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Activating Capacities and Empowering Voices: Supporting Poland's Care-Workers as *Doers* and *Judgers* Toward Improved Social Dialogue

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Executive Summary

What is the nature of the relationship between the welfare state, public and social services, and policies aimed at tackling inequalities, on the one hand, and trust and participation of individuals in their democracy, on the other? Within the context of the EU Horizons-funded project, INVOLVE, a consortium of social research organizations undertook to answer this complex question. As part of this effort, the Centrum Organizowania Związków Zawodowych² put a spotlight on a particularly vulnerable group in Poland: care-workers. A marginalized group of low-wage earners, many from migrant backgrounds, many working multiple jobs, and often with their own dependents as well, these women reflect a population that has little time or extra income for civic activities or even to advocate for their own interests.

COZZ carried out numerous focus groups, workshops and mentoring sessions with these workers, but not only for the purpose of social research. Consistent with the goals of the INVOLVE project, COZZ supported these women to articulate their demands, to come together in a union and to make collective demands for fair pay and equitable working conditions.

Through the INVOLVE project, the team also connects vulnerable citizens with political and public decision-makers and NGOs who advocate for them. In November 2024, for example, COZZ brought leadership from the Care Workers' Union to meet with Poland's Minister of Labour and Social Protection. This was a unique opportunity to have their voices heard.

The INVOLVE project also represents a social experiment aimed to challenge traditional conceptions of social welfare as uni-directional distribution of goods from empowered-giver to passive-recipient. Applying a methodology developed by Bonvin, Laruffa, Lovey, Vieujean and Zimmermann (2026)³, the INVOLVE team tests the hypothesis that social welfare could be an empowering and active dialogue among stakeholders in which traditional *Beneficiaries* also increase their activity as *Doers* engaging more fully in the economy and society, and as *Judgers* raising their voices and gaining credibility and leadership capacity in the public and political spheres. That is, a situation that previously

² (In English) Central European Organising Centre (COZZ) is a multi-country team of union organizers, researchers and project managers with a long experience of working with vulnerable groups and of connecting their lived experiences as a valued input to political and labour negotiations. COZZ was established and is supported by Uni Global Union – a global confederation of unions in the private sector. See: <https://cozz.pl/> and <https://uniglobalunion.org/>.

³ Laruffa, F., & Zimmermann, B. (2026). Towards a framework articulating justice and development for evaluating just transition policies. *The Economic and Labour Relations Review*.

might have been characterized as R+, Dø , Jø, should be reconstructed so that the most vulnerable and marginalized groups could realize advantages in all areas, e.g., R+, D+, J+ .

The nature of COZZ interaction with public and private care unions has not been the traditional relationship between researchers and subjects, or between aid-providers and aid-recipients. Rather, as mentors to developing unionists, COZZ's interaction has *facilitated and activated* the unionists to *DO and JUDGE* for themselves. This marks an important distinction in social welfare concepts, with dramatically different outcomes. Although COZZ is not a welfare-provider (neither a distributor of social protection payments, nor paying salaries to unionists, nor distributing grants to them), hence the interaction with care union workers is described as Rø , on the other hand, through COZZ support and facilitation of their capacities and interactions with care home managers, social protection officers, regional and national social policy-makers, the interaction is also D+, J+ .

Care worker unions in Poland have strengthened markedly in the three years of this project's implementation. In June 2025, the private care workers union joined hands again to demand a wage increase and improvements in working conditions; the workers continue to enjoy greater courage, motivation and agency in steering the social dialogue.

Introduction

In Poland long-term residential care (LTC) is an industry characterized by marginalization and vulnerability, and therefore crucially important to social policy research. Vulnerability is observed not only among the beneficiaries/clients of LTC institutions, but also among the care workers, who are typically female, older workers, a significant portion of whom from migrant background and single heads of household, on precarious civil employment contracts, typically earning minimum wage and in most cases working two jobs or more. The vulnerability is increased by physically and psychologically-straining work, understaffing and over-assignment of patients per caregiver, inadequate training and high staff turnover.

Often overlooked, the experiences and voices of Poland's older people, people with illnesses and disabilities who are the recipients of long-term care, are critically important. Often they are incapable of fully articulating their feelings and needs, or their voices can be overpowered by louder, more politically powerful voices. Hearing their voices directly must be a central part of any effort to improve LTC. This can be done through discussions where possible, and also through engaging family members and listening to the nurses, care givers, and social workers who interact constantly with patients.

Closely connected to patient well-being are the caregivers, who until recent years have been overpowered by louder voices and under-recognized. The social dialogue has been a triad, with managers of LTC facilities seeking to minimize costs, public health officials reacting to the increasing demands for care of an aging population, and taxpayers/family members demanding high-quality health and long-term care without increasing costs. For much of Poland's history post-independence, the commonly-held attitude toward long-term care was that it should be the domestic responsibility of households; that is, families should look after their own. The professionalization of long-term care received little public attention, and the inevitable costs and complexity in delivering such services was under-appreciated.

The COVID-19 pandemic changed this outlook by turning a spotlight on Poland's LTC institutions. Previously little noticed, care homes received public attention for the worst reasons. Unprepared, under-staffed, and under-trained, these homes were put into crisis-mode. Many employers put care workers in lock-down, denying them access to their families for long periods of time. Meanwhile, chronically ill, elderly and disabled patients of the homes suffered the consequences of an under-resourced and ill-prepared system. The pandemic awakened anger and also commitment for reform among key stakeholders in Poland's health and long-term care establishment. Workers began to organize systematically and to demand change.

Labor Organizing and Participatory Action Research

The findings covered in this article are based on the analysis of state regulations on long-term residential care, 15 interviews with care givers working in this sector and 11 discussion (focus) groups organized with the members of trade unions representing care givers, employers and state officials.

The policy analysis⁴ concerned two areas that are closely related. The first area is the organization and regulation of residential long-term care (LTC). This refers to institutions that provide 24-hour care to people who need constant assistance from others in order to function. The beneficiaries/clients of these institutions are the elderly and the disabled. This policy is the responsibility of the Ministry of Social Policy, Labor and Family (formerly the Ministry of Social Policy) and is defined as part of the state's social policy. The policy of long-term care is included in the official state development strategies as part of social services and part of policy for the elderly. The second area included in our analysis is the employment policy of these facilities. This includes the shape of the labor market, educational

⁴ A fuller policy analysis is offered by Marcin Marszałek in "Employment Policy in Residential Long-Term Care in Poland," Centrum Organizowania Związków Zawodowych for EU Horizons *INVOLVE*. Warsaw, June 2025.

institutions, qualification requirements and last but not least working conditions: the amount and length of work performed, salaries, occupational risks or employee benefits. There is no explicit employment policy in the long-term care sector, there are no strategic documents that shape the future of such policy. Nevertheless, a social actor has recently emerged to push for the creation of such policy, namely trade unions.

Thus, the employment policies are analyzed mainly through the lenses of our interviewees. We conducted 15 interviews (with 12 women and 2 men aged 28-69), out of them, 7 work in public long-term care homes and 8 in private long-term care homes as: care givers (5 interviewees), maids (4), nurses (2), cook (1), receptionist (1) and physiotherapist (1). The majority of them have labor contracts, which are common in the public sector but not in the private facilities, where the majority of workers have more precarious civil contracts. All interviewees are members of 2 trade unions: *Międzyzakładowa Organizacja Pracowników Opiek*⁵ (representing workers in public, long-term residential care sector) and *Organizacja Zakładowa w Emeis*⁶ (representing workers from the biggest company in the private, long-term care sector). Both unions are a part of one union federation, *OPZZ Konfederacja Pracy*.⁷

As it comes to the discussion (focus) groups – there were 10 meetings with trade union members representing 10 different union structures (federations and confederations) and more than 120 workers participated in those meetings. At the beginning, the discussion groups⁸ were composed of members of 2 care workers' unions from *OPZZ Konfederacja Pracy*. This was enabled by the mutual trust established thanks to the relationship between COZZ and those unions since their establishment (the union in Emeis started in 2018, the union in public nursing home started in 2020). As the scope of discussion groups expanded during the implementation of this project, more unions got involved⁹ in cooperation and mutual support, and more joined the meetings. Additionally, there was one discussion group where union representatives met with the representatives of employers and the Ministry of Labour, Family and Social Policy. Those discussion groups set up the base of trust between

⁵ In English, the Intra-facility Union of Care Workers.

⁶ In English, the Company Union of Emeis Workers.

⁷ In English, OPZZ Confederation of Labour (<https://konfederacjapracuj.org.pl/>). It is a nation wide cross-sectoral union who is a part of the second biggest confederation of unions in Poland – OPZZ (Ogólnopolskie Porozumienie Związków Zawodowych, eng. The All-Poland Alliance of Trade Unions, <https://www.opzz.org.pl/>).

⁸ The first 7 discussion groups.

⁹ The Care Workers' unions of: *NSZZ Solidarność* (the biggest confederation of unions in Poland), *Polskiej Federacji Związkowej Pracowników Socjalnych i Pomocy Społecznej* [Eng. Polish Federation of Social Workers and Social Service Employees Unions], *OZZ Inicjatywa Pracownicza* [Eng. The All-Poland Union Workers' Initiative].

different unions and enabled the creation of care unions' network with its main goal to change the long-term care system in Poland. The meetings of this network are still ongoing.

The methodology used during the data collection and the analysis is based on participatory action research (PAR), and 10 years of COZZ' experience in workers' organizing and unionism. The PAR methodology, in particular, takes into account the perspectives and experiences of research participants and is oriented toward processes of empowerment and emancipation.¹⁰ Part of its historical roots lies in research on the lives of the working class, the core of which was building knowledge not from the top down, but from the bottom up—that is, together with the groups of people participating in the research. Above all, PAR methodology places the analysis conducted by research participants at the very heart of the explanation of the processes under study.

The activists and union organizers at COZZ primarily come from labor backgrounds (e.g., logistics, dockyards, healthcare) and secondarily from social science research backgrounds. COZZ is not a public institution; it does not regulate or supervise or distribute or audit public resources. Nor is COZZ a source of employment or grants or subsidy to the unions that it supports. COZZ activists are not positioned to tell worker-unionists what to do, but rather to empathize, facilitate cross-union learning, and mentor emerging leaders. The dialogue is open and respectful in both directions. In this way, COZZ performs 'action research' as envisioned by Kurt Lewin (1946)¹¹, K. Selig (1952)¹² and Olshansky et al. (2005)¹³. As Lewin defined Participatory Action Research, so COZZ has done by breaking down what in other circumstances would be an unequal relationship between researchers and "subjects".

In this respect, the COZZ interaction with care worker-unionists likely differs from the traditional approaches of academic researchers. For most social science researchers, the voices of vulnerable groups represent information to be captured. This is an extractive form of research. Yet for COZZ, dialogue with workers has not been an extractive process. In the first place, COZZ activists and labor organizers primarily come from labor backgrounds, and often in the same industries in which they are carrying out worker

¹⁰ Stephen Kemmis and Robin McTaggart. Participatory Action Research: Communicative Action and the Public Sphere, *Uczestniczące badania interwencyjne. Działanie komunikacyjne i sfera publiczna*, [in:] N. Denzin, Y. Lincoln (red.), *SAGE Handbook of Qualitative Research*, 2005.

¹¹ Lewin, K. (1946) Action Research and Minority Problems. *Journal of Social Issues*, 2, 34-46. <http://dx.doi.org/10.1111/j.1540-4560.1946.tb02295.x>

¹² Selig, K. (1952). *Resolving Social Conflict: Selected Papers on Group Dynamics* by Kurt Lewin Edited by Gertrud Weiss Lewin. *International Journal of Group Psychotherapy*, 2, 193-194.

¹³ Olshansky, E.F., Sacco, D., Braxter, B.J., Dodge, P.D., Hughes, E., Ondeck, M., Stubbs, M.L., & Upvall, M.J. (2005). Participatory action research to understand and reduce health disparities. *Nursing outlook*, 53 3, 121-6.

campaigns. Secondly, COZZ activists play a role that facilitates and builds capacity among workers, so that the workers themselves are building or growing union structures, articulating concerns about wages and working conditions, and setting the priorities for collective bargaining. While COZZ has aided this process by helping to scale up participation (for example, through survey instruments that aggregate common concerns, or through digital campaigns that reach broader geographic areas), COZZ can only amplify the workers' own voices, not supplant them.

Poland's Care Sector under neoliberal pressure: *Rising Demand Amidst Calls for De-institutionalization*

In the period following the breakdown of the Soviet Union, the dominant philosophy toward public services in Poland shifted from socialism to capitalism, and a neoliberal perspective took hold. Its core tenets were deregulation, reduction of state expenditures and marketisation.¹⁴ Publicly funded services for the poorest, disabled and unemployed were restricted to the narrowest possible groups, and the term 'welfare state' all but disappeared from the political vocabulary in Poland. Thus the systemic changes opened the sector of residential long-term care to private investors. At present in Poland the sector is divided into public and private nursing homes.

Residential long-term care facilities (referred here as care or nursing homes) are divided into public and private sectors. Public care facilities are owned and managed by local governments but also partly funded and controlled by the state. They are known by the acronym DPS (*Dom Pomocy Społecznej* – social assistance home). Such facilities are part of the social welfare system, which means that a place (a bed) in them is theoretically given to the most financially disadvantaged people as a social benefit. The network of these facilities was established during the socialist era, and has grown very slowly over the past 35 years (in 1988 there were 608 facilities and 67,000 places, in 2022 there were 904 facilities and 84,000 places – even though the number of potential beneficiaries has increased significantly, e.g. the number of people over 70 has almost doubled in that time).

Private facilities are private companies that provide a 24-hour care service in a nursing home. They operate on a market basis; all costs are borne by the resident or his family/ relatives. They operate on the basis of a very brief provision in the Social Welfare Act and are subject to the control of state institutions. Their activities are, however, little

¹⁴ About Polish transition from state socialism to neoliberalism and the poverty see: Tadeusz Kowalik. *Polska transformacja*. Muza, Warsaw, 2009. Jacek Tittenbrun. *Z deszczu pod rynnę. Meandry polskiej prywatyzacji. Tom I*. Zysk i S-ka, Warsaw, 2007.

regulated. The first such facilities were established in the 2000s, with the recent development of this sector being very dynamic (408 facilities in 2020 and 632 in 2022). The market is dominated by small local companies running 1 or 2 nursing homes, but recently large companies, including multinational corporations, have been emerging to build ever larger nursing homes and create nationwide networks. The number of places they offer is much smaller than in the public care homes, but it looks like this will change within a few years. A stay in these facilities is very expensive – well above the average pension in Poland.

As late as 2018, the Ministry of Social Policy, Labor and Family (formerly the Ministry of Social Policy) of the Government of Poland set out in its “Social Policy for Older People 2030,” an outlook that emphasizes informal caregivers, reliance on family, and cost containment:

From the point of view of both the elderly and the care system, it is best for seniors to reside in their home environment for as long as possible. This is because it allows the elderly to maintain optimal quality of life, but it must also be cost-effective.¹⁵

Making care cheaper is clearly a priority, and the document is entirely silent about the demographic pressures, the under-supply of care through public homes, labor policies surrounding long-term care, and the role of the private sector or its regulation. In fact policies related to long-term residential care in this document are limited to one enigmatic passage, that the Government of Poland undertakes “supporting initiatives of local government units to establish 24-hour care facilities for dependent elderly and lonely people,”¹⁶ a statement which implies a lack of initiatives at the national level, and lacks clarity about the means of support to local ‘initiatives’.

The COVID pandemic stirred public outrage about inadequate health care resources, vulnerabilities of the elderly and patients in long-term care facilities and demands for greater accountability for the quality of long-term care. At the same time, a demographic transition had become apparent at the highest levels of social policy-making, so that under-investment in services for older people had become a topic of embittered debate.

In June 2022, the Ministry of Social Policy, Labor and Family published its “Strategy for the Development of Social Services, Public Policy Until 2030,”¹⁷ again emphasizing de-

¹⁵ Ministry of Social Policy, Labor and Family (2018). *Social policy for older people 2030: Safety, participation, solidarity*. Government of Poland: Warsaw, 2018. <https://www.gov.pl/web/family/-social-policy-for-older-people-2030-safety-participation-solidarity-presentation-of-the-assumptions>

¹⁶ Ibid. p. 68.

¹⁷ Ministry of Social Policy, Labor and Family (2022). *Strategy for the development of social services, public policy until 2030 (with an outlook until 2035)*. Government of Poland: Warsaw, June 2022.

institutionalization, family support networks, and volunteerism as solutions for elderly care. The Strategy recognized on the one hand that the number of women 60+ years of age and men 65+ years of age had increased from 6.3 to 8.4 million (and as a share of population from 16.5% to 21.9%). It projected the trend to continue, with 5.4 million additional elderly people expected in 2050 (about 35% of the total population, about one-third of whom over age 80). It acknowledged that the capacity of public LTC facilities has hardly changed (e.g., from 2016 to 2020, the number of facilities grew only slightly from 816 to 826). Yet notwithstanding this demographic change, the Strategy counts on the greater capacity of volunteers and family caregivers, as well as the greater ‘autonomy’ and ‘agency’ of an older population:

A measure that needs to be strengthened and emphasized is the growth and development of indirect forms of support providing care in social welfare homes in accordance with the idea of deinstitutionalization, e.g., through the development of volunteerism in the centers, the introduction of a form of supportive or befriending families for DPS residents, the possibility for the home to provide care services and specialized care services for people who do not reside there, restorative care or the separation and creation of branches (individual units, apartments) in already functioning DPS (within their structure), so as to provide services individualized to needs, aimed at strengthening the autonomy, agency and dignity of the resident, as well as the creation of intimate micro-communities in place of homes with a significant number of residents.¹⁸

Nor have policy debates or Polish journalism contributed to a balanced or realistic discussion of long-term care.¹⁹ Media narratives about the elderly in Poland in recent years have tended to emphasize the demographic shift and financial burden, rather than to address the systematic needs for supporting long-term care. The narrative has tended to underscore proposals to increase fertility rates and to rebalance state budget. What is absent from the media space at all are discussions of systemic change, such as a significant reformulation of social policy, which has been subject to neoliberal constraints for 30 years. When LTC facilities have appeared in popular media, they are often short reports in local news, highlighting special events that bring together school children, various organizations, with elderly people in care homes. Their overtones, however, are devoid of political power - they tend to be neutral, positive, usually cheerful reports of DPS

<https://www.gov.pl/web/family/the-council-of-ministers-approves-the-strategy-for-the-development-of-social-services>

¹⁸ Ibid. p. 33.

¹⁹ Marcin Marszałek in “Employment Policy in Residential Long-Term Care in Poland,” Centrum Organizowania Związków Zawodowych for EU Horizons INVOLVE. Warsaw, June 2025.

life, with no critical potential, no problematic issues. Their presence indicates that the local communities care as much as they can about nursing home residents (mostly public), but there is nothing about the conditions of work or employment in the media content; the representation of employees is absent. Workers as the subject of these narratives, however, appear in a different type of media coverage. These are sensational, high-profile stories about violence or other abuses in nursing homes. Rather, they show the perspective of residents who are victims of these abuses. This type of news could be ignored, as sensational stories typical of the modern mainstream media sphere, quickly forgotten by the public. The problem, however, is that they have no counterpart - no messages appear that show DPS in a positive light with similar emphasis. In general, this topic very rarely appears in the national media. Thus, these blatant and negative stories reinforce the image of residential care facilities as pathological institutions (consistent with visions of government policies).

This confluence of factors—aging population, under-investment by the public in robust institutionalized systems for long-term care, inattentiveness or derision from the general public to the burdens shouldered by over-worked care-providers, and unreasonable public expectations about informal and volunteer-based care—have put care workers in a *marginalized, vulnerable* position. Care workers are expected to perform heroically at minimum wage and on temporary job contracts. They are expected to provide personalized, high-quality care with little or no training while their co-workers are rapidly replaced. They are expected to lift and carry and cope without leave time or psychological supporting care.

In short, care workers have been put in a position to be *Receivers*. Until recently, their workload, working environment, wages, and the public narrative about long-term care have been something that care workers must *receive* and *accept*. They have had no voice or bargaining power.

The Organizing of Care Sector Workers in the midst of COVID pandemic

COZZ has been helping and facilitating organizing in long-term care since 2018, when a group of courageous workers from Orpea (present Emeis) set up their union, fighting exploitation in one of the biggest players on the Polish private care market.²⁰ Yet the COVID pandemic and public outcry for accountability put a fire under care workers in Poland, and COZZ got involved in the process of worker organizing in public sector in 2020.

²⁰ The company is a multinational corporation, in Poland it owns 15 nursing homes and employs around 1500 workers what makes it the biggest employer in private nursing home sector. Data provide by the Workers' Union of Emeis.

Building internal leadership, articulating problems, and calling for a voice in the dialogue about long-term care, two union structures have taken form around public and private care facilities. When pandemic conditions increased pressure on care workers, they began pushing back and making counter-demands to managers. The Union of Care Workers that formed in the midst of the COVID outbreak quickly grew from 40 pioneers to 320 members in 2023 (representing all together around 3000 workers in 10 nursing homes), and the Union of Emeis Workers formed in 2018, grew to 150 members by 2023, and at present has around 300 members. COZZ activists also helped the workers to coordinate in union formation, recruitment and organizing, and advised new union leaders about strategy and communication. The two unions of care workers have also undertaken collective actions, challenged management leadership in pay-rise negotiations, led public protests, and brought about meetings with high-level officials from the Government of Poland.

Work, Health and Trust in Politics in the Views of Care Workers

Since 2023 COZZ joined forces with care workers in Poland's public and private LTC facilities in the context of the EU Horizons INVOLVE project to facilitate and support their union efforts. COZZ activists arranged interviews and discussion (focus) groups to put on paper the priorities, frustrations and constraints of care workers in facilities spread out across the country.

During the interviews with care workers, various topics were discussed regarding professional and personal life, as well as public and social issues. These topics included: work, particularly in terms of aspirations, goals, and outlook on the future; health, particularly in the context of working in the care sector; political/social engagement and trade union activities; trust in public institutions, politics, and politicians.

Work

One of the main topics of focus groups was work. The participants talked about past experiences, current professional situations, and plans for the future. However, the topic of work came up on many other occasions as well. Particularly important to the INVOLVE project, the participants discussed their aspirations, goals, and outlooks for the future in professional life.

Participants indicated that they don't work in long-term care by chance. For the most part, they do not want to change jobs, and if they do, it is to a similar position related to care. They are attached to this work or to the residents of the facilities where they work; they enjoy their work and feel that this work is necessary, even though it is very demanding.

The participants expressed a sense of mission or calling. This sense of mission makes the difficulties associated with the job easier to bear. Unfortunately, it seems that the long-term care system in Poland preys on this attachment. While some negative aspects of working with the elderly or people with disabilities simply stem from the nature of such care, many of them are systemic in nature. Thus, the problems that all study participants recognize—such as: insufficient staff, low wages, an ever-increasing workload, and the undervaluing of care work (a lack of respect from supervisors, residents, or their loved ones)—are largely the result of legal and financial regulations, or the negligence and lack of awareness of the people who created this system. Therefore—they can be changed.

This recognition led to the second important conclusion emerging from the discussions. Everyone wants to continue working in the care sector, but they are hoping for changes that will improve working conditions in long-term care. They would like better organization and a better atmosphere at work, greater appreciation for what they do—including financial recognition—and the hiring of more appropriately qualified staff.

Health

The majority of workers that COZZ supported have had future work-related health problems. The principal complaint is back pain, clearly related to the daily effort of lifting and moving adult patients. Another concern is extreme exhaustion, most often linked to staff shortages. Furthermore, working with ailing, disabled, or mentally ill individuals involves accidents and various injuries related to the residents' severe conditions (extreme cases mentioned to us included physical assaults).

Mental health issues are also common. All participants agreed that caregiving work is very mentally taxing. Issues such as constant frustration, depression, and burnout frequently came up in the interviews. The presence of death in senior care facilities is also emotionally taxing, especially when residents whom the staff have grown attached to pass away. Not all of the interviewees' mental health issues stemmed from the work itself, but the environment typical of long-term care work, due to its emotional intensity, can further exacerbate mental health problems.

Care workers' health problems do not stem solely from the nature of the work, but also from negligence of employers. Workers pointed to failures in workplace design and training that could have avoided inappropriate lifting and moving, as well as lack of employer liability for health damages. Employees must manage the treatment of these conditions on their own (sometimes privately, which entails high costs). Here, the lack of any concern for employees' mental health is particularly evident; workers complained in focus groups that their supervisors don't show any interest in how employees are feeling, let alone the fact that safeguarding mental health should be a major part of workplace

health and safety. Health problems of care workers are also induced by staffing shortages, which result in a constant excess of work and greater strain on both physical and mental health. Workers' health risks are also related to changes in the health status of residents in recent years, who are increasingly in such poor condition that they need to be lifted much more frequently.

It is worth noting that most people use private healthcare to some extent, usually out of necessity. Most consider private services to be expensive but necessary due to the very significant shortcomings in public healthcare (the poor quality of certain services, long wait times to see specialists, or the lack of reimbursement for certain medical services or medications). Workers agreed that providing healthcare to citizens is the state's responsibility, and that in Poland this responsibility is not being fulfilled sufficiently.

Trust in Politics

Among the topics discussed in the interviews were political engagement, interest in politics, and participation in various organizations, including trade unions.

Regarding political engagement within the study group, the full spectrum of attitudes was present: from people who were completely indifferent to politics to those who had been politically active for almost their entire lives. Interviewees often described themselves as apolitical. However, nearly all shared an interest in social issues, particularly related to the care sector.

Nearly all the focus group participants belong to a labor union. It is worth noting, however, that for most of them, a labor union does not imply political engagement; it is something apolitical. Most of the workers indicated that they have never been involved in any other initiatives or social organizations. In the INVOLVE project, activists asked about people's capacity for collective action—that is, the ability to act collectively for social change; among the participating workers, the trade union was the focal point of such joint action.

Assessing Poland's the Care Unions in the RDJ Typology

The co-efforts of COZZ and care worker unions also contributed to a broader multi-country analysis of social support programs through INVOLVE. A methodology that was first developed by Bonvin and Laruffa (2024)²¹ was further elaborated in the context of this

²¹ Bonvin, J., & Laruffa, F. (2024). Transforming Social Policies and Institutions in a Capability Perspective: Agency, Voice and the Capability to Aspire. *Journal of Human Development and Capabilities*, 25, 575 - 594.

EU Horizons research project by Laruffa and Zimmermann (2026).²² According to this typology, the experiences of care worker unionists in Poland should be considered along the dimensions of *receivers*, *doers* and *judgers*.

The goal, Bonvin et al recommend, is that marginalized and vulnerable people “should not merely be considered as passive receivers of material, symbolic or relational support,” that is, as *receivers*,

...but also as doers, i.e. as actors who are willing and able to shape their environment and contribute to society, and as judges, i.e. as reflexive beings who have legitimate ideas and aspirations which should be taken into account when designing and delivering the policy. In order to truly develop users’ actual freedom to live a life they value – i.e. their capabilities –, institutions should consider all three dimensions: the receiver, the doer and the judge.

Based on their interactions with COZZ and other stakeholders in Poland’s health and long-term care services, it is possible to assess, as Bonvin et al assert,

*a set of criteria for each one, i.e. the receiver, the doer and the judge dimension, that indicates whether said institution either fosters (R+, D+, J+), hinders (R-, D-, J-) or simply does not take into account (Rø, Dø, Jø) each of the three dimensions.*²³

The new care worker unionists, through their experience with COZZ co-researching, mentoring and facilitation, advanced into *Doer* and *Judger* roles (Rø, D+, J+). Through a facilitating/advising relationship, COZZ has supported these two unions to achieve *Doer* and *Judger* roles in Poland’s LTC sector, rather than just *Receivers* of a care system run by others.

Worker-Unionists as *Doers*

The care workers engaged in this project have been the *Doers*. Thanks to union organizing and participation in the research, care workers underwent the process of *activation* and *built up their capacity for higher-impact action*. For example, care workers gained knowledge aggregated in the interviews and discussion groups. This brought them perspective of the situation in the wide geography of dispersed care homes that individual

²² Laruffa, F., & Zimmermann, B. (2026). Towards a framework articulating justice and development for evaluating just transition policies. *The Economic and Labour Relations Review*.

²³ Bonvin, J., & Laruffa, F. (2024).

care workers would not have been able to reach (on top of a full work-day). The combined messages of the focus groups helped emerging union leaders to recognize behavior patterns, articulate priorities and demands to care home managers. One key finding was that care homes are systematically under-staffed; “Managers can make it look like there are enough workers on paper, but they are counting people who are not actually care-providers. Also there are those who are sick or take a leave,” one worker reported. The observation was widespread; even building cleaners were often counted as caregivers. Another observation was the inadequacy of training—“We feel afraid to talk about it, but people are not properly trained,” another worker lamented. This was also a pattern: short-term job tenures and high turnover were proved in the survey results. Systematic bullying and anti-organizing threats by managers also became more apparent to all. “We are treated as slaves,” was a comment by one worker repeated again by many. Through the focus groups, workers uncovered a false threat (so-called ‘anonymous’ resignation letters), identical copies of which had been shared across multiple homes by one large employer. The groups developed a stronger sense of courage to take steps against management-- "Enough waiting! Everything Necessary! No stepping back!" they said at the group discussions. Confidence in their collective power increased with new young activists participating alongside veterans. They also displayed a determined, action-oriented mood focused on real change compared to an earlier stage which workers described as "endless discussions".²⁴

Participation in the discussion groups also enabled public and private care worker unions to improve their external communication capabilities and social media presence. The focus groups created an opportunity to guide workers in filming short-video testimonials and stating their top demands. Throughout the process workers also learned about strategic communication: how to talk with colleagues, messages that increase confidence ("we're growing, we're not afraid"), how to sustain pressure on employers. Also, thanks to the participation in the EU ESF-funded “DigitalUp” Project²⁵, workers got trained in using digital tools to communicate more efficiently among the many care homes dispersed across Poland, to carry out online signups and surveys, and to host after-work webinars that many women-workers can join on their phones. As the level of skills and use of digital tools increased, the 2 care worker unions grew their online reach up to 1800

²⁴ Marcin Marszalek. (2025) *Discussion Grid: Notes from Focus Groups and Structured Interviews with Poland Care-Sector Workers*. Centrum Organizowania Związków Zawodowych for EU Horizons INVOLVE. Warsaw, April 2025.

²⁵ “Digital Up: Development of digital skills to support capacity building of Central and Eastern European trade unions.” European Social Fund Project #101143430. Implemented by Centrum Organizowania Związków Zawodowych and UNI Europa. March 2024 to June 2026.

thousand followers of their social media called *Głos Pracowników Opieki* [eng. *The Voice of Care Workers*]²⁶.

In addition, care worker unionists got mentored in effective collective actions. When the largest private employer refused a mediator and employed delay tactics, the union leadership guided their members about tactics to address company stonewalling, including by escalating issues through international union solidarity via Uni Global Union and its care union network. The unionists also participated in workshops and shared models of collective actions carried out in other countries and industries: petitions, slow-downs, walk-outs, picketing, boycotts and other forms of protest were illustrated, the methods, pros and cons discussed. This guidance spurred care worker unionists in November 2024 to stage a collective action of their own. Around 100 care workers convened at the doorstep of the Ministry of Social Policy, Labor and Family with music, banners, and heart-shaped balloons demanding a conversation with the Minister—and they achieved it. Their demands for fair pay, reasonable work schedules, and improved working conditions made headlines in Warsaw and across Poland.²⁷

In March 2026, a trade union debate was held on the future of care and social assistance in Poland, entitled “The Crisis in Care”.²⁸ The leadership of the two care unions and COZZ organizers were the driving force to bring together a coalition of ten trade unions operating in the care sector from five different national structures, which together represent over 10,000 workers in the industry. The aim of that debate was to publicise the voices of care workers and their views on problems in this industry, as well as to reflect on its future and joint union action for real social dialogue with the government. At the meeting, union members signed a joint petition to the Ministry of Labour, Family and Social Policy, demanding immediate negotiations on a multi-employer collective bargaining agreement that would regulate and improve the working conditions of employees and patients. The current dialogue with the Ministry was described by trade unionists as a “sham”. Meetings are often cancelled and the proposed changes are being pushed through unilaterally – such as the so-called deinstitutionalisation of the sector (e.g. reducing the number of places in social welfare homes and transferring care back to households with the support of community caregivers). As the unions have pointed out, in the face of an aging population, the care sector is headed for a crisis. That is why trade unions are joining

²⁶ Eng. The voice of Care Workers. See unions’ social media: <https://www.pracownicyopieki.org/> and <https://www.facebook.com/GlosPracownikowOpieki> and <https://www.youtube.com/channel/UChByqacqO9odxDleRlHzn9w>.

²⁷ For more see: <https://www.pracownicyopieki.org/marsz-100-serc/>.

²⁸ For more see:

<https://www.facebook.com/GlosPracownikowOpieki/posts/pfbid09wQ4GWM2rdSEDhc4fPD9owPnbatQpCuTcUZ5tfseB3m44Ayr9v1QRWfMarRwV6NI>

forces to work together to change the care sector and are calling for others to join their coalition. Trade unions in the care sector demand that the Ministry:

1. Appoint a negotiating team for an inter-company collective bargaining agreement;
2. Commence negotiations at the earliest possible date;
3. Improve conditions in long-term care and social assistance.

The coalition of care unions is currently working on a strategy to build pressure on the Ministry to actually respond to their demands.

Through three years of the INVOLVE project, the unionists of private and public care home workers become more effective *Doers*. The unions developed their internal strategies with inputs from active research. They built strategies for communication and negotiation, taking account of lessons from other unions and care workers in other countries. They also developed a self-funding mechanism and are part of the national federation (OPZZ) and global confederation (Uni Global Union).

Worker-Unionists as *Judgers*—Listening and Having their Voices Heard

Throughout the period of the INVOLVE project, the interaction with the public and private care workers' unions supported the unionists' role as *Judgers*. That is, COZZ facilitated care workers to *articulate their own vision, take the lead in shaping solutions, and gain capability for self-organizing*. The first step in this direction came with *active listening and open, respectful dialogue*. With time, and the increased capability for internal organizing, leadership development and collective action, the unionists achieved *a seat at the table* in important multi-stakeholder dialogues with care home managers, national-level union confederations, regional and national public policy officials.

The first step to facilitating the unionists as *Judgers* was creating in the focus group structure respectful, open dialogue; in this context, *people listened to each other with a view to changing their initial ideas*. Participants in the process received attention for ideas, comments, and suggestions. Everyone in the process was active, and there was mutual knowledge-sharing with the COZZ researchers. "I feel like finally I can talk, finally my voice is heard," shared one care worker. Another said, "This is the first time that I feel my view really could make a difference."²⁹ The "Discussion Grid" documents were active, shared tools for the workers to use in visualizing their concerns and setting priorities for action; rather than the researchers' documents, they were shared documents.

²⁹ Marcin Marszalek. (2025).

Next, during 2024-2025, COZZ supported the care worker unionists to participate in stakeholder dialogues with managers of LTC facilities, municipal and national-level policymakers. These included pointed discussions with directors of welfare services offices in cities like Góra Kalwaria, Żyrardów, and Wrocław; with regional supervisors and controllers including in Lower Silesian Voivodeship; with members of the Sejm (parliament) sitting on the Health Committee; the president of the National Chamber of Nursing Homes; and the sectoral lead for healthcare in the national Confederation of Labor (Konfederacja Pracy). Through this series of interactions wherein worker unionists listened to and were heard by policymakers, supervisors and employer organization, issues including patient safety, worker qualifications, fair pay, and burnout came out into the light.

Activating the care worker-unionists as *Judgers* required opening channels of communication, putting the workers in a situation of co-production of priorities and solutions. The next step in this process was the Cross-Talks event in November 2025. At this forum, COZZ facilitated gathering representatives from the Government of Poland, Ministry of Family, Labour and Social Policy; NGO 'Project Elderies'; Polish Federation of Trade Unions of Social Workers and Social Welfare; National Committee of Social Workers of NSZZ 'Solidarność'; Trade Union in (private care homes) Emeis of OPZZ Konfederacja Pracy; Trade Union in Public Nursing Homes of OPZZ Konfederacja Pracy; Directors of the Public Nursing Home in Toruń, Lipsko, and Kowal; Local Social Protection Offices in Lipsko, Piaseczno and Olsztyn. Bringing these disparate interest groups into one room for dialogue that treats all speakers equally, that respects and hears all voices, was a major accomplishment for the unionists. The set-up created the conditions for stakeholders to accept new knowledge, to respect other perspectives.

Indeed, workers and social protection officers exchanged difficult messages during the Cross-Talks. Care workers openly expressed frustration about unsustainable workload, low wages, precarious civil contracts, high staff turnover, and low morale. Representatives from social protection offices and the Ministry expressed dismay about professional competency and errors. Among workers, questions were raised about the severity of working conditions in public versus privately-owned institutions. Representatives from public social welfare homes who joined the discussion disputed evidence that Poland's staff-to-patient ratio is extremely low. COZZ researchers put the ratio at 1 staff person (nurse, caregiver or attendant) per 20-40 residents (depending on the home). This compares very poorly to 1 staff person per 4 residents at a typical long-term care facility in Austria, for example. Participants also expressed impatience toward the representative from the Ministry of Family, Labour and Social Policy, who indicated that a project is underway to increase quality and accountability at publicly funded care homes. Participants from the National Section of Social Welfare Workers of NSZZ "Solidarity" urged

that caregivers should be treated as a social priority and criticized the general public for ignoring their important role. Both public and private sector care home administrators indicated that they feel ‘wedged’ between rising costs on one side and fiscal pressure, either from the state or from families’ budgets, on the other. Their frustrations reflect, as some have said in closed-door discussions, a mismatch of public values and spending. While individuals with loved ones in care homes wish for the most competent nurses and most professional services, yet collectively, the public is not ready to spend enough to cover these costs.

The closed-door design of the Cross-Talks and other stakeholder dialogues enabled candid discussion that otherwise would be nearly impossible. For example, care workers and family members have very candid interactions with elderly and disabled patients every day. Yet family members may feel sidelined by care home administrators, and workers often feel that they could not individually elevate their concerns to supervisors without directly risking their tenuous employment. Care workers feel trapped, so that they could not talk openly about dangerous mistakes that may damage the reputation of a care home, even as they see that high turnover and inadequate training are putting patients at risk. Managers of care homes, whether public or private, do not want to be put in positions to be embarrassed in front of the public or political leaders, even when budgets are impossibly small, and they often evade discussions that may seem risky. Getting these questions on the table in a closed-door meetings turned out to be critically important to advancing workers as *Judgers*.

Workers Take Ownership

Some important changes have been realized through this process, including wage improvements, better health and safety regulations at work and in some cases – the understaffing became less severe. Still the unions of care workers are gathering their forces to tackle their issues at the national level, because, in their views the sector needs deep and radical changes happening with the participation of workers to overcome the crisis in care. For this to happen the coalition of unions worked out their own solutions in 6 spheres:

1. **Wages and Financial Stability:** Industry-specific minimum rates higher than the minimum wage (including annual adjustments); mandatory allowances for seniority, night shifts, holidays, weekends, and care for dependent patients; the principle of equal pay for equal work;

2. Staffing Standards and Working Hours: ensuring sufficient numbers of care staff to provide dignified care (staffing standards); a ban on multi-day “on-call shifts”; limiting forced civil law contracts and temporary contracts;
3. Mental and Physical Safety of Employees: full protective and ergonomic equipment; training and procedures to prevent aggression, bullying, and burnout, as well as funded psychological support; the right to refuse work that poses a health risk;
4. Professional development and recognition of qualifications: paid training and on-the-job training or the right to training leave; clearly defined career advancement paths; bonuses for qualifications and specializations;
5. Stable forms of employment and legal protection: an employment contract as the basic standard; limiting the abuse of civil law contracts; guaranteed social security contributions, paid vacation, and sick leave; protection for whistleblowers;
6. Nationwide equal care standards: extension of the collective agreement to nursing homes (DPS), long-term care facilities (ZOL/ZPO), community and home care, and private long-term care centers; harmonization of employment standards across regions and care facilities; prevention of wage dumping.

Thanks to three years of energized campaigning by care worker-unionists, work is underway in Poland for the Act on Long-Term Care, a draft law aiming to reform the care system toward greater equity and accountability (more about the Act can be found here: <https://www.gov.pl/web/premier/projekt-ustawy-o-opiece-dlugoterminowej>).

Although worker dialogue is not an end-point, but rather a process, the public and private care unions in Poland can take pride in the accomplishments they have realized in the past 3 years. Through a mutually-respectful learning and mentoring process, COZZ has facilitated the unionists to activate their roles as *Doers* and *Judgers*, not merely *Receivers* as they had been previously. The feeling of co-participation and ownership among care workers has greatly improved.

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