

DEVCובה

Developing Collective Bargaining in the Care Sector

WP4 Country Report

SPAIN

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1. Introduction

This report analyses the results obtained from a set of interviews with workers in early childhood education and care (ECEC) and long-term care (LTC) in Spain, focusing on their individual perceptions of working conditions and the role of social partners and collective representation in these sectors.

The research was carried out within the framework of the third research package (WP4) of the DEVCOPA Project (Developing Collective Bargaining in the Care Sector), a six-country study that focuses on the dynamics and mechanisms of collective bargaining and social dialogue in improving job quality and the attractiveness of care occupations in LTC and ECEC services. The project examines mechanisms and practices across six countries (Denmark, Germany, Italy, Slovakia, Spain, and the Netherlands) to address three employment-related challenges in these sectors: ensuring the extension of collective bargaining; strengthening collective representation; and designing and implementing initiatives and policies to tackle issues related to skills and labour shortages.

Data were collected through 15 semi-structured interviews lasting between 45 and 90 minutes, of which 6 were in LTC and 9 in ECEC. The interviews were conducted online, by telephone, or face-to-face. Geographically, most interviews were carried out in the province of Barcelona, although at least three were from other provinces in Catalonia. Likewise, diversity along the centre–periphery dimension was covered: 4 interviewees were working in a large metropolitan area, 7 in a medium-sized metropolitan area, and 4 in a small and peripheral area. Access to interviewees combined different strategies: some profiles were obtained through contacts provided by trade unions, while others were recruited using the snowball method. All interviews were recorded, and all participants signed an informed consent document.

2. Profile of the interviewed caregivers

The interviewees represent a diverse mix in terms of age, education, and professional background, although they all share two common traits: having a current full-time contract and a strong connection to their sector, either through personal identification or long-standing experience. Most are women, with only two men among the participants. Ages range from 27 to 61, combining more recent careers with longer trajectories. Regarding seniority, careers tend to be shorter in LTC and longer in ECEC.

In terms of education, vocational training level (ISCED 5) predominates, although many LTC workers entered the sector without any formal qualification. In ECEC, some interviewees, in addition to holding an early childhood educator qualification, also have a university degree in teaching. As for job profiles, LTC interviewees work as care assistants in residential facilities and as home helpers in domiciliary services. In ECEC, all participants are educators, except for one who is also the director of the nursery school and two who also act as centre coordinators. Regarding origin, three interviewees are of foreign background, while the rest of people interviewed are Spanish.

Regarding the type of centre, in LTC all interviewees work in publicly funded private services, with three employed in domiciliary services (home care) and the other three in residential facilities. In ECEC, all educators interviewed work in nurseries (0–2 years), two of them in private centres, three in public centres, and another three in outsourced centres. The LTC interviewees in domiciliary services work in rural settings, while those in residential care are concentrated in urban areas. This may imply differences in how they perceive their work, as factors such as cost of living or job opportunities can vary between these territories. In ECEC, most interviewees work in urban environments, without a clear pattern regarding geographical dimension.

In ECEC, there are more workers who, at the time of the interview, are or have been trade union representatives in their workplace. In LTC, some workers had previously held union representative roles.

Table 1. Profiles of interviewees

Code	Age	Gender	Worker profile	Seniority (years)	Origin	Subsector
LTC1	27	Female	Care assistant	3	Migrant	Institutional care, State-funded (private)
LTC2	61	Female	Home helper	21	Spanish	Home care, State-funded (private)
LTC3	49	Female	Home helper	8	Spanish	Home care, State-funded (private)
LTC4	33	Male	Home helper	7	Spanish	Home care, State-funded (private)
LTC5	28	Female	Care assistant	5	Migrant	Institutional care, State-funded (private)

LTC6	58	Female	Care assistant	5	Spanish	Institutional care, State-funded (private)
ECEC1	43	Female	Educator	21	Spanish	Institutional care, Outsourced
ECEC2	46	Female	Educator/Nursery coordinator	22	Spanish	Institutional care, Outsourced
ECEC3	41	Female	Educator	20	Spanish	Institutional care, Public
ECEC4	38	Female	Educator	15	Migrant	Institutional care, Public
ECEC5	41	Male	Educator	18	Spanish	Institutional care, Outsourced
ECEC6	37	Female	Educator/ Nursery coordinator	20	Spanish	Institutional care, Private
ECEC7	55	Female	Educator/Nursery director	27	Spanish	Institutional care, Private
ECEC8	44	Female	Educator	23	Spanish	Institutional care, Public

Regarding motivations for working in this sector, one common feature across both LTC and ECEC is the value placed on human relationships between workers and the people they care for. For LTC workers, the bonds formed with users and their families, the gratitude received, and the sense of being able to help are the main drivers behind choosing this profession. In the case of ECEC workers, many highlight how they have enjoyed interacting with children since a young age, viewing this relationship as a fundamental and positive aspect of their job.

The idea of vocation appears repeatedly in the narratives: the desire to support and contribute to the well-being of others is so significant that, in many cases, it outweighs the precariousness in these sectors. Some interviewees acknowledge that continuing in these jobs must be vocational; otherwise, changing careers would be the norm.

At the beginning, I felt a lot of satisfaction from the relationship I built with the residents and their families, because in the end the families came to see you as part of their own family. (LTC1, Care assistant, Institutional care)

When a user sees you and says, 'Where have you been? We haven't seen you for a long time', you think, really? How much they care about you — that's the best part. It gives you peace of mind, knowing you're doing your job well. (LTC5, Care assistant, Institutional care)

And in the end, whether you want to or not, you form a relationship that goes beyond the professional. It's impossible not to—if you work with people, it's just impossible. You end up creating a bond, and that really fulfills you. (LTC1, Care assistant, Institutional care)

Anyone who starts working in an educational system does so out of vocation — you really have to like it. But sometimes, apart from feeling physically and mentally exhausted, not being able to manage everything can be quite frustrating. Still, there's also the part with the child, especially in this 0–2 stage, where you see the rapid changes they go through. That brings a sense of satisfaction too. When you arrive in the morning, say “good morning,” and a child comes over, sees you, and gives you a hug — that gives you energy for the whole day. (ECEC3, Educator, Institutional care)

Vocationally, I'm very satisfied, but professionally it's complicated. Why? Because wages are low wages in general are low. (ECEC6, Educator and Nursery Coordinator, Institutional care)

Because I've always liked children. Also, in my family, I'm the oldest cousin, so I've always had to look after the little ones. My parents told me, ‘Economics, economics — you should study economics, it has great career prospects.’ But I just couldn't see myself there. I spent two years studying public administration management, and I didn't like it at all. (ECEC3, Educator, Institutional care)

I've always liked children, always. I think it's very vocational, and I've always seen myself as a teacher. I've always liked children, and it's true that I think I had the right skills. (ECEC5, Educator, Institutional care)

The career paths that led workers into the sector are diverse. Among LTC workers, only the youngest interviewees reported this as their first job. Older workers often began with informal employment, typically juggling multiple short-hour contracts that they combined with other jobs until they gradually managed to increase their working hours. For ECEC workers, most started their careers in private nurseries, many of whom later transitioned to municipal or outsourced nurseries. In a few cases, ECEC workers were able to enter public employment pools, progressively improving their situation until securing positions in public nurseries.

Over time, workers perceive a significant increase in their professional skills. Although they acknowledge that opportunities for formal promotion or wage improvement are scarce, they express satisfaction in seeing that accumulated experience enables them to provide higher-quality care.

3. Perceptions of working conditions and job quality

The perception of working conditions and job quality shows some differences between the sectors analysed, although there are common complaints such as low wages, heavy workloads, lack of social and professional recognition, occupational risks (physical and mental), and deviation from job duties. In the case of LTC workers, there is also a notable lack of training and guidance, inadequate handovers or follow-up by managers, as well as atypical schedules, split shifts and long working days that make work-life balance difficult. All these issues are compounded by an ethical-moral component: the inability to provide a level of care they consider adequate generates feelings of guilt and emotional distress among the interviewed workers. In the case of ECEC workers, the increase in children with special educational needs stands out, which complicates the daily development of their work, acknowledging the difficulties in providing appropriate care and the rise in stress levels.

In the interviews with LTC workers, all but one of the respondents expressed their intention to remain in the sector in the long term because of the satisfaction they derive from caring for people. However, in some cases, they anticipated the need to move in the future from home care to residential care due to the lack of technical aids or staff in private homes, as well as the idea of trying to enter hospitals or Primary Care Centres where wages are higher. In the case of ECEC workers, only two of all the interviews conducted considered changing their jobs in the future, mainly for reasons related to physical health and improving working conditions (primarily wages). Even so, they acknowledged the difficulties in making that decision because of the satisfaction they gain from interacting with children.

Regarding wages, in both sectors, pay levels are very close to the minimum wage. It is the seniority allowances (where applicable) or coordination bonuses (in the case of some ECEC workers) that allow for a slight improvement in the final wage received. Several interviews expressed surprise when comparing these wages with those in other low-skilled sectors, which reinforces the feeling of social undervaluation and is identified as one of the reasons why young people leave the sector or do not choose it, even when the work seems vocationally appealing.

We're used to earning very little. Most of us because we've been here for many years... but now young people are starting to come in, and it's sad because, due to the wage, you can see that many don't stay.

They like the job, but they won't stay. (LTC2, Home helper, Home care)

It's a job you enjoy, but then when you see what you earn, you think you're undervalued. Of course, that's not the company's fault either. That comes from higher up, I suppose. (LTC3, Home helper, Home care)

Financially, we're very different from the 3-5 stage, and there's quite a gap even though many of us have the same qualifications as a teacher. (ECEC3, Educator, Institutional care)

With our wage, you can't live alone or support a family. It's impossible. We work out of vocation and because our partners provide the other part we need to pay for everything required to live... to live normally. A mortgage and raising children, for example. (ECEC7, Educator and Nursery director, Institutional care)

The private sector is... well, it's in a terrible state, because they're earning the minimum and it's very sad to say, but if you don't motivate them with wages, these people don't want to stay here. (ECEC6, Educator and Nursery coordinator, Institutional care)

Another recurring complaint in the interviews is the heavy workload faced by both LTC and ECEC workers. In both cases, workers report having to care for or educate too many people, which generates feelings of frustration as well as stress. In the case of educators, they complain about having too many children in the classrooms. These complaints apply to all educational levels, but infant classrooms (0 years-old level) are particularly problematic, as they require continuous attention.

The lack of staff is a central issue in residential care facilities, especially when absences are not covered and more experienced workers tolerate normalised poor practices. This shortage directly affects the quality of care, the pace and routines of users, and creates group pressure when requesting days off or sick leave. In home care services, staff shortages are less severe, although there are specific roles that are not always filled, such as home maintenance assistants with their own vehicle or cleaning assistants in rural areas. Staff turnover and recurring absences jeopardise continuity and quality of care, forcing workers to take on greater responsibilities and face emotional strain that motivates changes of workplace or subsector. In home care, as it involves tailored care, schedules are adapted as much as possible to the pace and needs of each user, although initially the schedules are set by service managers.

There are colleagues who are stressed because, yes, sometimes we're valued very little. And they [the responsible] keep demanding more and more from us. (LTC6, Care assistant, Institutional care)

Think about it — if I have nine users, it's like having nine children. I mean, it's a pretty extreme comparison. I'm talking in terms of schedules. (LTC3, Home helper, Home care)

Young people come to us and say: "I'm leaving for [name supermarket] because I'll earn more." And it's normal, I'd do the same, you know what I mean? That's why there's so much staff turnover in private settings—people get tired and leave. It's normal. There's a lot of turnover. (ECEC6, Educator and Nursery coordinator, Institutional care)

These are very young babies whose feeding needs you have to monitor constantly. Some start at four months and are still on breast milk or formula, so you're checking and controlling the schedule for their feeding times. And when it comes to sleep, it's very different from one to another — some need to be put down while others aren't ready yet. (ECEC3, Educator, Institutional care)

Look, we have a really heavy workload. And well, I think things could be improved. It's true that the council has made small improvements — last year they hired two more people for the team, which is what I was saying, that's how we managed to work in pairs. But even so, it's not enough. We have a huge amount of work and very few hours to do it, because apart from working directly with the children, we have to prepare learning situations that the inspector asks for. We have a lot of work, and with the schedule we have, there's just no time. Plus, the ratios don't help. (ECEC5, Educator, Institutional care)

The lack of recognition is not limited to wages, although some interviewees acknowledged that this lack of recognition is probably one of the reasons for their low pay. There is also a sense of social devaluation linked to the image attributed to these workers and the lack of awareness of all the tasks involved in care work beyond hygiene, feeding, and similar duties. These jobs are perceived as requiring no knowledge, as something anyone could do, and as less necessary or important than they should be. This perception is shared by workers in both sectors. Educators complain about being associated exclusively with hygiene tasks (“nappy changers” or “bottom cleaners”) or with child supervision, with little recognition of the importance of the educational and pedagogical dimension of their work. In the case of LTC, home care workers suffer greater invisibility due to working alone in private homes, whereas in residential care a stronger professional identity with greater social recognition is maintained.

It's not dignified at all. And on top of that, they always have this obsession – you hear it on the radio or in talk shows: "Well, who's going to look after the parents if immigrants don't come?" And you think, why are you so fixated on this being a job only for immigrants? (LTC2, Home helper, Home care)

Families still see us as a service, like a parking place. They don't quite understand that we're becoming more of an educational stage rather than just a service. It's hard. It's a perspective that's difficult to change. On TV, when there's a news item, they never say "nursery school." It's always "daycare." No — we are nursery schools. (ECEC5, Educator, Institutional care)

More recognition, more recognition and recognition. These children are here from 8 in the morning until 5 in the afternoon. Children who are starting to speak, who are developing motor skills, experimenting, discovering their own bodies and those of others. I believe our work is—I won't say the most important, because I don't want to put one above another—but it is very important. Very, very important, because it's proven and there are neuroscientific studies being done. (ECEC6, Educator and Nursery coordinator, Institutional care)

Both sectors share a high level of physical and psychological risks. Among the physical risks, musculoskeletal injuries (such as lower back pain, dorsal pain, and neck pain) stand out, resulting from moving users (older people or children) and from the lack of adequate technical aids, as well as risks linked to the transmission of common illnesses and exposure without protection, as occurred with home care workers during the COVID-19 pandemic.

As for psychological risks, interviewees reported frequently experiencing high levels of stress that affect their overall well-being. In the case of ECEC workers, the reasons behind this stress are related to the high child-to-staff ratio and the significant responsibility involved in caring for children, especially the youngest. Relationships with some families, who show little sensitivity towards their work, also contribute to this stress.

For LTC workers, stress is particularly high in residential care due to staff shortages and intense work rhythms; in home care services, it mainly arises from the multiplicity of tasks, the mental load of organising complex schedules, the difficulty of anticipating unforeseen events, and the moral responsibility of being the sole caregiver for highly dependent users. In LTC, other issues such as

anxiety, depression, burnout, insomnia, and extreme fatigue are also observed, especially during night shifts or irregular schedules. Furthermore, there is a risk of aggression from users with dementia or psychological decompensation episodes, particularly during night shifts with fewer staff.

My mind needs to be calm — I can't be worrying because someone had a bad day and then came in and treated someone badly, or didn't do things the way they like because they don't know them, or maybe because that person had a terrible day or was treated badly, or someone hit them because they had a psychotic episode. (LTC1, Care assistant, Institutional care)

So, you, in quotes, can't really get sick because even your colleagues will say, 'Damn, we've had a rough time today without you. (LTC1, Care assistant, Institutional care)

In this sector? There are loads of sick leaves — for posture issues, back pain, colds, everything. There are many absences that aren't covered; they could cover them, but there's a shortage of staff. They try to cover for us whenever they can, but it's hard. (ECEC2, Educator and Nursery coordinator, Institutional care)

I'm thinking about my age, and I have back problems, and having to be in the classroom... The doctor told me the other day: 'What you have in your back won't heal, and you might end up with a hernia'. (ECEC5, Educator, Institutional care)

What really suffers here is your back, because you spend part of the day bent down, your knees too. Because, of course, when you talk to a child, you speak at their level, don't you? Their world is tiny. So, if you're addressing the children, you always have to keep that perspective of being at the same height as them. (ECEC8, Educator, Institutional care)

Another issue highlighted in the interviews is the assumption of tasks that do not correspond to their role as caregivers or educators. Some LTC workers take on cleaning duties to ensure the dignity and well-being of users. In the case of ECEC workers, they also report administering medication to children or performing tasks typical of psychologists, a matter increasingly present with the rise in pupils with special educational needs. These workers complain that families assume their role includes acting as nurses and having psychological expertise.

Because the medication is prepared by the nurses and it has to be distributed by the nurses. But if there are only two nurses for five wards in a day, and all the wards have dinner at the same time, in the end it's just not possible. (LTC1, Care assistant, Institutional care)

We've refused to give medication. I'm not a doctor. I give medicine to my own child because I know how to do it. Imagine if I gave medication to a child here. That child has a reaction and the one who ends up in prison is me, even if the mother authorised it. (ECEC5, Educator, Institutional care)

I've studied to be a teacher, but I'm not a psychologist. I'm not an educational psychologist, you know? So, of course, many times with experience you can have an intuition. But as an educator, in this case, I also need a specialist to tell me what to do. (ECEC8, Educator, Institutional care)

In residential care facilities, it is common for new workers to start without an adaptation period or proper handover. The lack of clear protocols and initial support creates situations of pressure and insecurity that lead many to leave shortly after joining. When the service does not function properly, responsibilities become blurred and no one wants to take on additional tasks. Faced with these shortcomings, workers—driven by the responsibility to provide a good service—end up performing coordination tasks outside working hours, such as preparing guides with users' routines to make the job easier for those who come afterwards.

In home care services, the lack of support is mainly linked to the absence of training and proper handovers needed to care for users with diverse conditions on their own. Outsourced private providers do not provide mandatory or specific training, and some workers take courses on their own to be able to perform their duties. Many started in home care services without formal qualifications and obtained credentials through work experience, later completing some vocational training course to access socio-healthcare jobs with more resources. In the case of educators, some interviewees stated that they have trained themselves in new pedagogies and in supporting pupils with special educational needs out of personal initiative, rather than through a planned training system aimed at them. This is particularly relevant for educators in private nurseries and outsourced nurseries. In any case, educators are generally concerned about having to administer medication to children, given the responsibility it entails.

So I think we're missing that support. I mean, I'm not a specialist in special needs. We need external specialists. (ECEC5, Educator, Institutional care)

Regarding more specific issues within each sector, in LTC—both in home care and residential care—there are difficulties in achieving work-life balance due to long working days, split shifts, and atypical schedules. Wide availability and flexibility are required, as care cannot be concentrated into a single daily or weekly time slot, and users need several visits to cover needs such as feeding, hygiene, or companionship. The high prevalence of part-time contracts also makes staff retention and generational replacement more difficult.

For a long time, especially with the first company [of residential care], since I didn't have a full-time contract, I ended up, for example, with two contracts as a domestic worker for two hours each, and another contract as a lunchroom monitor in a school. That way, I could more or less put together a full wage. (LTC3, Home helper, Home care)

In the early childcare sector, educators highlight the increase in pupils with special educational needs, presenting diverse challenges which, combined with the lack of support from specialised professionals, make their daily work more complex. Some interviewees also point to a rise in children lacking routines and with increasingly high demands for attention. All this creates a scenario that calls for higher levels of individualised care, which is hardly achievable with the current ratios.

Society has changed a lot, and every month we have more diversity in the classrooms, and families who need more of our support and guidance from us. (ECEC3, Educator, Institutional care)

Since I started until now, I think it's increased [children with special educational needs], more and more. I don't know what's happening, but it's grown a lot. I think sometimes support is needed that we just don't get, because there are things I can't do. I can't attend to them. (ECEC5, Educator, Institutional care)

4. Possible solutions identified by the caregivers to improve their conditions

The main solutions proposed by the interviewed workers are related to reducing workload and improving the quality of care provided to users (older people or children).

In LTC, they call for strengthening staffing during peak periods, such as mealtimes, and during night shifts, where current staffing levels are insufficient to respond to emergencies and where a single worker often has to cope with highly demanding physical tasks. Night staff are also not allowed to leave the building during their breaks. Increasing staff numbers would make these breaks effective and reduce the accumulated exhaustion during twelve-hour shifts.

For example, at night we also need another person. You're on a ward and it's 5:30 a.m. and I still haven't finished that ward because there's so much weight and you just can't manage. You've still got a corridor and a half to do. (LTC5, Care assistant, Institutional care)

In LTC, workers in residential care emphasise that coordination roles should be filled by people with direct experience in the centre and in the sector. They believe that the specificity of each residence requires a deep understanding of its internal dynamics to ensure leadership that is aligned with the reality of care provision.

Me, for example — during my break I can go outside. The night-shift colleagues can't go outside. So, of course, their break is relative because they have to stay on the ward. If there were four people, then the one on break could actually take their break, because, believe me, after 12 hours it gets to a point where, even though nights... Some nights are calm, but others are very... So maybe one more person at night and another to help with feeding would make a big difference. (LTC6, Care assistant, Institutional care)

In ECEC, educators call for reducing the child-to-staff ratio across all educational levels. They also request more staff in the centres. On the one hand, they demand additional educators in classrooms (“educational pairs”), but also specialised staff such as nurses, administrative staff, or psychologists with more frequent visits to nurseries. This would allow better care for children, both within the classroom and in terms of monitoring their educational development. On the other hand, increasing this kind of staff would make it possible to fulfil other non-educational tasks that they are also required to perform during their working day (e.g., planning pedagogical activities, some specific administrative tasks, family interviews, etc.).

We need more people in the classroom. In other words, if we had more staff, more nursery educators, we could respond to each child's educational needs. (ECEC3, Educator, Institutional care)

Let's put in more hands — that's one way to lower the ratio. If you give me one more educator or teacher for each room, you're directly reducing the ratio, because with a group of 20 children and one extra educator, we'd say the ratio becomes 1/10. (ECEC4, Educator, Institutional care)

I think the ratios could change. Definitely. That's the first thing. The ratio should be cut in half — half, or 13 for the older ones — so you can really give attention to a child and be there for what they need. I believe there would be far fewer special needs, far fewer conflicts, far less of everything if the ratios were lower across the board. (ECEC2, Educator and Nursery coordinator, Institutional care)

As a professional, thinking about the child, I need a [human] resource in the classroom. Yes, for me that's the priority. (ECEC3, Educator, Institutional care)

Another important element in LTC is the need to implement onboarding and handover protocols that ensure a structured integration of new staff and proper transmission of accumulated knowledge about users. For night shifts, it is suggested that these hours be reserved for profiles with experience and a deep understanding of the residence. Workers also call for prevention and response protocols for aggression, explicitly included in the collective agreement, to protect staff and reduce the current lack of safeguards.

Beyond wages—a widespread demand in both sectors—the interviewees emphasise the need for professional and social recognition of their jobs. They demand that their roles stop being considered as low-value or associated with unqualified workers. This recognition must come not only from society (families, media) but above all from institutional and political spheres. Interviews in both sectors explicitly point out that one of the first steps towards improving their working conditions (wages, work organisation, occupational risks, etc.) is this formal recognition by government authorities (national, regional, and also local councils with responsibilities in these care services).

First, the collective agreement needs to be updated. In that update, we need to be given more dignity — but dignity beyond money, morally and ethically. (LTC2, Home helper, Home care)

Families still see us as a service, a parking place. They don't quite understand that we're becoming more of an educational stage rather than just a service. It's hard. It's a view that's difficult to change. On TV, when there's a news item, they never say nursery school — always "day-care". No, we are nursery schools. (ECEC5, Educator, Institutional care)

Of course it could be improved. I mean the wage. To start with, I think the work we do isn't recognised, it isn't valued. I believe we have a huge responsibility within the school, and it's neither appreciated nor properly paid. (ECEC6, Educator and Nursery coordinator, Institutional care)

In terms of occupational health, LTC workers demand that common musculoskeletal conditions be recognised as occupational diseases, and they call for the introduction of early retirement at the age of 60 years old.

5. Voice and representation

The interviews reveal differences in the level of participation and engagement among workers. In LTC, for example, residential care workers often do not know which collective agreement they belong to. In contrast, in home care services, the interviewed workers seem to have a higher level of engagement and awareness, and they feel that traditional unions do not prioritise their specific issues. Conversely, they value positively a sector-specific union created by home care workers themselves, which they credit with significant improvements: mileage reimbursement, compliance with holiday provisions in the agreement, and active dissemination of labour rights. Thanks to this, many workers acquire advanced legal knowledge and share it with new colleagues through messaging groups and social networks. Some interviewees demonstrate an exceptional level of regulatory knowledge, citing recent laws and decrees, reflecting a degree of politicisation and institutional oversight rarely seen in other care services. However, as this is an isolated job, companies deploy strategies to prevent staff from getting to know each other and organising or informing themselves about labour rights.

Actually, we never know exactly how many of us there are. Right now, I reckon there are about ten. Because one of the things companies do—since they don't organise proper group meetings—is try to keep workers from knowing each other. And since it's such an individual job... Of course, I have my schedule: at a certain time I go to [name person1 cared]'s house, another time to [name person2 cared]'s house, and I never meet my colleagues. (LTC2, Home helper, Home care)

However, in response to this situation, some workers managed to create a WhatsApp group.

If someone new starts and they're not introduced into this group [of WhatsApp], we don't even know there's a new colleague. Since we don't know, we can't meet outside of work. And if we can't meet... For example, if someone comes from residential care and knows nothing about the home care agreement, they can be taken advantage of in any way. (LTC2, Home helper, Home care)

Finally, there is also evidence of a deliberate strategy by care providers to hire vulnerable individuals who, due to their profile, often lack knowledge of their labour rights.

They're hiring increasingly vulnerable people. It suited them perfectly to hire vulnerable people—in fact, here it's all women—the more vulnerable, the better. If you can't read, even better; if you don't know the laws here, better still. (LTC3, Home helper, Home care)

In the case of ECEC, many of the interviewed workers are or were union representatives in their workplace. When asked about their early days as educators, all admitted to being unaware of their collective agreement and the working conditions they were entitled to. Some interviews reveal a shift in this dynamic after moving to outsourced municipal centres (with municipal tender specifications) or to public centres, or when a labour dispute arose and workers mobilised to improve a specific aspect of their work. In these situations, some interviewed educators acknowledged a greater awareness of their labour rights. In fact, some of these labour disputes—sometimes experienced personally and

sometimes by colleagues—were the triggers for standing in union elections and becoming union representatives.

Back when I worked in a private school, I didn't even know what agreement I was under—I knew nothing, you know? It's only when you start having problems that you get more involved in understanding your rights. (ECEC2, Educator and Nursery coordinator, Institutional care)

What happens is that when you're in the private sector, it's different. You realise that outside of there, there are people who can support you because, like it or not, in private settings it's just one person — the boss — who calls the shots, and that's it. So, of course, you think, well, here you just come to work. I mean, I was very comfortable in private and I have really good memories, but it's true that it's a different approach, a different way of working. (ECEC8, Educator, Institutional care)

In ECEC, the interviewees acknowledge the low level of knowledge and engagement among workers, beyond concerns about specific, individual labour issues. Their daily work schedule (and its organisation) also leaves little room for exchanging views on these matters. For example, lunchtime is not a moment for all nursery staff to interact. On the contrary, the high child-to-staff ratio forces educators to stagger their lunch breaks, making it difficult to find time slots and spaces to share. When such moments do exist, they are devoted to meetings for organising educational activities. This is particularly relevant in smaller centres, which are more often linked to private nurseries. In some cases, when there are staff absences and service coverage is needed, educators help each other to keep the service running without considering potential labour rights.

Now, luckily, it's pretty much sorted because there's a girl who used to be a student here. So this girl, since she doesn't have another job, comes in occasionally. She's been here these past two days. But then you think — who do we call? Who do we call to cover sick leaves? Normally, when that happens, if someone doesn't show up, I go into the classroom and take over. Right now, we have a really strong staff, we stick together, and between all of us we manage. But of course, since we're in the private sector, we know you can't ask for something you know you won't get. Do you see what I mean? If there's no money in the till... (ECEC7, Educator and Nursery director, Institutional care)

What happens is that when it comes to responsibility, many times you think, well, I'll take three [days of sick leave] because I know my colleague will be there, and I know that if I'm absent... So, of course, it's all a bit of responsibility that we've taken on ourselves because we're in private and there are only a few of us, and we all have to get the work done together. If someone takes sick leave, obviously the boss wouldn't say anything — they'd just mark the day off and you'll come back. (ECEC7, Educator and Nursery director, Institutional care)

I can't complain about the human resources in this school, but I know for a fact that the HR situation is complicated — when someone takes sick leave, they don't send anyone to cover. You see what I mean? The leave might be for two days, but sometimes it's for a week, and still no replacement. (ECEC6, Educator and Nursery coordinator, Institutional care)

When interviewees talk about their interaction with unions, they acknowledge that they visit workplaces. However, visits usually take place around midday, when the children are sleeping. As mentioned earlier, not all staff are available during these time slots.

Some interviewees also criticise the fact that some union representatives who come to nurseries are men (early childcare in Spain is basically a female sector) or are not nursery educators but come from other educational levels (e.g., primary education).

I think you can't defend someone if you haven't been inside. I mean, if you don't know what's missing, you can't try to achieve any improvement. You know what I mean? What happens is we meet a lot of really nice people along the way [within the unions] who've been sitting at the [negotiating] table for twenty years, bam, bam, bam... But they've never set foot in a nursery school. So, of course, you come to the meetings and it's all talk: 'We want, we want...' But have you been there? Do you know what we need? It's like if I start talking about, I don't know, the stock market. Well, look, I have no idea, I'm not in it. I don't know what stockbrokers want to improve things. And then the unions — all of them, regardless of the name — come with this: 'I'm going to help you, I'm going to help you...' But it's hypocritical to try to sell me something you don't even know exists, because if you haven't been inside, no matter how much they explain... I criticise the whole 'we're going to achieve this' speech. Maybe we need to start a little lower, be a bit more realistic, and go step by step, because we know that aiming too high will just lead to frustration when it doesn't happen. (ECEC6, Educator and Nursery coordinator, Institutional care)