

DEVCOBA

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

WP2 Country Report GERMANY

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Introduction¹

The project DEVeloping COLlective BArgaining in the care sector (DEVCOBA) “[...] aims to examine the dynamics, mechanisms, and impacts of the development of collective bargaining and representation in the arena of the care sector, concentrating in particular on long-term care services for elderly people and socio-education services for children aged 0-5. Specifically, it aims to provide a deeper understanding of the mechanisms and practices available across EU Member States to ensure an adequate 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 severe issues of skill and labour shortage” (DEVCOBA, 2024). As part of this project, this national research report is based on a German case study of work package WP2. **The aim of WP2 is to identify the country-specific configuration, structure, and coverage of collective bargaining and collective representation in early childhood education and care (hereinafter ECEC) and long-term care (hereinafter LTC).**

Studying this background, the main gaps and challenges are identified, as well as those instances where organisational actions and practices make a difference and compensate for gaps in protection and representation to secure adequate working conditions to caregivers.

Furthermore, the report aims to explore the **social partners’ positioning with regard to labour and skill shortage issues** in the care sector and its link with the quality of work and collective bargaining coverage. This mapping action will include and differentiate between the different kinds of paid care services provision (public, private for-profit, private non-profit, informal in-home paid caregivers) to outline an overarching overview of the care sector.

Within this framework, the guiding research questions are:

1. What are the most relevant characteristics of collective bargaining institutions in the two care sub-sectors in Germany? The question serves to frame the institutional configuration of the sector and identify its main gaps and weaknesses.
2. What are the most important characteristics of collective representation in the two care sub-sectors on both the employees’ and the employers’ side? The question serves to frame the configuration of relevant collective actors in the sector.
3. What is the position of social partners in regard to the issue of job quality and labour shortages in the care sector? What is the potential role they can play? To what extent do they consider further ad hoc policies and practices as necessary and useful to fill existing gaps, to supplement other efforts, or to compensate for their failures to close the gaps?

The results of this report are based on desk research, secondary data (statistics, documents, literature, reports), and qualitative semi-structured interviews with trade unions, employer associations, and care experts that were carried out during the summer and autumn 2024. In

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addition, some results are based on interviews that had already been conducted as part of the project “SOWELL – Social dialogue in welfare services” in the years²⁰²⁰ to 2022²

The report is structured as follows: The next section provides a literature review of collective bargaining and representation in the two sub-sectors as well as an identification of research gaps and challenges. The third section focuses on the structure and coverage of collective bargaining in Germany. Configurations, actors, and strategies will be presented in the fourth section. In the final section, the problem of labour shortage and further challenges in both sub-sectors will be discussed.

² See the research report on Germany (Gottschall and Abramowski, 2022).

Section 1: Literature Review

Literature review

Basic information on collective bargaining and representation in the two sub-sectors

Two strands of literature are highly relevant to this research report: First, the welfare state literature to contextualize country and sub-sector institutions and actors, and second, the international relations (IR) literature to review country-specific literature on collective bargaining in Germany. After a recapitulation of both aspects, the extant literature on the three poles of the care trilemma³ will be discussed before relevant research gaps and challenges are identified.

Following Esping-Andersen's (1990) typology of *welfare regimes*, conservative welfare regimes take a middle position between social-democratic and liberal regimes, as they mainly provide status-based welfare benefits to (male) breadwinners and restrict public employment through the principle of subsidiarity (Gottschall and Abramowski, 2023; Gottschall and Tepe, 2021; Theobald, 2012). In the original typology of Esping-Andersen's three worlds of welfare capitalism, Germany was classified as a conservative welfare state. However, based on the *concept of gender regimes*⁴ (for an overview of the concept of gender regimes, see Betzelt (2007) and Gottschall (2019)), some scholars stated a current *shift from a conservative to a social-democratic welfare regime* in Germany in recent decades (among others Walby and Shire, 2020; Henninger and Von Wahl, 2018). In particular, Henninger and Von Wahl (2018) observed a continuous shift towards a social-democratic gender regime in family policy between 2013 and 2017, as well as in related policy areas such as employment, anti-discrimination, and gender equality. While the introduction of legal claims of at least half-day childcare for all children aged 3-6 years and for at least 30% of children aged 1-3 years are indeed indicative of a social-democratic trend in ECEC, widening the scope to long-term care shows that, in contrast to the 'socialization' of childcare, elderly care provision still largely takes place in private households and rests on the shoulders of female family members and migrant live-in care workers who are not covered by proper work contracts (Aulenbacher et al., 2021; Emunds et al., 2021; Gottschall et al., 2022; Safuta et al., 2022). Moreover, the role of for-profit providers is much more pronounced in LTC than in ECEC. This constellation has been triggered by the core element of the long-term care insurance, introduced in 1995, which is a long-term care

³ The care trilemma was part of the European research project "SOWELL" (Social dialogue in welfare services; for the German case study see Gottschall and Abramowski, 2022). The three poles of the trilemma are different and often contrasting priorities that the German government has to balance (the same can be applied similarly in other European countries; Iversen and Wren, 1998; Pavolini et al., 2013). First, service coverage has to be as universal as possible in order to meet the rising demand for ECEC and LTC. Second, in an age of austerity, the German government has limited resources and, therefore, has to consider carefully how to spend resources. Third, job quality, which is related to working conditions and wages, is a primary measure to attract care workers in a sector with a serious staff shortage and unsatisfactory job quality might also result in bad quality service provision.

⁴ "The theoretical concept of gender regimes was generated in the early 1990s in critical-feminist reference to Esping-Andersen's "welfare regime" typology. While early conceptualisations only referred to welfare state regulations with respect to labour market participation and social security of women, meanwhile the gender regime approach has broadened essentially. It embraces non-state actors and other policy fields too, and apart from political institutions, economic and cultural factors are also included as components of gender regimes. The gender regime approach also comprises the analyses of interdependencies of policies and social practice of gender relations" (Betzelt, 2007: 3). In sum, gender regimes can be defined as "[...] a set of norms, values, policies, principles and laws that inform and influence gender relations in a given polity" (MacRae, 2006: 524).

allowance (Pflegegeld) attributed to elderly in need of care with the choice of in kind or service provision. The explicit political intention of this reform was to foster care within households and by family members. In addition, this cash benefit works in favour of the above-named informal migrant care provision, often as 24-hour live-in arrangements (Aulenbacher et al., 2021; Emunds et al., 2021; Gottschall et al., 2022; Safuta et al., 2022). Furthermore, from 1995 onwards, a privatisation of public infrastructure occurred, including the opening and licensing of private LTC providers to meet the growing demand for homecare services. Hence, the politics of expansion of the most important care services in Germany over the last decades are ambiguous. Indeed, other authors looking at long-term trends in family support services in country comparison rather state that policies and service coverage in Germany represents a ‘supported familialism’, in contrast to Scandinavian countries fostering a ‘defamilialisation’ or Southern European countries showing a legacy of ‘unsupported familialism’ (Saraceno and Keck, 2010; see also Leitner, 2003). So far, there has been no comprehensive analysis of the impact of LTC reforms on working conditions in this sub-sector, nor a comparative assessment of the two sub-sectors regarding the trend of socialization and formalization of care work, including standard work and interest representation, which has so far been more pronounced in childcare.

Regarding the *extant literature on IR* in Germany in general and in cross-country comparison, most prior research has been thematically focused on core manufacturing industries and has – for a long time – neglected social services. From an IR perspective, Germany has attributed a ‘dualized industrial relation model’ (among others Bosch, 2018; Bosch et al., 2010; Grimshaw et al., 2007, 2015; Günther and Höpner, 2023; Hassel, 2010; Keller and Kirsch, 2021), which guarantees highly protected employment conditions for a core group of ‘insiders’, whereas an expanding periphery of ‘outsiders’ remains less protected and often not in the realm of unions’ activities. As ECEC and partly also LTC services are provided by public municipal employers, insights from public sector employment research are also relevant (Gottschall et al., 2015; Keller, 2024). However, for a long time, the literature on public sector employment relations has neglected social services as the focus has been mainly on public administration and public infrastructure. Only recently have several studies focused more specifically on employment relations in social services (Bosch et al., 2021; Gottschall and Abramowski, 2023) and selected sub-sectors such as LTC (among others Evans, 2023; Jaehrling et al., 2023; OECD, 2023; Schroeder and Kiepe, 2020; Schroeder et al., 2022). The studies of Schoeder et al. (2022) and Schroeder and Kiepe (2020) indicate that against the ideal model of collective bargaining autonomy, negotiation practices in LTC are based on 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. Schroeder and Kiepe (2020), Schoeder et al. (2022), as well as Evans (2023) found that political efforts to promote effective collective bargaining autonomy have not been fruitful, not least due to employee’s shortage of resources. In sum, this research provides evidence that social services indeed deviate from the IR model that exists in manufacturing, administration, and infrastructure as core public sector areas – and thus confirm the duality of the German IR model as identified in the comparative literature (Bosch, 2018; Grimshaw et al., 2015; Günther and Höpner, 2023; Hassel, 2010).

Reviewing the state of the art with a focus on and along the lines of the care trilemma (job quality, budget constraints, service coverage and quality) shows that a lot of research has been done on *job quality, working conditions and institutional settings* in ECEC⁵ and in LTC⁶. These studies found that in ECEC as well as in LTC, main challenges are gender issues (such as a dominance of female workers and part-time work), an undervaluation of care work, staff shortages, and very high workloads restricting ‘good quality care’. Mostly female employees provide ECEC and LTC services, but they receive little recognition (in terms of wages, career prospects, visibility, and appreciation/prestige) even though this work is of great ‘system relevance’ for the society as a whole (Gottschall and Abramowski, 2023: 18). Not least the ongoing Corona crisis made visible that ‘applause’ is not enough (OECD, 2023). At the same time, Germany is confronted with a severe deficit in care workforce in both fields, though more pronounced in LTC, and the demand will rise in the next two decades. In ECEC, it was already predicted some years ago that around 70,000 early childhood educators would be needed by 2025 (Rauschenbach et al., 2020); the most recent study claims a staff deficit of even 125,000 by 2030 (Paritätischer Wohlfahrtsverband, 2024). Due to demographic challenges and an ageing society, the need for staff in LTC is even greater than in ECEC and is estimated at 180,000 additional employees by 2035 (Rothgang and Müller, 2021). In Germany, as in other OECD countries, “LTC labour shortages may reach socially unacceptable levels if no decisive action is taken now” (OECD, 2023: 10). Furthermore, nurses in geriatric care usually choose ‘exit’ rather than ‘voice’ options (Iniken and Schroeder, 2024). Based on the results of the study “I care again when...”, which focuses on the question of under what conditions care workers who have left the LTC and healthcare sub-sectors would return to their previous employment, former employees primarily wish to receive better staff ratios and reliable working hours, but also better salaries (Auffenberg et al., 2022). Comparing the relevance of social partnership structures in combating the skilled labour shortage in ECEC and LTC, Böhme and Bleses (2024) show some improvements in working conditions in both sub-sectors, which, however, have come about in different ways regarding the role of social partnership and are unlikely to be able to overcome staff shortages.

Based on the principle ‘that good service quality can only be provided through good working conditions’ (Aulenbacher et al., 2021), a key argument is that the *quality of services*, which is presumably much more precarious in LTC than in ECEC, suffers from the working conditions and *budget constraints* mentioned above. While LTC is integrated into the German Social Security Insurance System and thus regulated by central law and financed by employee and employer contributions, childcare services are mainly governed on the regional level and are tax financed. During the general trend of a permanent austerity, the German government has to consider carefully how to spend limited resources. In the case of ECEC, it seems to be a strong investment in the future: In 2019, the federation, the federal states and the municipalities spent 54.9 billion euros on childcare services and youth welfare, and expenditures have more than doubled since 2009 (26.9 billion euros; Destatis, 2024). Also, in the case of LTC, there has been an extreme increase in expenditures since the introduction of the LTC insurance from 14.34 billion euros in

⁵ Such as Bock-Famulla et al. (2023); Huebener et al. (2023); Stöbe-Blossey (2021).

⁶ Such as Auffenberg et al. (2022); CEDEFOP (2023); Doerflinger et al. (2021); Eurofound (2020); Gottschall et al. (2022); Jaehrling and Lluís (2023); Jaehrling et al. (2023); OECD (2023); Senghaas and Struck (2023); Theobald (2022); Theobald and Luppi (2018); Wissenschaftsrat (2023).

1997 to 38.25 billion euros in 2018 (Rothgang et al., 2020a: 126). However, the insurance-based LTC system is (much more) in line with the principle of subsidiarity, which privileges unpaid and informal care in the family with a cash-for-care benefit for those in need of care (Gottschall and Abramowski, 2023; Gottschall and Tepe, 2021; Theobald, 2012). In 2019, 76 per cent of people in need of care received care at home (provided by relatives or homecare services). In contrast, only 20 per cent of persons in need of care lived in a full-time residential care home (Destatis, 2021). With the founding and licensing of private LTC providers, the increasing demand for LTC resulted in the privatisation of large segments of the increasing (but still insufficient) LTC infrastructure from 1995 onwards. Hence, profit orientation and competition have become more pronounced. Some scholars argue that the introduction of New Public Management in the 1990s has led to reforms, including privatisation and provider competition, which have contributed to the deterioration in working conditions and the segregation of staff in the LTC sub-sector (Theobald and Luppi, 2018). In contrast to LTC, social and political debates about *coverage and quality* of ECEC have increased from 1990 onwards and, in particular, the debates on New Public Management have triggered efforts to establish ‘good quality care’ in ECEC (Klaudy and Stöbe-Blossey, 2020), although the guarantees of quality for daycare centres differ between the German federal states (Stöbe-Blossey, 2021). In recent years, coverage rates for 3-6-year-old children have been at a very high level (more than 90 per cent) and even childcare coverage for children below the age of three have markedly increased, but the rates are much higher in eastern than in western German states (Boll and Lagemann, 2019: 213; Zoch, 2020: 372).

Information and assessments on (theoretical) gaps and challenges to be addressed

To sum up, the rich research on the structure and changes of the employment relation system in Germany in general, especially studies on public sector employment relations and more specifically on employment relations in social services, including working conditions, provides valuable insights into recent dynamics and thus at least to some extent into challenges of the care trilemma as well. However, most of the IR literature has focused on a single pole of the care trilemma, namely the job quality as a dependent variable, and its explanations by trade-offs and policy solutions resulting from new public management reforms and the labour regulatory infrastructure. In addition, the existing literature does not provide an encompassing account of the different outcomes that might emerge across the ECEC and LTC sub-sectors in the attempt to balance all three pressures of the trilemma. Furthermore, there is still a main scientific and practical problem: there are hardly any suggestions on how to solve staff shortages in social services. Last but not least, one major research gap for Germany is that little attention has been paid to social dialogue, representation of interests, and institutional settings in ECEC and LTC in a comparative way. Filling these research gaps would provide valuable insights for a theoretical discussion on the care sector, its IR institutions and actors, as well as sector-specific explanatory factors to offer possible solutions for recent challenges in social services such as staff shortages.

Section 2: Industrial Relations and Collective Bargaining

Collective bargaining in Germany: structure and coverage

Basic information on collective bargaining in the two sub-sectors

In ECEC, the employees in child daycare facilities run by municipalities are paid according to the national public sector collective agreement specified for social and educational services called TVöD-SuE (for an overview of collective bargaining in ECEC see Table 1 as well as Gottschall and Abramowski, 2022: 30–31). Non-profit organisations, as the most important employers in the field, tend to adopt the public sector pay scales in their employment contracts guidelines (Arbeitsvertragsrichtlinien, AVR), thus contributing to a homogenization of wages in the field. Private providers, who are often neither willing to set up collective agreements nor to adapt to the public sector wage scales, are of minor importance. Hence, compared to LTC, coverage by agreements and more or less binding wage regulations are broader in ECEC and the degree of centralisation is much higher (in ECEC on a medium level; in LTC on a low level) due to the stronger role of public providers. However, official data on the workforce covered by collective agreements are not available in the ECEC sub-sector due to the fragmentation of the different providers (which is, however, much lower than in LTC) and the lack of overall cross-provider coordination and evaluation (interview 4). Therefore, the United Services Trade Union (ver.di), as the main trade union in this sub-sector, would favour an overarching employer association representing all (public, non-profit, and private) providers to be able to negotiate collective agreements with this single employer association, but the interviewee from ver.di does not see this happening at the moment (interview 4).

Collective bargaining in LTC includes public sector collective agreements, agreements of the private non-profit institutions, and other private agreements (for an overview of collective bargaining in LTC see Table 2). The TVöD-B is a national public sector collective agreement in LTC, including ver.di, the Confederation of Municipal Employers' Associations (VKA), and the federal government; however, less than 5 per cent of LTC providers were public providers in 2019 (Gesundheitsberichterstattung des Bundes, 2021a, b). Agreements of the private non-profit sector are based on a private company agreement or negotiated individually. For employees of non-profit church-based LTC providers, employment contract guidelines (AVR) are applied, while the BVAP-TV is valid for other certain non-profit providers. Agreements of the other for-profit private providers are company agreements or individual agreements (Eurofound, 2020: 51). In public institutions, the TVöD was applied to about 39,000 employees in 2016 (German Government, 2019: 164). For about 344,000 employees of church-based LTC providers (188,000 employees of the Diakonie and 156,000 of the Caritas) employment contract guidelines (AVR) were applied. Thus, many care workers in the public and church-based sectors are covered by collective agreements or employment contract guidelines. However, apart from the AWO (30,000 employees), only a minority of care workers of the non-profit providers German Red Cross (4,200 employees), and the parity-based Worker's Welfare Association (Paritätischer Wohlfahrtsverband, 14,700 employees) were tariff covered (German Government, 2019: 164). In contrast to employees of public and non-profit providers, no collective agreement is binding for the dominating private

providers so far but attempts are being made to create incentives for collective bargaining through state interventions such as the GVWG (Gesundheitsversorgungsweiterentwicklungsgesetz). The GVWG, which was passed in June 2021, is a legislation that obliges especially private providers to adhere to the wages negotiated in regional collective bargaining (as a minimum threshold) or to pay at least average wages and to regulate a limitation of the own contributions (Eigenanteile) as well as mandatory staffing levels (BMG, 2021). Similar to the ECEC sub-sector, also in LTC, official data on the workforce covered by collective agreements are not available due to the fragmentation of the different providers (interview 2). Based on estimations from Eurofound, the estimated proportion of workers covered by collective bargaining in LTC is about one-third (Eurofound, 2020: 51).

One of the main differences between the two sub-sectors is the different provider structure: In ECEC, where public providers are strongly represented, collective bargaining works far better than in LTC, where private for-profit and non-profit providers are traditionally not willing to engage in collective bargaining. In 2020, there was a total of 57,594 ECEC providers, of which 18,884 were public (32.7%), 37,100 non-profit (64.2%), and 1,763 for-profit (3.1%; Destatis, 2020: 12). In contrast, in LTC, only 4.5% of residential care home providers were public (695 in total) in 2019, 42.7% private (6,570 in total), and 52.8% non-profit providers (8,115 in total; Gesundheitsberichterstattung des Bundes, 2021a). With regard to homecare providers, only 1.3% were public (198 in total), 32.2% non-profit (4,720 in total), and 66.5% were private providers (9,770 in total; Gesundheitsberichterstattung des Bundes, 2021b).

The general legal framework of different providers is characterised by diverse labour law systems (SOWELL interviews 5, 19). Within the “first way”, the employer unilaterally determines pay and working conditions (as in the civil service). The “second way” refers to the collective agreement model based on the norm of the social partnership codified in article 9, paragraph 3 of the German Basic Law (Grundgesetz) and specified in the Collective Agreement Act (Tarifvertragsgesetz) and the Works Constitution Act (Betriebsverfassungsgesetz), and applies to all public providers and private for-profit providers. Non-profit providers may follow these laws and, in the case of non-religious providers, often do. However, Christian non-profit providers (Caritas and Diakonie) can draw on the “third way” of church labour law regulation, which is anchored in article 140 of the German Basic Law. This regulation permits guidelines for employment contracts (Arbeitsvertragsrichtlinien, AVR) to be drawn up and agreed upon by labour law commissions (Arbeitsrechtliche Kommission, ARK), consisting of equal numbers of employees and employers. As the guidelines are less binding than collective agreements, individual employment contracts may deviate from them. Moreover, irrespective of equal representation in the commission, employees in church-run organisations do not have the right to strike (2 BvR 2292/13, Federal Constitutional Court, 2015; SOWELL interviews 7, 19).

Recent developments in collective bargaining in the two sub-sectors

Throughout the last decade, there have been increasing ver.di membership numbers in the ECEC sub-sector (see section 4; interview 4) and ver.di has intensified organising in the childcare sector (SOWELL interview 12; see also Gottschall and Abramowski, 2022), taking up the

widespread discontent of childcare workers with wages and working conditions. Furthermore, from 2009 onwards, ver.di has been able to mobilise this workforce to participate in powerful strikes for higher wages. This has even been the case in the last five years, despite some strike postponements due to the COVID-19 pandemic (interview 4). Similar to the wage bargaining round in 2015, the 2022 central wage bargaining round for ECEC and social workers between the VKA and ver.di was also accompanied by powerful strikes and demonstrations in many cities, mobilising about 45,000 workers across the country. The ‘power of the street’, as well as supportive public opinion and solidarity from parents helped to achieve a favourable wage agreement. At the national level, the TVöD is the role model and leading benchmark (interview 4). Not only does this collective agreement negotiated at this central level apply to all municipally-run facilities in the country, but it also serves as a benchmark for non-profit providers, which might be difficult to undercut. However, based on the qualitative interviews, one main weakness is that it is very inflexible: In particular, there are difficulties in including changing job profiles and requirements (such as additional qualifications for language support) in the TVöD (interview 4). Local collective agreements are seen as much more flexible and usually easier to negotiate, but in these cases, there have been problems over the last two to three years in organising days off (interview 4), not least due to the growing issue of staff shortage.

Over the last ten years and compared to ECEC and the German employment relations system as a whole, interest representation in LTC has been particularly weak and deficient, not least because of an inability of employees and an unwillingness of employers to get organised (Schroeder and Kiepe, 2020; Schroeder et al., 2022). Also, “cooperation between the social partners is not working” (SOWELL interview 5). Furthermore, an ‘employee market’ has been established and employers are under pressure to find staff (interview 2). Due to these challenges, the state is increasingly intervening in the sector to support wage rises, better working conditions, and social dialogue, which has led to a strong increase in wages over the last decade. Therefore, low wages are no longer a pressing issue (interview 2), despite the frequent subjective desire for better salaries.⁷ With a median gross monthly wage of 3,901 euros in 2023, skilled LTC professionals earn more than all other employees at the skilled worker level (3,519 euros) in Germany (Carstensen et al., 2024: 4). LTC assistants receive the lowest gross monthly salaries in this sub-sector, but since 2022, their salaries have been above the average wages of assistants in all other occupations (Carstensen et al., 2024: 4). Apart from wage increases, however, some key problems as to working conditions still remain (such as time pressure, missing reliable working hours, and staff shortage), and the attitude of many LTC employees that the state is responsible for improving their working conditions and that they themselves do not need to fight for their interests is changing only slowly (interview 2). Also, historically conditioned Christian care ethics of work such as selflessness and altruism are slowly dissolving at least among the younger workforce (interview 2). In the past, employees simply persevered in their jobs no matter what happened, but nowadays employees often leave their jobs if something does not suit them (interview 2). Thus, precarious working conditions in LTC often lead to individualised solutions instead of collective actions such as strikes and self-organising.

⁷ No matter how good wages are, workers will almost always strive for better incomes. Therefore, it is important to compare actual (more objective) wages.

Apart from the general structural weaknesses that first, the TVöD-B as a public sector collective agreement is only binding for a minority of public LTC providers; second, that there is no collective agreement obligation for private providers, and third, that church-based providers have their own ‘third way’, there are some innovative local collective agreements. For example, the interviewee from ver.di mentioned the example of the private residential care provider “Pflege und Wohnen in Hamburg”, which has an innovative collective agreement because it includes the regulation that after a certain age, employees do not have to work at night anymore (interview 2). Another interesting example is the case of some local Protestant LTC providers in Hessen (this case study was already part of the SOWELL project) and some local LTC and ECEC providers in Lower Saxony (interview 1), which negotiated a collective agreement with ver.di. The collective agreement of the Protestant service providers in Hessen is very innovative since it includes the working time regulation of two whole weekends off per month (Gottschall and Abramowski, 2023: 64). All local cases are interesting not only because they are exceptions of the structural framework, but also because they presumably improve the working conditions by addressing reliable working hours and rest periods, as well as psychical and physical problems (the latter in particular for older workers), which are major challenges for the LTC workforce. The cases also aim to extend collective bargaining coverage and tackle the issue of labour shortage by recruiting older and migrant workers (interestingly, church-based providers recruit more migrant workers than public providers). Another interesting case in the field of ECEC, which aims in particular to address the issue of skilled labour shortage in the ECEC sub-sector, is the “Offenburger Kita-Modell” (interview 3). The main strategy is to ensure reliable all-day childcare through an external non-profit provider “Malteser Hilfsdienst”, which provides two additional hours of care in the afternoon by unskilled workers to ensure full-day care in daycare centers in Offenburg. Due to a supposed solution of solving the shortage of skilled workers through de-professionalisation, this model is probably criticised by trade unions, but is nevertheless implemented and is also seen as a potential solution in other German regions. Therefore, more in-depth research (which is part of the next work package WP3) is needed to assess how sustainable these cases are in terms of actually reducing the shortage of labour and improving working conditions.

Table 1: Collective bargaining in Germany in ECEC

| Analytical dimensions | | Research questions | Germany |
|---------------------------------|---|---|--|
| CB¹ structure | Main level where CAs ² 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 & EOs) - % coverage - sector (public and/or private) | TVöD-SuE - signatory parties: ver.di and VKA - coverage: no data available - sector: public |

¹CB = collective bargaining

²CA = collective agreement

Table 2: Collective bargaining in Germany in LTC

| 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 & EOs) - % coverage - sector (public and/or private) | TVöD-B - signatory parties: ver.di and VKA - coverage: no data available - sector: public |

4. Collective representation and configurations in Germany: actors and strategies

Basic information on collective representation in the two sub-sectors

Insofar as ECEC employees are union members, they are mainly organised in the United Services Trade Union ver.di (see Table 3 for an overview of collective representation in Germany in ECEC), while professional organisations or so-called ‘yellow unions’ play only a minor role, and tend to focus on highly qualified staff and professionalisation (Gottschall and Abramowski, 2022). Most of ECEC ver.di members are employees of public providers, some of non-profit providers, and only a minority are employees of private providers (interview 4). Employees in ECEC centres run by the religious organisations Diakonie and Caritas show lower membership numbers, as these non-profit employers usually frame the employment relationship as a community where both sides equally follow Christian values (Christliche Dienstgemeinschaft) and specific interest representation, as well as a right to strike, are deemed unnecessary. Nevertheless, the activities of ver.di are not only geared toward employees in public organisations, but also toward childcare workers in non-profit organisations (interview 4). In general, there are increasing trade union membership numbers in the ECEC sub-sector (interview 4). In 2024, the estimated number of ECEC ver.di members amounts to approx. 250,000 employees (interview 4). 15 years ago, the ECEC membership numbers were rather marginal (single-digit percentage range), but in recent times, membership figures increased to a double-digit percentage range (interview 4). Similar to the LTC workforce, mainly women are ver.di members in this sub-sector (interview 4), however, there are also some gaps in the interest representation (and membership numbers), particularly with regard to migrant workers (interview 4).

On the employers’ side, the most important employer association is the public employer VKA (interviews 3, 4). The interviewee from ver.di described some difficulties in the collaboration between ver.di and the VKA since the VKA is not only an employer organisation in the field of ECEC, but includes other social services of the public sector as well (such as administration) and therefore would not have sufficient detailed expert knowledge of the ECEC sub-sector specificities (interview 4). Interestingly, the relation between ver.di and non-profit employers is seen as more collaborative and at the same ‘eye level’ because they would have more basic and expert knowledge on the sub-sector (interview 4).

Last but not least, the state is deemed as an essential actor intervening in the sector and the sector is described as highly regulated, but the measures are not always effective from ver.di’s perspective (interview 4). For example, ver.di had hoped that the Daycare Centre Quality Act (Kita-Qualitätsgesetz)⁸ would provide uniform standards for staffing ratios (staffing ratios vary between the regional states with the worst staffing ratios in the eastern German states), but these were not implemented in the act due to budget constraints (interview 4).

⁸ “The new legislation seeks to create more equal opportunities for all children by improving the quality of early childhood education” (The Federal Government, 2024). The Federal Government will provide four billion euros for the Länder over the next two years for more staff, high quality language support, and more health and exercise programmes (The Federal Government, 2024).

In the LTC sub-sector, in addition to ver.di as the main trade union for LTC workers, there are a number of other small, unrepresentative autonomous trade unions, as well as dozens of different employers' associations (see Table 4; see also Gottschall and Abramowski, 2022). Some smaller “yellow trade unions” (such as the Berufsgewerkschaft DHV e. V., the Gewerkschaft Öffentlicher Dienst und Dienstleistungen (GÖD), or the komba gewerkschaft e. V.) are more employer-friendly and regionally organised, especially in eastern Germany (Evans, 2016: 26). Due to the almost monopolistic position of ver.di, there is rarely competition between trade unions in LTC. Official data on ver.di memberships in LTC are not available (interview 2). Thus, the estimated share of LTC ver.di members is approx. 10–15% and should be improved (interview 2). It is mainly professionals who are organised, and in the field of homecare services there are fewer ver.di members than in residential care (interview 2). In general, the interviewee from ver.di has raised two main arguments to explain the low number of ver.di members and respectively the low degree of organisation: First, the many private LTC providers would practice union busting. Second, church providers would refuse to sign collective agreements (apart from some local church-based providers such as the Diakonie in Hessen) and – despite a trend towards secularisation – most employees would refuse to fight for their interest because of dominant Christian care ethics (selflessness, altruism and the principle “I work for God’s reward”), particularly prevalent in LTC due to the strong role of Christian providers (interview 2). Furthermore, employees do not have the time and capacities to strike (interview 2).

On the employers' side, the private, public, and non-profit providers are diverse, fragmented, and are in competition to recruit personnel (SOWELL interview 16). The Employers' Association for Care (Arbeitgeberverband Pflege, AGVP) is a federation of private for-profit employers, the BPA AGV is a private employers' association that split from the AGVP in 2015, the AWO AGV Germany is an association of non-profit employers (which, however, only includes a part of the autonomous AWO providers), and the BVAP (founded in 2019) is the first and so far only joint federation of public, private, and non-profit employers. The employers' associations and, in particular, the AGVP and the BPA AGV were implemented to create a defensive front (Abwehrfront) against trade unions and regulation of the LTC sub-sector (Schroeder, 2017: 35; interview 2). Not only is the self-organisation of LTC workers “from below” very low and the organisation of employers deficient. Obviously, and in contrast to the ECEC sub-sector, the strong presence of private providers who are unwilling (and in part unable) to get organised (Schroeder et al., 2022) also contributes to a system of highly fragmented employment relations. Therefore, the interviewee from ver.di hopes that the BPA will take its role as a collective bargaining partner seriously. From ver.di's perspective, one of the basic tasks of an employer organisation is to support social partnership and collective bargaining, and not to actively hinder it (interview 2).

The LTC sub-sector is described as highly regulated through the Social Code Book XI (SGB XI/Sozialgesetzbuch, Elftes Buch; interview 2)⁹ and the state is a main actor who is increasingly intervening in the sector to improve wages, working conditions, and social dialogue (interview 2; SOWELL interview 5). Substantial wage increases from 2012 onwards can mainly be explained by state interventions like the introduction of a minimum wage in 2010 as well as further specific

⁹ The long-term care insurance is regulated by law (SGB XI) and includes a cash benefit for people in need of care (Pflegegeld), which can be spent either for care provision by family members or on formal homecare services.

legislations such as the Law for the Improvement of Wages in the Care Sector (Pflegelöhneverbesserungsgesetz) in 2019 and the GVWG which has been passed in June 2021 (see section 3). However, similar to the ECEC sub-sector, also in LTC, measures are not always seen as constructive from the union’s perspective (interview 2). For example, the aim of the GVWG was first, to increase wages and second, to increase collective bargaining coverage. While the first goal was achieved, the second was missed due to the option of paying average wages instead of implementing an overarching obligation of wages negotiated in regional collective bargaining (interview 2). As long as this option of average wages exists, collective bargaining coverage will not increase (interview 2). Thus, from ver.di’s side, it would be a major achievement to abolish this partial regulation of the GVWG (interview 2), while from the employers’ side, mandatory collective bargaining is strongly rejected (interview 1).

Organisational strategies in the two sub-sectors

Due to the above-named structural challenge of different public, non-profit, and private providers with different labour regulations, which is related to a different degree of union members, ver.di has intensified organisational strategies to recruit members in both sub-sectors.

In ECEC, ver.di is continuously improving its advertising measures to recruit new ECEC union members, including its website, newsletter, social media (Facebook, Instagram, Telegram, etc.), print media (flyers and brochures), and presence at trade fairs such as “didacta”, which is the largest fair for education in Europe (interview 4). Additionally, more and more efforts are being made to provide content in English so that employees with a migration background can also benefit from it (interview 4).

One important strategy to recruit new union members in the LTC sub-sector is a strong cooperation with works councils (SOWELL interview 21; interview 2). In Germany, besides the collective bargaining principle, a right to co-determination exists on firm level via elected works councils. Members of the works councils often use their networks to mobilise new union members. In addition, and similarly to the field of ECEC, ver.di has intensified social media campaigns and advertising measures to recruit new members (interview 2).

Table 3: Collective representation in Germany in ECEC

| Analytical dimensions | | Research questions | Germany |
|----------------------------|---|---|--|
| TUs ¹ 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? | 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) |
| EOs² 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 |

¹TU = trade union

²EO = employer organisation

Table 4: Collective representation in Germany in LTC

| 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. |

| | | | |
|-------------------------------|---|--|--|
| | | | <ul style="list-style-type: none"> - 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. - BVAP: The BVAP represents only (non-profit, private, and public) LTC providers. |
| | 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"> - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised | <p>AGVP:</p> <ul style="list-style-type: none"> - membership: approx. 1,000 providers; 10% of the sub-sector - sector: private - kind of firms organised: mainly private residential care providers and a few homecare service providers <p>BPA:</p> <ul style="list-style-type: none"> - membership: approx. 14,000 providers (The BPA is the largest organisation representing the interests of private providers of social services in Germany.) - sector: private (for-profit) - kind of firms organised: private social services (LTC, children and youth welfare services, integration assistance) <p>AWO AGV:</p> <ul style="list-style-type: none"> - membership: approx. 200 providers (AWO AGV, 2024) - sector: non-profit - kind of firms organised: non-profit providers of different social services <p>BVAP:</p> <ul style="list-style-type: none"> - membership: no data available - sector: non-profit, private and public - kind of firms organised: association of LTC providers and welfare organisations |

5. Labour shortage and further challenges in Germany

State of the art in the two sub-sectors

Both sub-sectors are strongly affected by the problem of labour shortages. As already described in the literature, the need for additional staff is estimated at 125,000 employees in ECEC by 2030 (Paritätischer Wohlfahrtsverband, 2024) and at 180,000 employees in LTC by 2035 (Rothgang and Müller, 2021). In addition, many employees in LTC switch to temporary work (Leiharbeit) as subcontractors, primarily due to unreliable working hours (interview 2; Hohendanner et al., 2024: 38). Labour shortage in social services has been the subject of scientific, political, and public debates for a long time. Also, the trade union ver.di repeats this issue over and over again (ver.di, 2024) and, as the interviewee from ver.di mentioned, an overarching societal debate is crucial, but they lack ideas on how to make the labour shortage in particular in LTC to a ‘hot topic’ (interview 2). Despite the broad discussion and general awareness, there are hardly any suggestions on how to solve the skilled labour shortage in social services.

Policies and social partners’ initiatives in the two sub-sectors

In many regional states, such as Bremen, there are political discussions about lowering the qualification levels of employees in ECEC as a solution to recruiting more personnel (interview 4; see also the “Offenburger Kita-Modell” in section 3). These strategic attempts are assessed by ver.di as ineffective and highly critical because they jeopardise the educational claim of early childhood education (interview 4). In the sense of “early childhood education”, this claim should be realised – not only “childcare”. From ver.di’s perspective, the strategy of lowering qualification levels is also problematic with regard to employees: Trying to implement a complex situation with too little expertise quickly leads to burnout (interview 4). Since the COVID-19 pandemic, a common strategy has been to close ECEC daycare centres if there are not enough employees available, which is not a possible practicable option in LTC for reasons of human dignity (interview 2). However, as the interviewee from ver.di stated, in order to achieve an “honest” improvement in working conditions, the supply side of the LTC sub-sector should actually also be restricted in such a way that decent work becomes possible again (interview 2).

LTC employers sometimes use social media campaigns to find new employees, but there are hardly any measures to retain staff (interview 2). A more common strategy of LTC employers is to recruit more and more skilled workers from abroad, however, the organisational and bureaucratic burdens (such as the recognition of qualifications and qualification requirements) are very high (interview 1). Therefore, the interviewee from the employers’ organisation AGVP mentioned that her organisation regularly advises employers and informs them about current legal requirements (interview 1). At the practical level of cooperation between foreign and domestic staff, there are often language barriers. From ver.di’s point of view, it is generally essential to invest in the quality of training and further education (including language skills), but far too little is still being done (interview 2).

One political idea to handle the issue of labour shortage in LTC was to provide good staffing levels in order to reduce employees’ time pressure (interviews 1, 2) by implementing a new staffing

assessment procedure for residential care homes in 2023 (Personalbemessungsverfahren, Rothgang et al., 2020b). The new staffing assessment procedure takes into account the resident structure of individual care homes. Staffing ratios regulate how many staff with what qualifications (professionals, assistants with at least one year's training, and unskilled workers) are required to care for those in need of care, following the principle of needs of the residents: On the one hand, the higher the share of persons with a high degree of care needed, the more skilled workers are required. On the other hand, the lower the share of persons with a high degree of care, the less professionals are needed.

From ver.di's perspective, also in ECEC, staffing ratios and service quality could be better promoted by a closer cooperation between the social partners (in particular between ver.di and non-profit providers/welfare organisations) and by a political regulation of mandatory uniform standards for staffing ratios to improve working conditions and address skill shortages (interview 4). In general, the social partners should pull together more politically (interview 4). Indeed, political lobbying and dialogue with parties and governments are seen as an important arena for social partners.

Other actors

The state authority plays a crucial role in regulating labour shortages and setting decent work standards in both sub-sectors. However, although the state has done a lot to improve wages (in particular in LTC) and thus recruit more staff, these measures are by no means enough to solve the issue of labour shortages and to improve working conditions. The increase in the number of migrant live-in workers in LTC (Aulenbacher et al., 2021; Emunds et al., 2021; Gottschall et al., 2022; Safuta et al., 2022) – who are mainly women – leads to the assumption that attempts are being made to partially solve the problem of staff shortages through this group in an illicit manner and under exploitative working conditions with 24 hours per day. Indeed, there are a lot of regulatory gaps in Germany (interview 1; Aulenbacher et al., 2021; Gottschall et al., 2022), contrary to other European countries where the working conditions of migrant live-in care workers are more regulated (e. g. despite similar care ethics in Germany, Austria, and Italy, the institutional structures for regulating live-ins are much more formalised in the latter two countries; Seiffarth, 2022; Emunds, 2024). The German government has responded to the challenges of regulatory gaps in the coalition agreement for the 2021–25 period with the intention of creating legal certainty for 24-hour care (interview 1; Emunds, 2024: 420), but so far, nothing has been realised. The example of migrant live-in workers goes beyond the political discussion of labour rights: it emphasises the need to reform the LTC system as a whole in order to reduce the demand for 24-hour care, to find solutions for the problem of labour shortages and to provide decent work for all workers and decent care for all users. This requires not only political interventions and societal support for the improvement of working conditions, not least from the users, but also a well-functioning and strong social partnership, which should be expanded in both care sub-sectors (although it works far better in ECEC). One idea of the employers' association AGVP to improve the situation for the LTC users is the introduction of a legal entitlement to long-term care (interview 1), similar to ECEC, where such a right was already introduced in 2008 (the Kinderförderungsgesetz KiföG is a

right to half-day childcare for children aged 3-6 years). However, political actors counter that such a legal entitlement would be of little help, as the high demand for care – not least due to the major issue of staff shortages – simply cannot be met (interview 1). This vicious circle again underlines the need for further research in order to find solutions for solving the main problem of labour shortages in social services.

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Annexes

A1: List of interviewees 2024, DEVCOBA project

| Interview number | Sub-sector | Organisation | Role |
|------------------|------------|-------------------------------|---|
| 1. | LTC | AGVP | Spokeperson |
| 2. | LTC | ver.di (national level) | Spokeperson in the Field of Health Policy |
| 3. | ECEC | University Research Institute | Researcher, Institute for Labour and Economy |
| 4. | ECEC | ver.di (national level) | Spokeperson in the Field of Social Services, Education, and Science |

A2: List of interviewees, SOWELL project 2020–2022

| Interview number | Sub-sector | Organisation | Role |
|------------------|------------|-------------------------------|---|
| 1. | LTC | University | Prof. of Public Health and Care Research |
| 2. | LTC | University of Applied Science | Prof. of Health and Care Management |
| 3. | LTC | University of Applied Science | President of the University of Applied Science and Expert in the Field of Academisation of Care |
| 4. | LTC | University | Prof. of Health Economics |
| 5. | LTC | ver.di (national level) | Trade Union Secretary for the Elderly Care Sector (and Member of the Honory Federal Commission for Elderly Care (Bundesfachkommission Altenpflege)) |

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| 6. | LTC | Employers' association BVAP (Bundesvereinigung Arbeitgeber in der Pflegebranche) | Founding Member of the BVAP |
| 7. | ECEC | ver.di (national level) | Expert in the Field of Daycare Centres for Children |
| 8. | LTC | LAG (Landesarbeitsgemeinschaft der Freien Wohlfahrtspflege) | Managing Director of the LAG |
| 9. | LTC | Self-employed Consultant | Expert in the Field of Health Policy |
| 10. | ECEC | Chamber of Employees (local level) | Policy Advisor for Municipal Social Policy |
| 11. | ECEC | University Research Institute | Researcher, Institute for Labour and Economy |
| 12. | ECEC | German Association for Public and Private Welfare | Policy Advisor for Child Day Care and Training of Skilled Workers |
| 13. | ECEC | State Ministry (Senatorial Authority) for Children and Education (local level) | Head of Subdepartment "Qualification, Recruitment and Retention of Skilled Social Pedagogical Workers", Department "Early Childhood Education, Child Support and Skilled Worker Development" |
| 14. | LTC | ver.di (local level) | Trade Union Secretary 1 |
| 15. | LTC | Chamber of Employees (local level) | Health Policy Advisor |
| 16. | LTC | Caritas (local level) | Director of a Local Caritas Unit |
| 17. | LTC | ver.di (local level) | Trade Union Secretary 2 |
| 18. | LTC | Employers' Association for Protestant Care for the Elderly (DV.DAH) | Spokesperson of the Employers' Association for Protestant Care for the Elderly |
| 19. | LTC | Employer Association Group "Social Services and Education" | Lawyer for Labour Law and Lead Negotiator for the Employers' |

| | | | |
|-----|-----|--|---|
| | | | Association for Protestant Care for the Elderly |
| 20. | LTC | Private Residential Care Provider Korian | Lawyer for Labour Law |
| 21. | LTC | ver.di (local level) | Trade Union Secretary 3 |
| 22. | LTC | Employers' and Private Professional Association for Care (ABVP) | Chair of the Employers' and Private Professional Association for Care |
| 23. | LTC | Employers' and Private Providers' Professional Association for Care (ABVP) | Federal Manager |
| 24. | LTC | Union of Public Services (GÖD; local level) | Federal Manager |

Source: Gottschall and Abramowski (2022).