

DEVCOBA

Developing Collective Bargaining in the Care Sector

WP4 Country Report

GERMANY

Ruth Abramowski¹

(University of Bremen)

(12th January 2026)



Co-funded by the
European Union

¹ My special gratitude goes to Shannon Davis, Jannis Gehl, Anna Hokema, Silke Birkenstock, Simone Scherger, Karin Gottschall, Anna Mori, Monica Bolelli, and the interviewed experts for their helpful support and profound expertise.

Contents

1. Introduction.....	3
2. Gaining access to the field and profiles of the interviewed caregivers	5
LTC.....	5
ECEC	7
3. Perception of working conditions and job quality.....	10
Workload.....	10
Subjective perception of income	11
Staffing levels.....	12
Autonomy and control.....	13
Physical and mental health	14
Career development.....	15
Change over time	16
Institutional context	17
4. Possible solutions identified by the caregivers to improve their conditions.....	19
LTC.....	19
ECEC	21
5. Workers' voice.....	25
Role of collective agreements and worker representation in LTC	25
(Limited) Awareness and engagement with employee representation in ECEC.....	26
6. Conclusion	28
References	30
Annexes	31

1. Introduction

Work package 4 (WP4) of the European project DEVCOBA aims to carry out an in-depth examination of caregivers' individual positions and perceptions with regard to job quality, working conditions, and collective representation within the early childhood education and care (ECEC) and long-term care (LTC) sub-sectors. Care work forms a vital part of social infrastructure, yet it often remains undervalued and invisible. By listening directly to those working on the frontlines, this study sheds light on the challenges and motivations that shape caregivers' professional lives. Understanding these perspectives is essential not only for improving working conditions but also for strengthening collective representation and informing policy decisions in the care sector.

The specific objectives of WP4 in the German context are:

1. **To identify** care workers' individual positions and perceptions concerning job quality, working conditions, and collective representation in the ECEC and LTC sub-sectors, based on evidence collected through interviews.
2. **To provide** a comparative overview of caregivers' positions and perceptions in the two different care sub-sectors in Germany.

This research contributes to a deeper understanding of how structural conditions, institutional contexts, and personal motivations intersect to shape caregivers' work experiences. By combining individual narratives with a comparative perspective across sub-sectors, WP4 provides insights that can inform the development of more equitable and sustainable solutions to the structural challenges facing the care sector.

To achieve these objectives, a qualitative research design was adopted. The methodological framework followed the common WP4 guidelines developed across all participating countries of the European project to ensure consistency and comparability. In Germany, between August and December 2025, 18 semi-structured interviews were conducted with caregivers in the ECEC and LTC sub-sectors. The qualitative approach was chosen to gain an in-depth understanding of caregivers' subjective perspectives and experiences. Semi-structured interviews allowed for flexibility in exploring individual perspectives while maintaining a degree of comparability across respondents and sub-sectors. The interviews were recorded, transcribed verbatim, and analysed using qualitative content analysis.

Interviewees were selected through purposive sampling to ensure a diverse representation of care workers across both sub-sectors. Selection criteria included gender, occupational role, type of institution (public, private, non-profit), employment status (full-time, part-time), and years of professional experience. Recruitment was carried out through professional networks, care institutions, and trade unions, with the aim of capturing a broad range of experiences and perspectives regarding job quality and working conditions.

Please note that the interview guidelines (Annex 1) and a summarising table of the profiles of the interviewed caregivers (Annex 2) are available in the annexes. The following sections present the field access, profiles of the interviewed caregivers, and findings of the interviews, structured around key themes related to job quality, working conditions, and collective representation.

2. Gaining access to the field and profiles of the interviewed caregivers

Gaining access to the LTC field proved to be considerably more difficult than anticipated. Many providers did not respond to emails or calls, and in several facilities front-desk staff acted as strict gatekeepers, often blocking contact with managers or care workers. Even when initial conversations were friendly, follow-up communication frequently stalled, and promised call-backs did not materialise. In some cases, staff expressed uncertainty or fear about speaking with external researchers, citing internal restrictions, language insecurities, or concerns about management approval. High workloads and chronic understaffing were repeatedly mentioned as reasons why participation was not feasible. Only a few residential care homes showed genuine interest, but even there, competing responsibilities and internal coordination challenges ultimately prevented interviews from being arranged. Overall, the process highlighted strong organisational barriers, a culture of caution toward outsiders, and a structural lack of time and capacity within LTC settings. In the ECEC sub-sector, field access was much easier than in LTC, but greater efforts were also necessary here. Thanks to these efforts, we were ultimately able to conduct a total of 18 interviews in the end. However, not all interviews could be included in the analysis, as several were carried out shortly before the end of the project and could not be incorporated into the report in time. Therefore, only 12 interviewee profiles are presented below. The interview profiles highlight the participants' sociodemographic characteristics, educational and professional backgrounds, and the motivations shaping their decision to work in the LTC and ECEC sub-sector (see Annex 3 for a summarising table). These profiles help to contextualize the individual perspectives on job quality, working conditions, and collective representation.

LTC

Representing long-standing experience in the LTC sub-sector, the first interviewee is a 61-year-old female nurse with more than 35 years of professional experience in the LTC sub-sector. She completed hospital-based nursing training and has spent her career working for a public LTC provider. In addition to her professional duties, she has been an active works council member since 1990 and serves on the collective bargaining committee, demonstrating strong engagement in employee representation and labour issues within the sub-sector. Her motivation to enter the LTC profession stems from a fundamental altruistic desire to help others, which continues to guide her long-standing commitment to caregiving and advocacy in the field.

The second interviewee is a 66-year-old male assistant with around 20 years of experience in the LTC sub-sector, primarily focusing on elderly and dementia care. He completed training as a health and LTC assistant and currently works in a non-profit, church-based organization (Diakonie). He entered the field as a career changer after discontinuing a master's degree program, driven by economic necessity and the opportunity to gain practical employment quickly. His motivation to work in the LTC sub-sector was shaped more by circumstance and opportunity than by early intrinsic interest in caregiving.

The third interviewee in the LTC sample is a female geriatric nurse who completed the traditional geriatric nursing training in 2019 and has been state-certified since December 2022. She entered the LTC field after a varied career path: She completed the German Abitur before beginning a university teacher-training program in special education, which she later discontinued. She subsequently trained as a bespoke tailor and went on to study fashion design. After several attempts at self-employment and taking time to raise her four children, she began working part-time as a care assistant. Seeking greater professional stability and long-term prospects, she decided to formally enter the LTC profession. She currently works for a homecare service provider, preferring one-to-one home visits due to better communication and a more manageable work environment, especially as a person with hearing impairment.

With a former background outside LTC, the fourth interviewee is a male geriatric nurse who began his professional life as a chemical laboratory technician, working for over 13 years in various sectors including paints, glass, oil, and wastewater. Seeking more meaningful human interaction, he completed a one-month internship at a residential care home and subsequently transitioned to the LTC field, beginning his geriatric nursing training in 2017. He has been a state-certified geriatric nurse since 2022 and continues to work at the residential care provider where he trained. He works in a combined elderly and young adult care unit, providing a wide range of services including treatment care, mobilization, medication administration, and coordination with doctors, therapists, and relatives. He emphasizes the high level of responsibility required, particularly when managing multiple floors and residents simultaneously, and highlights the challenge of supporting both older and younger patients within the same facility.

The fifth participant is a male care worker who entered the LTC field through an entrepreneurial pathway. Originally trained as a teacher for sports and political science, he completed the German Abitur, university studies, and the preparatory teaching service ('Referendariat'). However, he quickly

realized during his teacher training that the school environment did not align with his long-term aspirations. Instead of pursuing a teaching career, he founded a homecare service together with a friend, transitioning directly into the LTC sub-sector without working as a teacher. His motivation to enter LTC is closely tied to formative personal experiences. As a teenager, he witnessed the home-based care of his father, who had cancer, and later his grandmother after a stroke. He describes these experiences as leaving deeper marks than he initially realized, shaping his long-term interest in caregiving.

The sixth interviewee is a male geriatric nurse who initially entered nursing after experiencing health care, which sparked his interest in working with people. Although he expected to work with younger patients, his early placement on a geriatric ward made him realize that he connected well with older adults and enjoyed the complexity of their health needs. After completing hospital-based nursing training, he spent around ten years in LTC homecare services, eventually becoming managing director before leaving due to disagreements with the owner. He later worked in long-term rehabilitation with adults with acquired brain injuries under SGB XII and completed further qualifications as a nursing service manager and facility manager. Seeking broader professional development, he transitioned into the residential LTC sub-sector.

ECEC

In the field of ECEC, the first interviewee is a 51-year-old female state-certified educator with an upper secondary education (Abitur) background. She has been working in this sub-sector for approximately 25 years and currently holds a leadership position as the director of a church-based, non-profit day-care centre. Her long-term professional commitment reflects both extensive pedagogical and managerial experience. Her motivation to work in this sub-sector stems from a genuine enjoyment of working with children, which continues to shape her professional identity and dedication to early education.

The second participant is a 43-year-old female ECEC assistant working for a non-profit, church-based provider. She completed vocational training as a social pedagogical assistant. Entering the field as a career changer, she previously worked as a bakery sales assistant before transitioning to childcare. Her entry into ECEC was facilitated by participation in a pilot project designed to provide unqualified individuals with an opportunity to explore and gain initial experience in the ECEC sub-sector. This experience inspired her to pursue formal training and establish a new professional path focused on supporting children's development and wellbeing.

The third interviewee is a 28-year-old male educator who entered the ECEC sub-sector as a career changer. After completing secondary school, he first worked in logistics and did not initially plan to work with people. However, a chance internship in a kindergarten revealed an unexpected enjoyment and aptitude for working with children, which motivated him to pursue formal training in childcare. He completed a two-year program as a social pedagogical assistant, followed by a two-year vocational school training as an educator and a recognition year to obtain state certification. Since completing his training around 2020, he has gained approximately four to five years of experience in the ECEC sub-sector. He currently works in the non-profit childcare sub-sector through a staffing agency, serving as a temporary educator on a short-term (six-week) placement. His career path reflects a significant shift from a technical to a human-oriented profession, driven by positive experiences and a growing intrinsic motivation to contribute to children's development and learning.

The fourth interviewee is a 55-year-old female educator with more than three decades of professional experience in the ECEC sector. After completing a one-year pre-internship and a three-year vocational training program, she became a state-certified educator in 1991. Her career began with six months in a kindergarten, followed by roughly 16 years as a group educator in a German Red Cross childcare centre, and for the past 16.5 years she has served as the director of a Catholic day-care centre. Her motivation to enter the profession developed intrinsically at an early age — at 13, she completed a school internship in a kindergarten that sparked her enduring interest in childcare. The positive experience during this internship confirmed her decision to pursue formal training as an educator directly after school. This strong early commitment and consistent professional engagement reflect a lifelong dedication to supporting children's development and the values of early childhood education.

The fifth interviewee in ECEC is a 33-year-old female educator. After completing secondary school, she decided early on to pursue a career as an educator and completed a four-year vocational training, gaining experience in various educational and care settings. Over time, she complemented her professional skills through two continuing education programs: a two-year Montessori Diploma, which deepened her pedagogical understanding and shaped her child-centred approach, and a two-year 'Fachwirt' qualification for childcare management, which she completed alongside full-time work to expand her administrative and leadership competencies. She has worked in the ECEC sub-sector for about 13 years, spending the majority of her career in one institution in northern Germany, where she served as group leader and informal deputy director within a Montessori-oriented program. Since August 2024, she has taken on a new position as deputy director and educator in a different centre.

Her decision to work in this field was driven by a lifelong interest in working with children and a preference for practical, interactive environments over office work.

Finally, the last interviewee is a female educator with a background in social work and pedagogy. She completed a Bachelor's degree in Pedagogy and a Master's degree in Educational Sciences. Her entry into social work was inspired by a voluntary ecological year at a children and youth farm, where she worked with school and after-school groups. During her studies, she gained practical experience in youth welfare, including night shifts in youth residential groups and coordinating youth programs. After completing her studies, she transitioned to early childhood education and has now worked in a ECEC centre for ten years.

3. Perception of working conditions and job quality

The following section presents the main results, structured by key themes that appear most significant to the workers concerning the perception of working conditions and job quality, and illustrated with selected interview quotes as examples.

Workload

Both LTC and ECEC staff experience high workloads, though the type of demands differs.

In the field of LTC, most interviewees highlight a substantial increase in workload and time pressure over recent years, facing continuous multitasking in a physically and emotionally demanding environment. The first interviewee, for instance, recalled that in the 1980s she cared for four to five patients during a full working day, whereas today she attends to more than twenty patients in under six hours. Another interviewee similarly explained: “There are 9 to 10 residents who need care simultaneously, but there is only one carer on the ward” (LTC interview 4). The lack of sufficient staffing and the need to justify even minimal time overruns — e.g., “if I need more than five minutes... I have to explain why” (LTC interview 1) — further reinforce the sense of high pressure and reduced professional autonomy. These experiences illustrate a strong perception of work intensification and time compression, leading to stress and limited time to address individual patient needs. Time management and performance pressure are particularly pronounced in profit-oriented private LTC providers. One interviewee describes “radical time management” and the impossibility of taking official breaks due to tightly scheduled visits. By contrast, after moving to a faith-based organization (Diakonie), he reports noticeably less stress and greater flexibility in handling time, indicating that ownership structure and management philosophy can shape perceived workload and autonomy. In sum, LTC staff rarely have a moment to rest. Their work combines patient care, monitoring, documentation, and responding to unexpected emergencies. The combination of emotional involvement and physical strain — lifting patients, attending to urgent care needs, and dealing with illness or death — creates a high-pressure environment with few opportunities for respite and fewer intrinsically rewarding moments compared to settings such as childcare, where interactions with laughing children provide a more positive work experience.

However, even in ECEC, most interviewees report a consistently high workload (ECEC interviews 1, 3, 4, 5). Despite the demanding pace, the emotional rewards of the job remain a key source of motivation. As the first interviewee described, “You immediately see a smile when something you offer

works well; that's what makes the job beautiful" (ECEC interview 1). This intrinsic satisfaction, however, coexists with growing stress from administrative duties, unexpected absences, and the need for constant reorganization. "I must have a solution by 7:30 a.m. if someone calls in sick" (ECEC interview 1), she added, reflecting how managerial and organizational pressures have become a routine part of daily life in childcare. Daily work routines are characterized by continuous interaction with children, pedagogical planning, and coordination with parents and staff. A kindergarten director illustrated this complexity: "I plan staff deployment, check which children are registered or deregistered, make sure all materials are there...basically, I have to keep everything in view" (ECEC interview 4). What was once manageable, she explained, has now become "very, very stressful" due to the accumulation of bureaucratic requirements and rising expectations. When colleagues are absent, she covers shifts herself, which means that "the office work stays behind and has to be done afterwards" (ECEC interview 4). This constant juggling between management duties and hands-on childcare leads to near exhaustion and exemplifies how structural understaffing transforms leadership roles into sources of additional strain rather than relief. Several interviewees highlighted that chronic staff shortages directly compromise pedagogical quality and increase health risks. For example, the third ECEC interviewee explained that understaffing reduces the quality of pedagogical work and increases workloads, which can negatively affect both staff health and children's well-being. The COVID-19 pandemic further intensified these pressures as a trigger point: as the fifth interviewee described, during the pandemic and in her previous jobs, burnout and long-term sick leave were common. "I am permanently in contact with people in burnout or depression — that's always present in our field" (ECEC interview 5). Such accounts illustrate how chronic understaffing and crisis conditions amplify stress and fatigue, eroding job satisfaction and the perceived sustainability of work in ECEC.

Subjective perception of income

Although the first LTC interviewee expresses satisfaction with her own salary — especially in comparison to other providers — she notes that many colleagues are unable to secure full-time positions. From her perspective, the issue of job quality is linked less to pay levels than to the availability of adequate working hours and employment stability. Other interviewees (LTC interviews 4, 6) also express satisfaction but "...given the responsibility you have, it could still be a little higher. Because when you look at what some managers earn, who then run a company into the ground, they still get a million in severance pay and are then kicked out. Yes, and in our case, if we do something

wrong, human lives are often at stake. And of course, if something happens, you can often have the police on your back very quickly” (LTC interview 4). The second LTC interviewee provides a comparative perspective, having worked in both private and non-profit organizations. He reports that wages and additional benefits (e.g., earlier night-shift allowances, recognition of travel time) are higher and more transparent at the Diakonie than in his previous private workplace. He explicitly links better pay conditions to collective agreements and institutional frameworks by highlighting the importance of sectoral differences in shaping job quality.

Interviewees in the ECEC sector reported a mix of satisfaction and structural challenges regarding remuneration. Managers and staff generally considered their pay adequate, yet structural features of the wage system sometimes created frustration. One manager in a church-run provider highlighted the precarious link between salary and enrolment numbers: “If we fall below seventy children, I drop two pay grades... that would no longer be proportionate to what I have to do — staying late, organizing staff, and attending parent meetings” (ECEC interview 1). This illustrates a potential threat to motivation and retention among managerial staff. New entrants emphasized the sector’s relative attractiveness, with one reporting surprise at earning substantially more than in her previous profession despite lacking formal qualifications: “I was surprised that even as an unqualified entrant I earned more here than in my previous trained profession (bakery sales assistant) — and by quite a lot” (ECEC interview 2). Her experience highlights the sector’s relative attractiveness for late entrants, even though long-term wage development may remain limited. At the same time, structural inequities persisted. One respondent noted that social pedagogues earn significantly more than educators performing identical tasks, which “can lead to envy in teams” (ECEC interview 3). Others, while generally satisfied, pointed to increased workload, unpaid overtime, and emotional strain without corresponding salary adjustments. This implies a latent dissatisfaction, particularly in view of the extensive unpaid overtime (ECEC interview 4). Overall, while absolute pay levels were often deemed sufficient, structural arrangements, inequalities, and workload-related pressures significantly shaped perceptions of income in the ECEC sub-sector.

Staffing levels

Understaffing is a shared challenge that exacerbates workload, stress, and quality risks in both sub-sectors.

In LTC, the perceived inadequacy of staffing — “we have no one on the bench waiting to step in” (LTC interview 1) — creates additional workload and pressure to work beyond scheduled hours.

Interviewees report frequent requests to work on days off and difficulties maintaining a healthy work–life balance. Organizational support and resources play a crucial role: some institutions provide adequate equipment and guidance, while others “leave staff alone with these problems” (LTC interview 1). In homecare services, traditional staffing ratios are less applicable, as most workers operate as “individual fighters” (LTC interview 2). This ranges from highly dedicated employees who risk burnout to others who do only the minimum, highlighting the importance of personal resilience and self-management. The lack of organizational health management further increases pressure, with an implicit expectation that employees maintain their own “capitalist working body”, as noted by the second LTC interviewee (LTC interview 2).

Similarly, staff shortages represent a major challenge in ECEC. “the quality of pedagogical work decreases...stress levels rise, and the risk of illness increases” (ECEC interview 3), especially because staffing ratios are “very, very tight”: as soon as someone is ill, managers must cover in the group. “It’s exhausting and puts pressure on everyone else” (ECEC interview 4). When someone is absent, managers often rearrange schedules or extend their own working hours, sometimes asking colleagues to come in early or stay late — which leads to overtime. Furthermore, recruiting qualified staff is described as difficult: “We had four open positions before the summer — none could be filled” (ECEC interview 1). Temporary staff would provide only minimal support, focusing on basic childcare rather than educational tasks. “In a temp agency, you come into teams where the structure is difficult, people are missing, and you rarely build a stable relationship with the children” (ECEC interview 3). Consequently, “all pedagogical work — learning stories, projects, parent evenings — stays with the permanent staff” (ECEC interview 1). High dropout rates during training further strain resources: “Of 25 people in my class, six quit because they realized it’s much more than just watching children play — there’s a lot of paperwork and planning behind it” (ECEC interview 2).

Overall, understaffing amplifies workload, stress, and health risks in both sub-sectors. Organizational support and management practices can mitigate some effects, but personal resilience and team cohesion remain crucial for maintaining job quality.

Autonomy and control

Both sub-sectors offer a different degree of professional autonomy, often constrained by organizational and operational factors.

Despite her extensive experience, the first LTC interviewee reports, for example, limited autonomy due to strict regulatory and economic frameworks. Tasks are described as predefined by modules and point systems, leaving little room for discretion or patient-oriented flexibility (LTC interview 1). Furthermore, digital monitoring (via mobile documentation systems) introduces new forms of control (LTC interview 2). Overall, professional autonomy — a key dimension of job quality — is perceived as constrained by bureaucratic, technical and cost-control mechanisms in LTC.

In contrast, ECEC interviewees emphasize greater opportunities for autonomy in planning and implementing educational activities: “We do our projects ourselves — we choose what we want to do with the children. We’re given a lot of freedom there” (ECEC interview 2). However, staffing shortages frequently force staff to prioritize basic care over pedagogical goals: “Even routine pedagogical decisions are impacted by the need to cover basic care” (ECEC interview 3).

Physical and mental health

Both sub-sectors report high risk of burnout, absenteeism, and even staff turnover, which in turn exacerbates workload for remaining employees.

In LTC, physical strain (e.g., back problems, knee replacement) is very pronounced due to lifting and assisting patients, coupled with emotional burdens such as coping with suffering and death. The second interviewee, for example, observes that often “sick people care for sick people” (LTC interview 2) referring to colleagues’ physical decline and unhealthy lifestyles. The interviewees’ experiences can be interpreted as a kind of a normalization of physical and mental health issues, in particular reinforced by the absence of preventive structures in the LTC sub-sector.

In ECEC, staff report musculoskeletal issues from prolonged kneeling or lifting children, as well as chronic stress. “Back problems are common because we sit on small chairs and spend a lot of time on the floor” (ECEC interview 1). Stress and emotional fatigue are also prevalent: “We definitely have cases of overload — people saying it’s just too much right now” (ECEC interview 1). “The more stressed we are, the more stressed the children are, and that creates dynamics that aren’t helpful for anyone” (ECEC interview 3). Chronic understaffing not only increases stress but also makes it harder to recover. When staff is short, everything is exhausting — physically and mentally — it is a vicious circle (ECEC interview 3). The combination of constant multitasking, responsibility, and staff shortages had pushed the fourth ECEC interviewee to the limit: “Now I’m on sick leave because I was close to burnout” (ECEC interview 4). It does not appear to be an exceptional case as the fifth ECEC

interviewee also observed growing mental strain in the profession: “I meet so many colleagues in burnout or depression; that’s constantly around us” (ECEC interview 5). Moreover, frequent illness is part of the job, especially during flu season. “When it goes through the children, it goes through the team” (ECEC interview 1), the first interviewee remarked, noting that close physical contact with children increases susceptibility: “We’re on the children’s level — when they sneeze, it’s right in our face” (ECEC interview 1). She also linked sickness rates to workload: “If we have enough staff, people cope better — but when things are stressful, everyone gets sick faster” (ECEC interview 1).

Career development

Career progression is viewed as a restricted dimension of job quality by the interviewees in the LTC sub-sector. While training for management roles (e.g., ‘Pflegedienstleitung’) is possible and sometimes financially supported by employers, such positions are scarce. The second interviewee, for example, argues that career prospects in LTC are strongly class-dependent: for some, care work is a “career path”, for others a “last resort before bankruptcy” (LTC interview 2). He views career progression as an individualized matter rather than an institutionalized opportunity in this sub-sector. Limited advancement can reduce motivation, especially for highly skilled staff who wish to remain in direct LTC roles.

Similarly, opportunities for advancement are limited and largely formalized in ECEC. Managerial positions like kindergarten director or pedagogical supervisor represent the main career paths: “As a kindergarten director, you’re already quite high up — the only step above is pedagogical management, which doesn’t interest me” (ECEC interview 1). The fourth interviewee expressed a similar sense of limited upward mobility: For her, being a director was already a gift. She saw few further opportunities unless one pursued additional qualification, such as a ‘Fachwirt’ certification, which could lead to management in larger facilities. The fifth interviewee shared this view: “Without the Fachwirt or a bachelor’s degree, you can’t move up to management” (ECEC interview 5). While the sixth interviewee has participated in continuing education offered by her employer, she notes that many courses were not sufficiently focused on child development theory or practical teaching methods, which limited their usefulness for her professional growth. However, one interviewee recognized the flexibility of qualifications for other social services: “As educators, we can work with people from zero to ninety-nine — I could imagine working in youth centres or assisted living if I ever needed a change” (ECEC interview 1). This adaptability provides a sense of employment security, even if promotion prospects within her current organization are minimal. For the second interviewee, who only recently completed

her training, further advancement remains open: “I could go on to become a full educator and then maybe deputy manager — but at 43, that’s probably not for me. I’m just glad I made it with two kids” (ECEC interview 2). She expressed strong intrinsic motivation for the field: “This is what I always wanted to do — I’d never want to change again” (ECEC interview 2). In contrast, the third interviewee expressed doubts about his long-term future in the field due to high workload and systemic strain. “Right now, I can’t really enjoy my job, because I feel like just putting out fires. There’s hardly any real pedagogical work”, he explained, adding that he currently “sees no long-term perspective in this field” (ECEC interview 3). Despite his commitment to working with children, he described feeling worn down by structural deficiencies and a lack of stability: “We’re constantly trying to compensate for what the system can’t handle” (ECEC interview 3).

Overall, both sub-sectors offer limited upward mobility, yet for different reasons: in LTC, hierarchical structures are narrow and advancement often depends on personal initiative or financial means, while in ECEC, career ladders are formally defined but offer little room for horizontal development. In both contexts, intrinsic motivation and occupational identity play a central role in sustaining commitment despite restricted progression.

Change over time

The first LTC interviewee observes that work has become increasingly fragmented, bureaucratic, and medically complex in recent years. Growing documentation demands and more medically challenging cases — such as palliative or tracheostomy care — have raised professional expectations without corresponding increases in time or support. The administration of medication also involves risks and a high level of responsibility (LTC interview 3). “In homecare services, previously, there were ten minutes between patients for travel time, and now there are only five minutes” (LTC interview 3). Another interviewee added that digitalization has both accelerated work processes and introduced new forms of surveillance through mobile data systems tracking routes, time, and task duration (LTC interview 2). Despite these challenges, public recognition of the profession has significantly increased in recent years (LTC interview 6), partly as a result of the COVID-19 pandemic.

Similar dynamics of rising complexity and administrative pressure were also observed in ECEC. The first ECEC interviewee described an increase in what she called “prosperity neglect” — cases where parents, though not materially deprived, “are no longer able to care adequately for their children because they are so restricted by their jobs” (ECEC interview 1). The third and fourth ECEC interviewees emphasized the growing strain and shift in professional focus — from pedagogy and

direct child interaction to administration and documentation. As one explained: “During my training everything was great. Even three years ago I would have said I can do this until retirement. But so many extra tasks and expectations have been added — family demands, documentation, administrative work — that I had to say: stop, I can’t anymore” (ECEC interview 4). Her experience illustrates how cumulative workload and systemic change can transform enthusiasm into exhaustion. The fifth interviewee reflected on changes in pedagogical culture: “Pedagogy is always evolving — but we don’t have to reinvent the wheel,” she said (ECEC interview 5). While she emphasized enduring principles such as trust in the child and clear structure, she also pointed to digitalization as a new challenge: “We now have tablets everywhere — the question is, how do we use them meaningfully” (ECEC interview 5)?

Institutional context

One difference in perceived job quality arises between providers with and without collective representation. According to the LTC interviewees, workers in non-tariff organizations face poorer conditions and less bargaining power (LTC interviews 1, 2). The second interviewee explicitly contrasts his experiences in a privately-owned firm “without a works council” and in the Diakonie, where representation ensures fairer pay and more participatory working conditions. Thus, worker representation emerges as important contextual dimension of perceived job quality.

In ECEC, the first interviewee works in a church-run kindergarten under the auspices of the Evangelical Church, which she also described as a supportive institutional framework (ECEC interview 1). In addition to her management role, she serves on the church’s works council, ensuring that employees’ voices are represented. This dual position strengthens her sense of institutional belonging: “It’s really a good employer — I feel well supported and heard” (ECEC interview 1). However, broader structural issues such as the nationwide shortage of qualified staff remain largely beyond local control, reflecting the limits of representation at the institutional level. The fourth ECEC interviewee also works in a church-based ECEC centre. She explained that while support from the church’s specialist advisors is available — “there is help and a framework from the provider” — she still must ensure that all requirements from the state are met. Although she feels guided and can request advice, she remains ultimately responsible for implementing all mandates locally. This balancing act between autonomy and compliance exemplifies the structural pressures faced by small church-based centres. The second respondent did not refer to formal representation structures but highlighted the informal cohesion among colleagues as a stabilizing factor: “I think what keeps people here is that we get along so well

— it’s not the pay or the hours, it’s the teamwork” (ECEC interview 2). In contrast, the third ECEC interviewee described a fragmented institutional environment marked by instability and limited representation. Working through a temporary employment agency, he emphasized the lack of continuity and institutional attachment: “Within two weeks I was sent to four different institutions — sometimes I was told only 24 hours in advance” (ECEC interview 3). This situation, he explained, made it difficult to develop a sense of belonging or participate in collective structures: “You don’t really belong to any team — you’re just there to make sure nothing bad happens” (ECEC interview 3). He also noted that as a temporary worker, his ability to influence working conditions was minimal: “You have to be incredibly flexible — there’s little reliability or say in where you’re sent next” (ECEC interview 3).

Across both sub-sectors, institutional embeddedness — whether through formal representation, provider structure, contractual stability, or team cohesion — shapes how workers perceive belonging and job quality.

To conclude, ECEC and LTC staff face overlapping challenges such as high workloads, understaffing, constrained autonomy, limited career prospects, and substantial physical and emotional strain. While the nature of work differs — educational versus caregiving — the underlying structural pressures are strikingly similar. Addressing these issues requires a holistic approach, including fair staffing ratios, improved compensation, enhanced professional development, and systemic reforms to reduce administrative burdens. Supporting staff well-being is essential not only for retention but also for maintaining high-quality care and educational outcomes.

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

The interviews reveal several recurring themes regarding how workers perceive the enhancement of their working conditions and overall job quality. These insights emerge from both their concrete experiences and broader reflections on the structural factors affecting care work. While both sub-sectors identify workload, labour shortages, and administrative challenges as central issues, the nature of these challenges and the proposed solutions differ, reflecting the distinct character of LTC and ECEC.

LTC

Importance of time, rest, and staff wellbeing

Several reflections pointed to the need for realistic workloads, adequate rest periods and relief measures, and support for physical and mental health: “Extending time allocations would help, as would ensuring staff get proper rest and leave... younger staff can handle more physically demanding tasks, but older staff struggle with the same workload” (LTC interview 1). “I just can’t manage to take frequent breaks during my working hours, so I eat or drink while driving. ... That’s why I work on an outpatient basis. Because when you work on an outpatient basis, you really do have periods of time alone in your car, and you can retreat in a certain way and take a breather for five minutes when things get too much – stress is part of the job, and setting boundaries is extremely important” (LTC interview 3). These interview quotes underline that time management, rest periods, and staff health are critical to sustainable work. Enhancing job quality involves adjusting expectations to workforce demographics and physical capabilities.

Three interviewees (LTC interview 2, 3, 4) also reflected on how self-care practices — like stretching or yoga — become essential individual coping strategies rather than institutional support: “I do yoga and stretching to stay mobile. That’s my way to prevent injuries — but that’s an individual solution, not something the employer provides” (LTC interview 2). “I used to do a lot of sport. I played rugby for six and a half years and have been climbing for 22 years, so my muscles are relatively well developed, especially in my back. And that helps me with lifting and physical work” (LTC interviewee 4). “In homecare services, employees cannot take advantage of sports programmes because they take place during our working hours when we are on the road. I would like to do Pilates during working hours” (LTC interview 3). Moreover, one interviewee suggested that symbolic wellbeing measures — like voluntary acupuncture sessions — fail to address structural causes of strain: “They offer things like

free acupuncture at Diakonie, but that’s just symptom treatment. What’s missing is real time for rest, or even an hour of stretching or relaxation as part of working time” (LTC interview 2). These insights highlight how wellbeing initiatives often remain individualized rather than integrated into the structure of care work itself.

Access to resources and assistive tools

Some LTC workers emphasized the importance of adequate resources to perform their tasks efficiently. One interviewee noted: “I work in an institution where, if I say we need a certain tool, they really try to provide it. But I know from other institutions, people are left alone with these problems — they sometimes don’t even know how to request or order the equipment” (LTC interview 1). The second interview further demonstrated the inequalities between different care settings. While large providers might offer better infrastructure, smaller agencies often lack both the resources and administrative capacity to respond promptly: “Private employers or small agencies aren’t acting out of bad will — they just can’t afford to wait months until health insurance reimburses them. Everyone blames someone else, and in the end, nothing changes” (LTC interview 2). This points to the systemic tension between economic constraints, bureaucratic delays, and the day-to-day realities of frontline care.

Work complexity and fragmentation

Many workers described a shift toward more fragmented and complex workloads. LTC now requires managing multiple tasks, strict hygiene protocols, and time-sensitive responsibilities, which increases cognitive and physical strain. Workers suggested that reducing administrative burdens and providing more time per patient could enhance job quality (LTC interview 1). The second interview highlighted how individual coping styles develop under these pressures. The respondent reflected on work patterns that alternate between intense bursts of physical activity and informal downtime: “In residential care you rush for two hours — washing, dressing six people before breakfast — and then you have a break, some chatting, maybe a cigarette. It’s like interval training: you go full speed, then recover just enough to keep going” (LTC interview 2). Such rhythms reflect adaptation to chronic overload rather than planned work organization. The worker also described how emotional disengagement becomes an individual survival strategy: “You learn what you can ignore, because otherwise you’d go under. If you tried to do everything perfectly, you’d have no energy left after work”

(LTC interview 2). These accounts show that the fragmentation of care work fosters routines of self-protection, often at the cost of care quality and worker satisfaction.

'Helper complex', loneliness, and isolated migrant colleagues

Some interviewees described a pronounced “helper complex” among LTC staff, reflecting a strong commitment to caring for others, sometimes at the expense of their own well-being. One respondent noted the challenge of forming close relationships with colleagues despite the teamwork inherent in care work: “People who work in LTC have a helper complex. It’s a really big issue. In all my years, I’ve never formed a friendship with a colleague. I’ve wondered why that is. Because it’s a job where teamwork actually plays a role, but we’re all so introverted” (LTC interview 3). This perception of isolation was reinforced by experiences of cultural and social differences in the workforce. The same interviewee reflected on interactions with colleagues from different backgrounds. “I have colleagues whose names I know, at best. I’ve forgotten many of them because we also have a lot of Polish colleagues, for example, who keep to themselves. They’re very friendly, but I don’t really have much to do with them... There are also many people from Russia or Ukraine. I don’t know how to put it, but they have a certain self-confidence and so on. Yes, something a bit dominant too” (LTC interview 3). Beyond social isolation, emotional strain emerged as another key theme. One interviewee highlighted the difficulty of sharing feelings about work: “I have a great need to talk about my work because I am also a very emotional person, but I often get on the nerves of others around me when I do so” (LTC interview 3). These accounts illustrate how the combination of strong helping motivations, limited social cohesion, and emotional demands can contribute to feelings of loneliness among LTC staff, and underline the need for team-building initiatives.

ECEC

Key measure for improvement – smaller groups, more staff, and multiprofessional teams

“The most important measure to reduce workload would be either smaller groups or more staff. Ideally both” (ECEC interview 1). This statement captures the core insight: sustainable job quality in childcare requires manageable group sizes and adequate staffing. This interviewee also notes physical constraints (limited space per child), linking quality of care directly to spatial and staffing conditions. “What could be improved is if the groups weren’t so big. With so many children in such a small room, it’s always loud. That stresses the children, and of course us as well” (ECEC interview 2). This interview quote reinforces the finding that high group density and noise levels are major stressors in childcare.

The interviewee explicitly connects spatial constraints with both staff and child well-being. The statement highlights that smaller groups would not only reduce stress but also improve pedagogical effectiveness: “With smaller groups, you could work much better” (ECEC interview 2). This confirms the managerial perspective from the first interview, showing broad agreement across hierarchical levels on the need for smaller groups and improved staff-to-child ratios. Beyond group size, the third interview highlights a deeper structural issue: the need for differentiated staffing and multiprofessional teams. “You can’t just say two educators for twenty children, because not all children are the same. They have very different needs,” explained one interviewee (ECEC interview 3). She emphasized that educators are often expected to provide therapeutic or inclusion-oriented support without having the proper training. “We actually need more special education professionals to ensure inclusion, because as educators we were never really trained to work with such a clientele” (ECEC interview 3). This underscores that improving job quality in childcare is not only about increasing staff numbers but also about ensuring appropriate qualifications and team diversity. The interviewee links this mismatch of expectations and qualifications directly to stress and overload: “You end up doing things you were never trained for, and that’s one of the biggest stress factors” (ECEC interview 3). New staffing models such as the ‘Offenburger Kita-Modell’ (third case study of the WP3 report on Germany; Abramowski, 2025a) are evaluated as pragmatic short-term solution even though untrained staff cannot replace fully qualified educators (ECEC interviews 1, 4, 5). “Temporary assistants help, but they can’t replace trained educators. We still need real professionals in the room” (ECEC interview 5). Thus, the respondents’ assessment is consistent with that of the trade union ver.di (see WP3 report).

Motivation, professional commitment, and retention

“I often ask myself if this is still my job. But as long as I have goals for this institution and can move things forward, I’ll stay” (ECEC interview 1). The third interviewee similarly expressed strong commitment to the sector, but also growing doubts about its sustainability. “There are always moments when you ask yourself, is it still worth it? Is the workload too high? Is it worth sacrificing so much personal and social life?” (ECEC interview 3). Although she remains motivated as a newcomer — “I still burn for this field” — she is aware of the danger of burnout and closely links her future in the sector to political decisions: “It depends a lot on the political situation and what decisions are made” (ECEC interview 3). The fourth interview provides insight into the fragility of long-term motivation. While the participant initially remained committed due to enjoyment of working with children and colleagues, she now expresses a desire to leave the sector: “I have long not considered leaving the day-

care. But currently it is relatively clear that I want to leave the entire field of work in a day-care” (ECEC interview 4). She links this decision directly to rising workload and responsibility: “The ever-growing demands. Responsibility for everything and everyone. All the additional tasks brought to managers... that’s not how I want to work” (ECEC interview 4). This shows that motivation and retention are fragile, dependent on both working conditions and political prioritization of social professions. Despite systemic challenges, the interviewees demonstrate strong intrinsic motivation and a sense of mission tied to the educational and community goals of the day-care centres. Retention depends on maintaining this sense of purpose and providing opportunities for professional growth.

More time for education and less administrative challenges, bureaucratic delays and slow policy implementation

Some interviewees expressed a desire for more structural support (e.g. ECEC interviews 1, 4), suggesting more preparation time and that a secretary or administrative assistant could relieve leaders of paperwork so they can focus more on pedagogical and supervisory duties. “I would really wish for secretaries in kindergartens. I spend hours doing registrations and filing documents – that’s secretarial work, not leadership work. I’m honestly too expensive for that” (ECEC interview 1). One interviewed manager expresses frustration with administrative inefficiency in implementing state-funded quality initiatives: “The funds for the new quality program have been available since August, but the city hasn’t distributed them yet. Everything moves too slowly” (ECEC interview 1). Delays hinder the hiring of additional staff and create uncertainty, undermining efforts to improve working conditions. Thus, a faster policy implementation and funding is desired.

Professional recognition and political priorities

Another central theme is a perceived lack of political recognition and sustained funding. “It feels like the priorities in politics are elsewhere. You get the impression that the social sector is being forgotten,” one worker stated (ECEC interview 3). She linked funding cuts directly to deteriorating working conditions and shortages of placements in youth and childcare facilities. “There’s a huge demand for places we simply can’t cover. Many children are moved from one institution to another because there just aren’t enough spots” (ECEC interview 3). Such shortages not only strain existing staff but also undermine the quality and continuity of care. The third interviewee for example argued that investing in early childhood education pays off in the long run: “Every cent you invest in early childhood education, you get back twice in the end” (ECEC interview 3). This illustrates how ECEC workers view adequate funding as both a professional and moral necessity.

Overall, LTC and ECEC workers share similar structural challenges — workload, lack of personnel and resources, and administrative barriers — but differ in how they frame and address these problems. In LTC, the discourse revolves primarily around coping and survival strategies within a highly constrained system. This orientation reflects both the medicalized and hierarchical nature of LTC work, where routines are tightly regulated and individual agency is limited. Workers respond to systemic pressure through personal adaptations — self-care practices, emotional distancing, or informal adjustments to workflow — because institutional levers for change are weak. The emphasis on individual resilience thus becomes a substitute for structural reform, reinforcing the normalization of overload.

In contrast, ECEC workers articulate their concerns in a more collective way. This can be partly due to the stronger professional identity and public visibility of the educational field: ECEC is not only care work but also pedagogical work, framed as a public good tied to social investment. Consequently, ECEC workers tend to link their working conditions to questions of quality and long-term societal benefit. Their proposed solutions — smaller groups, multiprofessional teams, better qualifications and career paths, and faster policy implementations — reflect an understanding of job quality as a systemic social and political issue rather than an individual one.

These differences suggest that sub-sectoral context shapes not only working conditions but also the moral and political grammar through which workers interpret them. LTC workers operate within a logic of endurance and adjustment, while ECEC workers act more within a collective (team)logic of advocacy and reform. Both sectors, however, point to the same underlying contradiction: the expectation of providing high-quality, relational care under conditions that structurally undermine it.

5. Workers' voice

While the preceding sections have shown how LTC and ECEC workers experience and interpret structural constraints and solutions, the question remains how far they can collectively influence these conditions. The following section therefore focuses on the role of workers' voice and representation in shaping job quality and empowerment.

Role of collective agreements and worker representation in LTC

In LTC, employees highlighted the importance of collective bargaining and workplace representation:

“Where there’s a strong works council, some issues can be improved, but staff still need to assert their needs locally” (LTC interview 1). The second interview echoed this point but added a strong critique of the weakness of union organization and political disengagement in the LTC sub-sector: “There’s hardly any union organization in care, and works councils are rare. When they exist, they often deal only with personal conflicts, not structural issues. There’s no union paper on the notice board, no political discussion — just silence” (LTC interview 2). The respondent argued that this lack of collective reflection perpetuates isolation: “People complain, but they don’t talk about their political role as workers. If there were more solidarity and open discussion, the gap between those who overwork themselves and those who do the bare minimum would also shrink” (LTC interview 2). The interviewees also emphasized the need for education and critical thinking as a foundation for collective action: “We are not organized and we lack the expertise to know how to organize ourselves” (LTC interview 3). “We need something like basic sociological training from the unions — so people learn to distinguish what’s individual and what’s structural in their work relations” (LTC interview 2). “No one knows what a works council is, and no one knows that you can join a trade union at any time. ... I have been working in LTC since 2014 and it has never been an issue from either side except for one event I had during my training” (LTC interview 3). At the same time, the second interviewee saw hope in examples such as sectoral agreements at Diakonie in Lower Saxony or relief measures at a private residential LTC provider in Hamburg (case studies of the WP3 report on Germany; Abramowski, 2025a), where working hours were reduced and rest periods improved: “Those are positive signs — it gives people more energy in their free time, even if it doesn’t immediately improve morale. At least the physical strain becomes bearable” (LTC interview 2).

In summary, collective agreements, trade unions, and works councils are evaluated as crucial mechanisms to improve working conditions, but their effectiveness depends on active engagement.

Workers perceive that empowerment through representation is as important as formal agreements, but improvements require ongoing engagement from staff: “Employers won’t improve conditions on their own... younger staff would need to engage more collectively so improvements can continue” (LTC interview 1). Thus, sustainable improvements rely not only on structural changes but also on workplace culture and collective agency. Workers viewed collective organization not only as a means of improving pay, hours or relief measures, but also as a potential pathway to rebuild solidarity and agency within the LTC profession. Overall, workers’ reflections suggest that enhancing working conditions and job quality in care work requires a multi-level approach: providing adequate resources, time and rest periods, reducing administrative burdens, supporting staff wellbeing, implementing effective collective agreements, and fostering active engagement.

(Limited) Awareness and engagement with employee representation in ECEC

“I think there’s a works council here... but I’ve never been in contact with them” (ECEC interview 2). One interviewee indicates limited interaction with formal employee representation structures such as works councils or unions. Although covered by a collective agreement (“Yes, I’m covered by a public sector contract”; ECEC interview 2), she admits to lacking detailed knowledge: “Honestly, I still have to figure it out. I often have to ask my supervisor because I’m not very familiar with it” (ECEC interview 2). This suggests that information and engagement regarding workers’ rights and representation may be limited, especially among newer or less experienced staff. Participation in institutionalized channels appears low, with the worker instead relying on her immediate superior for guidance and problem-solving. In contrast, the fourth and the fifth ECEC interviewees describe an active and accessible employee representation. “There is a staff council... They hang a poster in every facility with their phone numbers and office hours. You can contact them for questions, or for help in discussions, whether between educators, management, or the sponsor” (ECEC interview 4). The fourth and fifth interviewees also highlight annual assemblies as a key tool for transparency and visibility (ECEC interviews 4, 5). “The staff council has an annual assembly where all employees are invited. They present their work and make themselves known. You not only have a name and number, but a face. That helps a lot” (ECEC interview 4). This suggests that engagement can be increased by making representation visible, approachable, and proactive. While not all staff are members, providing opportunities for contact and participation can strengthen empowerment within teams. In addition to structural reforms such as smaller groups and more staff, the findings partly indicate a need for greater awareness and accessibility of employee representation mechanisms. Providing information sessions

or easier contact with staff councils and trade unions could strengthen employees' voice and empowerment. Moreover, fostering open, supportive leadership — as described by the second ECEC interviewee — appears to play a vital role in maintaining morale and trust within childcare teams.

Across both sub-sectors, the strength of workers' voice mirrors the broader professional logics identified above: while LTC workers often face barriers to collective engagement, ECEC staff operate within more institutionalized even though uneven forms of representation.

6. Conclusion

The contribution of this study lies in bringing together cross-sectoral qualitative evidence from both LTC and ECEC, thereby revealing how individual caregivers' lived experiences, coping strategies, and forms of voice are shaped by different professional ecologies within the wider care system. By juxtaposing two care sub-sectors that are rarely analysed side by side, the study shows not only what challenges exist, but how and why they manifest differently across contexts. This comparative lens makes visible sub-sector-specific logics of emotional labour, boundary-setting, and collective agency that are usually obscured in single-field analyses. The findings show that the quality of relational care and education is inseparable from the structural conditions under which workers operate. Differences between LTC and ECEC can be interpreted through Abbott's (1988) ecology of professions: both fields occupy distinct positions in the professional system, but LTC has a far weaker jurisdictional base and lower occupational autonomy, making workers more vulnerable to managerial and bureaucratic control. In contrast, ECEC retains elements of occupational professionalism, supported by public expectations of pedagogical responsibility and societal investment. From a care-theoretical perspective, the results echo Tronto's (2013) diagnosis of a structural "care crisis": care is morally indispensable yet politically undervalued, resulting in chronic understaffing, limited resources, and emotional strain. The emotional dimension of care work (Hochschild 1983) becomes visible in both sub-sectors, but in a different way: LTC workers tend toward protective emotional distancing, while ECEC relies more on sustained relational engagement — two different responses to high emotional demands and limited institutional support. Another crucial dimension where structural differences surface is workers' voice, which reflects broader power dynamics. In LTC, low union density and weak collective structures correspond to the limited mobilization. ECEC, by contrast, benefits from more institutionalized channels of representation (Abramowski, 2025b), even though not all interviewed staff actively engage with or are aware of them. In the ECEC sub-sector, which is shaped predominantly by public providers, both social-partnership-based negotiation processes and working conditions are at least partially more favourable (Abramowski, 2025b). In recent years, there have been tendencies toward more comprehensive labour relations, accompanied by political reforms that follow a somewhat social-democratic model — such as the expansion of public infrastructure and a focus on care and education quality. The state plays a central role here, acting both as an employer and as a regulatory authority. At the same time, however, an opposing development has recently become visible: the growing labour shortage in ECEC has led to an increasing number of pilot projects that aim to secure opening hours by relying on non-qualified staff — a trend that is viewed critically by trade unions (Abramowski,

2025a) and from workers' perspective. By contrast, the LTC sub-sector is much more strongly shaped by tendencies toward privatization. The landscape of providers is highly fragmented; private and non-profit organisations often reject collective agreements in principle. Labour relations are generally considered weakly developed, and worker self-organisation still has considerable room for improvement (Abramowski, 2025a).

Taken together, the findings of the WP4 report indicate that high-quality, relational care and education is only possible under sustainable work organization, sufficient resources, and political recognition. Sub-sectoral differences suggest that reforms should address structural issues (investment, staffing, time, administrative relief), strengthen collective representation, and foster cultural aspects (solidarity and professional identity). Against this backdrop, recognition and the feeling of being heard appear to play a central role in employees' wellbeing, highlighting that strengthening workers' voice requires not only formal structures of representation but also accessible information, supportive leadership, and a workplace culture that encourages participation. Workers' voice is not only a matter of representation — it is a precondition for both sustainable job quality and professional empowerment in care.

References

Abbott, Andrew (1988). *The System of Professions: An Essay on the Division of Expert Labor*. Chicago: University of Chicago Press.

Abramowski, R. (2025a). *DEVCOBA: Developing Collective Bargaining in the Care Sector*. WP3 National Report: Germany.

Abramowski, R. (2025b). *DEVCOBA: Developing Collective Bargaining in the Care Sector*. WP2 National Report: Germany.

Tronto, Joan C. (2013). *Caring Democracy: Markets, Equality, and Justice*. New York: New York University Press.

Annexes

Annex 1: Interview guidelines WP4

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, translate the document, add further examples or clarifications, etc...).*

The aim of the interviews is to obtain: *1) a brief biographical presentation of the caregiver; 2) an assessment of the main critical issues the caregiver is experiencing/perceiving in their job; 3) a description of the possible responses to these critical dimensions identified by the caregiver; 4) the caregiver's evaluation of the initiatives analysed in WP3; 5) an assessment of the role played by the organizations and bodies representing the caregivers (including trade unions, professional associations, works' councils, ...).*

1. Short biographical introduction: educational and professional background

- a. What are your present occupation and job tasks?
- b. Could you briefly describe your educational path and how it led you to this job?
- c. Could you describe your work history in general, including job changes and experiences outside of care services? What motivated you to choose this job?

SECTION ON WORKING CONDITIONS AND JOB QUALITY

AIM: Learn about the workers' experience in their job, identify the dimensions of job quality that are the most relevant to them (and possibly identify new ones). The results should also help assess the coherence between collective action in the country and workers' needs.

2. Identification of critical issues experienced/perceived in their job

- a. Could you tell us how you are currently experiencing your profession? Is it a source of satisfaction or stress, and if so, why? *(Note for the interviewer: the idea is to first ask an open question and let the caregiver identify the critical issues that are a priority for him/her. Then the question can be followed by other more specific ones about job quality, as the following)*
 - i. Are you satisfied with your current wage?
 - ii. Are you satisfied with your current workload? Do you think that the staffing level is adequate to cover the service?
 - iii. Are you satisfied with the way your shifts are organized?
 - iv. Do you think that you have any options for a career progression?
 - v. Do you feel that you have autonomy in deciding how to carry out your tasks?
 - vi. Have you ever experienced any health issues or illnesses related to your work?
- b. Has your perception with this job changed (positively/negatively) over time? If so, what conditions led to this change?

3. Possible solutions identified by the caregiver

- a. In your opinion, is there anything that should change in how this work is organized?
- b. Do you think these changes are possible? How could they be achieved?
- c. Have you ever thought about changing workplace or of leaving the sector altogether?
- d. **In this project, we have identified some practices/policies at the national/local level aiming at tackling the following critical issues in the country *(to be adapted according to the country of reference)*, as for instance XXX *(brief and simple examples drawn from the cases analysed in the WP3)*: in your opinion could these initiatives improve the situation?**
- e. Are there similar initiatives in place in your workplace?
- f. In your view, in order to improve the situation, what are the most urgent and necessary actions to be taken in your workplace?

SECTION ON WORKERS' VOICE

AIM: Learn about the workers' attitude towards collective representation at the workplace, understand how far they are aware of the instruments/bodies at their disposal to channel their voice and how they assess their helpfulness.

4. Workers' voice at the workplace level

- a. Do you know if there are any workers' representatives at your workplace (e.g. trade unions, works' council)? IF SO, what do you know about their role?
- b. Do you know if you are covered by a collective agreement? IF YES, do you know which one (or which ones, if there is more than one, e.g. sectoral, company CA)?
- c. Have you ever participated in meetings or other initiatives organized by the representatives at your workplace? Do you think participating in these initiatives can help achieve the changes we talked about?
- d. Is there anything that you would like your representatives to do differently or additionally to improve the situation or achieve the changes we discussed?
- e. Are you a member of a trade union? *(This is a question that we asked in our trial interviews, usually towards the end, when we felt that the interviewee was comfortable enough. We always specified that they did not have to reply if they did not want to).*

Annex 2: Profile of the interviewed caregivers

Interview -number and code	Age	Gender	Education	Seniority in the sector	Migrant background	Sub-sector	Factors influencing the decision to work in the care sector
LTC							
1. code: ltc_ ip1_in1	61	Female	Completed training as a nurse (hospital-based education)	Nurse; over 35 years of experience in the care sector, works council member since 1990, member of the collective bargaining committee)	No	LTC (public)	To help others
2. code: ltc_ ip2_in1	66	Male	Completed training as a health and ltc assistant	LTC assistant, entered the LTC sub-sector around 20 years ago, has worked primarily in elderly/dementia care	No	LTC (non-profit, Diakonie)	Career changer; discontinued master's degree programme; economic necessity and opportunity to gain practical employment quickly

3. code: ltc_ ip3_in3 (part 1 and 2)	53	Female	ISCED 3 (Abitur; upper secondary school qualification); began university teacher-training program in special education (not completed); completed training as a bespoke tailor; studied fashion design; completed traditional geriatric nursing training (2019); state-certified geriatric nurse (since December 2022)	Started working in LTC as a part-time care assistant after raising her children, formally trained in LTC since 2019	No	LTC (private homecare provider)	Varied career path and discontinued studies led to reorientation; preference for meaningful work; search for greater professional stability and long-term career prospects; previous part-time care assistant job sparked interest in formal training; one-to-one homecare setting suits her well, particularly due to hearing impairment
4. code: ltc_ ip4_in3	43	Male	Completed vocational training as a chemical laboratory technician; completed geriatric nursing training (began in 2017);	Entered LTC after more than 13 years in laboratory work; first contact with LTC through a one-month internship in	No	LTC (non-profit)	Career changer; desire for more meaningful and human-centred work after years in technical laboratory roles;

			state-certified geriatric nurse since 2022	a residential care home; in formal geriatric nursing training since 2017; state-certified and continuously employed in LTC since 2022; currently works in a combined elderly and young adult care unit			positive experience during a one-month internship in a residential care home; search for work with stronger social interaction and personal fulfilment; attracted by the relational and responsible aspects of LTC; motivated by the varied tasks and interdisciplinary collaboration in care settings
5. code: ltc_ ip5_in3	55	Male	ISCED 3 (Abitur; upper secondary school qualification); university studies in Sports and Political Science, completed the preparatory teaching service ('Referendariat'); no formal LTC vocational training	Sub-sector experience accumulated through management and hands-on involvement	Yes	LTC (private homecare provider)	Desire to pursue a career better aligned with personal values and long-term aspirations; strong formative experiences with family caregiving: caring for his father with cancer and caring for his grandmother after a stroke. These

			mentioned (entered LTC through entrepreneurship)				experiences created a lasting emotional connection to care work; entrepreneurship offered a pathway into LTC without formal retraining
6. code: ltc_ ip6_in3	51	Male	Completed hospital-based nursing training	Around 10 years of experience in LTC homecare services, including work as a managing director; additional experience in long-term rehabilitation (adults with acquired brain injuries, SGB XII); currently working in the residential LTC sub-sector	No	LTC (private homecare provider)	Initial interest in health care and working with people; professional curiosity and desire for broader development motivated transitions between healthcare, LTC homecare, rehabilitation, and residential LTC; conflicts in a managerial role also influenced a career shift within the sub-sector
ECEC							

1. code: ecec_ ip1_in2	51	Female	ISCED 3 (Abitur)	state-certified educator; entered the ECEC sub-sector around 25 years ago; leadership position as day-care centre director	No	ECEC (non-profit, church-based)	Enjoying working with children
2. code: ecec_ ip2_in2	43	Female	vocational training as a social pedagogical assistant	ECEC assistant	No	ECEC (non-profit, church-based)	Career changer; previously worked as a bakery sales assistant. Participated in a pilot project that allowed unqualified entrants to explore the field.
3. code: ecec_ ip3in1	28	Male	Completed secondary school; completed a two-year training as a social pedagogical assistant; then completed a two-year vocational school training as an educator,	Completed training and practical experience since around 2020, meaning about 4–5 years of	No	ECEC (non-profit); currently employed through a staffing agency as a	Career changer, initially worked in logistics before entering ECEC and had originally no intention of working with people. A chance internship in a kindergarten revealed

			followed by a recognition year to achieve official state certification	involvement in the field		temporary educator in a short-term placement (six weeks).	unexpected enjoyment and interest in ECEC. Positive experiences during the internship motivated him to pursue formal education in childcare.
code: ecec_ ip5in3	4. 55	Female	Completed a one-year pre-internship followed by a three-year vocational training program to become an educator. Finished training in 1991, becoming a state-certified educator.	Over 30 years of professional experience in ECEC: Half a year in her first kindergarten after training; around 16 years in a German Red Cross childcare centre as a group educator; approximately 16.5 years as director ('Leitung') of a Catholic day-care centre.	No	ECEC (non-profit, church-based)	Early intrinsic motivation: developed an interest in childcare at age 13 through a school internship. The internship confirmed her career choice, leading her to pursue the formal training path immediately after school.

5. code: ecec_ ip6in3	33	Female	Completed secondary education; completed a four-year vocational training for educators	Has worked in ECEC for approximately 13 years.	No	ECEC (non-profit)	Decided during school to become an educator; motivated by a strong interest in working with children
6. code: ecec_ ip7in3	39	Female	Bachelor's degree in Pedagogy; Master's degree in Educational Sciences	Practical experience in youth welfare during studies, including night shifts in youth residential groups and coordinating youth programs; 10 years of experience in ECEC	Yes	ECEC (private)	Inspired by a voluntary ecological year at a children and youth farm, working directly with children and youth; strong interest in social work and pedagogy, shaped through practical exposure and academic training; motivated by opportunities to combine educational theory with hands-on child development and youth welfare work