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PESSIS 2

**PROMOTING EMPLOYERS' SOCIAL
SERVICES ORGANIZATIONS
IN SOCIAL DIALOGUE**

**COUNTRY-CASE STUDY:
BULGARIA**

Author:

Lyuben Tomev

Tatiana Mihailova

Ekaterina Ribarova





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INTRODUCTION

This case study has been developed within the scope of the European project PESSIS 2: Promoting employers' social services organisations in social dialogue, which covers the period from November 2013 to December 2014. The project is funded by the European Commission's Programme on Industrial Relations and Social Dialogue and is supported a broad partnership of European and national organisations representing social and health services providers, in close cooperation with the European Federation of Public Service Unions (EPSU).

The project focuses on the social and economic role of the social services sector and its major contribution to employment and growth in Europe. It is the follow up of the realised in 2012 project PESSIS with participation of 11 countries and represents the second step of a longer term process aiming at establishing a representative platform for employers in the social services sector at European level. In the long term, the project has set the ambitious goal to contribute for the establishment of a European social dialogue committee in the field of social services.

Within the project framework is intended to develop six reports describing the situation in the countries – project partners: Bulgaria, Czech Republic, Italy, Latvia, Poland and Sweden. The aim is to outline the structure, operation, subject area and the results of social dialogue in the field of social services in the countries involved in the project.

The project will enable to overcome the lack of qualitative and quantitative data on labour and social issues that are subject of the dialogue in the social services sector, and to outline the organization and structure of social dialogue in this field, the role of employers in the process of dialogue and obstacles for its effective implementation.

According to the general framework adopted by the project partners the case study report has to address the following four research questions:

1. What is the size of the social services sector, both in terms of workforce and of employers?
2. How well represented is the sector in terms of number of employers and workers covered by collective agreements?
3. How many employers of the sector are involved in social dialogue and at what level?
4. What are the key labour issues dealt with and at what level?

In order to ensure comparability of results across countries, the project uses the following basic terms:

Social services

“Social Services” is a term that can be interpreted differently in Europe, but for the project PESSIS 2 major groups that are under consideration include:

- Long-term care for the elderly;
- Care and rehabilitation for people with disabilities;
- Child care.

“Social Services” may also include:

- Services for homeless people, unemployed and other support services for disadvantaged groups.

Social dialogue

For the project PESSIS 2 term Social dialogue is defined as “dialogue between management and labour”.

The definition used in Bulgaria and stipulated in the Labour code is as follows:

‘State shall carry out the regulation of labour relations and the immediately related relations, the social security relations and the living standard issues after consultations and through dialogue with the employees, the employers and their organisations, in the spirit of cooperation, mutual compromise and respect for the interests of each of the parties’.

Methodology

The methodology for the development of the report includes several complementary tools: desk research (analysis of literature); in-depth interviews with key actors in the sector and content analysis of existed collective agreements, allowing combining qualitative and quantitative methods and subjective and objective sources of information.

The methodological work on the project is implemented in three stages (identification and analysis of the literature, conducting key informant interviews and content analysis of collective agreements at all levels negotiated in the social services sector).

Desk research

On the first stage of work on the project by the method of secondary analysis of the documents were examined existing legal framework with legislation and strategic documents and as well as studies available.

Within the desk research was identified a significant amount of documents¹, including laws, national and regional strategies, reports of the Ministry of Labour and Social Policy, Social Assistance Agency and the State Agency for Child Protection, national reports and studies. The analysis of these sources outlines the development of legislation and policy related to the social services sector as well as the social service sector in Bulgaria at different stages of development in the past 25 years.

¹ See Bibliography

Most of the identified studies describe the existing at the time of publishing legislation and the situation in the sector and provide suggestions for future development. Some of them are devoted to the social services for children or adults with a focus on long-term care. There are few studies devoted to the quality of social services. Part of the studies is based on surveys. These documents are a good basis to highlight the social services sector, its structure and development over the past 15 years², but do not provide enough information in terms of the research objectives of this project.

Unfortunately, the study found that in general, there are no studies relating to the employment and labour issues in the sector, as well as studies concerning the development of social dialogue and collective bargaining. We identified only two studies that examine the employment situation and somewhat labour and social problems of employed in the social services sector.

Most full and reliable information on employment in the sector and available social services in their different varieties contain the annual reports of Social Assistance Agency and the State Agency for Child Protection³.

In-depth interviews with key actors in the sector and in the social dialogue

The team developed seven questionnaires for in-debt interviews with different scope and content considering the interviewee position and level of management in the social services sector and in social dialogue.

The selection of individual respondents to be interviewed was motivated by the research tasks related to the general methodology of the study as well as the need to cover all levels of management of social services and also to include the trade unions involved in social dialogue.

Face to face interviews (with one exception) was conducted with the following stakeholders⁴:

- Deputy - Minister of labour and social policy (online);
- Director of “Social assistance” Directorate to the Social Assistance Agency;
- President of the Federation of Independent Trade Unions and Governmental Organisations affiliated to the Confederation of Independent Trade Unions in Bulgaria (CITUB);
- Vice-President of the Federation of Trade Unions in healthcare affiliated to CITUB;
- President of the Board of Directors of the Association “Society for all” (NGO);
- Director of the Home for elderly people “Longevity”;
- Trade union leader of the Home for elderly people „Longevity”.

² The first ever Law on social assistance was adopted in 1998.

³ Statistical information for the social services sector as a separate economic activity is presented also by the National Statistical Institute only since 2007. Before 2007 the sector was consolidated with healthcare

⁴ See Annex 1

The consultation on the development of tripartite social dialogue on issues relating to the social services sector was also held with the Executive Secretary of CITUB, in charge of social policy and social inclusion and a member of the National Council for Social Inclusion.

The questionnaires for the interview contained questions about the development of the sector, the problems in the sector and how the respondents see the ways to resolve these and the level at which it can be done. Also were included specific questions about the problems the labour force in the social services faces.

Trade union leaders were asked also about their experience of social dialogue, the structures that exist to support social dialogue, issues related to trade union membership by type of social services or levels of management of the sector, the collective bargaining coverage and scope, main shortcomings and successes of collective bargaining and the role of social dialogue for improving the working conditions of social workers⁵.

All interviews were recorded and transcribed.

Content analysis of collective agreements

The content analysis includes:

- Sector collective agreement in the health care;
- Collective agreement in the Agency for social assistance;
- Agreement for civil servants in the Agency for social assistance;
- Municipal collective agreement for social activities and health development of the municipality of Varna;
- Collective agreement for the employees in the Home for elderly people” Longevity”.

The draft case study report (in Bulgarian) has been presented to all interviewed for comments. Their proposals and comments have been reflected and the case study report was translated into English.

The case study report is structured in the following 6 chapters:

1. Social services sector in Bulgaria
2. Collective agreements and other agreements
3. Social dialogue in the social services sector
4. Future prospects for social dialogue in the social services sector
5. Promotion of the European social dialogue in the social services sector
6. Conclusions and recommendations

⁵ The national legislation no longer uses the term “social worker”. For the purposes of this project, it is used more generally and covers all employed in the social services sector.



1. THE SOCIAL SERVICES SECTOR IN BULGARIA

1.1. DEFINING THE SOCIAL SERVICES SECTOR AND THE TYPES OF SOCIAL SERVICES

1.1.1. Legislative framework

Social services are defined in the Law for Social Assistance (LSA), adopted in 1998 and amended several times since then.

In the LSA, Social Services are defined as activities aimed to supporting the social inclusion of disadvantaged group and helping them to live in dignity. These activities are carried out by specialised institutions, by non-profit organizations (NGOs) and individuals. In all cases, regardless of who performs services, they are designed for a particular territorial and demographic community. Social services are not aiming to pose the beneficiary of a given social service in dependence on the service or the institution. Social services are based on targeted social work in support of persons to carry out daily activities and their social inclusion and are provided in accordance with the will and personal choice of individuals.

According to the Regulations for Implementation of the Law for Social Assistance (RILSA) social services are divided into two major groups – social services provided in the community and social services in specialised institutions. Social services in the specialised institutions shall be conceded after depleting of the opportunities for implementing of services in the community. Social services provided in the community are provided in the family or family-like environment.

According to the RILSA community-based services are:

1. Personal assistant;
2. Social assistant;
3. Home assistant;
4. Home social patronage;
5. Day centre;
6. Social rehabilitation and integration centre;
7. Social service – residence type;
 - a. family type accommodation centre;
 - b. temporary accommodation centre;
 - c. crisis centre;
 - d. provisional residence;
 - e. protected residence; f) monitored residence; g) shelter;
8. Social education-professional centre;
9. Mother and baby unit;
10. Social support centre;
11. Centre for working with children in the street;
12. Foster care;
13. Public canteens.

Institutions specialised in provision of social services are as follows:

1. Homes for disadvantaged children, being:
 - a. Orphanages;
 - b. homes for physically handicapped children;
 - c. homes for children with mental disability;
2. Homes for elderly handicapped persons, being:
 - a. homes for elderly persons with mental disability;
 - b. homes for elderly persons, having mental disorders;
 - c. homes for elderly physically handicapped persons;
 - d. homes for elderly persons, having sensory disorders;
 - e. homes for elderly persons, having dementia;
3. Homes for old persons.

This list is not exhaustive According to the needs of the population of each municipality other kinds of social services can also be opened.

Social services suppliers and management of the social services provision

According to the Bulgarian legislation (LSA) providers of social services are: the state; municipalities; Bulgarian physical persons registered under the Commercial Law and legal persons; individuals engaged in commercial activities and entities established under the laws of an EU member- state or member-state of the European Economic Area.

All providers of social services (excluding state and municipalities) can provide social services only after being registered in the Agency for Social Assistance (ASA). Approximately 20% of the total numbers of social services that are delegated by the state are managed by the registered suppliers.

State as a social services provider

According to the LSA, the state provides for the implementation of social services. The Council of Ministers is the main policy-making authority in the social assistance and social services field.

The Agency for Social Assistance (ASA) is an executive agency of the Ministry of Labour and Social Policy. Territorial divisions of the ASA are Regional Directorates for Social Assistance in the regional administrative centres and Directorates “Social Assistance” and departments “Child Protection” in municipalities.

ASA provides methodological guidance and control over all social service providers. It maintains a special register of social services providers. At the Executive Director of ASA, a special Inspectorate was established that supervises the observance of the established criteria and standards for the social services provision. The Agency should coordinate and supervise the planning and development of services and should develop

criteria and standards for service quality. ASA is entitled to issue permits for opening, closing, changing the type and capacity of social services when delegated by the state. ASA participates also in the drafting of legislation in the field of social assistance and social services.

The Ministry of Health (MoH) is responsible for social services provided in the institutions for medical care for children, elderly persons and persons with disabilities. MoH jointly with the State Agency for Child Protection (SACP), which is a body of the Council of Ministers for the management, coordination and control in the field of child protection, develop Ordinance on the criteria and standards for social services provision for children. SACP issued licenses to the providers of social services for children.

Municipalities as social services providers

Social services in Bulgaria are decentralized, and their management is entrusted to the mayors of the municipalities. This fact is extremely important in terms of the opportunity for municipalities to develop and manage services for disadvantaged people and children based on the specific needs of certain services. The mayor manages social services in the municipality that are delegated state and local activities, and is employer of the directors of these services with the exception of the case of the management of social services for children up to 18 years. These activities require a license from the SACP. Municipalities may also be providers of social services, which are financed from municipal budgets.

However some researchers and representatives of the NGOs (Social Policies Platform) mentioned that the delegation of social services to the municipalities creates tricky situation, since the municipality acts both as provider of social services and institution responsible for offering the social services to private providers⁶.

Other social service providers

In order to encourage private entrepreneurship in the social sector and the partnership with the NGO sector the mayor can assign the management of the service to an external service provider (NGOs and private providers) after the tendering procedure under the RILSA. The tender is open to social service providers that are registered with the ASA, but when it comes to provision of services for children – to providers licensed by the State Agency for Child Protection.

As of the end of February 2014 the ASA registered 200 contracts for social service provision awarded by the municipal mayors. As a whole the number of registered providers of social services in the country is 697, of which:

- 109 providers of social services registered for the provision of social services in specialised institutions;
- 588 providers of social services registered for the provision of social services in the community.

⁶ Social Policies Platform (2009) White book: effective support through social services for vulnerable groups in Bulgaria. Main principles

Financing of the social services sector

Funds allocated for social services delegated by the state are in accordance with the Decision of the Council of Ministers for adoption of standards for social services during the given fiscal year. Aiming to provide sufficient and adequate to the needs of persons social services the 2014 state budget funds for services in community and in specialised institutions amounted at BGN 183 205 800, that is by BGN 6 168 200 million more as compared to 2013.

According to the LSA, the sources of funding of social services are:

- State budget;
- Municipal budgets;
- National and international programs;
- Donations from local and foreign individuals and legal entities;
- “Social Protection” Fund;
- Other sources.

The financing from the Structural Funds of the European Union (EU) is significant. Various programs and projects under the Operational programs provide for flexible financing for the operation of a number of social services. The budgetary framework for the implementation of five projects for deinstitutionalization of care for children, according to the adopted Action Plan for the implementation of the National Strategy “Vision for deinstitutionalization of children in Bulgaria” amounted to EUR 107 967 805. The main part is designed for the newly established community-based services, namely the accommodation of children leaving the institutions. Some other projects and programmes provide the opportunities for the expansion of social services in the community, while at the same time ensure jobs for the unemployed.

1.1.2. Policies and strategies – main dimensions of the reforms

In recent years were initiated significant reforms related to social services through changes in legislation and targeted policy. A number of strategic documents outline a new framework for social services provision, including: National Strategy “Vision for deinstitutionalisation of children in Bulgaria” 2010; National Strategy for Long Term Care 2014 - 2025, National Strategy for the Child 2008-2018, National Reform Programme 2012-2020 of the Republic of Bulgaria; National Development Programme: Bulgaria 2020; National strategy to reduce poverty and promote social inclusion 2020; National Concept for Social Economy; Updated National Strategy for Demographic Development in the Republic of Bulgaria (2012 - 2030) and others. These documents are implemented in the context of EU membership and are developed following the open method of coordination.

In general the changes are related to:

- Decentralisation - delegation of social services provision to municipalities, funding through delegated budgets;
- Deinstitutionalisation - understood as a two-way process –comprising the closure and conversion of existing institutions and creation of new community-based services as an alternative to institutional care;
- The emergence of new service providers, including greater involvement of NGOs and private services providers;
- Development of integrated cross-sectoral services (with an emphasis on joining up health and social care) that meet the specific needs of the persons and groups in risk and increase the opportunities for social inclusion;
- Ensuring maximum access through mobility and flexibility of services;
- Improved quality of services;
- Implementation of an individualized approach based on assessing the needs of service users
- Development of strategic planning of social services in districts and municipalities based on participatory approach.
- Development of networking in social service provision.

The latest amendments to the legislation related to the transition from services in specialised institutions to community-based services encourage the diversification of services and provision of quality services. This is largely due to the decentralisation of the services provision management and the involvement of NGOs who are more familiar with target groups' needs. This process is supported by the increased number of qualification and training programs for social service providers funded by the Operational Programme Human Resource Development (OPHRD).

In line with the amendments to the LSA made in 2010 the regions and municipalities are required to adopt five-year regional and municipal strategies and annual plans for development of social services based on needs assessment. In the period 2010 - 2011 28 regional and 256 municipal strategies were developed⁷. The approach to the development and implementation of policies also changed to include widely all stakeholders. However the social partners are not especially mentioned. It is obvious that their participation will largely depend on their initiative and commitment to participate in the processes of development and implementation of the strategies. In the authors view, one of the shortcomings of the vision of the Strategy for development of social services is its focus just on types of the social services and users of social services, while nothing is said about the employment and working conditions of the personnel engaged with social services, except some training measures.

⁷ European Foundation for the Improvement of Living and Working Conditions, More and better jobs in home-care services: Bulgaria, 2013

1.2. LABOUR ISSUES IN THE SOCIAL SERVICES SECTOR

1.2.1. Statistical profile of the social services sector

Social services for the elderly and people with disabilities

Social services for the elderly and people with disabilities are provided both by specialised institutions and in the community. Table 1 presents the type, number and capacity of key social services in 2013.

Table 1: Social services and specialised institutions for elderly and people with disabilities

As of 31 October 2013

n°	Type	Number	Capacity
Specialised institutions			
1	Homes for adults with mental disability	27	2 137
2	Homes for adults with mental disorders	13	1 036
3	Homes for adults with physical disabilities	21	1 315
4	Homes for adults with sensory disorders	4	133
5	Homes for elderly with dementia	14	825
6	Homes for elderly	81	5 593
Total:		160	11 039
Social services in the community			
1	Day centres for adults with disabilities	65	1 740
2	Day centres for elderly	50	1 304
3	Centres for social rehabilitation and integration of elderly	71	2 277
4	Social-Educational centres	7	447
Total:		193	5 768
Social services - residential type			
1	Sheltered homes	119	1 061
2	Monitored residence homes	17	104
3	Provisional residence homes	11	100
4	Centres for family-type accommodation	53	677
5	Crisis centres	4	45
6	Centres for temporary accommodation	13	625
7	Shelters	2	70
Total:		219	2 682
Total social services for elderly persons and persons with disabilities:		572	19 489

Source: Agency for Social Assistance, 2013

Some of these homes and centres, namely in the second group belong to organisations for social work activities without accommodation. Organisations for social work without accommodation are also various crisis centres, public canteens, home care. The Agency for Social Assistance (ASA) offers various services in community, such as personal assistant, social assistant, domestic worker and others.

The total number of social institutions providing services for elderly and people with disabilities is 572, with a predominance of residential type social services in the community - 219.

Social services for children and youth

In the social services sector there are also a number of social institutions - providers of social services for children and youth, including residential type.

Table 2: Social services and specialised institutions for children (including disabled), residential and non-residential type as of 31.12.2013

n°	Type	Number	Capacity
Social services in the community (including residential)			
1.	Community support centres	94	4037
2.	Centres working with street children	13	231
3.	Crisis centres for children	14	145
4.	Mother and Baby units	10	75
5.	Shelters	4	60
6.	Centres for family-type accommodation of children	104	1201
7.	Transitional homes for children	16	134
8.	Centres for social rehabilitation and integration of children	33	1205
9.	Day care centres for children with disabilities -	74	1947
10.	Day care centres for children and adults with disabilities	7	358
Total:		369	9393
Specialised institutions			
1.	Homes for children deprived of parental care from 3 to 6 years	12	415
2.	Homes for children deprived of parental care from 7 to 18/20 years	41	1938
3.	Homes for children with mental disability	23	1302
4.	Homes for children with physical disabilities	1	70
5.	Homes for medical and social care for children (under Ministry of Health)	29	
Total:		106	3725 *
Total social services for children (including with disabilities):		475	13118*

Source: Agency for Social Assistance, 2014

*Without those under the supervision of the Ministry of Health

The number of social services for children and youth (475) is smaller than that for the elderly. According to statistics the distribution of services is uneven in the planning regions and districts and the most disadvantaged are the small towns and villages with predominantly elderly population.

There is a trend of constantly increasing number of facilities for social services provided in the community. As of 28 February 2014 in the country there are a total of 1027 social services delegated by the state as follows:

- Specialised institutions for persons - 160;
- Specialised institutions for children - 75;

- Institutions for social services in the community for persons - 414;
- Institutions for social services in the community for children - 378.

The number of specialised institutions decreased by 16 compared to the end of 2012⁸ to reach 237 (77 for children and 160 for adults) at the end 2013.

In recent years as a result of the adoption of a National Strategy "Vision for deinstitutionalisation of children in Bulgaria" (2010) the trend is to close down the specialized institutions for social services and to place children in foster families or to support their growing with their own family at home.

The group of institutions without accommodation includes also crèches, which are considered day-care centres and cover as a rule children with parents and without specific disabilities or needs. There are also social services, such as personal assistant and social assistant (for children with disabilities), and foster care for children without parents or children from families with problems.

1.2.2. Employment situation in the sector

Employment in social services in Bulgaria is divided into two main groups of economic activities: medical and social care services and social work activities without accommodation.

Table 3 shows the dynamics of the number of employees in social services (except employed in the public administration) in the period 2008-2012. The care sector as an important part of the national economy and the labour market can be defined as a sector with significant potential for development⁹.

The sector is still underdeveloped and is still undergoing intensive restructuring; there is also a significant segment of informal employment. Due to that it is difficult to present an accurate picture of employment in the sector based only on the basis of the official statistics. It is also difficult to outline a long term trend of the employment as until 2007 the number of employees in the social care was given together with the number of people employed in the health care (Economic activity "Health and Social Care"). In 2008, the social care was separated from health care in "Socio-Medical Care with and without Accommodation in Institutions".

Official statistical data show a trend of employment growth in the sector, though delayed because of the crisis, with some fluctuations over the years.

In 2012, the total annual number of employed in the sector (employees except those in state and municipal administration) is 27,890 or 1.24 percent of the total number of employees in the country.

Although in the country still prevails the public sector provision of social services, the contribution of the private sector to employment is growing. Thus in 2007, the majority of employees are employed

⁸ According to data provided by the ASA

⁹ Beleva, Iskra (2010): Dependent Elderly and Gender Equality in Bulgaria.

in the public sector - 98.3% and 1.7% - are employed in the private sector. In 2008, the share of private sector employees increased to 2.2%, reflecting the reform of the deinstitutionalization of social services. The trend is accelerated and in 2012 the share of employment in the private sector is 5.2 per cent (1451 employees).

According to National Statistical Institute (NSI) data in the last quarter of 2013, the total number of employees in the two economic activities recorded higher growth reaching 30 019, or 1.36 percent of the total number of employees in the country.

Throughout the specified period a higher employment growth is observed in economic activity "Social work without accommodation", while the total number of employees in "Medical and social care with accommodation" displays a downward trend, which is mainly due to the deinstitutionalization of childcare.

Table 3: Employees under labour and civil service contract¹⁰ in social services, 2008-2012

Economic activity	Total	Women	Men
2008			
Medical and social care with accommodation	12655	10529	2126
Social work activities without accommodation	13993	12088	1905
Total:	26648	22617	4031
2009			
Medical and social care with accommodation	12560	10353	2207
Social work activities without accommodation	15430	13427	2003
Total:	26091	22181	3910
2010			
Medical and social care with accommodation	13161	10811	2350
Social work activities without accommodation	12930	11370	1560
Total:	26091	22181	3910
2011			
Medical and social care with accommodation	13286	10966	2320
Social work activities without accommodation	15377	13438	1939
Total:	28663	24404	4259
2012			
Medical and social care with accommodation	12831	10708	2132
Social work activities without accommodation	15059	13105	1954
Total	27890	23813	4086

Source: National Statistical Institute

There is also significant number of employees in the public administration who are engaged in social services (Ministry of Labour and Social Policy, Social Assistance Agency, the Agency

¹⁰ Civil servants are „appointed“ under the civil service contract by decision of an authorized public institution in accordance with the Civil Servants Law. Other public employees are employed under the labour contract in accordance with the Labour legislation.

for Persons with Disabilities, the State Agency for Child Protection, Ministry of Health).

Thus, in the Headquarters of the Agency for Social Assistance in 2013 there are 237 employees and in the regional offices – 4373. Of these civil servants in the central government are 178, and in the Regional Offices - 1121. The women prevail and are 88% of the total employed.

The age distribution is as follows:

- Up to 29 years old - 5, 9%;
- From 30 to 44 years old - 48.3%;
- From 45 to 59 years old – 41%;
- Over 60 years - 4.8%.

All employees in the Agency are Bulgarian citizens and they represent different ethnic groups in the country. However there is no official statistic by ethnic origin.

The employment in social services, including employment in the state administration structures is female dominated (over 85 % in 2012) as is shown in Table 3. The age groups over 40 years and even over 50 years prevail in the composition of the employment.

There is a significant share of people with low level of education that are employed in the social services and also representatives of the ethnic minorities. This trend is further increased as within the framework of various employment programmes have been ensured opportunities to provide training and jobs in the social services for unemployed. Moreover, the existing programmes allow for employment of persons who care for their relatives and family members (mostly disabled).

In 2011 - 3949 persons were temporary employed under the "Assistants to People with Disabilities" and another 5000 were employed as social and domestic / personal assistants under the "Care in a family environment to ensure the independence of older disabled people and people living alone" programme. In 2011, ASA organised training for 500 people for working as social and personal assistants. Recently, training for care workers is also organised by trade union confederations.

In 2010-2011 within the Operational Programme „Human Resources Development“ and in the framework of the adopted "National concept of social economy" were established 29 social enterprises with 235 new jobs for people with disabilities (mostly women) and were proposed 720 new forms of social services at homes.

1. 2. 3. General characteristics of the work in the social service sector

There are some specific characteristics of the social services sector that determine both the nature of work and employment in the sector and the challenges that the social dialogue and collective bargaining face.

- Many administrative structures and subordination to various departments and institutions. Thus, the part of homes and centres for medical and social care services

are under the Ministry of Health (MoH), other are under the Ministry of Labour and Social Policy (MLSP), in particular under the Agency for Social Assistance (ASA), but by the rule, they are monitored by the both ministries. Part of the institutions of both types (with accommodation and without accommodation), even if they depend on the state budget are under the management of the municipal administrations that receive the delegated budgets.

Some of the organisations are financed only by the municipalities, while performance standards are monitored by the Ministry of Health and MLSP /ASA. Some of the activities are outsourced – i.e., the NGOs and private companies are given the authority and functions to provide social services, which are funded by the state or by the municipalities. Further all organisations must be registered with the ASA, while the providers of social services for children must be also licensed by the SACP.

The complexity of administrative structures that elaborate policies, regulate and monitor the activities of organizations and individuals providing social services creates some problems in their work, in the formation of labour standards and in the regulation of the working environment. Due to that, often even small problems require enormous time and effort to solve them.

- The specific nature of the funding - it is mostly municipal and state. Each institution for social services may receive donations and sponsorships. Another type of financing is private and mixed payment of services or part of them is paid by the users or their relatives. NGOs – registered both in public benefit and in private benefit have access to delegated budgets of the municipalities. However this is not the case when it comes to financing through European funds. The organisations registered in private benefit do not have access to European funds.

At the same time, the regulatory requirements and funding mechanisms, especially the accounting rules do not always allow private funding and the use of market mechanisms for NGOs registered in the public interest, which receive budget funding. Adding the financing often depends on the financial capacity of the municipality and on the attitude and goodwill of the local authorities - mayors, municipal councils, and other municipal servants.

The complexity of funding and the existing restrictions on obtaining funding from various sources, in turn, limit the resources that can be used and this reduces the resources allocated to labour remuneration. Often balanced spending of resources depends mostly on the managerial skills of the management of the organisations. At the same time, the dependency from the local authorities requires usage of external (mostly local) sub-contractors for some services - transport, catering, buildings maintenance, even in cases when the particular organisation, if it is sufficiently large, can provide these services with 2-3 employees on labour contract.

According to the interviewed representative of the NGO, restrictive are not only delegated budgets, but also the lack of opportunities for implementing creative and competitive forms of providing additional income. Division of the non-governmental organisations into two groups – in public benefit and in private benefit usually restricts the latter to carry out some activities that can bring them revenue. For example, it is not allowed to sell food to the staff for a fee, or to take fees for the use of facilities - tennis courts, sports facilities, studios for art therapy and to sell items made during therapeutic art activities. All these sources can help to create temporary balance and to meet certain needs. The sector should have the discretion while observing accepted accounting rules for reporting revenues.

- Despite the recent amendments and updating, some aspects of the regulations are outdated, bureaucratic and hinder greater financial flexibility. Existing standards for maintenance, expenditure for consumables (heating, etc.), compensation of labour and others are outdated as is the correlation between them. Some problems are related to the separation of the social and health care, as drugs and medical observation are not covered by the standards for maintenance of the social care institutions and providing resources for them through the National Health Insurance Fund is difficult. The atmosphere of tensions gives rise to a specific shortage of medical staff for these organisations.

The number and professional characteristics of the personnel, engaged to provide the social services (both in institution and in community), follow certain standards and criteria as well. Overall, in the social services there is a relatively wide variety of activities and functions and different professionals are required. The work most often is not specifically administrative, except for the part of the civil servants. Most of the employees have specific functions related to work with people (mainly children, people with disabilities and older people) and the provision of different kind of care, which implies the physical load, but also communication skills. The work in the sector is associated with high load and stress. The complex working environment gives rise to various problems in employment and work in the social services sector and provides room for social dialogue.

1.2.4. Main challenges to employment and working conditions

According to some researchers and the participants in the interviews for PESSIS 2 project the issues related to the position of social workers in the labour market and their employment conditions (including wage levels, prospects for professional and career development and motivation) are not in the focus of the public interest¹¹. Despite the significant social value added of the sector and the prospects for its growing future importance in the economy, the sector does not enjoy high social prestige. Public attention is focused more on the overall labour market supply and demand, as well as on the sectors that are more prestigious.

11 Beleva, I., the cited publication

Along with this, it should be noted that already the social services sector in the country started to experience a shortage of labour, particularly skilled labour, because the country ‘exports’ people, mostly women, who provide social services in some European countries, mainly in Greece, Italy, Spain, Germany. The main reasons for this “care drain” are the significantly higher wages paid to social workers in other countries. This should be a warning signal for wage policies and development of human resources in the sector. Along with this, many of the emigrants working in care are illegal and experience violation of their rights and even exploitation, and this should be a case for the European social dialogue in the care sector.

The employment in social service organisations is relatively stable, despite the general frustration and lack of motivation to work in the sector. The turnover is not significant due to lack of other labour market alternatives, namely in times of crisis. But the age imbalance in the composition of workforce in the sector in favour of the older age groups suggests that in near future part of the social workers will leave the sector due to retirement, although quite a lot of pensioners continue to work. However, in general, there are not many young people interested to take freed jobs.

The general level of education and qualification of the employees in the sector is also relatively low (except in the administrative structures), although there exist various opportunities for training in universities and colleges as well as training offered by the Employment Agency and various training institutions - NGOs and private companies. As a result, there is shortage of qualified staff, particularly in smaller municipalities and settlements. The shortage of medical personnel is even worse.

The requirement for special skills of the personnel to work with the specific target groups and the unattractive work also restrict those who want to take up a job in social services. As a general national problem is mentioned that the graduates in social pedagogy do not work according to their specialty, and in most cases immediately after graduation they move to other areas. The main reason for not taking the work in the social services is the low pay and inattractive working conditions. There are also a large number of proposals for training in the field of social services, however the participants in the trainings are not keen to engage with the social care due to the same reasons. The lack of qualified and motivated staff leads to problems in the practice related to the lack of interest towards the users of social services or even inhuman treatment. „The human factor lacks motivation, the social workers are not well paid, their choice of occupation is often related to the lack of alternative, i.e. not found a better job”, according to interviewees.

In the work environment there is a number of problems, including specific requirements, stress and overload, overtime, night and shift work; shortage of funds for heating; outdated facilities and equipment, red type; even sufficient stationery and other consumables are lacking. Even in many units of the ASA in the country the working conditions are not favourable - often the offices are situated in disrepair buildings, there is danger to

the life and health of social workers and users of social service.

However, over the past five years there is a trend of improving conditions in the institutions for social services. Many homes are repaired and renovated – mainly with European funds. Overall, in the crèches the conditions are good, despite larger than the prescribed number of children in the groups. This, in turn, leads to stress, greater load of nurses and support staff.

It is very difficult to regulate the working time, due to the shortage of personnel. Certain categories of personnel are entitled to reduced working hours, but they do not benefit of it, due to the mentioned already shortage of personnel. In the smaller towns and municipalities there are also problems with transport and this also extended working time.

Throughout the system there are high morbidity rates caused by high workload, high responsibility, and the stress at the workplace. The Occupational Medicine departments registered high level of psychosocial risks, especially in homes for elderly and for people with disabilities.

The main challenges in the sector are low wages and the undervalued work. Over the years increase the importance of the pay related problems and the decreasing pay gap between skilled and unskilled labour. At the background of increasing statutory minimum wage, the difference between wages of certain categories of qualified personnel, such as social workers, educators, psychologists, kineze-terapeutists, medical staff and the auxiliary staff decreases to only about EUR 25. There are not medical doctors willing to work in such an environment with many patients, high responsibility and low wages (about EUR 300).

After the 2007 strike of social workers the wages were increased by 20 per cent. As the Table 4 shows the wages in the sector, despite the modest trend of increasing, remain very low, namely for those working in the ‘Social work activities without accommodation’.

In 2013 there is further increase of the average wage (AW) of the employees in social services. The average wage in the last quarter of 2013 in ‘Social work activities without accommodation’ was BGN 510 (about EUR 255) and BGN 537 (about EUR 268) in ‘Medical and social care with accommodation’.

Table 4: Average monthly wage by economic activities, 2008-2012 (in BGN*)

Economic activity	Total	Women	Men
2008			
Medical and social care with accommodation	414	404	467
Social work activities without accommodation	360	361	353
2009			
Medical and social care with accommodation	429	429	429
Social work activities without accommodation	397	398	388
2010			
Medical and social care with accommodation	436	429	470
Social work activities without accommodation	420	420	415
2011			
Medical and social care with accommodation	447	441	472
Social work activities without accommodation	411	414	387
2012			
Medical and social care with accommodation	465	457	506
Social work activities without accommodation	433	434	427

Source: National Statistical Institute.

* The exchange rate – EUR 1 = BGN 1.95583

In 2012, the average annual wage for employees in medical and social care services represents 59.9 percent of the average annual wage in the country (compared to 76 per cent in 2008) and in the fourth quarter of 2013 it is 64.9% of the average wage for the country. In organisations providing social services without accommodation, where the level of wages is lower - in 2012 the average annual wage represents 55.8 percent of the average wage in the country (comparing to 66,1 per cent for 2008) and in the fourth quarter of 2013 – the rate is 61,6 per cent.

In general, social workers are underpaid in comparison with the volume of work they do and the responsibilities they take on the job – the salaries of specialists with higher education varied from BGN 470 to BGN 540, in the ASA the average salary is BGN 660.

Slightly higher are the salaries in the crèches. To some extent this is due to the fact that trade union organisations conclude municipal collective agreements with the mayors on the basis of the sectoral collective agreement in the health care. In some cases the regional structures of trade unions in health care manage to agree on higher wages for the employed in crèches than those agreed in the branch collective agreement.

The social problems faced by the employees in the social services are mostly related to the organisation of transport from home to work (especially for smaller municipalities and settlements). Recently, in some of the homes with accommodation

the existing additional benefits for food paid to the staff was abolished, as is the provision of free food for those working in 12 - hour shifts.

However in the case of well-funded and managed organisations, social benefits negotiated in collective agreements as well as other additional benefits are used as a motivating factor. These include provision of longer paid leave, higher compensations at retirement, assistance in the issuance of the required annually health certificates for employees working in homes for residential care, etc.

In many state and municipal institutions for social services there are trade unions and collective bargaining. This is not the case for the private institutions and the NGOs. Unfortunately, one can observe a kind of exploitation of the personnel there, manifested in higher than the prescribed volume of work. This further aggravates the working conditions at the background of the missing collective bargaining and opportunities to negotiate better terms.

At the same time, civil servants employed in the ASA and other administrative units (MLSP, MH, APD, and SACP) had no legal right to strike and collective bargaining. However, they are members of trade unions and they are looking for options to sign separate Agreements, as described in the Chapter 2.

2. COLLECTIVE AGREEMENTS AND OTHER AGREEMENTS

2.1. LEVELS OF COLLECTIVE BARGAINING

Collective bargaining is one of the main elements of the new system of industrial relations, established in the 1990s, in particular, of the so-called “bipartite social dialogue”. The Labour Code stipulates that collective bargaining is a right of trade unions and an obligation of employers and the signed collective agreement is mandatory in nature. It is worth mentioning also that only the trade union organisation is entitled to conclude collective agreement.

The legislative framework of the system of collective bargaining is defined in the Labour Code. The amendments of the Labour Code which came into force in 1993 and since then, created the necessary legal guarantees for turning collective bargaining into the main mechanism for regulating labour relations. The Labour Code clearly defines the levels of collective bargaining – enterprises, branches/sectors and municipalities. Since 2003 the collective bargaining at branch/sectoral level has been expanded to include annual bargaining of minimum social security thresholds by economic activity.

Collective agreement is effective for employees who are members of the trade union organisation - party to the agreement. The employees who are not members of trade union organisation – party to the agreement or are not trade union members at all - can join the collective agreement with a written application to the employer or to the trade union leadership.

Regardless of the different attitudes to collective bargaining by different governments and employers, even in times of crisis, it continues to be an active instrument of industrial relations, creating opportunities to increase the competitiveness of the Bulgarian business and at the same time - protect the labour and social rights of workers and employees.

According to the Labour Code (LC) at sectoral/branch and municipal level only nationally representative organisations of employees and employers are entitled to conclude collective agreements. The LC defines the criteria for trade union/employers organisation representativeness. Currently two trade union confederations (CITUB and CL Podkrepa) and four national employers’ organisations meet the representativeness criteria.

The system of collective bargaining in social services sector is somewhat complicated. The sector includes employees under labour contract and civil servants. The civil servants have a right to organise in trade unions but do not have the right to collective bargaining and to strike.

At enterprise level, in the social services sector the collective agreements are concluded at the social services provider (both residential type and in the community)¹².

At municipal level collective agreements are concluded for activities that are financed from the municipal budget. In the social services sector, there are two types of municipal collective agreements. One is for all employees in the municipal administration, including also social workers of the municipal directorate for social services. The other is for employees in the crèches (social services for children up to 3 years). In some municipalities these agreements include also medical institutions providing medical care for children and elderly persons. In larger municipalities with more civil servants, that are trade union members are concluded special agreements¹³.

At branch level collective agreement is concluded in the Agency for Social Assistance for employees under labour contract, which are trade union members. While in the headquarters of ASA there are no trade union members, in the municipal directorates there are trade union members. For the civil servants in the ASA - members of trade union organisation is concluded special Agreement.

Sector collective agreement is concluded in the healthcare. It is also valid for enterprises providing social and medical services for children and elderly, established under the Law for Medical-Treatment Facilities.

2.2. PARTIES TO COLLECTIVE AGREEMENTS AND OTHER AGREEMENTS

EMPLOYERS

There are no employers’ organisations in the social services sector in Bulgaria. At other levels depending on the level of collective bargaining a party to collective agreement is individual employer.

Party to sector collective agreement for the healthcare sector are the mentioned below two trade union federations in healthcare and, from employer’s side - two associations representing employers of the medical-treatment facilities and

¹² The Labour Code defines “the enterprise” as any place – company, institution, organisation, co-operative, establishment, work site and other similar places where is used labour.

¹³ Remind that civil servants are not entitled to collective bargaining as the wages are not negotiated, but determined centrally under a special Ordinance of the Council of ministers.

the distributors of drugs. These employers' organisations do not have members in the social services sector.

At municipal level, collective agreements for employees in crèches and also for social services providers subordinated to MoH are concluded by the mayor of the municipality as an employer and trade unions represented by the municipal structures of the healthcare federations.

In some institutions and homes - providers of social services the collective agreements are concluded between trade union organisations affiliated to the mentioned above federations in the administration and the director of the establishment.

The mayor of the municipality is an employer of the directors of institutions for social services that are delegated by the state.

The total number of employers (directors or managers) of the different types of social services providers is 1030. Only in the monitored homes (17) there are no employers. As already said, some of the mayors are parties to collective agreement at municipal level in the role of employer. But from the total of 264 municipalities in the country, only in 37 of them municipal collective agreements have been signed in the crèches.

The Directorate for Social Assistance in the municipalities is employer for domestic workers (home assistants), which assist the elderly and the sick in their homes.

In the Social Assistance Agency is concluded branch collective agreement for employees under labour contract between the mentioned below two trade union federations in the administration and the Executive Director of the Agency. The same parties sign a special Agreement for civil servants in the Agency. Under the Bulgarian law, civil servants have the right of association, but have no right to collective bargaining. This practice of concluding agreements for civil servants was initiated by the unions in the state administration. They found grounds for the conclusion of such agreements in the Law on Obligations and Contracts. Gradually this practice was extended to all executive agencies, where there are union members, as well as in other sectors, employing civil servants. Agreements do not apply to pay, but include a number of other provisions on working conditions and others.

TRADE UNIONS

In the social services sector there are four trade union federations – members of the national representative trade union confederations - the Confederation of Independent Trade Unions in Bulgaria (CITUB) and the Confederation of Labour “Podkrepa” (Podkrepa CL). According to the Bulgarian legislation, all sector/branch unions affiliated to the recognised as representative national organisation are also nationally representative. All trade union federations listed below are members of the European Federation of Trade Unions in the public sector (EPSU) and PSI.

- Federation of Independent Trade Unions of Governmental Organisations (FITUGO)

The largest trade union covering workers in the social services sector is the Federation of Independent Trade Unions of Governmental Organisations (FITUGO), affiliated to CITUB. The Federation represents 25 646 workers and employees working in state and municipal administration, including 4 500 employees in the social services providers (organised in 127 trade union organisations). In the municipal social assistance directorates FITUGO has 1000 trade union members – employees under labour contract and civil servants. The Federation is the only trade union in Bulgaria, which has organisations (a total of 30) in the NGOs - social service providers - with 450 trade union members.

FITUGO is a party to 167 municipal collective agreements (CAs) for trade union members working in municipal administration, including social workers.

- Union of the Administrative Employees – (PK Admin)

In the Union of the Administrative Employees (PK Admin) is affiliated to the Podkrepa CL. It has about 5700 union members, mainly in the central and municipal administration. The membership in the social services sector is insignificant. As a nationally representative trade union it is a party to collective agreements at municipal level and in the Agency for Social Assistance. In the social services sector (residential and in community) the trade union has about 80 trade union members, distributed into several trade union sections.

- Federation of Trade Unions – Health services (FTU-HS)

The Federation of Trade Unions – Health services is affiliated to CITUB. It represents 23152 employees in the healthcare sector, of which 4623 work in the social services. They are distributed as follows: crèches - 116 trade union organisations with 4 204 trade union members; in homes for medical care for children - 16 trade union organisations with 777 trade union members; in homes for elderly persons, including with disabilities - 11 trade union organisations with 345 trade union members.

- Medical Federation “Podkrepa” (MF PODK)

Medical Federation ‘Podkrepa’ is affiliated to the Confederation of Labour ‘Podkrepa’. Its membership is 9140 employees in the healthcare sector. It has about 200 trade union members in the crèches.

Union density in the social services sector is 35.2%, which is higher than the average for the country - at about 19-20%.

The collective agreement coverage in the social services sector (residential and community) is 25%. The special Agreement in Agency for Social Assistance covered about 24% of the civil servants. There is no data available on collective agreement coverage of the social workers in municipalities, because the collective agreements cover all trade union members who are municipal employees.

2.3. CONTENT OF COLLECTIVE AGREEMENTS AND OTHER AGREEMENTS

According to the Labour Code, collective agreements regulate labour, social-security relations and issues of living standards of employees. Collective agreements at all levels have similar structure. The CAs specific content and scope depend on the level of negotiations.

The main sections of the collective agreements are: employment; wages; additional benefits (seniority and experience, night work, etc.) working hours, rest and leave; training; social benefits; conditions for trade union activities; safe and healthy working conditions.

The sector collective agreement in the health sector (SCA) applies to all health and medical establishments, irrespective of their administrative subordination and forms of ownership. In the SCA are outlined the framework, standards and parameters that serve as a basis for collective bargaining at lower levels. The latest sector collective agreement concluded in 2012 provides for higher arrangements related to initial wages (by type of personnel) – at an average of 10-12% compared to the previous agreement.

The agreed provisions are higher also as compared to the statutory provisions in a number of areas, including:

- additional pay for night work, seniority and experience and others
- paid leave - additional paid leave is agreed depending on the length of service, including for people with reduced working capacity.
- Better conditions for trade union activities.

In the section on health and safety at work there are provisions related to measures aimed at prevention of all forms of discrimination (direct and indirect), of psychosocial and physical violence, and at ensuring working conditions that prevent chronic stress, physical and mental disabilities at the workplace.

Municipal collective agreements for workers in crèches (there are some municipal agreements that include also the social services institutions - institutions for medical care subordinated to the Ministry of Health) are based on the arrangements in the branch collective agreement in the health sector. Typical for them is that the financing of these kinds of services is realised depending on the number of children and approved standards for child allowances.

Negotiation on pay increases and other monetary benefits depend on the financial situation of the municipality and the willingness of the mayors to negotiate and conclude collective agreements containing provisions that are higher or equal to the parameters set in the Health sector collective agreement. In larger and richer municipalities these parameters were achieved and 37 municipal collective agreements have been concluded (from a total of 264 municipalities). In 2013 were signed six municipal CAs for workers in the social services sector.

For the company - provider of social services delegated by the

state under the MLSP the draft framework of CA at company level is developed by FITUGO. It contains the above-mentioned sections. The specific parameters of the arrangements in the individual sections are developed by the local trade union leadership and are offered to employers for negotiations (according to the law the draft CA are developed by trade union organisations). In these companies councils for social cooperation are established, comprising representatives of the trade unions and the employer. The Councils discussed and adopted the CA.

Before the start of the reform (2009), related to the decentralisation of the municipal management towards the individual homes, CAs have been signed by the mayors. At this time the agreed provisions were much more favourable, as the mayors looking for opportunities to meet trade union requests for higher wages used resources from the municipal budget. Now the negotiations are very difficult, because the directors of the homes are severely limited in their possibilities to raise funds for pay on the expense of maintenance.

At this level are achieved better arrangements than the terms set in the Labour Code – such as, compensation for night work, more long period for dismissal notice, higher benefits at retirement, additional days for paid leave, and better conditions for trade union activities. The employers take up the expenses for the annual vaccines of the staff and for issuing a health certificate that is required when working with people. At this level the cases of joining CA are rare because the teams are small in number and almost all are trade union members. In the largest on the Balkans institution Home for elderly people „Longevity,, (capacity 375 people using social services) trade union density is over 80%.

In the branch collective agreements in the Social Assistance Agency (BCA), which covers social workers in the directorates in municipalities the pay is not an issue of negotiations. The wages in the public administration as already mentioned are set centrally with a special regulation after discussion and consultation with the social partners in the NCTC. The internal enterprise rules and procedures for the wage formation, additional benefits and payments are consulted and agreed with the trade unions. Since 2012 was introduced a new performance pay system in the public administration.

It is worth mentioning that the agreed higher benefits are valid only for trade union members with at least two years membership in the organisation. Very good conditions for trade union activities are agreed. The unions are involved in the preparation of all internal regulations related to industrial relations. They are also involved as observers in the process of evaluation of the job performance of the employees, which are trade union members and in the selection committee for recruitment of new employees.

Other achievement of the BCA include: longer paid annual leave, including for irregular working day, three months' notice period in case of dismissal of trade union member (instead of 1 month according to the Labour code). The employer is obligated to design and present to the trade unions a general annual plan for professional development and qualification.

The Agreement for civil servants in ASA contains provisions related to working conditions and social security relations of trade union members. It is agreed also that the trade unions should participate in the development of legislation affecting the interests and status of civil servants. Trade unions representatives should also participate in the selection of civil servants to be dismissed, in the performance appraisal and in discussions on the application of disciplinary measures towards trade union members. The internal rules for salaries are approved by the employer after consultation with the trade unions.

2.4. PROBLEMS OF COLLECTIVE BARGAINING AND THE CONCLUSION OF COLLECTIVE AGREEMENTS

The collective bargaining in the social services sector faced many challenges. The main obstacle is the funding which is based on clearly defined standards, thus narrowing the possibility to negotiate wage increases.

At company level the negotiations and conclusion of CA depends entirely on the employer and his management style (authoritarian or cooperative). The trade union leader of FITUGO in her interview said, that there are many signals about employers that refuse or delay negotiations. On the other hand, „the directors are subordinated to the mayor of the municipality and this dependence as well as the limitations arising from the financing of the home for elderly persons, put them in the role of employers which are not free both in managing the home and in the process of negotiation and conclusion of collective agreements.”

At this level there are also problems in finding the balance of the main parameters that have to be negotiated in a very limited budgetary framework. For example, in the Home for elderly persons “Longevity” higher additional compensation for night work was agreed, which “eats” funds for other benefits. In the social services institutions in remote settlements have been agreed resources for transport at the expense of other benefits for social workers.

The achieved collective bargaining arrangements in different companies are uneven. The management of the delegated budgets depends on the type of home - new or renovated, or with bad equipment for which are allocated more money for maintenance. The subsidy is distributed in different percentage correlation between “maintenance of the home and wages.” This also applies to social benefits for the employees, which are calculated at the level of 3% of the resources allocated to wages.

Differences are observed also at municipal level. In larger and richer municipalities collective agreements provide for higher provisions on most indicators, even on pay for workers in the social services institutions. For example, in the municipal collective agreement in healthcare in Varna for the medical – social care establishments are agreed higher starting salaries, bonuses for the Day of social worker and for Christmas (at the level of one minimum wage). The municipality of Varna financed a National annual conference to promote innovative social

services allocating each year BGN 10 000. Small municipalities do not have sufficient funds for additional financing of the social services that are delegated by the state.

Another problem is the lack of employers’ organisations in the sector. This narrows social dialogue and negotiations for concluding CA in social services at branch level. The interviewed Director of the Home for the elderly and the President of FITUGO considered that the establishment of employers’ organisation is necessary. “The directors have no security they depend on the policy of the mayor. They lack autonomy in decision-making and support” (FITUGO).

Employers feel a need of professional consolidation for protection and support. On the other hand, the directors in the public sector often depend on the political situation - the change of the mayor used to lead to the change of the director. The decision does not take in account the professionalism and expertise of the person, very often it has purely political motivation.

The private sector of social services is not organised and thus is deprived from the opportunity to use the collective bargaining power. No matter how limited is the content of the collective bargaining, in any case it contains some arrangements for improving working conditions of employees.

The establishment of an association of the employers, including the employers in the private social services will enable trade unions to have access to these employers in an institutionalised body for social partnership and will give impetus to a possible establishment of trade union organisations in the private sector.

According to the President of FITUGO some of the problems are grounded in the labour legislation. The Labour Code provisions are applicable mainly for employees in the industry and are less applicable to the employees in the public services. The organisations providing social services are considered enterprises, but the nature and type of work of employees there differ from those in the industry, because social services providers perform public functions and they are not entitled to negotiating the salaries.

3. SOCIAL DIALOGUE IN THE SOCIAL SERVICES SECTOR

The improvement of social services efficiency is part of a broader policy for social protection and social inclusion. Its design and implementation is based on the active involvement of all stakeholders in the process of policy formulation and decision making. Thus, the interests of all sides at all stages of development and implementation of policies are considered.

3.1. TRIPARTITE SOCIAL DIALOGUE

Social dialogue in Bulgaria emerged on a blank spot, without past tradition or experience. Its development and the activity of the main social actors are highly influenced by the transition to a market economy and EU accession processes. One of the uncontested achievements of democracy in the country was namely the transition from centralised, state-determined labour relations to industrial relations based on the principles of modern social dialogue and social cooperation as well as the establishment of social dialogue institutions at different levels.

The Labour code reads:” The State shall carry out the regulation of labour relations and the immediately related relations, the social security relations and the living standard issues after consultations and through dialogue with the employees, the employers and their organisations, in the spirit of cooperation, mutual compromise and respect for the interests of each of the parties”.

Nowadays, the tripartite dialogue (social partnership) in Bulgaria is well institutionalised and implemented at different levels. In compliance with the legislative framework and the Bulgarian practice, the system of social dialogue is organised along the following levels:

- At national level social dialogue is conducted within The National Council for Tripartite Cooperation, set up in 1993. It has standing commissions on different areas.
- At sectoral/branch level there are 51 sectoral/branch councils for social cooperation with the participation of representatives of the respective representative sectoral/branch employers’ organizations and trade unions. In some sectors there are representatives of the state as an employer.
- At district level there are district councils for tripartite cooperation.
- At municipal level there are 82 councils for social cooperation. Representatives of municipal authorities take part in the negotiations on budgetary activities (education, health care, culture, administration).
- At enterprise level the participants in the negotiations in the special commissions for social partnership are the employer and the existing trade union organisation(s).

For the purposes of the project the social dialogue is understood as a dialogue between employers and employees or their representatives.

Only employers’ and workers’ organisations which have been recognised as representative national organisations according to the statutory representativity criteria, as well as their affiliated members-organisations, can take part in the social dialogue on national, sectoral and municipal levels.

The state participates in all bodies of tripartite cooperation through its bodies and representatives, including Council of Ministers, individual ministries and ministers, district and municipal governors, mayors of municipalities/ their representatives, depending on the level on which cooperation is carried out. In the social dialogue the state has a regulatory role and the role of an employer. It not only discusses matters in the bodies for tripartite cooperation but takes the final decisions.

In recent years the tripartite cooperation at national level is expanding. New mechanisms are developed, such as: participation of the social partners in the work of the Parliament through a Consultative Council to the Labour and Social Policy Committee, and in ad hoc groups developing new labour and social legislation. The social partners participate in the management and supervision of a number of bodies in the areas of employment, social and health insurance, health and safety and vocational education and training, established along a tripartite principle, as well as in the Monitoring Committees of Operational Programmes co-funded by the ESF and other EU funds. In the tripartite social partnership bodies participate only representatives of nationally recognised representative organisations of employers and workers.

In Bulgaria as nationally representative are recognised four employers’ associations:

- Bulgarian Industrial Association (BIA)
- Bulgarian Industrial Capital Association (BICA)
- Bulgarian Chamber of Commerce and Industry (BCCI)
- Confederation of Employers and Industrialists in Bulgaria (CEIBG).

As nationally representative are recognised two trade union confederations:

- Confederation of Independent Trade Unions in Bulgaria (CITUB)
- Confederation of Labour Podkrepa (Podkrepa CL)

At company level collective bargaining and social dialogue with the employer are open for all existing trade union organisations, whether or not affiliated to representative trade unions.

In the social services sector social dialogue is conducted at all levels.

The National Council for Tripartite Cooperation discussed laws and regulations concerning industrial and social security relations and living standards of employees. The social partners are consulted on all matters affecting the sector reform, development and improvement of social services.

In the Sectoral Council for Tripartite Cooperation in health-care are discussed the laws and regulations that affect health care facilities, including facilities for medical and social care for children and elderly persons and crèches.

In the Municipal Councils for Social Cooperation (in 2013 operate 95 Councils) are discussed the problems of the labour market, municipal development, social policy and social services, as well as the municipal budget. This is the level at which can be exercise trade union influence in the allocation of municipal budget for increase the funds for provided by the municipal social services and additional financing of services that are delegated by the state.

The social dialogue in the Agency for Social Assistance is institutionalised. A Council for Social Cooperation is established on a parity basis comprising representatives of the two trade union federations in the administration and the employer (the director of ASA). All regulations affecting the sector and the problems in the Agency are discussed in it. The Council adopts the collective agreement for employees in the system of ASA and the Agreement for civil servants in the Agency.

In April 2014 a Council for Social Cooperation at the Ministry of Labour and Social Policy was established. A similar council existed till 2007, but after that its activity was interrupted. Council for Social Cooperation at the Ministry of Labour and Social Policy is an advisory body and it shall discuss the issues related to civil service, labour and social security relations of the employees and civil servants at the Ministry of Labour and Social Policy, the Agency for Social Assistance (ASA), Employment Agency (EA) and the Executive Agency "General Labour Inspectorate" (EA "GLI"). The Council comprises representatives of the two trade union federations in the administration, affiliated to CITUB and CL Podkrepa, directors of agencies and representatives of the Ministry.

At the first meeting were adopted rules for Councils' activity and were set up two ad hoc groups, which will discuss the problems in their respective directorates and will propose ways for their resolution at the next meeting. The CL Podkrepa representatives submitted six urgent demands of the employees in the ASA, with the main one being the immediate increase of pay and its regular annual increase. Other demands are related to the health and safety at work, provision of consumables and office equipment for the social workers. The negotiations on the demands will be held at the ASA level between the trade union representatives and the director.

In some social services providers under the MLSP are set up Councils for social cooperation comprising equal number of

employers' and trade unions' representatives. The Councils discussed and adopted the CA and also discuss the problems of both the staff and the home that arise in everyday practice.

3.2. CIVIL DIALOGUE IN THE SOCIAL SERVICES SECTOR

Economic and Social Council of the Republic of Bulgaria

The Economic and Social Council (ESC) is often called "the Civil Parliament" of Bulgaria. ESC's mission is to facilitate the access and participation of civil society in the public decision making on the country's economic and social development. It comprises representatives of the national representative employers associations and trade unions and of the civil society organisations. In the ESC are presented NGOs representing the interests of the people with disabilities, cooperatives, agricultural organisations, consumers and others. The main purpose of its activities is to provide an opportunity for the organised civil society to express its views, while at the same time present a consensual vision on matters of common interest. ESC elaborates opinions, analyzes and resolutions on mainstream policies, thus participating in the development of a number of national strategies and documents: National Strategy for Long-Term Care of the Elderly; National strategy for Social Inclusion and Poverty Reduction; Social Enterprise and Social Entrepreneurship; National Concept for Active Ageing and Solidarity between Generations and others.

Consultative Councils

In order to involve all stakeholders in the dialogue on the issues and the development of the social services sector in recent years, along with the reform in the sector a number of public bodies were set up.

Along with the social partners in the process of formulation and decision-making are involved representatives of all stakeholders within the network of various **consultative councils at national, regional and local level**. Examples in this regard are: National Council for Social Inclusion, National Council for the Integration of Persons with Disabilities, National Council for Child Protection and others. These councils include representatives of state institutions, agencies, social partners, local authorities; non-governmental organisations (NGOs), academic community, etc.

The National Council for Social Inclusion at the Council of Ministers is a body for coordination, cooperation and consultation on the development, implementation, monitoring and evaluation of government policy in the field of social inclusion. It includes representatives of the social partners, the state (ministries, agencies), a number of NGOs and civil society groups that have interest and expertise in this area. The last document, which was discussed in the Council, was National Strategy for Long-Term Care.

The National Council for the Integration of Persons with Disabilities at the Council of Ministers has the same structure,

but in it are presented namely the organisations of the persons with disabilities. The main function of the Council is to provide support and assistance in the elaboration and implementation of policies for the integration of people with disabilities. It discussed and adopted opinions on draft legislation in the field of integration of people with disabilities.

Public consultations with stakeholders are also conducted aiming at achieving greater transparency in the management and decision-making. In this way, the stakeholders and all citizens are provided the freedom to comment and make suggestions aiming to improve the quality of the draft documents.

Establishing partnership and consultation with all stakeholders were part also of the processes of preparation and development of the National Social Report of the Republic of Bulgaria 2013-2014 in the framework of the European Semester. At the MLSP was set up an ad hoc group comprising representatives of ministries and agencies, social partners, NGOs, and representatives of the National Association of Municipalities in the Republic of Bulgaria (NAMB). The consultation process made it possible to clearly identify policy priorities, results and target groups of the policy in the field of social protection and to generate valuable ideas and suggestions for improving the implementation of the social inclusion policies.

Councils for social assistance and services

In many regions are established **Public councils for social inclusion of people with disabilities**. Their main aim is to create conditions for full participation of people with disabilities in economic, social and political processes, while respecting also their personal choices.

Regional governors organise the development and approve **Strategies for the development of social services at district level** in coordination with the relevant regional directorates for social assistance. On the basis of these strategies are developed Municipal strategies and annual plans for their implementation. In their design are involved public councils for social assistance and services. These councils have been established under the Law for Social Assistance and assist municipal councils and mayors of municipalities in the needs for social services assessment. They comprise representatives of the municipal administration and social service providers in the municipality - legal persons established under the Trade Act, as well as NGOs. However, social partners and social service providers, subordinated to the municipal government are not involved in the public councils.

In the social services sector operate number of NGOs, associations, unions and others. Some of them are united in national networks who actively participate in civil dialogue. The largest of them are in the field of support for the elderly and child protection.

The 'National Network for older people support' unites 47 associations, foundations, and others. The main goal of the National Network is to provide quality social services for the older people and people with disabilities through reforming

the sector for long-term care. The provision of quality social services include: broad access to social services; social services relevant to the needs; development of services at home rather than institutional services or Para-institutional services (e.g. home for a small group); Services for the elderly must respect the independence of the people; minimum payment for services provided and the free choice of provider and social services; ensuring provision of the services by well trained and qualified professionals; provision of preventive social services..

The 'National Network for Children' unites 106 associations, foundations, and others. The network's mission is to strengthen and facilitate cooperation among participating organisations and all stakeholders in order to ensure the rights and welfare of children. The Network also provides support to civil institutions (civil society organisations, research institutes, universities, etc.) in the country working on child protection. The aim is to increase the effectiveness of the state policy for child and family.



4. FUTURE PROSPECTS FOR SOCIAL DIALOGUE IN THE SOCIAL SERVICES SECTOR

4.1. CHALLENGES TO THE LABOUR

Social development over the last years has shown that social services are one of the fastest growing and innovative sectors with potential for job creation. Reforms towards decentralisation, deinstitutionalisation, increased quality of services, the development of integrated cross-sectoral services (with an emphasis on joining up health and social care) should continue. It is important also to provide wider access through provision of mobility and flexibility of services, to develop preventive social services patterns offering an early-intervention. One of the priorities is the elaboration of a working mechanism for funding of community services and services provided in home. Furthermore, it is foreseen to promote the application of ICT in the sector, which can contribute to reducing costs and improving service quality. All this places new demands on personnel employed in social services as far as its skills, attitudes and motivation are considered.

The social services sector provides good opportunities for training and employment of the unemployed, especially young people, as it is easier for them to be integrated and adapted to the specificities of the sector. Such options are also suitable for women that were out of work for a long time due to maternity leave or other reasons, for long-term unemployed, but with high and medium levels of education, for adults - over 50 years old. Moreover, in small and medium-sized cities and municipalities the expansion of the social services sector supports the local economy and labour market. These options should be used to the maximum, but this requires a change in the attitudes of some of the local administrations and a greater willingness to cooperate, and a general change in the attitudes of the people working in this sector.

In Bulgaria there are good conditions for the development of “white economy”, including “luxury” social services - with private and public-private funding for more affluent customers - healthy adults and people with disabilities, children with disabilities from high-income families, for adults and children from other EU member states, etc. The climate and the nature of Bulgaria are prerequisites for the expansion of the sector through providing quality luxury and standard services.

Expansion of the sector and the development of high quality, but well-paid social services could be a factor for retention of medical staff and well qualified social workers in the country and for motivating the emigrants to return back. Furthermore, the creation of new organisations will foster economic development and employment promotion in small communities and rural areas, including mountainous and hilly areas and rundown spa resorts and settlements.

4.2. KEY ISSUES AND CHALLENGES FACING THE DEVELOPMENT OF SOCIAL DIALOGUE AND COLLECTIVE BARGAINING

Prospects of the sector, given the demographic situation in the country and the specific problems associated with the need to develop more effective policies for social inclusion considering the high poverty level, will require broad participation of all stakeholders in the development and implementation of policies related to the social services sector development.

Of high importance is also the establishment and development of adequate representative workers and employers’ organisations with clear mandate to negotiate and conclude collective agreements on matters relating to employment and working conditions in the sector.

The results of the desk research and interviews with stakeholders show that policies in the field of social services focus mainly on recipients of social services, neglecting the problems of the employees and employers in the sector. This is proved by the fact recorded in the desk study that there is no research on the conditions of employment, labour and social problems of workers and employers and on the development of social dialogue in the sector.

Development of social dialogue and broadening the scope of collective bargaining in the social services sector will create an opportunity to achieve the required balance of needs of both the consumers of social services and the workforce involved in the provision of services in strategies and policies associated with the social services sector development.

The obvious trends of employment growth in the sector, the existing problems related to pay, training and working conditions, and the feminization of labour in social services will increasingly require targeted and effective solution to the specific social and labour problems of workers in the sector. In this respect, out of doubt is the role of social dialogue and collective bargaining.

The research within the project RESSIS 2 in Bulgaria showed that the lack of employers’ organization in social services at national level seriously hampers social dialogue not only at national level but also at other levels.

According to international standards, and according to Bulgarian legislation, association in unions and employers’ organisations shall be carried out on a voluntary basis. For now there is no expression of interest and mobilisation of employers in the field of social services for the creation of an employers’

organisation. Therefore, it is probably necessary to encourage the creation of employers' organisations through European structures or employers' organisations from other Member States that have partnerships with Bulgarian employers in the sector in joint projects or other activities. In this respect it would be useful to organise a special conference/ meeting (involving representatives of trade unions and employers in the sector) or a study visit, initiated by the European social partners' structures. The initiator can also be EPSU.

Possible option is also trade unions to take the initiative, as they are who are the most interested in the development of social dialogue and collective bargaining in this sector. Equally useful would be an

initiative by the recognized representative national employers' organisations.

Interviews conducted under the PESSIS-2 project revealed the presence of potential readiness of trade union representatives and the representatives of the state administration, as well as individual employers to support the establishment of an employers' organisation in the sector.

However the future challenge will remain, to which national employers' association should affiliate the newly established employers' organisation in order to obtain representative statute at national level? None of the existing four representative employers' organisations fits the profile of the activity of "social services". National representation is needed for the new organisation to participate in social dialogue at national level, and to conclude collective agreements at the sectoral level.

The development of the content of the collective bargaining depends on the regulatory changes towards raising standards, which will increase the funds for the operation of social services providers. This in turn will allow higher provisions in collective agreements at the enterprise level.

Overcoming the problems related to the refusal of some individual employers - directors of homes for social services to negotiate and conclude collective agreements is possible through empowerment of a delegation of experts from the trade union federations to negotiate on behalf of trade unions in individual homes / suppliers of social services.

According to the interviewed representative of FITUGO there is a need of change to the Labour Code related to creating a special chapter on enterprises that perform public functions. The main trade unions demand is also to amend the Law on Civil Servants with view of legislative provision for the rights of civil servants to collective bargaining and strike.

In October 2013 CITUB launched the idea of reforming the social assistance through the introduction of voucher model for the provision of social services. A draft conception was proposed. It was based on the experience in other countries where this model was successfully applied. The project aimed at supporting families with children (from 1 to 5 years), people with disabilities and disabled people living alone. Thus it was

supposed to ensure more targeted allocation of resources and employment creation.

Meanwhile, the 'National Network for older people support' developed and offered to all stakeholders (government bodies, social partners, NGOs, academia) Social Charter on social services. The basic idea is the liberalisation of the social services and changing patterns of funding by setting a budget and providing access to social services vouchers. The proposed voucher model for funding social services for the elderly and people with disabilities includes also free choice of social services provider and the placement of these providers in a competitive market environment - the client can choose the best among the many social services providers.

A new Law on social services is under way. An ad hoc group for the development of the Law was established at the Ministry of Labour and Social Policy. It includes experts of the government, nationally representative social partners' organisations and broad representation of all stakeholders. It will discuss all ideas and suggestions for the reform of the social services sector.

5. PROMOTING THE EUROPEAN SOCIAL DIALOGUE IN THE SOCIAL SERVICES SECTOR

The need to develop the social dialogue at European level in the social services sector, according to Bulgarian project team has its arguments in several dimensions:

- Increasing employment in social services sector related to increasing demand for social services due to an aging population and a need to implement the common European policy to ensure social inclusion and dignity for all.
- Increasing demands related to the social workers skills and qualifications related to the provision of quality services and diversifying them;
- The specific working conditions in the sector - low pay, poor working conditions, and increasing psychosocial risks - increasing stress and existing threat of violence, low social prestige of the profession require shared commitment of employers and trade unions at national and European level for their improvement.
- Extensive use of undeclared work in the sector, including immigrant labour, and possibilities for exploitation and social dumping, leading in most cases to low quality of social services and working conditions, not to mention the loss of tax revenue for the countries.
- Establishing the Committee of European social dialogue in the social services sector would play an important role in representing the interests of employers and employees in the social services sector and in increasing of the sector effectiveness.

All respondents consider that the European social dialogue should pay attention to the quality of the workforce. The development of European standards for quality social services should go hand in hand with the standards for quality of labour that provides such services - standards (norms) for servicing, professional development, required qualification by types of personnel (trained specialists according to the adopted standards), decent remuneration, health and safety measures to overcome stress and workplace violence.

According to the interviewees the challenge for the social dialogue in Bulgaria comes from the lack of employers' organisations in the sector, to be presented at the European level (as opposed to unions, which are all members of EPSU).

In the European dialogue was involved only the National Association of Municipalities in Bulgaria, which is a member of the European Council of Municipalities and Regions. However, this association does not play a role of an employers' organisation and does not participate in social partnership and social dialogue, as well as in collective bargaining. The Association is engaged in dialogue with the government on issues of regional / municipal development and financing of municipalities from the state budget, and in dialogue with other civil society structures.

6. MAIN CONCLUSIONS AND RECOMMENDATIONS

The social services sector in Bulgaria has undergone significant transformation in recent years. Legislation and strategic documents have been adopted that are in line with the European policies for social inclusion and provision of quality services.

However many challenges the social services sector face still remain. A serious problem, according to the participants in the interview, is the bureaucratic system of multitier governance and control – ‘ministry / ministries – municipality - provider of social services’.

In this respect the proposals are as follows:

- To improve the coordination between the different institutions that are engaged with the policies and regulations in the field of social services and to reduce the bureaucratic structure of the management and control of the sector;
- To provide greater freedom for NGOs management to choose the appropriate market principles for the development of various social activities and to delegate more rights to those who directly manage the services;
- To reform the outdated regulations, especially in the area of financing, services standards, cost of services, etc. Standards must be comparable with the European standards in this area. It is necessary to design new legislation and provide adequate amount and regular funding for social services - through a combination of different sources and mechanisms to facilitate their use.
- To support the sustainability of NGOs providing social services under projects as according to the interviewed representative of NGO, many NGOs providing social services registered just for the timeframe of the project and after its completion cease to exist. The sustainability is a matter of attitudes of the local administrations and the positive public attitude.
- The problems of social services should be subject to public consultations and dialogue involving all stakeholders. Ensuring shared commitment on the future development of the sector is of great importance.

In terms of employment, the social services sector is a sector with expanding employment and it will continue to increase due to the demographic situation and the need for new and quality social services. However, the desk research and the interviews found that the position of the social workers in the Bulgarian labour market in terms of pay, prestige of the sector, working conditions, opportunities for professional and career development, etc., does not correspond to the high social added value that the sector has.

The characteristics of the existing system of social services provision affect the positions and attitudes of the staff: lack of interest in the job; expression inhuman attitudes to patients due to lack of motivation to work and low satisfaction with it.

All these factors hinder the sustainability of employment in the sector. No less worrisome is the emerging shortage of labour, particularly skilled labour in the sector, due to significant emigration

flow to other Member States, where the wages are higher and the working conditions are better.

According to some researchers the weak link of the sector is the human capital, understood as quantity and quality. The interest of the younger generations to seek employment in this sector is weak and where available it is for working in the social care abroad. There is a lack of motivation due to the low prestige of the sector, low pay and limited career opportunities¹⁴.

Employer interviewed in the framework of the project also believes that the main problem in the sector is associated with the recruitment and retention of professionals who can provide quality social services, namely in small towns and villages. To qualify such specialists takes time and their retention requires solving the problem with their remuneration and working conditions.

The social dialogue in the social services is underdeveloped and collective agreements cover a minor part of the employees in the sector, mainly in the public sector. This is largely due to the relatively low density of union membership and the lack of employers' organisation. In the private sector there are neither trade unions nor employers' organisations. Some initial success is the conclusion of collective agreements for 30 NGOs supported by the FITUGO.

In this way, both the employees and the employers in the sector ‘lack voice’ in defending their interests and are excluded from the opportunity to participate in policy development and decision making related to the sector.

Trade unions are ready to organise the social workers who provide social services in homes, thought individual membership and to seek mechanisms to represent and protect their rights and interests.

The study showed that policies in the field of social services are aimed primarily at users of these services. The problems of labour and employers remain in the background and are seen primarily in terms of providing quality service. Development of social dialogue and broadening the content and coverage of collective bargaining in the social services sector will create opportunity to achieve the required balance of the needs both of consumers of social services and the workforce involved in the provision of services.

The lack of employers' organisations in the social services sector is seriously hampering the social dialogue not only at national level but also at other levels. Initiative is needed from both the employers and the trade unions side for the organisation of employers in a branch association.

Establishment of a national branch structure of employers and enlargement of the branch unions to include employees in the private social services and NGOs will make it possible to solve specific social and labour problems of employees in the sector through social dialogue and conclusion of branch collective agreement.

¹⁴ Vladimirova, K., Ibid.

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ANNEX 1

LIST OF EXPERT INTERVIEWS:

Name	Surname	Organisation	Address	Function
Lazar	Lazarov	Ministry of Labour and Social Policy	Sofia, 2 Triaditza str. Tel. +35928119443 E-mail: lazar70@abv.bg	Deputy Minister - in charge of social inclusion, social assistance and social services
Rumyana	Georgieva	Ministry of Labour and Social Policy Agency for Social Assistance	Sofia, 2 Triaditza str. Tel. +3592 8119616 E-mail: rgeorgieva@asp.government.bg	Chief Director of Social Assistance General Directorate
Rumyana	Krалева Associate professor, Ph.D.	NGO 'Society for All'	Sofia, 120 Vitosha bul. Tel. +3592 851 72 54 E-mail: rkraleva@mail.bg	Chief Director of Social Assistance General Directorate
Maria	Temelkova	FITUGO	Sofia, 52 Alabin str. Tel. +3592 983-52-54 E-mail: fnsduo@mail.bg	President of FITUGO
Slava	Zlatanova	FTU-HS/ITUFC	Sofia, 45 Maria Luiza bul. Tel. +3592 9835870 E-mail: zlava_z@mail.bg	Vice-President of FTUHS/ITUFC
Zoya	Markova	Home for the Elderly People 'Longevity'	Sofia, 8 Plovdivsko pole str. Tel. +3592 874 0106	Director of Home for the Elderly People 'Dalgoletie'
Genoveva	Valcheva	Home for the Elderly People 'Longevity'	Sofia, 8 Plovdivsko pole str. Tel. +3592 874 0106	President of the Trade Union Organisation of CITUB
Assya	Goneva	Confederation of Independent Trade Unions in Bulgaria	Sofia 1000, 1, Macedonia square Tel. +3592 4010673 E-mail: agoneva@citub.net	Executive Secretary – Social policy and Social Inclusion

