Table 4 The classroom teachers and academic staff in ECEC by sex (number)

	2013	2014	2015	2016	2017	2018	2019
Classroom teachers and academic staff by education level ISCED0	12 250	12 590	13 016	13 410	13 782	14 144	14 568
Females	12 208	12 542	12 956	13 294	13 712	14 074	14 513
Males	42	48	60	116	70	70	55
Female school-management personnel (%)	100	100	100	100	100	100	100

Source: Eurostat, The classroom teachers and academic staff by education level, programme orientation, sex and age groups [educ_uoe_perp01]

According to Eurostat, **the age structure is skewed to the older age categories**. While the age bonds from 25 to 39 years present from 3,5 to 10 % each, the most represented categories are from 50 – 54 (20%) and 55-59 years (18,5%). Throughout the period 2013 – 2019, the proportion of oldest age categories increased over time. [6]

Employment in LTC services

There are four major classes of LTC carers in Slovakia (European Commision, 2016):

[4] https://www.cvtisr.sk/buxus/docs//JC/rady/radtab01.xls
[5] https://www.cvtisr.sk/buxus/docs//JC/rady/radtab01.xls
[6] Eurostat, Distribution of teachers at ECEC education level by age groups [educ_uoe_perd01]

- Informal carers - nearly 60,000; receive cash benefits for care, whereas only about 2% work simultaneously. During the caregiving period, the health and pension insurance is being paid by the state and they are entitled to use supportive public services, which are currently used marginally. Families are mostly reluctant to use professional LTC services if they can provide care "independently".
- Home nursing - done by approx. 6,300 employees of municipalities or private providers. The extent of the service depends on the client's needs which a medical expert assesses. Home nursing is funded by health insurance.
- Personnel within residential care - circa 18,000 employees in permanent residential care in different types of social services for adults and seniors; short-term services (care on a daily or weekly basis) are used only occasionally. Additionally:
- Volunteers – only registered at non-public residential providers. In 2008-2010 they represented nearly 30% of workers working for private providers of LTC.

The number of personal carers at home decreased from 2011-2016, while it increased for those working in institutions. The number of LTC workers per 100 people aged 65 and over are among the lowest in the EU-27 (1.5 workers per 100 older people), representing less than half the EU-27 average. It confirms that care provided by family members remains the main form of LTC in Slovakia (European Commission, 2021).

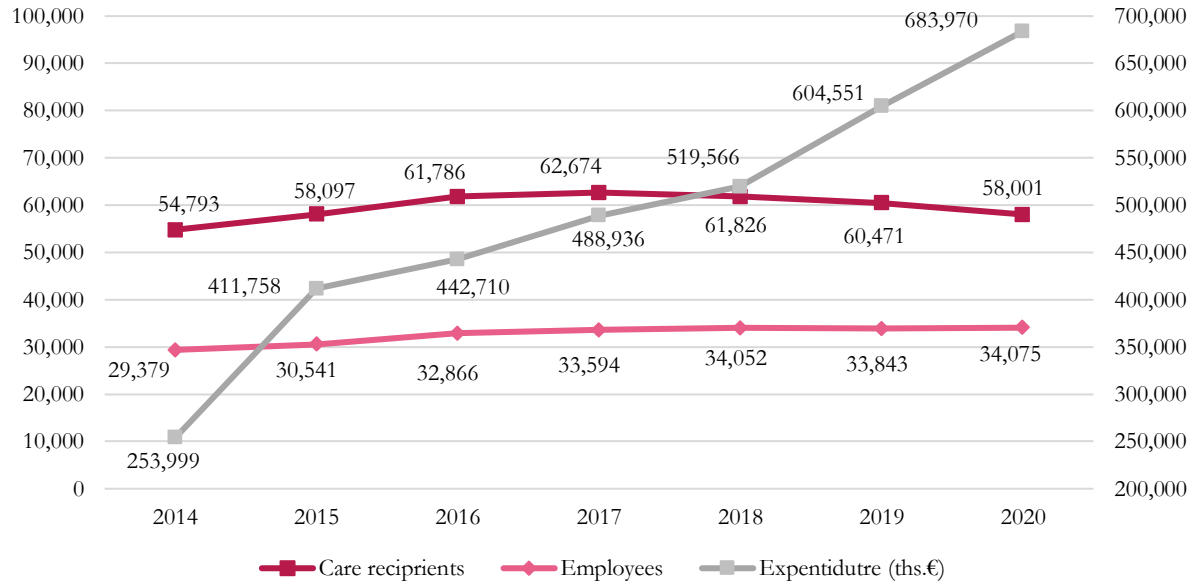
Considering the low number of LTC workers in relation to the population aged 65 and over, Slovakia faces greater recruitment issues than retention issues. According to experts, a lack of professionals who provide long-term care at home represents a major problem (European Commission, 2021).

Table 5 Number of formal and informal carers in LTC over time (in thousands)

	2008	2009	2010	2011
Number of informal carers (in thousands)	50	54	57	58
Number of formal carers (in thousands)	11	11	11	11

Source: OECD, Eurostat, European Commisiona, 2016.

Figure 6 The development of residential elderly care employees and recipients



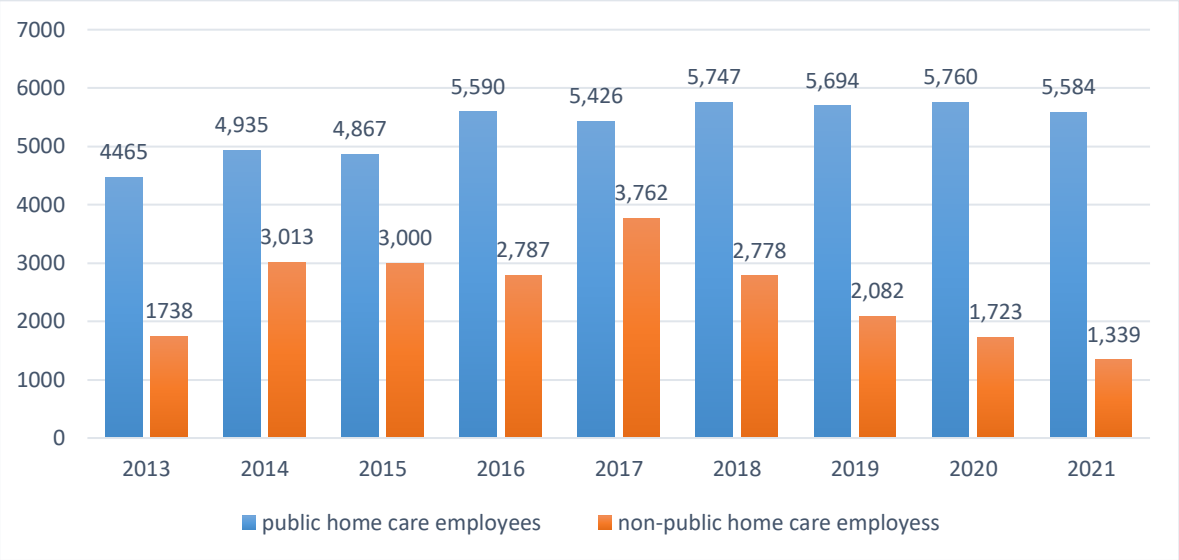
Source: MLSAF: Report on the social situation in Slovakia (2021)

National specific data of MLSAF on social care for elderly dependent persons is provided in residential elderly care, of which 56% are private (for-profit and non-profit), and 44% are public facilities. The home care social services consist of 67% public service providers and 33% private non-profit providers (MLSAF, 2021).

According to the Ministry of Social Affairs, Labour and Family reports, the number of employees in residential social care facilities slowly increased in the 2014 – 2020 period, representing more than 34 thousand workers in 2021.

The Ministry of Labour reports overall 6 932 employees in home care services in 2021, mostly from the public providers (established by towns and municipalities). While the number of employees of public providers has been relatively stable over time, the number of employees working for non-public providers has been decreased in since 2017. The Ministry of Labour ascribes this, similarly to the situation with recipients of home care services, to the end of national program supporting these services (MLSAF, 2021).

Figure 7 Number of employees in home care services



Source: *MLSAF 2021*

Most of the LTC workforce in Slovakia is employed in the public sector. The workforce split in 2013 was roughly 80% in the public sector and 20% in the private sector, and since then has remained at around 60–67% in the public sector and 33–40% in the private non-profit sector (Eurofound, 2020).

Most LTC workers are women, accounting for more than 90 % of the total in 2016. Most LTC workers have a medium level of education, including upper secondary education and post-secondary, non-tertiary education (ISCED 3-4). The proportion of care workers with a medium education degree is among the highest in the EU-27 countries (European Commission, 2021).

Non-standard employment is not very widespread in the formal LTC sector. The share of temporary employment is less than 10 %. Shift work is experienced by less than 40 % of the LTC workforce, far below the EU-27 average. **The share of undeclared work is relatively low.** In 2014, 49% of 247 state administration and 37 self-government expert officials reported that undeclared work in elderly care occurs occasionally, and 7% reported that it occurs to a significant extent. Between 2015 and 2018, identified violations (undeclared work or other) in health and social care varied between 1.4% and 3.1% of all cases (Eurofound, 2020).

The staffing regulations strongly influence the quality of employment and quality of services according to the act on social services (Act No. 448/2208 Coll.). For example, in residential care facilities for senior citizens, the number of recipients per employee is 2.3 or 2.0 according to the overall number of dependent recipients. The share of professional staff in the total number of employees needs to be 52%. However, **non-compliance with the maximum number of social service recipients per employee and the minimum percentage of professional employees in the total number of employees** due to lack of manpower was identified.

With regards to **informal carers**, they carry out a significant amount of long-term care in Slovakia. Informal carers can claim attendance service benefits. The average monthly number of people receiving attendance service benefits in 2019 was 57,048. People of working age accounted for 59 % of all recipients (Ministry of Labour, Social Affairs, and Family, 2019). It is estimated that the actual number of informal carers is higher than the number of benefit recipients because the attendance service benefit is paid only to caregivers who care for people diagnosed with severe disabilities, who represent approximately 20 % of the people who require LTC. As a result, some caregivers provide long-term care without financial support from the state (European Commission, 2021).

2. The ECEC and LTC services in Slovakia

2.1. ECEC governance, service coverage and expenditure

The system of preschool care services has undergone considerable changes. Before 1989, the centralised Early Childhood Education and Care Systems (ECEC) consisted of more than 4 thousand public kindergartens free of charge attended by more than 2.4 million children in Slovakia. The number of facilities since then has continually declined together with the birth rate, stabilising on 2 942 public and private kindergartens in 2010 (CVTI, 2021). The nurseries for children 0-2 years old under the regulations of the Ministry of Health faded out gradually throughout the 80s and 90s.

Slovak ECEC is a dual system, differentiating the care services for children under and above 3 years old. The two systems function under different legislation, regulations, policies and competencies. The younger children are cared for in nurseries - the facilities of social services regulated under the realms of the Ministry of social affairs. Children from 3 – 6 attend kindergartens considered as pre-primary education governed by the Ministry of education.

The founding of nurseries or kindergartens is fully decentralised. In the nursery system, the founders can be regional or local municipalities. The facility is usually registered as a non-public provider, i.e. parents bear most of the costs, which negatively influences the accessibility of the services. Kindergartens are prevalently public facilities, which are founded and subsidised by the local municipalities. However, kindergarten coverage depends on the autonomous decision of the municipality, often hampered by underfunding of the local governance. Parents often pay extra fees to supplement kindergarten operation.

Nevertheless, establishing and financing preschool facilities lies on town and municipality' decisions and financial recourses. The affordability of childcare facilities for children under 3 is a challenge as out of 220 facilities with a capacity of 3 786 places, 82% are private nurseries, charging fees from 300 to 470 EUR per month.[7] The capacity of the kindergartens, based on the number of unmet requests for placement

[7] Based on the random sample of the providers from the Register and prices of the registered facilities in the Register. Central register of the social services providers, available at: https://www.employment.gov.sk/sk/centralny-register-poskytovatelov-socialnych-sluzieb/

amounting to more than 18 thousand in 2020, is insufficient in the long term. The scarcity of vacancy in kindergartens is critical in towns and marginalised communities.

Service accessibility: Slovakia has one of the lowest attendance rates in early childcare and education among OECD countries. The lack of service capacity is not the problem itself, but its distribution. In larger cities and some districts, the low ECEC coverage does not meet long-term demand. The lack of capacity is also critical for children from marginalised Roma communities in various parts of Slovakia and children with special needs. The deficient service coverage in terms of distribution is the result of a lack of forecast, low political commitment, and dependency on municipal financing, usually not meeting the necessary amount for operation. As of 2021, the deficient service coverage in some parts of Slovakia is even higher than compulsory preschool education for children 5 years old.

The number of children in public kindergartens has been increasing since 2009. But when looking at a longer period of 15 years, this number is fairly stable. Nevertheless, enrolment in pre-primary education of 4 and 5 year olds was below the OECD average in 2012 (73% and 81% compared to 74% and 85%) and remains below the 95% desired threshold at the 2015 level of 88%. In addition, the average participation rate in pre-primary education of children between the age of 4 and compulsory education stagnates in Slovakia, while in the EU, it has been rising (Kahancová, Sedláková, 2018).

Table 6 The number of kindergartens and the attendance rate of children from 0, 3 and 4 to the age of compulsory primary education (2010-2019)

	2010	2012	2014	2016	2018	2019
Number of kindergartens	2 942	2 934	2 974	3 046	3 096	3 124
Attendance rate of children from age 0 to starting age of primary education (%)	n/a	n/a	n/a	40.2	40.7	40.6
Attendance rate of children From age 3 to starting age of primary education (%)	n/a	n/a	73	73.4	77.6	77.8
Attendance rate of children from age 4 to starting age of primary education (%)	76.9	77.1	77.4	76.5	82.2	82.6

Notes: The total number of kindergartens, including special kindergartens and facilities by healthcare facilities; Pupils from age 0, 3 and 4 to the starting age of compulsory education at primary level, by sex - as % of the population of the corresponding age group (online codes: educ_uoe_enra23, educ_uoe_enra21, educ_uoe_enra20, EDUC_UOE_ENRA10__custom_1229678).
Source: CVTI (2021), Eurostat (2021d)

Since September 2021, all 5-year-old children have been required to attend kindergarten. The compulsory preschool attendance was approved in 2018 and influenced policies in 2020 and 2021 to ensure the implementation of this regulation. The purpose of this measure was not to increase the work-life balance or women´s employment but to increase the readiness of children for primary school, especially children from the marginalised Roma communities.[8] An analysis of existing capacities already shows in 2019 that vacancies in kindergartens would be sufficient for a maximum of 91.3% of 5-year-olds without changing the number of younger children attending the current kindergartens. For the full-rate participation of all 5-year-olds, it would be necessary to create at least another 1 828 vacancies (Varsík, 2019).

Most of the kindergartens are public, and their establishment and operation are strictly regulated. The number of children in one kindergarten is from 18 to 21, depending on the age range of children in the facilities. If children with special needs attend, the number of children decreases accordingly. The number of children per teacher in kindergartens and the rule of operations is strictly regulated. The same goes for

[8] Among people from disadvantaged groups, there is a correlation between high rates of leaving education and training early and low enrolments in kindergartens

the nurseries for children under 3 years old. The willingness to increase the capacity of ECEC, in general, might be hampered by strict regulations and complicated processes to approve the start of kindergarten or nursery operations.

Table 7 Number of kindergartens, classes, and teachers as of September 2020

Type of facilities	Kindergartens	Classes	Teachers	Assistants	Number of unmet requests for placement
State/public	2 754	7 085	15 663	428	16 776
Private	189	497	1 062	36	224
Church	99	275	567	28	1038
Total	3 042	7 857	17 292	492	18 038

Note: The assistants for the children from the marginalised Roma communities
Source: Ministry of Education, Sciences and Sport, 2020

Participation in early childhood education and care is one of the lowest in the EU. Although the number of kindergartens and attendance rates have increased since 2010, child participation from age 4 to the starting age of compulsory primary education is below the EU average. The attendance rate was 82.6 % in Slovakia, while the EU average was 95.5 % in 2019 (Eurostat). Enrolment of children under the age of 3 is very low in the Slovak Republic. Just 5 % were enrolled in a formal ECEC setting in 2017, compared to the 26 % on average across OECD countries. Spending on ECEC in the Slovak Republic is lower than on average across other countries. Total expenditure per child aged 3-5 enrolled amounted to 0.5 % of GDP in 2016, below the OECD average of 0.6 % (OECD, 2019).

The lack of childcare capacities re-initiated policies for the establishment of alternative types of childcare. To assure the compulsory attendance of 5-year-olds, the Ministry of Education supported establishing kindergartens at universities or supported the re-building of kindergarten classes in primary school premises and higher education institutions. Another new form of childcare is children groups, enabling informal and flexible childcare as social service for children to 3 years old regulated by the Ministry of Labour, Social Affairs and Family.

According to Eurostat, the educational **expenditure on ECEC over time increased** from 0,44% to 0,55% of GDP. By source, most of the expenditure went from local governments as the main founders. The childcare services coverage is thus fully based on the autonomous decisions of local governments and is strongly dependent on the available finances stemming from income tax revenue. Any change in the regulationof income tax share is at the expense of local government income and their ability to provide the full range of services, including childcare.

Table 8 Total educational expenditure on ECEC over time

	2013	2014	2015	2016	2017	2018
Million euro	380,2	438,8	468,9	493,0	525,7	592,9
Million purchasing power standards (PPS)	559,6	663,2	718,6	740,9	728,2	786,7
Percentage of gross domestic product (GDP)	0,44	0,49	0,49	0,50	0,53	0,55

Source: Eurostat, Total educational expenditure by education level, programme orientation and type of source [educ_uoe_fine01]

Table 9 Public educational expenditure on ECEC by source over time (in Million purchasing power standards (PPS)

	2013	2014	2015	2016	2017	2018
General government	481,8	557,0	591,5	615,9	624,1	656,6
Central government	49,1	94,9	91,7	80,5	76,8	77,4
Local government	442,3	483,4	536,9	581,6	585,7	615,4

Source: Eurostat, Public educational expenditure by education level, programme orientation, type of source and expenditure category [educ_uoe_fine02]

2.2. LTC governance, service coverage and expenditure

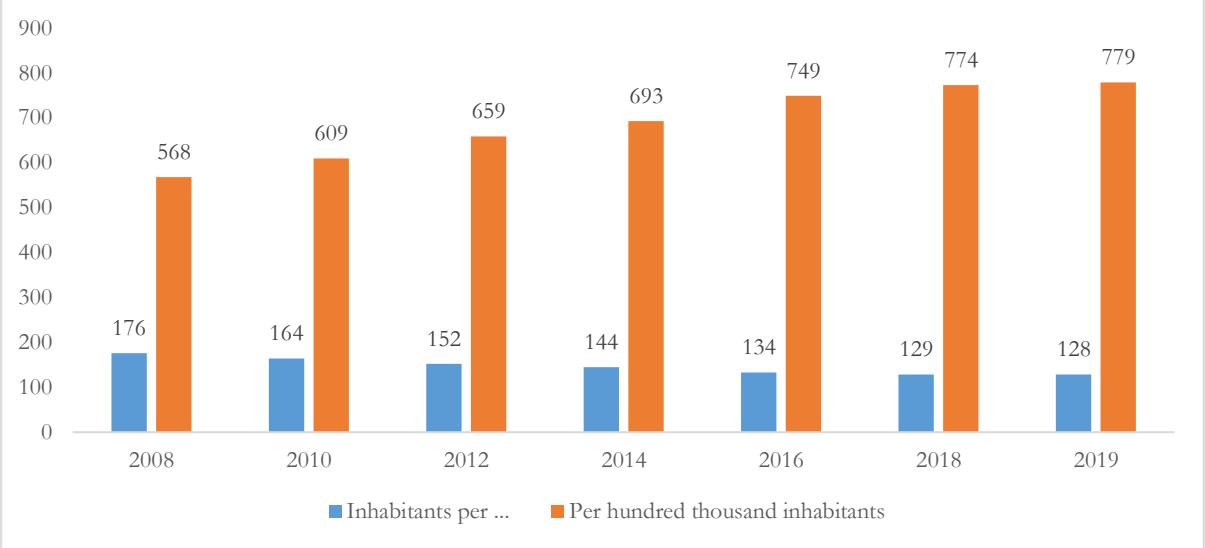
Responsibility for long-term care (LTC) in Slovakia is formally divided between the Ministry of Labour, Social Affairs and Family (hereinafter MLSAF) and the Ministry of Health. Under the auspices of the Ministry of Health, various interventions are provided based on public health insurance, including the use of geriatric clinics, medical and nursing residential facilities for the long-term ill, nursing care homes, and nursing home care agencies. Provision of health LTC is funded by health insurance. The MLSAF is responsible for social services (benefits in kind) and cash benefits. Cash benefits are paid either to the caregiver or the care recipient. They are funded by general taxation (applied at the national level). (European Commission, 2021).

Social services are provided mainly by self-governing local and regional authorities and financed from their budgets, client payments, and financial contributions from the MLSAF. Funding from the self-governing regions represents the most important source of social services financing. Fees for LTC services (and social services in general) are set by public providers (municipalities, self-governing regions) and non-public providers, taking into account eligible costs and revenues from financial subsidies that were provided in the previous year. The out-of-pocket payments differ according to the type of LTC service (European Commission, 2021).

The out-of-pocket payments for home care are well below 50 % of the median income among older people. In the case of residential care, they represent a higher share of income (from 40 % to 65 %, depending on the level of need). There is no private insurance to cover these costs. Although the formal care sector is relatively more important, informal carers represent a key element of the LTC services in Slovakia because it compensates for the low capacities of formal LTC services. According to an official government report, 960 informal carers must be adequately supported and financially remunerated (European Commission, 2021).

The overall number of beds in nursing and residential care facilities per hundred thousand inhabitants are increasing over time. The growth is, however, gradually slowing down, and in the last few years, the growth has been negligible. The decrease reflects in the number of beds per inhabitant. While in 2008, there were 176 beds per hundred thousand inhabitants, in 2019, the number dropped to 128. The decreasing trend has its root in the changes in the LTC policies and priorities. One of the priorities is decreasing residential long-term care and its transformation to community-based and home care. (MLSAF, 2021).

Figure 8 Long-term care beds in nursing and residential care facilities over time



Source: Eurostat, Long-term care beds in nursing and residential care facilities by NUTS 2 regions [hlth_rs_bdsns]

The network of health and social care services does not take into account of the needs and preferences of the population. Long-term care in Slovakia is significantly lacking community and home care capacities, even though up to 89 % of the population in Slovakia would prefer to receive care in a home environment, whether supported by family, professional services or in combination with outpatient services MLSAF, 2021).

Residential and institutional services predominate in the offer of social services. In Slovakia, 28,6 % of people dependent on long-term care live in residential social services. In residential care, large-capacity facilities predominate over smaller community-based facilities. 73% of clients in residential social care are in facilities with a capacity of more than 40 places.

The deinstitutionalisation of long-term care in Slovakia has been slowed due to procedural and financial barriers. Legislative changes in 2014 limited the establishment of large-capacity facilities, but there needs to be adequate development of community-based services. Since 2016, the capacity of daycare centres has even been decreasing due to the change in funding and operating conditions. The burden on families caring for dependent relatives (including minor children) is disproportionate due to the lack of outpatient social services. Only 611 caregivers have used outpatient and outreach services for their relatives in addition to caregiving (MLSAF, 2021).

The current system does not provide sufficient support to families caring for dependent relatives. Although the legislation guarantees recipients of the care allowance (carers) are entitled to 30 days of respite care per year, out of 57 048 only 259 carers used it in 2019. Due to insufficient capacity, less than 1% of informal carers use the respite service (European Commission, 2016).

Table 10 Coverage of LTC and its projection in 2030

	2013	2020	2030
Number of people receiving care in an institution	45,275	49,618	58,14
Number of people receiving care at home	61,665	67,933	82,006
Number of people receiving cash benefits	172,396	188,499	214,531
% of population receiving formal LTC in-kind and/or cash benefits	05.2	05.7	06.7
% of dependents receiving formal LTC in-kind and/or cash benefits	53.6	53.2	52.7

Source: Based on the European Commission (DG ECFIN) -EPC (AWG), "The 2015 Ageing Report – Economic and budgetary projections for the 28 EU Member States (2013 -2060)"in European Commision (2016).

To sum up, **the delivery of long-term care is insufficient due to a lack of an integrated legal framework and low public expenditure**. Long-term care delivery is shared between the Ministry of Labour, Social Affairs and Family, the Ministry of Health, regional governments, municipalities and non-public providers and is regulated by separate pieces of legislation. Despite increasing demand for long-term care, a clear vision and integrated legislation are currently on hold. Public expenditure on long-term care reached 0,9% as a share of GDP, way below the EU average of 1,6%. Consequently, the number of long-term care workers is among the lowest in the EU (European Commission, 2019). The number of applicants for residential long-term care is increasing over the long term. Since 2016 the number of persons on the waiting list for places in social care facilities has increased by 40% in 2019. Due to under-resourcing, up to 20% of applicants have been waiting for a placement for more than one year (MLSAF, 2021a).

Long-term care heavily relies on informal care by family members, keeping a sizeable part of the population outside the labour market. Up to 71% of people with a family member who requires long-term care organise this on their own. Respite services for Slovakia's 53 000 informal carers (78% of whom are women) of persons with severe disabilities are practically non-existent (Ministry of Finances, 2019).

Medical-related services provided by home nursing are usually free of charge for the patient and reimbursed by the patient's health insurance company. In contrast, home rehabilitation is reimbursed only by some of them. (Ministry of Finances, 2019).

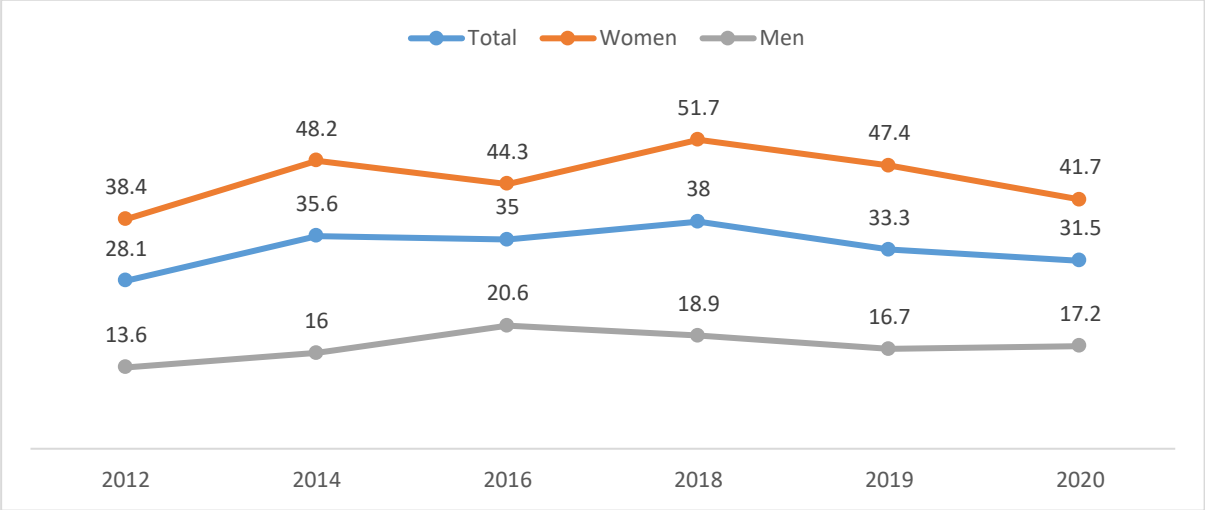
Expenditure on home care provided by municipalities was EUR 35.3 million in 2016. Revenues from payments for home care services were EUR 6.2 million, an increase of 15 percent since 2015. The growing volume of revenues was caused by an increased number of service recipients, whose total payments of fees/costs rose by 12 percent. Despite this development, a huge gap between expenditures and revenues still exists and needs to be covered by the budgets of municipalities. This persistent gap represents one of the big challenges to the sustainability of long-term care services ((Ministry of Finances, 2019).

In terms of the private home care services in the non-public sector, a financial balance was achieved at the aggregate level: revenues were EUR 14.8 million, and expenditure reached EUR 14.4 million. The revenues of non-public providers came from various sources, including payments from municipalities, payments from clients, and transfers from the EU structural funds (Ministry of Finances, 2019).

The need for child and elder care services pushes women out of paid employment. The current ECEC and LTC settings in Slovakia result in a high share of economically inactive women and men due to care responsibilities. The percentage of the total inactive population due to care responsibilities ranged from 13% to 17% in the period of 2012-2020. The share is strongly imbalanced by gender. While in 2012, it was 38,1% in women and 13,6 % in men, the latest data from 2020 show a 41,7% share in women and 17,2 % in men. The share increased in both genders, remaining considerably above the EU27 average (19,5 in total, 28,5 % in women and 6,3 % in men/2020).[9]

[9] Eurostat, Inactive population due to caring responsibilities by sex, online code [FAM_CARE_PER_OTH]. The economically inactive population comprises individuals that are not working, not actively seeking work and not available to work. Therefore, they are neither employed nor unemployed and considered to be outside the labour force. This definition, used in the EU Labour Force Survey (EU-LFS), is based on the guidelines of the International Labour Organization. While several reasons may exist why somebody is not seeking employment, only the main one is considered. Inactivity due to caring responsibilities refers to the reasons 'looking after children or incapacitated adults' and 'other family or personal responsibilities'. Available at https://ec.europa.eu/eurostat/databrowser/view/sdg_05_40/default/table?lang=en

Figure 9 Inactive population not seeking employment due to care responsibilities by sex (% of the inactive population)



Source: Eurostat: Inactive population not seeking employment by sex, age and main reason (online data code: LFSA_IGAR), age class 15 – 64 years.

Upcoming investments in ECEC and LTC should increase the capacity of care services. The Recovery and Resilience Plan for Slovakia indicates increased access to kindergarten with an investment of EUR 141 million. One of the benchmarks is to increase the capacity of the kindergartens by 12 352 new places by the end of 2025. Further, enhancing community-based social care capacities by investing in long-term care for those in need with EUR 193 million (Office of the Slovak Government, 2021).

3. The employment relations in ECEC and LTC

3.1. The main general characteristics of employment relations at the national level

The current employment relations in Slovakia were formed in the early 1990s when social partner organisations were established. Although union membership has declined substantially since the early 1990s, the transition from state socialism did not undermine union industrial and confederative hierarchy. Social dialogue takes place at tripartite and bipartite levels. The government consults the social partners through tripartite social dialogue. Bipartite social dialogue consists of two-tier collective bargaining conducted at sector and company levels (Czíria, 2021)

The Slovak bargaining system consists of a transparent structure of bargaining actors, legislative support for bargaining and the extension of collective agreements. Collective bargaining is voluntary, but concluded agreements are legally binding. Single-employer collective agreements and multiemployer agreements are concluded in private as well as public sectors. Multiemployer collective agreements are concluded in most of the relevant sectors of the economy. Extensions of collective agreements are allowed. In the public sector, separate multiemployer (multisector) collective agreements are concluded for civil and public services strikes (Czíria, 2021).

Next to declining union and employer density and bargaining coverage, a change in union structure and changing union strategies pose new challenges to the future of collective bargaining. Social partners, in

general, believe that legislative solutions enjoy greater enforcement than collective agreements. Unions increasingly seek influence through mechanisms other than collective bargaining, such as political alliances and public protests, demonstrations and media campaigns to gain influence over policy-making. Moreover, both unions and employers increasingly concentrate their efforts on adopting legislative solutions to employment and working conditions issues instead of collective bargaining. This trend grew from an increasing lack of trust by employers and unions in industry-level and multi-employer bargaining and the need for more enforcement of collective agreements. (Kahancová, et al, 2019).

Trade unions, employers' organisations and public institutions play a key role in the governance of the employment relationship, working conditions and industrial relations structures. They are interlocking parts in a multilevel system of governance that includes European, national, sectoral, regional (provincial or local) and company levels (Czíria, 2021)

The Ministry of Labour, Social Affairs and Family is the main public authority that plays a decisive role in the legal regulation of industrial relations. Via the Labour Code, MLSAF regulates basic individual and collective labour relations, employment and working conditions, and wages and facilitates bipartite social dialogue (Czíria, 2021)

Rules concerning the representativeness of social partners are specified only in relation to the national-level tripartite body, the Economic and Social Council (HSR). According to tripartite Act No. 103/2007, only peak-level trade unions and employer organisations representing at least 100,000 employees and employers in at least five (out of eight) regions (higher territorial units, VUC) can participate in the HSR. Trade unions have to be active in several sectors. There is no representativeness criterion for trade unions regarding collective bargaining and the conclusion of collective agreement. (Czíria, 2021).

Table 11 The prevailing characteristics of employment relations in Slovakia over time (2000 – 2017)

Characteristic	2000 - 2017
Government intervention in wage bargaining	The government influences wage bargaining outcomes indirectly through price ceilings, indexation, tax measures, minimum wages, and/or pattern setting through public sector wages
Routine involvement of unions and employers in government decisions on social and economic policy	Prevalently partial concertation, irregular and infrequent involvement in combination of no concertation, involvement is rare or absent
Minimum wage setting	Prevalently National minimum wage is set by government after (non-binding) tripartite consultations
Right of Association, government sector	Yes, with minor restrictions (e.g. Recognition procedures, workplace elections, thresholds)
Right of Association, market sector	Yes, with major restrictions (e.g. Monopoly union, government authorization, limitations on content, major groups excluded)
Right of Collective bargaining, government sector	Yes, with minor restrictions (e.g. Registration, thresholds, only military, judiciary or police excluded – as per ILO convention)
Right of Collective bargaining, market sector	Yes, with minor restrictions (e.g. Registration, thresholds)

Source: ICTWSS 2000-2017

Social partners

Trade unions are organised at the sector as well as local company levels. Trade unions usually have active members, but some trade unions retain the membership of their retired members as well. The trade union's density in terms of active employees is estimated at the level of 12%. throughout the period 2015 – 2019. Trade union membership in the 1000s is has been slightly increasing from 240 in 2015 to 282 thousand in 2019, according to information from the biggest TU in Slovakia (Czíria, 2021).

There is one dominant trade union confederation in the country: the Confederation of Trade Unions of the Slovak Republic (KOZ SR). In 2019, KOZ SR associated 25 sectoral trade union associations with about

243,000 members. In October 2018, a new trade union confederation, the Joint Trade Unions of Slovakia (SOS), was established. The next largest is the Independent Christian Trade Unions of Slovakia (NKOS), followed by the Confederation of Art and Culture (KUK) and the General Free Trade Union Association (VSOZ), all of which have a substantially lower membership – according to available information and estimations, they may have about 5,000 members in total.

The Labour Code regulates workplace-level employee representation. Until 2001, employees were represented only by trade unions. Since 2002, employees can be represented either by trade unions or by, works councils or employee trustees. Since 2003, a dual channel of representation has been implemented whereby works councils/employee trustees can coexist with trade unions at establishments.

Before 1990, the only employer was the state. Employer organisations were established practically from scratch at the beginning of the 1990s. The density of employer organisations increased step by step and has been relatively stable during the past ten years. According to available information, their density fluctuated between 30–35% in terms of employees covered. In 2019, it increased to about 45%. Employer organisations established according to Act 83/1990 on the association of citizens, as amended, are entitled to participate in collective bargaining (similar to trade unions). Membership in employers' organisations is voluntary. Employers are organised by sectors (similar to trade unions). In 2019, employer organisations were affiliated to four peak employer organisations at the national level. Representatives of sector-level employer organisations can participate in multiemployer collective bargaining. In order not to be covered by multiemployer collective agreements, some employers avoided participating in sector collective bargaining and/or blocked the extension of collective agreements as far as it was possible. Employer organisations fulfilling the criteria participate in national-level tripartite social dialogue (Czíria, 2021).

Employer organisation density in terms of active employees is estimated at a level of 12%. From 1991, all employer organisations were affiliated with the Federation of Employers Association of the Slovak Republic (AZZZ SR). In 2004, the National Union of Employers (RUZ) was established as the second peak-level employer organisation. AZZZ SR and RUZ associate sector-level employer organisations and their members employed about 579 000 people in the economy. The Association of Towns and Communities (ZMOS) also represents employers. It associates employers established by cities and municipalities to provide public services. In 2016, employer organisations from the industry left AZZZ SR and RUZ and established a new peak employer organisation - the Association of Industrial Unions (APZ). AZZZ SR, RUZ, APZ and ZMOS participate in the national-level tripartite consultations at the Economic and Social Council of the Slovak Republic. In 2019, they represented more than 930 000 employees in the economy. ZMOS also participates in multiemployer collective bargaining for the conclusion of collective agreements for public servants (employees performing activities for the public interest). Organisations affiliated to ZMOS employ around 142 000 people (Czíria, 2021).

Regarding the development of the social partners over the time, we observe the decreased membership of trade unions and also employer organisations density in private sector.

Table 12 Development of social partners' characteristics over time in Slovakia (2000 – 2017)

Charakteristics	2000 - 2017
Number of Union Confederations	4/ since 2004 (exceeding five percent of total union membership in the country)
Membership of Independent Unions	30 – 20 (decreasing)
Net union membership	623/2001 – 220/2017 (decreasing)
Total union membership	700/2000 – 265/2017 (decreasing)
Employers' organisation density, as a proportion of employees in employment	37,5/2016
Employer organisation density in the private sector, as a proportion of employees in private sector employment	29.2/2008 – 35.6/2013; 33/2016 (decreasing)

Divisions across confderations are economically (education, status, rank) motivated	NO
Divisions across conffederatios are sectorally (private versus public) motivated	YES

Source: ICTWSS 2000-2017. Unit of measure: Absolute value (categories of the variable or thousand persons).

Social actors and civil dialogue

Next to social partners and official social dialogue, other actors are also active and influence employment relations in another way. So-called professional associations in Slovakia are independent, not-for-profit associations or organisations of specific professions. Their main objective is to track, monitor and represent the shared professional and economic interests of their members. They are, however, more or less independent associations, and Slovak legislation does not define any specific rights for them; therefore, these associations can operate only as informal lobbying organisations (Filadelfi, 2017).

Very similar to professional associations are expert non-governmental organisations, which can play a crucial role in influencing regulations, policies and decision-making. Usually, they operate in the long run and strive for the same or similar aims as the trade unions. The non-governmental organisation are a relevant part of civic society and participative decision-making.

All actors other than social partners can use civil dialogue as a platform for sharing and presenting their views and expertise and intervening thus towards their goal. The essential distinction between social and civil dialogue is the following: In the social dialogue, social partner associations equipped with a mandate autonomously negotiate, which leads to concrete results, and their implementation also have to guarantee. Civil dialogue involves a variety of methods of consultation and informal advice from civil society associations, including social partners. Social and civil dialogue do not represent competition. One dialogue cannot and should not replace the other. It legitimises decisions for the citizens important to have as many institutionalised channels as possible to influence politics. It can also be considered a pro-democracy instrument used by the most affluent lobbyist and interest groups such as consumers, clients and broader public representatives (Delapina, 2012).

3.2. The main characteristics of the employment relations in the ECEC and LTC

Social partners and social actors in ECEC

Social partners

In the childcare sector, several social partners operate at the sectoral level. However, a specific social partner specifically targeting pre-primary child care services does not exist in Slovakia. The social partners either represent all employees in the education sector (in terms of kindergartens) or social services sectors (in terms of nurseries). At the higher level, pre-primary education falls into the industrial relations structures in the whole education sector

The Union of Workers in Education and Science of Slovakia (Odborový zväz pracovníkov školstva a vedy na Slovensku, OZPŠaV) is the largest and the oldest sector-level union in education. Currently, the structure of the Union has no special unit for pre-primary education. However, the Union also presents itself as an expert organisation for pre-primary education. The Union currently has more than 48,000 members - pedagogical, vocational and non-teaching staff at all levels and types of schools and school facilities. It is thus the second-largest trade Union in Slovakia and the largest Union in the non-industrial sphere. The Union is a member of the Confederation of Trade Unions, Economic and Social Council of

the Slovak Republic and a founding and active member of international organisations, Education International and the European Trade Union Committee for Education. The Union has three sub-sections (trade union's bodies), an association of primary schools, an association of secondary schools, and an association of tertiary schools. Nevertheless, the issues of pre-primary education fall into the category of primary schools, and the association of primary schools has a separate sub-section representing pedagogical employees in pre-primary education.

The Independent Christian Trade Unions of Slovakia (Nezávislé kresťanské odbory Slovenska, NKOS) encompass The Association of Employees in Education and Science (Zväz pracovníkov školstva a vedy, ZPŠaV), representing about 1,000 Christian teachers.

The New Education Trade Union (Nové školské odbory, NŠO) is a new vocal social partner in education that emerged after the series of teachers' strikes in 2012- 2013. Its membership is, however low, and currently, no activities dedicated to pre-primary education are evident. Since 2020 the NŠO became a part of a larger TU called Common Trade Unions of Slovakia, which are a separate, independent and professional association of trade unions and organisations. They have the ambition to be an expert think-tank in the field of labour law and employment in Slovakia.

On the employers' side, the main employer of public ECEC is the state and municipalities, represented by the relevant ministries and the Union of the towns and municipalities of Slovakia and the Union of the towns and municipalities of Slovakia (ZMOS). In the case of collective bargaining at the local-organisational level, the collective agreement is negotiated directly between the representatives of the local trade unions organisation and the director of the kindergartens.

K8 Association: The main goal of the association is to defend the interests of the residents of Bratislava, the capital of the Slovak Republic, and residents of regional towns while respecting their autonomous status, to actively influence the development of their self-governing functions, to unify the procedure of the members of the association in the exercise of the competences entrusted to them, and to propose solutions to the problems of self-government following the Constitution of the Slovak Republic and the laws of the Slovak Republic and taking into account the European Charter of Self-Government.

The social services law regulates the care of children under three years. However, no special social partners represent teachers and carers in the nurseries.

Social actors

In the ECEC sector, the social actors, despite not being part of the official social dialogue, play a crucial role in service and job quality, setting the regulation and addressing the challenges. Two professional associations are actively intervening in policy decision-making. The Society for the Pre-primary Education and the Council for the Development of the Kindergartens. Both organisations are civil and professional associations uniting voluntary providers, mostly the principals of the kindergartens.

The Society for Preschool Education in Slovakia is an independent professional organisation bringing together kindergarten teachers and experts in the field of preschool education. The Society was founded in 1993 and has advocated actively towards the development of institutional preschool education, acknowledgement of the profession and quality of the ECEC in Slovakia. Currently, it represents approximately 800 teachers from kindergartens throughout Slovakia, associated with 32 regional organisations and experts on the ECEC. [10] According to its statutes,[11] the Society defends the interests of

[10] More information at https://www.spv-zv.sk/
[11] Available at https://c6534cf746.clvaw-cdnwnd.com/f3084fe1b1537a9a8a21b5a2e2ea90ab/200000525-d9897d9899/Stanovy%20new.docx

pedagogic and staff members of kindergartens, participates in the preparation of new models of preschool education, encourages professionals and initiates debate about current ECEC problems.

The Council for the Development of Kindergartens is also a professional organisation. A pedagogical employee or professional employee of a kindergarten, an expert in the field of pre-primary education or a natural person interested in developing pre-primary education can become a member of the Council. The membership is not large, but the Council instead presents a powerful professional team. [12] The gaols of the Council are:

a) to participate in the development of kindergartens and pre-primary education in the Slovak Republic,
b) to represent and defend the interests of children, parents of teaching staff and professional staff of kindergartens wherever necessary,
c) participate in the creation of legal regulations, commenting on and the creation of curricular and conceptual documents related to the upbringing and education of preschool children,
d) cooperate with professional organisations with a similar focus.

The Alliance of private nurseries and kindergartens unites childcare facilities throughout Slovakia to the addressee the quality of private kindergartens and nurseries. The organisation was established in 2017 when the new law on nurseries was implemented. The Alliance is a network of private nurseries lobbied for simplification of the establishment of the nurseries on one side, but also controlling the quality of the services and appropriate regulations.

Both professional organisations are not part of an official social dialogue,owever, it presents strong actors influencing the development of ECEC in Slovakia and applying a bottom-up approach. At the establishment level, collective bargaining takes place between the representatives of trade unions in education and the employer, in this case, the director of the kindergarten – usually a member of any above-named professional association. However, the ECEC trade unions and professional associations do not negotiate as counterparts but rather as partners and allies with similar aims.

Centre for educational analysis (CVA) is an independent analytical and research organisation whose goal, based on data and research results, is to contribute to improving the quality of education and ensuring justice in education.[13] The Centre functions as a "watchdog" in monitoring the implementation of measures in the field of education., including ECEC policy and service accessibility. It fills, in many cases, a blank space on the map of important actors in education and presents in some cases a counterpart to the state analytical capacities and outcomes.

The recent study on the coverage of **collective bargaining** (Eurofound, 2021) indicates that in the education sector, multiple employer bargaining is most prevalent. This is reflected in the activities of the sectoral trade unions The Union of Workers in Education and Science of Slovakia, striving for sectoral collective agreements targeting especially a wage increase for all pedagogical and non-pedagogical employees in the education sector, including the employees in ECEC facilities. This, however, applies only to public employees.

Social partners and social actors in LTC

The LTC employees and providers are presented by a sectoral union and several professional and employers' associations.

The Slovak Health and Social Services Trade Union (SOZZaSS) has been active in Slovakia since 1990. The union is a sectoral trade union representing both health and social care personnel in Slovakia. SOZZaSS

[12] More information at http://www.rrms.sk/
[13] More at https://www.vzdelavacieanalyzy.sk/

is involved in multi-employer collective bargaining separately with three sector-related employers' associations. Simultaneously, SOZZaSS member unions engage in single-employer bargaining. SOZZaSS engages in bipartite and tripartite sectoral social dialogue. It is represented in the national tripartite social dialogue in the Economic and Social Council (HSR) through the Confederation of Trade Unions of the Slovak Republic (KOZ SR) (Kahancová, 2011).[14] As of 2022, the unions represent 46 hospitals, 37 hospitals with polyclinics, 118 social service facilities, 36 regional public health offices, 8 spas and 14 other facilities, which is a total of 259 basic trade unions and at the same time, 17,641 members.[15]

The Trade Union prepares for the basic organisations the model of the collective organisational agreement for collective bargaining at the level of the organisation. Many issues must be clearly addressed to the founders. Collective agreements are negotiated every year across the board for staff working in the public interest and in civil services. Collective bargaining takes place at the enterprise level, where trade unions operate. The trade unions within the tripartite, as well as the Slovak Trade Union of Health Care and Social Services trade union, operate in various committees, working groups, and councils of government at the national level (Kopcová, et al. 2016).

With a structured social dialogue in social services, representatives of private (non-public, most of them are NGOs, 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 organisations that do not know and do not apply any form of social dialogue procedures. Because most of these organisations are civil society organisations (NGOs), employees are simultaneously its members (Kopcová, et al. 2016).

The Slovak Trade Union of Public Administration and Culture (Sloves) represents most public administration and public service employees. Its structure also invovles a section for social services. The sectoral trade unions strives for concluding a collective agreement, to decides on the salary conditions of the employees, work and service rules, working hours and holidays, severance pay and the creation and use of the social fund.

The Slovak Chamber of social workers and assistants in social work deals with the communication between employers and employees in social services and is generally bound by the context of the Labour Code, without a significant proportion of the use of a structural social dialogue. The law establishes the chamber on social work and the conditions for the performance of certain professional activities. It is a self-governing professional organisation that unites social workers and social work assistants in the Slovak Republic. Its basic tasks are, among other, the fulfilment of obligations in matters of registration in the list of members of the chamber and protection of the rights and interests of chamber members in connection with the performance of social work.

The Chamber of care workers of Slovakia (KOS), a newly established association, unites approximately 400 care workers. The chamber represents caregivers and paramedics and operates in two sections: Caregivers and paramedics working in Slovakia and Nurses and paramedics working abroad. The chamber was created as a reaction to the bad situation in the care sector. KOS sees a possibility of defending rights and interests by bringing caregivers and paramedics together in their own organisations. At the same time, the effort is to contribute to creating a dignified environment for the dependent and aging citizens of Slovakia. KOS appeared in public at the end of the year 2019 and listed several demands. First, KOS wanted to increase the salaries of care workers in Slovakia by 300 Euros per month. Second, they called for an amendment to the Labour Code, enabling care workers to work based on (two-week) rounds. Workers in the care sector should also have a priority in social housing provided by the municipalities. In addition, the Chamber calls for the regulation of the Slovak agencies that intermediate work for Slovak workers in Austria.

[14] https://www.eurofound.europa.eu/publications/report/2011/slovakia-industrial-relations-in-the-health-care-sector
[15] https://sozzass.com/referencie/

Better working conditions should, according to the KOS representative, encourage Slovak women to return from Austria back home (Sedláková, 2020).

The Slovak Chamber of Nurses and Midwives is a professional association with nationwide scope, headquartered in Bratislava, bringing together nurses and midwives., including the nurses working in social services, respectively in LTC. The chamber established 55 centrally managed regional chambers and is a member of important international organizations such as EFN, EMA, HORACIO etc. The objectives of the chamber are to support and maintain the highest possible standard of care in nursing and to represent nurses before the government, parliament, non-governmental organizations, before the public in Slovakia and abroad and defend the professional, social and legal interests of its members. The Chamber is challenging mainly the differences of the wages of nurses working in social care and in health care facilities due to low integration of the social care and health care, which should be the core of the LTC services.

The Association of Social Service Providers in Slovakia is another employers' association in the sector. They represent 252 providers and more than 680 facilities, which provide services to more than 17,000 dependent people. It is a professional and interest organisation that brings together social service providers to uniformly formulate and enforce their demands, interests and ideas on legislation, funding and the entire social services system. It unionises experts in social services to move providers professionally and their employees to an ever-higher quality of social services to the satisfaction of recipients of social services. The association is a member of the National Union of Employers (RUZ). The association publicly criticises towns and municipalities (especially ZMOS) for their inability to secure enough care workers in Slovakia. The Association of Social Service Providers is an apolitical and independent organisation that professionally points out shortcomings in legislation, funding and application practice in social services to bring effective and functioning solutions, which must always aim to respect the interests and rights of the participants: that is, the recipient, the employee and the employer. The organisation also promotes a global view of the social system in Slovakia, which must be prepared for the radical rise of dependent seniors.

Similarly to ECEC, also in LTC operated several non-governmental organisations. An example is **SOCIA-Social Reform Foundation** (SOCIA- Nadácia na podporu sociálnych zmien), active mainly in the social services sub-sector, which aims to promote social change system for the benefit of vulnerable social groups of the population.

As to **collective bargaining,** in the social services and human health sector, social bargaining is both multi-employer bargaining and single-employer bargaining. The coverage by collective bargaining as a % of sector human health employees covered by multi-employer bargaining is estimated at ± 57 % and of all social services together at 49%. There is no specific information for the sub-sectors of residential social services, child day-care activities or social work without accommodation (Eurofound, 2021).

4. The challenges in the ECEC and LTC services addressed by the social actors

The following section summarises the challenges in the ECEC and LTC sectors, which are perceived as one of the most urgent problems that were or needed to be addressed by the social partners and other social actors in their long-term strategies and/or particular activities. While the social partners predominantly focus on working conditions in terms of working time and wage rise, the professional association and other expert NGOs target the qualification and staffing issues, care service standards and underfunding. The social partners thus contribute to the service quality and service coverage indirectly, functioning as mediating actors. The increase in job quality influences workforce quality and reflects the quality of services and service coverage. The challenges in both care sectors are interrelated and are caused, among others, by the need for more regulations or lack of their implementation.

The common characteristic of the working conditions in both care sectors can be assessed by the share of employees working in precarious employment. The data show that over time, the share had increased from 0.5% in 2010 and culminated in 2015 at a 3.1% level. After that, the percentage decreased. However, it never was as low as before the economic crisis in 2008 – 2009.[16] The table below shows the percentage of workers with a precarious contracts employed in the educational or human health and social work activities sectors on the total employed population from 15 to 65 years old in the two sectors.

Table 13 Workers with a precarious contract in the educational or human health and social work activities sectors (%, 2000 – 2019)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Slovakia (%)	0.5	0.5	0.5	1.0	1.5	1.7	2.5	3.1	2.4	1.7	1.1	1.4

Source: ICTWSS 2000-2017 based on LFS

4.1. Challenges addressed in ECEC

The unmet demand and underfunding of childcare services create pressure to reduce the quality of ECEC and working conditions in the long run. The professional association and the sectoral trade unions are addressing the **job quality** in terms of staffing issues, i.e. lowering the number of children in the classroom/per teacher and improving working conditions, and maintaining standardised requirements and conditions for the establishment and functioning of the ECEC. The other cluster of challenges is the quality of the service - addressing the issues of ECEC standards; challenging the reduction of qualification requirements, increasing the quality of teachers, conditions for the establishment and functioning of the ECEC; a call for professional ECEC middle management. Let's look at specific issues the social actors addressed recently.

Missing qualified middle management at the founder level. Some kindergartens have highly qualified founders (municipalities or cities) or employ qualified persons- managers who are engaged in pre-primary education issues and work closely with the providers to follow the relevant regulations. However, many municipalities still need to have qualified management of pre-primary education, and the kindergartens are run chaotically and unprofessionally directly by the mayor**.** This contrasts with high expectations and requires quantification of the kindergarten director. Middle management should be the level between the kindergarten director and the Ministry of Education. Despite supporting the decentralisation of the ECEC in Slovakia, professional organisations are calling for the improvement or establishment of dedicated and qualified middle management of the ECEC.

Underfunding of kindergartens: The primary sources of ECEC funding are the share of personal taxes through the original competencies of municipalities and cities. Generally, this source needs to be revised and depends on the founder. Even though ECEC teachers are highly qualified, it is not reflected in their salary. The teachers are pressured to increase their qualifications and participate in life-long learning to upgrade their skills; however, their pay tariffs remain at the same level or upgrade only slowly. The additional funds did not support the compulsory pre-primary education of 5-year-olds.

Lack of qualified workforce and staffing: Human recourses and qualified professionals are among the most noticeable problems. Despite the new policy of inclusive education and focus on children with special needs and from vulnerable families, the supply of auxiliary and professional employees is non-existent. The lack of teaching assistants, personal assistants, school psychologists, and special psychologists is standard.

[16] The few information at disposal about child and elderly care sectors refer the LFS and are shown in a macro sector that put together the educational and health care and social services sectors, giving very partial information.

Even if available in the labour market, the vast majority of kindergartens still need to get them because of underfunding.

Working conditions violate the labour law: Teachers work a long time without a rest break, and a considerable share of their work is not remunerated. The teacher/principal is often the only person in charge of education, administration and all other necessary daily work in a kindergarten. Instead of the standard 5,5 hours, when the teacher has to be replaced by another teacher at the latest, the teacher educated 20 or more children for over eight hours per day for a total of 40 hours per week; The maximum number of working hours is, however, 23 hours per week. The working hours devoted to planning and preparing for teaching, administration, processing the results of children's diagnostics, and maintaining pedagogical documentation and other activities should be paid. The operation of kindergartens concerning proper quality is financially demanding. The founders, however, reduce the budget to the detriment of the quality and quantity of the employees.

The wage average of ECEC teachers is below the national average: Despite the increased pressure of qualification, the professional work of teachers needs to be re-evaluated. In 2021, a kindergarten teachers' average wage did not reach the average national wage. It represented 93,2 % of the average wage in the national economy despite the increased inflation and cost of living. Compared to the average regional wage, the situation in kindergartens was, therefore, the worst in the Bratislava Region. Kindergarten teachers here in 2021 earned just over three-quarters of the average regional wage (78,6 %) (Rehuš, Ostertágová, 2022).

Reducing the requirements of standard ECEC: In connection with the introduction of compulsory pre-primary education and making it available to all groups of children, there is an effort of the state regulator in the background to "legitimise" some forms of organised groups of children as providers of pre-primary education. It is more about opening the education system for other providers than before, but it still needs to meet the minimum standards of ECEC in Slovakia. The current kindergartens need to properly define spatial, material and technical conditions considering the health and protection of its children. Without providing food, rest, etc., anyone with such insufficiently defined conditions can become a pre-primary education facility and the unprecedented and unconditional status of such entities on the same level as the above-named institutions, which must meet the defined conditions for the education and care of children.

4.2. Challenges addressed in LTC

Indecent pay in LTC

The pay in social services is 78 % of the national average (2018), often near minimum wage, and is sensitive to it. The lowest pay is for social carers and assistant social carers. Better-paid professions in the sector are specialised nurses, social workers, and therapists. The nurses in LTC are on a higher pay scale than social carers. Specialist nurses in Slovakia were paid an average of €1 293 gross per month in 2019. In Slovakia, carers and home care assistants for elderly people with disabilities earned an average monthly wage of €562 (second quarter of 2019). Equivalent workers in residential LTC earned €766 monthly, over €200 per month more. However, wages for the first group of workers have increased more since 2013 than wages for the second group (80% versus 53%) (Eurofound, 2020).

The lack of workforce

Long-term care workers presented 3 % of the total workforce in 2019 in Slovakia, 1,5% in residential and 1,5% in non-residential care. LTC professions appear on lists of occupations for which there are shortages or for which shortages are expected partly also due to increased access to LTC. Most of the LTC workforce in Slovakia is employed in the public sector. The workforce split in 2013 was roughly 80% in the public

sector and 20% in the private sector, and since then has remained at around 60–67% in the public sector and 33–40% in the private non-profit sector (Eurofound, 2020).

Employment status - (bogus) self-employment concentrated in non-residential care

Most of the workforce has regular employment status and full-time working arrangements. The self-employment rate is low in LTC compared with healthcare, although it is growing in LTC and dropping in healthcare. It is also low compared with self-employment in other (non-residential) social services. Self-employment in LTC is concentrated in non-residential LTC (5.0% in 2019) and is rare in residential LTC (0.1%). Nurses and other LTC workers are instead employed by staffing companies (Eurofound, 2020).

Lack of workforce and care drain

The lack of workforce is expected to increase also due to the care drain – social and health workers working out of Slovakia, mainly in Czechia, Austria and Germany. For example, it is estimated that there are 20 000 Slovak carers in Austria. In 2016, half of the Slovak carers in Austria came from the eastern part of Slovakia, while the other half were from the central and western parts of Slovakia. Over half of Slovak live-in carers in Austria who started care work after 2013 report unemployment as the main reason for leaving Slovakia (Eurofound, 2020). However, in recent years, the main reason might be low pay despite the slow continual pay increase of the minimum and average sectoral wage.

Deterioration of working conditions in terms of health and safety issues

The health and safety dimension adds to the already precarious working conditions of specific occupations and multiplies the precarity effects for various professions in LTC. For example, social care staff working on temporary agency contracts, with an indecent income level and in facilities with low staff-to-bed ratios have faced additional hardship. During the Covid-19 pandemic, especially since its beginning in 2020, due to the lack of personal protection equipment and enormous pressure to protect high-risk elderly people from infection and death, long-term-care workers have been exposed to extraordinarily humiliating conditions. They have been forced to stay in facilities, crammed into a small room only to sleep on the floor, and, most importantly, isolated from their families for several weeks. Care workers have been praised for their self-sacrifice and devotion, yet have been forced to work irrespective of their fears and exposure to risky health conditions (Holubová, Kahancová, 2021). Social partners also call for an in-depth audit of fire protection in social services facilities after several fatal accidents of clients and their caregivers (Gálisová, 2022).

It is relevant to notice that some challenges are not addressed by social partners or actors. For example, the informal carers in LTC, despite presenting a considerable share of the LTC workforce, are not represented by any social partners. Domestic LTC workers are also out of collective agreements.

5. Case studies – local solution to the quadrilemma

This section presents four case studies providing examples of solutions to the challenges in ECEC and LTC. Special attention is paid to the role of social partners, social actors, social dialogue, and other aspects of employment relations. The case studies focus on innovative solutions in terms of practices, strategies and initiatives to address the issues. Particular attention is paid to the variation of the cases following the diverse solutions involvement of a variety of social partners and local authorities, and services providers. Each case describes the actors involved, problem(s) addressed, the process and solution, implementation and outcome. At the end of each case, success factors and challenges are intensified.

5.1. Case #1 – Joint advocacy of professional associations and unions in ECEC

Annotation:

The first case illustrates the joint effort of professional associations and their regional organisations, and the sectoral trade unions addressing job and service quality in ECEC. The actors used various resources, such as ad hoc working groups, participatory involvement, joint statements, advocacy, media visibility, strike alerts and protests to influence the long-term and urgent challenges in ECEC. Via informal regional social dialogue, the actors tried to mitigate the trade-off of service quality improvement vs service accessibility.

Description of the problem and actors involved

Low **job quality** in terms of inadequate staffing and **enforcing the minimum education standards** in ECEC have been addressed mainly by the professional associations. The associations also opposed the issue of reduction of qualification and fought for maintaining the strict rules and conditions of the ECEC establishment. The professional association also call for more qualified middle management to increase the quality of decision-making at the level of municipalities.

On the other side, the trade unions mainly addressed teacher wages in general, despite the demand for higher qualifications being under the national average.

Sectoral trade unions and two professional associations have been involved in the case: The Society for Preschool Education in Slovakia, the Council for the Development of Kindergartens and the Union of Workers in Education and Science of Slovakia.

Process and solution

The above-mentioned issues were addressed by the actors using various tools of influence and advocacy, such as informal social dialogue, joint statements, protests or public commenting proceedings. These are usually meant for any social actors. However, the actors in the case use the tools continually, persistently and in an organised way.

The professional associations use more **informal social dialogue with the regional and municipal representatives** to address the missing middle management and the need for a qualified workforce. They organise common meetings to present their views and create common pressure and advocate for change. The associations are using their regional structures to create a strong bottom-up approach. The voice of regions is of high importance, as the local circumstances and living conditions might be completely diverse from those in Bratislava and larger cities.

The associations try to influence and prevent the approval of relevant regulations, although with mixed results. For example, the professional associations challenged the new proposal on establishing new forms of kindergartens lowering the requirements and conditions of ECEC operation. The "forest kindergartens" have been proposed as a new form of ECEC to mitigate the low coverage of ECEC in Slovakia and as a new, innovative way of ECEC. **The joint statement** of the associations argued that the new form of ECEC does not meet the minimum standards of ECEC as is required. The regulation proposal was put on hold, and the new forms of ECEC have not yet been approved.

The actors also use **media realises and participate in various working groups** at the level of the ministry of education to address, for example, the working conditions of the ECEC teachers, the lack of teacher assistants and the failure to support the new ECEC competencies with sufficient funding.

Sectoral trade unions apply their usual tools and power resources to advocate for better working conditions. Unions established sections for particular professions in the education sector and assigned experts to

address the specific challenges in the kindergartens system. The leverage of trade unions is, however, higher than those of professional associations, as the unions represent all workers in the sector and have access to official social dialogue and bargaining.

An example of the higher leverage of unions is a **massive protest** organised in July 2022. The unions entered a strike alert after the government did not address the demands required earlier. The strike alert took half a year and resulted in a protest, march and strike of 15 thousand of teachers. The low remuneration of teachers in ECEC was partially emphasised. Professional associations were also invited to participate in the protest. The protest was successful and brought continual pay increases for all the teachers. Teachers will receive a wage increase of 10% in January 2023 and 12% in September 2023. The salaries will be set this way until September 2024. The gains of the mass protest have been anchored in a **collective agreement**. The collective agreement has the force of law, and its adoption is binding for the state and its municipalities.

Both types of actors use **public commenting proceedings** to influence the proposed regulations relevant to their agenda. The mechanism of the public commenting proceedings is an e-governmental system, where the social partners, social actors and the broad public can participate in the decision-making and thus present a tool for direct democracy. Public commenting proceedings on the prepared preliminary draft of a legal regulation at the stage of the interdepartmental commenting procedure allow the presentation of objections or the suggestion of additional changes to the upcoming legislative proposal before submission to the government or parliament.

The professional associations and trade unions used the public commenting proceeding to point to the discriminatory settings in terms of some possibilities and responsibilities of the kindergartens that differ from those of other kinds of education levels, such as primary and secondary schools. For example, the right to claim textbooks, workbooks and other teaching and learning materials specific to ECEC was missing in the law. The request was accepted by the lawmaker, strengthening the emancipation of the ECEC within the education system.

Implementation and outcome

The initiatives of the social partners and social actors have mixed outcomes. On the one hand, some partial positive changes are achieved. Some suggestions in public commenting proceedings are accepted, and some are rejected. It happens that the legislation worsening the situation is approved despite the protests and counter-initiatives of the social actors. There is definitely a space for improvement regarding the effectiveness of the social partners and social actor actions. Nevertheless, the possibility to organise and have a space for intervention is an advantage.

Both types of actors sometimes need to be better organised with each other despite struggling for the same goal. The trade unions are sometimes perceived as irrelevant and addressing only wages, while the professional associations strive for more complex changes. In the case of the Union of Workers in Education and Science of Slovakia, do not focuse only on the remunaration increase, as they also present themselves as an expert organisation and provide training for teachers to level up their qualifications. On the other side, professional organisations are also addressing the working conditions, although the focus is on the ECEC quality with a child-centred approach.

It is obvious that the roles of the actors have exact boundaries, and their competencies are blurred. Independent ECEC experts from professional associations became a representative of the state governance and vice versa.

The success factors and obstacles of the joint initiatives of professional associations and trade unions in ECEC can be summarised as follows.

Success factors:

- Despite the different possibilities of the professional associations and trade unions, the actors can agree on **common goals and initiatives**;
- Professional associations have a massive advantage in their **regional and local structures** representing specifically the employees of kindergartens with the possibility to approach them directly and collect their feedback on the addressed challenge;
- Unions, on the other side, might have a different structure for workers in the ECEC. However, they represent a high number of workers from the education sector, thus enabling high leverage through **social bargaining.**

Challenges and obstacles:

- The achievements of the social actors are so far **only partial and minor**; the substantial changes, such as
  Granting legal subjectivity to kindergartens and changing the system of funding of the ECEC system have not yet been achieved;
- The high responsibility and competencies of kindergarten principals are sometimes an **obstacle to their openness to more innovative approaches** in organising;
- The fight for ECEC standards and maintaining the minimum requirements of establishing kindergartens might **hamper the establishment of new, alternative ECE forms**, for example, an alternative pedagogy such as Waldorf or Montessori. The power of social actors might hamper the progress and diversity in the approach of ECEC.

5.2. Case #2 – Bratislava - Petržalka district's ECEC capacity increase

Annotation:

The case illustrates a successful strategy at the local level to increase the ECEC capacity and meet the demand for pre-primary childcare in one of the most populated Bratislava districts. The Petržalka municipality increased the ECEC capacity after long-term public pressure and when ECEC accessibility became a policy priority. The new administration has continually addressed the lack of kindergartens and has invested 3,5mil EUR, mostly from EU funds and grants. Based on a deep analysis, unused premises have been renovated and transformed into kindergartens. To maintain and attract more staff, the social actors applied for recruitment allowances, rental housing, and free language courses. The role of social partners was limited. Involvement of social associations and participative decision-making were among the success factors of the ECEC coverage increase. A permanent civil dialogue with all the involved partners was applied.

Description of the problem

Petržalka is the largest borough of Bratislava, the capital of Slovakia. Despite the continual decrease in the total number of permanent residents in the district, the number of newborns is increasing. The age category 0-4 years made up 6,25% of the population in the district. Between 1991 and 2002, the total number of 51 ECEC facilities continually decreased to 30 (Petržalka district, 2015).

The increasing number of children not placed in kindergarten: The municipality of Petržalka, as the founder of the kindergartens, responded flexibly to the changes in the regulations and, since 2008, has gradually been trying to expand the capacities of its kindergartens. Despite the effort, the unmet need continually increased to more than **900 children per year, not finding a place in the Petržalka district's ECEC** in 2016.

The pressure from the site of unsatisfied parents of the non-placed children even increased due to the need for more **transparent criteria** on which child would be admitted to the kindergarten and which would not. The rules on child admission have been in the competencies of kindergarten principals, often considering verious conditions beyond the basic one, such as being Petržalka district permanent resident (Petržalka district, 2016).

Due to the **underfunding of the kindergartens**, principals have been forced to charge fees for additional services, kindergarten equipment or for activities. Parents thus contributed to preschool operation with **hidden fees and informal donations**. The various unofficial monetary and non-monetary donations were supposed to be part of the decision to admit a child to kindergarten. However, at a time of insufficient capacity and unmet demand, undesirable phenomena such as corruption and obfuscation of endowment fees may appear.

Low job quality results in a lack of workforce: A severe problem that has resonated for a long time, even in the conditions of kindergartens in the city district, is the **high average age of employees**. In 2016, the average age of teachers in kindergarten was almost 49 years, and non-pedagogical employees were over 51 years. The situation could be more favourable in the **wage evaluation** of individual categories of kindergarten employees, especially in the category of non-pedagogical and school canteen employees. The average gross monthly wage of ECEC teachers was 960 Euro, and of non-pedagogical employees, 404 Euro. In the context of low financial evaluation of all categories of employees in regional education and also because of the low interest of the high school and university graduates in pedagogical studies for professional application in kindergartens, **the lack of workforce is already a severe threat to ensuring the quality of education** and training in kindergartens and elementary schools, especially in the Bratislava Region. This was also documented by the experience of the Petržalka district with acquiring new employees for kindergartens to expand their capacities, as well as the frequent departure of promising young professionals after a short period of work in a kindergarten (Petržalka district, 2016).

Process and solution

The new mayor and administration elected in 2018 set **the ECEC capacity increase became one of the priorities** for the upcoming period:

- Continue to expand the capacities of kindergartens and implement the reconstruction of the kindergarten buildings,
- Continue the reconstruction of elementary and kindergarten buildings with a focus on the repair of sanitary facilities at elementary and kindergarten and other necessary repairs of other schools equipment,
- Motivate and support the competent entities in the activities of educators and schools in the field of innovation and improve the quality of schools, kindergartens and school facilities in the Bratislava – Petržalka district,
- Continue financial support for teachers, in the form of their life-long education and end-of-year remuneration and increasing the quality of education,
- Build new preschool facilities and nurseries and create a class in kindergarten for children with special medical needs.

The increase of the ECEC capacity became a priority for the local government. New and highly experienced management to handle the ECEC capacity shortage was established to fulfil the aims. The following steps supported the solution to the ECEC's considerable increase:

A thorough, **in-depth analysis of demographic development and assessing the exact demand for ECEC**, a forecast of the expected number of children at preschool age and the most accurate estimate of

the necessary capacity in individual parts of the district were prepared. Based on this analysis, a realistic plan for the gradual increase of capacities was drawn up.

Secondly, a thorough **revision of the district's premises and unused spaces** took place, mapping the potential of all buildings and non-residential areas to be transformed into kindergartens. The gradual transformation of premises into school classrooms was carried out, for example, in new gymnasiums of elementary schools, the conversion of flats for janitors into new classrooms, unused laundry rooms and the termination of unprofitable leases in non-residential premises and their new use for kindergartens, etc. The advantage was that a relatively large number of unused spaces in the municipality and short-term leases that could be terminated. Revising the district's premises was the base for continually transforming the buildings into new kindergartens.

As the new premises needed to **meet the stringent hygiene criteria**, the district management initiated a consultation process with the respective intuitions. The consultation prevented failure to meet the criteria of approval of operations of the new kindergartens. This process makes the usually complicated approval process more feasible.

Multiple funding sources ensured the funding of the renovation and capacity increase. On the one hand, the share of devoted financing of the ECEC from the regular district budget was increased. On the other hand, all possible financing mechanisms, such as the subsidy systems of individual ministries, call for more efficient public administration, and subsidies from the Ministry of Education to increase ECEC capacity and equipment of kindergartens, were fully used to meet the set goals. On the other hand, over 5 years, more the 3.5 million EUR have been invested in ECEC capacity increase.

The increased capacity needed an increased number of professionals. A **strategy for improving and maintaining human resources in ECEC** was developed. The strategy included unique recruitment processes for young teachers. A recruitment and stabilisation allowance was offered. Young teachers were also provided relatively favourable rental apartments by the municipality's administration. The offer of lifelong learning, for example, a free language course or coaching consultation to improve the qualifications of the teachers, were also special benefits beyond the scope of usual working conditions.

Due to the dynamic demographic development, the number of children requiring ECEC will decrease over time in Petržalka. For this purpose, the current transformation of the premises into kindergartens includes adapting the premises for other purposes, such as children's clubs for older children and centres for older people, etc. In this way, the municipality wants to prevent the repeated lack of services needed for another target group.

There is no **evidence of any relevant role social partners** played in this initiative. However, some of the district's kindergartens are part of the Council for the Development of Primary Schools or Society for pre-primary education. These are non-profit professional associations uniting 32 regional ECEC providers and advocates for educational standards and working conditions (see case study #1 for further information).

Implementation and outcome

In the last six years, the Petržalka district succeeded in **increasing the ECEC capacity by 25 classes and 580 children**, thus saturating the demand for kindergarten places. As of September 2022, the district's kindergartens had 143 classes for 3,132 children. The demand was fulfilled even though since 2021, 5-year-old children are required be be placed in kindergartens due to the new regulation on compulsory pre-primary education. The municipality also succeeded in finding places for children of parents even though they do not have permanent residency in the district. Also, children of Ukrainian families fleeing due to war have found a place in the kindergartens.

The process of re-construction and building of new pre-primary facilities started in 2016. It was exposed to the pandemic restrictions, increased prices of building materials and delayed public procurement process. The experienced specialist from the investment department prepared project proposals, applications, investment projects, and public procurement for construction works and succeeded in addressing all the challenges related to the construction. At the same time, the municipality used the refund system in the projects, which made it possible for people to apply for funding retroactively and reinvest the saved money in kindergartens. Despite that, the long period for applying for the receipt of the operation permit usually took more than two years. The municipality was always at risk of outdated price settings, e.g. construction work and materials. To prevent the risk of increased cost, they contracted the builder with the condition of fixed prices without the risk of increasing the price of the order. In the last six years, the municipalities have invested 3.5 million euros into the ECEC facilities increase. The primary funding sources have been EU funds, i.e. grants via the Ministry of Education.

The rules for accepting children into kindergartens were revised. The criteria for admitting children to kindergarten have been adjusted to the needs of the families; for example, if a sibling is already attending kindergarten, the other sibling is also accepted. The rules are not rigid but adjusted to the situation. The final decision is, however, up to the kindergarten principal.

The legal status of the kindergartens changed. Kindergarten employees are employees of the city district, including the director. The city office adjusts contracts and manages all employment relations. The mayor is the only legal representative responsible for all arrangements and investments. Despite that, the municipality management implements participatory decision-making. The planning and new district regulation are approved only after consultation with the kindergarten principals.

The municipality increased the contribution fee per child, intending to increase the funding of kindergartens overall to ensure subsidies for all the necessary operating costs of the facility. No extra fees and out-of-pocket payments related to the regular operation of the facilities are required from the parents. Parents only pay for meals and extra fees for activities such as trips and/or English lessons that are considered above the standard of ECEC education.

Overview of the success factors:

- Stable and experienced management for pre-primary education are supported by the mayor;
- The capability to draw public funds and embark on national construction projects despite the changing and risky construction market;
- Using analytics to set realistic goals based on forecasting methods;
- Utilising the previous dense network of ECEC facilities in the district and other premises to be transformed into pre-primary classes;
- Permanent civil dialogue with all relevant actors and institutions.

Challenges and obstacles of the implementation:

- Human resource management using various benefits and recruitment contributions can cause the outflow of teachers from other districts of Bratislava and does not solve the overall low interest of people in this profession;
- The lack of social partner involvement in the decision-making on working conditions and planning. Even though some unions operate at the level of individual providers, these have yet to be part of the decision on developing ECEC in the district.

5.3. Case #3 - Centres of integrated care services in Banská Bystrica region

Annotation:

The case illustrates a solution to social service fragmentation, the lack of services and underfunding at the local level based on an multilevel partnership. The Integrated centres of health and social services in the Banská Bystrica region aim to address the fragmentation in health and social services, geographical discrepancies and budget constraints. The pilot model of community-based social service centres for seniors, funded by the EC Cohesion Fund and the World Bank, created an effective platform for service integration involving various providers. The multilevel partnership, encompassing various ministries and municipalities, universities in Slovakia and Norway, expert groups and NGOs, were used to complex model design with a high propensity to expand to other regions and even to be anchored in national legislation.

Description of the problem

The Banská Bystrica Self-governing Region[17] (BBSK) **belongs to the most underdeveloped region**s in Slovakia based on economic and social indicators and is **among the fastest aging regions**. At the same time, the region's **population density is the lowest** among the eight Slovak self-governing regions. (World Bank, 2020).

In terms of long-term care, the Banská Bystrica Self-governing Region faces **the same challenges as the LTC at the national level.** The system of elderly and long-term care providers in the Slovak Republic is fragmented. The federal legislative framework creates barriers to social and healthcare integration. Elderly care relates to the care provided by family members or other nonformal caregivers. Social services are decentralised, and the system of financing is highly complicated. The health services most relevant to the elderly are often insufficient. The demand for health and social services is particularly hard to meet in the region's most rural, remote parts, such as BBSK. The region suffers from the highest levels of outmigration. There are 516 municipalities in the BBSK, including 24 towns. Most of the municipalities have less than 1,000 inhabitants. The small administrative units struggle to fulfil their service delivery responsibilities. For these reasons, developing the new integrated elderly care model for remote areas became a priority for the BBSK (World Bank, 2020a).[18]

In terms of institutions and mechanisms at the local level, which allow **participative and cooperative decision-making with an impact on social policy,** all the self-governing regions, including BBSK, are obliged to prepare a strategy and particular plans for the development of social services. The current *Conception of Development of Social Services in the Banská Bystrica Self-governing region for the Years 2019 – 2025* (BBSK, 2019) was developed by a team of professionals from the social services departments of the BBSK office in cooperation with experts from the Independent SocioForum platform. The Independent SocioForum platform is a civil association invited to cooperate in consultancy and analysis based on the results of public procurement. The civic association Independent Platform SocioForum unites mainly non-governmental, non-profit organisations and experts in the social, humanitarian and health fields.

The team of experts in the preparation of the draft of the Concept was mainly based on the following national ones and international documents and data from the strategic documents of the European Union, valid legislation of the Slovak Republic and its strategic documents, community plans of municipal social services and towns in the Banská Bystrica region, their own statistical and questionnaire findings and the results of consultations with social service providers in the region and with experts. **Trade unions or**

[17] Self -governing regions are higher territorial units in Slovakia, consisting of districts and municipalities.
[18] The development of the piloting model of an integrated centres is the result of the collaboration between the European Commission, the Ministry of Investments, Regional Development, and Informatization of the Slovak Republic, the World Bank and local stakeholders, in the framework of the Catching-up Regions Initiative.

employers' associations are not included in the participatory planning of the community development of social services.

The case addresses multiple challenges related to LTC service fragmentation and coverage, service quality, and the budgetary constraints of LTC in BBSK.

Fragmentation of the services by founders and budgeting: One of the most significant challenges of LTC in the region is the fragmentation of social services in terms of founders and budgeting, causing the lack and low quality of social services. In 2019, in BBSK, 29 social service providers were established by a higher territorial total, providing different types and forms of services. In addition, 66 social services were also offered in the territory of the regional municipalities and cities. Several have registered different types and forms of the above-mentioned social services. The third group of providers consists of non-public providers, of which there are 108 (BBSK, 2019).

Unmet need for residential social care: At the end of 2018, BBSK registered 2059 applicants to provide social services in facilities within its own competence. Undoubtedly, most of them are waiting for accommodation in a facility for senior citizens – 1724 persons. The number of people in the waiting list doubles the capacity of facilities for seniors in the competence of establishing BBSK. However, the number of waiting people does not mean the exact number of people who need and want to provide the service immediately. Some applicants have applications also submitted to other providers, municipal and non-public, or they had themselves assessed in the case of a diagnosis corresponding to the focus of the specialised facility (BBSK, 2019).

Prevailing residential social care and lack of community services: The "traditional" year-round residential care prevail in the self-governing region o Banská Bystrica. The community services are gaining ground very slowly. . There are several reasons for this situation. On the one hand, the demand for a year-round stay persists on the part of the residents, but this is often motivated by the fact that there are not enough applicants/interested people in information about other types of services. On the other hand, there is inertia and tradition on the side of the providers who fear the transformation of facilities for personal and financial reasons. Even the current system of financing social services, which brings more, does not contribute to changing trends in financial stability for residential facilities compared to ambulatory or field forms of social services. At the same time, the financing of crisis intervention services has been underestimated for a long time. In the same way, systemic financing of preventive activities at the national and regional levels is also absent (BBSK, 2019).

The quality of services is low due to long-term un-investment: As to the quality of LTC, the ministry of social affairs was preparing personnel and material-technical support for the assessment of the quality of social services, and as of 2023, it will evaluate the quality conditions of social service providers. However, there were yet to be any such standards evaluated. As it follows from BBSK's experience, quality was perceived mainly through the prism of the material and technical equipment of social service facilities or personnel standards (BBSK, 2019).

Investments in social services: In 2018, BBSK allocated a total budget of approximately 30 million EUR, of which nearly 28 mils. Euro was intended to provide social services established by BBSK and 2.3 mil. Euros for the provision of social services through non-public providers. The clients are contributing 30% of the cost of social services. The number of payments from the clients has stayed the same in the BBSK facilities since 2011, and as of 2018, it has been 236 euros per month on average regardless of the type or form of service. Of the total, approximately 71% of the costs of social services were personal ones, i.e. wages and contributions which are constantly increasing year-on-year. When considering possible adjustments to the amount of client payments, the BBSK will have to evaluate the impact on low-income recipients, especially recipients with pensions or disabilities. Already today, approximately one-third of

recipients of social services in BBSK facilities need to pay the full amount due to income protection (BBSK, 2019).

Insufficient cooperation of the municipalities in the care for the elderly: In a survey from 2019, the responses from 45 mayors of the BBSK region revealed little or no cooperation between municipalities. Findings suggest that the mayors see an existing potential but need more experience in the area of cooperation among the municipalities. Difficulties in achieving common goals, lacking co-financing and the lack of professional staff are additional barriers to cooperation in providing integrated social and health care in BBSK (Seberíni et al., 2021).

Process and solution

To address the challenges of LTC described above, BBSK chose to create an innovative community-based model of social and health care services for the elderly by using multilevel partnerships.

Firstly, the BBSK developed a **Model of Integrated Care for the Elderly** in cooperation with the World Bank.[19] The model supported later implementation and operation of the integrated elderly care system in selected municipalities, addressing the needs of the local elderly population and provide a higher quality and level of coverage which, at the same time, is sustainable and follows the principles of deinstitutionalisation.

The detailed model relies on the joint effort of selected municipalities expressed in a formal partnership, the integration of care, and a people-centred approach. The model consists of four core model components: The Service Model, Governance Model, Process Model, and Financing Model in cooperation with the World Bank (2020):

- The Service Model analyses the existing social and health services and proposes improvements to spatial distribution, availability, and the integration of health and social services in the target area. For the modelling of services in the selected municipalities in the southern Gemer area (part of the BSSK), a tool for analysing and modelling the service availability and needs was proposed and developed. Available data were collected, processed, and evaluated.

- The Governance Model defined the institutional structure for integrated care provision and management. It proposes an optimal distribution of roles and responsibilities among the key actors and clarifies their interrelations. Options for optimal legal arrangements for the proposed institutional structure were also analysed.

- The Integration Process Model lays the practical foundations of care integration and identifies the main functions and processes that need to be introduced and managed locally by the entity responsible for the integration of services. This section of the model proposes a range of activities of the entity responsible for the integration of services. It suggests the introduction of the Integration Process Guidelines (IPG)—a vital tool for the service providers to become a part of the integrated process of care.

- The Financing Model describes the current as well as the proposed future model of financing social and health services and their integration, delivering a rough estimate of the costs and contributions needed.

[19] World Banks (2020). The Model of Integrated Care for the Elderly was developed within a project called *Integrated Elderly Care Model For the South Gemer Functional Grouping of Municipalities,* in cooperation with the Catching-up Regions Initiative of the World Bank and the European Commission.

The proposed model established a new innovative precedent in elderly care provision in the Slovak Republic and informed the mainstreaming of integrated elderly care in the Slovak Republic (World Bank, 2020).

Based on the developed model and action plan on how to implement, BSSK, in the second phase, designed a broad project Community-Based **Social Service Centres as a Tool of Multilevel Partnership for Providing Long-Term Care in Slovakia**. The project is implemented by the Banská Bystrica Self-Governing Region and is supported by the European Commission as part of the call for proposals on social innovations and national reforms in long-term care for the elderly.[20]

The project aims to create a functioning pilot model of three Centres of integrated social and health care for seniors at the community level in selected regions of the BBS. Centres of integrated social and health care will serve as a platform for integrating social and health services in the specific territory of the functional grouping of municipalities in cooperation with BBSK.

The creation of Community-based social service centres for seniors (hereafter as Centres) financially supported by the European Commission - Regional Cohesion fund in the amount of 1,1 mil. Euros and 20% is co-financed from the BBSK budget.

The Ministry of Labour, Social Affairs and Family of the Slovak Republic, Matej Bel University in Banská Bystrica, the Slovak Republic and Kristiania University College, Oslo Bergen are relevant partners of the project to ensure the academic feedback and policy advice.

The Centres serve as a platform for integrating social and health services for various providers in two ways: geographically – structurally. Geographically, the centres will horizontally connect several local municipalities. Via the Centres, associated municipalities will provide social services for seniors in an area larger than a single municipality. Structurally, they will form a platform enabling the vertical interconnection of local, regional and national levels of social and health services for seniors in Slovakia. By interconnecting municipalities and providers, it is possible to achieve a more coordinated and more targeted system of flexible and sustainable services, covering preventive activities, outpatient and residential social services and long-term care services (Šolcová et al, 2022).

The Centres of integrated social and health services provide the following types of LTC services:

- Basic social counselling (evaluation of the current situation, proposals for solving an unfavourable situation)
- Mediation of medical equipment rental (trolleys, stair climbers, adjustable beds, oxygen respirator, etc.)
- Mediation of monitoring and signalling the need for help (monitoring bracelets)
- Accompanying seniors dependent on the help of another person (to the doctor, to offices and to other institutions)
- Mediation of field, ambulatory and residential social services
- Preventive activities for seniors (talks, lectures, group activities)
- Mediation of medical care (appointments with a doctor, an overview of the network of specialist doctors)
- Mediation of volunteer activities for seniors (building a network of volunteers and organising them)

In the project's preparatory phase, criteria were developed for selecting districts and functional groupings of municipalities, where the Centres of Integrated Social and Health Care (CISZS) model has been piloted and tested. The selection criteria consists of economic indicators such as the financial health of the

[20] More information on the project is available at https://ec.europa.eu/european-social-fund-plus/en/projects/quality-care-elderly-slovakia

municipality and the number of job seekers; demographic indicators, e.g. old-age dependency ratio, the share of the elder population, and the gross rate of migration balance. The third type of criteria merged several social indicators presenting the number of people waiting for social welfare service in a facility for the elderly, the number of recipients of the care allowance aged 65+, the number of persons with disabilities 65+, the number of cash allowance recipients per compensation aids at age 65+ and the number of caregivers. Based on the summary index merging all the criteria, the following regions were selected:

- Novohradské podzámcie (Lučenec district)
- Veľký potok – Ipeľ (Velky Krtíš district)
- Municipalities of the Banská Štiavnica district and municipalities from the South Sitno microregion of the Krupina district

In each of these regions, a village was selected where the Centre's office would be established.

An additional innovative aspect of the case consists of the **participatory community planning of social services at the level of microregions.**

An essential part of the case is preparing a participatory community plan for developing social services for the regions where the project is implemented. The innovation consists of the planning of social services not only on the territory of one municipality but on the territory of a functional grouping of municipalities or microregions, which will bring about systematic and effective planning in a larger area.

Community planning of social services at the level of functional groupings of municipalities or micro-regions allows social services to be planned to align with national priorities and local specifics and meet the needs of individual citizens of the given territory. The community planning of social services is an open process aimed at meeting the needs of citizens using available and high-quality forms of social assistance, ensuring resources for individual types of social services and looking for optimal solutions in the equipment and efficiency of social services that best correspond to local conditions and people's needs.

Participatory community planning within the case took place in cooperation with all actors "citizen - municipality - self-governing region - state - non-public sector", who are important actors in planning social services supporting the cooperation of legislators, founders of social services, providers and recipients of social services, including the public in selected municipalities. At the level of each microregion, a Steering group for the community planning of social services was established with its own statute and procedural rules. External experts handled the community planning process. The starting point will be the existing community plans for developing municipal social services and the Concept for the Development of Social Services in the Banská Bystrica Self-governing Region. The resulting community plans for the provision of social services and long-term care services for selected associated municipalities were verified in a participatory manner in the local community to obtain social agreement.

The project aims to help around 100 older people and plans to build more than 20 additional regional centres. In addition to providing greater access to care, the Centres use **new and innovative technologies to monitor the health of people with health issues and special needs. This intelligent wristband** monitors my vital signs.' The wristband also functions as a safety and security measure, giving families peace of mind that their loved ones are safe.

Implementation and outcome

Success factors:

One of the main success factors is the **multilevel partnerships** of national, regional and local levels' actors. The national level is presented by the Ministry of Labour, Social Affairs and Family of the Slovak Republic as a social partner responsible for the coordination of the LTC and strategy policies in Slovakia. The Banská

Bystrica Self-governing Region is the main coordinator of implementation of the new model of integrated LTC services. The local municipalities presented by mayors, willing to restructure their social services and change services management are the most relevant actors in the multilevel partnerships.

The partnership with the local decision-makers - mayors of the municipalities, was the outcome of a two-year **process of multiple personal meetings**, seminars and repeated presentations on the advantages of integrated centres before the project launch. The success factor in this regard is a careful consideration of who are the important decision-makers at the local level, how to approach them and what forms of communication would bring the best outcome. For example, communication in an online form did not bring good results. The online communication is less effective due to the current low digitisation of the local government. The non-existence or low internet connectivity or low IT skills of local people also hamper the online communication. In-person and on-site communication, rather than over the phone, was the right way to persuade the local mayors to join the project. Additionally, the informal and high-formalized meetings with the participation of regional or even national representatives have proven effective. Memorandums of cooperation ensure current and future cooperation. In the end, and even though rigorous indicators have been used to select the spatial regions to be integrated, the most relevant factor of municipality involvement was the willingness of the mayor to cooperate.

An additional factor of the success is the **cooperation-partnerships of actors in terms of their expertise**, competencies and role in the implementation. The project involves policymakers from the Ministry of Labour, Social Affairs and Family of the Slovak Republic, academics from the Matej Bel University in Banská Bystrica, Slovak Republic and Kristiania University College, Oslo Bergen. This allows the implementation to be based on a thoroughly developed methodology and subsequent actions- activities accompanied by data collection at each stage. The experience gained during the project implementation is monitored, sorted and evaluated. An evidence-based proposal to change at the national level will be developed based on the results. The pilot test results will be analysed and evaluated within the working group with the participation of the Ministry of Labour, Social Affairs and Family as a basis for setting criteria for further use of EU funds, legislative processes and long-term care reforms in the Slovak Republic.

The innovative approach of integrating social and health services at the local level chosen in the project attracted well-deserved attention in other regions and at the national level. **The potential of transposing and establishing similar integrated centres is high.** The partnership with the ministry of labour and the communication media strategy within the framework of the project supported this. Other regions and public administrations are also interested in the integration method, the selection of municipalities and the implementation. At the time of the preparation and analysis of this case study, there was evidence of interest in implementing a similar project in the territory of the City of Bratislava, in the Košice Self-governing Region, and in expanding the model on a national level. The disemination of the model and its entrenchment into national regulations is one of the project's aims.

Challenges and obstacles of the implementation:

The national system does not prohibit the integration of care; however, **without institutional financial support for integration from the national level,** it is down to regions and municipalities to design and fund processes to support the integration of care (Šolcová et al., 2022).

Aside from the lack of funding, social care and healthcare fall under different founding competencies and are subject to different legislation. The established Centres of integrated social and health services described in this case are currently supported by project funds that will end in 2023. **The sustainability of the funding** depends on the budgets of the involved municipalities, the BBSK region, and potentially subsequent projects. However, the self-governing regions and municipalities are funded by the share of

personal income taxes, the amount of which is the subject of constant legislative changes and uncertain with the current political instability at the national level.

The actual implementation actors are, however, the Community Centres coordinator and Centre employees who manage the daily social services. However, the **working conditions of employees** has been only sporadically addressed. Despite their low wages and high work intensity, the regulations and budgetary constraints are hampering any improvement. An example is that within the EU-funded project deconditions, the monthly wages of the carers are limited to the "national average" of the same position and similar work. Despite that, the project managers negotiated higher wages (approximately 800 EUR gross monthly wage) than the Slovak average in the sector within the project, the remuneration of the care work is still unevaluated.

Another relevant challenge in the case is **the non-involvement of any social partner or apply social bargaining institution.**

5.4. Case #4 - Coordinated bargaining for workers in LTC

Annotation:

The case presents the benefits of local social dialogue vertically coordinated by sectoral trade unions. Low quality of working conditions and the violation of health and safety issues in residential LTC facilities are the challenges addressed by the social partner. The permanent operation of the Slovak Trade Union of Health Care and Social Services focuses on improving the conditions of night shift work, establishing a decent working environment and preventing the violation of health and safety rules at the level of particular social care providers in the LTC sector. The effort of the working standards in care work was coordinated vertically from the sectoral to local level. Support in capacity building, providing the templates for collective agreements, legal counselling, and assistance in workplace-level bargaining turns out to be a solution to mitigate the low job quality in the sector.

Actor involved: The Slovak Health and Social Services Trade Union (SOZZaSS)

Description of the problem

The challenges of LTC focused on high-intensity labour in residential social care in Slovakia, **worsening working conditions and an outdated working environment.** Residential social care for the elderly is often provided on premises more than 50 years old, with obsolete equipment and high cost for energy services. Despite the current regulation decreasing the number of clients in one facility, it is not rare that in one residential care home are more than 40 clients cared for.

The operation of such high-capacity facilities requires quality management a sufficient number of social carers, assistants and, nurses and other staff to keep the social services running. In case of an insufficient number of personnel, the **staffing regulation** is violated and exposes the employees to being overburdened and at risk of worsening **mental health**.

Moreover, the outdated buildings and division of internal space do not often comply with **health and safety regulations**. In such social care houses, there is often a higher risk of fire due to damaged electrical installations and outdated heating systems. Due to long-term underfunding into the buildings, in the last two years alone, several fires have broken out with fatal consequences for the lives of clients and staff as well.

Despite the regulation on the provision of social care and health and on the safety issues in place, the regulations are not possible to fulfil in the whole range due to the overall presence of **obsolete premises**, lack of staff, and the overall underfunding of the facilities.

The employees, prevalently older female social carers, are often **paid nearly at the minimum wage, and work long hours and shifts in a cramped working environment.**

Process and solution

The Slovak Health and Social Services Trade Union, representing currently around 118 social care providers, addressed the unfavourable working conditions of the carers at the sectoral level repeatedly via an overall sectoral social dialogue and pointing to the issues on a systematic level of national policy decision-making.

The more effective way of addressing these challenges turns out to be **specific, targeted social dialogue at the local level of particular LTC providers.** Here are examples of the targeted interventions in a dedicated social dialogue:

The Union provides qualified **legal counselling** and advice on labour regulation violations . They defend the rights of employees and represent care workers in cases of unjustified prosecution and alleged negligence in care. For example, in one case, a care worker was accused of serious damage to the client's health. The Union successfully defended the employee's innocence and unfair dismissal due to negligence. It turned out the employer was responsible for the negligence of the work safety regulations.

Assistance in local social dialogue and negotiation is a frequent activity of these trade unions. Negotiations directly on the spot, in the premises of the social facility with the social service founder, paid off as a good way to negotiate better working conditions than the employer offered.

Unions support **increasing the capacity of employees for social negotiations** and concluding collective agreements, both by using the basic model of collective agreements and by providing education in this area.

In addition, a **union specialist in occupational health safety** provides extra services at the level of concrete employers, drawing attention to violations of H&S regulations and preventing occupational accidents and fatal injuries.

The Slovak Health and Social Services Trade Union pushed for the establishment of changing rooms for nurses in the care facilities, which, despite the regulations, the employer rarely provided. Improving **basic equipment and decent work conditions** are often the subjects of local social dialogues and negotiations.

Another success was the implementation of a **change in the diet of employees during night shifts**. The employees received dietary food, inadequate for their demanding work. The trade unions pushed for a change in diet and compliance with the nutritional values of the carers.

Success factors:

- The first and most prominent success factor is that Unions represent both social and health workers, so while in Slovak circumstances, the LTC is fragmented into health and social services; the trade union represents employees in both sectors.
- An additional success factor is also the transfer of the sectoral social dialogue to the local level, which may be specific to the conditions of the given employer. While framework improvements are being made at the sectoral and national levels, a tailor-made collective agreement can instead target specific conditions.

Obstacles:

- An obstacle to the implementation is that trade unions still have a relatively low membership from the ranks of social services and can only focus on those who request assistance or are members of the union; the outreach of the local social dialogue is thus relatively low;
- Cooperation with other social actors in social dialogue and bargaining in LTC is limited. Based on interviews with professional and expert organisations, cooperation with trade representatives should have been mentioned.
- Moreover, some of LTC's national and local stakeholders indicated negative experiences with trade unions. These experiences, however, could have been part of the previous period when trade unions were part of the state regime.

5.5. Case studies comparison – lessons learned

The following text compares the four cases at the exact dimensions. The comparison, however, must be taken with caution as the four cases do not represent the only solutions to the ECEC and LTC challenges. The comparison is valid only for the four cases analysed.

Key factors of success and obstacles in the four cases

Table 14 The role of local employment relations and their actors

Case	Relevance of social partners in the solution	Autonomy of local social partners	Interplay between the national and local level /how it works How it works
#1	High/Sectoral trade unions represent a high number of workers, gaining thus high leverage by the solution.	High	High/The sectoral alert strikes and mass protests resulting in considerable pay increase also for local ECEC employees.
#2	low/absent	n/a	n/a
#3	low/absent	n/a	n/a
#4	High/Targeted interventions and tailored collective agreement at the local level	High	High/Sectoral trade unions, as a part of the national tripartite SD used the local SD for the solution.

Table 15 The role of municipalities/decentralised government and of other public actors

Case	Role of municipalities and other actors and how /how were they relevant	Did they cooperate/ignore or were they in conflict with social partners?
#1	Low relevance of the decentralisation/ colling for partial re-centralisation of ECEC in the solution	Informal cooperation
#2	The management of the decentralised municipality the core actor in the solution; Centralised funding from EC, administrated centrally by the state	No cooperation
#3	High relevance of the regional and local municipalities in the solution; Investments from central administration	No cooperation
#4	High relevancy as the municipalities are founders of the LTC facilities; the public actors are the counterparts in the local SD and bargaining	Cooperate in terms of local SD

Table 16 The role of other actors, organisations and that of local community and service users

Case	Role of other actors / Who particularly	Did service users and local community support unions and social partners or were they in conflict?
#1	Professional associations	Ambivalent
#2	Service users (pressure from parents to find a solution)	Yes, the service users support the solution
#3	Expert's NGOs and academics	n/a
#4	No role of other actors	n/a

The relevance of social partners varies within the two sectors, not between, depending on the cases assessed. As to the labour market, the lack of workforce is more prevalent in ECEC, while Health and Security issues are relevant for LTC only. Institutional set-up is similar in the two sectors.

Table 17 Sectoral similarities and differences between the cases

Case	Differences /similarities of the role of social partners	Differences/similarities in labour market	Differences/similarities in services governance, role of municipalities/ decentralisation level
#1 ECEC	High relevance of social partner and social actors	Low quality of working conditions/lack of workforce	High decentralisation curtail role of the local level
#2 ECEC	Low relevance of the social partners in the case	Lack of workforce	High decentralisation curtail role of the local level
#3 LTC	Low relevance of the social partners in the case	High work intensity/ Low quality of working conditions; budget constrains	High decentralisation curtail role of the local level
#4 LTC	High relevance of social partners	Low quality of working conditions; High work intensity/risky H&S/ budget constrains	High decentralisation curtail role of the local level

Conclusions

The report answers the research questions based on the desk research analysis, available datasets and reports, and semi-structured interviews with the ECEC and LTC social partners, social actors, experts NGOs, and other stakeholders.

a) **How did Slovakia balance the pressures of budget constraints, service coverage, job quality and quality of services in ECEC and LTC?**

The response to the quadrilemma, perceived as the four conflicting priories in the care sector, is complex to assess based on available information. The following tables offer an overview of the main findings at each quadrilemma dimension and indicate the solutions taken by the national and local governments with or without the contribution of social partners and social actors.

Table 18 Overview of the findings and solutions in ECEC

Dimension of the quadrilemma	Main findings	Solutions
Service coverage	For children under 3y very low attendance rate due to low accessibility (privatisation) 3-6y relatively high (uneven distribution) - 77,8%/2020 children attending kindergartens (EU27/92,8%)[21]	EU funds – state investments to increase the capacity (project lead funding policies, with high bureaucracy burden of the founders and providers) New forms of ECEC- trade-off to services standards
Budget constrains	Public expenditure on pre-primary education 3.98%/2018 of GDP (EU27 4.7% GDP/2018); Annual expenditure per pupil/student in ECEC based on FTE: € 2962/2018 (EU27: €6 082/2018)[22]	EU funds – state investments to increase the capacity; Transferring the cost to clients – out of pocket fees
Job quality	Low wages, high work intensity;	Wage freeze till 2018; continual wage increase without full financial coverage to regional/local self-governments.
Service quality	0-3y not an education, but social service (?); 3-6y relatively high quality in terms child-to-teachers ratio: 11.8/2018 (OECD 14.3/2018); minimum qualification required ISCED3 (low in comparison to other countries)[23]	Strict conditions for establishment and operation with the risk of hampering the expansion of the capacities Call for ECEC standards – low enforcement
Social dialogue	No specific national representatives for ECEC - subsumed under general TU and EO; Important role of professional associations – civil dialogue	Centralised collective bargaining for wage increase for all public employees in educational sector Professional associations – focus on service standards and partial issues of working conditions

Table 19 Overview of the findings and solutions in ECEC

Dimension	Main findings	Solutions
Service coverage	Lack of residential and home care; increased demand – unmet needs	EU funds – state investments to increase the capacity (project lead with high bureaucracy burden) Increased reliance on family – informal carers
Budget constrains	0,9% of GDP - under the EU average (1,6%).	Unsystematic pay contributions; Increasing the transfer of costs to clients; EU funds – state investments to increase the capacity (project lead – bureaucracy)
Job quality	Low wages, lack of workforce resulting in intensive work influencing negatively the mental health; low quality of working environment - health and safety issues ; High reliance on informal- family carers in precarious working conditions	Social partners and social actor activities and lobbing Informal carers not covered by collecting bargaining

[21] Slovakia - Education and Training Monitor 2021. At https://op.europa.eu/webpub/eac/education-and-training-monitor-2021/sk/slovakia.html
[22] Eurostat: Public expenditure on education-by-education level and programme orientation - as % of GDP online data code: EDUC_UOE_FINE06; Public expenditure on education per pupil/student based on FTE by education level and programme orientation; online data code: EDUC_UOE_FINE09
[23] OECD: Family database - Quality of childcare and early education services https://www.oecd.org/els/family/database.htm

Service quality	Uneven quality, lack of control, fatal injuries and neglect	Control of quality standards only recently in place
Social dialogue	National TU – lack of power in LTC National EO – plays the role of TU Important role of social actors – specialised advocacy NGOs	Centralised collective bargaining for wage increase of all public employees; Local solutions

Slovakia is responding to the challenges with multiple policy strategies and regulations aimed mainly at service coverage and increasing of quality of the services at the national level. Simultaneously, at the regional and local levels, the responsible decision-makers, social actors and social partners attempted to transpose the national policies to the regional and local levels.

The first conclusion is that **the quadrilemma is prevalently dealt with by investing in the coverage and quality of services by sacrificing job quality.** The low job quality is reflected by the low or stagnated level of wages, causing the need for a qualified workforce and increased demand for the workforce. For example, despite the increased expenditure in ECEC during the last decade, this did not fully reflect in the increase of job quality. In LTC, the increase in coverage mirrored in stable but low job quality.

Table 20 ECEC and LTC quadrilemma in Slovakia - trends over the past decade (2005 - 2010)

	Expenditure (trend in previous decade)	Coverage (trend in previous decade)	Service quality (trend in previous decade)	Job quality (trend in previous decade)
ECEC	Increase	Decrease	Improvement	Stability
LTC	Stability	Increase	Stability	Stability

The second finding is that despite common patterns, there are differences between how the quadrilemma is tackled in LTC and ECEC. **Sacrificing labour conditions for the sake of the other three dimensions is more pronounced in LTC (both form and informal carers) than in ECEC.**

Thirdly, **despite some improvements, Slovakia ranks low compared to the EU or OECD average in more indicators.** For example, the annual expenditure on ECEC pupils based on FTE is € 2962/2018 but €6 082/2018 in EU-27. The same goes for LTC, where the share is 0,9% of GDP under the EU average (1,6%).

Fourthly, **both care sectors are family and welfare oriented, transferring the responsibility for care to family members instead of public services.** The welfare orientation is underpinned by a strong tradition of parental allowances, which are provided by default until the age of three years of the child, and the lack of affordable formal services care for small children as mainly private providers operate in this segment. In elderly care, some family care is supported by care benefits but mostly care for free as unpaid carers.

Fifth, **the family orientation is in concurrence with the gender ideology of the women's perception as the "natural" and primary carers.** This is reflected in the fact that ECEC and LTC are women-dominated sectors in terms of employment, with high-labour intensity and wages under the national average or lower than their counterparts with the same level of education. Women surrogate the lack of ECEC and LTC services or their inaccessibility in informal home care in elderly care or for children under three years.

An additional conclusion is that **the current ECEC and LTC setting in Slovakia results in a high share of economically inactive women** due to care for adults with disabilities or children and other family or personal reasons. The share of women out of the labour market due to care responsibilities was twice as much as in men and one-third higher than the EU27 average in 2020. While in 2012, it was 38,1% in women

and 13,6 % in men, the latest data from 2020 show a 41,7% share in women and 17,2 % in men. The share increased in both genders, remaining considerably above the EU27 average (19,5 in total, 28,5 % in women and 6,3 % in men/2020). The lack of quality and accessible residential and community elderly care force women to become informal carers dependent on the low welfare care allowances and often working more hours than is financially supported. Due to the low affordability of private (non-public) childcare for children under 3 years, women remain on parental leave and postpone their return to work. The long parental leave supported partially by the childcare allowances and lack of places in kindergartens only prolong the economic inactivity of women.

It can be indicated that **the significantly disproportionate formal and informal care and predominance of women's employment in both undervalued care sectors at their expense results in low gender equality performance**. Slovakia scores low on the Gender Equality Index. With 55.5 out of 100 points, Slovakia ranks 25th in the EU and 12.4 points below the EU's average score. Slovakia's ranking has dropped by two places since 2010 as the performance was at a slower pace compared to the EU average and thus fell further behind. Except for the low representation of women in decision-making, the disproportionate allocation of time spent on domestic work, child and older people care to women is drawing the Gender Equality Index score down for Slovakia (EIGE, 2020).

b) What role do the social partners and social dialogue institutions play to favour some outcomes in care provision instead of others?

Social dialogue institutions are present in both care sectors; however, there is considerable space for improvement. The employees of childcare and elder care are represented mostly by sectoral trade unions covering all employees in education or social and health sectors. The advantage of the sectoral social partners is the higher leverage from social bargaining.

In the childcare sector, several social partners operate at the sectoral level. However, a specific social partner specifically targeting pre-primary child care services does not exist in Slovakia. At the higher level, pre-primary education falls into the industrial relations structures in the whole education sector. The social actors, despite not being part of the official social dialogue, play a crucial role in terms of service and job quality, setting the regulation and addressing the challenges. Also, the LTC employees and providers are presented by sectoral social partners and several professional and employers associations participating in social and civil dialogue.

The challenges addressed by the social partners and social actors are similar and mutually interrelated. Social partners primarily target wages, overall underfunding and safety and security issues. Social actors focus on care standards, qualifications and setting of the care system.

Table 21 Challenges identified and addressed by social partners and social actors

ECEC	LTC
Low job quality in terms of staffing issues	The low share of the workforce and staffing issues
Underfunding of the kindergartens	Underfunding of residential care
Working conditions violating the labour lawin terms overworking time	Precarious working conditions and health and safety issues
The wage average of ECEC teachers is below the national average wage	Indecent pay in LTC
Missing qualified middle management at founder level	Unequal conditions between the public and non-public providers
Lack of qualified workforce and staffing	Lack of workforce and care drain
Reducing the requirements of standard ECEC	Non-representation of informal – family carers

It is relevant to notice that **some of the challenges and types of workers in the care sectors are not addressed either by social partners nor by social actors**. For example, the informal carers in LTC, despite presenting a considerable share of the LTC workforce, are not represented by any of the social partners. Domestic LTC workers are also out of collective agreements. The care for children under three years is regulated under the social services law. Like ECEC, no special social partner represents carers in nurseries or informal child carers.

The collective bargaining indicates that in the education sector, **multiple employers bargaining is most prevalent,** resulting in sectoral collective agreements targeting especially the wage increase for all pedagogical and non-pedagogical employees in the education sector, including the employees in ECEC facilities. This, however, applies only to public employees. In the social services and human health sector, social bargaining is both multi-employer bargaining and single-employer bargaining. The coverage by collective bargaining as a percentage of sector human health employees covered by multi-employer bargaining is estimated at ± 57 %. All social services together at 49% (Eurofound, 2021).

Except for social dialogue, **civil dialogue also plays a relevant role** in the two sectors presented by professional associations, chambers and other experts' NGOs. Although the social actors are not a part of the official social dialogue, their aims and activities overlap with those of the social partners. In some cases, the activities or social partners and social actors merge and create intense common pressure on change. However, the efforts of social actors and social partners are more often parallel and independent of each other.

Four cases of **local solutions to the quadrilemma illustrate various approaches and actor involvement**. Joint advocacy of professional associations and sectoral unions in ECEC mitigates the trade-off of service quality improvement vs service accessibility. The local municipality in Bratislava's - Petržalka district applaid long-term investment and targeted management to increase their capacity for ECEC services. The municipalities in the Banská Bystrica region came together and created integrated LTC services despite the insufficient and fragmented regulation. The effort of the employment standards in care work was coordinated vertically from the sectoral to the local level. Sectoral social partners have addressed the low quality of working conditions and violation of health and safety issues in LTC.

The main **success factors** of the four cases rest on the following features. Shared the goals and initiatives of well-developed regional and local structures of sectoral social partners and actors are the first success factor. Joint actions bring high leverage by social bargaining and multiemployer collective agreements of pay raises. In LTC, unions presenting both social and health workers despite fragmented regulations is the additional success factor. The vertical distribution of the national/sectoral social dialogue to the local level allowed not only to rely on the national agreements for public employees, but also to improve working conditions of the given employer.

However, two cases (cases #2 and #3) successfully targeted the challenges in LTC and ECEC without the involvement of social partners. Both cases rely on civil dialogue and multilevel horizontal and vertical partnerships at the local or regional level. For both cases, stable and experienced management for ECEC or LTC, together with strong political commitment at the local level, was a prominent success factor. The capability to draw public funds based on effective project management resulted in success.

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List of interviews

No.	Organisation	Type of organisation	Sector (ECEC/TLC)
1.	Odborový zväz pracovníkov školstva a vedy na Slovensku (the Union of Workers in Education and Science of Slovakia)	Trade union	ECEC
2.	Rada pre rozvoj materských škôl (The Council for the Development of the Kindergartens)	Non-profit	ECEC
3.	Nadácia SOCIA (SOCIA- Social Reform Foundation)	Non-profit	LTC
4.	Slovenský odborový zväz zdravotníctva a sociálnych služieb (The Slovak Trade Union of Health Care and Social Services) – representative 1	Trade unions	LTC and ECEC

5.	APSSvSR - Association of social services providers in SR; Empatia (NGO) - Home carers services	Providers´ association	LTC
6.	SPOLOČNOSŤ PRE PREDŠKOLSKÚ VÝCHOVU (Society for the pre-primary education)	Providers´ association	ECEC
7.	Ministerstvo školstva, vedy, výskumu a športu SR (the Ministry of Education, Science, Research and Sport(	State organisation	ECEC
8.	Slovenský odborový zväz zdravotníctva a sociálnych služieb (The Slovak Trade Union of Health Care and Social Services) – representative 2	Trade union	ECEC (LTC)
9.	Ministerstvo práce, sociálnych vecí a roaidny Slovenskej Republkiy - Sekcia sociálnej politiky, odbor sociánlych služieb (the Ministry of Labour, Social Affaris and Family; Department of social policy – Section of social services	State organisation	LTC
10.	Socio Fórum (Socio-Forum) – representatives 1	Non-profit	LTC
11.	Socio Fórum (Socio-Forum) – representatives 2	Non-profit	LTC

List of interviews – case studies

No.	Organisation	Type of organisation	Sector
Case #1			
	Society for preschool education	Professional association (NGO)	ECEC
	The Council for the Development of the Kindergartens	Professional association (NGO)	ECEC
	The Union of Workers in Education and Science of Slovakia – expert for the pre-primary education	Trade union	ECEC
	The Ministry of Education, Science, Research and Sport - expert for pre-primary education	State	ECEC
Case #2			
	Bratislava - Petržalka district municipality – department of pre-primary education	Local governance	ECEC
	Ministry of Education, Science, Research and Sport of the Slovak Republic – expert for the pre-primary education	State	ECEC
	Principal of a kindergarten	Local provider	ECEC
Case #3 (focus group)[24]			
	Office of the Banská Bystrica Self-governing Region - department of social services	Regional governance	LTC
	Office of the Banská Bystrica Self-governing Region - management of project - Community-based social service centres (CSSCs) for seniors	Regional governance	LTC
	Office of the Banská Bystrica Self-governing Region - Department of integrated social and health care centres	Regional governance	LTC
	Office of the City of Banská Bystrica- department of social services	Municipality governance	LTC
	Coordinator of the centre in the Veľký potok – Ipeľ microregion	Local provider	LTC
	Coordinator of the centre in Banská Štiavnica district	Local provider	LTC
	Coordinator of the centre in the Novohradské podzámcie microregion	Local provider	
Case #4	The Slovak Trade Union of Health Care and Social Services – representative 1	Trade union	LTC
	The Slovak Trade Union of Health Care and Social Services – representative 2	Trade union	
	Ministry of Labour, Social Affairs and Family; Department of social policy – Section of social services	State	LTC
	SOCIA- Social Reform Foundation – representative 1	Non-profit social actor	LTC

[24] The focus group methodology was applied in the case #3 co-organised by the local office of social services with 7 persons.

	SOCIA- Social Reform Foundation – representative 2	Non-profit social actor	LTC