

RESEARCH

**REPORTS**

RECOMMENDATIONS

MACIEJ PAŃKÓW

# THE CARE SECTOR IN POLAND

## CHALLENGES OF ORGANISING AND COLLECTIVE BARGAINING

INSTITUTE OF  
PUBLIC AFFAIRS

MACIEJ PAŃKÓW

# **THE CARE SECTOR IN POLAND**

CHALLENGES OF  
ORGANISING AND  
COLLECTIVE BARGAINING

INSTITUTE OF PUBLIC AFFAIRS  
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).



Management at the Institute of Public Affairs:  
Dominik Owczarek, Małgorzata Koziarek

Proofreading: Marcus Bashford

Please refer to this publication as follows:

Pańków, M. (2024). *The Care Sector in Poland: Challenges of Organising and Collective Bargaining*. Warsaw: Institute of Public Affairs.

Copyright © by Instytut Spraw Publicznych, Warsaw 2024

ISBN: 978-83-7689-471-3

Publisher:  
Fundacja Instytut Spraw Publicznych  
00-031 Warszawa, ul. Szpitalna 5 lok. 22  
tel.: +48 22 55 64 260, fax: +48 22 55 64 262  
e-mail: [isp@isp.org.pl](mailto:isp@isp.org.pl), [www.isp.org.pl](http://www.isp.org.pl)



**Co-funded by  
the European Union**

The report was co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

## 1. Methodological preface

This report is devoted to discussing a number of issues concerning the functioning of the care sector in Poland, taking into account the following areas: long-term care (LTC), activities of social assistance centres (SAC) and early childhood education and care (ECEC). The following will be analysed: the basic characteristics of the sector concerning employment and availability of services, the most important problems and challenges faced by care institutions, taking into account their impact on the employment conditions of workers, and the extent to which they are addressed through various mechanisms of social dialogue. Among these, collective bargaining, which allows for the conclusion of collective agreements with the potential to have a positive impact on working conditions and wages, should be considered of particular importance. The analyses carried out in the report are based on publicly available data (public statistics, legal acts, scientific publications) and individual in-depth interviews conducted between mid-April and mid-June 2024 with representatives of relevant sectoral social dialogue organisations. A total of five interviews were conducted, including four with representatives of trade unions and one with a representative of an organisation of local government units, which are the key bodies running social welfare institutions in Poland.

## 2. General characteristics of the sector

The overall employment level for the social assistance subsector with accommodation (which largely corresponds to the area of LTC) was 112,700 (which included 95,500 women) in 2023, while for the area of social assistance without accommodation (including the field of SAC and ECEC for children under three years) was 186,000 (which included 165,300 women)<sup>1</sup>. Kindergartens, on the other hand, employed 108,800 teachers in the 2022/23 school year, of whom 107,900 were women<sup>2</sup>. This data shows a high degree of feminisation in the areas studied, but there is also a high proportion of older workers. For social assistance with accommodation in 2023, the share of workers aged 50-74 was as high as 41.5%, while for social assistance without accommodation, it was 29.7%.

---

1 Source: Eurostat, Labour Force Survey data. Note: Data for the age range 15-74.

2 Source: data from the Central Statistical Office.

The dominant service provider in the area of long-term care and non-residential social care (e.g. community care) is the local government of the municipal/commune and district (*powiat*) level. In terms of structure by ownership, non-public social care facilities dominated in 2023 (63.1% out of 2,189), but a higher total number of places were offered by those run by local government units (52% of 132,634 places). The proportion of actual occupants of local government facilities was even higher, with 54.4% of the 121,892 residents in social welfare institutions. Non-public entities by far dominate among institutions providing care for children up to the age of three: in 2023, they ran 77.7% of the institutions, which offered 62.1% of the total number of places and provided a place for 57.1% of the children attending.

Poland is characterised by a small number of care workers (defined as NACE codes 87 and 88)—only eight per 1,000 inhabitants in 2023<sup>3</sup>. According to other data, the number of long-term care workers per 10,000 people over 65 was only five in 2016 (European Commission 2021). Participation of children under the age of 3 in formal early childhood education and care remains low, although it has increased in recent years (13% in 2023 compared to 5% in 2015)<sup>4</sup>. In contrast, the participation of children aged 3 in preschool education was 80% in 2022.

The average salary in the sector remains low in relation to the average for the whole economy, which in 2022 was PLN 6,362.90 (approximately EUR 1,480) gross. In the social assistance with accommodation (LTC) subsector, it was PLN 5,071.35, while in social assistance without accommodation (SAC, nursery operations) it was PLN 5,292.54 (Statistics Poland 2023). In education, it was PLN 5,985.92 (however, it is not possible to obtain data for nursery schools alone).

The general legal framework for the functioning of social welfare institutions is provided by the Act of 12 March 2004 on social welfare (Journal of Laws 2004 No. 64, item 593, as amended). It is accompanied by a number of executive acts of a lower order — regulations of the minister competent for social welfare or the Council of Ministers, who regulate various elements of the functioning of social welfare, e.g. the principles of payment of benefits,

---

<sup>3</sup> Source: Eurostat, Labour Force Survey data.

<sup>4</sup> Source: Eurostat EU-SILC Survey data.

and the operation of nurseries or nursing homes. This multiplicity is met with a negative assessment by trade union representatives — one interviewee pointed out that there are about 175 legal acts in total; the law is detailed and extensive.

### 3. Major problems and challenges in the sector

Overall, **the social welfare system is severely underfunded**, which affects its functioning and causes other problems. According to Eurostat, in 2021, per capita expenditure on social security was less than €3,500 per year, among the lowest in Europe. Interestingly, this is not matched, as interviewees pointed out, by the costs of services such as nursing homes or home care provided by public institutions, which are high compared to average salaries in the country. The financing of the sector is influenced by the limited budgetary capacity of local governments, which are the bodies running most social welfare institutions.

The main problem for the sector is **low wages**. The majority of those working in the sector earn an amount close to the minimum wage, especially in non-unionised entities and in places where the local government is in a worse financial situation (the situation of local governments is quite diverse — a few, especially the biggest cities, offer better pay conditions to employees). Some employees have, until recently, had to receive allowances to bring their pay up to the level of the statutory minimum wage (after the latter has increased significantly in recent years). This situation is causing strong frustration among workers, and it is to be expected that the permanent wage supplement of around €230 granted to workers in the sector in mid-2024 will not help much.

Working in the field of care is **hard, burdensome on the body** and requires constant updating of one's skills, which often results in **professional burn-out**. While facilities such as nursing homes (domy pomocy społecznej, DPS) usually have equipment to facilitate lifting patients or hygiene procedures, these are often not available in private homes, which exposes the employee to health consequences (musculoskeletal problems). There are cases of **bullying by facility managers** (employees do not always report mistreatment or unequal treatment, although anti-bullying programmes have been implemented in some places in recent years), as well as **difficult, demanding and/or aggressive clients** (one of the relevant social problems is domestic

violence). In smaller cities, social workers cannot always count on sufficient psychological support or supervision (employees sometimes try to support each other in their own circles).

The result of all this is a **shortage of workers**, in particular field social workers, **an ageing workforce**, and a transition of workers to healthcare where salaries are much more favourable. These deficits are not compensated by an influx of workers from third countries, as work in the sector is not attractive to them. Labour shortages affect working conditions (**workload** e.g. in smaller towns up to half of the social worker positions can be unfilled). A problem in nurseries, on the other hand, is the presence of very **large groups of children**, which creates an additional burden on the workers caring for them.

**Deinstitutionalisation** is perceived negatively by at least some trade unionists, as a policy primarily aimed at **reducing costs for local governments** aiming to abolish residential care facilities. At the same time, they judge that it is not an advanced process — the basis of the long-term care system is still local government social care facilities. According to one interviewee, there is more talk about deinstitutionalisation than actual change. He believes there will always be a need for institutional care, especially in the face of social change: the disappearance of the large extended family and the increasing number of single people with no family. Informal home care will at most be able to complement the system of residential care facilities. This does not mean, however, that the public system completely disregards home care services — it is provided through the social assistance centres, e.g. under a programme of the Ministry of Family, Labour and Social Policy (MRPiPS) called “Family Assistant” (both nursing and home care services are included).

The background to the above problems are the processes that are taking place in society, creating new challenges for the care system, such as **the ageing of the population** (there is a significant increase in the number of families with a need for services for seniors), the influx of immigrants (including refugees) or the price tag in 2022-2023, which has reversed the trend of the previous few years of an increase in the importance of services over benefit payments. The immigrant issue above is generally not due to cultural differences or a language barrier. Paradoxically, thanks to the advanced age of many of the workers, they speak Russian — once taught in Polish schools — which is also spoken by a large proportion of immigrants. The need for **crisis interventions** as part of the work of social workers in recent years (since the outbreak of the

COVID-19 pandemic) has been highlighted. It was also said that there is a high burden on the workers with formal activities, including the implementation of the payment of various benefits. At the same time, **social workers do not have a positive image** in the media and do not enjoy public respect and trust often being blamed for negative situations, while their successes and daily hard work are not reported. A representative of a local government units association indicated that **many cities treat the area of care reactively** — only as a sphere where current problems need to be addressed — rather than in terms of investment in local development.

It is worth noting that the respondents represent organisations present practically only in public local government institutions. However, they are also aware of **the situation in non-public entities, assessing it as even worse** than described above in terms of employment conditions — e.g. **civil law contracts** are **commonly** used instead of the standard employment **contract**, which significantly restricts employee rights, including the right to organise. At the same time, non-public organisations make a significant contribution to the care system, e.g. in the fight against homelessness or domestic violence.

#### 4. Characteristics of social dialogue organisations in the sector

The main trade unions present in the sector are:

- **The Independent Self-Governing Trade Union “Solidarność”** (NSZZ “Solidarność”) — covers about 3,500 social welfare workers within the union’s sectoral structure. In addition, a further 3,500 employees may be united by company organisations scattered throughout the country that are not subject to the branch committee (the union has recently been making efforts to include these organisations in the sectoral structure as well).
- **Federation of Health and Welfare Workers’ Unions** (FZZPOZiPS) — covering approximately 1,100 members in 27 organisations in the area of social welfare. The entire membership is around 10,000, mainly in healthcare. Employees of different types of local government care institutions are unionised, including those providing social welfare services with and without accommodation and nurseries.



- **Polish Federation of Social Workers and Social Service Employees Unions** (PFZPSiPS) — unites several thousand workers in various social welfare institutions but has no member organisations in the area of ECEC.

There is a complete lack of organisations that are formally employers' organisations. There are, however, organisations of specific types of local government, such as **the Union of Polish Cities** (ZMP) or the **Union of Polish Metropolises** (UMP), which are involved in the national dialogue of the care system. These organisations represent the employers in the care sector vis-a-vis the government, giving their opinion on draft legislation. However, they do not participate in any kind of negotiation with trade unions. There are also organisations which bring together specific types of social welfare institutions, such as the All-Poland Association of District<sup>5</sup> and Municipal Family Assistance Centres and the Social Assistance Centres Forum.

**The primary and by far dominant level of collective labour relations is the company level.** Relatively few unions are present in individual care institutions. Usually, one union is present in one place, which is due to the average small staff e.g. a nursing home has about 30-40 workers. Therefore, at this level, unions rarely interact with each other, although there are cases of ad hoc coalitions being formed in a particular city e.g. to support an initiated industrial dispute. Dialogue with directors of care facilities is not effective, as they do not decide on the financing of their facilities — they only manage the institution. However, it is not uncommon for local authorities to become involved in the dialogue, although sometimes they make it clear to participants that they are not obliged to do so, as the management of the facility is formally the party to the dialogue as the employer. Still, such dialogue is limited, often amounting to informal discussions. The result may be, for example, a slight increase in wages in social welfare institutions in a given city.

At a regional level, dialogue in the area of care is almost absent. Although there are specific teams within bodies such as the Voivodeship Social

---

<sup>5</sup> This refers to a *powiat* which is “the second-level unit of local government and administration in Poland, equivalent to a county, district or prefecture (LAU-1 [formerly NUTS-4]) in other countries” (source: en.wikipedia.org).

Dialogue Councils (WRDS), care topics are rarely addressed — the agenda is dominated by healthcare issues. The regional authorities sometimes use the argument that they lack their own decision-making power in the area under study, as they are not formally an employing party.

At a national level, dialogue in the newly established tripartite body is just beginning to take place (see 5.2), with all three representative trade unions trying to speak with one voice when it comes to issues relevant to the care sphere. However, there has also been talk of “chilly relations” between some unions, stemming, for example, from the attribution that one union is too close with politicians of a particular party and political involvement, while the vision of another union is strictly sectoral.

#### 4.1. Challenges of organising employees

One of the factors hindering the organisation of workers is **reluctance on the part of employers**. The result is a **fear of reprisals**, and high feminisation is a reason for the weaker position of workers in the labour market. As the interviewee pointed out, women are in a more difficult situation in the labour market and are more worried about losing their jobs. Trade unionists, like whistleblowers, are sometimes harassed, e.g. through constant court cases brought against them by workplace managers to discourage others from taking action. The **small staff size in** many care facilities makes it difficult to get the 10 people needed to form a union in accordance with the act. One interviewee presented the formation of multi-employer organisations as a remedy.

Another problem raised is that **all arrangements negotiated by the union with the employer** are **binding on the whole workforce**, which demotivates people from joining the union as there are no direct benefits. The lack of an obligation to negotiate regularly lowers the status of the union in the eyes of workers — it is easy for the employer to ignore their representatives concerning important issues that should be discussed at that moment. The irregularity of talks and holding them mainly in moments of crisis further accustoms both sides to the fact that dialogue occurs when things are very bad — in turn discouraging further meetings. Another problem mentioned in the interviews is the **fragmentation of the trade union movement** and the sometimes lack of willingness to cooperate between different unions, to make concessions to other organisations or to develop a common position.

The effectiveness of the unions in the area of care is also reduced by the fact that the agenda of the various dialogue bodies is dominated by healthcare issues. Furthermore, union headquarters tend to **marginalise the care area** and pull it under **healthcare**. The lack of a tradition of unionisation in the care sector, as opposed to traditional industries or even the teaching community, was also indicated.

Unions are virtually **absent in non-public** (non-governmental) **social welfare institutions**. There, it is particularly difficult to achieve employment stability; joining a union may result in the non-renewal of a civil-law contract. Employees are even more dispersed than those employed in local government institutions. One federation tried to set up a multi-company trade union organisation for such workers but was unsuccessful.

A general problem is **the shape of the law regulating union activities or the resolution of industrial disputes**, which does not, in the opinion of the respondents, make it easier to carry out union activities and attract new members.

#### 4.2. Good practices for organising employees

The study failed to identify particularly interesting cases of good practice in organising workers. In one interview, the interviewee was only able to provide modest examples of successes from the company level, e.g. a group of workers in one nursing home joining the union after its board managed to negotiate a few hundred PLN in pay rise — the usefulness of this organisation was recognised. Sometimes, however, after the initial enthusiasm, interest and willingness to pay membership fees wanes. In general, interest in joining a union is fostered by the organisation's activity in the field in efforts to improve employment conditions and its visibility on social media. This seems to be confirmed by one of the national federations, which quite quickly gains new member organisations and establishes new organisations (at the same time, its authorities do not expect that the organisation they are supporting in establishing will be affiliated with it — so we can talk about a kind of disinterestedness in these efforts, not necessarily perceived positively by other unions). Rather rare cases of respecting the opinion of unions on the employers' side, in the opinion of the interviewees, improve their image and also generate more interest among employees.

### 4.3. Characteristics of employer representation

There are no organisations in the sector that are employer organisations within the meaning of the statutory law. Consequently, there are no such actors that can participate in collective bargaining on behalf of employers. The parties to the negotiations can therefore only be the competent representatives of the local authorities in the case of multi-employer agreements, and the directors of the individual units in the case of single-employer agreements. However, it should be borne in mind that, in the latter case, the formal employer — the director of the specific care facility — is not an actor who can decide independently on the terms and conditions of employment. Their possibilities are closely linked to the decisions of the local authority that runs the facility, and it is up to them to decide on any improvements to working and pay conditions introduced by the collective agreement.

## 5. Collective bargaining and other forms of social dialogue in the sector – characteristics

Coverage by collective agreements is very low. According to an estimate by Eurofound (2022), in social care, it is around 1%, although this figure may even be overestimated, especially as the collective agreements in Częstochowa and Lubliniec, analysed below, expired in 2020-2023. Trade union representatives were unable to provide even one concrete example of a care collective agreement in force. It was mentioned that negotiations were considered in one city in southwestern Poland, but this was met with a firm refusal by the mayor. In one interview, unspecified cities in the south of the country were mentioned, where there might be, as some remnant of past collective bargaining, agreements in force for municipal public services employees in general. At the same time, it was mentioned that no new agreements were being negotiated. There is a lack of interest on both sides in bargaining with the municipalities not wanting to tie their hands with commitments that would be valid for a longer period.

In interviews, it was suggested that an effective way of collective bargaining would be to negotiate conditions of employment for all local government employees in a city (i.e. employed in various municipal services). However, in smaller local government units, different care facilities are managed by different levels of local government.

## 5.1. Content analysis of collective agreements

In the course of this study, it was possible to identify two cities (a medium-sized city — Częstochowa — and a small town — Lubliniec) where, for over 10 years, there were both multi-employer collective agreements in force for various social welfare institutions in the city, and single-employer collective agreements in particular institutions (some of the latter are probably still in force, according to the local trade union representative). The main motivation for the trade unionists to conclude an agreement was to set fixed deadlines for the employer (the town/city authorities) to propose a wage increase index for the following year — previously, the city was often late with this when planning its expenses, and there were no funds left in the budget for increases. The multi-employer agreements included **a schedule for negotiations on the following year's remuneration rates**.

In addition, a number of issues of a **mainly financial nature** were specified: a special allowance for increasing the scope of the employee's duties, a so-called thirteenth salary, a long-service allowance, and jubilee awards. The agreement provided for some non-wage bonuses such as **an additional three days of annual leave per year** for employees with caring duties. However, in the end, **there were few other non-wage issues** that the agreement modified in favour of employees compared to generally applicable labour law (although certain aspects of the employment relationship, such as the length of settlement periods, were made **more** specific). According to one trade union representative, the relatively narrow scope of working conditions modified by the agreement may deduce that workers were not very attached to the idea of the agreement and its extension. During the COVID-19 pandemic, some workers left the union by setting up another organisation. This proved to be a pretext for the non-renewal of the agreement by the employing party.

## 5.2. Other forms of social dialogue

In 2022, after long efforts by trade unions, a Tripartite Team for the Social Assistance Sector was established at the Ministry of Labour and Social Policy, in which the social side is represented by three national-level trade union organisations (NSZZ "Solidarność", All-Poland Alliance of Trade Unions OPZZ and Trade Union Forum FZZ). The assessment of its functioning is rather negative among trade unionists — from the last parliamentary elections and

the appointment of a new government in late autumn 2023 up to the time of the interviews (May 2024), the team had not yet started any real work, and in one interview the dialogue within this body was described as “faked”.

There are also other bodies, such as the Social Assistance Council. According to trade unionists, the results of their work are modest and often do not lead to positive solutions for the social side. One interviewee assessed that the only benefit of participation in various bodies is the possibility to learn about the government’s current plans for legislative changes. Thus, they are **forums for informal information exchange**. At the same time, it is not uncommon for unions to independently try to negotiate arrangements favourable to them through written opinions on draft legislation, without necessarily considering the rationale of other organisations. A national-level organisation that is in better relations with the government at any given time gains the advantage. Local government organisations representing the employers’ side also participate in tripartite dialogue bodies.

At the level of individual local government units, a specific form of collective labour relations is **collective disputes** initiated by trade unions with local government authorities in case of major problems. This mechanism is valued and considered **more effective than collective bargaining**. However, disputes can be protracted, and it is not always easy to initiate them. The legislation governing their conduct is also criticised.

Talks are also held with local government representatives, sometimes resulting in some benefits for the workers, such as a 10 % pay rise. These talks are sometimes conducted, for example, with the support of a city council member sympathetic to social workers, who tries to carry out advocacy efforts, putting pressure on the mayor. Sometimes the local media are informed about the ongoing disputes to increase pressure on the authorities.

Eventually, various problems are also resolved by the unions through the courts. At the company level, there is also an obligation to consult unions on internal legal acts, such as work and pay regulations. According to the interviewees, this has some beneficial effect on the provisions used in them compared to workplaces without employee representation. For example, it was only with the establishment of a trade union in a certain social assistance institution that equal access to holiday benefits from the company’s social benefits fund was ensured for all groups of employees.

In general, both the interviews with trade unionists and the representative of the association of local government units underlined **the dominance of the incidental character of social dialogue**, which is mainly carried out to **deal with current crises**, to “put out fires”, rather than to systematically work out long-term solutions to develop the care system.

### 5.3. Impact of European sectoral social dialogue

Little was said in the interviews about the impact of European social dialogue on the dialogue at a national level. Instead, reflections on dialogue in other countries were shared. In one interview, the obligatory character of dialogue and its regularity in Norway was pointed out — the interviewees would like to see a similar obligation to jointly agree on certain sector-related issues in Poland.

Awareness of the existence of European social partners is present to some extent among the trade unionists interviewed. In one interview, the main benefit of EPSU membership was highlighted — opportunities to meet colleagues from other countries improving the knowledge and awareness of the union leadership, although these do not happen often. Interviewees explicitly admitted that they are not very active within EPSU, one of the barriers being the lack of language skills due to the advanced age of a large proportion of members. Another organisation is part of the European Federation of Social Workers, which, however, is not a typical social partner, focusing more on the standard of services and respecting the rights of service recipients, as well as bringing together mainly professional associations. It was, however, able to support one of the Polish trade unions in its efforts to change certain legislation affecting employment conditions by making appeals to the Polish authorities. During the interviews, incidental forms of cooperation were also mentioned, e.g. with EPSU, to which one of the organisations represented by the interviewees was not affiliated but participated in an event organised under the patronage of this European federation. The interviewee noted that the statements made by the representatives of the Western employers’ federations at this event sounded more like trade unionists speaking, and rather radically oriented ones at that. This is how big, in his opinion, the difference is in attitudes between the national and Western social partners.

In contrast, there is no clear translation of EU legislation into the quality of national legislation, according to trade union interviewees. Generally, they

were unable to give examples of any EU legislation that would influence national legislation and the functioning of the care sector. A representative of a local government organisation sees the issue slightly differently, recognising the impact of EU legislation or standards developed at an EU level on the functioning of the care system as significant. This influence is related, for example, to the implementation of projects co-financed by the Structural Funds, which impose the fulfilment of certain criteria or policies, such as deinstitutionalisation. At the same time, standards are not always, in the interviewee's opinion, implemented everywhere in a fully correct and consistent manner at a national level.

## 6. Conclusions and recommendations

The care sector in Poland is underfunded, resulting in, among other things, low wages and violations of working conditions, leading to low attractiveness of employment, labour shortages and an ageing workforce. In recent years, workers in the sector have proven their worth in the face of unforeseen crises, such as the COVID-19 pandemic or the influx of refugees from Ukraine during the Russian aggression, which has overlapped with longer-term challenges such as the ageing population or the growing demand for formal early care and education. However, this has not translated into significant improvements in working conditions and pay in the sector, nor in strengthening social dialogue as a mechanism for improving employment conditions and dealing with the most pressing problems.

Based on the knowledge gained from the interviews and the suggestions from the interviewees themselves, the following possible recommendations for strengthening collective bargaining and wider social dialogue can be indicated:

- Promoting unionisation, which requires active efforts on the part of trade unions to improve workers' awareness of the benefits of union membership. Being more representative, trade unions will have a stronger negotiating position and legitimacy to represent workers' interests vis-a-vis employers.
- Educating the public on the importance of improving working conditions and pay in the sector in light of the growing demand for improved quality and accessibility of key social services. It must be widely



communicated that without high standards of employment, it will not be possible to provide high-quality universal care services.

- Putting pressure on public policymakers to change certain elements of the legal framework in which collective bargaining and other social dialogue activities take place and to shape more conducive practices for them. Potentially more realistic actions can be identified here, such as convincing local authorities to take responsibility for the conduct of collective bargaining at the multi-employer level, as has occasionally happened (e.g. Częstochowa). Ideally, there could be collective agreements for all local government institutions' employees in each city or district, which would obviously be larger-scale agreements covering significant groups of key employees. The multi-employer level of bargaining should be strengthened by involving experts, both from sectoral trade union structures and from organisations such as those gathering local government units.
- Less realistic changes suggested by interviewees refer to the introduction of some mandatory dialogue mechanisms at a regional or local level. Partners would have to negotiate regularly (e.g. annually) wages and relevant conditions of employment and, ideally, deal with current and anticipated local or regional problems of the sector and its service recipients to resolve them. This would positively influence the culture of social dialogue, give it a certain rhythm and transform its character from reactive to proactive. Reference could also be made to a proposal for the compulsory establishment of social councils at larger welfare/care facilities, along the lines of those already in place at hospitals, as an element strengthening consultation mechanisms.
- The most radical change—and at the same time the least realistic, and for a number of reasons controversial in terms of its implications and compatibility with the broader institutional and legal context—is the proposal to strengthen the role of central government structures in setting up the care system. The point is that the system is currently fragmented in terms of its governance model and, on top of this, divided between two different levels of local government (while healthcare is much more governed by the Ministry of Health). However, perhaps a less radical change would be the emergence of a single actor representing the employing party irrespective of the level of local

government to which individual care facilities are subject, which would unify and facilitate the process of post-employment collective bargaining. At the same time, interviewees considered it urgent to introduce wage-setting mechanisms similar to those in healthcare, based on clear statutory criteria.

## References

Eurofound (2022), *Representativeness of the European social partner organisations: local and regional government sector and social services*, *Sectoral social dialogue series*. Dublin

European Commission (2021). *2021 Long-Term Care Report. Vol. 2 Country profiles*. Brussels

Statistics Poland (2023). *Statistical Yearbook of Labour 2023*. Warsaw

## About the Author

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.