

Chamber of Caregivers of Slovakia

Komora opatrovateliek Slovenska (KOS)
Since 2019



WHO WE ARE...

We are health care professionals mainly, with long-term experience as carers abroad, as well as within Slovak social system.

President, vice-president and 8 county coordinators, who provide support to caregivers of their county + 4 expert advisors of main areas of interest.

We work as volunteers in Chamber

Mission:

- ▶ Professionalize care
- ▶ Direct DI to care in the natural environment

Objectives:

- ▶ to defend the legitimate interests and rights of formal and informal carers
- ▶ To make the caregiving sector visible, improve the public opinion and the quality of life of carers as well as quality of caregiving services,
- ▶ to better the social status of caregivers, by means of education, promotion of good practice and reasonable wage

MEMBERSHIP & PARTNERS FOR COOPERATION

MEMBERSHIP:

- ▶ Associations of social services providers
- ▶ Associations for the protection of patients' rights
- ▶ Eurocarers - 3/2023

- ▶ Main **SPONSOR** and partner

Hartmann Rico Ltd.

COOPERATION FOR COOPERATION

- ▶ OZ Mosty pomoci
- ▶ Ministry of labour, social work and family, Ministry of health, Ministry of Education of the Slovak Republic,
- ▶ MEP Miriam Lexmann, Members of the National parliament Jana Žitňanská and Lucia Drábiková,

- ▶ the Chamber of Nurses and Midwives,
- ▶ the Chamber of Social Workers,
- ▶ the Chamber of Medical Technical Workers,
- ▶ the Office of the Commissioner for the Protection of Rights of the people with disabilities,
- ▶ the Academy of Education and Research in Social Services,
- ▶ the Institute of Social and Behavioral Medicine of the Faculty of Medicine UPJŠ in Košice,
- ▶ private secondary vocational school Johannes Senio Service,
- ▶ CELSI - Central european labour studies institute,
- ▶ Institute for the research of socio-economic risks,
- ▶ Insurance company UNION,
- ▶ national prize for care- Dobré srdce (Good Heart);
- ▶ and we are in contact with representatives of several county offices

OUR ACTIVITIES

- ▶ We recalled the legislative draft of the LTC Strategy in 2021,
- ▶ we criticize the implementation of Deinstitutionalization (in process since 2011) because it still retains institutional character and is not heading towards home care, from our point of view.
- ▶ We visited the president, the prime minister and addressed members of the National Council.
- ▶ Press releases - we write about problems that bother us
- ▶ Media outlets - we talk about the problems that bother us
- ▶ Surveys - general expectations of employers from caregivers, performance of nursing activities, satisfaction in social services, caregivers' awareness of digital technologies in practice
- ▶ Round table/discussion about home care with MEP and the EC representative for drawing EU funds in Slovakia (17.5.23)
- ▶ (1) Národný kontrolný úrad 2020
<https://www.nku.gov.sk/documents/10157/1407476/Spr%C3%A1va+o+v%C3%BDsledku+kontroly+Opatrovate%C4%Besk%C3%A1+slu%C5%BEba.pdf/470c73f6-a795-4afe-990f-c7ff1c106287>

WHAT WE AIM TO DO

- ▶ We promote the common interests of our members towards their employers, local government, the state, and the public administration;
- ▶ We mediate professional, legislative, scientific and research knowledge and experience related to the caring of dependent people;
- ▶ We organize and mediate educational activities for caregivers, for informal ones, free of charge.
- ▶ We promote our vision of interconnected social and health LTC, and in that spirit we identify problems, formulate and promote proposals for positive changes.
- ▶ At present, our main goal is the law enforcement of recognition of caregivers as a profession, their competences and regulation about caregiving in general. It would solve many problems of providers, who currently have no clear guidance.
- ▶ Very important is a rapid increase of wages of carers.
- ▶ Ask Eurocarers and members for examples of good practice and advice.

Thank you for your attention😊



We say
halooooo to
you to 😊

Chamber of Caregivers of Slovakia

Caregiving in Slovakia



NUMBERS

1/2

- ▶ 2004 - Slovakia - member of the EU - beginning of the reform of the social and health care system.
- ▶ 2002 - population of cca 5.400.000 people in the Slovakia(1), of which only 8,435 caregivers worked in institutions (2), mainly healthcare workers. Taking care of family members was natural part of life and good manner.
- ▶ Today - population of 5.500.000 people:
- ▶ 2018 - **482,000 dependent people** (approx. 29% of the population of the Slovak Republic) (data is not sufficient)
- ▶ 254,000 people (53%) receive some type of care (formal or informal one),
- ▶ 47% (the rest of dependents) - probably unpaid care within the capacities of family and acquaintances (3).
- ▶ In 2021 - **94 providers** of formal caregiving service (-13 since 2008) (4)

(1) https://sk.wikipedia.org/wiki/Demografia_Slovenska

(2) Koncepcia reformy Soc. Služieb

(2) Inštitút finančnej politiky - https://www.mfsr.sk/files/archiv/31/LTC_manual.pdf

(4) statistical bureau: [//datacube.statistics.sk/#!/view/sk/VBD_SLOVSTAT/so2018rs/v_so2018rs_00_00_00_sk](https://datacube.statistics.sk/#!/view/sk/VBD_SLOVSTAT/so2018rs/v_so2018rs_00_00_00_sk)

NUMBER OF CARERS

2/2

- ▶ 20.000 carers work in Austria + approx. 40,000 in other EU countries incl. UK (estimate)
- ▶ 76.000 informal carers - recipients of care allowance (5)
- ▶ 17.000 formal carers (public and private institutions) (6)
- ▶ XY - unpaid carers (no overview)

- ▶ Information electronic system of Social Services in use since 1/2022 (7)

- (5) Statistical bureau
https://datacube.statistics.sk/#!/view/sk/VBD_SLOVSTAT/so2012rs/v_so2012rs_00_00_00_sk
- (6) Udaj z Informačného systému SoS, MPSVR k 5/2023
- (7) <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/informacny-system-socialnych-sluzieb-is-sos>

WHAT WE WISH TO ACCOMPLISH

- ▶ a clear definition in legislation act - who is a carer, what is carer activity, the qualification requirements, define the competences of carers, supplement the methodology for individual types and forms of social services, to define both formal and informal op service, and their connection in the integrated system of social and health care
- ▶ Other benefits and motivational elements to make the proffession more attractive
- ▶ Increase the level of education. Today's education via 220 hours courses cannot form the basis of education og carers. Education must offer a perspective for professional growth
- ▶ We need a system of further training directly with employers (non-formal), tailored to the recipient.
- ▶ Recognize and reevaluate experience and education, allow them ONLY to supplement their education in order to meet the qualifications.
- ▶ We need to focus on children, educate them in the way of acceptance aging and provision of help to others as well as on young carers
- ▶ Look after health of carers- - with a with a focus on musculo-skeletal , cardiovascular and other occupational diseases. It would be good to have more frequent and comprehensive preventive examinations.

THE ACTION OF THE GOVERNMENT

- ▶ The Information System was created (9)
 - ▶ The Inspection of Social Services (10) - it has the authority to control nformal caregiving
 - ▶ A complete amendment to the Legal act of social care is being prepared - it is in the process.
 - ▶ A change in the dependency assessment is being prepared - the system should be unified.
 - ▶ Financial reform of the system is scheduled for 1Q 2025
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- ▶ (9) <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/informacny-system-socialnych-sluzieb-is-sos>
 - ▶ (10) <https://www.employment.gov.sk/sk/uvodna-stranka/inspekcia-socialnych-veciach/struktura-inspekcie-socialnych-veciach/>

Thank you for your attention 😊

There are only four kinds of people in the world. Those who were caregivers. Those who are currently carers. Those who will be caregivers and those who will need a caregiver. - Rosalyn Carter

Thank you for your attention😊



We say haloo
to you to 😊

BLUE BOX (BB) - why it makes sense(3)

1/2

- ▶ Necessary information about the health, family, biography, care, and household handy in case of emergency, transfer (to the hospital, for treatment, day care) or change of caregiver etc.
- ▶ Peace of mind for family and caregiver - In the event of unplanned take over of caregiver (due to any reason) all the necessary information is available in one place.
- ▶ If any questions about provided care, or condition of client arise, either by family, caree or third person - everything is already well documented = signature under the medical history should be updated health care professional at least once in every 2 months

BLUE BOX (BB) - why it makes sense

2/2

- ▶ Daily schedule - allows planning and work in accordance with the customary habits of the carer
- ▶ In case there is a need to provide a nursing tasks by external provider - the delegation of a doctor or nurse for these tasks should be attached
- ▶ Validation - on the basis of the biography, carer and family as well know how to comfort client and how to provide daily activities that are outside the normal standard (music therapy, aktivation etc.)
- ▶ Keeping track of health - recorded blood pressure, blood sugar, stool, bathing,
- ▶ (3) Zdroj: https://www.mostypomoci.sk/?page_id=1654

OUR VISION

- ▶ In order to improve the availability of care and provide continuity, we proposed the creation of an Integrated Social-Health Care Center as a kind of brain of the system at the regional level and the creation of a network of territorial contact centers in districts and community centers that would operate individually in large municipalities or would be based on the merger of several smaller ones municipalities that today have the biggest problem with the availability of nursing services. The system would link social services with other public services as well.
- ▶ Nurses with advanced practice or specialization in the field of community nursing should have the opportunity to replace or supplement the assessment activity of a doctor, of whom there is a shortage. Prepare an up-to-date assessment in the hospital upon discharge or at home, as part of the indication for both nursing and nursing care. The provision of these activities would be coordinated by the community nurse at the level of community centers of integrated care. At the same time, she would prescribe the necessary medical aids and medicines according to the doctor's office, which she cannot do today.
- ▶ the first contact client center, which should be a place that combines all available information and services, and will help with the transfer the client from the institutional or hospital to home care. It should create partnerships at all levels of the public and non-public network of providers, state administration. In cooperation with the ambulatory form of health and nursing services, it would connect formal and informal care. Most services, advisory, assistance and mediation are covered by municipalities, county administration.
- ▶ We would welcome advice, if there is an effective system of connecting formal and informal care in any EU country (including an electronic system that is also connected to eHealth, for example), to try it in the Slovak Republic. We hope that you will be interested in sharing your experience with us. At the same time, we would be interested in how the connection between formal and informal, as well as health and nursing care, is solved legislatively in other countries. Especially in countries where there are two separate ministries. Thank you in advance.