DOI: http://dx.doi.org/10.33776/rem.vi67.8170

Women Workers' Initiatives in the Field of the Social and Solidarity Economy as a Space for Transforming the Domestic Care System: Potential and Challenges in the Ibero-American Sphere

INICIATIVAS DE TRABAJADORAS EN EL ÁMBITO DE LA ECONOMÍA SOCIAL Y SOLIDARIA COMO ESPACIO TRANSFORMADOR DEL SISTEMA DE CUIDADOS DOMÉSTICOS: POTENCIALIDADES Y DESAFÍOS EN EL ÁMBITO IBEROAMERICANO

Isabel Brito Cabeza Universidad de Huelva Centro de Investigación COIDESO ibrito@gmail.com

Blanca Miedes-Ugarte Universidad de Huelva Centro de Investigación COIDESO miedes@uhu.es

Recibido: febrero 2024; aceptado: abril 2024

ABSTRACT

A just socio-ecological transition demands a transformation of the care system that ensures the sustainability of human life. This process entails recognizing and revaluing unpaid care work, as well as improving working conditions in this field, which is characterized by the predominant contribution of women, including many immigrants, within global care chains. This study analyzes the possibilities and limits of the social and solidarity economy in this transformation. Framed by the perspective of multilevel change and employing a methodology that combines an innovative collaborative workshop with 54 stakeholders in the Spanish context with interviews with care cooperative leaders in Honduras, Uruguay, and Spain, transformative strategies are revealed to revalue these essential services and confront their structural challenges.

Keywords: Caring system, social and solidarity economy, multilevel perspective, transformative innovation, gender.

RESUMEN

Una transición sociecológica justa exige una transformación del sistema de cuidados que garantice la sostenibilidad de la vida humana. Este proceso implica reconocer y revalorizar el trabajo de cuidados no remunerado, así como mejorar las condiciones laborales en este ámbito, marcado por la contribución predominante de mujeres, incluyendo a muchas inmigrantes, dentro de cadenas de cuidado de alcance global. Este trabajo analiza las posibilidades y límites de la economía social y solidaria en esta transformación. Usando como marco la perspectiva del cambio multinivel y con una metodología que combina un innovador taller colaborativo con 54 agentes del contexto español con entrevistas con líderes de cooperativas de cuidados en Honduras, Uruguay y España, se revelan estrategias transformadoras para revalorizar estos servicios esenciales y enfrentar los desafíos de estas iniciativas.

Palabras clave: Cuidados, economía social y solidaria, perspectiva multinivel, innovación transformadora, género.

JEL Classification/ Clasificación JEL: J16, I31, J23.

1 INTRODUCTION

Feminist economics contributes significantly to discussions on the socioecological transition, highlighting the ecological and social interdependence that characterises human existence. It underlines that the sustainability of life essentially depends on an equitable care system that ensures its viability, as pointed out by Perkins and Kuiper (2005), Herrero (2013, 2016), Pérez-Prieto (2016), Carrasco (2014), Picchio (2001), Shiva (2005) and Raworth (2017). The invisibilisation and devaluation of care work, predominantly undertaken by women for free or under precarious working conditions, has been widely discussed in the literature, which includes analyses, evaluations and policy proposals aimed at transforming this system towards a more equitable distribution of unpaid work and the dignification of paid work in this sector (Dalla Costa, 1977; Federici, 2014; Picchio, 2001; Carrasco, Borderías and Torns, 2011; Carrasco, 2001; Pérez-Orozco, 2006, 2014; Moreno, 2013; Lázzaro, 2020; Boronat et al., 2021; Vega and Gutiérrez, 2014; Agenjo, 2021; Jennings, 1993: Agveman et al., 2003: Carosio, 2020: Martín-Palomo, 2009: Torns, 2001; Daly and Lewis, 2000; Giusto-Ampuero, 2021; Bahn et al., 2020; Batthyány et al., 2013; Razavi, 2007).

Globally, paid care work employs 381 million people, accounting for 11.5% of total employment, with 65.3% women, including nursing, medical and personal care workers (ILO, 2019).

In households, women perform 76.2 per cent of all unpaid care work, spending 3.2 times more time on it than men (ILO, 2019). Regarding paid work, there are an estimated 76 million domestic workers worldwide (76% women), 80% of whom work informally (in Europe 64% of women and 56% of men, and in Latin America 74% and 68% respectively). Wages in this sector are barely 56% of the average wage in other sectors, a proportion systematically lower for women (Bonnet, Carré and Vanek, 2022).

Globalisation has exacerbated precarious work, especially for women in the global south, who are part of global care chains, a phenomenon widely documented (Hochschild, 2000; Yeates, 2005; Pérez-Orozco and López-Gil, 2016; Roseman, Barber and Neis, 2015; Kofman and Raghuram, 2010; Williams, 2011). There are an estimated 14 million migrant domestic workers, 73 per cent of whom are women (ILO, 2015, 2021).

Globally, 27% of people employed in domestic services are employed through service providers, a figure that rises to 70% in Europe (Bonnet, Carré

and Vanek, 2022), representing 9.5 million jobs, with a projected growth of 8 million more by 2030 (European Commission, 2021).

The social economy (SE) has discovered a market niche in this sector, benefiting from low entry barriers to facilitate the incorporation of women into the labour market. In Spain, updated studies, although limited, indicate that the SE constitutes 8% of the total number of enterprises and entities in the field of care services, amounting to approximately 3,139 enterprises. Of these, 79.4% are cooperatives, and a significant 62.4% are classified as micro-enterprises with revenues of less than 2 million euros. It is estimated that they provide employment to more than 200,000 people, of which a remarkable 75.4% are women, representing about 2% of total employment in the SE. Some 18% of these enterprises specialise in home care (CEPES, 2023). The SE shows a strong presence in Andalusia, Extremadura, Murcia, Navarra and the Basque Country, accounting for 1.8% of the care sector in these regions (CEPES, 2022).

SE has contributed to improving working conditions in the sector, with 80% of care companies reporting sustainability and 62% implementing worklife balance policies. In addition, 58% have established emotional care spaces for female workers. However, professionalisation is still limited, with only 34% of these companies promoting it. In addition, there is a reproduction of intersectional inequalities, evidenced by the fact that 12% of female workers are racialised, perpetuating existing inequalities in all sectors (CEPES, 2022).

In this environment, social and solidarity economy (SSE) initiatives have emerged, driven by workers' own movements and organisations. As a main distinguishing feature, the SSE adds a broader ethical and philosophical dimension to its objectives than social economy entities, advocating for deeper change in economic, social, and environmental relations (CIRIEC, 2017). SSE initiatives in the field of care, which have received little academic attention so far, go beyond mere labour insertion and improvement of working conditions, as they also promote training, political empowerment for the defence of rights in a highly informal and precarious environment, as well as the recognition and revaluation of care work. The fundamental purpose is a profound transformation of the care system (Duque et al., 2022; Castro, Barroso and Flores, 2017). This study focuses on understanding how these initiatives can influence such a transformation, examining the conditions in which they are developed and identifying the main challenges and drivers of their development. The objectives (section 2), the framework of analysis from a multi-level perspective of transformative innovation (section 3), the methodology employed (section 4), the results and their discussion (section 5), as well as the conclusions and limitations of the study (section 6) are detailed below.

2. Objectives.

First, to study the specific circumstances and obstacles faced by emerging social and solidarity economy (SSE) projects led by women workers in the current context of Spain, Honduras and Uruguay.



Secondly, from the multilevel approach of transformative innovation (Gallart et al., 2020), to identify public policy proposals formulated by the SSE sector, collecting and analysing the visions of a broad spectrum of actors, including government entities, households, care organisations and SSE enterprises, focusing on the Spanish context.

Thirdly, to contrast the public policy proposals identified with the needs expressed by SSE initiatives and to determine the key points for effective advocacy.

3. Framework of analysis: the care system and the multi-level perspective of change and innovation

We have opted for the Multilevel Perspective (MLP) of change framework (Geels, 2002, 2011; Geels & Schot, 2007; Smith et al. 2010; Schot & Steinmueller, 2018) because of its robust heuristic capacity, which has been shown to be useful for the purpose of assessing the transformative capacity of policy proposals in various domains (Ghosh et al., 2020 and Gallart et al., 2020).

The usefulness of the MLP lies in its ability to disaggregate and analyse socio-technical systems at three distinct levels: the macro, represented by the "landscape" which includes cultural and global factors; the meso, constituted by the "socio-technical regimes" comprising stabilising practices and norms; and the micro, comprising the "niches" where innovations are generated. Transitions occur when a profound change in the landscape destabilises the existing regime and creates windows of opportunity for transformation, and this requires that innovative niches are strengthened by their own learning, the consolidation of their processes, and that they find support from actors with the power to change.

The analysis of the care system, traditionally studied in terms of work and employment (Bonnet, Carré and Vanek, 2022; ILO, 2022; ILO, 2019; WCM, 2023; EP, 2022; CIRIEC, 2017; CEPES, 2022, 2023), is enriched by understanding it as a socio-technical system that, despite its high human labour requirement, incorporates technology to varying degrees. Recognising it in this way inserts it into the broader debate on the socio-ecological transition of socio-technical systems, giving it visibility and relevance. This approach highlights the importance of the care sector for the resilience and sustainability of human life (Carrasco, 2001; Picchio, 2001, Perez-Orozco, 2006; Agenjo, 2021) and brings critical issues such as gender equality and power issues to the centre of the debate.

In the case of care systems, profound changes such as the irreversible incorporation of women into the world of work, the evolution of feminist thought, and the ageing of the population, combined with more drastic disruptions, such as the global pandemic of COVID-19 or the emergence of artificial intelligence, highlight the unsustainability of the current care system and create windows of opportunity for major transformations to take place.

12 Transformative outcomes Transformed Care System Landscape developments (general context) De-stabilisation and opening-up of regimenes: Markets 1. Destabilisationde-aligning/disrupting subsystems and regimes Policie 2. Opening up- unlearning and deep learning of **Current Care System** regime actors 3. Empower niche-regime interactions 4. Changing perceptions Care workers of landscape pressures social and solidary economy initiatives Niche expansion and embedding: Succesful niche building: 1. Upscaling-increasing user adoption 2. Replication- local and translocal 1. Shielding- broadening, deepening 3. Circulation- accumulating and intermediating 2. Learning-broadening, deepening 4. Institucionalisation- creating formal and informal rules 3. Networking-broadening, deepening 4. Expectation dynamics- broadening, deepening, opening up

FIGURE 1. TWELVE TRANSFORMATIVE OUTCOMES.

Source: Adapted from Geels and Scott, (2007) and Gallart et al. (2020)

Whether this happens in one direction or the other will depend largely on the existence and maturity of the available alternatives.

To identify the state of development of niches (in this case SSE initiatives), as well as the scope of transformative policies, the MLP proposes three macro-processes of analysis: 1) actions to build and strengthen niches; 2) the expansion and scaling up of niches into functioning regime practices; 3) niche and/or landscape pressures that open windows of opportunity and unblock regimes. Within these macro-processes, 12 transformative scopes are defined (Ghosh et al., 2020 and Gallart et al., 2020) (FIGURE 1) against which policy proposals are classified and evaluated (see section 5.4).

4. METHODOLOGY.

This work is methodologically grounded in the principles of action research, which has a long tradition both in feminist studies (Bleijenbergh, 2023; Frisby, Maguire, & Reid, 2009; Gatenby & Humphries, 2000; Fonow & Cook, 1991; Lather, 1991; Reinharz, 1992) and in the field of SSE (Greenwood & Levin,



2006). It is an approach committed to social change and the empowerment of the most disadvantaged groups and emphasises the participation of the groups involved in the production of knowledge itself (Lewin, 1946; Fals-Borda & Rahman, 1991; Sommer, 1987; Reason, 1994).

From a research perspective, the methodology responds to the objective of understanding the reality faced by emerging women's movements in the development of SSE initiatives in the field of care (first objective) and to identify levers for their development through the three levels proposed by the MLP (objectives two and three). From an action perspective, the research-action process, which is part of an ongoing doctoral thesis project, will contribute to the empowerment process of these initiatives, designing, implementing, and evaluating tools to improve the capacities of the partners both from the point of view of their professionalisation and their political advocacy.

The methodology in this article combines in-depth interviews with leaders of three initiatives selected as fields of action-research in different contexts (Spain, Uruguay, Honduras) with a collaborative workshop with 54 key actors of the sector in the Spanish context and is justified by the need to understand in depth the experiences and perceptions of the participants, and to collect their specific proposals, recognising that it is the actors confronted daily with the practice of care in the context of the SSE who best know their needs, who have to lead the processes of advocacy for change, as well as those who have to implement the transformations.

For the three case studies, women's cooperatives were selected from self-organised movements in countries with differentiated care systems and different positions in relation to global care chains (Spain, a mainly receiving country, Honduras, a mainly sending country, and Uruguay, a country with a better balance between inputs and outputs). All of them are in an emerging phase, but at different stages of development. These initiatives, being the tip of the iceberg of larger social movements spread throughout Ibero-America (Miralda, 2023), can be considered pioneers rather than isolated cases, hence the interest in analysing them together.

Based on an exhaustive literature review in the field of care economics (Dalla Costa, 1977; Federici, 2014; Picchio, 2001; Carrasco, Borderías and Torns, 2011; Carrasco, 2001; Pérez-Orozco, 2006, 2014; Moreno, 2013; Lázzaro, 2020; Boronat et al, 2021; Vega and Gutiérrez, 2014; Agenjo, 2021; Jennings, 1993; Agyeman et al., 2003; Carosio, 2020; Martín-Palomo, 2009; Torns, 2001; Daly and Lewis, 2000; Giusto-Ampuero, 2021; Bahn et al., 2020; Batthyány et al., 2013; Razavi, 2007), the interview design was structured in 17 categories and 41 questions. To analyse the responses in terms of the 12 transformative scopes of the MLP (Ghosh et al., 2020 and Gallart et al., 2020), the 17 categories were aligned with the four corresponding types of scopes for the phase of creating niches of success, which are those corresponding to the emerging moment in which the cooperatives analysed find themselves:

- Shielding: "characteristics of the movement", "member profiles", "strengths", "funding", "linkages with the care sector" and "achievements".
- First and second order learning: "functioning", "actions developed by cooperatives", "good practices", "constraints", "challenges" and "evolution".
- Networking: "communication channels", "stakeholder relations" and "advocacy".
- Expectation navigation: "opportunities, motivations and expectations".

The two-hour interviews were conducted between August and November 2023.

As for the collaborative workshop, it is a methodology that has been widely used in various fields when it comes to identifying strategic planning or roadmaps by multi-stakeholder and multi-level partnerships in different contexts (Cornwall & Jewkes, 1995; Phaal, Farrukh, and Probert, 2007; Mor, Warburton, and Winters, 2012; Ørngreen & Levinsen, 2017; Pontis, 2022). In this case, the authors took advantage of the call made by the Spanish Alternative and Solidarity Economy Network (Red de Economía Alternativa y Solidaria, REAS) for a meeting that brought together 54 actors of various kinds to design a workshop that gathered their proposals on strategies, policies, and actions to transform the care sector by promoting the social and solidarity economy. These proposals were then classified according to their transformative scope according to the MLP and analysed in relation to the needs expressed by the cooperatives. Table 1 shows the main characteristics of the workshop.

Table 1. Characteristics of the Collaborative Workshop.

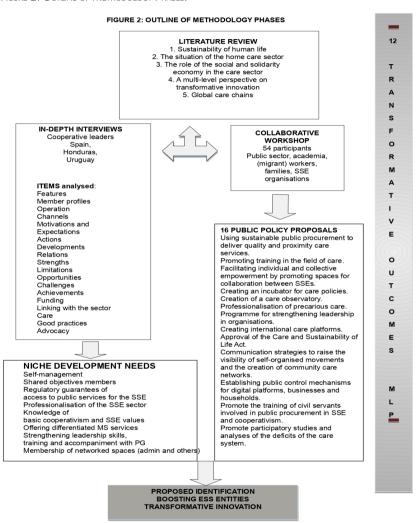
Organisation	Red de Economía Alternativa y Solidaria de Madrid, 18 June 2022, Impact Hub Alameda (Madrid).	
Objectives	Re-evaluate the social organisation of care by improving communication and cooperation between all actors involved: public institutions, social and solidarity economy enterprises, local communities and associations, and people in need of care. 2.To progress on a roadmap for the implementation and strengthening of the social and solidarity economy in the care sector, outlining specific steps and goals to be achieved. 3.Raise care needs and proposals to the responsible institutions to ensure an adequate response.	
Participants	54: migrants involved in the global care chain, cooperatives, public policy representatives, academics.	
Workshop dynamics	Following a roundtable discussion facilitated by members of the XXK Collective. In the subsequent workshop, five working groups were formed, each representing a different aspect of the social organisation of care, based on an adaptation of Razavi's (2007) "care diamond". In addition to market enterprises, public policy and the community, SSE organisations and the personal and household perspective were included, emphasising the importance of the role of the "caregiver". Each group spent approximately 30 minutes discussing guiding questions with the aim of identifying the needs of the care system and the role of each agent in addressing them. Finally, there was a sharing session in which each group presented its conclusions and proposals, which were represented on a mural illustrating the social organisation of care using the figure of the "care diamond".	

Source: own elaboration.



The methodological approach is shown in Figure 2:

FIGURE 2. OUTLINE OF METHODOLOGY PHASES.



Source: own elaboration.

5 RESULTS OF THE ANALYSIS.

5.1. Main differences and convergences in the care systems of Spain, Uruguay and Honduras

In order to contextualise the analysis of the cooperatives within their respective national care systems, the main similarities and divergences between the care models in the three countries in question have been distinguished. In all of them, there is a strong familistic tendency, characteristic of Southern European welfare systems such as Italy and Spain (Ranci, 2009), and even more marked in Latin American countries. In these models, care for dependent persons has traditionally fallen to the family, with women occupying a central position as primary carers (Flores and Castro, 2020). Labour precariousness in this sector is evident in both Honduras (Miralda, 2023) and Spain (Mongui et al., 2022), countries which, occupying different places in global care chains, rely in part on the informal economy and migrant women to meet their care needs, representing 58% in Honduras (Miralda, 2023) and 36% in Spain (Oxfam Intermon, 2021).

Differences between countries in the provision of services and their level of commodification derive from national legislation. ILO Convention 189, which regulates domestic work, has been ratified only by Uruguay, while Spain is in the process of ratification and Honduras has not ratified it (ILO, 2023). The Spanish Dependency Law (2006) creates a social protection system that combines elements of the Nordic model, financed by taxes, and the continental model, with basic services provided by the central government (Flores and Castro, 2020). Honduras lacks legislation regulating the sector (Miralda, 2023), and Uruguay has implemented the National Care System with a universal approach (Aguirre and Ferrari, 2014) and a personal assistance system that includes agreements with private providers (Ministry of Social Development, 2023).

In terms of technology, there is a growth in the use of digital platforms (Benedetti et al., 2022) and a commitment on the part of public policies to incorporate technology in the sector. Spain is promoting technology in care with the PERTE de Economía Social y Cuidados (Gobierno de España, 2022), and Uruguay with home telecare services (Ministerio de Desarrollo Social, 2023). By contrast, in Honduras, as highlighted in interviews, it is the skills of domestic workers that define the range of services offered.

5.2 Main characteristics of the cooperatives interviewed.

Cooperative 1 in Honduras is still in its initial stage, expecting to be formalised in the first half of 2024. It arises from collaboration with the Network of Domestic Workers of Honduras, with the support of the Centro de Estudios de la Mujer de Honduras and the Swiss Cooperation Agency Brücke Le Pont. Composed of 20 women at its inception, this cooperative focuses on creating employment following the principles of solidarity of the social economy, seeking decent working conditions and full rights. The urgency of



their establishment is due to the challenges imposed by the pandemic and recent natural disasters. So far, they have completed the necessary training programme prior to their integration into the cooperative.

In Uruguay, Cooperative 2 was founded in January 2020, inspired by the opportunities that the country's National Care System provides for the formation of cooperatives. Made up of 32 members, its goal is to provide personal assistance services within the framework of the National Care System and, in the longer term, to facilitate the integration of people with disabilities into the labour market. To become full members, they go through a training process and a probationary phase and are financially supported by the national cooperative authority for their training programmes.

Cooperative 3 in Spain was created in 2021, driven by an association of women who chose to organise themselves during the pandemic. Its mission is the political demand for the dignification of domestic and care work and the creation of decent employment opportunities within the social and solidarity economy, with a philosophy that includes class equality, decolonisation and a gender approach. The cooperative has undergone significant changes in its initial composition and a dissociation from the original association due to differences in the objectives and principles that should govern the cooperative, reflecting the complexity and challenges involved in these formation processes.

5.3. Care co-operatives as proto-niches for innovation.

From the interviews conducted, we have identified the capacities and obstacles that each cooperative faces to consolidate itself as a successful niche within the MLP framework. The Spanish cooperative stands out for being a pioneer in its area and for having an association with a track record in political influence and social economy projects, in addition to its economic autonomy. However, internal discordance around founding principles versus economic sustainability, and limited time and knowledge, are significant challenges.

The Uruguayan cooperative benefits from the support of the National Care System in services and training, a strong board of directors and specific training. Its integration in cooperative networks (Freytes and Veleda, 2021) and the alliance with cooperative development organisations are its strengths. Challenges are the full involvement of all members and the need for a physical space for their activities.

On the other hand, the Honduran cooperative takes advantage of its links with the national network of domestic workers and its strong vocation and sense of social justice, which are fundamental to its commitment to the project. However, the main challenge lies in becoming the first cooperative in the sector in a country where these labour rights are not formally recognised and where the approval of the first law on domestic work is being sought (the labour code of 1959 is still in force). Additional factors such as natural disasters and extreme poverty impose particular challenges. Similar to the other cases, the

lack of time for training and information for members represents a shared challenge.

Rather than innovative niches, these initiatives prove to be innovation proto-niches (Ruiz and Rivero, 2022) because of their pioneering nature and because this experimentation takes place under the pressure of the subsistence of women workers and without a framework of public policy protection. Even so, they are innovative, collaborative spaces for creating new solutions to the serious problems they face (Duque et al., 2022). They are part of networks of mutual support, and advocate for the promotion of policies that value domestic work. By focusing on solidarity and equity (Novillo, 2015), they aim to transform the norms and structures of the dominant employment and welfare regime. The success of these niches depends not only on their ability to function within their own context, but also on being recognised by regime actors as an alternative to the care system, articulating operational models that can be scaled up and replicated (Ghosh et al., 2020).

5.4. Proposals for public policies and actions and their transformative scope: policies, measures or actions emanating from the workshop.

The collaborative workshop organised in Madrid by the Alternative and Solidarity Economy Network (REAS) in 2022 provided an opportunity to learn about the position of the actors on the type of public policies and actions needed to promote self-managed SSE initiatives. The classification of the resulting measures according to the 12 transformative scopes of the MLP (Ghosh et al., 2020; Gallart et al., 2020) enables a systemic view of these proposals, identifying the points of incidence of the different measures, locating gaps, as well as analysing the potential of the set of proposals to articulate the interactions between the three levels, niches, socio-technical systems and landscapes.

The 54 participants in the workshop were based on Amaia Pérez-Orozco's proposals in her paper "Una política de cuidados como faro y palanca para la transición ecosocial" (A care policy as a lighthouse and lever for eco-social transition, Pérez-Orozco, 2019). The participatory dynamics in working groups allowed these proposals to be debated and enriched from the perspective of the different types of agents in the system. A total of 16 proposals resulted, which have been classified as summarised in Table 2.

5.5. Discussion of the proposals in relation to the needs of the cooperatives.

Despite the ambition and value of these initiatives, the interviews reveal crucial practical needs for the consolidation of these emerging projects.

In terms of shielding, the experience of the Spanish cooperative, which originated from a self-organised collective of migrant women, illustrates that measures such as reservations of public contracts (IDEARIA, 2022) are insufficient if the participation of smaller initiatives is not facilitated. This implies levelling the playing field in access to contracts and strengthening the technical-administrative training of cooperatives. Beyond professionalising



Table 2. Policy proposals according to the 12 transformative scopes.

SCOPE		SELECTION OF TRANSFORMATIVE PUBLIC POLICY PROPOSALS
Construction of niches	Shielding	Use sustainable public procurement to offer proximity and quality care services (Tomás et al., 1998). Law 9/2017 of 8 November on the Public Sector expressly regulates reserved contracts to facilitate access to public procurement for social economy enterprises.
	First order learning	Strengthen training in the field of care in general. Implement digital education and training, in particular.
	Second order learning	Facilitate personal and collective empowerment by promoting spaces for collaboration between social and solidarity economy enterprises that strengthen their links, trust, and mutual learning.
	Networking	Create an incubator of care policies: networking between social economy organisations, public policy makers, academia, and civil society to identify alternative practices that transform the care system.
	Expectation navigation	Creation of a care observatory: a space in which civil society participates, to debate care and the direction of public policies that have an impact on quality of life, and to review those that do not contribute to sustaining the system (Sajardo, 2007).
Expansion and niche integration	Scaling up	Professionalisation of precarious care through a specific centre (Pérez-Orozco, 2019) to generate changes in users' preferences.
	Replication	Programme to strengthen leadership in organisations through continuous training and the connection between countries of origin and destination and urban and rural contexts.
	Circulation	Creation of international platforms on care that connect emerging initiatives and generate strengths for their interlocution with States.
	Institutionalisation	Law on care and sustainability of life: guaranteeing the universal right to care (Pérez-Orozco, 2019), incorporating opportunities for social economy entities. Cross-cutting review of sectoral policies: to encourage the participation of social economy organisations and the population in the design and development of policies with an impact on care.
Creating space for change in socio- technical regimes	Disalignment and destabilisation	Strategies and communication plans to raise the visibility of self-organised domestic workers' movements and their demands for social justice to put pressure on courts and states. Creation of mutual support networks in communities, which respond to 21st century family models, to collectivise certain types of care, decommodify them and disassociate them from women (IDEARIA, 2022).
	Unlearning and deep learning in regimes	Establishment of <i>public control mechanisms for digital platforms, enterprises and households:</i> to favour opportunities for social economy initiatives (ILO, 2023).
	Strengthening niche- regime interaction	Promote the training of civil servants involved in public procurement in cooperativism and the social economy.
	Changes in landsca- pee pressures	Promote participatory studies and analysis of the deficits of care services, to generate changes in the system and a positive institutional outlook towards alternative practices (Navarro and Rodríguez, 2004).

Shielding

care, it is vital to address the administrative regularisation of migrant women entrepreneurs and workers, assisting them with their rights (civil registration, children's education, labour disputes, knowledge of cooperative management, etc.).

It also highlights the importance of providing comprehensive training to all the agents of the cooperative ecosystem: entrepreneurs, workers, families and users. This training should cover the practical management of the values and principles of the social and solidarity economy, as well as the opportunities it offers. It is necessary to balance idealism and pragmatism, economic sustainability with social action and political advocacy, as was observed to

be necessary in cooperatives in Spain and Uruguay. In Honduras, the focus should be on strengthening advanced learning and developing leadership and common visions that foster the resilience of the project in very adverse conditions.

It is also necessary to strengthen skills in identifying market niches and developing service offers that are clearly differentiated from conventional economic options. In this respect, it is essential to promote networks and spaces for dialogue between public actors, families, and users for a deep understanding of specific needs. This will not only improve the quality of the service but will also foster reciprocal commitment and improve the viability of initiatives, helping to mitigate job insecurity.

Additionally, in terms of transforming mindsets at the macro level, it is imperative to intensify communication campaigns to educate society about the importance of choosing care services managed within the social and solidarity economy. In Honduras, the importance of forging alliances with the media to promote the valuing of the care and domestic work sector is underlined as a crucial strategy to gain state recognition and pave the way for regulation.

This analysis contrasts with the limited scope for policy support in all three countries.

In Honduras, it is non-existent; in Uruguay, the national care system's commitment to cooperatives is overshadowed by bureaucracy, lack of accountability and the precariousness of state support, which hinder the viability of initiatives and the emergence of new projects (Freytes and Veleda, 2021).

In Spain, the political response has been the PERTE de Economía Social y Cuidados (Government of Spain, 2022), a so-called "strategic" project that proposes "the promotion of the social economy and the strengthening of sectors linked to care from the perspective of innovation and technology". However, from ecofeminist positions, there is criticism that it does not meet the needs of "immaterial care", nor does it resolve the precariousness of carers (Bayas et al., 2022). Nor does it meet the challenge of giving a role to the social economy (not to say SSE) in the care sector, addressing both sectors with separate objectives, and it is not contributing to the decentralisation of care management. Most of the funding, managed by the State, 59.3% of the total (Maudos, 2023), is directed to large companies, which are more competitive and with less attention to the care sector.

6. Conclusions and limitations of the study.

The study has identified key needs for the autonomy and sustainability of social and solidarity economy initiatives, underlining the importance of regulatory access to public care services and the reinforcement of their professionalisation to differentiate them from the ordinary market. Training in SSE is essential to foster a sense of belonging and to focus on the dignity



of care work. The formation of strategic alliances, social visibility, and active participation in care forums, as well as the collective defence of rights, are fundamental.

These initiatives face common challenges, such as membership recruitment, limited resources, internal conflicts, and economic sustainability, as well as others related to migration or gender. The situation is complicated by the high precariousness of the sector and the additional burden of family care on their participants (Senent, 2014).

In terms of contrasting needs with the sector's policy proposals, the coherence of their approaches is acknowledged. However, effective implementation of these policies requires consideration of the vulnerability and size of the initiatives, providing additional support, such as strengthening women's leadership and training in the SSE. Clear communication of services and best practices that highlight their role in dignifying care are needed.

At the policy level, the transformative impact is limited. The regulatory advances and labour improvements achieved do not address the precariousness of the care sector (Flores and Castro, 2020). In Spain, for example, the Mediterranean model has not yet developed sufficiently transformative policy proposals in terms of community care and public services (CIRIEC, 2017; CEPES 2022, 2023). Despite this, initiatives are promoting professionalisation and changing perceptions about the value of care, adapting to different contexts, and attracting interest, although they are not yet achieving a critical customer base within the social and solidarity economy (Castro, Barroso and Flores, 2017).

Current policies must pay more attention to SSE proposals as a distinctive space for SE, favouring its participation in the design of policies, supporting the integration of these initiatives in the socio-technical care system (OVES, 2023) and allocating resources for their development. In addition, it is crucial to influence the social mindset on care dynamics.

The main limitation of this study lies in the lack of detailed statistics in the cooperative sector, which are necessary to assess the true impact of these initiatives. This represents an obstacle for conducting quantitative research on the care sector within the social economy, an issue that has already started to be addressed by the International Labour Organization (ILO, 2018). Future research should focus on developing tools and methods for data collection that facilitate the creation of appropriate statistics for this purpose.

The present research, although exploratory in nature, establishes a foundation for understanding the challenges and opportunities of these alternatives. However, it is essential to delve deeper into the study of care cooperatives, which aim to implement initiatives that transform the care system beyond mere service provision. It is crucial to analyze in greater detail how these cooperatives can contribute to the transition of public administration towards a collaborative management model that effectively meets the diverse care needs, considering regional particularities. This would facilitate the development of mechanisms to flexibilize existing legal frameworks, allowing

the incorporation of transformative projects from the social and solidarity economy, and thus promote a change in the political, economic, and social paradigm regarding the care system.

Acknowledgement

This research is funded by EU project 101071300 Sustainable Horizons (HORIZON).

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