

# DEVCOLA

Developing Collective Bargaining in the Care Sector

## WP2 Comparative Report

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## 1. Introduction

- This report analytically compares the results of the six WP2 national reports of the DEVCOPA project.
- The DEVCOPA project is a **six-country study** that aims to examine the **dynamics, mechanisms, and impacts of the development of collective bargaining and representation in the arena of the care sector**, focusing in particular on two care sub-sectors: the social and health services for elderly people (long-term care services – LTC hereinafter) and the socio-education services for children aged 0-5 (childcare – ECEC hereinafter). Specifically, it aims to provide a deeper understanding of the mechanisms and practices available across EU Member States to **ensure the extension of collective bargaining, the promotion of union and employers' associations' membership, and the use of social dialogue bilateral/trilateral bodies to design initiatives and policies to tackle the issues of skills and labour shortage**.
- **Case studies:** 1) Denmark; 2) Germany; 3) Italy; 4) The Netherlands; 5) Slovakia; 6) Spain
- **Extending the application of collective bargaining institutions and coverage is deemed a necessary process to enhance working conditions and job quality in the two sub-sectors** (Cazes, Garnero, and Martin 2019; Hassel, 2023), as well as to strengthen the attractiveness and the retention capacity of a crucial segment of the tertiary sector, that is transnationally experiencing high turnover and severe labour and skill shortage (Vujicic and Zurn 2006). This urgency is reflected also in the Care Strategy issued by the Commission in December 2022 that stresses the central role to be assigned to collective bargaining and social dialogue bodies at both national and European levels to improve working conditions, to attract more workers – in particular men – to the care sector, and to design continuous education and training for care workers to overcome skill and labour shortage.
- **WP2 of the DEVCOPA project explores the structure of collective bargaining and wage setting in each country, assessing its strengths and weaknesses with respect to each critical dimension and the broader goal of improving wages and working conditions.**
- **Data Collection:** Each country team carried out a *semi-structured questionnaire*, to gather detailed, comparable information on: i) collective bargaining institutions, structure, coverage, gaps, extension mechanisms in the specific sub-sectors; ii) actors of collective bargaining and representation, their membership (e.g. density, composition, historical trends) and representativeness in the specific sub-sectors; iii) social partners' awareness and assessment regarding initiatives and policy tackling labour and skill shortage, and their understanding of the links between the strengthening of collective bargaining coverage and increase in union density, and, on the other side, the impact on labour shortage.
- Drawing upon the six national reports, this comparative report provides an overview of the impact of national institutions and actors' strategies on the improvement of wages and working conditions in the two sub-sectors (section 2), an overall evaluation of the strength

and weaknesses of collective representation systems (section 3) and an outline of the strategies specifically aimed at tackling the labour and skills shortage issue (section 4). To conclude, section 5 synthesises the most important observations and takeaways of the study.

## 2. Collective bargaining, wages and working conditions

The comparison of the six national WP2 reports confirms the **positive impact that strong collective bargaining institutions can have on wages and working conditions** in the care sector and corroborates the importance of strengthening these institutions.

Over the last five years, the best results in terms of improving wages and working conditions have been achieved in those industrial relations systems that already had **mechanisms of vertical and horizontal coordination** in place to prevent competition and dumping (DK, NL, DE ECEC). The worsening of the labour shortage problem after the COVID-19 pandemic has created the incentive for the ameliorative renewal of collective agreements even in the most fragmented industrial relations systems (IT, SP, DE LTC, SK). However, in those systems where **coordination mechanisms were strengthened** (DE LTC), the outcomes were much stronger.

The six-country comparison also highlights **the fundamental role of the state in the improvement of wages and working conditions in the care sector**: the state as a policy maker, as a regulator and as an employer is an essential actor of industrial relations in the care sector and has a significant influence over job quality outcomes. In fact, **the best outcomes** in terms of the improvement of wages and working conditions **were obtained in those countries and sectors where the state has recognised the issue as a matter of public policy** and has taken an active role (DK, DE, NL).

### 2.1 Wages and collective bargaining

The inadequate remuneration of care work is one of the main issues affecting the care sector in general and the ECEC and LTC sub-sectors in particular. A previous EU-funded project conducted by the six research teams participating in this study - the SOWELL project ('Social dialogue in welfare services – employment relations, labour market and social actors in the care services') – confirmed that, with the partial exception of Denmark, low wages were already a concern across the six countries that are the focus of this research: at the end of 2022, all countries reported difficulties with raising relative wage levels in both sub-sectors (Breuker et al., 2022; Gottschall & Abramowski, 2022; Hansen & Mailand, 2022; Holubová, 2022; Molina, Godino & Rodriguez-Soler, 2022; Tros & Kuijpers, 2022). In those countries and sub-sectors where industrial relation institutions or state-mandated legislation guarantee within-sector wage homogeneity and prevent downward competition, like Denmark, the Netherlands and the German ECEC sub-sector, wage levels were higher than in the other countries, however, they could not keep up with those of other comparable sectors and professions. Instead, in fragmented systems that lack(ed) institutional horizontal coordination mechanisms, like Italy, Spain, the German LTC sub-sector, and – to a much larger extent – Slovakia, wages in the private sector were low both in absolute and comparative terms, while wages in the public sector could not keep up with those of other comparable professions.

Research done within the DEVCOBA project confirms that, over the last five years, **the issue of wages has been a priority in most social partners' agendas** across all six countries and in both sub-sectors, so much so that one can see some level of improvement in every country, relative to their starting point.

Some systems were able to **push the level of wages in both sub-sectors to a point where it could be stated that wage levels are no longer a pressing concern**. This is the case of **Denmark and Germany**, where wages are now in line with other comparable sectors and professions.

In the case of the **German ECEC sub-sector**, it was the unions that were able to push for the increase of wages through industrial action in the public sector (Abramowski, 2025, 11) and by relying on the strengths of the sub-sector's industrial relations system (Abramowski, 2025, 9). The high level of centralisation of collective bargaining in the sub-sector and the existence of mechanisms for wage homogenisation (Abramowski, 2025, 9) guaranteed that the results obtained in the negotiation of the public NCA were also extended to the private part of the sub-sector (mostly non-profit).

On the other hand, in the **German LTC sub-sector** it was the intervention of the state that helped to push wages up, by addressing the weaknesses and deficiencies of the sectoral industrial relations system, which is fraught by “a defective system of interest representation and a non-working collective bargaining autonomy, meaning that the self-organisation of LTC workers is very low and employers are unwilling to cooperate” (Abramowski, 2025, 6). The state has been increasingly intervening in the sub-sector by introducing **institutional horizontal coordination mechanisms** between the well-regulated but residual public sector and the non-profit and profit private providers, forcing the latter to adhere to the wages negotiated in regional collective bargaining (as a minimum threshold) or to pay at least average wages (Abramowski, 2025, 10). Moreover, besides introducing a generally binding minimum wage, it has legislated directly to increase wages in the sub-sector (Abramowski, 2025, 16-17).

In an exceptional and unexpected turn of events, the Danish Government also intervened to push for a wage increase in the care sector (Mailand, 2025, 31). Although in Denmark the centralisation and regulation of the industrial relations system have prevented downward competition to a larger extent than in other systems, wages in some occupations – including pedagogues in ECEC – have seemingly lagged behind. The issue of wages had already been brought to the public attention thanks a year-long gender pay gap discussion and a strike in 2021. However, the social partners at the time did not manage to come to an agreement for a wage increase. It was only when the labour shortage problem intensified and climbed the political agenda that the government decided to intervene. In 2023, the Danish government set a table for a one-off tripartite negotiation round to push the increase of wage levels for several public sector occupations, amongst them employees in LTC and ECEC in the municipalities. The agreement will be fully implemented by the end of 2026 and will likely close or at least narrow the pre-existing gap.

If conflictual relationships between the social partners in the Dutch ECEC sub-sector are acting as an obstacle to substantial wage increases (Tros, 2025, 10, 12), improvements to wage levels were also achieved in the LTC sub-sector in the **Netherlands**. Thanks to a collaborative attitude of the social partners - looking at increasing the attractiveness of the profession - an extra 10 per cent collective wage rise was approved to compensate workers for the high inflation (Tros, 2025, 12). Since the sectoral collective agreements in the Netherlands are binding for all workers independently of their union affiliation, this wage increase covers almost all of the workforce formally employed in the sub-sector (Tros, 2025, 7). Unlike in Germany and possibly also Denmark, this NCA renewal has not filled the comparative gap for LTC workers, since an estimated wage differential of around 6% persists (Tros, 2025, 12). Moreover, the improvement

excludes self-employed workers (around 7.5% of the formal workforce) and informal domestic workers that are not covered by any form of social protection.

Both in **Italy and in Spain**, the problem of low wages in the LTC and ECEC sub-sectors persists; however, in both countries, some interventions have attempted to raise the wage floors.

In **Spain**, where the bargaining system in both sub-sectors is divided along both the private/public and regional divides, the most impactful improvement in terms of wages was achieved through indirect state intervention, with the increase of the minimum wage. The increase in the statutory minimum wage has significantly impacted collective agreements in both sub-sectors (Molina & Rodríguez-Soler, 2025, 17, 23), since the minimum wage has been acting as the bargaining floor for the private sector in both the LTC and the 0-3 ECEC sub-sectors and has been operating in practice like **an indirect horizontal coordination mechanism for a highly fragmented system**. Since the wages of the lowest pay groups in both sub-sectors tend to be set at the level of the minimum wage, the increase, together with the rise in inflation since 2022, obliged employers to renegotiate several times wage clauses over the duration of the collective agreement (Molina & Rodríguez-Soler, 2025, 17). Still, in both sub-sectors, the fundamental issues deriving from fragmentation persist. Wage levels in the private sector remain low, providing the incentive for outsourcing for saving purposes, and the high levels of informality in service provision – especially in LTC (Molina & Rodríguez-Soler, 2025, 7), but also in ECEC (Molina & Rodríguez-Soler, 2025, 9,10) – lead to enforcement gaps despite the existence of automatic NCA extension mechanisms. “Exclusion from collective agreements is driven by legal ambiguity, employer evasion, and the lack of regulatory oversight, particularly in smaller or subcontracted private providers” (Molina & Rodríguez-Soler, 2025, 9), to which one must add the large portion of informal home care work in LTC and the existence of misclassified self-employed contractors (Molina & Rodríguez-Soler, 2025, 7).

In **Italy**, the push for the increase in the wage floor in the **private LTC and 0-3 ECEC sub-sectors** came from the industrial relations' system, which was able to activate its own **informal horizontal coordination mechanisms**, based on the power resources of the collective representation associations. Faced with an increasing problem of labour scarcity, the Social Cooperatives - which are the largest providers of formal LTC and 0-3 ECEC services in the country - decided to bargain a 15% average wage increase for their workers, bringing their wages almost in line with the public sector (Bolelli & Mori, 2025, 18). This subsequently led the major Catholic LTC providers' association to also renew its own NCA (Bolelli & Mori, 2025, 19). While this coordination strategy seems to be working in this case, it is highly contingent on political will, and it leaves out several smaller players at the margins of the system that are covered by smaller NCAs and that still compete on labour cost. **The private 3-6 ECEC sub-sector is an example of the limits of this coordination mechanism**, where the largest non-profit providers tried to push up wages through NCA renewals (Bolelli & Mori, 2025, 19). Still, the largest for-profit employers' association did not follow them and signed a separate agreement that undermines the advancements of the non-profit part of the sub-sector. Moreover, in Italy like in Spain, wages remain on average low even in the public sector, and the problem of informality in the application of collective bargaining in small and peripheral providers and in the case of domestic work persists - and while Italy does have a collective agreement covering domestic work, its wage levels are still way below those of the other sectors.

The most complex challenges to improvements to wage levels are to be found in **Slovakia**, where the relatively young **industrial relations system has been weakening over time, and collective bargaining does not have the strength to incentivise change**. While there are examples of collective agreements that manage to relatively improve remuneration - like the general framework agreement for public and non-profit workers for all social services and employees in education (Brunnerová et. al., 2025, 11) – wages set through collective bargaining are in general lower than statutory minimum wages by 13% to 22% and often contain opt-out clauses (Brunnerová et. al., 2025, 12). It is therefore the State that has taken on the role of pushing up remuneration through minimum standard setting.

## ***2.2 Working conditions and collective bargaining***

**The improvement of working conditions in the two sub-sectors emerges as an even bigger challenge than the increase in wages.** The intensification of the labour shortage problem (especially in the LTC sub-sector) has on the one hand, provided the impulse and opportunity for ameliorative bargaining. On the other hand, however, it has **complicated the organisation of service provision, turning concessions on working time and scheduling into a very sensitive matter**.

The intensification of workloads, which is currently one of the most severe issues amongst the workforce, requires the investment of economic resources in addition to those for wage increases. This means that the tighter the budget, the harder it is to improve on both fronts, turning wages and working conditions into interchangeable concessions. **Investment levels and logics intersect with the strengths and weaknesses of each bargaining system, creating a variety of outcomes.**

In **Denmark** the need to face a growing service request – especially in LTC – has, as described above, been met with an increase in economic investment in labour, but it has also required re-thinking the approach to part-time work in the sub-sector. This has most remarkably been done via a nation-wide voluntary project that aims to push more people to embrace longer working hours (Mailand, 2025, 31). So far, this effort seems to have happened in a **coordinated manner and constant dialogue with the unions, ensuring that longer shifts do not translate into an intensified workload**.

In the **German LTC sub-sector**, while the state intervention managed to push up wages in formalised services, some **key issues related to working conditions persist**, regarding time management and workloads and the regulation of working hours (Abramowski, 2025, 11). This is partly because Germany has not yet found a way to systematically involve church-based providers in collective bargaining, as Christian care ethics – such as selflessness and altruism – still dominate (Abramowski, 2025, 6). Furthermore, the general logic of financing of the sub-sector is still insurance-based and working mainly through cash-for-care benefits (Abramowski, 2025, 5-6). **This financing model, instead of incentivising formalisation and quality service development, has been feeding the expansion of migrant live-in care work** (Abramowski, 2025, 6). In contrast, since the 1990s, the investment in the development of the ECEC sub-sector has been more systematic and quality-oriented, which has left more space for ameliorative collective bargaining. According to the literature, however, the partial improvements in working conditions achieved through social partnerships are still unable to offset the pressures generated by the labour shortage problem (Abramowski, 2025, 7). **In ECEC as well as in LTC, the main challenge**

**remains the feminisation and consequent undervaluation of care work**, resulting in a predominance of part-time combined with workload intensification and little recognition in terms of career prospects, visibility, and appreciation/prestige (Abramowski, 2025, 7).

**Also in the Netherlands, despite the improvements in terms of wages and working hours, job quality issues persist.** High workloads, high stress levels and lack of career and training opportunities are discouraging new workers from entering the two sub-sectors. The research **confirms that Dutch social dialogue and collective bargaining institutions have played an essential role in limiting the adverse outcomes of the marketisation** of care services and in keeping the discussion about quality of care, job quality and the need for better terms and conditions of employment going (Tros, 2025, 22). While social dialogue, especially in the LTC sub-sector, has produced significant results, in the ECEC sub-sector **fragmentation between employers and little unionization are an ongoing challenge to the development of a collective response** to the public debate on reforming the childcare sub-sector. The insufficient improvements on wage levels and the high flexibility demands contained in the latest NCA renewal led the most representative union in the sub-sector to opt out of signing the NCA (Tros, 2025, 10). In those countries where the extension of service provision was systematically based on the devaluation of care work through outsourcing and informalisation, like **Spain and Italy, the struggle for the improvement of working conditions in the two sub-sectors is hampered by the scarcity of resources invested in their development**. In a strongly regionalised system like the Spanish one, outcomes in terms of working conditions vary widely **depending on the logic of the regional investment and service development policies, and on the economic availability of individual municipalities**. In fact, despite a wave of (contained) decentralisation, regional collective bargaining has, so far, often improved national standards (Molina & Rodríguez-Soler, 2025, 2). **In a situation of underinvestment and chronic lack of resources, the room for manoeuvre is, however, limited.** This is also true in the Italian case, where service provision is also organised on a regional and municipal level (Bolelli & Mori, 2025, 28).

The outcomes of this comparative study call for **the problematisation of the role of the state as a fundamental actor of industrial relations in the care sector**. The state “does not only have the public employer role, but also the public authority role (...) and a service provider role” (Mailand, 2025, 20). It acts both as a regulator and a funding provider, and its investing logic and choices greatly influence what can be achieved in terms of the improvement of working conditions and wages. Where other industrial relations’ actors are extremely weak, like in the Slovakian case, the state becomes, in practice, the only relevant actor of the industrial relations’ system. **Decisions to intervene in the regulation of the sector or to abstain from it are both forms of governance that have substantial implications.**

**Direct state intervention in most of the cases analysed was fundamental for the improvement of working conditions.** It is, however, also true that where the state has acted by bypassing industrial relations systems, **its actions have been contested, and outcomes were mixed.**

In the case of the German LTC sub-sector, for example, the intervention of the state has contributed to pushing up wages. Still, the introduction of “the option of paying average wages instead of implementing an overarching obligation of wages negotiated in regional collective bargaining” (Abramowski, 2025, 17) gives employers the option to opt out of the industrial relations system and **hinders the efforts to extend collective bargaining**.

In Spain, budgetary pressures meant that the increase in the minimum wage was received with scepticism by the social partners, claiming that the rise in wage costs has reduced bargaining flexibility around working conditions (Molina & Rodríguez-Soler, 2025, 13). However, the introduction of the minimum wage has set an **unequivocal minimum floor to how low bargaining for dumping purposes can go**, and one could argue that wages whose minimum levels were already extremely low could not be compromised any further.

### 3. Collective representation in the care sector

Although institutional settings are central to explaining wage and working condition outcomes in the two sub-sectors, recent collective bargaining developments have also been shaped by **how actors within the six industrial relations systems mobilized available resources and interpreted the challenges of job quality and labour shortages**.

The most interesting outcomes in terms of working conditions and wage improvements have been achieved **where workers (and their representatives) were strong enough to push for change** (DK, DE ECEC) or **where employers and unions were able to find common ground to enhance the sub-sector's reputation and social consideration** (DE LTC, IT, NL LTC).

The ECEC sub-sectors in Denmark and Germany are a perfect example of the **importance of workers' strength and capacity to organise**, even where institutional conditions are the most favourable. In both cases, the push of unionised workers was fundamental to fill the wage gap with other comparable sectors and institutions. By comparison, where the wage improvements were not supported by an organised workers' movement, like in the German LTC sub-sector, the outcomes were weaker and inferior in terms of improving working conditions.

The German LTC sub-sector is also an example of the **importance of building an overall strong industrial relations system, not just for the workers but also for the employers**, most of whom are **non-profit organizations in both sub-sectors**. The unwillingness of German non-profit Christian employers to participate in collective bargaining obstructs the overall improvement of the quality of work and care in the sub-sector (Abramowski, 2025, 16) but also intensifies competition among the single providers. **In a similarly fragmented and competitive industrial relations system like the Italian one**, when faced with the further intensification of downward competition, **the representative bodies of non-profit providers were fundamental in slowing down one-on-one competition and creating a collective and less detrimental strategy**. In the 3-6 ECEC sub-sector, the cooperatives and the non-profit catholic employers were able to **find common ground with the unions to renew collective bargaining and are trying to collaborate to turn the issue of the recognition of the value of care work and care services into a public policy one**.

While a shared logic of action around the issue of the valorisation of the care sector incentivises better outcomes, **the continued pressure of unions and workers to keep the issue of job quality high in the priorities of other social partners remains necessary**. The country comparison shows that the labour shortage issue has **indirectly improved the power position of workers** in the two sub-sectors and provided incentives and opportunities for the implementation of different logics of action among the employers, especially public and non-profit. However, the strengthening of **workers' representation bodies remains fundamental to obtaining better outcomes for workers, even in the context of collaborative relations**. In the case of the **Dutch LTC sub-sector**, for example, wages and working conditions improvements were indeed the outcome of a season of joint efforts to improve job quality in the sub-sector; however, they came after a wave of more conflictual organising strategies of the bigger union in the sub-sector to stop decreasing membership trends and keep its bargaining power. On the other hand, the lower union density in the **Dutch ECEC sub-sector** complicates the creation of a joint and credible workers' voice in the face of the employers.

So far, national union density data (where available) confirm that the lack of participation in forms of collective representation is still an issue for both sub-sectors across the six countries. However, there are also signs that membership levels are increasing in several of the countries and that unions themselves have become more proactive in organising this constituency.

There are **several factors that hinder unionisation and organising in the ECEC and LTC sub-sectors**, and that emerge transversally from all the national reports. Forms of **gender precarity and devaluation** are evident in all care systems and intensify when they intersect with the **vulnerability of the migrant status**. Forms of devaluation range from systematically lower wages to contract precariousness, and to total informality and exclusion from social protections. **The public sector tends to be more protected and more unionised** than the private one, and **the more service provision is segmented, the harder it is to reach the workforce**. In remote and small workplaces, workers are more isolated and more exposed to retaliation from the employer, complicating unionisation strategies even at the fringes of the most protected systems, like the Danish one. **Sometimes it is the nature of the service itself that creates the isolation**, like in the case of home care services. In formalised services, these specific challenges add to a general issue with the **intensification of workloads and the organisation of shifts**, which tends to complicate the organisation of collective moments (like assemblies) in small and big workplaces alike.

**Traditional unions still have a hard time adapting their strategies to the needs of care sector and its workers. Even** where unions or other forms of collective representation are present, **workers are reluctant to engage in forms of protest that interrupt service provision**, like strikes, as they feel a strong responsibility to continue caring for service users.

Despite the obstacles, there is evidence that the care sector is becoming more of a priority in the unions' agenda and that they are attempting to upgrade their recruiting strategies in all countries. In the Netherlands, unions in both sub-sectors are **investing in the search and training of workplace representatives** to set up a network of active union members (Tros, 2025, 17, 18). In Germany, after successfully expanding its membership in the ECEC sub-sector, Ver.di is now trying to reach workers in the LTC sub-sector by **intensifying its media campaigns and searching for active collaboration with the works councils** (Abramowski, 2025, 17). Unionisation efforts continue also in the ECEC sub-sector, where they are focused on media campaigns and outreach strategies (Abramowski, 2025, 17). In Spain and Italy, where the structural obstacles are greater and devaluation is systematic, **unions' activity has been focusing more intensely on reporting breaches of (or non-compliance with) collective agreements and support for legal actions** against non-complying employers on the one hand, and on the **strengthening of legal frameworks of calls for tender and the professionalization and recognition of skills in care work on the other** (Bolelli & Mori, 2025, 32-33; Molina & Rodríguez-Soler, 2025, 27). In **Slovakia**, where the influence of industrial relations has been eroding, unions are “increasingly seeking influence through means other than collective bargaining, such as forming political alliances and organising public protests, demonstrations, and media campaigns to influence policymaking” (Brunnerová et. al., 2025, 9).

There is evidence that, while not being particularly innovative in their unionisation strategies, unions in Italy, Spain and Slovakia were able to **encourage some local striking and organising activity** (Bolelli & Mori, 2025, 32; Brunnerová et al., 2025, 25; Molina & Rodríguez-Soler, 2025, 27). However, gaps in representation and unionisation numbers, especially for migrant workers,

persist. In those countries and sectors where the periphery of the care labour market is as relevant as its core, if not more, (IT, SP, DE LTC, SK), traditional unions **still struggle to envision cohesive representation strategies that overcome structural fragmentation and include informal workers**. In some cases, organisations that specifically represent this latter constituency have emerged to fill the void. In Spain, two professional trade unions of domestic workers have appeared, “representing a new wave of labour organisation characterised by a feminist, intersectional, and grassroots approach” (Molina & Rodríguez-Soler, 2025, 27). In **Slovakia**, organisations like NGOs and Chambers of Commerce (Brunnerová et. al., 2025, 25) are filling the gaps of traditional unions and providing alternative models of representation.

## 4. Tackling the issue of labour and skills shortages

The six country reports confirm that labour and skills shortages are an issue that affects both the LTC and the ECEC sub-sector, and that they are **tightly linked to the scarce attractiveness of care work.**

While social partners tend to consider labour and skill shortages as an issue for both sub-sectors across the six countries, the **policy consensus around the relevance of the shortages and the importance of tackling them through specific policy interventions is much stronger around the LTC sub-sector.** The expectation for the sub-sector is that demand will continue to grow due to ageing population trends, while for the same reason, the demand for ECEC services is expected to shrink. This has resulted in a prevalence of initiatives explicitly tackling the issue in the LTC sub-sector. More recently, however, **the lack of qualified personnel has started to put pressure on the ECEC systems across the six countries.** If, in the future, the drop in service demand might compensate for a decline in labour supply, it will not make up for the loss in terms of skill level. Just like in the LTC sub-sector, fewer younger people decide to train for a career in the ECEC, making it necessary for socio-educational-healthcare systems to work to increase the attractiveness of a career in both sub-sectors. The Dutch case in ECEC is a special one because of the intentions to structurally increase service provision. Labour shortages in the sub-sector have been one of the reasons of the government to postpone this big reform.

There is evidence that **social partners across the six countries are invested in tackling the issue of labour and skills shortages**, and that **the most relevant and systematic responses have happened where the state recognised the issue as a priority and made it part of its policy agenda.** The extent to which these initiatives focus on improving job quality varies depending on the country and depends on the investment willingness and availability of each state.

In **Denmark**, as said, the state has recently invested heavily in the improvement of job quality (especially wages) to valorise care work (Mailand, 2025, 32). The cross-sector initiatives to increase wages and working time are the primary outcomes of this effort, supplemented by several other initiatives tailored especially to LTC. Among these are the creation of joint working groups among stakeholders, the initiation of an action plan for recruitment and the creation of recruitment ponds, and the investment in education and qualifications to incentivise younger people to enter the relevant educational tracks. In the ECEC, additional initiatives are still mostly local, initiated by the largest municipalities, and focused on the issue of skills development (Mailand, 2025, 33). In **the Netherlands**, the tripartite Social Economic Council issues policy recommendations that move along similar lines, focusing on job quality, recruiting and training young people for the care sector, and the increase of contractual hours (Tros, 2025, 24). In both ECEC and LTC social partners govern sectoral funds for initiating and implementing labour market, education and training programs. In contrast, the main instrument of social partners in the LTC sub-sector is a sectoral fund for the implementation of labour market, education and training programs.

In countries where the development of the two sub-sectors was heavily based on the devaluation of labour through cost containment strategies, like Spain and Italy, one can observe the **development of broad “pressure fronts” to argue for investment in the sub-sector and a change of path and logic in its governance.** Social partners broadly agree on the **need to invest more in the care sector** to properly remunerate the workers while recognising their skills (Molina & Rodríguez-Soler, 2025, 16). They also tend to agree on the need to **eliminate those competitive**

**mechanisms that push providers to compete on labour costs.** In Italy, this has led to an experiment in collaboration for lobbying purposes between the Social Cooperatives and the Unions (Bolelli & Mori, 2025, 29). The extent of the agreement between employers and unions, however, varies. In Spain, for example, unions have been vocally advocating for the re-municipalisation of several care services to prevent externalisation through dumping, a position adverse to private employers (Molina & Rodríguez-Soler, 2025, 29).

The current danger, however, is that under budgetary constraints, these countries will continue down **the “low road” to service expansion and focus on skills devaluation and the increase of supply through international labour migration.** Even in a system that has recently decided to invest in the service, like the **German ECEC**, many regional governments are considering **lowering the qualification levels of employees** in ECEC as a solution to recruiting more personnel. Meanwhile, international recruitment has become a policy option also in a country like Denmark (Mailand, 2025, 33).

## 5. Conclusions

- The comparison of the six national WP2 reports confirms the **positive impact that strong collective bargaining institutions can have on wages and working conditions** in the LTC and ECEC sub-sectors and **corroborates the importance of strengthening these institutions**.
- Over the last five years, the best results in terms of improving wages and working conditions have been achieved in those industrial relations systems that already had **mechanisms of vertical and horizontal coordination** in place to prevent competition and dumping (DK, NL, DE ECEC). The worsening of the labour shortage problem after the COVID-19 pandemic has created the incentive for the ameliorative renewal of collective agreements even in the most fragmented industrial relations systems (IT, SP, DE LTC, SK). However, in those systems where **coordination mechanisms were strengthened** (DE LTC), the outcomes were much stronger.
- The outcomes of this comparative study call for **the problematisation of the role of the state as a fundamental actor of industrial relations in the care sector**. Direct state intervention, in most cases, was fundamental for the improvement of wages and/or working conditions. It is, however, also true that where the state has acted by bypassing industrial relations actors, **its actions have been contested, and outcomes were mixed**.
- While the institutional setting plays a fundamental role in explaining the state of the art and outcomes on wages and working conditions in the two sub-sectors, there is evidence that **the ability of the actors of the six industrial relations systems to activate their power resources and how they have read and interpreted the problem of job quality and labour shortage has made a fundamental difference for recent collective bargaining developments**.
- The most interesting outcomes in terms of improving working conditions and wages have been achieved **where workers (and their representatives) were strong enough to push for change** (DK, DE ECEC) or **where employers and unions were able to find common ground around the issue of the valorisation of the sub-sector** (ND LTC, IT).
- While a shared logic of action around the issue of the valorisation of the care sector incentivises better outcomes, **the continued pressure of unions and workers to keep the issue of job quality high in the priorities of other social partners remains necessary**. The country comparison shows that the labour shortage issue has **indirectly improved the power position of workers** in the two sub-sectors and provided incentives and opportunities for the implementation of different logics of action among the employers, especially public and non-profit. However, **collective power resources remain fundamental to obtaining better outcomes for workers, even in the context of collaborative relations**.
- Finally, the six country reports confirm that labour and skills shortages are an issue that affects both the LTC and the ECEC sub-sector and that they are tightly linked to the scarce occupational attractiveness of the **care sector**.

- The report **confirms the importance of working on job quality to tackle the labour and skills shortage issue**: to increase the attractiveness of the profession, it is not sufficient to raise wages, but it is also fundamental to improve working conditions, reduce workloads and guarantee work-life balance.
- The often-overlooked aspect of the valorisation of care work is the **recognition of professionalism and skills**. This recognition implies performance autonomy and the involvement of workers in decision-making and the organisation of the service.
- The current risk is that, under budgetary constraints, countries will go down the **“low road” to service expansion and focus on skills devaluation and the increase of supply through international labour migration**.

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## Annexes

### A1. Collective Bargaining in Denmark

Analytical Dimensions		Research Questions	Answers
CB structure	Main level where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	Cartel-level (only public)
	Second main level		Occupational/multi-occupational
	Degree of fragmentation in CB	High would you evaluate the degree of fragmentation? High, medium, low?	Low in public part, medium in private
	Country-specific addendum	Are there any country-specific dimensions to add?	
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Public: Strong coordination Private: None, only one level
	Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/ private sectors?	Operational agreement with municipalities for non-profit providers Connecting CA* Informal spill-over from public to private CA
	Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	No formal mechanism, but likely informal spill-over both horizontally and vertically
	Country-specific addendum	Are there any country-specific dimensions to add?	
Collective agreements	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	LTC public: 2 (1 sous-staff, 1 nurses) LTC private: 1 (sous-staff) ECEC public: 2 (1 pedagogues, 1 pedagogical assistants and helpers) ECEC private: 2 (1 pedagogues, 1 pedagogical assistants and helpers)
	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EO) - % coverage - sector (public and/or private)	LTC public: KL and FOA: Overenskomst for social- og sundhedspersonale' KL, Danish Nurses Organization et al.: 'Overenskomst for syge- og sundhedsplejersker, etc'
			LTC private: Danish Chamber of Commerce and FOA 'Plejeoverenskomsten'
			ECEC public: KL og BUPL: 'Pædagogoverenskomsten for pædagoger ved daginstitution, etc.' KL og FOA' Overenskomst for pædagogmedhjælpere og pædagogiske assistenter'

			ECEC private: LDD and BUPL 'Overenskomst for pædagogisk personale ansat ved privat-, og puljeinstitutioner' LDD and FOA 'Overenskomst pædagogisk privatansatte'
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## A2. Collective Representation in Denmark

Analytical dimensions		Research Questions	Answers
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	LTC: 2 main (FOA and Danish Nurses Organizations) ECEC: 2 main (FOA and BUPL)
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	LTC: No. Competition very limited. ECEC: No. Competition very limited.
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	LTC: Both. Divisions of labour also relevant See text ECEC: Both. Divisions of labour also relevant See text
	Degree of centralization in decision-making	At what organisational level decision-making takes place within TUs?	LTC: ? ECEC: ?
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	LTC: Together with other groups* ECEC: Together with other groups*
	Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	LTC: Yes ECEC: Yes
Characteristics of TUs	Characteristics of the most representative TUs	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	LTC: FOA, 167.000 (total), mostly public Danish Nurses Organization, 79.000 (total), mostly public ECEC: BUPL, 54.000 (total) mainly public FOA, 167.000 (total), mainly public
Characteristics of EOIs	Degree of EOIs fragmentation	How many EOIs organise in the sector?	LTC public: 1 main LTC private: 4+ main ECEC public: 1 main ECEC private: 4+ main
	Membership of EOIs	Do the EOIs cover the same membership? Do the different EOIs compete to recruit care providers?	Some of the EOIs covers some types of members
	Nature of the relationship between EOIs	How would you define the relationships between EOIs? Collaborative or competitive?	Some/limited competition

Degree of centralization in decision-making	At what organisational level decision-making takes place within EOs?	?
Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	Most of the EOs covers both LTC and ECEC as well as other sectors
Inter-sectoral horizontal coordination between EOs	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	?
	For each EO, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	LTC/ECEC: Local Government Denmark, all municipalities, public Danish Chamber of Commerce, 18.000 comp., private Confederation of Danish Industries. 30.000 comp, private Søvæje Denmark, 300 comp., private  LTC: KA Pleje, 20+ companies, private  ECEC: The National Org. of Day Care Inst., 800 comp., private The Daycare Institutions' National Org., 300 comp., priv.

### A3. Collective Bargaining in the German ECEC Sector

Analytical dimensions		Research questions	Germany
CB <sup>1</sup> structure	Main level where CAs <sup>2</sup> are signed	At what level CAs are signed? (national/sectoral, regional, local)	National
	Second main level		Regional
	Degree of fragmentation in CB	High would you evaluate the degree of fragmentation? High, medium, low?	Medium
	Country-specific addendum	Are there any country-specific dimensions to add?	Diverse labour law systems, including the first, the second, and the third way
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	The TVöD-SuE is seen as a benchmark also for non-profit providers
	Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/ private sectors?	No
	Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	No
	Country-specific addendum	Are there any country-specific dimensions to add?	No

Collective agreements	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	No data available
	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EOEs) - % coverage - sector (public and/or private)	TVöD-SuE - signatory parties: ver.di and VKA - coverage: no data available - sector: public

#### A4. Collective Bargaining in the German LTC Sector

Analytical dimensions		Research questions	Germany
CB structure	Main level where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	National
	Second main level		Local/individual company agreements
	Degree of fragmentation in CB	How would you evaluate the degree of fragmentation? High, medium, low?	High
	Country-specific addendum	Are there any country-specific dimensions to add?	Diverse labour law systems, including the first, the second, and the third way
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	No
	Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	Policy interventions (such as the minimum wage, the Law for the Improvement of Wages in the Care Sector 'Pflegelöhneverbesserungsgesetz', and the GVWG)
	Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	Increasing number of employer organisations, also in the case of private providers (see section 4)
	Country-specific addendum	Are there any country-specific dimensions to add?	No
Collective agreements	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	No data available
	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EOEs) - % coverage - sector (public and/or private)	TVöD-B - signatory parties: ver.di and VKA - coverage: no data available - sector: public

#### A5. Collective Representation in the German ECEC Sector

Analytical dimensions		Research questions	Germany
TUs <sup>1</sup> structure	Degree of fragmentation	How many TUs organise in the sector?	Low degree of fragmentation; one main trade union (ver.di)

	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	-
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	-
	Degree of centralization in decision-making	At what organisational level decision-making takes place within TUs?	National and local
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	ECEC workers are organised together with other groups of social services
	Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	ver.di tries to recruit ECEC workers of all providers (public, private non-profit and for-profit) but represents mainly the public sector
Characteristics of TUs	Characteristics of the most representative TUs	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	ver.di - membership: approx. 250,000, double-digit percentage range - sector: public - professional profiles: mixed (similar to the ECEC workforce)
EOs <sup>2</sup> structure	Degree of EOs fragmentation	How many EOs organise in the sector?	Low degree of fragmentation; one main public employer organisation (VKA)
	Membership of EOs	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	-
	Nature of the relationship between EOs	How would you define the relationships between EOs? Collaborative or competitive?	-
	Degree of centralization in decision-making	At what organisational level decision-making takes place within EOs?	National and local
	Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	ECEC providers are organised together with other social services of the public sector
	Inter-sectoral horizontal coordination between EOs	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	No
Characteristics of EOs	Characteristics of the most representative EOs	For each EO, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	VKA - membership: approx. 10,000 providers (VKA, 2024) - sector: public - kind of firms organised: local public employers, including all social services of the public sector

**A6. Collective Representation in the German LTC Sector**

Analytical dimensions		Research questions	Germany
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	Low degree of fragmentation; one main trade union (ver.di)
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	-
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	-
	Degree of centralization in decision-making	At what organisational level decision-making takes place within TUs?	National and local
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	LTC workers are organised together with other groups of social services
	Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	ver.di tries to recruit LTC workers of all providers (public, private non-profit and for-profit) but represents mainly the public sector
Characteristics of TUs	Characteristics of the most representative TUs	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	ver.di - membership: approx. 10–15% - sector: public - professional profiles: mainly skilled workers
EOs structure	Degree of EOs fragmentation	How many EOs organise in the sector?	High degree of fragmentation due to different EOs
	Membership of EOs	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	High degree to recruit the same care providers
	Nature of the relationship between EOs	How would you define the relationships between EOs? Collaborative or competitive?	Competitive
	Degree of centralization in decision-making	At what organisational level decision-making takes place within EOs?	National and local
	Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	It depends on the specific structure of the employer association: - AGVP: The AGVP represents only (private for-profit) LTC providers. - BPA: LTC providers are organised together with other (private for-profit) social services (such as ECEC). - AWO AGV: LTC providers are organised together with other non-profit providers.

			<ul style="list-style-type: none"> <li>- BVAP: The BVAP represents only (non-profit, private, and public) LTC providers.</li> </ul>
	Inter-sectoral horizontal coordination between EOs	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	No
Characteristics of EOs	Characteristics of the most representative EOs	<p>For each EO, please specify:</p> <ul style="list-style-type: none"> <li>- membership (absolute no. and % in the sector)</li> <li>- sector (public and/or private)</li> <li>- kind of firms organised</li> </ul>	<p>AGVP:</p> <ul style="list-style-type: none"> <li>- membership: approx. 1,000 providers; 10% of the sub-sector</li> <li>- sector: private</li> <li>- kind of firms organised: mainly private residential care providers and a few homecare service providers</li> </ul> <p>BPA:</p> <ul style="list-style-type: none"> <li>- membership: approx. 14,000 providers (The BPA is the largest organisation representing the interests of private providers of social services in Germany.)</li> <li>- sector: private (for-profit)</li> <li>- kind of firms organised: private social services (LTC, children and youth welfare services, integration assistance)</li> </ul> <p>AWO AGV:</p> <ul style="list-style-type: none"> <li>- membership: approx. 200 providers (AWO AGV, 2024)</li> <li>- sector: non-profit</li> <li>- kind of firms organised: non-profit providers of different social services</li> </ul> <p>BVAP:</p> <ul style="list-style-type: none"> <li>- membership: no data available</li> <li>- sector: non-profit, private and public</li> <li>- kind of firms organised: association of LTC providers and welfare organisations</li> </ul>

#### A7. Collective Bargaining the Dutch ECEC sector

Analytical dimensions		Research questions	NL (ECEC)
CB structure	Main level where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	Only sectoral, multi-employer bargaining
	Second main level		Some soft involvements at national level

Coordination in CB	Degree of fragmentation in CB	High would you evaluate the degree of fragmentation? High, medium, low?	Medium fragmentation at the employers' side (but at the same negotiation table)
	Country-specific addendum	Are there any country-specific dimensions to add?	Public-legal mechanism to make sector agreement generally binding towards all employment in de sector
	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Soft cross-sectoral coordination FNV and CNV Soft cross-sectoral coordination employers
	Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	Both for-profit and non-for-profit are integrated in one agreement (no public sector)
	Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	There is just one sectoral agreement (although one employers association tried to make a second one, what is prevented by the public-legal mechanism to make sector agreement generally binding for the whole sector)
Collective agreements	Country-specific addendum	Are there any country-specific dimensions to add?	no
	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	1
Collective agreements	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EOEs) - % coverage - sector (public and/or private)	Signatory parties: FNV + CNV (TUs) & BK + BMK (EOEs) Coverage: max. 92%, including general binding mechanism (8% solo self-employed workers) Private sector: not-for-profit and for-profit

#### *A8. Collective Bargaining in the Dutch LTC sector*

Analytical dimensions		Research questions	NL (LTC)
CB structure	Main level where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	only sectoral, multi-employer bargaining
	Second main level		Some soft involvements at national level
	Degree of fragmentation in CB	High would you evaluate the degree of fragmentation? High, medium, low?	Low fragmentation
	Country-specific addendum	Are there any country-specific dimensions to add?	Public-legal mechanism to make sector agreement generally binding towards all employment in de sector
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Soft cross-sectoral coordination FNV at national level Soft cross-sectoral coordination employers at national level (MKB Nederland)

	Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	Both for-profit and non-for-profit are integrated in one agreement (no public sector)
	Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	There is just one agreement
	Country-specific addendum	Are there any country-specific dimensions to add?	no
Collective agreements	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	1
	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EOIs) - % coverage - sector (public and/or private)	Parties: FNV, CNV, NU'91, FZ & ActiZ, Zorghuisnl Coverage: max. 95% of formal workers (5% solo self-employed workers; no data about informal workers) Private sector: not-for-profit and for-profit

#### A9. Collective Representation in the Dutch ECEC Sector

Analytical dimensions		Research questions	NL (ECEC)
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	2 general unions (FNV + CNV).
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	FNV 80% and CNV 20% total union members; Limited direct competition between the unions.
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	Normally collaborative, but conflictual in times of FNV's organizing strategy
	Degree of centralization in decision-making	At what organizational level decision-making takes place within TUs?	ECEC-sector level (whole country)
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	Both are general unions for all groups of workers
	Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	Workers in not-for-profit and for-profit ECEC-providers are united
Characteristics of TUs	Characteristics of the most representative TUs	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	FNV: 10% private sector
			CNV: 2.5% private sector
EOs structure	Degree of EOIs fragmentation	How many EOIs organise in the sector?	3

	Membership of EOs	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	Different profiles: BK: most diverse in size and mix non-for-profit and for-profit BMK: only non-for-profit BVK: SMEs for profit
	Nature of the relationship between EOs	How would you define the relationships between EOs? Collaborative or competitive?	Collaborative, but instable commitment BVOK
	Degree of centralization in decision-making	At what organizational level decision-making takes place within EOs?	ECEC-sector level (whole country)
	Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	BK has several informal networks regarding size, ideology/philosophy, region, and subsectors (day care - after-school care - childminder care)
	Inter-sectoral horizontal coordination between EOs	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	High coordination
Characteristics of EOs	Characteristics of the most representative EOs	For each EO, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	BK: estim. 55% of the employment (n=875, diverse in size and not-for-profit and for-profit) BMK: estim. 25% (relative larger companies, only non-for-profit) BVK low % (SMEs for profit)

#### A10. Collective Representation in the Dutch LTC Sector

Analytical dimensions		Research questions	NL (LTC)
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	4 unions: FNV, CNV, NU '91, FBZ.
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	FN is larger than CNV; little competition.
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	Normally collaborative, but conflictual in times of FN's activistic/‘organizing’ strategy
	Degree of centralization in decision-making	At what organizational level decision-making takes place within TUs?	LTC-sector for the whole country
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	FNV and CNV are general unions for all groups of workers. NU '91 is a professional union for nurses. FBZ is a professional union for health and care specialists.
	Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	Workers in not-for-profit and for-profit LTC providers are united in the same 4 unions.

Characteristics of TU	Characteristics of the most representative TU	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	No data. Middle-educated care givers are dominant FNV-members.
EOs structure	Degree of EO fragmentation	How many EO organise in the sector?	2
	Membership of EO	Do the EO cover the same membership? Do the different EO compete to recruit care providers?	ActiZ: diverse in size and mix non-for-profit and for-profit Zorghuisnl: for-profit in subsector of homecare. Low competition because of different profiles.
	Nature of the relationship between EO	How would you define the relationships between EO? Collaborative or competitive?	Collaborative. Zorghuisnl is kind of 'overshadowed' by ActiZ.
	Degree of centralization in decision-making	At what organisational level does decision-making take place within EO?	LTC-sector level for the whole country
	Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	ActiZ is not split-up in subdivisions, but works with informal thematic/local networks
	Inter-sectoral horizontal coordination between EO	Do the diverse EO adopt mechanisms/procedures to coordinate in CB?	High coordination
Characteristics of EO	Characteristics of the most representative EO	For each EO, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	ActiZ: 400 members, incl. large companies, mostly non-for-profit, around 82 percent of the employment in the sector. Zorghuisnl: 200 small members, commercial SMEs in homecare.

### A11. Collective Bargaining in Italy

Analytical dimensions		ITALY [both sectors, unless otherwise specified]
CB structure	Main level where CAs are signed	National-sectoral.
	Second main level	Decentralised at the organisational level.
	Vertical coordination between different levels	Organised decentralisation: integrative role at the second level.
	Number of CAs applied	1 in public LTC, 1 in 0-3 public ECEC, 1 in public 3-6 ECEC; 38 in private LTC (of which 5 most relevant); 20 in private ECEC (of which 4 most relevant)
	Degree of fragmentation in CB	Low in the public, high in the private sector.
	Inter-sectoral horizontal coordination between public/private CAs	Formally none.
	Intra-sectoral horizontal coordination between private sector CAs	Low degree of formal coordination (the same CA is signed separately by different EO). Some voluntaristic efforts at coordination.

<b>TU structure</b>	Degree of TU fragmentation	High degree of fragmentation [confederal TU + rank-and-file TUs].
	Nature of the relationship between TUs	Competition for recruiting the same membership.
	Degree of centralization in decision-making	Highly centralised structure: decisions made at the peak national level.
	Structure of workers' representation in the care services	Embedded in larger categories – no ad hoc dedicated structures.
	Inter-sectoral horizontal coordination between public/private sector workers	In general, voluntaristic with incentives built inside union structures. One experiment at unifying representation (CGIL).
<b>EO structure</b>	Degree of EO fragmentation	High degree of fragmentation [size of enterprise, cooperatives, profit/non-for-profit].
	Nature of the relationship between EOs	Different membership but competition based on labour costs in the CAs.
	Degree of centralization in decision-making	Highly centralised structure: decisions made at the peak national level.

### *A12. Collective Representation in Italy*

Analytical dimensions		Research questions	<b>ITALY</b> [both ECEC and LTC, unless otherwise specified]
<b>TUs structure</b>	<b>Degree of TUs fragmentation</b>	How many TUs organise in the sector?	High
	<b>Membership of TUs</b>	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	Competition for membership
	<b>Nature of the relationship between TUs</b>	How would you define the relationships between TUs? Collaborative or competitive?	Competitive (between coalitions)
	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within TUs?	Highly centralised with regards to collective bargaining
	<b>Structure of workers' representation</b>	Are care workers organised through dedicated union categories? Or together with other groups?	Only in autonomous unions. In the Confederations, LTC workers are organised within the Public Sector union and Tertiary Sector Union (Cooperatives), ECEC workers within the Public Sector union (0-3 and educators) and the School Workers' Unions (3-6)
	<b>Inter-sectoral horizontal coordination between public/private sector workers</b>	Does the TUs represent care workers in both the public AND the private sector?	LTC: CGIL has unified their representation under the Public Sector Union, in CISL and UIL. the Public Sector Union and the Tertiary sector union resort to joint bargaining. ECEC: YES
<b>Characteristics of TUs</b>	<b>Characteristics of the most representative TUs</b>	For each TU, please specify:	<b>LTC confederal:</b> FP CGIL (public and private socio sanitary sector); FP CISL and UIL FPL

		<ul style="list-style-type: none"> <li>- membership (absolute no. and % in the sector)</li> <li>- sector (public and/or private)</li> <li>- professional profiles of members</li> </ul>	<p>(public); UILTUOS and FISASCAT (private non-profit)</p> <p><b>LTC autonomous:</b></p>
			<p><b>ECEC confederal:</b></p> <p>FLC CGIL, CISL Scuola, UIL scuola RUA (public and private kindergartens) FP CGIL (public and private crèches); FP CISL and UIL FPL (public crèches); UILTUOS and FISASCAT (private non-profit crèches)</p>
			<p><b>ECEC autonomous:</b></p> <p>SNALS-Conf.Sa and SINASCA (public and private Kindergartens)</p>
EOs structure	<b>Degree of EOs fragmentation</b>	How many EOs organise in the sector?	LTC: 7 relevant EOs ECEC: 6 relevant EOs
	<b>Membership of EOs</b>	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	No competition, identity-based fragmentation
	<b>Nature of the relationship between EOs</b>	How would you define the relationships between EOs? Collaborative or competitive?	Competitive – recently with experiments at collaboration
	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within EOs?	Centralised at the national level
	<b>Structure of care providers' representation</b>	Are care providers organised through dedicated structures? Or together with other firms?	Generally representing firms operating in socio-sanitary sector, most of which operating in LTC or ECEC.
	<b>Inter-sectoral horizontal coordination between EOs</b>	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	Voluntaristic coordination. Main instrument is that of the discussion Tables. Currently also engaging in joint lobbying towards the state. Case of Cooperatives: creation of a Joint observatory, in collaboration with TUs.
Characteristics of EOs	<b>Characteristics of the most representative EOs</b>	<p>For each EO, please specify:</p> <ul style="list-style-type: none"> <li>- membership (absolute no. and % in the sector)</li> <li>- sector (public and/or private)</li> <li>- kind of firms organised</li> </ul>	<p><b>LTC:</b></p> <p>ARAN (Public) Legacoop Sociali, Confcooperative Federsolidarietà and AGCI (Cooperatives) UNEBA (private catholic) ARIS (private catholic) AIOP (private profit) ANASTE (private profit residential care)</p>
			<p><b>ECEC:</b></p> <p>ARAN (Public) Legacoop Sociali, Confcooperative Federsolidarietà and AGCI (Cooperatives – crèches)</p>

			FISM (catholic, creches and kindergartens) AGIDAE (catholic, kindergartens) ANINSEI (private profit, kindergartens)
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### A13. Collective Bargaining in the Slovak ECEC Sector

Analytical dimensions		Research questions	Slovakia
CB structure	<b>Main level</b> where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	At the national level, higher-level collective agreements are negotiated between sectoral trade unions and employers' associations. For instance, the <b>Union</b> of Workers in Education and Science of Slovakia (OZ PŠaV) engages in multi-employer bargaining that encompasses public kindergartens and other educational institutions.
	<b>Second</b> main level		At the local level, enterprise-level collective agreements are negotiated directly between individual employers (e.g., kindergarten directors) and local trade union representatives.
	Degree of <b>fragmentation</b> in CB	High would you evaluate the degree of fragmentation? High, medium, low?	High - While higher-level (sectoral) collective agreements exist, particularly in the public sector, many agreements are negotiated at the enterprise level. This decentralization leads to variability in employment conditions across different institutions.
	<b>Country-specific addendum</b>	Are there any country-specific dimensions to add?	The employees of childcare and elder care are represented mostly by sectoral trade unions covering all employees in education or social and health sectors. In the childcare sector, several social partners operate at the sectoral level. However, a specific social partner specifically targeting pre-primary childcare services does not exist in Slovakia. At the higher level, pre-primary education falls into the industrial relations structures in the whole education sector.
Coordination in CB	<b>Vertical</b> coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Direct vertical coordination does not exist, yet downward derogation is not possible at the lower level of bargaining. In some cases, where a single-employer CBA does not exist, only the higher-level agreement covers employees.
	Inter-sectoral <b>horizontal coordination</b> between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	The higher-level agreement for public service covers a wide range of sectors. Pay tariffs can be however negotiated separately per sector and occupational group. These agreements are also valid for private institutions if the workers are being remunerated according to the same legislation as workers in public institutions.
	Intra-sectoral <b>horizontal coordination</b> between private sector CAs	Are there mechanisms in place to coordinate CB	No direct mechanisms, but benchmarking and informal pattern bargaining. Coordination depends on the state capacities

		between different CBAs in the same sector?	and funding opportunities, and also on the power resources of particular occupational groups and their trade unions to negotiate better conditions for this group.
	Country-specific addendum	Are there any country-specific dimensions to add?	Separate bargaining for public service and civil service. Education, including ECEC is covered by public service.
Collective agreements	<b>Number</b> of CAs applied	Enumerate the main CBAs signed in the sub-sector	Higher-level collective agreement for public service, plus a high number of single-employer agreements
	<b>Characteristics of the main CAs signed</b>	<p>For each CA, please specify:</p> <ul style="list-style-type: none"> <li>- signatory parties (TUs &amp; EOs)</li> <li>- % coverage</li> <li>- sector (public and/or private)</li> </ul>	<p>CA no.1: A collective agreement of a higher level for employers who proceed with remuneration in accordance with Act no. 553/2003 Coll. on the remuneration of certain employees for the performance of work in the public interest for the years 2023-2024</p> <p>- covers 230,000 employees in the public sector and serves as a benchmark for employers in the private sector too.</p>

#### A14. Collective Bargaining in the Slovak LTC Sector

	Analytical dimensions	Research questions	Slovakia
CB structure	<b>Main level</b> where CAs are signed	At what level CBAs are signed? (national/sectoral, regional, local)	Company level
	<b>Second</b> main level		Sectoral level (public sector)
	Degree of <b>fragmentation</b> in CB	High would you evaluate the degree of fragmentation? High, medium, low?	High
	Country-specific addendum	Are there any country-specific dimensions to add?	<p>The higher-level agreement for public service, including LTC, is serving as an informal benchmark for private providers.</p> <p>This higher-level agreement for public service stipulates wage tariffs in social services. The first two tariffs fall, upon the increase of the statutory minimum wage level, beyond the minimum wage and the actual pay for employees remunerated according to this category needs to be subsidized from other sources not to fall below the minimum wage. This is seen as a relevant policy issue and regularly criticised for taking capacities from other serious issues.</p>
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Yes, mechanisms in form of specific, targeted social dialogue at the local level of particular LTC providers. Here are examples of the targeted

			interventions in a dedicated social dialogue: The Slovak Trade Union of Employees in Health and Social Services provides qualified legal counselling and advice on labour regulation violations. They defend the rights of employees and represent care workers in cases of unjustified prosecution and alleged negligence in care. For example, in one case, a care worker was accused of serious damage to the client's health. The Union successfully defended the employee's innocence and unfair dismissal due to negligence. It turned out the employer was responsible for the negligence of the work safety regulations. Assistance in local social dialogue and negotiation is a frequent activity of these trade unions. Negotiations directly on the spot, in the premises of the social facility with the social service founder, paid off as a good way to negotiate better working conditions than the employer offered. Unions support increasing the capacity of employees for social negotiations and concluding collective agreements, both by using the basic model of collective agreements and by providing education in this area. In addition, a union specialist in occupational health safety provides extra services at the level of concrete employers, drawing attention to violations of H&S regulations and preventing occupational accidents and fatal injuries.
Inter-sectoral <b>horizontal coordination</b> between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	No formal mechanisms, but the public service CBA can serve as a benchmark also for private providers	
Intra-sectoral <b>horizontal coordination</b> between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	Not in place, company-level agreements depend on who the founder and budget holder is. In general, there is no significant deviation from the higher-level agreement.	
Country-specific addendum	Are there any country-specific dimensions to add?	n/a	
<b>Collective agreements</b>	<b>Number</b> of CAs applied	Enumerate the main CAs signed in the sub-sector	One higher-level agreement and a high number of single-employer agreements in care homes across the whole country

	<b>Characteristics of the main CAs signed</b>	<p>For each CA, please specify:</p> <ul style="list-style-type: none"> <li>- signatory parties (TUs &amp; EOIs)</li> <li>- % coverage</li> <li>- sector (public and/or private)</li> </ul>	<p>CA no.1: A collective agreement of a higher level for employers who proceed with remuneration in accordance with Act no. 553/2003 Coll. on the remuneration of certain employees for the performance of work in the public interest for the years 2023-2024</p> <p>- covers 230,000 employees</p> <p>A high number of single-employer agreements across the whole country in LTC care homes</p>
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#### *A15. Collective Representation in the Slovak ECEC Sector*

Analytical dimensions		Research questions	Slovakia
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	The sector is represented by several trade unions, though none are exclusively dedicated to it. The primary unions involved include: 1) The Union of Workers in Education and Science of Slovakia (Odborový zväz pracovníkov školstva a vedy na Slovensku, OZPŠaV), 2) The Independent Christian Trade Unions of Slovakia (NKOS) which are part of The Union of Workers in Education and Science of Slovakia and 3) The New Education Trade Union (Nové školské odbory, NŠO)
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	Yes, the TUs cover the same membership. The TUs do not seem to compete to recruit care workers, since The Independent Christian Trade Union of Slovakia is part of the Union of Workers in Education and Science of Slovakia and also because the New Education Trade Union is fairly new and struggling to recruit workers either way.
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	The relationship between the trade unions can be defined as collaborative, since they all wish for a continued dialogue, a stronger collaboration and support each other's protest activities.
	Degree of centralization in decision-making	At what organizational level decision-making takes place within TUs?	<p>Decision-making within <b>OZ PŠaV</b> takes place at multiple levels, with the Congress as the highest authority responsible for strategic decisions, supported by the Council for coordination and the Presidency for day-to-day operations. At the local level, basic organizations handle workplace-specific issues and represent members in direct interactions with employers.</p> <p>Decision-making within <b>NŠO</b> takes place at multiple organizational levels, with the highest authority being the National Congress (Sneh), composed of all members. Delegates with voting rights are members of NŠO present at the Congress. The Congress is considered</p>

			quorate if more than 50% of the Presidency and at least one-third of the basic organisations' (ZO) presidents are present.  Similarly as the previous two, decision-making within <b>NKOS</b> also takes place at multiple organizational levels.
	<b>Structure</b> workers' representation of	Are care workers organised through dedicated union categories? Or together with other groups?	Early childhood care workers in Slovakia are not organized through dedicated union categories. Instead, they are represented alongside other groups – those in kindergartens fall under unions covering the broader education sector, while nursery workers are typically represented within unions active in the social services sector. There is no trade union specifically focused only on pre-primary childcare services.
	<b>Inter-sectoral horizontal coordination</b> between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	Yes, the trade unions represent care workers in both the public and the private sector.
<b>Characteristics of TUs</b>	<b>Characteristics of the most representative TUs</b>	For each TU, please specify:  - membership (absolute no. and % in the sector)  - sector (public and/or private)  - professional profiles of members	OZPŠaV  Membership absolute no.: around 48 000  % in the sector not known  Sector: public and private  The union organises teachers and pedagogical and non-pedagogical employees, mainly from public facilities, but also private ones.  New Scholl trade unions (NSO)  Sector: public and private  Professional profiles of members not known  Christian unions in the education sector - NKOS  Sector: public and private  Professional profiles of members: affiliated/working at Christian schools
<b>EOs structure</b>	<b>Degree of EOs fragmentation</b>	How many EOs organise in the sector?	On the employers' side, public early childhood education and care (ECEC) services are primarily provided by the state and municipalities, represented through the relevant ministries and the <b>Association of Towns and Communities of Slovakia (ZMOS)</b> . At the local or organisational level, collective agreements are negotiated directly between representatives of the local trade union branch and the head of the kindergarten.

	<b>Membership of EO</b>	Do the EO cover the same membership? Do the different EO compete to recruit care providers?	The Association of Towns and Communities of Slovakia covers workers working in the public ECEC services.  There does not seem to be competition present.
	<b>Nature of the relationship between EO</b>	How would you define the relationships between EO? Collaborative or competitive?	Neither collaborative nor competitive
	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within EO?	Decision-making at the Association of Towns and Communities of Slovakia takes place at multiple organizational levels. The bodies of the association are: a) the Assembly of the Association, b) the Chairperson of the Association, c) the Supervisory Commission of the Association, d) the Council of the Association.
	<b>Structure of care providers' representation</b>	Are care providers organised through dedicated structures? Or together with other firms?	Public and private, no distinct representation of each group
	<b>Inter-sectoral horizontal coordination</b> between EO	Do the diverse EO adopt mechanisms/procedures to coordinate in CB?	No

#### A16. Collective Representation in the Slovak LTC Sector

Analytical dimensions		Research questions	Slovakia
<b>TUs structure</b>	<b>Degree of fragmentation</b>	How many TUs organise in the sector?	Two: The Slovak Trade Union of Employees in Health and Social Services (SOZZaSS) and the Slovak Trade Union of Public Administration and Culture (SLOVES), to some extent also the Trade Union Federation of Nurses and Midwives (OZSaPA)
	<b>Membership of TUs</b>	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	Although the Slovak Trade Union of Public Administration and Culture mostly focuses on different workers, it does also have a section for social services

			Competition in care worker recruitment is marginal, but may exist eg. between the base unions affiliated to SOZZaSS and unions affiliated to OZSaPA.  Also, competition may arise between unions and non-union actors that serve as the voice of care workers.
	<b>Nature of the relationship between TUs</b>	How would you define the relationships between TUs? Collaborative or competitive?	collaborative
	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within TUs?	Decision-making within the Slovak Trade Union of Employees in Health and Social Services takes place at several levels, with the Congress serving as the highest authority responsible for strategic decisions, supported by the Council and Presidency for coordination and day-to-day operations. At the local level, basic organizations within workplaces handle member representation and collective bargaining with employers.  Decision-making within the Slovak Trade Union of Public Administration and Culture also occurs at multiple organizational levels.
	<b>Structure of workers' representation</b>	Are care workers organised through dedicated union categories? Or together with other groups?	Upon the fragmentation of higher-level bargaining in the hospital sector and LTC, and later with the legislative anchoring of wages of healthcare workers, it was unclear how certain categories will be covered, e.g. doctors and nurses working in LTC homes and not in hospitals.
	<b>Inter-sectoral horizontal coordination between public/private sector workers</b>	Does the TUs represent care workers in both the public AND the private sector?	The Slovak Trade Union of Employees in Health and Social Services represents care workers in both the public and the private sector.  The Slovak Trade Union of Public Administration and Culture represents care workers in the public sector.

<b>Characteristics of TUs</b>	<b>Characteristics of the most representative TUs</b>	<p>For each TU, please specify:</p> <ul style="list-style-type: none"> <li>- membership (absolute no. and % in the sector)</li> <li>- sector (public and/or private)</li> <li>- professional profiles of members</li> </ul>	<p>The Slovak Trade Union of Health and Social Services</p> <p>Membership absolute no.: 17,641 members, percentage not available</p> <p>Public and private sector</p> <p>Organizes mostly workers in care homes, also some higher-ranked medical professional and nurses (which also have their own trade unions and agreements)</p>
			<p>The Slovak Trade Union of Public Administration and Culture</p> <p>Other data not available</p>
<b>EOs structure</b>	<b>Degree of fragmentation</b>	How many EOs organise in the sector?	<p>Association of cities and municipalities (ZMOS), Union of cities and towns</p> <p>Ministry of Social Affairs</p> <p>Association of the Social Services Providers of Slovakia</p>
	<b>Membership of EOs</b>	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	<p>ZMOS covers public providers.</p> <p>The Association of the Social Services Providers of Slovakia covers both public and private providers.</p> <p>No data on possible competition among EOs.</p>
	<b>Nature of the relationship between EOs</b>	How would you define the relationships between EOs? Collaborative or competitive?	<p>Probably competitive, as an example – The Association of the Social Services Providers of Slovakia criticized ZMOS for their proposal to abolish the obligation of municipalities to co-finance the operating subsidy for a dependent citizen placed with a non-public service provider.</p>
	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within EOs?	<p>Decision-making at ZMOS takes place at multiple organizational levels. The bodies of the association are:</p> <ol style="list-style-type: none"> <li>the Assembly of the Association,</li> <li>the Chairperson of the Association,</li> <li>the Supervisory Commission of the Association,</li> <li>the Council of the Association.</li> </ol> <p>At the Association of the Social Services Providers, the decision-making also takes place at multiple organizational levels. The association is made up of several bodies:</p> <ol style="list-style-type: none"> <li>the General Assembly,</li> <li>the Presidency,</li> </ol>

			c) The Ethics Committee, d) The Audit Committee, e) Expert Sections.
	<b>Structure of care providers' representation</b>	Are care providers organised through dedicated structures? Or together with other firms?	The Association of the Social Services Providers organizes care providers only.  ZMOS and UMO organize cities and municipalities offering public services in general.
	<b>Inter-sectoral horizontal coordination</b> between EO	Do the diverse EO adopt mechanisms/procedures to coordinate in CB?	There is no coordination in place, rather APSS remains critical of ZMOS in approaches to bargaining and working conditions.
<b>Characteristics of EO</b>	<b>Characteristics of the most representative EO</b>	For each EO, please specify:  - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	The Association of the Social Services Providers:  Absolute no: 290 providers and more than 850 service facilities  Percentage not available  Sector: public and private  Kind of firms organised: social care homes
			ZMOS  Membership: Absolute no.: 2,873 – data Eurofound 2022 - Representativeness of the European social partner organisations: Local and regional government sector and social services  % in the sector only available from Eurofound - 95%

#### *A17. Collective Bargaining in the Spanish LTC Sector*

Analytical dimensions		Research questions	SPAIN
<b>CB structure</b>	<b>Main level</b> where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	NATIONAL – SECTORAL
	<b>Second</b> main level		REGIONAL - SECTORAL
	Degree of <b>fragmentation</b> in CB	High would you evaluate the degree of fragmentation? High, medium, low?	MEDIUM
	Country-specific <b>addendum</b>	Are there any country-specific dimensions to add?	
<b>Coordination in CB</b>	<b>Vertical</b> coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	The VIII framework serves as a mechanism to coordinate collective bargaining across levels
	Inter-sectoral <b>horizontal coordination</b> between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	There is no formal coordination between the private and public spheres

	Intra-sectoral <b>horizontal coordination</b> between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	There is no mechanism for intra-sectoral horizontal coordination. This trend will most likely intensify because of the regionalization of collective bargaining
	Country-specific <b>addendum</b>	Are there any country-specific dimensions to add?	
Collective agreements	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	There are many collective agreements regulating working
	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EO) - % coverage - sector (public and/or private)	CA no.1: VIII Framework Agreement on Care Services for Dependent Persons and the Development of Personal Autonomy (Also known as dependency agreement) 2019-2025  Signed by: CEAPS, FED, AESTE, ASADE y LARES (Employers) and FSS-CCOO, CC.OO. del Hábitat y UGT servicios públicos (Trade unions)  Private and public sector  Coverage is unknown, but is estimated to be around
			CA no.2: I Regional collective agreement for attention to elderly people of Catalonia (GERCAT), 2021-2023 (extended, negotiations ongoing to renew it)  Signed by: ACRA, UCH, CAPSS (Employers) and UGT, CCOO (Trade unions)  Public and private  Coverage is unknown but estimated around 85%
			CA no.3: Collective Agreement of home-based care for Bizkaia (Basque Country), 2016-2027  Signed by: Association of Management Companies of the Bizkaia SAD and the Association of Management Companies of the Bizkaia Public Home Help Service (Employers) and CCOO Euskadi and UGT Euskadi (trade unions)  Public and private

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### A18. Collective Bargaining in the Spanish ECEC sector

Analytical dimensions		Research questions	SPAIN
CB structure	<b>Main level</b> where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	NATIONAL – SECTORAL
	<b>Second</b> main level		REGIONAL - SECTORAL
	Degree of <b>fragmentation</b> in CB	High would you evaluate the degree of fragmentation? High, medium, low?	HIGH
	Country-specific <b>addendum</b>	Are there any country-specific dimensions to add?	
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	There is vertical coordination in the public sector through the round-tables for social dialogue in the public sector.  In the private sector there is no vertical coordination
	Inter-sectoral <b>horizontal coordination</b> between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	There is no formal mechanism to coordinate the public and private sectors.  However, there is some reference in private sector collective agreements to working conditions in the public sector
	Intra-sectoral <b>horizontal coordination</b> between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	There are no formal mechanisms to coordinate collective bargaining. But trade unions acknowledge some coordination through their participation in the three national-level collective agreements
	Country-specific <b>addendum</b>	Are there any country-specific dimensions to add?	
Collective agreements	<b>Number</b> of CAs applied	Enumerate the main CAs signed in the sub-sector	There are many collective agreements regulating working
	<b>Characteristics</b> of the <b>main</b> CAs signed	For each CA, please specify: - signatory parties (TUs & EO) - % coverage - sector (public and/or private)	CA no. 1: XIII Collective Agreement for Private Child Care and Education Centers (2025-2027)  Signed by: ACADE, CECEI, EyG, FENACEIN, CECE, ALIC (employer organisations) and UGT-FeSP, FSIE, USO (Trade unions)  Coverage is unknown, but estimated at 90%

			Private (but also public centres managed by private companies)
			CA no. 2: XII National Collective Agreement for private general education centers or regulated education without any concerted or subsidized level (2024-2026)
			Signed by: ACADE, CECE (Employer organisations). USO, FSIE (Trade unions)
			Coverage is unknown
			Private
			CA no. 3: VII Collective Agreement for Private Education Companies Supported Wholly or Partially with Public Funds (2021-2024, but extended until end 2025)
			Signed by EyG, CECE, UECOE, APSEC (employer organisations) and FeSP-UGT, FSIE, USO (Trade unions)
			Private (but supported with public funds)
			Coverage unknown

#### *A19. Collective Representation in the Spanish LTC sector*

Analytical dimensions		Research questions	SPAIN
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	There are several trade unions in the LTC sector, but overall there is a low degree of fragmentation.
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	Trade unions organise along the national / regional dimension, cover the same membership and compete to recruit the same workers
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	There is a competitive relationship between trade unions, even though the two largest confederations (CCOO and UGT) have signed together most of the collective agreements. There is more competition at regional level, where the national confederations compete with regional ones

	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within TUs?	<p>In general, trade unions have centralized structures and decision-making processes. However, since the two largest confederations have regional and provincial branches, in charge of negotiating collective agreements at these levels, they have decentralised decision-making to these levels.</p> <p>Moreover, grass-roots trade unions have appeared more recently (SINTRAHOCU, Sindicat SAD), with a more democratic and decentralized organisational model</p>
	<b>Structure of workers' representation</b>	Are care workers organised through dedicated union categories? Or together with other groups?	<p>In general, care workers are organised together with other groups by cross-sectoral trade union confederations.</p> <p>The only exception are the smaller grass-root organizations that represent and organise care workers</p>
	<b>Inter-sectoral horizontal coordination between public/private sector workers</b>	Does the TUs represent care workers in both the public AND the private sector?	Yes, all trade unions represent care workers in both the public and private sectors
<b>Characteristics of TUs</b>	<b>Characteristics of the most representative TUs</b>	For each TU, please specify: <ul style="list-style-type: none"> <li>- membership (absolute no. and % in the sector)</li> <li>- sector (public and/or private)</li> <li>- professional profiles of members</li> </ul>	TU no.1: CCOO <ul style="list-style-type: none"> <li>-Membership undisclosed</li> <li>-Private and public</li> <li>-All categories of care workers</li> </ul>
			TU no.2: UGT <ul style="list-style-type: none"> <li>-Membership undisclosed</li> <li>-Private and public</li> <li>-All categories of care workers</li> </ul>
			TU no.3: CIG <ul style="list-style-type: none"> <li>-Membership undisclosed</li> <li>-Private and public</li> <li>-All categories of care workers</li> </ul>
			TU no.4: ELA <ul style="list-style-type: none"> <li>-Membership undisclosed</li> <li>-Private and public</li> <li>-All categories of care workers</li> </ul>
<b>EOs structure</b>	<b>Degree of EOs fragmentation</b>	How many EOs organise in the sector?	There are several employer organisations in the LTC sector
	<b>Membership of EOs</b>	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	Employer organisations in the LTC organise along three dimensions: <ul style="list-style-type: none"> <li>• National / Regional</li> <li>• Ideology (religious / religious)</li> </ul>

			<ul style="list-style-type: none"> <li>• Profit / non for profit</li> </ul> <p>There is accordingly some competition, but it is a segmented representation</p>
	<b>Nature of the relationship between EO<sub>s</sub></b>	How would you define the relationships between EO <sub>s</sub> ? Collaborative or competitive?	<p>The relationship between EO<sub>s</sub> in LTC is mostly competitive, even though they've agreed on occasions on certain aspects like the need for the public sector to improve the terms of tenders.</p> <p>But in recent years there have been several splits and newly created organisations, which shows some degree of competition among them</p>
	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within EO <sub>s</sub> ?	<p>Decision-making within EO<sub>s</sub> takes place mostly at centralized level, but with the increase in regional and provincial collective agreements, regional and provincial branches have gained relevance</p>
	<b>Structure of care providers' representation</b>	Are care providers organised through dedicated structures? Or together with other firms?	<p>Care providers are organised through dedicated structures</p>
	<b>Inter-sectoral horizontal coordination between EO<sub>s</sub></b>	Do the diverse EO <sub>s</sub> adopt mechanisms/procedures to coordinate in CB?	<p>There is no mechanism of coordination for collective bargaining.</p> <p>Some of the EO<sub>s</sub> are members of an advisory body at the Ministry of Social Affairs, but this doesn't imply any form of coordination in collective bargaining</p>
<b>Characteristics of EO<sub>s</sub></b>	<b>Characteristics of the most representative EO<sub>s</sub></b>	<p>For each EO, please specify:</p> <ul style="list-style-type: none"> <li>- membership (absolute no. and % in the sector)</li> <li>- sector (public and/or private)</li> <li>- kind of firms organised</li> </ul>	<p>EO no.1: CEAP (Care business circle)</p> <p>Membership: 205,000 employees, 220,000 residential users and 380,000 daycentres and telecare users</p> <p>Public and private</p> <p>All kinds of firms</p>
			<p>EO no.2: FED (Dependency Business Federation)</p> <p>Membership</p> <p>Public and private</p> <p>All kinds of firms</p>
			<p>EO no.3: LARES (Union of Residences and Services of the Solidarity Sector)</p> <p>Membership</p> <p>Private non for profit</p>

			<p>EO no. 4: AESTE (Association of Dependency Service Companies) Membership Organises large private companies</p> <p>EO no. 5: ASADE (National Association of Home Care Service Entities) Membership Organises large private companies</p>
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**A20. Collective Representation in the Spanish ECEC Sector**

Analytical dimensions		Research questions	SPAIN
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	<p>There is a high degree of fragmentation in the union side.</p> <p>There are six large trade unions at national level that sign the three largest collective agreements. Four of them are cross-sectoral:</p> <ul style="list-style-type: none"> <li>● FE-CCOO</li> <li>● USO</li> <li>● FeSP-UGT</li> <li>● CSIF</li> </ul> <p>Two of them are sectoral</p> <ul style="list-style-type: none"> <li>● FSIE</li> <li>● ANPE</li> </ul> <p>In addition to these, there are other trade unions that only organise at regional level. These include:</p> <ul style="list-style-type: none"> <li>● USTEC (Catalonia)</li> <li>● LAB and ELA-STV (Basque country)</li> <li>● CIG (Galicia)</li> </ul>
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	<p>Trade unions cover different membership. There are three main axis of competition:</p> <ul style="list-style-type: none"> <li>● Public / private</li> <li>● National / regional</li> <li>● Cross-sectoral / sectoral</li> </ul>
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	Relationship between trade unions is considered competitive. For instance, CCOO didn't sign the last national level collective agreements

			because it was against the conditions negotiated by the other trade unions. Moreover, there is competition along the national and regional dimension mostly
	<p><b>Degree of centralization in decision-making</b></p> <p><b>Structure</b> of workers' representation</p> <p><b>Inter-sectoral horizontal coordination</b> between public/private sector workers</p>	<p>At what organizational level decision-making takes place within TUs?</p> <p>Are care workers organised through dedicated union categories? Or together with other groups?</p> <p>Does the TUs represent care workers in both the public AND the private sector?</p>	<p>Varies depending on the trade union, but mostly centralized</p> <p>They're usually organised within broader federations within unions, together with other groups, except for FSIE, ANPE and USTEC.</p> <p>Some of them do. This is mostly the case of CCOO, UGT and USO at national level, and ELA-STV, LAB and CIG at regional level</p>
<b>Characteristics of TUs</b>	<b>Characteristics</b> of the most representative TUs	<p>For each TU, please specify:</p> <ul style="list-style-type: none"> <li>- membership (absolute no. and % in the sector)</li> <li>- sector (public and/or private)</li> <li>- professional profiles of members</li> </ul>	<p>TU no.1: UGT-FeSP</p> <ul style="list-style-type: none"> <li>-Membership; undisclosed</li> <li>-Both public and private</li> <li>-Organises both professors, but also employees in administrative services</li> </ul>
			<p>TU no.2: FSIE</p> <ul style="list-style-type: none"> <li>-Membership; not disclosed</li> <li>-Organises mostly teachers, but also employees in administration</li> <li>-Only private sector</li> </ul>
			<p>TU no.3: USO</p> <ul style="list-style-type: none"> <li>-Membership; undisclosed</li> <li>-Both public and private</li> <li>-Organises both professors, but also employees in administrative services</li> </ul>
			<p>TU no. 4: CCOO</p> <ul style="list-style-type: none"> <li>-Membership; undisclosed</li> <li>-Both public and private</li> <li>-Organises both professors, but also employees in administrative services</li> </ul>
<b>EOs structure</b>	Degree of EOs fragmentation	How many EOs organise in the sector?	<p>There is a high degree of fragmentation on the employer side.</p> <p>At national level there are five EOs:</p> <ul style="list-style-type: none"> <li>● ACADE</li> <li>● CECE</li> <li>● EyG</li> <li>● FED-ACES</li> </ul>

			At regional level (Catalonia) there is APSEC and FCIC
	<b>Membership of EO</b>	Do the EO cover the same membership? Do the different EO compete to recruit care providers?	<p>Employer organisations in ECEC cover different membership. There are three main axis of competition:</p> <ul style="list-style-type: none"> <li>• Public / private</li> <li>• National / regional</li> <li>• Cross-sectoral / sectoral</li> </ul> <p>ACADE – National / private CECE – National / private + state-funded (member of CEOE, the largest cross-sectoral EO in Spain)</p>
	<b>Nature of the relationship between EO</b>	How would you define the relationships between EO? Collaborative or competitive?	High fragmentation in the employer side translates into a competitive relationship among EO, especially in the case of EO representing fully private schools
	<b>Degree of centralization in decision-making</b>	At what organizational level decision-making takes place within EO?	Except for one of the EO (CECE) that is member of the most representation EO in Spain, the other EO are sectoral EO
	<b>Structure of care providers' representation</b>	Are care providers organised through dedicated structures? Or together with other firms?	Yes, they're organised through dedicated structures
	<b>Inter-sectoral horizontal coordination between EO</b>	Do the diverse EO adopt mechanisms/procedures to coordinate in CB?	There isn't any formal or informal mechanism of CB coordination among EO
<b>Characteristics of EO</b>	<b>Characteristics of the most representative EO</b>	For each EO, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	EO no.1: CECE Represents private and state-funded educational institutions. Participates in most national collective agreements and is a member of CEOE and CEPYME
			EO no.2: ACADE Represents private education centres at national level. Participates in most national collective agreements
			EO no.3: EyG Represents Catholic and religious-affiliated educational centres, mostly state-funded