



Mobilecare

Social dialogue as a tool to improve the
conditions of functioning of intra-EU labour
mobility in home-based care services

**REPORT OF THE TRADE UNION OF HEALTH AND SOCIAL PROTECTION
EMPLOYEES OF SERBIA**

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The research in accordance with the project objectives in Serbia was conducted by the Employees' Union

in healthcare and social protection in Serbia in three phases:

1. **Focus group, face to face with 12 participants**
2. **Survey with 20 participants**
3. **Interview with 10 participants**

Given the specificity of the elderly care industry and the current events in Serbia, it was easier to organize the focus group face-to-face. The focus group was held on December 13, 2024 in Belgrade. The interview was held with a representative of the Ministry of Labor, Employment, Veterans and Social Affairs, the Prime Minister of the Republic of Serbia, the NGO Amity, the Minister of Health, a labor inspector, family members whose member is placed in a social care institution, a family member who cares for an elderly person at home, and undeclared workers.

The interview was conducted in the form of a conversation and the interviewees answered some questions from the proposed list of questions depending on their field of work and interest in the topic. It was not possible to reach the owners of private residential institutions or people working in private institutions for the care of the elderly. We were not able to reach people who were sent to work in third countries, if they exist, because there are no records of them in the National Employment Agency,

The survey was made in paper form and distributed to interested participants in the field of social protection. It was anonymous with 15 questions to which participants responded. The survey was collected and processed.

Through a focus group, interview, and survey, we attempted to find a way to solve the problems of workers in the elderly care sector through social dialogue among stakeholders.

Social dialogue and social partners play a key role in shaping and implementing social policy in Serbia. These mechanisms enable the alignment of interests of different actors – the state, employers and employees – in order to achieve a balance between economic development and social justice. Social dialogue is particularly important in the context of decision-making that affects working conditions, employment, social protection and workers' rights and is a process of negotiation, consultation and exchange of information between **social partners** – representatives of the government, employers and trade unions – with the aim of making decisions related to social and economic policy.

- **Bilateral** (between two partners, e.g. employers and unions),
- **Trilateral** (including the state as a mediator or active participant).

2. Social partners in Serbia

1. Government of the Republic of Serbia

- Enacts laws, creates policies and strategies in the field of labor and social protection.
- Responsible for implementing social policy, including the pension system, healthcare, and assistance to vulnerable groups.

2. Trade union organizations

- They represent the interests of employees and fight for improvements in labor rights, wages, and working conditions.
- The largest branch union in the field of health and social protection is the Union of Health and Social Protection Employees of Serbia. The largest union headquarters is
 - **Confederation of Independent Trade Unions of Serbia (SSSS)** ,

3. Employers' associations

- They represent the interests of the private sector, promoting favorable business conditions and economic efficiency.
- The most important organization:
 - **Serbian Employers' Union (UPS)** .

4. Civil society organizations and non-governmental organizations (NGOs)

- Represent the interests of specific groups, such as people with disabilities, the elderly, women, children and marginalized communities.

3. Institutional framework of social dialogue in Serbia

1. Social and Economic Council of the Republic of Serbia (SES)

- Established in 2001 as the main body for tripartite social dialogue.

• **Members:**

- Government representatives,
 - Representatives of representative trade unions,
 - Representatives of employers' associations.
- **Role:**
- Giving opinions on laws and regulations in the field of labor and social protection,
 - Negotiating collective agreements,
 - Monitoring the implementation of social policy.

2. Sectoral and local socio-economic councils

- They exist at the sectoral level (e.g. health, education) and local communities.
- These councils adapt social policies to the specific needs of sectors or regions.

3. Collective bargaining

- A mechanism through which unions and employers negotiate working conditions, wages and employee rights.
- Collective bargaining is the result of **collective agreements** , which can be at the company, sector or national level.

4. The role of social partners in social policy

1. Creation of the legislative framework

- Social partners participate in the drafting and revision of laws regulating labor relations, social protection and workers' rights (e.g. Labor Law, Social Protection Law) .

2. Protection of workers' rights and social security

- Trade unions actively participate in the fight for better working conditions, higher wages and improved labor rights.
- Employers strive to align worker demands with market needs and economic sustainability.

3. Development of employment policies and labor legislation

- Social dialogue is key to adopting policies that stimulate employment, reduce unemployment and support flexible forms of work.

4. Providing social protection for vulnerable groups

- Civil society organizations and NGOs participate in advocating for the rights of the elderly, people with disabilities, children and other vulnerable groups.
- The role of social partners is to ensure the inclusion of these groups in social policies.

5. Prevention of social conflicts

- Effective social dialogue can prevent strikes and other forms of radical protests, enabling the peaceful resolution of disagreements.

5. Challenges in social dialogue in Serbia

1. Uneven representation of social partners

- Some unions and employers' organizations do not have enough influence, which can upset the balance in the dialogue.

2. Insufficient implementation of agreed policies

- Although agreements are often reached at the institutional level, implementing these policies on the ground may be hampered by administrative or political obstacles.

3. Weak institutional support

- Lack of resources and institutional capacity may limit the effectiveness of the Socio-Economic Council and other bodies.

4. Low union coverage

- In some sectors there is a low level of union organization, which makes collective bargaining and the protection of workers' rights difficult.

6. Examples of social dialogue in practice

1. Pension system reforms

- Social partners played an important role in discussions on pension system reforms, including increasing the retirement age and adjusting pension levels.

2. Labor Law

- During the amendments to the Labor Law, trade unions and employer organizations participated in negotiations on the flexibility of employment contracts, working hours, and employee rights.

3. Policies in the field of care and social protection

- The dialogue on the provision of care services to older people includes trade unions from the health and social care sectors, as well as organisations representing the rights of older people.

7. Recommendations for the improvement of social dialogue

1. Strengthening the capacity of social partners

- Training and education of members of trade unions and employers' organizations on rights and dialogue mechanisms.

2. Increasing transparency and participation

- Greater involvement of the general public and civil society organizations in the decision-making process.

3. Improvement of the legislative framework

- Updating the laws regulating social dialogue to increase the efficiency and accountability of social partners.

4. Improving the implementation of agreed policies

- Strengthening oversight of the implementation of decisions made through social dialogue, including dispute resolution mechanisms.

In Serbia, **social care** is part of the wider **social protection system** and falls under the jurisdiction of the **Ministry of Labor, Employment, Veterans and Social Affairs** . This area is regulated by the **Law on Social Protection** , which defines the types of services, beneficiaries, standards and methods of providing social care.

Institutions responsible for social care

1. Ministry of Labor, Employment, Veterans and Social Affairs

- The main body responsible for creating policies, the legislative framework and supervising the implementation of social protection and care.
- Defines strategies and standards for the provision of care services and monitors implementation at the national level.

2. Centers for social work (CSR)

- Basic units of the social protection system at the local level.
- Provide direct services to beneficiaries, assess care needs and arrange for home care or institutional placement.
- Coordinate cooperation between families, institutions and service providers.

3. Gerontological centers and nursing homes

- State institutions that provide institutional care and accommodation to elderly people who are unable to care for themselves.
- They provide medical care, psychosocial support and activities to improve the quality of life of beneficiaries.

4. Institute for Social Protection

- An expert institution that monitors the quality of social protection services, conducts research and proposes improvements to the system.
- Monitors the implementation of standards and makes recommendations for improving care services.

Types of social care services in the public system

1. Help at home

• It is provided to elderly and infirm persons who wish to remain in their own home.

- Services include assistance with daily activities, food delivery, hygiene care and medical support.

2. Day care centers and clubs for the elderly

- Places where seniors can spend part of the day , participating in various activities, socialization and education.

3. Temporary or permanent placement in institutions

- Residential care services in state gerontological centers for those who require permanent or occasional care.

4. Palliative and health care

- Specialized services for people suffering from chronic or terminal illnesses, including psychosocial support.

Financing social care

- **Public funds** : Financing comes from the budget of the Republic of Serbia, the budget of local governments and user contributions.
- **User participation** : Service users pay a certain portion of the costs depending on their financial capabilities, while the rest is covered by the state.
- **International projects and donations** : Part of the social care program is financed through international projects and cooperation with non-governmental organizations.

Legal framework

1. Law on Social Protection

- Basic law that defines the rights of users, types of services, standards and responsibilities of institutions.

2. Rulebook on detailed conditions and standards for the provision of social protection services

- It details the quality standards that must be met by all service providers.

The role of the state in ensuring universal and affordable access to elderly care services is crucial and encompasses several aspects:

- 1. Legislative framework and regulations** : The state enacts laws and regulations that define service quality standards, the rights of older persons, and the obligations of service providers. This includes the regulation of public and private institutions, home care, and informal forms of support.
- 2. Funding and subsidies** : Through budgetary allocations, the state provides financial resources for public social welfare and health care institutions. It may also subsidize private homes or provide direct financial assistance to the elderly to enable them to access services.
- 3. Infrastructure development** : The state invests in the construction and modernization of nursing homes, day care centers, and other forms of institutional and non-institutional care, including home visits and mobile health teams.
- 4. Training and employment of personnel** : Through educational programs and professional training, the state provides qualified personnel to work with the elderly, such as gerontological technicians, nurses, and social workers.
- 5. Family and community support** : The state encourages and supports informal caregivers (family members) through financial assistance, counseling services, and respite care opportunities. It also promotes intergenerational solidarity and community involvement.
- 6. Accessibility and equity** : The state must ensure that services are accessible to all older persons, regardless of their economic status, place of residence (especially in rural areas), or health status. This includes special programs for marginalized groups.
- 7. Monitoring and Evaluation** : The state is responsible for overseeing the quality of services through inspections, evaluation and continuous improvement of the social and health care system.
- 8. Promotion of active aging** : In addition to care, the state has a role in promoting active and healthy aging through physical activity, education, and social inclusion programs, thereby postponing the need for more intensive care.

These elements together contribute to building a system that enables dignified aging and a quality life for older people.

4. The role of social partners, trade unions and employers' organizations in ensuring universal access to home care services

Social partners, such as trade unions, employers, civil society organizations and professional associations, have an important role to play in ensuring access to home care for older people. Their role includes the following aspects:

1. **Advocacy and lobbying** : Social partners can put pressure on the government and relevant institutions to improve policies and legislation regulating home care. This includes advocating for better working conditions for caregivers, greater subsidies and financial assistance for service users.
2. **Collective bargaining** : Unions and employers can secure rights and benefits for home care workers through collective agreements, including fair compensation, training, occupational safety and health , and access to social protection.
3. **Training and professionalization of staff** : Professional associations and educational institutions, as social partners, can organize training and certification for caregivers, thereby increasing the quality of home care services.
4. **Support for informal caregivers** : Civil society organizations and trade unions can provide support to family members who care for older people at home, through advisory services, education and legal assistance. They can also advocate for flexible working hours and other benefits for employees who provide care to family members.
5. **Service provision** : Some NGOs and social enterprises directly provide home care services, especially in communities where government support is limited.
6. **Awareness-raising and information** : Social partners can organize awareness-raising campaigns about the importance of home care and the rights of older people, as well as provide information about available services and support.
7. **Monitoring and reporting** : Civil society organizations and unions often participate in monitoring the quality of home care services and report on irregularities or needs for system improvement.

Social dialogue and social partners play a key role in shaping and implementing social policy in Serbia. These mechanisms enable the alignment of interests of different actors – the state, employers and employees – in order to achieve a balance between economic development and social justice. Social dialogue is particularly important in the context of decision-making that affects working conditions, employment, social protection and workers' rights.

Non-governmental organizations (NGOs) play a significant role in improving the availability and quality of elderly care services in Serbia. Their work complements state and private initiatives, especially in areas where institutional support is not sufficiently developed. Here are the key aspects of their role:

1. Providing direct care services

1. Home care and assistance in the community

- NGOs often provide home care services for older people who cannot rely on public or private institutions. These services include assistance with daily activities (hygiene, nutrition, taking medication).
- Example: **The Serbian Red Cross** organizes home assistance programs for the elderly, including the delivery of food, medicine, and basic necessities.

2. Daycare centers and socialization programs

- Some NGOs are opening day centers for the elderly where they can spend time, participate in educational and cultural activities, thus reducing feelings of isolation and loneliness.

3. Palliative care and support for patients

- NGOs provide specialized care to people suffering from chronic and terminal illnesses.

Palliative care organizations offer emotional support, psychological counseling, and medical care.

2. Education and support for families

1. Training for family caregivers

- NGOs organize educational programs and workshops for family members who care for the elderly, helping them develop the skills needed for quality care.

2. Psychological support for caregivers

- Caring for elderly family members can be emotionally and physically draining. NGOs offer counseling and support groups for family caregivers.

3. Representation of the rights of the elderly

1. Advocacy and public campaigns

- NGOs play a key role in **advocating for the rights of older persons** access to quality care and social protection.
- Through public campaigns and initiatives, NGOs raise awareness of the problems faced by older persons, such as poverty, discrimination and neglect.

2. Participation in the creation of public policies

- Many NGOs collaborate with state institutions and international organizations to create strategies and laws that improve care services and protect the rights of older persons.

4. Support for marginalized groups of older persons

1. Assistance to the elderly in rural areas

- NGOs often operate in rural and remote areas where government services are limited or unavailable, providing basic care and support services.

2. Work with particularly vulnerable groups

- Focus on older people living in poverty, people with disabilities, minority communities and those who have survived violence or abuse.

5. International cooperation and funding

1. Projects funded by international donors

- NGOs often receive funding from international organizations (EU, UN, WHO) for projects that improve elderly care services.
- These projects enable the development of new services, innovations in care and the expansion of existing capacities.

2. Cooperation with other organizations and institutions

- NGOs collaborate with local governments, health institutions and other organizations to work together to improve the availability of care services.

6. Examples of NGOs providing services to the elderly in Serbia

- Organizes home care programs, food delivery, education for caregivers, and psychosocial support.

2. Amity - The power of friendship

- Provides legal and social assistance to the elderly and works to advocate for their rights.

3. Caritas Serbia

- Focused on providing home care and psychosocial support services, especially in rural areas.

4. Women's Support Center

- It specifically addresses the rights and support of older women who have suffered violence or are at risk of social exclusion.

7. Challenges faced by NGOs

1. Limited resources and financial means

- Many NGOs depend on project funds, which can limit the continuity of services.

2. Insufficient institutional support

- Although NGOs contribute to the social protection system, cooperation with state institutions can sometimes be difficult due to bureaucratic obstacles.

3. Lack of standardization of services

- There are not always clear standards and regulations for the services provided by NGOs, which can affect the uniform quality of care.

Legal framework for home care services in Serbia

Home care services in Serbia are part of a broader **social protection system** and are regulated by laws and regulations that define quality standards, conditions for service provision and the rights of beneficiaries. These services are essential for older and frail persons who wish to remain in their own homes but need assistance with daily activities. These services are part of **non-institutional care** and encompass a wide range of activities that meet the physical, medical, social and emotional needs of beneficiaries.

1. Healthcare

- **Medical services** : measuring blood pressure, giving injections, dressing wounds, monitoring chronic diseases (diabetes, hypertension).
- **Therapeutic support** : administration of medications as directed by a physician.
- **Physiotherapy** : exercises and rehabilitation to improve mobility.

2. Assistance in performing daily activities (ADL - Activities of Daily Living)

- Maintenance of personal hygiene (bathing, changing, help with dressing).

Legal framework

1. Law on Social Protection

- This is the basic legal document that defines types of social services, including home care.
- Home care services are part of **community living support services** , along with home care and day care.
- **The beneficiaries** of these services are the elderly, people with disabilities, the chronically ill and other vulnerable groups who need support to maintain their independence.

2. Rulebook on detailed conditions and standards for the provision of social protection services

- This regulation precisely defines **the minimum quality standards** that service providers must meet.
- **Standards include** :
 - Professional education and training of caregivers,
 - User safety,
 - Users' rights to privacy and dignity,
 - Continuous evaluation of service quality.

3. Law on Health Care

- When the care service includes **medical interventions** (e.g. providing therapy, measuring blood pressure, health monitoring), health care regulations also apply.

Institutions responsible for regulation and service provision

1. Ministry of Labor, Employment, Veterans and Social Affairs

- Responsible for policy creation, regulation and oversight of the implementation of social welfare services, including home care.

2. Centers for social work (CSR)

- They play a key role in assessing the needs of users and referring them to home care services.
- **The CSW** cooperates with local governments and service providers to provide appropriate support to beneficiaries.

3. Service providers (public and private)

- **Public sector** : Services are often organized by local governments in cooperation with social work centers.
- **Private sector and NGOs** : Private agencies and non-governmental organizations can provide services, but must have a **license** issued by the competent ministry.

4. Institute for Social Protection

- Monitors and evaluates the quality of service provision, provides support in standardization and system improvement.

Licensing and standardization of service providers

• Licensing :

All home care providers, whether public or private, must undergo a licensing process that includes verification of compliance with minimum standards defined by regulations.

• Training and qualifications :

Caregivers must have appropriate qualifications (usually a medical school or specialized courses in geriatric care). There is also an obligation for continuous education and professional development.

• Supervision and inspection :

The Ministry and local inspectorates regularly check the work of licensed service providers to ensure quality and compliance with regulations.

Financing home care services

1. Public sources :

- **The state budget and local government budgets** finance part of the services, especially for low -income users.

2. User participation :

- Users often pay part of the costs according to their financial capabilities, while the rest is covered by the state.

3. Private financing :

- In cases where the service is provided by private agencies, beneficiaries bear the full cost of the service, unless they are part of a social program.

Challenges in the regulation of home care services

1. Insufficient availability :

- In rural and remote areas, home care services are not always available, due to lack of staff and infrastructure.

2. Insufficient control over unregistered providers :

- There is a problem with “**working illegally**” , where services are provided by persons without adequate training or licensing, which can affect the quality and safety of users.

3. Financial constraints :

- Although subsidy programs exist, many users face high costs, especially when it comes to private services.

In Serbia, **national standards for providing services to the elderly** are part of a broader framework of social protection, and are defined through laws, regulations and strategies that ensure quality, accessibility and dignified treatment of the elderly. These standards are applied both in institutional forms of care (nursing homes) and in non-institutional services (home care, day care).

1. Legislative framework

• **The Law on Social Protection** (2011) is the basic legal document that defines the types of social protection services, including services intended for the elderly.

• **Regulations on quality standards for social welfare services** prescribe specific standards for various services, such as accommodation in nursing homes, home help and day care.

2. Service quality standards

The standards refer to the following areas:

- **User rights** : Respect for the dignity, privacy and autonomy of older people. Users have the right to be informed and participate in decisions about their care.
- **Accessibility of services** : Services must be accessible to all, without discrimination based on gender, religion, financial status or place of residence. Special attention is paid to vulnerable groups.
- **User safety** : Safety protocols are required in homes and home care, including physical safety, protection from abuse, and adequate housing conditions.
- **Staff qualifications** : Employees in the social welfare system must have appropriate education and training. This includes nurses, gerontological technicians, social workers and caregivers.
- **Individual care plans** : Each beneficiary has the right to a personalized care plan, which is tailored to their needs and regularly reviewed.
- **Monitoring and reporting** : Facilities and service providers are subject to regular inspections and evaluations to ensure compliance with standards.

3. Types of services for the elderly

- **Institutional services** : Nursing homes and gerontological centers offer permanent or temporary accommodation with medical and social care.
- **Non-institutional services** :
 - **Home help** includes services such as food delivery, hygiene maintenance, medical care and social support.
 - **Daycare centers** provide opportunities for socialization and various activities during the day .

• **Geronto** housewives and other types of help in the community.

4. Supervision and quality control

- **The Ministry of Labor, Employment, Veterans and Social Affairs** is responsible for overseeing the implementation of the standards.
- **The Social Welfare Inspectorate** conducts regular inspections of institutions and service providers.

5. Strategic documents

- **The Strategy for Improving the Position of Older Persons in Serbia** defines long-term goals and measures for improving the quality of life of older persons, including standards in service provision.
- **Action plans** monitor the implementation of the strategy and include concrete measures to improve standards.

6. Local level and decentralization

Local governments are obliged to organize and finance certain social protection services in their territory, in accordance with national standards. This allows for the adaptation of services to the specific needs of communities.

7. Financing

Services can be financed from the budget of the Republic of Serbia, the budget of local governments, as well as from the personal funds of the users. There are also subsidies and social assistance for those who cannot afford services.

These standards aim to ensure that older persons in Serbia receive quality, affordable and dignified care, whether it is institutional or home-based services.

Demand for care services in Serbia and ways to fulfill it

1. Growth in demand for care services

The demand for care services in Serbia is constantly growing, as a result of demographic, social and economic changes:

1. Population aging

- Serbia is faced with **rapid population aging** . According to the Republic Statistical Office, more than 20% of the population is over 65 years old, and this percentage is expected to continue to grow.
- Increasing life expectancy is leading to a greater number of older people requiring long-term care due to chronic illnesses, reduced mobility or cognitive impairment (e.g. dementia).

2. Changing family structures

- Traditional models of **multi-generational living** in a shared household are decreasing, increasing the need for professional care services.
- Young people often migrate to bigger cities or abroad, leaving older family members without direct support.

3. Increasing the work engagement of women

- Women have traditionally been the primary caregivers in the family. However, increasing female employment means less time available to care for older family members, increasing the demand for professional care.

4. Growing awareness of the quality of life in old age

- Older people and their families increasingly recognize the importance of **quality professional care** , which further increases the demand for specialized services.

2. Types of care services requested

1. Home care

- This service involves professional caregivers coming to an elderly person's home to help with daily activities such as hygiene, food preparation, taking medication, and medical care.
- The demand for this type of service is growing, as it allows the elderly to remain in their own home with the necessary support.

2. Accommodation in nursing homes

- **Public homes** : Subsidized and accessible, but with long waiting lists.

• **Private homes** : They offer faster access and often a higher standard of service, but are significantly more expensive.

• There is a growing demand for **specialized homes** , which provide care for people with dementia, Alzheimer's disease and other specific health conditions.

3. Day care centers for the elderly

• This option allows older people to spend part of the day in a social environment with professional care, while spending the rest of the time at home.

4. Help at home (social services)

• These services include assistance with housework, shopping, home hygiene, etc. They are usually provided by local governments with support from the state.

5. Palliative and health care

• Services that focus on providing care to terminally ill people, both at home and in specialized institutions.

3. How is the demand for care services met?

1. Public sector

• State homes for the elderly :

• Funded by the state and local governments, these homes offer basic care services at subsidized prices.

• The problem is limited capacity, so there are often **long waiting lists** .

• Social work centers :

• Provide needs assessment of older adults and refer them to appropriate services.

• Provide access to home help and support services.

2. Private sector

• Private homes and institutions :

• They provide a higher level of service, often including specialized medical care, but at high costs.

• Faster availability and more flexible in terms of services.

• Home care agencies :

- Private agencies offer professional caregivers to work in home settings.
- The price depends on the scope of services and the qualifications of the staff.

3. Non-governmental organizations (NGOs) and the civil sector

- **Civil society organizations** often provide assistance in the form of **volunteer programs** or subsidized care services for vulnerable groups.
- Examples include organizations that provide palliative care services or specialized programs for people with dementia.

4. Informal care (family care)

- **The family** remains the main provider of care for the elderly, especially in rural areas where institutional services are less available.
- However, this often leads to **physical and emotional strain** on family members.

4. Challenges in meeting demand

1. Lack of capacity in public institutions

- Public homes and institutions often do not have enough places to meet all needs, leading to long waiting lists.

2. High costs of private services

- Private services are often out of reach for the average citizen due to high prices, especially when it comes to long-term care.

3. Lack of qualified personnel

- Due to the migration of healthcare workers abroad and low salaries in the care sector, there is a **shortage of professional caregivers** in Serbia.

4. Insufficient institutional support for home care

- Home care services are limited and often underdeveloped in smaller communities.

5. Uneven availability of services

- Greater availability of services in urban areas compared to rural areas, where the elderly are often left to fend for themselves.

5. Recommendations for improving demand fulfillment

1. Increasing the capacity of public institutions

- Investments in expanding the capacity of public homes and developing new centers for the elderly.

2. Subsidies and financial assistance

- State subsidies for private care services to make them more accessible to a wider range of people.
- **Increase in benefits** for other people's care and assistance.

3. Training and retention of staff

- Introducing a caregiver training program and increasing salaries to retain qualified staff in the country.

4. Development of alternative forms of care

- Increasing the number of day care centers and home care services that allow the elderly to remain in their homes.

5. Support for family caregivers

- Introducing support programs, such as counseling services, education, and financial assistance for family members caring for the elderly.

There are 40 gerontological centers in Serbia with a total capacity of 9,390 beds, of which 7,641 are currently occupied. However, the demand for accommodation in state-run nursing homes often exceeds the available capacity, leading to the formation of waiting lists, especially in larger cities such as Belgrade and Novi Sad. For example, the Belgrade Gerontological Center currently has 315 people on the waiting list.

Prices for accommodation in state-run homes vary depending on the city, type of accommodation and level of care required, ranging from 35,000 to 78,000 dinars per month. In February 2025, prices in state - owned homes increased by 30%, while in private homes they increased by up to 20%.

In addition to state-run facilities, there are around 260 private nursing homes in Serbia with a capacity of over 10,000 beds. Although private homes offer additional capacity, their prices are often higher, making them less affordable for the average pensioner.

Despite existing capacities, the need for elderly care in Serbia continues to exceed supply, especially in state institutions, indicating the need for further investments and capacity expansion in the elderly care sector.

The work of persons from third countries (countries outside the European Union and the region) in elderly care work in Serbia is becoming increasingly present, especially due to the increased demand for these services and the shortage of domestic labor in the social protection sector. This phenomenon brings certain advantages, but also challenges, both for workers, for service users and the state. On the other hand, a large number of persons from Serbia perform care work in third countries, EU countries, most often illegally, due to higher earnings.

1. Legal framework for the work of foreign citizens in Serbia

1. Law on the Employment of Foreigners

- Foreigners can only work in Serbia with appropriate **work permits** issued by **the National Employment Service (NES)** .
- There are three types of work permits:
 - **Work permit for employment** – when an employer hires a foreigner.
 - **Work permit for self-employment** – when a foreigner performs an activity independently.
 - **Work permit for seconded workers** – when workers are temporarily seconded from another country.

2. Law on Foreigners

- Defines the conditions of residence of foreigners in Serbia, including work activities.
- Foreigners who work without a permit or in violation of residency requirements may be deported or sanctioned.

3. Rulebook on the conditions for the provision of social protection services

- Providing professional care involves meeting certain requirements related to qualifications and certification, which also applies to foreign citizens.

2. The process of hiring foreign caregivers

1. Obtaining a work permit

- The employer must prove that there are no qualified domestic candidates available for the job.

- Documentation such as an employment contract, proof of qualifications and a valid passport is required.

2. Residence permit

- A work permit is usually issued with a **temporary residence permit** .
- Foreigners must register their place of residence at the place of work.

3. Health and social protection

- Foreign workers are entitled to health and social insurance, provided they are legally employed.

3. Advantages of hiring foreign caregivers

1. Filling the labor shortage

- Due to the increasing demand for caregivers and the shortage of domestic staff, foreign workers are helping to fill gaps in the labor market.

2. Financial accessibility

- Foreign workers, especially from countries with lower living standards, are often willing to work for lower wages, which may be more affordable for the beneficiaries' families.

3. Flexibility and availability

- Foreign workers are often willing to work longer shifts, including night shifts and weekends, which is a challenge for domestic workers.

4. Challenges and problems

1. Illegal work and legal uncertainty

- Many foreign caregivers work without proper permits, making them vulnerable to exploitation and legal consequences.

illegal workers also carries risks for the families who use these services, including legal sanctions.

2. Lack of qualifications and training

- Foreign workers often do not have formal qualifications or certificates recognized in Serbia.

- There is a risk that caregivers are not adequately trained to work with older people with specific needs.

3. Language and cultural barrier

- Communication problems can make it difficult to provide quality care.
- Differences in culture and customs can affect the relationship between caregivers and users.

4. Abuse and exploitation

- Foreign workers are often subject to poor working conditions, low wages, and excessive working hours without adequate protection.
- There is a risk of physical, emotional or financial abuse.

5. Rights of foreign workers in Serbia

1. Rights to working conditions

- Foreign workers are entitled to the same working conditions as domestic workers, including minimum wage, working hours and holidays.

2. Rights to health care

- Legally employed workers have access to health insurance, as well as sick leave rights .

3. Access to legal protection

- Foreign workers can use legal mechanisms in case of abuse or non-compliance with contractual obligations, with the help of competent institutions or trade unions.

6. The role of the state and institutions

1. Supervision and regulation

- **The Labor Inspectorate** and **the National Employment Service** control the legality of the employment of foreigners.
- Sanctions for undeclared work include fines and possible deportation of workers.

2. Support for the integration of foreign workers

- Organizing language courses and training for elderly care.

- Promotion of intercultural tolerance and understanding.

3. Customer support

- Informing families about legal employment and the risks of hiring illegal foreign workers .
- Subsidies for the legal employment of licensed caregivers.

There is no publicly available data on the number of persons from third countries employed in care work in Serbia. There are no persons from third countries employed in the public social system in Serbia. The largest number of employees from third countries work in private institutions for the accommodation of the elderly or in home care through undeclared work. They are not unionized in these institutions.

Conclusions:

1. Greater union organization is most important for social dialogue. There is a will on the part of the competent authorities for social dialogue. All social partners are interested in social dialogue wherever unions are organized.
2. Certainly, social dialogue and social partners play a key role in shaping social policy in Serbia. Through cooperation between the state, employers, trade unions and civil society organizations, it is possible to ensure a fairer and more inclusive society. Improving social dialogue mechanisms contributes to the stability of labor relations, the reduction of social inequalities and the strengthening of democratic processes in society.
3. Social care in Serbia is part of the institutional system of social protection under the supervision of the Ministry of Labor, Employment, Veterans and Social Affairs. Services are provided through a network of social work centers, gerontological centers, nursing homes and other specialized institutions. Although the legal framework is clearly defined, challenges remain in the areas of financing, accessibility and quality of services provided, especially in rural areas.
4. Through cooperation with the state and local communities, social partners contribute to the development of a sustainable home care system that is accessible, high-quality and adapted to the needs of older people.
5. Non-governmental organizations play a key role in ensuring universal access to eldercare services in Serbia. Their contribution is reflected in direct service provision, family education, advocacy for the rights of older people, and working with marginalized groups. Although they face challenges such as limited financial resources and institutional barriers, NGOs remain an important factor in the development of an inclusive and accessible eldercare system in Serbia.
6. Home care services in Serbia are clearly defined by laws and regulations, and their implementation is supervised by relevant state institutions. However, in practice, they face

- challenges such as limited availability, unregistered providers, and financial barriers for users. Improved regulation, greater oversight, and support for service providers are key to improving the quality of home care.
7. The demand for care services in Serbia is growing due to demographic and social structural changes. While there are public and private options to meet this demand, challenges such as lack of capacity, high costs, and a lack of qualified personnel make access to quality care difficult. Improving the social protection system, strengthening institutional support, and developing new forms of care are key steps towards ensuring universal and affordable access to care services for older people in Serbia.
 8. The work of third-country nationals in the elderly care sector in Serbia provides significant support in filling gaps in the labor market, but also carries serious challenges related to the legality of work, the quality of services and the protection of workers' rights. Greater regulation, control and support are needed to ensure safe and dignified working conditions for foreign caregivers, as well as quality care for older people.

Contributions:

1. Focus group

The focus group was attended by representatives of the Trade Union of Health and Social Welfare Employees of Serbia, the Serbian Federation of Health and Social Welfare Employees, the President of the Trade Union Organization of the Non-Institutional Institution for the Accommodation of the Elderly, a representative of the Ministry of Labor, Social Policy and Veterans Affairs, Social Dialogue Sector,

A representative of the Employment Agency of the Republic of Serbia, a representative of the youth of our union, service providers in the home of the beneficiaries, so-called geronto housewives, and employees of the institution for the accommodation of the elderly. Then, workers who work illegally. The legal representative of the Union was also present.

The focus group moderator was Radmila Obrenović, a project expert from the SZSZ organization.

The following are the questions that were discussed at the mentioned meeting:

1. How do you find a job?
2. Are you satisfied with your earnings?
3. Are you satisfied with the working conditions ?
4. Do you work overtime and are you paid for that work ?

5. Do you work in the user's house and other jobs?
6. Who do you turn to for protection and do you get it?
7. What are the competent institutions doing to prevent illegal work?
8. To what extent does the Ministry engage in social dialogue?
9. How significant is the contribution of the Trade Union?

Participants pointed out that wages are low and that the Serbian Government is not doing enough to increase them.

The Ministry is negotiating a Special Collective Agreement in the field of social protection in order to improve the working and material position of employees. The Ministry, upon application, carries out inspection supervision and regularity of work. Employees turn to unions and have their trust.

The problem is that undeclared work is present, both in the homes of beneficiaries and in the private sector of social protection. Undeclared workers often work longer hours in the home and, in addition to caring for the child, perform all other household chores without additional compensation or a specific salary. Salaries are low, slightly above the minimum wage.

Young people do not want to work in this sector and the average age of employees is over 40. They find work through the Employment Agency and in other ways. Trade unions provide legal protection to unionized employees. The problem is the lack of unionization in the private sector, where the majority of caregivers work. Homework is invisible to state authorities and is where abuses most often occur.

The conclusion is that greater union organization and social dialogue are key. There is a will on the part of the competent authorities for social dialogue. All social partners are interested in social dialogue wherever unions are organized.

2. Survey

The survey included people working in publicly owned institutions for the accommodation of the elderly. The majority were from Belgrade, but 6 employees from the interior of Serbia were also surveyed. The survey questions are attached.

All respondents had at least a fourth level of education of various profiles. A third of the respondents were nurses . 19 women and 1 man were surveyed, which is in line with the gender structure of employees in this field. The average life expectancy of the respondents is over 55 years, while the average length of service is around 30 years, and the work in elderly care jobs lasts over 25 years, which indicates that these employees do not change jobs often despite their



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social care
community
caregivers



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1. Family and friends 2. Other caregivers 4. Professional lawyer 7. Union 8. Labor inspectorate 9.

I try to resolve it myself with the employer

9. **If you had a dispute with your user, a patient, who would you turn to for support ?**

10. **How do you assess the participation of trade unions in protecting the labor rights of caregivers and geronto-housewives ?**

Rate 1-5, where 1 is insufficient, 5 is sufficient

11. **Evaluate the quality of the organization of employers' work in shaping the employment conditions of caregivers**

1-5.

Evaluate the participation of the Government and the Ministry in shaping the conditions for the employment of caregivers

1-5

12. **How old are you?**

13. **What gender are you? Male Female**

14. **How long do you travel to work and how?**



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