

# DEVCOBA

Developing **C**ollective **B**argaining in the Care Sector

## WP5 Policy Recommendations

### GERMANY

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**First Policy Recommendation**

**Use collective bargaining to improve working conditions to address labour shortages in LTC and ECEC**

**2. Problems/needs addressed**

In Germany, both the LTC and ECEC sub-sectors face persistent labour shortages, closely linked to high workloads, time pressure, understaffing, unstable employment trajectories, and moral distress. These conditions, in turn, undermine workforce recruitment and retention as well as the quality of care provision.

**3. Recommendation**

Social partners should prioritise and strengthen time, rest, and staff wellbeing through collective agreements, including limits on workload intensification, predictable time off free from on-call duties, recovery- and team-oriented activities such as yoga or Pilates offered during working hours, exempting older staff from night shifts in LTC, smaller groups in ECEC, and more multiprofessional teams with administrative support, for instance through additional secretarial staff.

**4. Target Actors (tick relevant boxes)**

- ☒ Trade unions  
☒ Employer organisations/care providers  
☐ Bipartite bodies  
☐ Tripartite institutions  
☐ Other (specify): \_\_\_\_\_

**5. Rationale and supporting evidence**

Evidence from employee interviews shows that most interviewees report a substantial increase in workload and time pressure in recent years, characterized by continuous multitasking in a physically and emotionally demanding environment. Burnout is reported as increasingly common. Interviewees emphasize that realistic workloads, adequate rest periods, and occupational health support are essential, yet well-being measures largely rely on individual coping strategies rather than institutional support.

**6. Expected impact**

- Improvements in job quality, including more reliable working hours, manageable workloads, reduced stress, improved mental health, and greater employment stability
- Reduced labour shortages and lower staff turnover
- Increased attractiveness of LTC and ECEC occupations
- Improved continuity and quality of care services

**Second Policy Recommendation**

**Strengthen coordination and limit fragmentation in collective bargaining for church-based and private providers in care services**

**2. Problems/needs addressed**

Evidence from WP2, WP3, and WP4 shows that fragmented collective bargaining structures and regulatory loopholes have limited the expansion of collective bargaining coverage in the care sector in Germany. In LTC, the Health Care Further Development Act (GVWG), adopted in June 2021, obliges care providers—particularly private providers—to comply either with wages negotiated in regional collective agreements (as a minimum standard) or, alternatively, to pay average wages. While the legislation has contributed to higher wage levels, it has failed to significantly increase collective bargaining coverage in LTC. This is largely due to the option allowing LTC providers to meet legal requirements by paying average wages rather than adhering to collectively agreed wage standards. As long as this option remains in place, fragmentation in wage-setting persists and incentives to participate in collective bargaining remain weak, particularly among private and church-based LTC providers. Strengthening coordination in collective bargaining, therefore, requires closing this regulatory loophole and reinforcing the role of collective agreements. Social partners therefore have a key role to play in strengthening coordination and limiting fragmentation in collective bargaining in order to establish a level playing field, stabilise industrial relations, and ensure sustainable improvements in working conditions and care quality.

**3. Recommendation**

Social partners should strengthen their coordination and engage in structured, evidence-based dialogue with policymakers to reduce fragmentation in collective bargaining. This includes jointly identifying regulatory gaps—such as the option to comply with wage requirements through average wages under the GVWG—and advocating for reforms that reinforce binding adherence to collective agreements. Through coordinated action, social partners can contribute to a more coherent bargaining framework and a level playing field across care providers.

**4. Target Actors (tick relevant boxes)**

- X Trade unions
- X Employer organisations/care providers
- ☐ Bipartite bodies
- ☐ Tripartite institutions
- X Other (specify): Politicians

**5. Rationale and supporting evidence**

Fragmentation enables private and church-based employers to opt out of collective agreements and undermines working conditions. Findings from WP2, WP3 and WP4 suggest that more coordinated and binding collective bargaining arrangements are associated with greater wage transparency, fairer competition between providers, and more predictable employment standards in care services. Where collective agreements play a stronger coordinating role, social partners are better able to align wage-setting with workforce retention and quality objectives. Enhancing coordination therefore supports not only industrial relations stability but also the long-term sustainability of care provision.

6. Expected impact

- Stronger industrial relations and more effective bargaining
- Improvements in job quality
- Increased attractiveness of the sector

**Third Policy Recommendation****Strengthen trade union organisation and representation capacity in the care sector****2. Problems/needs addressed**

In LTC, interviewees reveal that strong helping motivations are often combined with limited social cohesion among staff and high emotional strain, contributing to feelings of isolation and loneliness at work. Despite the teamwork inherent in care work, fragmented teams, cultural differences, and limited opportunities to share emotional experiences hinder supportive peer relationships. These dynamics place additional pressure on workers' well-being and highlight the need for organisational measures that strengthen team cohesion and provide structured emotional support. Furthermore, interviewees highlighted gaps in knowledge about collective agreements and co-determination rights, underscoring the need for targeted information campaigns as a basis for informed and effective collective action.

**3. Recommendation**

Social partners and employers should strengthen organisational and collective responses to social isolation and emotional strain by promoting inclusive, team-based workplace structures and supporting collective forms of participation. This should include closer cooperation with works councils, targeted information campaigns on employees' co-determination rights, and greater awareness of the role of collective bargaining in shaping working conditions.

**4. Target Actors (tick relevant boxes)**

- ☒ Trade unions  
☒ Employer organisations/care providers  
☐ Bipartite bodies  
☐ Tripartite institutions  
☐ Other (specify): \_\_\_\_\_

**5. Rationale and supporting evidence**

The findings indicate that union density remains relatively low in LTC and ECEC, with higher levels of unionisation within the public sector. In addition, workers viewed collective organization not only as a means of improving pay, hours, or relief measures, but also as a potential pathway to rebuild solidarity and agency within the care profession. Strengthening worker representation and participation can help foster social cohesion, improve emotional support at work, and enhance overall staff wellbeing.

**6. Expected impact**

- Improvements in job quality, team cohesion, and mental wellbeing
- Reduced staff turnover and labour shortages
- Improved continuity and quality of care services