

ANAMARIA NĂSTASĂ

**THE CARE SECTOR  
IN ROMANIA**  
CHALLENGES OF  
ORGANISING AND  
COLLECTIVE BARGAINING

INSTITUTE OF PUBLIC AFFAIRS  
Social Policy Programme

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

Proofreading: Marcus Bashford

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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)



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## 1. Methodological preface

As a research method, the current study involved conducting in-depth interviews with stakeholders from trade unions and desk research. Three interviews were conducted with stakeholders. Two were with trade union federations on social work and care for individuals with disabilities, while one interview was conducted with a representative of a trade union in care. The former interviews lasted over two hours, while the latter lasted just one hour. The interviews were taken between 20 and 24 April 2024. Although five interviews were planned (including experts and employer organisations), the availability of interviewees and the ongoing electoral elections impacted the scheduled interviews, which made it impossible to conduct all five. The desk research involved data analysis from administrative sources and content analysis on the available websites and collective agreements.

## 2. General characteristics of the sector

A general outlook based on data from Eurostat (2024a) of care sector employment in Romania revealed that in the last ten years, the number of workers in residential care activities increased from 32,100 workers in 2014 to 41,600 workers in 2019, decreasing sharply till 2023 to 28,000 workers. Comparatively, workers in social work activities without accommodation increased from 40,400 in 2014 to 50,100 in 2022, decreasing in 2023 to the same number of 40,400. The decrease in workers in residential care activities can be attributed to several deinstitutionalisation policies and strategies to facilitate community-based and home-based care models, as well as the pandemic. The same dataset showed that both residential and home-based activities are highly feminised with over 80% of workers being females (Eurostat, 2024a).

A focused outlook on the social services workforce based on a recent survey reveals that the sector is highly feminised (around 87% are women), mainly composed of individuals over 46 years old (around 56% of the workforce), and mainly from urban areas (around 65% of the workforce) (Lazăr et al., 2023), with most having a university degree level (around 49% of the workforce). Based on present age trends, experts expect an ageing workforce in the future (UNICEF, 2023).

The distribution of social workers around counties in Romania reveals that out of 41 counties, only four have one or more registered social workers per

1,000 inhabitants (Botosani, Vaslui and Alba, Caras-Severin) (Lazăr et al., 2023). Other counties with levels around 0.8 to 0.9 social workers per 1,000 inhabitants are Hunedoara, Iasi, Neamt and Bacau, Bihor, and Maramures (Lazăr et al., 2023). At the opposite end, counties with a low rate of social workers per 1,000 inhabitants (less than 0.42) are Teleorman, Giurgiu, Ialomita, Calarasi, Ilfov, Galati and Constanta (Lazăr et al., 2023).

Regarding early childhood education and care, only 12% of children under 3 in Romania were enrolled in formal childcare or education in 2023, indicating low participation compared to other European countries. Families still heavily rely on informal childcare arrangements, such as support from family members.

Moreover, statistics on care services provided showed that beds in nursing and other residential long-term facilities per one hundred thousand inhabitants have increased in the last ten years, from 136.62 beds in 2013 to 228.42 beds in 2022 (Eurostat, 2024b). Even if an increase has been observed over time, Romania still ranks among the countries with the lowest number of beds per one hundred thousand inhabitants in residential long-term facilities along with Poland, Turkey, Greece and Bulgaria.

Most of the social workers in Romania, including the General Directorate for Social Assistance and Child Protection, work for public institutions in each county or public administration (for example, for town/city halls/mayoralties). Other social workers are employed in non-governmental organisations (NGOs). Lazăr et al. (2023) estimate that 89% of social workers work in the local public sector.

The main framework, updated in April 2024, that guides the organising, functioning and financing of the national social work system, where care is included, is Social Assistance Law No 292/2011. As the social work sector is regulated by the aforementioned law, there is limited room for negotiation regarding working conditions and workplace standards related to the number of clients and training requirements.

According to the Social Assistance Law, working conditions and salary are different depending on the type of position, the studies required for that position and work experience (Legea-cadru nr. 153/2017, 2017). Social workers, psychologists, physiotherapists, therapists, teachers/educators and other

medical assistants, require a higher education degree; these positions have higher levels of pay that can increase with work experience. While some of these positions are institutionalised in public and private medical centres and clinics, NGOs, and social work institutions, there are also positions such as social parents, home carers, personal assistants, and professional personal assistants that require lower levels of education (middle school or secondary school) which are home-based. According to the representatives interviewed, the level of danger at work is higher for individuals who work with patients and beneficiaries at home. The pay level is also lower for home-based positions and other positions that require lower education.

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

One of the main challenges for the workers in the care sector mentioned by the representatives is related to the legislations in this sector (Social Assistance Law) and legislations regarding public sector employees' pay (LEGE nr. 100 2024; LEGE nr. 292, 2011; ORDONANȚĂ DE URGENȚĂ nr. 19, 2024). The representatives from this sector emphasised the legislation changes regarding pay in relation to discriminatory decisions to omit some categories from wage increases, such as personal assistants (News.ro, 2024). Other issues mentioned by some representatives concern the lack of personnel, influenced by the government's decisions to reduce workers paid from state budget funds in public institutions, where most workers are included. On the other hand, the lack of unspecialised and specialised personnel is influenced by unattractive salaries and poor working conditions in this sector. In the long term, some representatives mention that issues may arise due to the ageing workforce.

Regarding working conditions, all the representatives mentioned that care service workers often work in precarious, harsh and dangerous conditions. They raise concerns that working with beneficiaries who have a physical or mental disability is often conducive to accidents that lead to health and safety violations and risks in the workplace, which in turn may negatively affect the physical and mental well-being of workers and the overall quality of life. All the stakeholders interviewed mentioned that the situation is much more severe for home-based workers, where there is a lack of work standardisation concerning working time, safety measures and health. Hence, the deinstitutionalisation in care sectors raises serious concerns for home-based workers regarding work overload, accidents and burnout risks.

” Harsh, dangerous, damaging conditions (R1)

The infrastructure in cities and rural areas is connected to working conditions. Respondents emphasise the lack of accessible infrastructure in homes, public and private institutions, streets, and public transport. Inaccessible infrastructure hampers the work of personal assistants and the social inclusion of disabled individuals.

The low wages are directly linked to several problems, particularly for certain groups of workers like personal assistants. Loss of purchasing power of wages due to inflation, rising living costs, and harsh working conditions negatively impact the mental and physical well-being and the overall quality of workers in this sector.

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

Federations of trade unions representative for the social work sector, according to the Ministry of Work and Social Solidarity — Social Dialog in 2024, are, Federația Columna — SCOR (12% of the total workers in 2024), Federația Națională Sindicală din Asistență Socială și Protecția Copilului “PRO ASIST” (7% of the total workers in 2021), and Federația SANITAS din România (5% of the total workers in 2024). Another important federation in the sector includes Federația PUBLISIND (7% representative of General Directorates for Social Assistance and Child Protection) (Ministerul Muncii și Protecției Sociale, 2024).

### 4.1. Challenges of organising employees

Organising employees can be impeded by various types of challenges. On the one hand, as the interviewees mentioned, employees working in institutions, such as daycare and residential centres, are more likely to be covered by trade unions and collective agreements. In contrast, as all representatives emphasised, other workers working in community-based/home-based/outreach services are less likely to be in a trade union. The potential motive for this matter may include the difficulty in reaching workers due to their geographic dispersion.

Other challenges identified by stakeholders are workers' distrust in the possibility that trade unions would benefit them and the lack of information among workers about trade unions' activities and goals. A further challenge in organising employees is the hostility of employers. According to some representatives from trade unions, certain employers, especially small ones, discourage their employees from joining a union. These challenges are more accentuated for home-based workers than workers in centres.

” The most vulnerable employees are those who work at home [...]. Unfortunately, some (some employers in our country) still rely on intimidation (R1)

Moreover, there is hostility between workers with different educational backgrounds, with one stakeholder mentioning that there is hostility between those with university degrees and those with lower levels of education.

#### 4.2. Good practices for organising employees

One of the good practices identified by representatives in organising the employees is informing them about the benefits, roles and successful initiatives of trade unions by organising networks of people to distribute information. Stakeholders emphasise that information campaigns are especially important in attracting low-skilled workers. According to trade union representatives, these practices can be successful at a local level in organisational units.

#### 4.3. Characteristics of employer representation

There is generally no specific employer organisation in the care or social work sectors, as most of the workers are employees in public organisations.

However, there are employer organisations, structures or associations for social dialogue that partially cover some of the institutions in this sector. A few examples include the: “Federation of Non-Governmental Organisations for Social Services — FONSS”, “Employer Organisation for Public Services”, “Association of Romanian Cities”, “Association of Romanian Municipalities”, and “CNASR: National College of Social Workers”.

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

The main forms of collective bargaining in the care sector are collective agreements at each organisation's level or for groups of organisations. For example, small local institutions such as mayoralities are more hostile to participating in collective bargaining. As some trade union representatives pointed out, the bigger the organisations, the higher the interest in entering collective bargaining and supporting the workers in unionising. One representative emphasised that the bigger the employer, the easier the social dialogue regarding collective agreements.

Romania has no nationwide collective agreement for the social work or care sectors. Generally, a collective agreement is signed at the level of the organisational unit. However, from 2020 to 2022, there was a collective agreement at the level of social work institutions from 6 counties and one city district from Bucharest (out of 41 counties and 6 districts of Bucharest). The collective agreement was signed by the Federation of Central and Local Public Administration Employees in Romania "COLUMNNA" and county/municipal councils from Dâmbovița, Buzău, Iasi, Vaslui, Suceava and District 4 of the Bucharest Municipality. This collective agreement covered employees from institutions with activities such as:

- Combined nursing and social care services with accommodation.
- Nursing homes and homes for persons incapable of self-care.
- Other social work activities with accommodation (orphanages, children's homes, temporary shelters for the homeless, institutions caring for unmarried mothers with children, rehabilitation centres for persons with social or personal problems, rehabilitation centres for delinquent and offending children, juvenile reformatories).
- Social work activities without accommodation.
- Social work activities without accommodation for the elderly and for persons incapable of looking after themselves.
- Other social work activities without accommodation.



Early childhood education and care is covered by another collective agreement concluded between the Ministry of Education and two of the most representative federations of trade unions from the education sector: the Federation of Free Trade Unions in Education and the Federation of Trade Unions in Education “Spiru Haret”. The agreement is a sectorial nationwide collective agreement which covers employees from institutions such as schools’ inspectorates, pre-university education units, and employees from other institutions and units related to pre-university education, subordinated to the Ministry of Education (and school inspectorates), which also includes early childhood education and care institutions.

### 5.1. Content analysis of collective agreements

The largest collective agreement by the number of employees covered was the above-mentioned collective agreement (that expired in 2022). The agreement firstly covers aspects related to (1) termination, execution, modification, suspension and termination of the individual employment contract; (2) working time; (3) working conditions and labour protection; (4) other wage rights; (5) other measures of social protection of employees; (6) members of the signatory trade union organisation and granting of facilities for signatories; (7) training and professional development; (8) trade union organisation rights and employees’ obligations. In contrast to the Romanian Labour Law, the collective agreement gave a detailed overview of all the aspects mentioned, offering some supplementary benefits regarding paid leave, other benefits, and training and development.

The collective agreement that covers employees from the early childhood education and care sectors is the collective agreement for pre-university education. This collective agreement covers aspects related to a) conclusion, amendment, suspension and termination of the collective agreement; b) working time and rest time; c) pay and other wage rights; d) health and safety at work; e) individual employment contracts; f) vocational training; g) other provisions relating to the rights and obligations of the parties. In addition to general legislation, the latest recent collective agreement from this sector included changes regarding flexibility of working hours (and remote work in the context of the pandemic), supplementary paid days off and an extended maternity adaptation period.

## 5.2. Other forms of social dialogue

Other forms of social dialogue include the Health and Safety Committee, a body that is mandatory in public/private organisations with more than 50 employees and optional for organisations with less than 50 employees. The committee aims to ensure the involvement of employees in developing and implementing decisions in the field of occupational health and safety. Henceforth, some social work organisations, especially some of the public bodies, often have this kind of committee.

One structure of tripartite social dialogue at the national level is the National Tripartite Council for Social Dialogue. The council is composed of members of the nationally representative employers' organisations, trade union confederations at the level of the President, members of the government appointed from all ministries at the level of the Secretary of State by decision of the Prime Minister and the President, and members from the Economic and Social Council (ESC).

In summary, the objectives of this council are consultation on the economic and social strategies of the government and the establishment of the guaranteed gross minimum wage in the country; settlement of conflict situations to maintain a climate of social peace; conclusion of social agreements and consideration of requests for the extension of the application of collective bargaining agreements at the sectoral level; discussion of trade union and employers' complaints addressed to the International Labour Office; consideration of reports on the revised European Social Charter; and review of the International Labour Organization (ILO) non-ratified conventions and proposal of measures to promote their implementation and ratification (LEGE nr. 367, 2022).

According to the Ministry of Work and Social Solidarity — Social Dialogue, other forms of social dialogue include tripartite social dialogue at the sectorial (at the level of ministries/central public administration) and local (at the level of each county prefecture) levels.

Another form of tripartite social dialogue is the Economic and Social Council (ESC). The Economic and Social Council is a public autonomous tripartite institution established for tripartite dialogue at the national level between employers' organisations, trade union organisations and representatives

of non-governmental associations and foundations of civil society (LEGE nr. 248, 2013). The roles of the council are to approve draft normative acts in specialised fields of the government, as well as legislative proposals of deputies and senators, inviting the initiators to the debate of normative acts; elaborate, at the request of the government, the Parliament or on its own initiative, analyses and studies on the economic and social realities; and signal to the government or Parliament the emergence of economic and social phenomena that require the elaboration of new normative acts. Further, the council participates in the consultation of many legislative initiatives for the social work sector (social work law, minimum wages, etc.).

### 5.3. Impact of European sectoral social dialogue

The organisations whose representatives were interviewed did not explicitly mention collaborations or affiliations with other European or international social partner organisations. The representatives expressed interest in social dialogue at a European level. Based on website content analysis, only two trade union federations were affiliated with the European Federation of Public Service Unions: the PUBLISIND Federation and the SANITAS Federation.

## 6. Conclusions and recommendations

Social dialogue at the care sector level in Romania is relatively scarce and primarily formal. The sector faces significant challenges, including precarious working conditions, low wages, and an ageing workforce. The most vulnerable workers are those who are institutionalised in an organisation but work in community-based/home-based/outreach services (such as a social parent, home carer, personal assistant, and professional personal assistant). These workers are also less likely to be covered by trade unions and collective agreements.

General recommendations for improving the social dialogue in the sector include: (1) identifying organisations and associations that can serve as employer organisations in the social dialogue (especially in rural areas); (2) measures/policies/information campaigns at both national and local levels to inform workers to attract and retain workers from rural areas under local institutions; and (3) concluding collective contracts at the social work/care sectoral level.

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## About the Author

Anamaria Năstasă, PhD, is a sociology researcher in the Department of Education, Vocational Training and Labour Market at the National Scientific Research Institute for Labour and Social Protection. She completed her PhD in Sociology in 2024 at the University of Bucharest with a thesis on reflexive modernity and artificial intelligence focusing on the discourses around risks and opportunities. Her current research interests and expertise cover topics related to science, technology and society studies (STS), computational sociology, social inequalities, school-to-work transition, digital skills, environmental sociology and labour relations. Her methodological expertise lies in both quantitative and qualitative methods.