

DEVCOBA

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

WP3 Country Report

GERMANY

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1. Introduction¹

The aim of the national WP3 report is to identify the repertoire of actions and initiatives adopted by the social partners in the early childhood education and care (ECEC) and long-term care (LTC) sub-sectors in Germany to extend collective bargaining coverage, to increase social partners' membership, and to promote the use of social dialogue bilateral/trilateral bodies to design initiatives to tackle issues of skill and labour shortage.

In recent decades, Germany has seen an expansion in ECEC and LTC. This expansion of services has taken place against the backdrop of ongoing public budget constraints and a continually rising demand for high-quality services. However, both sub-sectors face significant staff shortages and historically weak industrial relations within the care services sector. While the representation of interests is improving – more so in ECEC than in LTC – the problem of labour shortages is becoming more and more serious.

In response, social partners have initiated local actions to extend collective bargaining coverage and address workforce shortages in the ECEC and LTC sub-sectors. Given this background, we identified three local case studies in Germany. The rationale for selecting these cases is twofold: First, they represent different types of providers (faith-based LTC and ECEC providers, private for-profit LTC providers, and public ECEC providers), which allows for an exploration of the diversity of institutional settings and industrial relations dynamics in the sub-sectors. The selection thus reflects the structural differences between the two sub-sectors: while ECEC services in Germany are predominantly provided by public providers, LTC is characterised by a strong presence of private and non-profit providers. Second, the cases are located in different regions of Germany (Lower Saxony, Hamburg, and Baden-Württemberg), capturing regional variation in labour market conditions and social dialogue practices.

The selected cases are also relevant and illustrative within their contexts, as they shed light on concrete initiatives that address the sector's central challenges. The first case study examines the extension of collective bargaining coverage, working conditions, and the attractiveness of work in local Protestant ECEC and LTC institutions in Lower Saxony, offering insights into faith-based employer and union strategies. The second case study focuses not only on extending collective bargaining coverage and improving working conditions, but also labour shortage issues at a private residential LTC provider in the city of Hamburg, exemplifying the approaches of a market-oriented actor in an urban context. The third case investigates labour shortage issues from the perspective of public ECEC providers in southern Germany (Offenburg), highlighting the role of municipal actors in addressing workforce challenges. Together, these cases provide a differentiated picture of how social partners in varying institutional and geographical settings engage with pressing labour market issues through social dialogue mechanisms.

The guiding research questions of work package 3 are:

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- Which critical dimension of care work is primarily addressed (e.g. CB coverage, labour shortage), and why?
- How can each local case study be described in terms of origins, structure, and developments? What actions/measures have been implemented?
- Who are the main actors involved (e.g. trade unions, employers' associations, policymakers, users)?
- What are the main strategies (tools and (power) resources mobilised to this end) and goals?
- What are the main results of the local case studies?
- What are the limitations of the local case studies?

The results of the national WP3 report are based on 18 semi-structured interviews with employers' associations, trade unions, public authorities, policymakers, and experts, depending on the characteristic of each case study selected. The interviews were recorded and transcribed and then analysed by content analysis. Please note that the list of interviews (Annex 1), the information sheet (Annex 2), the informed consent form (Annex 3) and the interview guidelines for WP3 (Annex 4) are available in the annexes. The structure of the WP3 report follows the outlined research questions and case studies.

2. Case 1: A functioning social partnership between local Protestant ECEC and LTC providers and ver.di in Lower Saxony

2.1 Description of the case

The first case study focuses on the extension of collective bargaining coverage, working conditions, and the attractiveness of work in local Protestant ECEC and LTC institutions. The initiative originated from employees and, in particular, from staff representation bodies (Mitarbeitervertretungen), who had undertaken substantial preparatory work and strategically approached the trade union ver.di to support the process (interviews 5, 6). It was a long and challenging process in which ver.di worked hard to establish a collective bargaining agreement, called ‘Tarifvertrag Diakonie Niedersachsen TV DN’ (collective agreement Diaconia Lower Saxony) for local Protestant institutions in Lower Saxony. A key motivation for the local union representatives was to recruit new members and to extend collective bargaining coverage (interview 7). Even before the initiative officially began in 2010, employees had already taken action by boycotting the church-based internal bargaining body (Arbeitsrechtliche Kommission) and holding initial talks with their employers (interviews 2, 3, 6, 10, 11). The initiative formally began in 2010 with an employee survey to gauge interest in such an agreement. It quickly became clear that many employees had little understanding of what a collective agreement actually meant (interview 1). As a result, extensive educational efforts were required to explain the benefits – such as legal certainty, transparency, binding regulations, and voice options – compared to the existing ‘third way’ used by church-based providers (interview 1), where employment terms are determined by internal church commissions and consensus-oriented guidelines rather than through collective bargaining.

At the beginning of the process, there was significant resistance from church-affiliated employers (interview 1), who traditionally do not engage in collective bargaining and do not allow strikes. The path to securing an agreement was long and included information campaigns, pressure strategies, and external consultancy support. Crucially, extensive trust-building had already taken place before formal negotiations began and was a precondition for initiating the social dialogue (interviews 2, 3, 5, 6, 10). On the basis of this trust, it was possible to identify mutual goals and create a framework for constructive dialogue (interview 1). Equally important was the sense – on both sides – that their concerns were being heard and taken seriously. This became especially evident in the negotiation of the arbitration clause, where church-affiliated employers insisted on a strict no-strike rule, and ver.di accepted a compromise in the form of an asymmetric arbitration mechanism (interviews 2, 3, 4, 6, 10). This mutual recognition of core priorities – ‘industrial peace’ for the employers and ‘procedural fairness’ for the union – was key to making the agreement possible. The arbitration mechanism reflects the church-based sector’s self-understanding as a ‘community of service’ rather than a conventional employer-employee relationship. Rooted in the so-called ‘third way’, this model rejects strikes as incompatible with its religious mission and ethical responsibilities – particularly the obligation to ensure uninterrupted care for vulnerable groups. Arbitration thus serves as a conflict-resolution tool that aligns with

the Protestant providers' commitment to dialogue, social peace, and constitutionally protected religious self-determination.

A key to success was demonstrating to the Diakonie that entering into a collective agreement could also benefit them – such as by improving their attractiveness as employers (interviews 1, 2, 3, 5, 6, 8, 10, 11). Ultimately, after four years of effort, a collective agreement was successfully signed in 2014, marking the beginning of a long (still existing) functioning social partnership. This achievement marked not just a union victory, but a significant shift in the cultural secularisation of a sector that had previously been untouched by formal collective bargaining. Its significance is amplified by the fact that church-affiliated providers constitute a major part of the German social sector, making this breakthrough particularly impactful. Furthermore, this case study is relevant for employment relations in Germany because of the current gap between a fundamentally rejective stance of Christian providers at the national level and local Protestant and Catholic non-profit providers who have joined collective agreements. The case study might help to identify push factors at the local level that could contribute to a changing assessment at the national level and thus improving working conditions, including wage setting and workload issues.

2.2 Actors involved

The collective agreement Diaconia Lower Saxony refers to different services, including childcare, youthcare, homeless support, elderly care (residential and homecare services), and healthcare. Thus, the Diaconia Lower Saxony is highly diverse in the range of services. In Lower Saxony alone, there are around 250 diaconal providers – some are large, multi-service organisations, while others are small facilities focusing on just one kind of service, such as elderly care (interview 1). These Protestant providers are organised within the employers' association 'Diakonischer Dienstgeberverband Niedersachsen e.V. DDN' (Diaconal Employers' Association of Lower Saxony). The Diaconal Employers' Association of Lower Saxony and the United Service Sector Union ver.di are the main actors in negotiating the collective agreement, which applies to around 40,000 employees. However, the process was also significantly shaped by bottom-up pressure from employees and staff representatives, whose demands for improved working conditions and stronger representation created a momentum that pushed both employers and the union to act.

2.3 Strategies

A central strategy in transforming employment relations within Protestant providers was the foundation of the employers' association 'DDN', which marked a deliberate departure from the 'third way' (interview 7). A key feature is a mandatory membership: anyone joining the Diakonie in Lower Saxony is automatically a member of the DDN to ensure uniform collective bargaining coverage and stabilize tariff commitments (interview 7). This model was chosen deliberately in contrast to the 'Nordkirche'², where membership in the employers' association is voluntary, resulting in lower levels of bargaining coverage and more fragmented implementation of collective agreements (interviews 3, 10). In Lower

² The collective agreement for church employees in the 'Nordkirche (TV KB)' governs the working conditions of workers in church-based institutions within Schleswig-Holstein, Hamburg, and Mecklenburg-Western Pomerania, but does not apply to most Protestant providers, which continue to follow separate guidelines.

Saxony, by contrast, membership in the ‘Diakonisches Werk’ – necessary for access to public representation as a welfare association – automatically entails membership in the DDN. This institutional linkage created an obligation that led to nearly full tariff coverage: currently, 248 providers and around 44,700 employees are covered by the DDN agreement (interview 3).

Rather than following the church-specific ‘third way’, the ‘second way’ – i.e., collective bargaining with trade unions – was consciously chosen to provide a stable and legally secure framework for labour relations in negotiating collective agreements with ver.di as an ‘equal’ bargaining partner. Importantly, this shift also served as a response to growing public criticism of the previous church-based guidelines for employment contracts (Arbeitsvertragsrichtlinien, AVR), which were increasingly perceived as unfair (interviews 2, 3, 11). Through the new collective agreement, employers aimed to enhance the legitimacy of church-based employment structures and to adapt to secular labour market standards in order to remain competitive in attracting and retaining qualified staff.

A key step in this strategy was the implementation of a new and more favourable collective agreement, the ‘Tarifvertrag Diakonie Niedersachsen’, which brought significant improvements compared to previous church-based employment contracts. The interviewees consistently emphasised that employee participation and co-determination rights were clearly strengthened. One interviewee highlighted that low-threshold actions – such as shared lunch break activities – played a crucial role in mobilising staff, given that LTC workers are often reluctant to engage in union activities (interview 5). Further improvements, mentioned by some interviewees, include a standard five-day work week, wages above the public sector agreement (TVöD), annual bonuses for all employees, and additional benefits such as bonuses for night, weekend, and holiday shifts, as well as extra days off for older employees (from the age of 58, or 56 for shift workers).

2.4 Goals

An important goal for the employers was to increase the legitimacy of wage negotiations and thereby improve their social reputation. This was particularly urgent given the boycotts by employees in the labour law commissions, which undermined the effectiveness of the existing system (interviews 2, 3, 11). Furthermore, employers faced difficulties with cost bearers (ltc insurance fund) who did not recognize the church employment guidelines and therefore refused to finance them (interviews 3, 10). The employers also sought greater flexibility, noting that church employment guidelines are sometimes difficult to apply effectively within specific local institutions (interview 2). A further aim was to regulate care services within a clear labour law framework (interviews 3, 5), which goes hand in hand with increasing professionalism – highlighted as a priority in interviews 10 and 11. Finally, competition for skilled workers and the desire to secure a competitive advantage were recurring themes in several interviews (2, 3, 5, 6, 8, 10, 11).

In summary, the main objectives were to expand collective bargaining coverage, improve working conditions/enhance the overall attractiveness of employment in Protestant social service institutions in Lower Saxony and to professionalize labour relations, moving away from hierarchical church-based practices with limited opportunities for the co-determination of workers toward a more standardized, legally secure, and inclusive model of labour relations.

2.5 Results

The initiative led to a strengthened partnership between trade unions and church-based providers, paving the way for a sustainable and professional model of social dialogue in a previously closed sector. The collective agreement notably improved working conditions and gave employees a stronger voice, establishing legally binding rights and clearer procedures. As a result, Protestant providers have become more attractive employers, especially in the increasingly competitive labour market for LTC and ECEC workers. Beyond the regional impact, the agreement also had a signalling effect: some other church-based wage commissions responded with improved agreements of their own to keep pace with the TV DN (interview 6). Moreover, employees have gradually become more familiar with collective bargaining, resulting in a modest increase in union membership (interview 4).

2.6 Limitations

Despite important advances, significant limitations remain: employees still lack a full right to strike, and the anticipated nationwide ‘role model’ effect has – with a few exceptions – remained limited.

3. Case 2: A functioning social partnership between a private residential LTC provider and ver.di in Hamburg

3.1 Description of the case

The second case study serves to investigate collective bargaining coverage, improving working conditions and labour shortage issues at a currently private residential LTC provider in the city of Hamburg. This provider was originally a public one, where collective agreements were standard. With the change from a public to a private provider in 2007, the management at the time attempted to move away from collective bargaining altogether. This led to significant tensions, which culminated in the longest strike at that time, lasting 48 days (interviews 12, 13).

These conflicts ultimately led to the negotiation of a company-specific (in-house) collective agreement with ver.di. According to one of the provider's interviewees, this agreement was not reached voluntarily, but rather as a result of pressure from employees. However, once established, the agreement was never questioned again. It created a fair, transparent salary structure, which in turn strengthened employee identification with the employer (interview 12), although union membership increased only temporarily following the strikes (interview 14). According to one of the company's works council representatives, there is currently limited willingness among employees to engage actively with the union (interview 14). Despite this decline in active union involvement, both the employer and ver.di continue to benefit from a well-established social partnership and from the historical legacy of public ownership, which contributed to higher union density in the past. The provider's commitment to collective bargaining emerged from tradition, was defended through labour disputes, and is now seen as a major strength (interview 12): It contributes to fairness, staff motivation, and financial stability – all of which strengthen the provider's resilience in a challenging sector. From ver.di's perspective, the case illustrates effective collective bargaining and targeted relief measures, supported by a historically high level of worker organisation in comparison to other LTC sub-sectors (interview 13) – even if this level has recently declined.

The second case study illustrates the advantages and disadvantages transitioning from public to private provision and the benefits of collective agreements in a sub-sector where such agreements are often rejected. In Hamburg, for instance, around 70% of private LTC providers are not covered by any collective agreements (interview 13).

3.2 Actors involved

This case study includes, as already described, a private residential LTC provider in Hamburg, which was originally a public provider. Over the years, the provider underwent several changes in ownership and management, transitioning into a private provider in 2007. As a result, the commitment to collective bargaining – once standard – was abandoned. This shift triggered significant tensions between management and employees, ultimately involving ver.di as a main actor in the re-establishment of a collective agreement.

3.3 Strategies

The provider has pursued a proactive and distinctive strategy by implementing a favourable in-house collective agreement – an approach that contrasts sharply with the typical reluctance of private LTC providers to engage in collective bargaining. However, this agreement was not primarily initiated by management; rather, it resulted from the major strike mentioned above and sustained worker pressure (interviews 12, 13). Instead of viewing collective agreements as a constraint, the provider now leverages them as a strategic asset, particularly in the context of recruiting and retaining skilled workers (interview 12).

In the most recent revision of the collective agreement (latest changes in 2024), the primary focus has shifted from wages – already at a relatively high level – to the introduction of more urgent relief measures. This change reflects an awareness of the increasing strain on staff, particularly due to high workloads, which remain one of the biggest challenges in the LTC sub-sector. As one interviewee emphasised: “We need to focus on recovery measures, because money alone is not enough” (interview 13). Notable measures include a reduction in standard weekly working hours from 39 to 38, additional paid leave for night shift (three extra days annually, plus one additional day per 60 hours of night duty), and a specific provision for older employees (interviews 12, 13). The collective agreement includes a regulation that allows employees aged 60 and over to be exempted from regular night shifts. A further measure is a ‘health promotion day’, granting all employees one additional day off per year as a preventive health measure (interview 13).

These relief measures have become a unique selling point for the provider and serve as a competitive advantage in the increasingly difficult task of attracting qualified personnel. As one union representative from ver.di noted: “I don’t know any other collective agreement that offers so many additional days of leave for night shifts. [...] We’re talking about shift work, night duty, highly emotional activities, which have a lot to do with death, dying, etc. Adequate regeneration times are of fundamental importance for LTC workers” (interview 13).

In addition to institutional strategies, the provider also benefited from strong worker power resources, as evidenced by the effectiveness of past strikes (interview 12). These organisational strengths provided a solid foundation for negotiating favourable conditions early on. When binding collective wage standards were introduced nationwide under the LTC reform law ‘GVWG (Gesundheitsversorgungswertentwicklungsgesetz)’ in 2021, this provider was already compliant and thus did not face the structural or financial challenges that many competitors encountered. While other providers had to adapt – often after years of relying on cross-subsidisation strategies that redirected funds away from staff wages – this provider was already well-prepared and had no difficulty meeting the new requirements (interview 12).

3.4 Goals

Main goals were the extension of collective bargaining coverage, the improvement of working conditions – particularly relief measures – and the alleviation of labour shortages, which remain a persistent issue in LTC. By formalizing employment standards through a collective agreement, the provider aimed to create more attractive and sustainable working conditions (interview 12).

3.5 Results

The case demonstrates the success of social partnership even between a private LTC provider and ver.di based on collegial cooperation on the same footing (interview 12). Through strong cooperation between ver.di and this provider with the result of an exemplary collective agreement, working conditions have been improved significantly. Notably, older employees benefit from age-related exemptions from night shifts, which contributes to long-term staff retention. The case highlights how collective agreements can serve both as a tool for social justice between different generations of workers and a pragmatic solution to workforce shortages. Furthermore, the agreement sets a benchmark for other providers in Hamburg and strengthens ver.di's position in the sub-sector. By successfully establishing this initiative as a kind of lighthouse project, it exerted significant influence on other providers in Hamburg's LTC sub-sector. As a result, a new benchmark was set, and wages for elderly care workers in Hamburg are now among the highest in Germany (interview 13).

3.6 Limitations

At the beginning of 2025, the Hamburg Senate announced that it would buy back the LTC provider, thereby transforming it into a public provider once again. A request for an interview was submitted to political representatives of the city of Hamburg, but it was rejected due to the sensitive nature of the ongoing process. The only available information is based on some insights by an anonymous interviewee: The sale of the LTC provider to the city of Hamburg was not primarily determined by the purchase price, but by urban planning regulations. The current private owner had initially hoped to profit from developing the valuable real estate assets. However, the city had secured the building rights, which restricted the permitted land use exclusively to long-term care facilities. This limitation significantly reduced the property's attractiveness to other investors. As a result, the city of Hamburg ultimately remained the only serious buyer.

4. Case 3: Solving labour shortage through de-professionalisation. The ‘Offenburger Kita-Modell’

4.1 Description of the case

The third case addresses labour shortage issues with a focus on public ECEC providers in southern Germany. During the COVID-19 pandemic, staff shortages in ECEC became even more difficult and the pandemic had further accelerated a trend of professionals leaving the sector in public ECEC providers in Offenburg (interview 15). Local analyses of the city showed that if no action was taken, by 2025, half of the city’s childcare facilities could be forced to close. Key reasons for the high turnover were overwork, lack of appreciation, and poor working conditions, despite the fact that Offenburg maintains a higher staffing-level standard than required (interview 15).

In response, the so-called ‘Offenburger Kita-Modell’ was introduced in 2023, aiming to maintain high-quality early childhood education despite limited resources while preserving a work–life balance for employees. The model also benefits parents by reducing short-term changes and cancellations in childcare. As one interviewee explained: “These constant cutbacks happened daily during and after the COVID-19 pandemic and significantly disrupted the working lives of parents” (interview 18). A core reform was the elimination of mixed-age, full-day groups with irregular schedules, which were labour-intensive and pedagogically unsatisfying (interview 15). Instead, the city shifted to a model providing seven hours of structured, high-quality education followed by two hours of optional supplementary care. From the perspective of the interviewed political representative of the city of Offenburg, the implementation of the ‘Offenburger Kita-Modell’ has significantly improved staff satisfaction, attracted qualified applicants, and stabilized the local childcare system (interview 15).

According to the interviewed daycare centre management (interview 18), the reform has also made it possible to return to genuine pedagogical work, which had previously been constrained by the demands of extended care. Since the implementation of the new model, sickness absence rates among staff have reportedly decreased, and the number of new applications has noticeably increased (interview 18). From the perspective of the daycare centre management, the ‘playtime care’ (Spielzeitbetreuung) is not seen as part of pedagogical practice, but rather compared to leisure activities such as those offered by sports clubs. While this type of care is particularly important for families where both parents work and have no alternative childcare options, it is regarded as separate from the core educational mission of the centres by the management.

However, from the perspective of the union ver.di, the implementation of the Offenburger model raises significant concerns. The union criticises the lack of co-determination by both employees and ver.di as their representative body. At the same time, the employees have not yet contacted ver.di directly to initiate formal consultation processes. Still, ver.di argues that the model leads to a de-qualification of the profession by delegating non-pedagogical care to less qualified – and therefore cheaper – staff, effectively reducing the perceived value of the ECEC profession. In the union’s view, current working conditions such as large group sizes and high workload prevent professionals from practicing their vocation in the way they were trained to. “Our position as a union is that good working conditions and decent wages are essential to addressing the labour shortage in ECEC” (interview 17).

The third case study goes beyond the city of Offenburg and is of a more general interest, as its implementation is either under discussion or already underway in many other German regions (interview 18) as a response to labour shortages.

4.2 Actors involved

To implement the ‘Offenburger Kita-Modell’, public ECEC providers in the city of Offenburg cooperated with the external non-profit provider ‘Malteser Hilfsdienst’, which has taken over responsibility for the two additional hours of afternoon care. This time slot is staffed by unskilled, non-pedagogical workers who are not part of the municipal childcare workforce. Their role is clearly separated from the educational responsibilities carried out by qualified educators during the core hours. This cooperation aims to ensure that full-day care remains available to families without overburdening the pedagogical staff.

Local policymakers played a central role in initiating and supporting the reform, particularly by facilitating cooperation between providers and external actors, securing political consensus, and ensuring legal compliance and financial viability (interview 15).

Parents were also important actors in the development of the model. Through parent initiatives and organised feedback, they influenced the process and advocated for solutions that would provide both pedagogical quality and full-day care options suited to working families. For instance, one local parent council (Gesamtelternbeirat) actively engaged with concerns raised by parents about the qualifications of the so-called ‘playtime staff’ (interview 17). These concerns stemmed from the fact that the Malteser workers tasked with afternoon care were no trained educators. In response to this, information events were organised where representatives of the ‘Malteser Hilfsdienst’ presented their concept and addressed parental concerns. During these events, it became clear that the qualification of the playtime staff consisted of a short 39-hour training programme – a level of preparation that parents and professional staff alike considered insufficient, especially when compared to the long training required of certified educators. Some interpreted this as a broader sign of devaluation of the ECEC profession and a step back from previous efforts to establish early childhood education as a recognized and high-quality pedagogical field (interview 17). Notably, representatives of the ‘Malteser’ also used the events to recruit potential staff directly from the parent community (interview 17).

At the same time, the parents had to abandon their expectation that care would always be available at any cost (interview 15). This shift of view had been triggered in part by their experiences during the COVID-19 pandemic, when frequent closures and staff absences made the limits of the system visible (interview 17). Local officials actively encouraged parents to find alternative solutions, such as forming parent initiatives or coordinating childcare among themselves. This contributed to a change in mindset: from viewing ECEC centres primarily as service providers to recognising them as educational institutions. Today, many parents are actively engaged in monitoring pedagogical quality – for example, by demanding better portfolio work or stronger educational documentation (interview 17).

4.3 Strategies

A key strategy within the implementation of the ‘Offenburger Kita-Modell’ was to ensure reliable all-day childcare despite the ongoing shortage of qualified staff. To address this, the city introduced a division of labour between pedagogically trained professionals and untrained support staff. The untrained ‘Malteser carers’ often perceive their work in daycare centres as a trial period to explore whether they would be interested in pursuing a professional qualification in ECEC (interview 16). This approach serves not only as a short-term solution to staffing shortages but also as a potential recruitment strategy for new professionals in the ECEC sub-sector.

4.4 Goals

The overarching goal of the ‘Offenburger Kita-Modell’ model is to address the skilled labour shortage in the ECEC sub-sector. By restructuring care responsibilities and introducing a new model of collaboration with external, non-pedagogical staff, the city of Offenburg aims to maintain the provision of high-quality education while ensuring working conditions that can attract and retain qualified educators (interview 15).

4.5 Results

Based on qualitative semi-structured interviews, the findings show that, while the first two cases have successfully increased the attractiveness of care work and improved working conditions through collective agreements (noteworthy as church-based and private providers typically avoid collective bargaining), the third case highlights the controversial consequence of de-professionalisation in response to urgent labour shortages. The decision to delegate non-pedagogical tasks to less qualified staff has drawn significant criticism from trade unions. The union ver.di argues that such measures undermine the professional status of ECEC work and contribute to a declining perception of its value (interview 17). This tension underscores the difficult trade-offs between immediate staffing needs and long-term professional standards in the ECEC sub-sector.

4.6 Limitations

One of the major limitations of the ‘Offenburger Kita-Modell’ lies in its lack of formal recognition under the state’s experimental childcare regulations (the so-called ‘Zukunftsparagraph’). As a result, the model does not receive any state or federal funding, which poses a serious challenge to its financial sustainability. In the interview with a local political representative (interview 15), a clear call was made for greater flexibility, reduced bureaucracy, and targeted funding to support innovative municipal education projects like this one. Without such structural support, the long-term viability of the model remains uncertain.

5. Concluding remarks

The three case studies offer distinct yet interconnected insights into how different sub-sectors respond to growing structural challenges.

5.1 Potential for deep and lasting change

Cases 1 and 2 demonstrate a strong potential for long-term, transformative impact by establishing and strengthening mechanisms of social dialogue through collective agreements. In Case 1, the partnership between Protestant providers and ver.di opened up a previously inaccessible sector to structured negotiations, resulting in legally binding rights and better working conditions. This has enhanced the attractiveness of Protestant employers and influenced wage-setting practices beyond the immediate region. Similarly, Case 2 highlights how a constructive relationship between a private provider and ver.di can lead to context-sensitive relief measures in collective agreements, such as age-related exemptions for older staff, fostering workforce retention and intergenerational fairness, which are highly relevant aspects against the backdrop of labour shortages. These developments signal not only improvements in job quality but also a cultural shift toward more participatory and equitable labour relations.

In contrast, Case 3 presents a more controversial approach. While it addresses urgent staffing challenges through pragmatic restructuring, including the use of unqualified staff for supplementary care, it risks undermining the professionalisation of ECEC. Although the model may bring short-term operational stability, its long-term potential is constrained by concerns over de-professionalisation. This case reveals the tension between urgent problem-solving and the preservation of sectoral standards.

5.2 Transferability and scalability

The first two cases show high potential for transferability, particularly within sectors that are open to institutionalised social dialogue. Their approaches can inform collective bargaining efforts in both church-based and private care provision contexts across Germany. The signalling effects already observed in Case 1 suggest that such agreements can influence broader wage-setting and professional labour relation norms. From a power resource perspective (e.g. Korpi, 2006), these cases illustrate how the organisational and associational power of trade unions and employees – through mobilisation capacity and internal cohesion, particularly when embedded in supportive institutional contexts – can be leveraged to expand sectoral bargaining coverage. Likewise, institutional power, grounded in codified collective bargaining rights and legal recognition, enables these agreements to shape normative frameworks around professional standards and fair pay.

Case 3, in contrast, presents a more ambivalent picture. While it has drawn national attention and is currently being piloted or discussed in municipalities such as Nürtingen, Ostfildern, Radolfzell and Bietigheim-Bissingen, its broader applicability remains contested. Other ‘Länder’ including Saarland, Bremen and Rheinland-Pfalz have expressed interest or debated potential adaptation, underlining a perceived scalability under conditions of acute staffing shortages.

At the same time, the model raises fundamental concerns regarding professional standards. The outsourcing of afternoon supervision to non-qualified staff through the ‘Malteser Hilfsdienst’ reflects a clear division between core pedagogical work and auxiliary care. From an educational perspective, this mirrors broader trends of de-professionalisation, in which educators are deskilled or their roles fragmented, potentially weakening professional identity and undermining holistic pedagogical practice.

From a labour sociology perspective, this division of tasks aligns with patterns of (re-)tayloristic work organisation (e.g. Bravermann, 1974) – a principle originally applied to industrial production, where tasks are broken down into narrowly defined, standardised activities to maximise efficiency. In the Offenburger model, pedagogical professionals are responsible only for a fixed, education-focused time block, while untrained workers provide ‘playtime care’ in the afternoon. This segmentation reflects a functional separation of care and education, mirroring tayloristic logics that reduce complex, relational and context-sensitive work to modular units. Such task splitting may lead not only to a loss of occupational meaning and autonomy but also to a downgrading of care work’s status – particularly in feminised professions like ECEC, where recognition is still contested.

Thus, while the ‘Offenburger Kita-Modell’ offers a pragmatic response to immediate workforce pressures and is already diffusing to other German regions, its scalability is tied to major structural trade-offs. Long-term sustainability will require safeguards against further fragmentation of professional practice. Without supportive regulatory frameworks, co-determination mechanisms, and investment in the professional development of all staff involved, the model risks institutionalising a two-tier system in ECEC – one that reflects industrial work logic more than pedagogical integrity.

Nevertheless, it must be acknowledged that in the face of an acute and worsening shortage of qualified ECEC staff, there are currently few promising alternatives that ensure both continuity of care and relief for professional educators. In this context, the ‘Offenburger Kita-Modell’ stands as a pragmatic interim solution – imperfect, but short-term functional. It enables municipalities to uphold service provision for families while protecting the core educational responsibilities of trained professionals. The challenge ahead lies in complementing such stopgap models with long-term strategies that strengthen qualification pathways, improve working conditions, and reinforce the integrity of ECEC as a recognised profession.

5.3 Enabling factors and obstacles

Across the cases, several enabling factors stand out: mutual trust between employers and unions, openness to negotiation, and shared commitment to improving working conditions and addressing labour shortages are critical drivers of success. Political support, legal clarity, professionalisation of labour relations, and sustainable funding also play essential roles in ensuring long-term viability. On the other hand, key obstacles include resistance to unionisation, in particular in LTC and financial insecurity of experimental models, in particular in ECEC.

In sum, the cases illustrate that sustainable improvements in ECEC and LTC depend on structural reforms and an extension of social dialogue. Short-term strategies that compromise professional standards may offer only temporary relief and risk undermining long-term progress.

References

- Braverman H (1974). *Labor and monopoly capital. The degradation of work in the twentieth century*. New York: Monthly Review Press.
- Korpi W (2006) Power resources and employer-centered approaches in explanations of welfare states and varieties of capitalism. Protagonists, consenters, and antagonists. *World Politics* 58(1): 167–206.

Annexes

Annex 1: List of interviewees for WP3 in 2025, DEVCOBA project

Interview number	Sub-sector	Role and Organisation
Case 1		
1.	ECEC	ver.di
2.	ECEC	Diaconal Employers' Association, Lower Saxony
3.	ECEC	Diaconal Umbrella Foundation
4.	ECEC	ver.di
5.	ECEC	Employee's Representative, Protestant Provider, Lower Saxony (Rotenburg)
6.	LTC	Marburger Bund, Lower Saxony
7.	LTC	Diaconal Employers' Association, Lower Saxony
8.	LTC	Employer's Representative, Protestant Provider, Lower Saxony (Soltau)
9.	LTC	Employer's Representative, Protestant Provider, Lower Saxony (Rhauderfehn)
10.	LTC	Employer's Representative, Protestant Provider, Lower Saxony (Neuerkerode)
11.	LTC	Employee's Representative, Protestant Provider, Lower Saxony (Neuerkerode)
Case 2		
12.	LTC	Employer's Representative, Private Residential LTC Provider (Hamburg)
13.	LTC	ver.di
14.	LTC	Works Council of a Private Residential LTC provider (Hamburg)
Case 3		
15.	ECEC	Representative of the city of Offenburg
16.	ECEC	Malteser
17.	ECEC	ver.di
18.	ECEC	Head of a Daycare Centre (Offenburg)

Annex 2: Information sheet

Title of Project: DEVCOPA – DEveloping COLlective BArgaining in the Care Sector

Funding: European Commission

Name and Contact Details of Interviewer:

Name and Surname

Email address

Telephone number

Name and Contact Details of Principal Investigator:

Prof. Anna Mori

anna.mori@unimi.it

Invitation

We would like to invite you to take part in our research study. I will go through this information sheet with you, to help you decide whether or not you would like to take part and answer any questions you may have. I would suggest this should take about 10 minutes. Do ask if anything is unclear. Please feel free to talk to others about the study if you wish.

I am..... and I work as in the EU funded project DEVCOPA – DEveloping COLlective BArgaining in the Care Sector

Purpose of the study

This study is concerned with working conditions, labour regulation and collective representation of care workers in Europe, specifically working in the ECEC and LTC services. Participants are being contacted in several countries: Denmark, Germany, Italy, the Netherlands, Slovakia, Spain.

We are inviting you to participate, as we believe that your view and experiences would be of great help for us to understand the main features of the labour regulation in the care sector; how are working conditions; and the forms of collective representation. The results of this research will be of help for policy makers at national and EU level.

Your participation

Your interview will likely take between 60 and 90 minutes. Thanks in advance for being available for that time. If you agree to take part to the study, we will ask you to sign the participant consent form.

As a volunteer you can stop any participation to the interview at any time, or withdraw from the study at any time before, without giving a reason if you do not wish to.

Collected data

During the interview you will be asked questions about your professional background, your experience in your organisation of belonging, your perspective with regard to working conditions, collective bargaining and representation of care workers in your country.

The interview will be in [Dutch | Danish | German | Italian | Slovakian | Spanish], and will be audio recorded and transcribed. During the interview you can request to stop the recording at any point. Verbatim comments extracted from your interview transcript can be used only in the scope of the research

study.

Confidentiality

All the information you provide will be used in a pseudonymised form. This means that your name and other direct identifiers will be separated from the collected research data (the audio recorded interviews and its transcription), so that linkage to your identity is not possible outside the authorized members of the research team. Due to the limited presence, at national level, of organisations dealing with care workers, the anonymity of the organisation of which you are member cannot be guaranteed.

Data storage and protection

The research data and signed consent forms will be processed in compliance with art. 13 of the EU General Data Protection Regulation 2016/679 (EU GDPR). Without prejudice to any other administrative or judicial remedy, every data subject has the right to lodge a complaint with a supervisory authority. The research data and signed consent forms will be retained in two formats: either paper copies or electronic. The data are stored, indefinitely, only in a pseudonymised form, with the informed consent, and only to allow longitudinal researches. The audio recordings are deleted after transcribing only the data necessary for the purposes of the project. The files of the transcriptions will be stored in a password protected area of a university server and never be stored on laptops or elsewhere. The papers will be kept in a locked filing cabinet at the University. The data will be transferred only among the members of the DEVCOBA project. You have the right to request access to your data and ask for a rectification or erasure of your personal data.

The data, when anonymised or aggregated, may be presented to others at conferences, or published as project reports or in academic journals or books. It could also be made available to funder of the research (the European Commission).

According to the EU GDPR, the data controller is represented by the Principal Investigator (PI).

What if there is a problem?

If you have a query, concern or complaint about any aspect of this study, please contact the Principal Investigator (PI). The contact details for both the interviewer and the PI are detailed on page 1.

Research funding

This research is being funded by the European Commission. None of the researchers will receive any financial reward by conducting this study, other than their normal salary.

Thank you

Thank you for taking time to read this information sheet and for considering volunteering for this research. If you do agree to participate your consent will be sought; please see the accompanying consent form. You will then be given a copy of this information sheet and your signed consent form, to keep.

Annex 3: Informed consent form**Consent to take part in the project DEVCOBA
DEVeloping COLlective BArgaining in the Care Sector**

- I confirm that I have read and understand the Information Sheet dated XXX explaining the above research project and I have had the opportunity to ask questions about the project.
- I confirm that I am an adult (18 years old or more) and that the interview will be conducted in a language I fully understand.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.
- If I do withdraw from the study after some data have been collected, I will be asked if I am content for the data collected thus far to be retained and included in the study. Once the research has been completed, and the data analysed, it will not be possible to withdraw my data from the study.
- I give permission for members of the research team to have access to my responses. My data will be pseudonymised. This means that my name and other direct identifiers will be separated from the collected research data.
- I agree for the data collected from me to be stored and used in relevant future scientific research in an anonymised form.
- I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.
- The collected data shall be supplied to and received by the project participants only in an anonymised/pseudonymised form.
- I consent to the interview being audio recorded. The recording will be destroyed after the transcription, and will not be transferred to anyone other than the research team members listed in the information sheet.
- I understand that other researchers may use the aggregated data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.
- I understand that relevant sections of the data collected during the study may be looked at by auditors from the European Commission where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

- I agree to take part in the above research project and will inform the lead researcher should my contact details change.
- I have read this form and the research study has been explained to me. I have been given a copy of the information sheet and of this consent form. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above.

Name of participant	
Participant's signature	
Date	
Name of interviewer	
Signature	
Date	

Annex 4: Template for interviews for WP3

WP3 - Interview guidelines

General instructions: *This is intended first and foremost as a guideline for us, the researchers, and it contains all the information that we would like to get out of the interviews. It is up to you to strategically adapt the interview to your respondents (e.g., prepare the respondents in advance, have multiple interview partners, translate the document, add further examples or clarifications, etc...).*

The aim of the interviews is to obtain: *1) a comprehensive description of the experiences that were selected as case studies (actors involved, actions, stage of development, etc.); 2) an explanation of the logics guiding their development (reasons, goals, strategies); and 3) an assessment of their development and outcomes at the current stage (results and limitations, obstacles to development and implementation, unexpected outcomes).*

Questions:

1. Name and/or type of initiative
2. Actors involved (please clarify which actor or actors are the initiators of the project or initiative)
3. Description of the contents and structure of the project or initiative (description of the actions necessary to develop the project or initiative, resources mobilised, allocation of responsibilities for project implementation, description of the timeline and stages of the project or initiative)
4. Why was the project or initiative started? (e.g. Was it in reaction to a problem or request? How was the problem identified and by whom?)
5. What are the goals of the project or initiative? What are the expected results? (The question refers to both pragmatic, countable outcomes and to general organisational or political goals)
6. What are the strategies (tools and resources – human or otherwise) mobilised to obtain these results and sustain the project or initiative? *Please focus especially on how the projects intend to address the goals related to the dimensions that guided the case study selection (i.e. extension of collective bargaining coverage/ content and/ or enlargement of social partners' membership and/ or issues of skill and labour shortage)*
7. What is the current stage of development of the project or initiative?
8. What are the results that have already been obtained?
9. What are/were the obstacles to the development and/or implementation of the project or initiative?

10. Referring to the implementation of the declared goals, what are the main strengths and limitations of the project?
11. Have there been unexpected outcomes to the project or initiative?