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MACIEJ PAŃKÓW

THE CARE SECTOR IN CRISIS

CHALLENGES FOR SOCIAL PARTNERS IN CENTRAL AND EASTERN EUROPE

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Social Policy Programme

This report is one in a series presenting the findings of research carried out in Bulgaria, Czechia, Croatia, Estonia, Latvia, Lithuania, Hungary, Poland, Romania, Serbia, Slovakia and Slovenia as part of the project CEE CAW 'Challenges for Organising and Collective Bargaining in Care, Administration and Waste collection sectors in Central and Eastern European Countries', which was led by the Institute of Public Affairs (Warsaw). The other partners were the: Bulgarian Academy of Sciences (Sofia), Central European Labour Studies Institute (Bratislava), Lithuanian Centre of Social Sciences (Vilnius), and Centre for Democracy Foundation (Belgrade).

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Executive summary

This report analyses the key problems of the care sector (comprising: early education and care, long-term care, and the operation of social assistance centres) and the state of collective bargaining in this sector in twelve Central and Eastern European countries. The 2024 investigation found that this key sector for the population's well-being is experiencing numerous difficulties and crises, many of which are caused by insufficient funding and other structural failures, such as fragmentation of the sector or neglect by policymakers. The care sphere operates 'in the shadow' of healthcare, being treated mainly in terms of budgetary costs. Meanwhile, the increase in demand for care services and expectations of their quality should prompt a reorientation of public policies and attention to the fact that in the face of significant employment deficits, an ageing workforce and low satisfaction with working conditions and pay, it will be difficult to meet these growing needs. These are not the only identified problems analysed in the report that reduce workers' well-being and discourage them from maintaining employment in the care sector.

The investigation also shows that in many national and local contexts, social dialogue is weak and does not contribute sufficiently to ensuring decent employment conditions and alleviating the various specific problems faced by the sector and its workers. Despite the great efforts put in by many trade union organisations in different countries (with the report discussing a number of identified good practices), there is still no effective collective bargaining (or other forms of dialogue that can genuinely modify employment conditions) in many places. In most countries in the region, collective bargaining is fragmented, conducted at a low level, and covers a relatively small proportion of workers. There are also countries where collective bargaining is rare. The report analyses several structural barriers, such as national legislation specific to social services, resistance from employers and their lack of representation to enable bargaining, the lack of involvement of workers and their support for trade unions, or insufficient capacity of social partners, as well as those related to public awareness, which is a cause of this state of affairs. Recommendations are also formulated based on the existing state of affairs and the good practices found, as well as proposals formulated by the national researchers.

The study also suggests that national social partners often do not have sufficient capacity or feel motivated to follow up on European social partners' activities. Their perception of European legislation and its impact on national law is also often strongly limited. European partners should undoubtedly continue and even strengthen their information policy both to the wider public (showing how important a well-functioning care sector is for the well-being of European societies) and to national stakeholders in the sector. Representatives of national trade unions from Central and Eastern Europe stressed their willingness to receive information and training from federations, such as EPSU. It is also important for these organisations to create a field for horizontal knowledge exchange and transfer of good practices and networking for trade unionists from different countries.

1. Methodological preface

This report is devoted to a comparative analysis of the data obtained from a study of national collective bargaining systems in the care sector, conducted in 2024 in 12 Central and Eastern European countries. The study was conducted as part of the research project entitled "CEECAW: Challenges for Organising and Collective Bargaining in Care, Administration and Waste collection sectors in Central and Eastern European Countries". Its main objective was to gain an understanding of the role of collective bargaining and other forms of social dialogue in the development of public policies to mitigate key problems in the care sector. The latter was defined for the purposes of the study as an area covering the following types of activities:

- long-term care (LTC), corresponding largely to the activities of residential care institutions providing support for the chronically ill, elderly and dependent (NACE 87.1, 87.2, 87.3),

- early childhood education and care (ECEC), i.e. activities of nurseries and kindergartens and childcare facilities similar to those for children under 7 years of age (NACE 88.91, 85.1),

- activities of social assistance centres (SAC), which provide benefits and services — including community care — to individuals and families at risk of various forms of exclusion (NACE 88.99).

Research was conducted in the following countries: Bulgaria, Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Serbia, Slovakia and Slovenia. These are, on the one hand, countries that have certain features in common, such as their location broadly defined as Central and Eastern Europe or the decades-long existence of a centrally-controlled economy and subsequent transition to a market economy. However, there are also many differences and the region is definitely not monolithic: among other things, there were different paths out of the real socialist economy and different models of market economy emerged as a result of the transformation, different traditions in the functioning of the system of collective labour relations, or different timings of accession to the European Union (including the case of Serbia, which is still a candidate country).

The study was mainly implemented in the spring and summer of 2024 — the researchers responsible for fieldwork in each country received the final version of the interview guidelines at the beginning of March 2024. The task of each fieldworker was to conduct, when relevant actors were available, five individual in-depth interviews with representatives of representative sectoral trade unions, employer organisations, and other experts with knowledge of the functioning of the care sector (including representatives of government or local authorities, individual employers/providers, academic experts, representatives of provider organisations or associating local government units). The fieldwork was to be preceded by an analysis of background data (relevant academic publications, legal acts regulating the sector, content of collective agreements, etc.). Each researcher then produced a concise national report summarising, based on the structure proposed by the leader, the results of their study.

During the project, a total of 32 interviews with trade union representatives of different levels of organisations, 8 interviews with representatives of employer organisations and 16 interviews with representatives of other organisations, academic experts, and others with knowledge of the functioning of the care sector, were conducted in all countries covered by the project. The small number of interviews with representatives of employer organisations is due to the lack of such organisations representing that side of the care sector in many countries. All researchers produced country reports (12 in total) on the basis of their analyses, the contents of which form, in addition to Europe-wide statistics, the basis for the comparative analysis below.

2. General characteristics of the sector in the countries covered

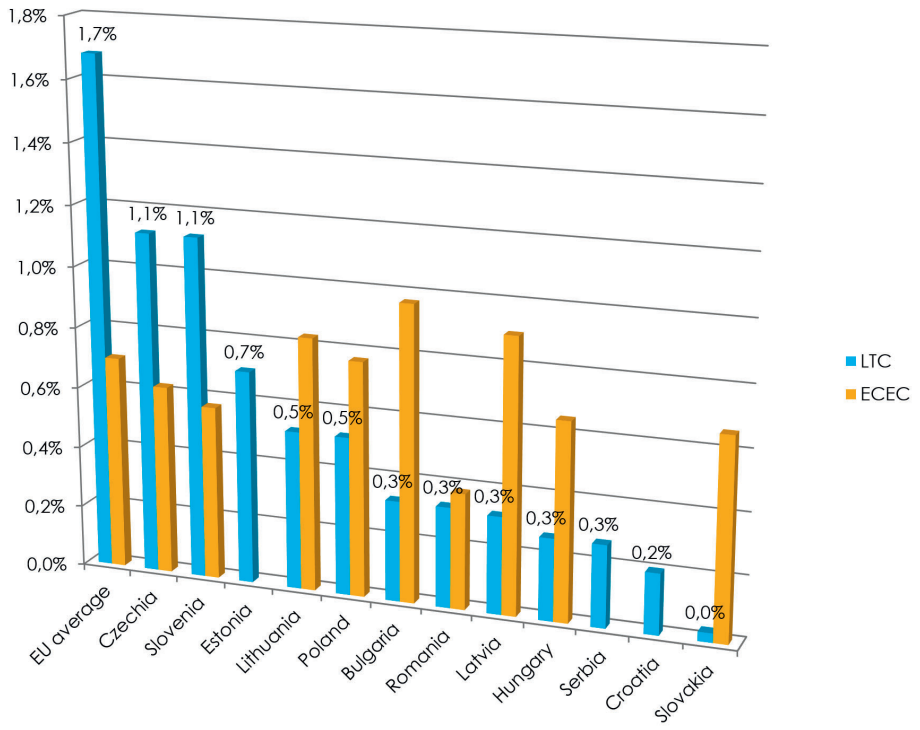
The care sector, as defined in the methodological introduction above, is, in each country under scrutiny, a complex and diverse system of institutions and state and local government bodies that manage, supervise and finance them. As a rule, non-governmental (non-profit) organisations and other non-state actors, e.g. those run by churches and other religious organisations, as well as private for-profit companies, including international actors increasingly present in the markets of various countries, are an important component complementing the system. In addition, informal care mechanisms are being developed and provided to those in need by family members with the support of assistants managed by social assistance institutions. This represents the implementation of a deinstitutionalisation policy, which is intended to allow dependent people to function in their current place of residence and within the local community. However, as will be shown in Chapter 3, this type of solution — or at least the way it is implemented — is sometimes viewed negatively by workers' representatives. The importance of each of the above-mentioned actors varies from country to country, although a common rule is that local government institutions are responsible for providing basic care services, while often the state-run institutions provide more advanced and comprehensive services.

In the countries under scrutiny, the care sector is defined differently and composed of segments managed by other actors. For example, the ECEC sub-area reports, to varying degrees, to the ministry responsible for social assistance and the ministry competent for education, depending on the age of children attending care and early childhood education institutions. Also shared to varying degrees between the social welfare and health sectors is the LTC sphere. The distribution of responsibility for the operation of the sector between local, regional and central government also varies. The segmentation of the care sector and the lack of sufficient coordination have been reported to be problematic in some countries, as will be discussed in the next chapter.

Overall, in the vast majority of countries studied, the care sector is subject to similar structural determinants in dimensions such as the scale of funding for services or the scale of employment. As shown in Figure 1, all countries in the region are characterised by a significantly lower share of long-term care expenditure as a proportion of GDP than the European Union average,

with Czechia and Slovenia the highest being above 1% in 2022. In most of the countries analysed, the rate was 0.5% or less. A record low level was calculated for Slovakia — only 0.03%. As for spending on early childhood education and care, it is comparable or even higher (in the case of Lithuania, Poland, Bulgaria and Latvia) than the EU average in some countries. Overall, however, the presented data and other sources (e.g. European Commission 2021) suggest a significant underfunding of the care sector relative to more affluent Western European countries (note that overall, the GDP of the countries analysed is smaller and that the EU average in the chart also includes values for Central and Eastern European countries).

Figure 1. Expenditure on LTC and ECEC as a percentage of GDP.

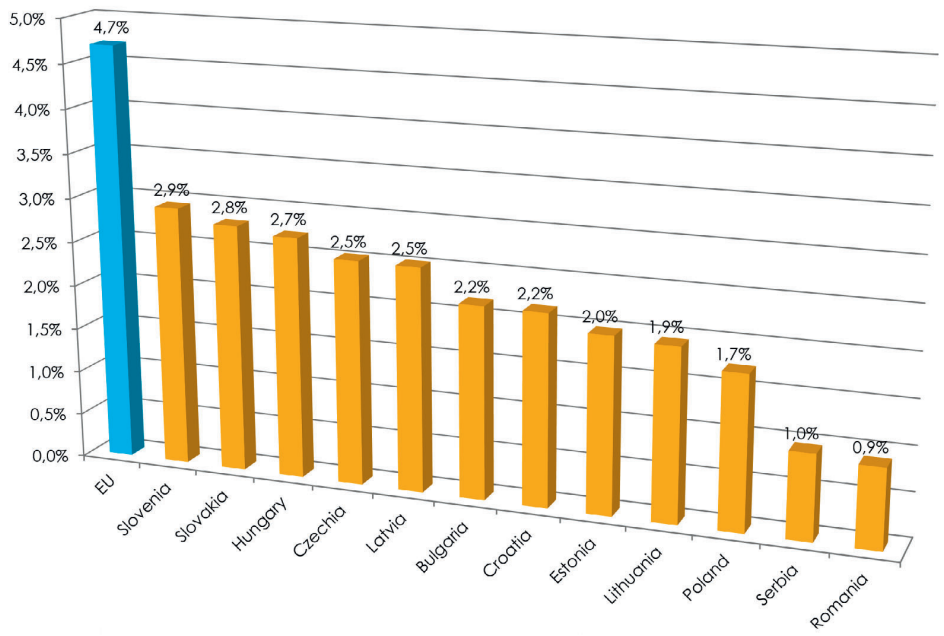


Source: LTC — Eurostat (data for 2022). ECEC — OECD Database (data for 2020). No data concerning ECEC for: Estonia, Serbia and Croatia.

A clear negative deviation from the EU average is also observed in the share of employment in the care sector as a proportion of the total working population in the countries studied. Figure 2 shows data on the percentage of those working in NACE divisions 87 and 88 as a proportion of the total employment. It should be noted that these NACE units do not match 100% with

the project's definition of the care sector (notably pre-school workers are not included), but they allow for a rough estimate of the share of workers in the sector according to total employment. Unfortunately, the national-level data that many researchers provided in their reports do not allow for comparative analysis due to different sector definitions and gaps. Slovenia has the highest share of employment in the care sector among the countries analysed in the chart, but even there the percentage is more than one-third lower than the European Union average of 4.7%. In four countries — Lithuania, Poland, Serbia and Romania — it does not even exceed two per cent, reaching only half of this figure in the latter two. Consequently, we are talking about a much lower share of those working in the sector concerning total employment than the EU average. This must affect the availability of services, which are by their nature impossible to automate. Additionally, employees in the sector constitute a smaller group of working people than in Western and Northern Europe, which may harm their negotiating position and the importance that both policymakers and politicians will attach to ensuring their satisfactory employment conditions.

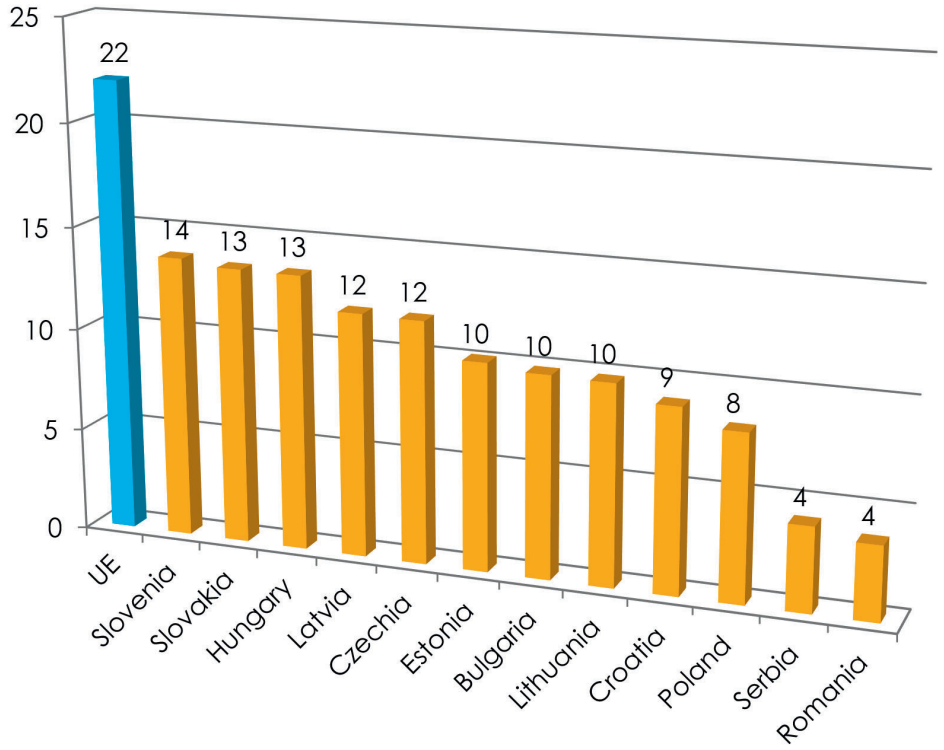
Figure 2. Share of those working in NACE divisions 87 and 88 according to the total number of employed persons in the country.



Source: Eurostat, own calculations.

Also, if we relate the data on employment in the care sector to the population of individual countries, one sees a significantly lower number of workers per 1,000 inhabitants in the countries covered compared to the EU average. If we take this breakdown as a basic indicator of the (potential) availability of care services, in a large number of countries its value is less than half the EU average of 22 workers per 1,000 inhabitants. Again, four countries stand out with a particularly low, single-digit value for this indicator. These are: Croatia, Poland, Serbia and Romania. The latter two are characterised by an extremely low indicator value of 4. This data is presented in Figure 3.

Figure 3. Number of employees in NACE 87 and 88 per 1,000 inhabitants.



Source: Eurostat, own calculations.

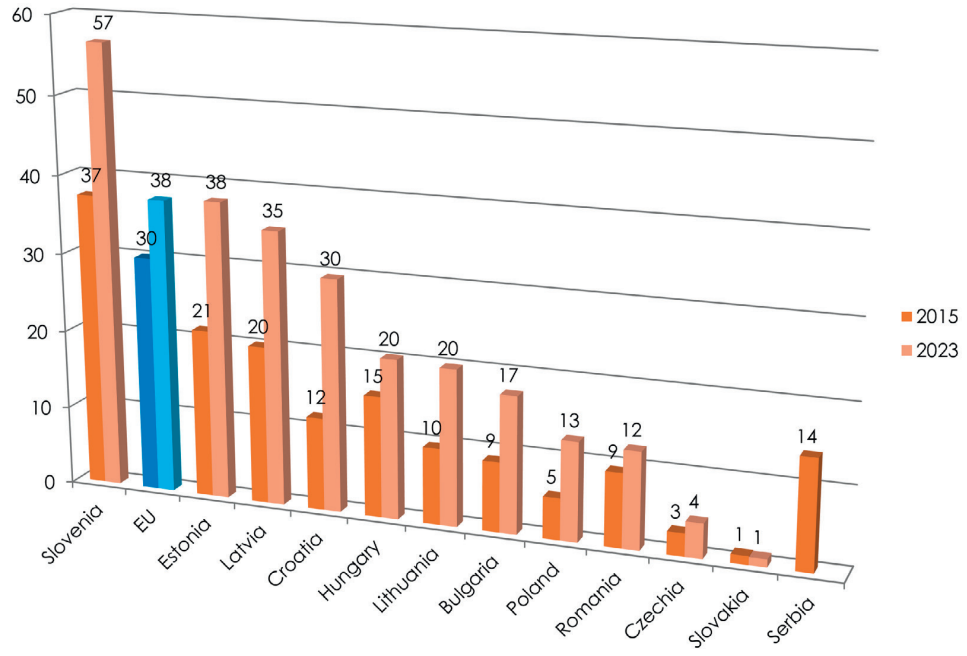
A similar disproportion, in relation to more developed European countries, emerges when analysing the juxtaposition of the number of employees in the LTC subsector with the number of inhabitants over 65. A report by the European Commission (2021) provides knowledge on this issue, unfortunately, based on 2016 data (there are no more recent studies containing this information). According to this analysis, Estonia was well above the

EU average of 38 LTC workers per 10,000 of the 65+ population, reaching 53 workers. However, all other countries (with no data for Lithuania, Latvia and Serbia) were characterised by a much worse situation: Poland had only 5 employees and Bulgaria and Romania 10, while Czechia, Slovenia and Hungary had just over 20 workers per 10,000 inhabitants of the age 65+.

The availability of ECEC services, in turn, will be analysed on the basis of another indicator, which shows the share of children participating in formal early childhood education and care in the total number of young children (up to the age of three). In recent years, there has been an emphasis in the European Union on increasing the availability of formal care facilities for the youngest children to provide parents with better opportunities in the labour market. The data for 2015 and 2023 shows that — although in most of the countries included in the analysis (except for Slovenia, Estonia, Latvia and Croatia), participation in formal ECEC for children up to the age of three is still significantly lower than the European Union average — significant progress has been made in eight years. Especially in the four countries mentioned above, the jump has been downright impressive. There is also a group of countries, such as Bulgaria, Lithuania and Poland, where the improvement has been equally dynamic, although they still deviate significantly from the EU average. However, there are also countries where participation remains low with little to no growth in recent years. This is the case in Czechia, Romania and Slovakia, while no data for 2023 is available for Serbia. The data is presented in Figure 4. It is noteworthy that for older children, aged 3–7, participation in formal ECEC has long been similar to that of Western Europe in most countries in the region.

The countries analysed tend to have extensive and detailed national legal frameworks governing the care sector (inevitably, in many cases, there is an overlap with legislation governing other spheres, such as healthcare and education). In some countries (e.g. Croatia and Poland), both labour law and sectoral-specific regulations have even been reported to be too extensive and detailed. For example, a representative of one trade union in Poland calculated that the sector is regulated by 175 pieces of legislation in that country. This may not be a positive development from the perspective of the social partners. Among other things, not much space is left for regulation through collective bargaining and other forms of social dialogue. Overly detailed regulations may also burden their addressees, causing, among other things, a paralysis of day-to-day procedures, accompanied by an excessive burden of formal procedures.

Figure 4. Participation in formal early childhood education and care — children under 3 years of age (%).



Source: Eurostat (EU-SILC survey).

3. Major problems and challenges in the sector in the countries covered

A significant number of problems concerning the functioning of the sector were identified in the different countries included in the analysis, significantly affecting employment conditions and the well-being of workers, as well as the quality and availability of care services. A significant proportion of the problems are common — they were reported in most, and sometimes all, countries. Some problems are more specific to certain countries, although based on the information provided by the researchers, it should not be assumed that they only occur where they have been reported. At most, there are grounds for assuming that they are felt to be more acute in those particular countries, which led to their mention in the report. Therefore, the following discussion will take into account attempts to strictly define the extent of the individual problems, although those most likely to be the most widespread and most acute will come first.

Some of the problems identified are of a general, systemic nature. An earlier chapter pointed to the much smaller than EU average share of expenditure on care services in the — already smaller — GDP of the countries analysed. This is confirmed by the opinions of representatives of the social partners and other experts interviewed. There is a widespread perception that the sector is underfunded, from which various service failures result. In Bulgaria, for example, there is a shortage of LTC places and, in addition, the functioning of the sector is disrupted by a never-ending sequence of reforms. In some countries, a particularly acute deficit in specific areas was indicated — kindergartens were mentioned in Slovakia, for example. The gap between the funding of services provided by central and local government, to the disadvantage of the latter, is characteristic. In Poland and Latvia, among others, financial constraints faced by local authorities were reported, while at the same time, the state government continues to delegate new responsibilities to them. There is also the problem of spatial disparities in financial capacity: there are richer, metropolitan regions and much poorer rural areas or areas surrounding smaller towns.

Another important structural problem found in some countries is the fragmentation of the care sector — the "gravitation" of parts of it towards healthcare or education, or the division of responsibility for the provision of particular services between government and local government or different levels of the latter. This is, among others, the case in Poland, where in smaller towns there is not even a single body supervising all types of social welfare institutions (supervision is split between communes/municipalities and poviats (districts), which are at a higher level of administrative division). In turn, the lack of proper coordination of healthcare and care services in relation to LTC services was pointed out in the case of Hungary and Slovakia, as well as Croatia, where it was also referred to as ECEC services. At this point, it is important to indicate the general problem of an often-certain lack of distinctiveness and identity of the care sector, which affects not only the organisation and quality of services but also the structure of social partners and social dialogue practices, as will be discussed in the next chapter.

A specific structural problem found in some countries is the lack of forward-thinking by public policymakers about the care sphere. This is despite the gradual realisation by public policymakers in Europe that this is a forward-looking sector, if only in relation to ageing populations and the drive to improve quality of life, and the recognition of workers in the sector as a group

of essential workers (to which the COVID-19 pandemic has made a significant contribution). Despite this, social assistance and other care services are still often considered mainly in terms of costs (preferably as low as possible) rather than investments in the well-being of society. Forward-looking policies are not helping to develop care services, but more responding to the successive crises that the sector has had to face in recent years due to pandemics, rising prices, or migratory movements.

A number of identified problems in the care sector relate to employment and working conditions and other issues connected to routine service provision. A consequence of the underfunding of the sector is the very low level of salaries. This should be considered the most frequently identified and very acute problem. Care workers constitute the group of workers from the lowest segment of the labour market in terms of wage levels. In many countries, their wages have been related to the statutory minimum wage, with wages often indicated to be even lower. This implies the payment of various types of allowances, which is a separate and often legally problematic issue. In Slovakia, on the other hand, there are cases of wage rates contained in collective agreements lower than the legal minimum wage — due to price and wage increases, collective agreements have become outdated. In Slovenia, on the other hand, the problem is the low level of education of a large part of the sector's workforce, as in public services the level of salaries is linked to the level of education — hence, among other things, the low wages. Meanwhile, in Bulgaria, the remuneration system promotes employees with long seniority. They receive proportionally higher salaries, which results in significant costs and does not encourage the inflow of new, young employees. In Poland, in 2024, the Ministry of Labour introduced a fixed monthly allowance for care workers of PLN 1,000 (about EUR 230) gross, which should raise salaries to above the minimum wage for a while (so far, compensatory allowances have often had to be paid). In the case of Lithuania, a significant gender pay gap was reported in the LTC area. In general, the widespread strong feminisation of the sector is not conducive to negotiating favourable pay conditions. Women are, on average, in a worse position on the labour market than men, are more likely to be dismissed due to their other social roles and are thus also less likely to adopt confrontational attitudes — as indicated in one Polish interview. Low wages in the sector are generally accompanied by unfavourable employment conditions in many countries (in aspects such as adherence to working time standards or health and safety standards), as well as violations in this area and the lack of effective mechanisms to eliminate them.

In addition to the negative assessment of the formal and financial aspects of employment in the care sector, a generally unfavourable picture of the specifics of the work must also be borne in mind. Performing typical tasks in this area is very often neither comfortable nor self-rewarding. It involves unpleasant tasks and contact with difficult and sometimes dangerous clients. It is physically as well as mentally exhausting, emotionally fraught work, often leading to professional burnout, and rife with psychosocial risks and physical health risks (e.g. risk of contracting an infectious disease). To some extent, these specificities are unavoidable and arguably common across the world. However, the care delivery system can be structured to mitigate these disadvantages. It is possible to provide psychological support and supervision, or at least a reasonable allocation of tasks that do not lead to work overload. However, in many of the analysed countries, the system is not optimised to ensure bearable working conditions. Admittedly, improvements in many of them were reported in meeting sanitary standards (as a permanent positive side effect of the pandemic), as well as in the provision of patient-lifting facilities (with some reservations — e.g. in Latvia, a lack of proper training in their use was pointed out, as well as the absence of such facilities for services provided in patients' homes). However, the situation is not so favourable regarding psychological support and the organisation of non-stressful work for staff.

Work overload due to staff shortages (about which more in a moment) is common in the countries included in the analysis. There are other disadvantages in individual countries. Lack of supervision, especially in poorer local government units, was reported in Poland (with the indication that sometimes staff organise support themselves in-house). Cases of bullying or other unfavourable interpersonal relationships in the workplace were reported in Poland, Slovenia, and Lithuania. In Lithuania, for example, the attitude of a significant proportion of care facility managers is to take the side of the client regardless of the circumstances, putting pressure on employees and showing disrespect to them. This can be accompanied, as in Slovenia, by poor relations between workers, with xenophobia on the part of clients towards workers coming from other countries of the former Yugoslavia. The problem of undervaluation of care workers and lack of recognition from society is broader. Due to their wealth status and the nature of their work, care professionals do not enjoy social respect. In addition, the image of workers created in the media is sometimes unfavourable. Taking Poland as an example, it can be pointed out that the media — including local ones — focus on negative

and sometimes tragic situations concerning care recipients (e.g. failure to prevent the consequences of domestic violence in time). Social workers are generally the first to be accused, while situations to the contrary, or the ordinary daily hardship undertaken by them, escape the attention of the media as of little interest to the public.

Low salaries and unfavourable employment conditions on the one hand, and the onerous nature of the work on the other, lead to the commonly reported consequence of significant staff shortages. Shortages of workers and an ageing workforce were indicated in all countries studied. Overall, the structure of the workforce by age indicates a strong over-representation of older workers, over 50 years of age. Many of these are already at retirement age — a mass exodus of the right to retire by these individuals would likely end in the collapse of the system. Many people in the sector, especially the young, who have higher expectations in terms of working conditions and pay, are leaving their jobs, either for another sector (e.g. healthcare — in some countries, care workers or nurses can count on much more favourable employment conditions; this is the case in Poland and Croatia, for example) or emigrating. Especially in Slovakia, the phenomenon of "care drain" was pointed out in the interviews. Skilled workers are leaving to work in other countries, especially in neighbouring Austria. Also, according to the author of the report on Lithuania, the country is a "donor of nurses" to other EU countries. Various reports also conclude that workers from third countries are not generally interested in working in the care sector — they choose better-paid jobs in other sectors. So, their influx is unlikely to add to staffing deficits. It should be borne in mind that the labour shortage has the effect of further worsening working conditions due to an overload of duties. It is therefore possible to speak of a downward spiral of worsening working conditions, which exacerbates staff deficits, and these further reduce the attractiveness of employment. In addition, this problem poses a major challenge in terms of ensuring adequate availability and quality of care services.

Some new phenomena that were expected to occur in each country due to developments in recent years and the promotion of new care services policies by the European Union were also the subject of the study. Among other things, the interviews discussed deinstitutionalisation, i.e. a move away from the organisation of a system of care services based on formal institutions to the promotion of care activities at the place of residence and within the local community to which the client belongs. It appears, however, that the

social partners — especially the workers' representatives — had little to say about this policy in general, and when they did express opinions on the issue, they were not necessarily positive. This may be due to the characteristics of the people interviewed. It should be remembered that trade unions are present mainly in "traditional" institutions that make up the formal care system — as will be shown in the next chapter, they are almost absent in non-public institutions. For this reason, trade unionists may perceive the move towards deinstitutionalisation as a negative development for them, aimed at dismantling the existing system. And such suggestions were indeed made in the interviews. Among others, the attempt to reduce costs was mentioned as the main motivation for introducing such solutions. In Slovenia, the negative consequences of the dispersal of care facilities were also indicated: the main impact on staff was the need to commute long distances to various locations to perform their duties.

The expansion of non-public actors — including multinational companies — which is taking place in some countries also escapes the attention of the interviewed union representatives. In general, they could not say anything about the issue, other than, in their view, the non-public sector is a particularly difficult field for unionisation and that often employment conditions there can be even worse than in the public sector. In Croatia, the problem of the shadow economy present in the growing informal care sector was pointed out, which involves the exploitation of workers. Issues related to the growing multiculturalism of Central and Eastern European societies and the influx of foreign workers and care recipients were also rarely addressed in interviews. Only the aforementioned xenophobia towards immigrant workers was signalled, as well as the not uncommon problems of communication with children and — especially — parents who do not speak Slovenian in ECEC facilities. In the Lithuanian report, on the other hand, there was a theme of the grey economy, in which foreigners often work — a significant part of them being immigrants from Ukraine. The authors mentioned that the state quietly tolerates these practices. Meanwhile, in Poland, it was assessed in an interview that the problem of the language barrier is not particularly acute so far, which may be the result of some happy coincidence. Namely, the majority of immigrants — including refugees — residing in Poland come from Ukraine or other Eastern European countries, who mostly speak Russian. At the same time, many older care workers also speak this language, as it was compulsorily taught in Polish schools before the change of the political system in the late 1980s and early 1990s.

4. Differences and similarities in the structure of social partners and social dialogue institutions in the countries covered

When embarking on an analysis of the functioning of national collective labour relations in the care sector, it should be kept in mind that a large proportion of the countries included in the analysis are characterised by a general weakness of social dialogue and underdevelopment of the industrial relations system. The workforce in these countries is poorly unionised and collective bargaining coverage is low or very low. For example, according to ETUI data, Poland in 2024 recorded the lowest level of agreement coverage — only about 13% (ETUI). A value of less than 20% is also found in Estonia and Romania. Between 20 and 30%, is in Hungary, Slovakia, Lithuania, Latvia, and Bulgaria. Slightly more than one-third of collective agreement coverage can be found in Czechia, while Croatia boasts just over 50% coverage. Only Slovenia compares favourably with the EU average, almost reaching 80%, which is the threshold under Article 4 of the Directive on Adequate Minimum Wages below which intervention should take place. Possibly, the latter two countries inherited some positive traditions of social dialogue from the time of Yugoslavia. There is no data for Serbia (their unavailability also at a national level is confirmed by the authors of the country report in the CEECAW project; at the same time, the report suggests that the state of collective bargaining is not satisfactory, although collective bargaining coverage is not among the lowest — as will be shown in Chapter 5, it was assessed as "moderate to high").

In many of the countries within the study, the overall low quality of dialogue in the care sector was reported in terms of both the resources of the social partners and the effectiveness of bargaining. Their results are often hardly satisfactory for the social side and bargaining is subject to significant constraints, if only because of the specificity of employers in the sector (lack of typical employer representation) and being part of the public service sector, subject to specific legislation and budgetary rigour.

4.1. Challenges of organising employees

Unionisation within the care sector in the countries analysed is often not at a satisfactory level. A number of barriers stand in the way of more widespread

worker membership in the organisations that represent them, which can be divided into several categories. Firstly, in some of the countries, there are systemic constraints stemming from the wider problem of a relatively weak distinctiveness and identity of the care sector. As indicated earlier, the boundaries of the sector are fluid and, to some extent, the sector overlaps with healthcare in the case of LTCs and education when it comes to ECEC. This is also reflected in the structure of the social partner organisations. In extreme cases, we talk about a complete lack of separate trade unions for the care sector, for example in Slovakia, where ECEC workers can only organise in trade unions active in the broad education sector. In other cases, e.g. in Poland, although there are separate structures for the care sector (social assistance), they are sometimes combined with the healthcare area. Such organisations pay relatively more attention to the problems of the latter — also the agenda of the various, mostly tripartite, social dialogue bodies is dominated by the problems of the hospital sector.

Another important constraint on the growth of trade union membership is the attitudes of workers. A lack of interest in unionisation has been reported in various countries due to an increasingly widespread culture of individualism, a "free-rider" attitude, a reluctance to be socially active or even to pay membership fees (which are, after all, usually not exorbitant).

However, some of the unfavourable attitudes of workers towards trade unions have some justification for the functioning of social dialogue and the effectiveness of the unions themselves. In some countries, social partners, especially on the trade union side, indicate a low level of satisfaction with the results of bargaining or other manifestations of dialogue, pointing to the fact that it is rather the financial possibilities of the authorities of individual territorial units that determine employment conditions and wages. This was pointed out in Croatia, among others. Further, the Slovenian case shows that even resolutions adopted by social partners are not subsequently implemented by public policymakers, the reason usually being budgetary constraints. The feeling that nothing meaningful comes out of union activities and membership and that there is a lack of tangible impact is also not alien to sectoral workers in Lithuania and Latvia. In addition, the generally poor psychological state of workers may discourage membership — burnout or a disadvantageous financial situation due to low wages is not conducive to activism in this field, as is considering moving to another sector or emigrating for work.

A separate category of barriers is the negative attitude of employers. In some countries — especially Poland and the Baltic States — there are sometimes outright reprehensible cases of pressure being exerted on employees. In extreme cases, harassment or even unjustified dismissal can be heard of, as well as restriction of access to promotion for trying to establish a union or join an existing organisation. Occasionally, manifestations are less radical, but still contrary to the standards familiar from Western European countries, involving obstructing union members' access to information to which they are entitled, or suggesting to newly recruited workers that joining a trade union is not welcome.

The segment of services provided by non-public operators is particularly difficult for unions to penetrate, as was highlighted in Bulgaria and Lithuania, among others. In some countries, unions in non-public operators are (almost) absent.

4.2. Good practices for organising employees

Overall, it was not uncommon for researchers in individual countries to have difficulty in identifying genuinely good unionisation practices. Nevertheless, some of them have managed to do so. Some of the examples can be generalised as situations that represent a breakthrough of the barriers described in the previous section. Positive examples include, for example, active trade union action on behalf of workers and fruitful social dialogue. This is not necessarily a case of spectacular or large-scale action. In Poland, for example, it has been reported that even a trade union's success in negotiating certain aspects of working conditions at the level of the individual workplace can generate interest in union organisation from previously non-unionised workers and an increase in membership. However, such effects do not always prove to be sustainable: after some time, the enthusiasm of some workers may decline and reluctance to pay membership fees may lead them to leave the union. Other situations in which trade unionists demonstrate their usefulness, competence and commitment also work in favour of unionisation. An example is provided by Slovenia, where a union operating in the ECEC area was mentioned, carrying out numerous activities targeting its membership base at national, regional and local levels. It even mentions some services for members, such as organising excursions or cultural events. The Slovak trade union, in turn, provides legal advice and templates for collective agreements. Unions in Bulgaria are also highly active. During the period of the fieldwork

study, organisations active in the LTC area managed to increase wages through protests. The efforts of the trade union resulted in an increase in remuneration in Latvia. However, it is not always about wages: in the case of Slovakia, a number of efforts were cited to improve the working conditions of night shift workers, to create a favourable working environment and prevent health and safety violations, and even to ensure travel safety for workers travelling for work to Austria. Furthermore, one interesting example comes from Croatia, where trade unionists proved their competence — after a group of workers in one city joined a union, it was only then that they found out that the local authorities were undercutting the negotiated wage rates, even in violation of the national law. The ability of unions to respond effectively in individual cases, such as when a worker is subjected to discrimination, is also important.

Other good practices identified in different countries included the ability of unions, even with different political views or operating policies, to speak with one voice and reach an agreement vis-a-vis the employers on key issues for workers. The ability of trade unions to coordinate their activities between different levels of organisation also has a positive impact on perceptions. Finally, outreach on the benefits workers can derive from trade union membership can be important — even if it should be secondary to activities that bring tangible benefits to workers. Also at stake is the activity and visibility of unions within social dialogue bodies at national and European levels. A specific circumstance that can be assessed as good practice has been identified in Lithuania. The law in this country stipulates that the provisions of a collective agreement apply only to trade union members who are signatories to the agreement. However, it should be noted that this is both a controversial solution, which can have a twofold impact on the image of trade unions and support for the institution of social dialogue, and a rule that is in practice violated by employers in the country, who introduce provisions in their agreements for the general applicability of the agreement in the workplace (for which there are some important prerequisites under the Labour Code).

4.3. Characteristics of employer representation

As suggested earlier, there are very few employer organisations in the countries studied that operate under legislation governing such bodies. Employers conduct various types of negotiations or consultations with the social side directly. In some countries, they also organise themselves within

other types of organisations, such as those for a specific level of local government. For example, such an organisation is active in Slovakia, engaging in tripartite dialogue at the national level as well as in collective bargaining for civil servants. However, the spectrum of activities of such organisations is not always so broad — for example, in Poland they are not authorised to conduct collective bargaining, focusing instead on advocacy activities and participation in public consultations. In some countries, managers of social assistance or other care institutions may also be associated with their dedicated organisations, generally without collective bargaining powers. The situation is complicated in some cases, even when it comes to negotiating company collective agreements (or multi-employer collective agreements, but limited to one city), by the duality of the employing party. Taking Poland as an example, it can be pointed out that the manager or director of a particular care facility is only formally the employer, entitled to conclude and terminate contracts with employees, but at the same time with a very narrow range of decisions that he or she can take. All decisions concerning the financial sphere are taken by the local authority, which is the running body of the facility. They alone are entitled to modify the terms and conditions of employment and pay (within the limits of their, usually modest, budgetary possibilities), and are therefore the appropriate entity to conduct any negotiations. In practice, it is much more common for there to be some informal talks, which do not have the character of collective bargaining, that result in the trade union side obtaining some minor benefits for the employees (e.g. a slight pay rise).

The situation can be even more complicated when it comes to the question of workplaces being subject to a certain level of authority, as the case of Bulgaria shows. In Bulgaria, there are no typical employer organisations representing the employing party vis-a-vis the employees — they are directly employed by the municipal authorities. However, the employment relationship of some of the employees, practising health professions in facilities in the ECEC area is regulated by national and sectoral collective agreements (although it should be noted that these are general provisions, creating only a certain legal framework). An example of a country where there are *de facto* employer organisations that cover a significant number of care providers is Czechia. However, it appears from the interviews that although they declare an understanding of the benefits of collective bargaining, in practice they are not very open to dialogue with trade unions. Another example of a country where some “typical” employer organisations representing the employing

side in the care sector are present is Croatia — and here, again, there is a lack of commitment to collective bargaining, which is usually conducted at the level of individual local government units.

5. Collective bargaining practices in different countries

As indicated in the previous chapter, social dialogue in the countries studied is generally underdeveloped and, with some exceptions, the results are not fully satisfactory for the social partners. With the exception of Slovenia, which has a very favourable collective agreement coverage rate in comparison with the European Union, and Croatia, which has an average coverage rate, this rate is unsatisfactory everywhere, reaching a maximum of one-third and often significantly less. The question is how collective bargaining is conducted in the care sector in the light of these unfavourable circumstances: at what level is it conducted, what is negotiated and what added value is derived from it? In the following, an attempt is made to analyse these issues based on the information and assessments provided by the national researchers.

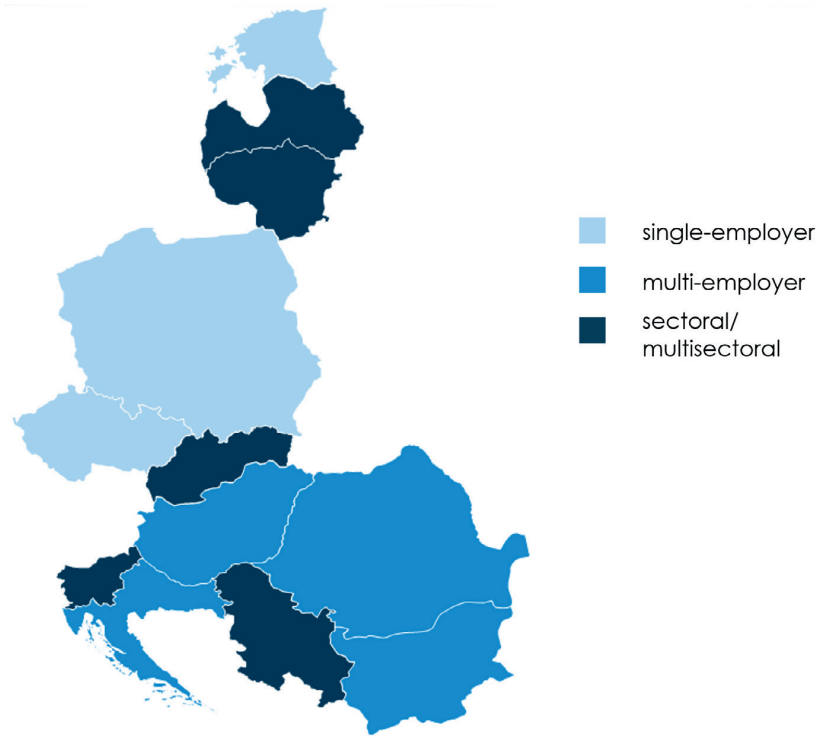
5.1. Different models of collective bargaining and other social dialogue mechanisms in the care sector

The countries covered by the project represent different historically shaped systems of collective labour relations, which have undoubtedly been marked by the period of a centrally controlled economy, followed by processes of economic transition, which have usually been difficult and with serious social costs. The genesis and shape of national collective bargaining systems are among the issues discussed in another report produced by the CEECAW project (Adamczyk 2025). The situation in the care sector reflects the fallibility observed at the national level. In most of the countries analysed, there is a relative weakness of collective bargaining in the sector, manifested in low coverage of collective agreements, their dispersion and the low level at which they are concluded (in particular, the absence of the practice of sectoral collective agreements and/or of a mechanism to extend them).

Map 1 shows the highest level at which collective bargaining is taking place in the countries analysed. The categorisation of countries into one of the levels (single-employer, multi-employer, sectoral/multisectoral) was based on analyses and evaluations of the functioning of collective bargaining

provided by the national researchers. It should be emphasised that this refers to the highest actual level at which collective agreements can be concluded in the sector, which does not usually exclude the possibility of concluding at a higher level. For example, in Poland, until 2023 there were still two multi-employer agreements in force for social assistance institutions in two towns (medium and small). Currently, however, although this is still not excluded by legislation (there is even a mechanism for extending multi-employer agreements through an ordinance of the competent minister — never used), the exclusive, and still very rarely used, mechanism is bargaining at the level of the individual establishment. Hungary, on the other hand, is a country where the law does not allow sectoral collective agreements for public services. It is also worth mentioning Estonia, where there has recently been an attempt to include employees of nursery homes in the scope of the sectoral collective agreement for healthcare. In the end, however, it only covered care workers employed in hospitals, and collective agreements are concluded (most likely) only at the company level.

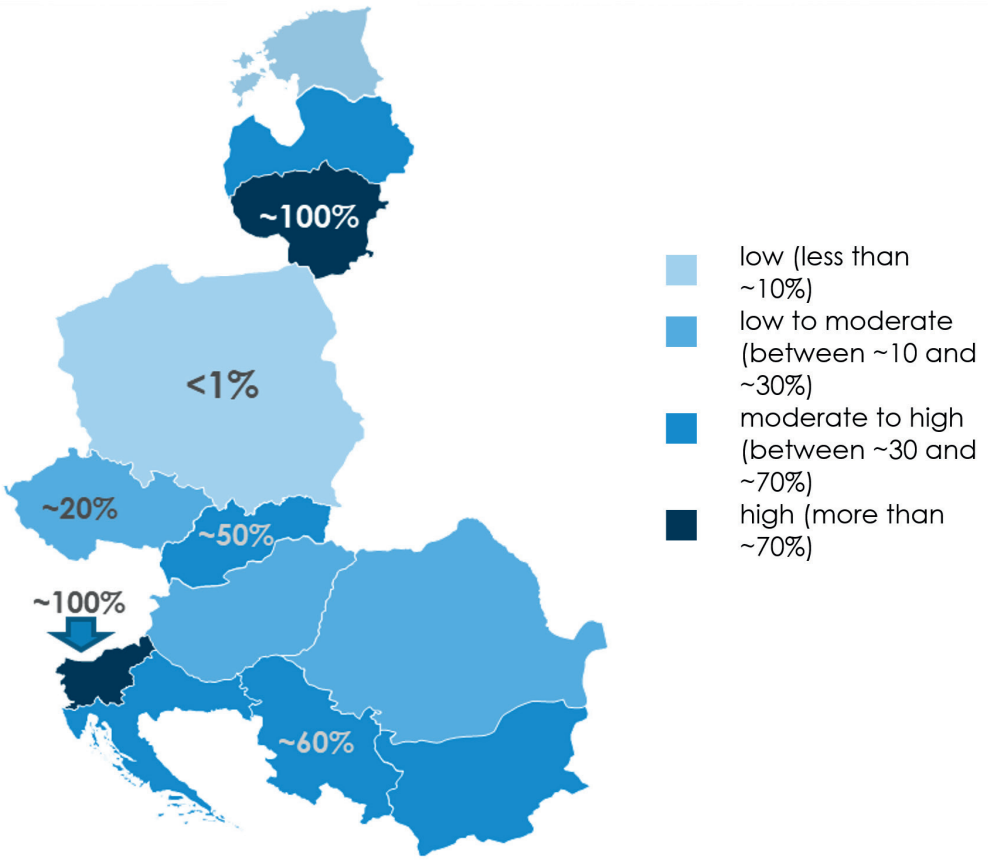
Map 1. Highest actual level of collective bargaining in the care sector.



Source: Own elaboration based on national contributions.

With regard to the question of the dominant level of collective bargaining, a fairly typical scenario in a number of countries is the prevalence of bargaining with a single employer (e.g. in Poland, Latvia), or bargaining with multiple employers, but limited to one local authority (e.g. one city). The latter is because it is at the latter level that decisions affecting the costs of care institutions can be genuinely made. This is the case among other things in Bulgaria, Croatia and Romania. In Romania, there has even been a collective agreement concluded covering a number of local government units, including some in the capital city. At the same time, according to the national researcher, a single facility level of bargaining still dominates in this country.

Map 2. Assessment of the collective bargaining coverage.



Source: Own elaboration based on national contributions. Data is approximate due to the lack of accurate statistics in many countries, specific figures/estimates are given if indicated in the national report.

Another key feature of the collective bargaining system is the coverage of workers in the sector by collective agreements. In the case of the countries studied many researchers have not been able to provide precise data, as this is not made available. Therefore, Map 2 only presents the researchers' or the author's assessment of the degree of coverage, based on the information they provided. Among the countries analysed, the following stand out: Slovenia, where sectoral collective agreements cover 100% of employees in the care sector; and Lithuania, where the situation is similar, the researchers indicated that the presence of a sectoral agreement in this country in other sectors is rare. On the opposite side of the spectrum are Poland and Estonia. In the case of the former, the coverage of agreements — currently only company agreements — is extremely low, at less than 1%. In the case of Estonia, one can rather speak of a presumption of the existence of some agreements — also purely single-employer — as the researcher was not able to identify any specific one. It is also worth noting that in Hungary the lack of sectoral labour agreements is due to legislation: they cannot be concluded in the public services sector.

5.2. Identification of clusters of countries with similarly functioning national collective bargaining systems

Indicating clusters of countries with similarly functioning collective bargaining systems in the care sector is not easy, given the numerous minor — or more significant — differences. The study's findings point to some relatively higher collective bargaining quality in certain aspects in the Balkan countries — particularly Slovenia and Croatia, although Serbia and Bulgaria can be added to them when taking into account national researchers' assessments of the sector's collective bargaining coverage. Two Baltic countries (Lithuania and Latvia) are characterised by a relatively well-functioning collective bargaining system, at least in terms of the highest level of bargaining and the extent of collective bargaining coverage. In contrast, there is a noticeable weakness of collective bargaining in a somewhat geographically dispersed group of countries: Poland, Romania, Estonia and, to some extent, Czechia (although the estimated coverage of the care sector in the last of these countries is more than 20 times higher than in Poland). Hungary can also be included in this group, given some specific problems in that country that further undermine the importance of collective bargaining: the low level of agreements concluded, the restriction on trade union participation in

bargaining (threshold of 10% of workers' membership in the relevant union), and the statutory limitation of the bargaining agenda. Slovakia, on the other hand, is characterised by the features of both the second and third groups of countries indicated: the coverage of collective agreements is relatively high, and they are concluded mostly at a multi-employer level in ECEC and an individual company level in the other care areas. At the same time, the content of the agreements does not go significantly beyond the standards set by the legislation.

5.3. Collective bargaining agenda in the countries studied. Different approaches to collective regulation

Even if collective agreements are present in a country and cover a significant proportion of the workforce, this still does not mean that they regulate a significant range of working and pay conditions and/or substantially modify them in favour of workers in relation to generally applicable labour law and other sector-specific legislation. The range of issues regulated by collective agreements, as well as the scale of modification of employment conditions, has been reported to vary from country to country. If the content of the agreements adds little or almost nothing to the terms and conditions of employment, then, as already indicated in Chapter 4, this can have the effect of reducing workers' support for trade unions and social dialogue institutions. Map 3 presents a synthesis of the observations made by the national researchers on these two aspects. It should be borne in mind that this is not an exhaustive approach to this issue. Not in all countries have researchers had a fully satisfactory insight into the content of collective agreements, and in some — e.g. Hungary — this is practically not possible. The content of the agreements is not made available to the public, so one can at best rely on the declarations of those interviewed. This is also a problem in Czechia with company-level agreements.

In half of the countries analysed, it is possible to speak of a rather balanced approach to the scope of the content of collective agreements: they cover both wage issues (wage rates or indexation rates, various types of wage supplements) and various other working conditions (e.g. paid holidays, working time standards, promotion rules, access to training, protection of workers' rights, health and safety issues or such symbolic gestures on the part of the employer such as an extra day off on the birthday in Bulgaria). In addition,

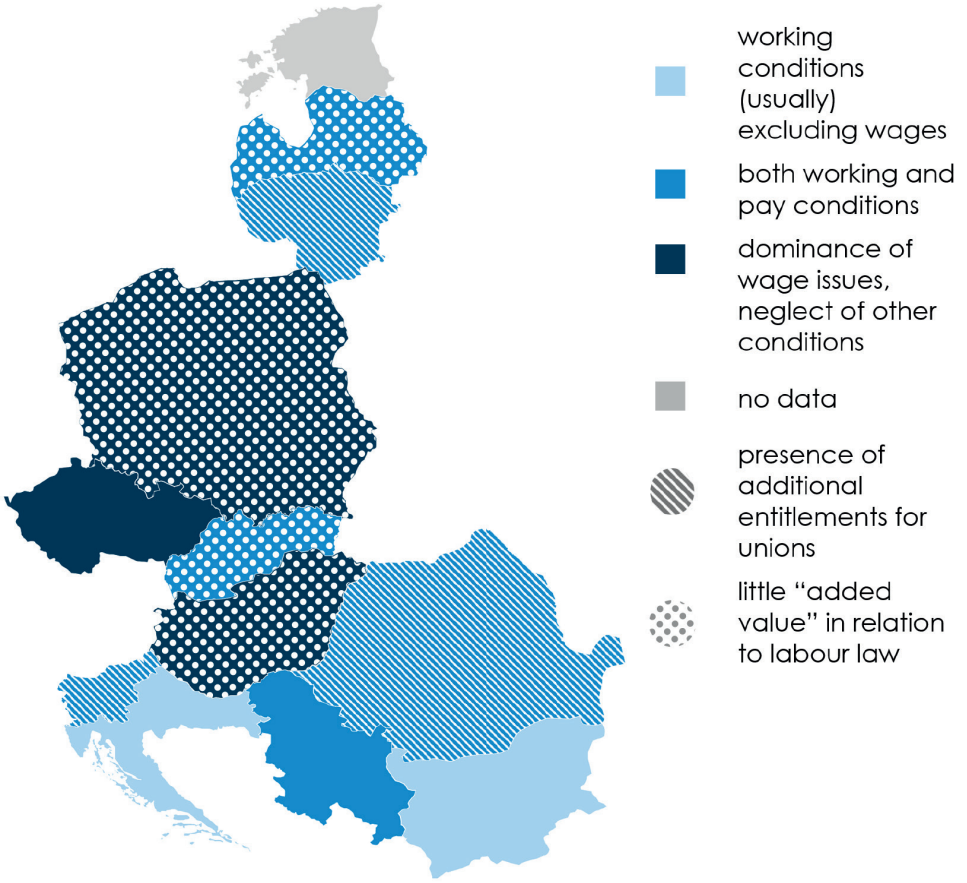
some countries explicitly mention additional facilities and rights for trade unions in collective agreements (possibly also present in countries other than those indicated on the map).

In some countries, however, there is a tendency to limit or even eliminate wage issues from the content of agreements (they regulate, for example, only bonuses without wage rates, while wage rates are set by legislation for public services) or, conversely, these documents focus mainly on wage issues, while working conditions are treated sparingly or even neglected. Interestingly, the latter phenomenon may be quite different due to other considerations. For example, in Poland, until 2022 there were still collective agreements in force for employees of social assistance institutions in two towns, which were concluded mainly due to the desire of the locally leading trade union to guarantee specific deadlines for negotiating the salary increase rate for the following year. The reason for this was that they had been postponed in the past by the municipal authorities to the last minute when budgetary possibilities were very limited. At the same time, the issues of different working conditions, although included to some extent in the agreement (e.g. three extra days of annual leave for care workers), were nevertheless treated negligently. In the opinion of the union representative, this may have resulted in the low attractiveness of the agreement for the workers and the reason why they did not fight to keep it in force. The situation is different in Hungary — there, the limited content of the agreements regarding working conditions has more systemic reasons. This is due to the fact that the national legislation contains a list of issues that can be negotiated. It is short and the focus is on wage issues. At the same time, Hungary is one of those countries where the legislation regulating the sector is extensive and detailed, leaving little room for additional collective regulation.

The map also indicates countries where little added value is reported from the provisions of collective agreements — they modify the law in favour of employees to a negligible extent. In Poland, many provisions of collective agreements, including the care sector, replicate provisions of the Labour Code. In Latvia, however, an interesting observation was made: there, too, the content of collective agreements adds little beyond the employment rules guaranteed by labour law, often even duplicating them. At the same time, when a labour agreement is in force at a particular workplace, the rules are more strictly adhered to than in the absence of an agreement. The opposite of the situation in these two countries mentioned is the case in Romania: the

researcher assessed that, unlike national labour law, collective agreements bring many detailed regulations concerning, among other things, rules on annual leave and other non-wage benefits, as well as training and professional development.

Map 3. Scope of issues regulated by collective agreements.



Source: Own elaboration based on national contributions.

5.4. Involvement in the activities of European social partners and knowledge of the dialogue at an EU level

The study showed limited interest and knowledge of European sectoral social dialogue in most countries, while bearing in mind that it was only in July 2023 that a sectoral committee for social services was established (European Commission 2023). Hence, the output of this body remains to

be seen in the future. Some reports indicate that national social partners do not follow current developments taking place in the EU — in Bulgaria, this was highlighted to include both rank-and-file trade union members and leaders. In some countries, the opinion was also expressed that EU legislation does not have a significant impact on national legislation (e.g. in Slovenia), that no examples could be given of national laws that would be influenced (e.g. in Poland), or that the European social partners are focused on broad, global issues, while the national ones are more interested in local and "down-to-earth" issues (in Latvia). This does not imply a complete lack of interest and involvement in all countries studied. In some of them, interviewees declared an interest in the issue and a desire for more knowledge — e.g. trade unionists in Bulgaria were keen to be recipients of information campaigns or training organised by European federations. In Latvia, a good knowledge of European dialogue and legislation was declared among trade unionists, who at the same time have a negative view of the government's implementation of EU law. In their view, it is selective, disfavouring legal acts in which transposition would be beneficial for workers. Some interviewees from different countries declared the affiliation of their organisations to federations, especially EPSU. Even if it was admitted that union activity within EU federations is not high (e.g. in Poland because of the language barrier or in Lithuania because of a lack of sufficient resources), the possibility of being their affiliates is a good opportunity to acquire knowledge on how the sector and the social partners function in other countries.

Finally, in some countries, the assessment of the impact of EU legislation and the European-level social partners was more positive. Particularly in Hungary, reference was made to the recent gestures of support by EPSU against the government's attempts to change the law to be much less favourable to trade unions (this involved abolishing the mechanism for deducting union dues via the check-off system and making the unions themselves responsible for collecting them). Overall, however, the findings of the investigation support the thesis of B. Larsson et al. (2023) on the decoupling between different levels of collective labour relations, which Larsson tested in relation to the issue of occupational health and safety in the care and healthcare sectors: the link and coordination between the national and European levels for a number of countries remains weak.

6. Conclusions and recommendations for sectoral social partners

A study conducted in twelve Central and Eastern European countries revealed the presence of serious and diverse problems in the functioning of the care sector, negatively affecting the quality and availability of services and the well-being of workers. Their root cause is the underfunding of services, which translates into low wages and unfavourable working conditions. This in turn leads to widespread and very acute staff shortages, further worsening working conditions and posing a serious challenge to services' availability.

Social dialogue in the countries studied, although operating on various principles, is mostly of unsatisfactory quality and does not result in effective remedies to the problems faced by the sector. A number of constraints, including the low representativeness of trade unions, the lack of adequate partners on the employers' side, the budgetary constraints of the state or local government responsible for running the vast majority of care facilities, or the lack of sufficient resources at the disposal of the social partners, make dialogue ineffective. Admittedly, there are countries with sectoral collective bargaining, but these are in the minority. A more common scenario is fragmented bargaining at a company or individual local level, possibly complemented by tripartite dialogue, often more in the nature of consultation than negotiation. In addition, it is not uncommon in the tripartite dialogue for issues of care services to be given a low profile, while priority is given to related healthcare sector issues. The impact of European social dialogue on collective regulation in the countries under scrutiny is assessed as low, and many of the national social partner representatives interviewed are not aware of its agenda and outcomes.

Based on the recommendations formulated by national researchers, but also taking into account the author's own analysis of the findings of the national reports, the following will present key recommendations for both European sectoral social partners, such as EPSU, and representatives of national social dialogue organisations.

6.1. Recommendations for European social partners

While appreciating the activity of European social partners in maintaining contacts with national social dialogue organisations in the care sector, it

is recommended to further develop cooperation between the European and national levels. It is desirable to develop and intensify efforts to bring together representatives of the latter with federations operating at the European Union level, maintaining contact and ensuring the exchange of knowledge and experience between members from different countries in the framework of the horizontal relations that European structures should enable and facilitate. This would address the aforementioned problem of decoupling the level of European and national collective labour relations. To the extent of available resources, events should be organised that combine the provision of information relevant to national social partners with networking. Information should primarily include showcasing good practices and Western European standards in organising care systems, as well as conducting social dialogue and new EU care policies. In addressing their information activities to the social partners from Central and Eastern Europe, the European partners should take into account the specificities of the collective labour relations system and the care sector in these countries, the specific circumstances and the scope of interest of these organisations, which can — and often is — different from those of Western or Northern European partners.

In parallel, EPSU and other sectoral organisations should continue to communicate to public authorities at European and national levels, as well as to European societies, the importance of adequate funding of the care sector to ensure the availability and quality of such services. It should be recalled that the importance of these services in terms of improving living conditions will increase due to the ageing population and growing expectations of their quality, and the pandemic period has shown that they are crucial. European federations should also monitor the implementation of legal changes and action plans at the national level in relation to Article 4 of the Directive on Adequate Minimum Wages, creating pressure for real and effective solutions that are not merely a façade.

Undoubtedly, in light of the recent undermining of the aforementioned Directive (ETUC 2025), the sectoral European trade union federations, supported by their national affiliates, should push particularly hard and with determination to keep this piece of European legislation in force. The specific situation of the sector should be borne in mind, with a strong over-representation of low-paid workers and, in many countries, little collective bargaining coverage and weaknesses in social dialogue and trade unions. Hence, the

benefits that can accrue to the care sector from its sound implementation should be appreciated.

6.2. Recommendations for national-level social partners

In the first instance, the recommendations for the national social partners are to some extent analogous to those presented in the previous section. Here too, proper communication of the needs of the care sector to the wider public and policymakers is highly desirable, justified by the growing demand for high-quality care services, impossible to provide with the current state of funding of the sector in most countries. In parallel, national social dialogue organisations should direct their attention to the legal changes being made and the action plans being implemented concerning Article 4. It will undoubtedly be necessary to involve structures at a national level and qualified experts to oversee these processes and avoid the implementation of mere sham activities. Support on this issue should also be sought from European social partners. Although these efforts may encounter a lack of political will and the results are uncertain, the implementation period of the Directive should be considered as a window of opportunity to introduce important structural changes to address the problems analysed earlier in Chapter 4 of this report (e.g. lack of adequate representation on the employers' side, segmentation of the sector, or restrictions on collective bargaining in public services).

Actions to increase membership and collective bargaining coverage should be pursued — this is a particularly urgent need for non-public entities, although it mostly affects the whole sector or a significant part of it (except Slovenia). Trade unions should carry out information activities targeting employees on their usefulness and the benefits of membership, but — above all — this usefulness should be proven. There is a need for capacity building, a strong focus on advocating and intervening in the interests of workers, proving the high competence of trade unionists through adequate training and use of legal counselling, and creating pressure for collective bargaining or other forms of negotiation or consultation in the workplace and, in the longer term, at a cross-company and sectoral level. Trade unions, with the support of national and European structures, should send a clear message to the wider public about the need to respect workers' rights and ensure their effective representation. There is a need to communicate using modern

channels, including social media, to encourage unionisation, particularly among younger workers.

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Legal acts

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Maciej Pańków is a sociologist, social researcher, analyst at the Institute of Public Affairs, and past correspondent of the European Foundation for the Improvement of Living and Working Conditions (Eurofound). His research interests focus on the functioning of the labour market, the system of collective labour relations and other mechanisms of social dialogue concerning various areas of social policy. For more than ten years, he has participated in many research projects aimed at formulating recommendations for social partners and policymakers.