

BARSERVICE

Towards smart bargaining in the social care sector in Croatia

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Executive summary

The social care sector is one of the smallest in the public services system, but it includes several categories of institutions for housing people with different needs (homes and centers). Financing the social care sector represents a big challenge for the state because it does not generate income, only costs. However, this sector concerns all citizens and is of public interest. The system has 220 institutions with about 10,000 employees that are financed from the public sources. In 2023, 14,736 people were employed in social care activities with accommodation in Croatia. Collective bargaining in the social care sector is centralized and takes place at the sectoral level and for public services at the intersectoral level. Two collective agreements are in force: the Basic Collective Agreement for Employees in Public Services and the sectoral Collective Agreement for Social Care Activities. Coverage by collective agreements is high in Croatia and amounts to 78.8%. The union's position is that collective agreements should only apply to employees who are union members, while other employees should not benefit from negotiated benefits.

Through collective agreements, the sectoral union strives to enable employees to be adequately paid since they work in specific conditions, overworked, under stress, and for low wages. The relevant ministry points to the problem of disorganization of private employers and their lack of interest in bargaining but assesses that the union is highly present, active in negotiations, and stands up for its members. There are numerous remarks from the sectoral trade union regarding the legislation. The reform of the social care system is underway, and a new Law on Social Care is being prepared, the aim of which is to establish a better and more transparent system of social security and better services for users. The report proposes elements for smart bargaining strategies.

I. Sector identification and trends

For the purposes of this report, desk research was conducted in the social care sector in Croatia during the first half of 2024, which collected information on collective bargaining. The field survey was conducted during the second half of 2024, and it included two interviews based on a questionnaire that consisted of open and closed questions. Interviews were conducted at the sectoral level with a representative of the Union of Croatian Social Care Employees (SZDSSH) and a representative of the Ministry of Labour, Pension System, Family and Social Policy (MROSP).

Social care is an organized activity of public interest for Croatia, aiming to aid socially disadvantaged persons. Financing the social care sector represents a big challenge for the state because it does not bring income but mostly generates costs. However, this sector is important for citizens. It is one of the smallest in the system of public services in Croatia, but it includes several categories of institutions (homes for different categories of users, centres for social care, and the like). Namely, the share of services gross value added in total gross value added in Croatia represented 72% in 2024

(preliminary data), and this relatively high share is stable in last five years. However, the share of gross value added of social care activities with and without accommodation in the total gross value added of services was only 1.2% in 2024 (preliminary data), without significant changes in last five years.¹

Today, the system has 220 institutions with about 10,000 employees financed from the public sources (Interview SZDSSH, 2024). In 2023, 14,736 people were employed in social care activities with accommodation (NACE 87) in Croatia as a whole (DZS, 2024). In 2008, about 8,800 employees worked in the system, and in 2019, that number was reduced to 7,100 due to retirement and the ban on employment in public services (Dimić, Marinković, Hudina, 2019, p. 90). Now, the system has 220 institutions with about 10,000 employees financed from the public sources (Interview SZDSSH, 2024). In 2023, 14,736 people were employed in social care activities with accommodation (NACE 87) in Croatia as a whole (DZS, 2024).

The basic prerequisites for digitization have been created, but they have not taken root in the field in the right way. It has been shown that social care centres and other institutions from the system often incorrectly enter data into the "sustavsocskrb" digital database, which results in incorrect results when searching for something. It seems as if employees are afraid that they might lose their jobs due to the application of digitization, although this is not the case (MROSP interview, 2024). The union's position on the impact and possibilities of digitization is somewhat different. They state that the data entry applications are not fully ready, they are very complicated, and the system is not fully aligned with the needs in the field (Interview SZDSSH, 2024).

Globalization significantly impacts the social care sector through changes in the labour market and migration trends, especially after Croatia's accession to the European Union. The system of public health and social care is strongly affected by the phenomenon of emigration of qualified labour, which results in the need to attract personnel from abroad. The trend of emigration of medical personnel has been present since 2009. The assessment for the last ten years shows that about 7,500 nurses, more than 1,000 doctors' specialists, and many physiotherapists and other experts have left Croatia (Butković, Samardžija, Rukavina, 2022, p 62). This trend intensified with the opening of the EU internal market for Croatia when the domestic market became dependent on foreign workers from third countries. Initially, these were workers from the region (Bosnia and Herzegovina), and more recently, workers from distant countries (Philippines, Nepal, India) are increasingly present.

II. Current state of collective bargaining

The level of collective bargaining relevant to the social care sector is a branch (sectoral), and for public services, it is intersectoral. The first collective agreement for social care activities was signed in 1996. Currently, two collective agreements are being applied to the system. These are: the **Basic Collective Agreement for**

¹ Information provided by Croatian Bureau of Statistics upon request.

Employees in Public Services (OG 29/24), with a duration until March 2028, and the **Collective Agreement for Social Care Activities** (OG 61/18), which is a sectoral collective agreement with a duration until March 2022. Although the duration of the sectoral agreement has formally expired, it is still in extended duration until a new one is concluded. The reason for such an unusually long extension is the adoption of the Law on Salaries in the Civil Service and Public Services (OG 155/23) in December 2023. This law determined workers' rights previously regulated by the sectoral collective agreement (e.g., supplements to working conditions), which became an integral part of the coefficients within the new law. In the meantime, new negotiations have started for the sectoral collective agreement due to changed conditions (reform and new job titles). The negotiations have stalled, but they are expected soon to resume (SZDSSH interview, 2024).

The sector's reform started in 2009 and intensified in 2011 with the adoption of the Plan for deinstitutionalization and transformation of social care homes and other legal entities that perform social care activities. This process is still ongoing (SZDSSH interview, 2024). The social care system is still centralized and largely bureaucratized. It works with strong control mechanisms, which makes it difficult to develop quality work (Dimić, Marinković, Hudina, 2019).

In the last ten years, there have been no significant changes regarding the actors involved in collective bargaining. The central collective bargaining actors in the social care sector are the **Trade Union of Croatian Social Care Employees (SZDSSH)**, a sectoral union founded in 1990. It has 4,500 members and covers 188 branches. More than 60% of the total number of employees in the system are members of that union (Dimić, Marinković, Hudina, 2019). It has been a representative trade union since its foundation. At the higher national level, SZDSSH is enrolled **Association of Croatian Trade Unions - MATICA**, one of the three representative trade union confederations. Another important negotiator is the Independent **Trade Union of Health and Social Care of Croatia (SSZSSH)**, founded in 1991. It organizes health and social care employees regardless of qualification or professional education. It is the larger trade union, also representative, which, in addition to about 11,000 members in healthcare, also has about 700 members in the social care system. This union can also negotiate basic and sectoral collective health and social care agreements.

The sectoral union negotiates with the government on the basic collective agreement and with the departmental **Ministry of Labour, Pension System, Family and Social Policy (MROSP)** regarding the collective agreement for social care activities. It is also a partner in all working groups and procedures concerning employees in social care (SZDSSH interview, 2024).

Two branch associations from the **Croatian Employers' Association (HUP)** are relevant for the in-house bargaining: **HUP - Association of Private Polyclinics, Hospitals, Sanatoriums and Health Care Institutions** and **HUP - Association of Health Care, Rehabilitation and Social Welfare**. HUP was founded in 1993, and since 1996, it has had a legitimate right to collective bargaining. HUP is the only representative association of employers in Croatia based on the criteria established by

the Law on Representativeness of Employers' Associations and Trade Unions (OG 93/14, 26/15).

When it comes to power relations, the union believes that it is not always balanced. The trade union side is stable; it has been negotiating for a long time, and trade union representatives with practical experience related to a specific type of institution (centres for social work, homes, etc.) participate in the bargaining. The sector union states that the bargaining committee of the ministry is subject to change, there is no continuity, and the negotiators have less insight into the problems on the ground. In addition, she believes that the union is in an unequal position because the ministry determines the dynamics of negotiations, and the financial effects are the most important (SZDSSH interview, 2024). However, the ministry adds that at the time of the last sectoral negotiations, a person from the social care system, the former director of a home for the elderly, took the place of the relevant minister. She was more attentive to the employees in the field and significantly improved the system and management structures. This situation enabled some fixes, improved negotiations, and increased salary coefficients (Interview MROSP, 2024).

The power relations in the health and social care sector are well illustrated by the recent strike of laboratory workers, radiological technologists, pharmaceutical technicians, and nurses in November 2024. The Zajedno union which is representative for the collective bargaining for public services organized the strike due to dissatisfaction with wages in the sector. The decision to end the strike came four days after representatives of the trade union Zajedno held a meeting with sector ministers. The union received the requested deadline of four months, after which all anomalies in the regulation on coefficients will be defined, and corrections will be made in the legal documents as soon as possible, which is a great success.

The union believes the collective agreement should only apply to union members, while other employees should not benefit from negotiated benefits. In addition, there is also a compromise proposal, following the example of other countries, that employees who are not unionized pay funds equal to the membership fee into a state social fund for humanitarian needs (Dimić, Marinković, Hudina, 2019, pp. 21-22).

The rate of workers' coverage by collective agreements in Croatia in 2021 was 46.5%, while according to the recommendations of European directives, EU members should have coverage of at least 80%. However, social care and health care are activities dominated by public sector employers, and coverage by collective agreements in 2021 was high at 78.8% (Bagić, 2022).

The position of the MROSP ministry is that the collective agreement for social care activities from 2018 encouraged positive changes because, after a long time, the coefficients and, thus, the salaries in the social care system have significantly increased. However, this only applies to employees in public sector services since the collective agreement does not apply to social service providers from the private sector, which is a limiting factor (Interview MROSP, 2024). The sectoral agreement was not extended to the entire sector by the minister's decision because, per the Labour Law

(Art 203) in Croatia, sectoral agreements could be expanded only when representative associations of employers and trade unions contract them.

The union has not recently had arbitration, but there have been several cases of conciliation, which is a legally prescribed procedure before a strike is announced. When the union announces a strike, both sides have an obligation to mediate, which may not last longer than five days. An agreement was never reached during the conciliation because both sides represented their initial positions. Conciliation can be understood as a formality, after which a strike or protest is duly followed (Interview SZDSSH, 2024). The sectoral ministry mentioned mediation from some ten years ago because a matter that should not have been included in the collective agreement was included, and it was necessary to agree on the easiest way to resolve this situation through meditation. Namely, an extremely favourable provision for workers was included in the sectoral agreement, but this would cause a chain reaction in all other sectoral agreements in the public sector and the civil service and would significantly increase the costs for the state, which was impossible to absorb (Interview MROSP, 2024).

III. Challenges to collective bargaining

Traditionally, the social care sector includes mainly "women" jobs. In the institutions within the sector, over 90% of the workforce is female, and they perform professional jobs, while on management positions there are predominantly men. However, it is assessed that this does not significantly affect collective bargaining. Salaries in public services are defined in advance, and there is no gender segregation (Interview MROSP, 2024). The challenges for the social care system are:

- the lack of professional medical staff, high degree of bureaucratization, vaguely defined work standards,
- the social care system still has poor legal regulations and is not flexible.

The key challenge for the social care system is the lack of professional medical staff, especially nurses, physiotherapists, carers, social pedagogues, psychologists, and similar staff. The problem is finding and employing people in the system. The staff is in direct contact with users, so they must speak Croatian. Therefore, foreign workers are mostly not a solution (Interview SZDSSH, 2024). Other weaknesses of the system are a high degree of bureaucratization, overburdening of employees, vaguely defined work standards, absence of performance monitoring, insufficient concern for human resources, weak involvement of workers in decision-making, violation of labour rights, strong control mechanisms and avoidance of social dialogue by employers in the private sector (Dimić, Marinković, Hudina, 2019).

Representatives of the sector union warn that the social care system still has poor legal regulations and is not flexible. Employment is conditional on at least one year of previous work experience in the system, and the response to public tenders is minimal. They believe the system is unsustainable because, due to the lack of personnel, it is impossible to provide users with the service guaranteed by the Law on Social Care (SZDSSH interview, 2024). The trade unions are advocating for the amendment of the

legal framework following the example of other European countries. They propose a probationary period instead of at least one year of previous work. Another problem, as they state in SZDSSH, is related to the employment opportunities for young people from Croatia who have completed their studies at the University of Mostar (Bosnia and Herzegovina) for which, although primarily Croatian professors teach there, it is necessary to pass additional exams and obtain a license. The union believes that the **Chamber of Social Workers** sets too high requirements (a dozen exams) for issuing a license (Interview SZDSSH, 2024). The MROSP also warns about difficulties with recognizing diplomas from the University of Mostar and sees a solution in the probational work (MROSP interview, 2024).

Migrant workers are a new challenge. When the last collective agreement was negotiated, there was no migrant workforce in Croatia yet, and unions will now have to take steps to integrate foreign workers. The representative of the MROSP ministry believes it would be reasonable if the unions asked for additional education, language learning, and benefits for the migrant workers through the collective agreement (Interview MROSP, 2024).

Deregulation is occurring in practice, as seen in the example of migrants. It happens that foreign workers from Nepal are employed through the agencies as caregivers in Croatian institutions, for which only low qualifications are required (primary school, a three-month course with the condition of knowledge of the Croatian language). The trade union cannot deal with this because it only represents its members, but it can advocate for more flexible entry into the system and the labour market in general (Interview SZDSSH, 2024).

The sector union believes that, even though the social care sector is small, establishing a separate ministry should be considered due to the specificity of the activity. The Ministry of Labour, Pensions, Family and Social Policy (MROSP) is an extensive system that covers employment, pensions, and social care and operates in multiple locations. Developing quality personnel who can deal with the sector's specificities within such an institutional setting is challenging. Furthermore, in the institutions of the social care system, there are often users with difficult diagnoses that should also be covered by the healthcare system (palliative care, oncology, or mental patients). However, there are no permanently employed doctors in the social care system. Centres in the sector also help those who suffer from natural disasters, floods, earthquakes, and the like, even though they are under-capacitated for work in regular circumstances, so employees work beyond their norms. In neighbouring Slovenia, it is standard for one social worker to work with 50 families, while in Croatia, they work with 200 to 250 families. Through collective agreement, the sectoral union strives to enable employees to be adequately paid since they work in specific conditions, under pressure and stress (Interview SZSSH, 2024).

The trade unions identified the lack of organization of private employers and their lack of interest in collective bargaining as the most important challenges for collective bargaining (SZSSH interview, 2024). The ministry also identified the disinterest of private employers in collective bargaining (Interview MROSP, 2024).

The sectoral trade union has a strong presence, is active in bargaining, and advocates for its members. For example, it does its best to resolve the complaints of employees who were not paid for overtime hours quickly (Interview MROSP and SZDSSH, 2024).

The claim that employers are not organized enough refers to private providers of social services. Several large private service providers who are members of the HUP association do not engage in collective bargaining, although they should. The ministry is not hostile to unions, but the private service providers are because they are primarily concerned with their benefit. As a tool for solving challenges, the ministry proposes to extend the provisions from the sectoral collective agreement to the private sector. The second solution they propose is that based on the contract that the ministry concludes with a private service provider, the obligation for the private provider to comply with the sectoral collective agreement is created. In other words, a contract between a privately owned institution and the state that allows it to finance its activities partially would oblige it to comply with the provisions of the sectoral agreement, even though it is not a signatory, nor does it have a union in its institution (Interview MROSP, 2024).

To solve this challenge, the union proposes better legal regulations, obliging and equipping the employer to bargain. They do not support the reform proposal, according to which the numerous centres for social care, which now have their legal personality and independence, would be merged into one institution. They believe that the proposal would cause excessive centralization, by which the centres would lose their authority and thus their responsibility (Interview SZSSH, 2024).

IV. Towards Smart Bargaining

The representatives of the sector union and the relevant ministry understand smart bargaining in accordance with the offered definition, which implies enabling improvements, meeting expectations, and ensuring a high rate of coverage with collective agreements.

The representatives of the sectoral union assess that the most important thing for improving conditions is **better content of collective agreements**, with a greater degree of trust among existing actors. At the same time, they consider the establishment of new actors (unions and employers) unnecessary. In their opinion, the most important thing for meeting expectations is that all parties involved have **confidence in the bargaining**, which is the best way to regulate working conditions, and a further necessary assumption is that bargaining must always end with an agreement. According to the union, the following actions could contribute to increasing the bargaining coverage in the social care sector (Interview SZDSSH, 2024):

- key aspect: broader use of the existing mechanisms to extend the application of collective agreements, where necessary revising them
- strengthening trade union organization,
- developing a culture of negotiation in society and raising awareness of the benefits of bargaining,

- strengthening employers' willingness to bargain,
- improving the quality and content of collective agreements.

When the Law on Wages was passed, the intention was that this law would cover only employees whose salaries are paid from the state budget, and that is only half of the employees in the public social care system. The other half are employees of institutions whose founders are cities and counties, that is, those who do not receive a salary from the state budget. This problem was discussed in the negotiations for several months. In the end, the union managed to include the other group of institutions founded by cities and counties so that the provisions of the Law on Wages would also apply to them thereby ensuring the application of minimum standards to these employees as well (Interview SZDSSH, 2024).

Another problem with institutions whose founders are cities and counties was that the funds available to these institutions were not sufficient for them to respect the rights from collective agreements. It used to happen that all workers on the state budget received a Christmas bonus, but those in other institutions did not. In further bargaining efforts, the trade union managed to oblige the relevant minister to enact the decision on decentralized funds, which ensured the broad application of all that was inscribed in the collective agreements regarding increasing the salary base and other rights. Thus, the provisions of the basic and sectoral collective agreement are now applied to all employees of public institutions in the social care system, regardless of who is their founder. Union representatives believe that "one size fits all" cannot be applied in the social care system as an approach to smart bargaining because contemporary times require an individualized approach (ibid.).

The representatives of the relevant ministry attach the most significant importance to greater frequency of negotiations when it comes to improvements aimed at increasing the coverage by collective agreements. Like the union, they consider the establishment of new actors (unions and employers) less important. To realize the expectations from the bargaining, the ministry's representatives consider it very important that the bargaining always ends with an agreement and that there is trust among all parties involved. Among the actions that could lead to an increase in the coverage of collective agreements in this sector, representative of the ministry considers important and very important:

- strengthening the willingness of private employers to negotiate,
- using more extensively existing mechanisms for extending the application of collective agreements and, where necessary, revising them,
- improving the content of collective agreements.

Strengthening the organization of employers and trade unions and using mediation and arbitration mechanisms are considered neutral when it comes to increasing the coverage of collective agreements (Interview MROSP, 2024).

According to the sectoral ministry's opinion (Interview MROSP, 2024):

- smart bargaining could be achieved through the efforts of both sides on implementing projects aiming to raising visibility of bargaining results, so that the public can understand the benefits of social dialogue.

Representatives of the ministry agree with the unions that the approach to smart bargaining cannot be based on the principle of "one size fits all." They believe the focus should always be on the end user, but that lower-level collective agreement should not be negotiated. For example, the difference is whether the user is 60 or 20 years old. However, it is possible to cover both age groups with one sectoral agreement in which their specificities would be respected (Interview MROSP, 2024).

The Law on Social Care is the most important law regulating this activity. The provisions of the directives of the European Parliament and the EC Council on services on the internal market have been transposed into that law (Dimić, Marinković, Hudina, 2019). In addition, the activity is regulated by the broader Labour Law (OG 64/23). The reform of the social care system is underway, and the government sent a package of legal proposals for reform to the Croatian Parliament in November 2024, the goal of which is a better and more transparent social security system and better services for users. An amended Law on Social Care is among the new legislative proposals.

The trade union raises many objections to the legal regulations in social care. They do not rate the relationship between legal regulations and collective bargaining positively. The union does not agree with the statement that the current legislation can be the basis for more specific regulations in the collective agreements. It agrees with the claims that the legislation is too detailed and leaves little room for bargaining. It believes that comprehensive legislation is unnecessary, but that bargaining should be used to determine working conditions. For example, they cited the specific regulation of night work in the sectoral collective agreement (SZDSSH interview, 2024).

Unlike the trade unions, the representatives of the line ministry agree that the current legislation can be the basis for more specific regulations related to collective agreements. Other positions are like those of union representatives (Interview MROSP, 2024).

The representatives of the sector union believe that changes are needed in the content of collective agreements, which would enable more negotiations on wages, as well as the introduction of other topics into the bargaining, more adapted provisions, and more concessions and compromises (Interview SZDSSH). The line ministry assesses that having more concessions and compromises is unnecessary but that a better balance between obligations and concessions is needed. Employees often ask for concessions but are not ready to undertake greater engagement. The ministry notes that the salary increase issue is addressed in the basic collective agreement and that there is no need for the social care sector to separate from health and education because these are all public services (Interview MROSP, 2024).

V. European Perspectives

Directive (EU) 2022/2041 on adequate minimum wages in the European Union aims to improve working and living conditions in the EU by establishing a framework for the adequacy of the legal minimum wage, promoting collective bargaining on wage determination, and improving workers' adequate access to minimum wage protection rights if this is provided for in national law and/or in collective agreements.

The social partners do not have a detailed insight into implementation of this Directive. The union's position is that the Directive does not affect them, but only the private sector (SZDSSH interview, 2024). In the relevant ministry, the Directive was not discussed at meetings, nor was it mentioned in collective bargaining, since the system of coefficients is applied. In that system, the minimum wage is not a standard; the lowest wage is higher than the minimum, so this Directive has no impact (Interview MROSP, 2024).

Social partners from Croatia have not cooperated with social partners at the EU level concerning their support for bargaining coverage and have no experience (Interview SZDSSH and MROSP, 2024).

Union supports the idea of mutual learning and exchange of experiences. It cooperated with trade unions from Bosnia and Herzegovina and Serbia but not with those in the EU countries. It believes the EU-level social partners can develop communication strategies vis-à-vis their subsidiaries to strengthen bargaining and coverage with collective agreements. Such cooperation would aid the sector union to improve the existing standards (SZDSSH interview, 2024). The line ministry experienced mutual learning and cooperation during bargaining for the Basic Collective Agreement for Employees in Public Services (Interview MROSP, 2024).

VI. Conclusions

Social care is an activity of public interest for Croatia, aiming to assist socially disadvantaged persons in numerous areas. Public employers dominate the sector, and coverage by collective agreements is 78.8%. Despite ongoing reforms, the system is still centralized and highly bureaucratized. Collective bargaining occurs at the sectoral level, and for public services, it is also at the intersectoral level. Today, two collective agreements are applied in the social care system. These are the Basic Collective Agreement for Employees in Public Services and the sectoral Collective Agreement for Social Care Activities. Although the duration of the sectoral agreement has formally expired, it still applies for an extended period until new one is concluded. In the last ten years, there have been no significant changes regarding the actors involved in collective bargaining. The sector union negotiates with the government on the basic collective agreement and with the line ministry related to the sectoral agreement. The union is also a partner in all working groups and procedures relevant to employees'

status in social care. Two branch associations of the Croatian Association of Employers are relevant for the in-house bargaining on the part of employers.

According to the sector union, the social care system's key challenge is the lack of professional medical staff, especially nurses. The other weaknesses of the system are poor legislation (which is currently under reform process), overburdening of employees, insufficiently defined work standards, lack of performance monitoring, insufficient concern for human resources, weak involvement of workers in decision-making, violation of labour rights and avoidance of social dialogue by the private employers. The relevant ministry also points to the problem of the disorganization of private employers and their lack of interest in bargaining. However, it assesses that the union is active in negotiations and advocates for its members.

The sector union and line ministry representative have different views on the importance of smart bargaining for the social care sector. The trade union believes that the most significant improvement would be visible through better content of collective agreements and greater trust between actors. At the same time, the representative of the relevant ministry attaches importance to another issue, namely greater frequency of bargaining. However, both attach little importance to the need to create new actors, trade unions, and employers' associations. The sector union and the line ministry agree that smart bargaining should meet expectations regarding confidence building. They agree that bargaining is the best way to regulate working conditions. To a lesser extent, they agree that bargaining should always end in an agreement. Collective agreement coverage could be increased by activities aimed at strengthening the willingness of private employers to bargain, by making more extensive use of existing collective agreement extension mechanisms, and by introducing legislative changes to introduce (or revise) existing extension mechanisms. These are the only three areas in which the sector union and ministry representative have the same views regarding the increase in coverage. Their views with respect to increased collective agreement coverage are contradictory when it comes to strengthening trade union organizations, developing a culture of negotiation in society, and improving the content of collective agreements. According to the ministry, more work should be done to improve the visibility of the bargaining results so that the public can understand the benefits of social dialogue. Union and ministry representatives believe that the smart bargaining approach cannot be based on the "one size fits all" principle because today's times require an individualized approach. At the same time, both partners agree that problems in the social care system can only be solved through the partnership of all stakeholders. The report proposes few elements for smart bargaining strategies based on interviews:

- broadening use of existing mechanisms for extending the application of collective agreements,
- raising awareness of bargaining results to increase understanding the benefits of social dialogue,
- developing a culture of negotiation in society,
- strengthening willingness of private employers to negotiate,
- improving the quality and content of collective agreements.

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Law on Social Care. OG 157/13, 152/14, 99/15, 52/16, 16/17, 130/17.

Annex

Abbreviations

Croatian Employers Association - HUP

Croatian Bureau of Statistics – DZS

Independent Trade Union of Health and Social Care of Croatia - SSZSSH

Ministry of Labour, Pension System, Family and Social Policy - MROSP
Trade Union of Croatian Social Care Employees – SZDSSH
Union of Independent Trade Unions of Croatia – SSSH