



Challenges for Organising and Collective Bargaining in Care, Administration and Waste collection sectors in Central Eastern European Countries

Bulgaria: Care sector

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1. Methodological preface

The research activities were carried out between 1 March and 5 April 2024. They included: **desk research and document analysis** (current legislation in Bulgaria regarding social services: The Social Services Act (SSA); the regulatory framework related to the SSA¹; available reports and secondary analysis of data from previous studies); **website review** of nationally representative trade unions in Bulgaria and the Agency for the Quality of Social Services (AQSS) **internet database; interviews and additional discussions** with representatives of national trade unions in the country; municipal and regional trade union leaders in several localities (in a large city which is a district centre and in a small city which is a municipal centre); and representatives (employer/union member) of a particular social service operating in a Bulgarian village. **A total of five interviews** were conducted in accordance with the project's terms of reference². A large amount of information was collected during the interviews, which unfortunately cannot be fully included in this report. The **selection of interviewees** was made in order to reflect all territorial levels at which social services are provided, as well as the specificities of this economic sector in Bulgaria (in terms of legislation and other aspects of regulation; in terms of organisation and in relation to trade union organisation and social dialogue). The **statistics** used in the report are mainly taken from the website of the Agency for the Quality of Social Services (AQSS). The latest report of the Agency and the relevant figures, numbers and percentages referred to in this text are as at the end of 2022³. Where other sources of statistical information are used in this report, this is explicitly stated.

2. General characteristics of the sector

The social services sector in Bulgaria is regulated by **the Social Services Act** (SSA) and its implementing regulations on the activities of social service

¹ <https://lex.bg/bg/laws/ldoc/2137191914>

² A detailed description of all interview participants is provided in an Appendix to this report. Three trade union representatives and two employer representatives were recruited as respondents

³ The AQSS 2022 Report and any other reports of the Agency are accessible at <https://aksu.government.bg/za-agencziyata/dokladi-za-dejnostta/>. Immediately prior to the submission of the final version of this report, the Agency publishes the 2023 report on its website.



providers. **Providers of social services** in Bulgaria may be municipalities and territorial structures of the Social Assistance Agency, as well as private and other types of providers (e.g. NGOs) registered and licensed by the AQSS, which was established under the SSA and promulgated by State Gazette (SG) No 24 of 2019, as amended by SG No 101 of 2019. The AQSS acts as an **executive agency under the Minister of Labour and Social Policy** to control and monitor the provision of social services.

In recent years, there has been an "aggressive" entry of **non-public (private and NGO sector)** providers in the field of social services. This observation is based on the opinions of trade unionists expressed in the interviews but is also supported by the fact that since 2021 the number of newly issued licences and permits granted to non-public providers for the provision of social services is more than 500, according to the information on the website of the Agency for the Quality of Social Services. According to the interviewees, the entry of non-public providers has often been promoted by political forces (in the central government and local authorities) in the form of various projects and programmes specifically made available to this type of organisational actor. According to the interviewees, especially trade union representatives, non-public social service providers are often the reason for "outsourcing social services and putting them in private hands, whether they are NGOs or just private companies in some form, and they get it as a gift to enter this sector and [for the municipality] it means to escape responsibility".

The social services sector in Bulgaria has been subject to **continuous legislative reform** in an attempt to solve two simultaneously persistent problems: 1. the lack of sufficient staff in social services and 2. accusations (suspicions) of insufficient qualifications of those working in the system. As part of the legislative reform in the field of social services, the Regulation on the Quality of Social Services was adopted. The regulation was adopted by decree of the Council of Ministers (PMS). No. 135 of 22.06.2022⁴ **setting new state standards for the quality of social services, criteria for meeting these standards, basic principles for the development of quality development programmes by providers, methods for monitoring the quality of social services and the procedure for controlling, monitoring and evaluating the quality and effectiveness of social services.** As part of the quality standards for social services, the Regulation also sets out the minimum **requirements for**

⁴ <https://lex.bg/bg/laws/ldoc/2137223813>



the number and qualifications of the staff needed to provide the different types of social services, the requirements for the activity carried out by the staff in providing the different types of social services and the obligations of social service providers to ensure the professional and career development of their staff.

Recent legislative changes that allow **municipalities and mayors to change the way they budget for social services** should also be added to the ongoing reform process; an example would be the case of social services moving from a secondary to a lower-level budget⁵ provider and vice versa. Information from interviews with representatives of social services (as employers or directors of residential social services) suggests that they are hampered by the changes in the budgeting of social activities and would prefer to have their own budgets, i.e. to be secondary administrators of public funds. The lack of uniform budgeting practices across the country is also likely to create some additional tensions in the sector.

In Bulgaria, according to the AQSS classification, social services are broadly of two types - 1. **services provided independently** (e.g. 'assisted care') and 2. **services provided in a complex way** (e.g. in homes and day-care centres for the elderly, children and adults with disabilities, etc.). According to the AQSS information, **in Bulgaria 763 services are provided independently** (according to Article 15 of the Social Services Act) and **5 221 services are provided comprehensively in 1 226 social service places.**

The **number of users** according to the official AQSS data (end of 2022) is differentiated along these two types of services. Social services according to Article 15 of the Social Services Act (i.e. provided independently/individually) are provided to users from all target groups, depending on their needs and activities, in the following services: the highest number of users is reported to have used the social service **"Assisted support"** (19,860), followed by users who used the services **"Residential care"** (7,162) and **"Information and counselling"**

⁵ In accordance with the legislation the secondary and lower-level budget authorising officers shall apply a delegated budget in cases where this is laid down by law and where they are designated by the authorising officer responsible - in this particular case by municipalities and local mayors.



(5,524), the lowest number of users used the social service "**Provision of accommodation**" (21).

In terms of social services provided in a complex manner, the largest number of services are provided in the Family Accommodation Centre, Day Care Centre, Social Rehabilitation and Integration Centre and Community Support Centre. **The number of users in these centres is the highest, with a total of 39,905 people**, i.e. 70% of the total number of users in these places. The results achieved in relation to the targets set in the individual support plan for the users is 71%.

The **number of staff** in care is reported in the statistics according to the two types of services mentioned above⁶. The **total number of employees in social services provided independently** according to the establishment plan is 5803. The number of specialists (basic and recommended) is 2116, the number of non-specialists directly involved in providing services to users and supporting the functioning of social services is 10332. The number of non-governmental posts created by decree of the Council of Ministers (PMS) No 66⁷, programmes and projects, volunteers and civilian contracts is 1253. The number of vacant posts is 700 or 12 % of the total number of staff.

Concerning the number of employees in complex social services, the data presented in the AQSS 2022 report refer to the number of employees in 1226 places of integrated social services, where 5221 social services are provided. The total number of staff, according to the establishment plans is 11 480. The number of specialists (basic and recommended) is 6,500, the number of non-specialists directly involved in serving users and supporting the functioning of the social service is 4,711. The number of non-statutory posts recruited under Decree No. 66 of the Council of Ministers (PMS), Programmes and Projects, Volunteers and Civil Contracts, is 1359. The number of vacant posts is 743, i.e. almost 5% of the total number of staff on the establishment plan.

⁶ According to the Methodology, these are workers from Long-term care (LTC), who are caring for old people, disabled people, chronically ill people, as well as those in Social assistance centres (SAC), caring for people who are affected by greater or lesser social dysfunctions or life awkwardness. as these are the large number of social workers observed, where the text of the report does not explicitly state otherwise, it refers to these two categories.

⁷ <https://lex.bg/laws/ldoc/-1087358455>



It should be clarified that the above figures do not include staff working in nurseries, kindergartens, schools as medical and social workers (e.g. carrying out support activities for children with "special educational needs" (SEN)⁸. The institutions in which these early childhood education and care (ECEC) professionals work in Bulgaria are under the Ministry of Health and are members of separate trade unions of doctors, medical staff and other health professionals. Data on the number of medical staff working in kindergartens, day-care centres and other institutions providing non-hospital and outpatient care for children, such as medical-social care homes for children, hospices, national centres without beds, dialysis centres, centres providing complex services for children with disabilities and chronic diseases, etc. cannot be provided with absolute precision precisely because of the great heterogeneity of the types of social and medical services. For example, we know from the official statistics that at the end of 2021 there are 151 institutions for children of the above types outside kindergartens and nurseries with 1,939 beds, including with the largest number of hospices - 47 with 1,325 beds.⁹ As stated in the cited publication, compared to 2020, the number of beds in other medical and health care facilities is increasing slightly (by 0.2%).

The following table, taken from the NSI publication mentioned above, shows the number of medical staff (doctors, nurses, etc.) in 2021. To get a general idea of the total number of ECEC workers, it can be noted that on 31.12.2021, 2,170 doctors and 379 dentists are working in other medical and health institutions such as kindergartens and school offices under basic employment contracts. Some experts, including trade unionists, as well as individual publications claim that there is a shortage of more than 30,000 nurses across the country¹⁰.

⁸ For the sake of convenience and clarity, hereafter in the text these workers will be referred to as indicated in the Methodology, namely Early child education and care (ECEC) - nurseries/crèches, kindergartens or shortly as ECEC only.

⁹ National Statistical Institute. hospital and outpatient care facilities and health facilities as of 31.12.2021.

¹⁰ Huge shortage of nurses in kindergartens and nurseries. Their motivation is extremely low 11.04.2024. accessible at <https://www.bgonair.bg/a/2-bulgaria/341490-ogromen-nedostig-na-meditsinski-sestri-v-detskite-gradini-i-yasli>

Table 1: Medical staff in Bulgaria

Medical staff	2020	2021	2020	2021
	Number		per 10 000 people of population	
Doctors	29 717	29 604	43.0	43.3
Dentists	7 312	7 499	10.6	11.0
Health care professionals	44 676	44 451	64.6	65.0
Paramedics	1 919	1 814	2.8	2.7
Midwives	3 251	3 264	4.7	4.8
Nurses	29 160	28 816	42.2	42.1

Source: NSI

According to the membership figures of the two nationally representative and largest Bulgarian trade unions, the unionisation of this type of workers can be estimated at around 6,000 people. Again, according to the data provided by the trade unions, the number of this type of workers - medical and social workers in institutions such as schools, kindergartens, nurseries, etc. - in the country is between 8,000 and 10,000 workers, which in practice would mean that this is a relatively high proportion covered by trade unions (around 60%).

The conclusion is that, according to the official statistics of the AQSS, the coverage of social services in Bulgaria is below the full level of 100 per cent, but relatively good at around 70 per cent. It should be noted, however, that a number of other analyses, in particular by private research institutions, claim that coverage is much lower and remains much lower by European standards.

3. Major problems and challenges in the sector

Before analysing the problems of the social services sector in Bulgaria, two important clarifications should be made: 1. **the sector is not homogeneous.** It includes many institutions providing at least three types of care - social services in specialised institutions, residential social services and social services in the community. 2. **The legislation in Bulgaria does not define or refer to social care, but to social services.** According to the trade unions, the latter "fundamentally changes the focus".



Based on the observations and reports of NGOs, the main problem of the social services system in Bulgaria is its general underdevelopment and insufficiency in the sense of a **shortage of beds**, both in terms of the number and ratio of available beds/places in social care institutions to those in need (IME 2022)¹¹. In Bulgaria, according to various reports, the proportion of the population aged 65 and over in need of long-term care is 28% (ibid.). In the European Union, Bulgaria is at the bottom of the ranking with 31 beds per 100,000 inhabitants, which is more than 40 times less than the countries at the top of the ranking¹². Eurostat data also show that a relatively large proportion of those in need of care in Bulgaria do not receive it. The share of households that need social services but do not use them due to financial reasons in Bulgaria is 65.1% (compared to 35.7% in the EU), and the share of households that do not have access to these services is 13.3% (compared to 9.7% in the EU). According to an IME report (2022), Bulgaria is also the country with the lowest share of use of care in publicly funded institutions - 0.5% compared to 3.6% in the EU¹³. Access to home care in the country is also extremely low - 0.6% compared to 5.8% in the EU (ibid).

The above facts, as well as other problems concerning children in, for example, kindergartens and nurseries, are highlighted as reasons for a **never-ending process of reform in the sector of social services**.

Unfortunately, every successive health minister has set a lower bar. And nothing is being done to actually make it happen. Our (outgoing) minister's view is that the independent nurseries and nursery groups in kindergartens should be taken out of the Ministry of Health and handed over to the Ministry of Education. He thinks they will do a better job. But we (the trade unions) disagree, because I cannot imagine that a teacher would deal better with a one-year-old in a nursery than a

¹¹ Institute for Market Economics. 2022. Challenges for the activity of social workers in Bulgaria. The report was prepared under the IME project "Reducing Poverty and Inequality of Opportunity through Reforms in Social Transfers and Services "

¹² One way of calculating need is as access to care is compared to the number of publicly funded long-term care beds.

¹³ The reasons for this are complex - from low trust in public (most commonly) residential care for adults and children through the model of mutual assistance within the family circle, typical for the Balkan countries, to the probable lack of sufficient places and/or spatial access in certain areas of the country. For further information on this issue see Jeleva, 2023. 'Labor Market Participation, Informal Caregiving and Quality of Life of Elderly People in Bulgaria'. *Postmodernism Problems*, 13(1), p. 26-41. <https://doi.org/10.46324/PMP2301026>.



medical professional who is trained to do just that" (Interview with a leader of a trade union confederation).

Another issue highlighted as a reason for the never-ending reforms in the social services sector is the **ageing workforce**. According to the interviews, the percentage of older social workers (55+ and even beyond retirement age) in Bulgaria is between 70% and 50%. This often results in the need for employers (municipalities and mayors) to pay higher gross salaries (because of seniority bonuses), which in turn requires them to provide the so-called "social service co-financing" as a supplement to the standard provided by the relevant ministry (Labour and Social Policy or Health) for the maintenance of a particular social service. **The underfunding in many areas** (municipalities and localities in the country) is a serious problem, as there is no way to force local authorities to pay extra for social services, and this has a direct impact on the salary level of social workers.

Thus, other major problems faced by social service workers include **poorly regulated legislation, low pay** and poor **working conditions**, which in turn affect the **quality of the service** provided. **With regard to the training and retraining of social service staff**, although the law provides for it, in practice there are too many obstacles to its implementation, which is often left to the head of the social service itself.

As a result, in many small settlements, social services, especially those providing residential care, are unable to find **enough staff** for their work.

Our main problem is that it is becoming increasingly difficult to find people who want to work in our services. Especially in residential care, which is staffed around the clock. A lot of people have started to work in this way, looking after elderly people in their homes. (Interview with director of a social service provider)

In combination with ageing, the problem of (insufficient) staff tends to get worse.



4. Characteristics of social dialogue organisations in the sector

Social dialogue is implemented through the **structures of the two largest national trade unions in Bulgaria**. These are the Confederation of Labour "Support" (CL "Podkrepa") and the Confederation of Independent Trade Unions in Bulgaria (CITUB - KNSB). The trade union structures 'covering' the three categories of social care workers of interest in this project are as follows: For ECEC workers within CT "Podkrepa" it is the Medical Federation "Podkrepa" and within the CITUB it is the Federation of Trade Unions in Health Care. At the national level, the other two types of social workers (long-term care - LTC and social assistance centres - SAC) are often included in a union structure together with other economic activities (e.g. administration and/or health). In a sense, this was identified as an obstacle and/or difficulty by "regular" trade unionists or local union leaders we spoke to, who regretted that they "don't have their own (branch) union like, for example, school teachers", which is very strong at branch/sector level. Unlike medical social workers, who can enter into sectoral Collective Labour Agreements (CLAs), the highest level of CLA for social workers in long-term care (LTC) and social assistance centres (SAC) is the municipal CLA.

4.1. Challenges for organising employees

The **need for better legislation** and the **lack of sufficient funding** were mentioned in almost all the interviews as the main challenges for social dialogue in the sector. Within the framework of the law, the trade union at national and regional level offers all its support. Wherever there are structures of both unions, they work together in social dialogue and especially in collective bargaining. There are many places where only one union has structures (trade union sections) and the other is not involved in the bargaining process. There are no precise statistics on the unionisation of social service workers. According to the interviewees, **one of the unions includes about 80-90 separate trade union sections, and in about 95% of all structures there is a collective labour agreement (CLA), either of one type or the other, or both**¹⁴.

¹⁴ It is possible for the mayor to sign a basic CLA, and for each company, if they have enough money, to negotiate something above that. Though it happens rarely.



In general, and regardless of the specific trade union structure at national level, **the unionisation of social workers in Bulgaria still leaves a lot to be desired** (their coverage is rather defined as low or insufficient), although there is no precise information on union density and this statement is based on the opinion of the respondents. Barriers to greater unionisation include: a lack of information, but also a lack of confidence in the contribution and role of trade unions in improving working conditions in the sector and/or the specific social service, as well as the individual well-being of each worker; the existence of a large number of private social service providers that do not allow trade unions; the lack of resources in some municipalities that can be further allocated to social negotiations and collective agreements (e.g. as a supplement to the bonus fund, etc.).

Union density as a proportion of total employment is not high. So here I define the level of unionisation as rather unsatisfactory. The level of collective bargaining by the unionised I would define as rather good. We have almost no, I can only think of one institution, one service where we do not have a collective agreement. But the two things are different - in terms of density, in terms of the number of people covered out of the total workforce, we are rather low. But in terms of collective agreements, in the sector where we have them, we're quite good (Interview with national trade union leader).

Regional imbalances in the provision of social services should be added to this: the desk research and the information from the interviews showed that different municipalities deal with the problems in the social services sector in different ways. And this does not only depend on the size or the financial situation of the municipality concerned (its capacity to supplement the state aid according to the standard set by the legislation¹⁵). Often it is a **question of understanding on the part of the mayor** concerned and also of **good communication between the local authority and the trade unions**.

Certain problems for social dialogue in the sector could be posed by the existence of different standards for the care of users in various types of social institutions (e.g. the resources of elderly people with dementia, people with

¹⁵ The standard includes salaries, additional class remuneration, includes payment on retirement, includes all elderly maintenance, food, heating, lighting, absolutely.



mental disabilities, people with mental retardation are higher than those of old people's homes), as this has a direct impact on the level of remuneration of social workers. This means that with so many different types of social workers and in the absence of a common (sectoral/branch) trade union, the scope for trade union action on pay and benefits is very limited.

Good practices for organising employees

The good practices should be examined in the context of **regional specificities and local unionisation**. For example, in the regional city studied, one of the two unions is very strong locally, mainly because of its local leader, and "*all social service workers in the region are covered by collective agreements*", while in the small municipal centre, only the other union is represented, and all social service workers are its members. At the same time, the **social dialogue between union members in the sector is described as "very good", regardless of which of the two unions is involved**. The websites of the trade union structures also show that there is a great deal of union activity: for example, during the interviews themselves, the union of medical social workers in the capital organised protests and won pay rises.

4.2. Characteristics of employer representation

Medical and social institutions and public educational institutions such as nurseries, kindergartens and schools are directly under the authority of the municipalities. **The employers are therefore the mayors of the area or municipality concerned, and all types of employment contracts are concluded with the local mayors**. Unlike social workers, medical staff in kindergartens and nurseries are covered by sectoral and national labour agreements, but only as a framework which they are obliged to respect. Often their obligations in relation to social workers are not properly understood because mayors and local authorities in general lack information about the role of trade unions.

There's a lack of such information [about the role of trade unions] among workers, just as there's a lack of such information among employers: mayors, service managers. Perhaps it is time to dispel the myth that trade unions are bad for employers. On the contrary. I'm meeting wise employers who realise that unions are, above all, a one-sheet that they can use, especially for budget organisations, to ask for



*more money for them, more attention for their sector. **For me, they [employers and unions] are on the same side of the table. They are negotiating for better conditions for their own workers and we are negotiating for our own members, which is the same thing.** (Interview with a national-level trade union leader)*

Another case is where the mayors of localities or municipalities **do not have sufficient resources to co-finance additional social services delegated by the state**. The lack of resources in municipalities hampers social dialogue with trade unions and collective bargaining, even in cases where CLAs had previously existed at municipal level. In 2024, this was the case in the capital city of Sofia, where protests organised by the two medical associations took place in front of the Sofia Municipality building, with medical professionals working in kindergartens and school offices demanding an increase in their wages, which were significantly lower than those provided for in the sectoral CLA at national level. The day after the protest, the mayor of the capital undertook to implement the demands to be included in the new CLA for child and school health services, negotiations on which began on 11 January 2024.

There are also private social services and private employers. Attempts by the unions to infiltrate these and set up a union organisation in the social service concerned (residential home or other type of specialised social service) have always been doomed to failure, according to the respondents themselves.

*"For me, the main problem in social services is the introduction of business into social services. **In Bulgaria we don't even talk about social care anymore, we talk about social services. We talk about users, not about people in need.** We cannot call a person who is disadvantaged for one reason or another a 'consumer'. Personally, it sounds to me like some kind of tick who is just consuming and getting something for nothing and has no contribution to make to society. So, for me, the main problem in social services is exactly that, because, as bad as it may sound, a huge amount of financial resources are being siphoned off through NGOs for social services that do not actually exist. So the funds that are in the budget, which are not small, are not going where they are supposed to go. An interesting trend is that the NGO sector has a preference for counselling services - day centres, centres for social integration and rehabilitation and for community support - and there is almost no interest in residential services, I understand that there are humanitarians, you know, people who - and I am by no means lumping together all the NGOs and all*



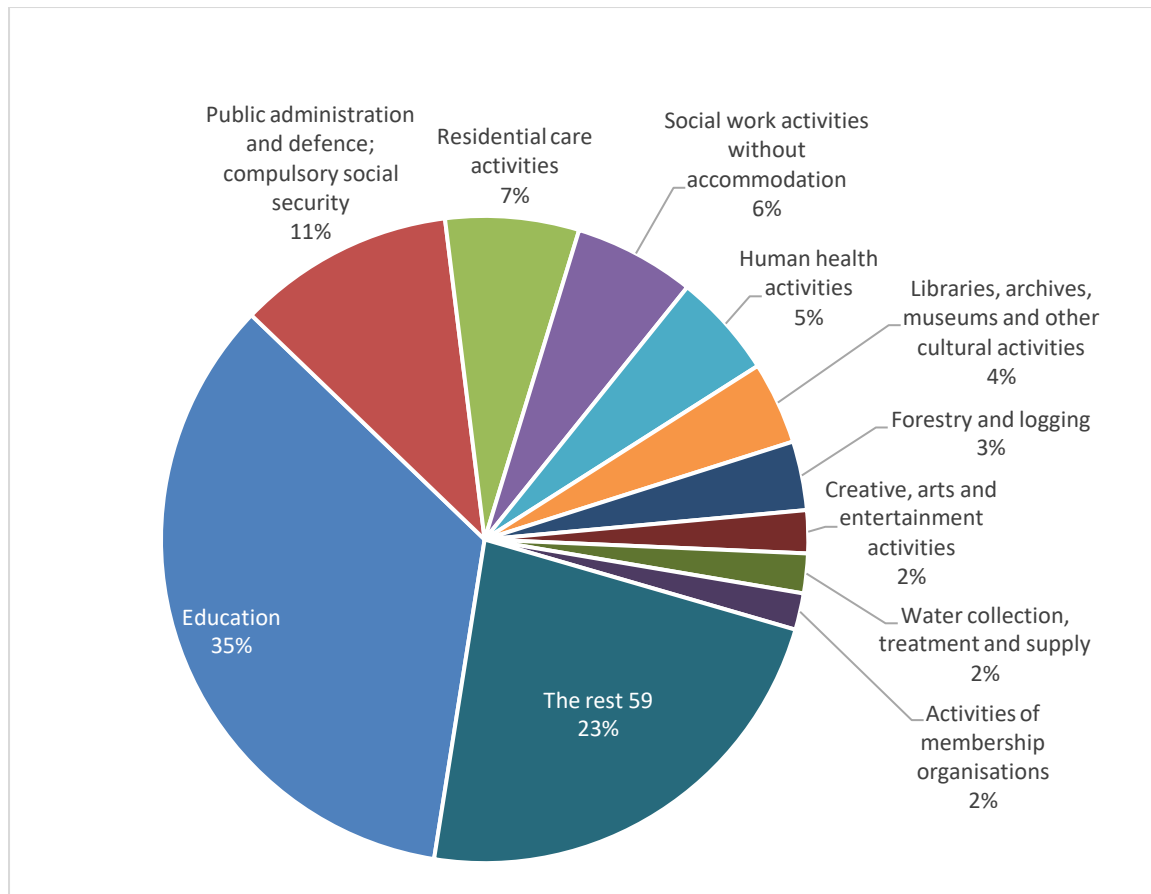
the private sector that are involved, on the contrary, I know the good examples of them. But the inclusion and, therefore, the gift to some NGOs creates the huge problem of social services. I can say, in confirmation of my words, that in the trade union ... we do not have a trade union section in any private social service. All our sections, all our members, are in municipal services, in those that are run by municipalities, by the government. There have been a few times when we've had sections set up in NGOs and they've been crushed because of the norms'. (Interview with a trade union leader at national level)

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

As indicated earlier in the analysis, **collective bargaining coverage in the social services sector is very high** in the organisations where the nationally representative unions are present. There are two types of collective labour agreement (CLA) in the sector. The first one is **between an employer and a union section within the organisation**. For example, the manager of an individual social service, such as a family residential centre, concludes a collective agreement with the president of the union section in that centre, which applies to the workers who are members of the union in that particular service. The other type is a **municipal level agreement with the mayor of the municipality concerned, which would cover all public social services with unions in the municipality**.

The following graph shows the number of CLAs concluded from January 2021 to the present, as the source of information is the NIPA.

Figure 1: Number of CLAs by economic activities A99 NACE.BG-2008, registered with the National Agency for Conciliation and Arbitration in the period 1.01.2021 to 27.04.2024¹⁶



The fig. 1 shows that the coverage of CLAs in the social services sector in Bulgaria is relatively good. **Out of a total of 1917 CLAs in 96 economic areas, those that directly affect social workers (economic activities 85, 87 and those in 88) account for a commutative share of 18%.** It should be noted that some social workers may be affected by CLAs in economic activity 84 (public administration) or 85 (education). **The figure demonstrates the relatively good coverage with CLAs, but there is still room for improvement in terms of attracting social workers as union members and building union structures,**

¹⁶ Accessible at <https://www.nipa.bg/%D1%81%D0%BF%D1%80%D0%B0%D0%B2%D0%BA%D0%B0-%D0%B7%D0%B0-%D1%81%D0%BA%D0%BB%D1%8E%D1%87%D0%B5%D0%BD%D0%B8-%D0%BA%D1%82%D0%B4/?lang=EN> on 27.04. 2024.



especially in non-public providers. Based on interview data, it appears that more than half (around 60%) of social service employees are covered by social dialogue and CLA negotiations.

Often the conclusion of a CLA is hampered by a lack of understanding by the employer of the benefits to both parties of such an additional agreement. Many respondents pointed to another feature of CLAs, namely the **lack of a clear legal framework**. According to them, the obligations of employers and unions in the CLA negotiation process are not clear. The procedure for concluding a CLA itself remains very unclear in the legislation. The current legislation only clearly defines that "*the employer must start negotiations at the request of the trade unions, without specifying when (within what timeframe) these negotiations should be concluded*". In this context, it is not uncommon for negotiations to drag on for more than two years and for union members to lose faith in the power of collective action.

I think the lack of information is the root cause. As well as the clear commitments that both (sides) have. I think that changing the legislation on the collective bargaining procedure would help this process. Both sides would know what commitments they have in the negotiation process and the other side. They will also know when it is over and what will happen at the end. Everything will be clear and we won't be playing the role of watchdog and robber between employers and unions. (Interview with trade union representative at national level)

5.1. Content analysis of collective agreements

Regarding the content of the CLA, it should be clarified that the elements of payment are usually not included, mainly due to the specificity of the determination of payment in the social sphere, namely as a consequence of the state standards for maintenance in the relevant social activity (e.g. for an adult with a mental disability, for a child in kindergarten, etc.). The last changes in these state standards were made in 2022.

There are other elements that are subject to the CLA. As some of the trade unionists interviewed pointed out: "*Wonderful things, both tangible and intangible*".



Awards on the day of the social worker, mainly **extra leaves and additional holidays**, some benefits and additional pay rises, undoubtedly this is the foundation of any collective agreement, an extra day on your birthday is more of a symbolic gesture, but the employer gets much more out of the worker than he gives. There are many examples. The social worker's day is the most appreciated by the employees: *"Even if it is 50 or 100 leva [25-50 euro], the fact that they give you an award because of the holiday you have is so"*.

A collective agreement has a lot to offer us. More and more favourable conditions, but for us the most favourable conditions, the only ones that we benefited from were in terms of leave, because the code allows 20 days of leave. We took an extra 9 days - 29 days under the CLA. (Interview with a trade union member)

5.2. Other forms of social dialogue

During the project's research activities, and particularly during the interviews in the district municipality, the medical social workers **staged a protest**. This is another tool available to the unions to make demands. At the same time, trade unions in the capital, Sofia, were trying to negotiate a new collective agreement.

As union representatives shared during the research, the **state standards for child support** have not been "touched" for almost two years: *"They haven't been touched since July 2022, or if they've been increased, it's per a child, which can't really lead to a good wage increase. And on this issue, many municipalities like Sofia are lagging behind in terms of wages, and there is a huge difference between the basic salaries of professionals - medical and social - in one municipality and another"*.

For example, in Sofia municipality all medical and social workers currently work on a basic salary of 1350 BGN (about 675 euro), and there are municipalities where the basic salary has already exceeded 2000 BGN (about 1000 euro).

"This is because, in addition to what is agreed in the industry, there is a constant fluctuation of children and the staff who are working are mostly ageing. I mean, about 70% are of retirement age and therefore the gross salary becomes high, the employers cannot pay it and



therefore cannot raise the basic salary. In municipalities such as Varna, Burgas and Blagoevgrad, for example, there is already a basic salary of BGN 1950-2000, because the mayors there comply with the Law on the State budget, where they are obliged to top up if the money they receive from the Ministry of Finance is not enough, because these are delegated activities.” (Interview with trade union leader at sectoral level)

It should be noted that the aforementioned protest by medical social workers in Sofia was successful and the city government agreed to negotiate with the unions.

5.3. Impact of European sectoral social dialogue

On the basis of all the interviews, we can say that **the impact of European social dialogue on the Bulgarian reality of social services has been modest**. In general, the interviewees stated that they knew little or nothing about EU regulations and European social dialogue. This was true at all levels of trade union participation covered by the current interviews, both rank-and-file trade union members and trade union leaders. All of them unanimously indicated that **they would like to learn more**, either through information camps and knowledge transfer from Brussels to Bulgaria, or through very practical training (workshops) on specific topics (minimum wages; standards; participation of non-public service providers, etc.).

Perhaps the work of the European Union in this direction and of the European Commission should be more objective and insist that countries share certain policies in this direction. On the other hand, with regard to collective bargaining and the new directive, I think that the European Union should work actively in this direction, if it can help in any way. (Interview with trade union leader at district level)

6. Conclusions and recommendations

Conclusions

1. The social care sector in Bulgaria is quite heterogeneous, covering a wide range of types of services and different social institutions for the whole range of people in need (children, adults with disabilities, children with disabilities,



elderly, etc.). Some of the reforms are in their initial stages, while others are more advanced. Overall, there are new standards (from 2022) for all types of social services and for all social care providers. A special agency for the quality of social services has been set up, but its capacity (about one hundred people, according to interviewees) is woefully inadequate. However, it should be noted that since its establishment the Agency has been collecting official data on the number of social services, social institutions, private and other non-public providers. In general, the reforms are aimed at shifting from social care to social services, which according to the representatives of the sector interviewed is problematic in itself, as well as at the entry of new non-public actors in the field of social services, which in turn allows municipalities to reduce their responsibilities and transfer them to others.

2. There are many problems in the care sector, ranging from the constant pressure to reform, which very often leads to changes in regulations and other relevant legislation, to the ageing and insufficiently qualified staff.

3. The level of unionisation in the social services sector as a whole is considered insufficient and at the same time trade unions in Bulgaria have a high level of coverage with the CLA in the social services sector. The exceptions are non-public (private and NGO) service providers and some municipalities, which are not covered by trade unions.

4. Changes are needed in the legislation on the collective bargaining process to clearly define the process itself, the obligations of the parties involved in the process, its beginning and end and similar elements of the CLA.

5. Although unification into a single (sectoral/ branch) trade union at national level seems impossible, a greater degree of coordination and better communication exchanges could be useful. Exchanges of practice between different unions in different social services (at all levels, not just up the chain to national level) could benefit and encourage individual union members.



Recommendations

1. Unionisation in the care sector should be strengthened. At the moment almost nothing has been done with regard to non-public providers of care services, be they NGOs or private companies.
2. Unions are not involved in staff training and have limited leverage to influence skills and retraining. There is a lot of work to be done in this direction by the trade unions, such as disseminating good practices with other countries, European models and legislation, etc. Training agreements could also be developed in a more meaningful way in the CLA.
3. There was a lack of knowledge about the European social dialogue at all levels of trade union organisation. Interventions and actions are needed at both national and European level to fill this gap, including relevant awareness-raising campaigns, training, etc.
4. Although the process is irreversible, the entry of non-public social service providers must be evaluated and done in a transparent and highly accountable way.
5. The Agency's capacity to monitor the quality of social services must be strengthened so that the supervision of social care provision can be effective and preventive (e.g. monitoring).



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Appendix 1: Respondents interviewed in the care sector in Bulgaria

Interview Number	Respondent's profile
Interview 1	Trade union leader at national level
Interview 2	Trade union sectoral leader
Interview 3	Trade union leader at district level
Interview 4	Trade union member; Director of social service provider in a district centre (of the type Social assistance centres (SAC))
Interview 5	Trade union member, Director of social service provider in a village belonging to a small municipality (of the type Long-term care (LTC))