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Global care chains and empowerment through the social economy: women's participation in care cooperatives

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ABSTRACT: The main objective of this paper is to analyse women's participation in care cooperatives as a fundamental tool for their empowerment. To this end, concepts related to migration, participation in the social economy and women's empowerment are discussed. The situation of crisis of the traditional care system in the Global North attracts foreign female migration to partially alleviate the problem. However, these women face conditions of vulnerability and precariousness. Global care chains emerge, entailing high family and personal costs for the weakest link.

In this context, this study develops a qualitative analysis based on in-depth interviews with workers from three care cooperatives in the Basque Country. The aim is to highlight, through an exploratory thematic analysis, the way in which the social economy, through care cooperatives, can be a fundamental tool for the empowerment of women (migrant or not) involved in the care sector.

The analysis of the information reveals that the cooperative is an ideal way to encourage women's participation and this, in turn, leads to increased confidence, self-esteem and, in general, a sense of empowerment for these women. However, additional difficulties and barriers are also identified for women migrants in an irregular situation.

KEYWORDS: Care cooperative; participation; global care chains; women; empowerment; immigration.

ECONLIT DESCRIPTORS: B54, B55, I11, K37, J54, Q13.

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RESUMEN: El objetivo principal de este trabajo es analizar la participación de las mujeres en las cooperativas de cuidados como herramienta fundamental para su empoderamiento. Para ello, se discuten conceptos relacionados con la migración, la participación en la economía social y el empoderamiento de las mujeres. En una situación de crisis del sistema tradicional de cuidados en el Norte Global, la migración femenina extranjera viene a resolver parcialmente el problema. Sin embargo, se enfrentan a condiciones de vulnerabilidad y precariedad. Surgen cadenas globales de cuidados que conllevan elevados costes familiares y personales para el eslabón más débil.

En este contexto, este trabajo desarrolla un análisis cualitativo basado en entrevistas en profundidad a trabajadoras de tres cooperativas de cuidados del País Vasco. El objetivo es, a través de un análisis temático exploratorio, poner de manifiesto la forma en que la economía social, a través de las cooperativas de cuidados, puede ser una herramienta fundamental para el empoderamiento de las mujeres (migrantes o no) que se dedican al sector de los cuidados.

El análisis de la información revela que la cooperativa es una forma adecuada de fomentar la participación de las mujeres y esto, a su vez, conduce a un aumento de la confianza, la autoestima y, en general, el empoderamiento de las mujeres. Sin embargo, también se identifican dificultades y barreras adicionales para las mujeres extranjeras en situación irregular.

PALABRAS CLAVE: Cooperativas de cuidados, participación, cadenas globales de cuidados, mujeres, empoderamiento, inmigración.

Resumen amplio

Cadenas globales de cuidados y empoderamiento a través de la economía social: la participación de las mujeres en las cooperativas de cuidados

Objetivos

Tanto la Economía Social y Solidaria como la Economía Feminista pretenden contribuir al desarrollo de modelos económicos más justos en los que las mujeres puedan empoderarse y desarrollar su potencial en condiciones laborales dignas. El sector de los cuidados es un caso claro en el que ambos enfoques pueden converger. Además, dadas las características del sector, debe considerarse un tercer enfoque, el de las migraciones y las cadenas globales de cuidados. Este concepto incluye la forma en que se reproducen los roles de género ya que, al ser el sector de los cuidados una de las puertas de entrada habituales de los flujos migratorios, existe un flujo constante de mujeres inmigrantes hacia este ámbito laboral.

Partiendo de estos enfoques, el objetivo principal de este trabajo es estudiar cómo la economía social, a través de cooperativas de cuidados, podría ser el vehículo adecuado para el empoderamiento de aquellas mujeres que forman parte de esta cadena. Para ello, analizamos: (1) si las cooperativas de cuidados pueden superar la precariedad laboral, consiguiendo unas condiciones de trabajo dignas; (2) si la participación de las mujeres en los procesos de toma de decisiones de las cooperativas de cuidados es un medio válido de empoderamiento, y; (3) si estos mecanismos funcionan para todas las mujeres, independientemente de que sean cooperativistas o no, o si existen barreras vinculadas a la migración que dificultan la entrada en la cooperativa de cuidados.

Metodología

Para intentar abordar estas cuestiones, se llevó a cabo un estudio cualitativo basado en tres cooperativas de cuidados ubicadas en la Comunidad Autónoma del País Vasco (CAPV): Maitelan, en Gipuzkoa; Gurekin, en Bizkaia; y Arabako Laguntza, en Araba, para responder a las principales preguntas de investigación de este estudio: (1) ¿Son las cooperativas de cuidados la fórmula más adecuada para que las personas que trabajan en el sector desarrollen e implementen su capacidad de participación?; (2) ¿La participación en las cooperativas de cuidados empodera a las mujeres que trabajan en ellas?; (3) ¿Son las cooperativas de cuidados un lugar de acogida/refugio dentro del sector de cuidados -un sector en el que la informalidad y la vulneración de derechos suelen estar presentes- para todas las mujeres trabajadoras?

Tras un análisis descriptivo previo de las tres mencionadas cooperativas, se desarrollaron diversas entrevistas en profundidad semiestructuradas con guion abierto en las que participaron 17 trabajadoras de cooperativas de cuidados de los tres territorios del País Vasco (5 trabajadoras de Araba, 3 de Bizkaia y 9 de Gipuzkoa). La selección de las entrevistadas se basó en un criterio de accesibilidad y representatividad dentro de cada cooperativa. La elección de la submuestra pretendía reflejar la realidad de cada una de ellas, teniendo en cuenta los perfiles de las entrevistadas y su relevancia respecto al total, añadiendo la figura de coordinadora (si la había), por su implicación en el manejo de la información sobre la organización, independientemente de que cumpliera el criterio de representatividad. Así, el análisis se centró en las mujeres (gran mayoría en las tres cooperativas), prestando especial atención al colectivo inmigrante y a las mujeres autóctonas como grupo de control del estudio.

Para minimizar los riesgos de un análisis excesivamente vago o subjetivo, se empleó un método sistemático que permitió completar un análisis más profundo, pero con todas las garantías metodológicas. El análisis temático es un método de identificación, organización y comprensión sistemáticas de patrones de significado (temas) en un conjunto de datos. Permite ver y dar sentido a significados y experiencias compartidas.

Resultados y limitaciones

Los resultados se han clasificado en tres bloques temáticos: la situación de las mujeres migrantes en la cooperativa (Tema 1), la participación en las cooperativas (Tema 2), y las cooperativas como herramienta de empoderamiento (Tema 3).

El análisis de la información revela que la cooperativa es una forma adecuada de fomentar la participación de las mujeres y esto, a su vez, conduce a un aumento de su confianza, y su autoestima, permitiendo el empoderamiento. Sin embargo, también se identifican dificultades y barreras adicionales para las mujeres extranjeras en situación irregular.

Las tres cooperativas analizadas muestran un planteamiento muy desigual respecto a las mujeres migrantes por diversos motivos, pero la información recopilada en las entrevistas deja entrever dificultades añadidas para las mujeres migrantes, incluyendo dificultades formales para participar de manera legal en el sector. Los testimonios recabados, con gran carga emocional, confirman la existencia de cadenas globales de cuidados.

El sentimiento de pertenencia a un proyecto cooperativo es expresado unánimemente por las mujeres de las tres cooperativas. La oportunidad de participar activamente en la toma de decisiones y en los dividendos son esenciales para mejorar la autoestima y la capacidad de empoderamiento. La comunicación interna es un elemento fundamental para garantizar esta dinámica de participación. Sin embargo, los resultados muestran una baja participación en los órganos de decisión por parte de las personas entrevistadas, quizás como resultado de una inadecuada transmisión de la información que les impide tomar parte en las decisiones.

Las 17 mujeres entrevistadas habían trabajado en el sector de los cuidados antes de incorporarse a la cooperativa, de manera formal y/o informal. De manera unánime, las entrevistadas validan a la cooperativa como la mejor opción contractual dentro del sector. Aludieron a un sentimiento de pertenencia, y a la participación y cercanía que les ofrecía trabajar en

la cooperativa, así como sentirse más dignificadas y valoradas, lo que conllevaba una mayor autonomía personal y económica, que se reflejaba en su vida personal a través de un mayor sentimiento de empoderamiento.

Los resultados obtenidos no son carentes de limitaciones. En primer lugar, la metodología utilizada no permite extraer generalizaciones aplicables a una realidad más amplia. Las metodologías cualitativas pretenden aportar otro tipo de conocimiento exploratorio, más profundo y significativo, aunque con la limitación en cuanto a generalización. En segundo lugar, la selección de las cooperativas de referencia en cada territorio puede haber dejado de lado otras realidades diferentes a las analizadas. Por ello, futuras investigaciones deberían tener como objetivo ampliar el estudio para incluir otro tipo de situaciones. Por último, un estudio de corte cuantitativo sería ideal para identificar posibles diferencias en términos de condiciones de trabajo, salarios, etc., entre el mercado regular e irregular, por género y, sobre todo, contrastar todo ello con la realidad de las entidades de la Economía Social y Solidaria.

Conclusiones y valor original

Una estrategia de supervivencia económica de las mujeres del Sur Global unida a la crisis de los cuidados en el Norte Global genera cadenas globales de cuidados donde cada eslabón es una nueva mujer incorporada al sector para cubrir necesidades de dependencia y cuidados domésticos. Estas dinámicas que se reproducen a diario en todo el mundo y que naturalizan los roles y sesgos de género en el mercado laboral también se materializan en los análisis micro, como es el caso de las tres cooperativas analizadas.

Para las mujeres, aunque la cooperativa de cuidados parece ofrecerles un mejor marco de participación y confianza, esto podría ser simplemente la excepción en un sector de cuidados infravalorado. Dicho esto, la entrada en una cooperativa sigue presentando limitaciones difíciles de sortear, a menudo causadas por la ley de inmigración más que por la propia cooperativa. Esto sigue dejando a un grupo muy vulnerable de mujeres inmigrantes que, por falta de papeles de residencia, son explotadas en trabajos de cuidados mal pagados, sin la posibilidad de disfrutar de la protección que ofrece una cooperativa.

En definitiva, las cooperativas de cuidados no siempre pueden eliminar la precariedad laboral, pero sí ofrecen derechos laborales en la medida en que reconocen los derechos de las personas y permiten la participación en asambleas generales en las que se escuchan las necesidades de las trabajadoras.

La participación de las mujeres en la toma de decisiones y en la gestión de la cooperativa suele traducirse en una mayor seguridad para ellas y en un mayor grado de empoderamiento. Este empoderamiento no está vinculado a una mayor capacidad económica, sino al enriquecimiento personal y al sentimiento de pertenencia a un proyecto cooperativo común. Así, los cuidados se presentan como un sector en el que tienen cabida la dignidad y el empoderamiento, aunque siga vinculado a cadenas globales de cuidados que interconectan diferentes ecologías humanas.

1. Introduction

Europe and, by extension, Spain and the Autonomous Community of the Basque Country (CAPV), is getting old and sick. The proportion of the population of the European Union (EU) over 65 years of age was 21.4% at the beginning of 2023, three percentage points more than in 2013, and at an annual growth rate of 0.3% (Eurostat, 2023). Moreover, around 50 million people in Europe suffer from two or more chronic diseases, the vast majority of these people being over 65 years of age. Managing these healthcare requirements accounts for between 70% and 80% of healthcare costs (European Commission, 2023). The decline in the proportion of the working population jeopardises the way in which European welfare states have functioned to date, which has been based on the social contract between generations (Cangiano, 2014). This profound transformation that countries of the Global North are experiencing has resulted in less care needs being met by families and greater commodification and externalisation of care (Buján, 2011). Faced with this care crisis in the Global North (Dowling, 2022; Pérez-Orozco, 2007), a new demand for labour has arisen to meet the care needs of the native population (Ferro, 2020).

The International Labour Organisation (ILO) has long carried out initiatives to promote decent work in the care economy and the implementation of a life-cycle approach to care. More recently, the ILO has redoubled its efforts to highlight the opportunities and challenges associated with care work, including the importance of this type of work in achieving a just transition to environmentally sustainable economies and a society for all (ILO, 2024).

The ongoing issue of the unequal distribution of time and share of responsibility between the sexes in caring for the family (Cerrato & Cifre, 2018) and the sexual division of labour (Benería, 2008; Boserup, 2007; Carrasco et al., 2019; Larrañaga & Jubeto, 2017) in a totally segmented national and international labour context (Alt & Iversen, 2017; Piore, 1975) enables exploitation of the reproductive work provided by international immigration (Hochschild, 2015) to cover these needs (Oso & Parella, 2012). Care is often privately arranged within the family and supported, mostly, by women (Dowling, 2022; Pérez-Orozco & López, 2016; Torns, 2008). Migration thus becomes a fundamental element in many locations to alleviate the shortcomings of internal public policies in meeting social care needs (Benería, 2008; Kofman et al., 2000).

When family care is outsourced to third parties this becomes a transfer of tasks from native women to foreign women; an “escape” strategy which Dowling (2022) refers to as “care fix” (Parella et al., 2023). This promotes new migratory dynamics, consolidating global chains of care (Hochschild, 2000; Romero, 2018) and transnational families (Bryceson & Vuorela, 2020). In other words, the globalisation of world dynamics stretches across continents, driving care-related labour migrations that forge interdependent relationships between institutions and the health and welfare system, as well as between individuals and families (Di Masso et al., 2021; Yeates, 2012). Thus, in a report by UN-INSTRAW, Amaia Pérez-Orozco (2007, p.4) points out that global care chains are “*one of the most paradigmatic phenomena of the current*

process of feminization of migrations in the context of globalization and the transformation of welfare states”.

In this context, it was inevitable that migration and gender studies would eventually cross paths. The recognition and insertion of women in the migratory analysis is one of the characteristics of recent decades, as the fundamental role of women in the private-reproductive sphere and, above all, in the public-labour sphere, has become more visible. Since the pioneering work of Pedraza (1991) approximately three decades ago, research on gender and migration has gone from being just a few studies which included immigrant women or gender as a dichotomous variable to a vast body of literature which has made important contributions to the understanding of numerous aspects of the migration experience (Di Masso et al., 2021; Nawyn, 2010; Schewel, 2019).

As well as recognition of the invisibility that women suffer in society, research to date also recognises the invisibility that care has been subjected to within an economic-productive system that reproduces and naturalizes stereotypes and gender roles (Acker, 2004). The current system considers work anything that is done in the public sphere (the productive and masculine), while care (reproductive and feminine) is relegated to the private domestic sphere, where it becomes invisible and not valued (Acker, 2004). Thus, the vulnerability of caregivers is not only gendered, but also influenced by race, origin and multiple other variables (Parella, 2021; Trujillo & Almeda, 2017).

The ILO estimates that 81.2% of domestic workers are employed in the informal sector, a figure that represents double the percentage of informal work compared to other jobs. The ILO Report IV (2024) concludes that facilitating their transition to formality is a necessary requirement for informal workers to be able to access decent jobs and, in particular, for them to have access to legal protection, such as salary protection, working time guarantees and social protection.

Faced with this scenario, in recognition of the fact that care workers in the labour market could be exposed to labour vulnerability, the care cooperative proposal emerges from the social economy as a care management model in which, *a priori*, women workers could feel, and be, more recognised socially and economically through a greater degree of participation in the organisation and better working conditions. This, moreover, can often lead to a greater empowerment of these individuals (Baruah, 2023; Datta & Gailey, 2012).

With the concept of global care chains in mind, and from a social economy-oriented approach, the main objective of this paper is to study how the social economy, in the form of care cooperatives, could be the appropriate vehicle for empowerment of those women (migrants or not) who are part of this chain. To do this, we analyse: (1) whether care cooperatives can overcome job insecurity, achieving decent working conditions; (2) if the participation of women in the decision-making processes of care cooperatives is a valid means of empowerment, and; (3) whether these mechanisms work for all women, regardless of whether they are cooperative members or not, or do barriers exist linked to migration which make entry into the care cooperative difficult.

To attempt to answer these questions, a qualitative study is proposed based on three case studies of care cooperatives located in the Autonomous Community of the Basque Country (CAPV): Maitelan, in Gipuzkoa; Gurekin, in Bizkaia; and Arabako Laguntza, in Araba. A total of 17 in-depth interviews are carried out with people of different profiles in order to answer the main research questions of this study: (1) Are care cooperatives the most appropriate formula for people who work in the sector to develop and implement their capacity for participation?; (2) Does participation in care cooperatives empower the people (women) who work in them?; (3) Are care cooperatives a place of welcome/refuge within the care sector - a sector in which informality and violation of rights are ever present- for all working women?

The geographical context analysed, that of the Basque Autonomous Community in Spain, is especially relevant because of its long tradition of cooperative development and the social economy (Masis, 2020), and because of the degree to which the problems described at the beginning of this section (population ageing, increase in chronicity, imbalance of the public health system) form part of the daily reality and social debate (Izagirre-Olaizola et al., 2021).

Faced with the scenario described above, the present study aims to make three relevant contributions. Firstly, through a qualitative methodology, it aims to carry out an in-depth analysis of actual (and generally invisible) experiences of empowerment in care cooperatives in relation to the concept of global care chains. Although the use of qualitative methodologies does not allow the results achieved to be generalised, the approach can give valuable insight into a reality rarely studied. Secondly, the study looks at integrating the migration studies approach with the perspective of social economy and participation of working women, all from a gender perspective. Finally, the study carries out a rigorous and systematic analysis of a large volume of information collected in order to identify the key dimensions related to the object of study.

2. Theoretical framework

2.1. Social economy and gender

There has been a recent surge in interest in analysing and reinforcing the links between SSE and gender from a general vision of the SSE's commitment to gender equality and empowerment (Baruah, 2023), but also from more practical visions focused on analysing the experiences and realities of women in the SSE sector (Di Masso et al., 2021; Monzón et al., 2021). Recent studies highlight the common ground between SSE and feminist economics (Arando et al., 2024) and conclude that analysis of the postulates and experiences of SSE and FE shows that both converge in the search for a more egalitarian, fair and sustainable economy, and complement each other in the promotion of economic empowerment of women.

Faced with economic vulnerability and precarious living standards, women have looked to cooperative management as a way of meeting individual and collective needs. In this regard, a recent study analysed several initiatives created and led by women in Catalonia, following the

economic crisis of 2008 (Di Masso et al., 2021), to assess the extent to which they could be reproducing social inequalities. Their results suggest that SSE, as currently organised, presents limitations or difficulties in reversing some of the inequalities on which the capitalist market economy is built, both productive and reproductive. In particular, analysis of the interviews with women participants in cooperative projects suggests that in the generation of socio-economic alternatives within SSE, access inequalities are reproduced along five axes: socio-economic level, educational level, place of origin, family responsibilities and political-relational capital.

Another challenge for SSE organisations themselves is how they can push for progress within the care economy (Di Masso et al., 2021). Recent studies highlight the idea that the care economy and SSE complement each other and can strengthen each other (Arando et al., 2024), since both pursue the valorisation and recognition of care work, as well as the construction of a more equitable and supportive society. Its integration can generate positive results both for those who carry out care work and for society as a whole. SSE can foster cooperation between different actors, such as community organisations, social enterprises and public entities, to collectively address care-related challenges.

2.2. Global care chains

The economic boom at the end of the 20th century put Spain on the map as a country of destination for international migratory flows (Fundación BBVA-México, 2022; McAuliffe & Triandafyllidou, 2022). As mentioned in the introductory section, the main European destination countries for international immigration (Germany, Spain, United Kingdom, France and Italy) are undergoing a profound transformation, characterised by ageing and declining populations and a shortage of native labour, especially in certain types of under-recognised social tasks, such as care (Carrasco et al., 2019; Torns, 2008). The characteristics and profiles of the incoming migration is not accidental, rather it reflects the destination's call for certain needs to be met (García-Azpuru, 2017; Massey, 1990; King & Zontini, 2000). Labour markets act as a filter of foreigners, selecting those people who can best meet the market's needs which, to a large extent, tend to be found in the secondary or low-income labour market.

To better understand this positioning within the market and the picture as a whole, we can refer to the Theory of Labour Market Segmentation (TLMS) (Piore, 1975) and the Sexual Division of Labour Theory (Benería, 2008; Boserup, 2007). The TLMS affirms the existence of a division of the labour market into two differentiated segments according to jobs and working conditions: a primary market, with better working conditions in which the qualified native population tends to be located; and a secondary market, with worse conditions, where there is greater vulnerability and instability, and which is usually occupied by the lower-class native population and foreign immigrants.

Furthermore, studies on the sexual division of labour reveal the gender bias that the productive sectors themselves present (Benería, 2008; Boserup, 2007). These sectors assign worse conditions to women as they have traditionally been limited to the private-domestic

space, undervalued and invisible (Leichsenring, 2022). This invisibilisation is the result of the social constructs or gender roles existing in society. Thus, the reproduction of these roles in the public sphere causes the care sector to be mostly feminised (Acker, 2004).

Spain is not exempt from this behaviour. With a doubly-segmented labour market -by origin and by gender- in which there is a conspicuous presence of the foreign population in secondary market jobs and the informal market, the precariousness and vulnerability of these people is crossed not just by gender, but by multiple axes of inequality (Collins & Bilge, 2020; Parella, 2021; Trujillo & Almeida, 2017). This fact is especially visible in the care sector, which is mostly occupied by female foreign immigrants (Oso & Parella, 2012). Thus, in a European context in which there are solid border closure policies, the service sector and, within this, the care sector together with family reunification, becomes a “refuge” for the foreign population, one of the most “accessible” portals of entry for immigration, partially resolving the crisis of care that the native society currently presents and giving rise to the well-known global care chains (Hochschild, 2000; Pérez-Orozco & López, 2016). These chains reproduce and perpetuate already established gender roles and the sexual division of labour, to the extent that reproductive work is simply transferred from one female profile to another (Pérez-Orozco, 2007), altering the migratory paradigm (King & Zontini, 2000; León, 2010).

The care crisis of the Global North thus becomes the motor for the feminisation of migratory flows in the Basque Country, Spain and Europe (Ferro, 2020; Pérez-Orozco, 2007), by opening job opportunities in the care sector. In general, it is female foreign immigrants who assume the central role in solving the problem (Leichsenring, 2022). The globalisation of the capitalist system has also meant the globalisation of reproduction systems (Bryceson & Vuorela, 2020; Hochschild, 2015). As Truong formulated already in 1996 (p. 47), “*the transnational transfer of labour in reproduction can be considered a form of social dumping*”.

2.3. Participation as a tool for female empowerment

From a broad perspective, the participation of workers in companies can be structured in three dimensions: participation in management, results, and ownership (Altzelai et al., 2018; Masis, 2020). Participation in management refers to participation in decision-making. Participation in the results refers to the distribution of benefits. This implies that the working members receive, in addition to their fixed salary, a variable part of income directly linked to the benefits or results of the company. Participation in equity or ownership refers to holding shares or interests. With this type of participation, the aim is for workers to identify with the objectives of the company, but also to motivate the workforce or reinforce the organisation's own funds.

It has been stated that cooperatives can be a significant tool for empowering women politically and socioeconomically (Bharti, 2021). Cooperatives can teach their members the advantages of teaming up with others and give them a sense of their own power through unity. The ingrained values and principles of these cooperatives (such as equality and equity, solidarity,

social responsibility, democratic control, economic benefits etc.) have been acknowledged as a key tool in advancing women's emancipation (Myers, 2015).

Montalbán (2020) also presents the dimension of women's empowerment in the context of the social economy, conjecturing that the social economy may be the ideal space for this empowerment. The cooperative, despite operating in the market, has differentiating characteristics such as the redistribution of profits or guaranteeing decision-making processes, considering the human factor to be a priority over capital. In addition, it contributes to social cohesion by promoting employment for groups of workers who face greater difficulties in securing a job. Within the cooperative there is more interrelation, collaboration and proximity between the members so that elements of both a personal and work nature arise, and this may not happen in other companies (Arando et al., 2024; Ribas and Sajardo, 2005). These factors can encourage women's participation in the labour force. There have been many statistical studies on the phenomenon of participation in business organisations, but relatively very few studies provide a detailed and qualitative analysis (Masis, 2020).

One of the main premises on which this study is based is that participation can be an important tool for the empowerment of working people, specifically women, as many studies have already highlighted (Adhikari & Goldey, 2010; Bharti, 2021; Myers, 2015). Participation in the decisions, the results and the ownership of companies contributes to generating a framework for the empowerment of people, in particular of women workers in the care sector.

3. Care cooperatives in the autonomous community of the Basque Country

3.1. Methodology and study design

In order to answer the research questions posed, a sequential study in six phases was designed based on a qualitative approach, which is ideally suited to exploratory research questions (Denzin & Lincoln, 2008).

In a first phase, an analysis of web content was carried out and followed later by a study based on in-depth interviews. Both steps were carried out in an exploratory way due to the characteristics of the research questions and the context. The analysis of web content involved a review of all the cooperative organisations in the care sector in the Basque Country that had accessible websites (nine out of the ten in existence). The researchers independently analysed all the websites of each organisation and coded each attribute (creation date, type of activity/service, and province) into a category grid. All nine of these cooperatives met the following necessary criteria for our study; they were a care cooperative registered in the Registry of Cooperatives of Euskadi, and they provided long-term care and domestic services. One coop-

erative was chosen to represent each historical territory for analysis, with a view to selecting a heterogeneous sample so as to enrich the study. This initial heterogeneity would add valuable information to the results.

The second step of the study was based on semi-structured in-depth interviews using an open script involving 17 workers from care cooperatives in the three territories of the Basque Country (5 workers from Araba, 3 from Bizkaia and 9 from Gipuzkoa). The selection of the interviewees was based on a criterion of accessibility and representativeness within each cooperative. The choice of the subsample was intended to reflect the reality of each of them, by taking into account the profiles of the interviewees and their relevance with respect to the total, adding the figure of coordinator (if there was one), for her involvement in handling information about the cooperative, regardless of whether it met the criterion of representativeness. Thus, the analysis focused on women (a large majority in the three cooperatives), paying special attention to the immigrant group (as the object and category of analysis) and native women as the study's control group. Table 1 shows the sample of people who were interviewed.

The interviews were carried out with people of different profiles and roles within the three organisations, focusing the analysis on women (a large majority in all three cases) and paying special attention to the immigrant group. Table 1 shows the technical data sheet of the interviewees involved in the study.

The analysis focused mainly on what was said, although it also took into account non-verbal behaviour, paying attention to gestures of discomfort or nervousness that could be identified as being in contrast to what was expressed verbally. These nuances were noted down on paper in each interview and were subsequently processed in parallel with the rest of the conversation. Two members of the research group attended each interview. In the interview, which was held in a specific meeting place, the two researchers followed a script, took written notes, and recorded the conversation for analysis later.

The interviews generated an abundance of qualitative information. Qualitative methodologies make it possible to clarify a complex phenomenon through a process of exploration. The use of semi-structured interviews enables the maximum amount of information to be collected in a systematic way, but without losing the wealth of opinions and experiences (Belotto, 2018). To minimize the risks of an excessively vague or subjective analysis, we followed a systematic method that allowed us to complete a more in-depth analysis, but with all the methodological guarantees. Thematic Analysis is a method of systematically identifying, organising, and providing insight into patterns of meaning (themes) across a dataset. It allows the researcher to see and make sense of shared meanings and experiences (Braun & Clarke, 2012). Its validity has been endorsed by various previous studies (Braun & Clarke, 2006; Thomas & Harden, 2008; Belotto, 2018).

Table 1. Classification of the people interviewed

Code	Coop	Sex	Origin * = native spanish	Year joined Coop.	Age	Age Spain	Coop. Member	Job	Working hours/ week * = fulltime
EA1	Arabako	W	Spain	1988	59		Yes	Auxiliary	32 *
EA2	Arabako	W	Spain	1990	61		Yes	Auxiliary	32 *
EA3	Arabako	W	Spain	2017	55		No	Auxiliary	32 *
EA4	Arabako	W	Spain	2008	55		No	Auxiliary	34 *
EA5	Arabako	W	Peru	2021	53	48	No	Auxiliary	28
EB1	Gurekin	W	Spain	2018	54		Yes	Auxiliary	20
EB2	Gurekin	W	Spain	2016	48		Yes	Coord.	40 *
EB3	Gurekin	W	Spain	2018	57		Yes	Auxiliary	40 *
EG1	Maitelan	W	Bolivia	2022	44	29	Yes	Auxiliary	32
EG2	Maitelan	W	Honduras*	2020	49	-	Yes	Auxiliary	35 *
EG3	Maitelan	W	Nicaragua	2020	41	29	Yes	Auxiliary	35 *
EG4	Maitelan	W	Colombia	2022	41	36	No	Auxiliary	35 *
EG5	Maitelan	M	Spain	2022	43		No	Auxiliary	30
EG6	Maitelan	W	México	2022	64	54	No	Auxiliary	20
EG7	Maitelan	W	Honduras	2020	50	39	Yes	Auxiliary	35 *
EG8	Maitelan	W	Peru	2022	39	35	No	Auxiliary	35 *
EG9	Maitelan	W	Bolivia	2020	50	33	Yes	Coord.	35 *

Source: Compiled by the authors.

Questions were ordered chronologically based on three blocks related to the interviewee's experiences: Block 1 – Circumstances prior to arrival in Spain; Block 2 – Circumstances upon arrival in Spain/Circumstances before the Cooperative and; Block 3 – Entry into the Cooperative. This chronological-biographical approach is suitable for qualitative studies such as this, where there is significant emotional charge (Schütze, 2016). This biographical method has already been used in feminist studies to understand the lives of working women (Merrill, 2021). It allows women to express themselves and adds a richness to their stories, illustrating how lives and identity are constructed and shaped by the intersection of gender with other aspects such as class and racialisation (Merrill, 2021). This feminist biographical method helps add depth, context, and meaning to the research; it aids the inclusion of women's experiences and voices in academic research and offers the possibility of conducting a sociopolitical analysis of potentially marginalized people (Erben, 1996; Popadyuk, 2004).

Table 2. Field work data sheet

Methodology	Study of three cases based on in-depth interviews
Process	Two interviewers in the field work, four people in the analysis.
Date of field work	Recorded interviews, initially transcribed by specific software, but manually filtered.
Number of interviews	February-April, 2023
Duration of interviews	17

Source: Compiled by the authors.

Table 3. Phases of the thematic analysis and steps followed in the analysis of the information

Phase 1: Become familiar with the data	Transcribing, without delay, the literal interventions of the participants, the interventions of the researcher and a set of notes in which they aim to reflect various aspects.	The transcription work was distributed among the researchers. All researchers read and reread all transcripts.
Phase 2: Generation of initial codes	The theme was established and the information from all the fragments of each interview was categorized into codes or blocks of interest, extracting the basic concepts that arose.	Although analysis software could be used, we preferred to carry out this process manually which, although it has a lower level of automation, allowed for a more personalised and rich interpretation.
Phase 3: Identification of themes	Find common themes, combine codes and, verify that the perceptions of the different researchers were coherent, reducing dissonances and reinforcing the results.	Work on the previous codes, eliminating some, merging others, proposing new ones... until the analysis was complete.
Phase 4: Review of themes	This phase involves refining the themes obtained in the previous phase.	We developed conceptual maps, collecting the most important latent themes, consistent with the approach of the data set obtained.
Phase 5: Definition and names of themes	This phase focused on giving meaning to each theme, establishing logical connections between the defined categories.	The contents were closely related, which made it difficult to design a final map that was easy to understand but faithful to the data obtained.
Phase 6: Elaboration of the report	Once all the previous phases were completed, the results had to be faithfully described, reinforcing and enriching them with representative textual quotations extracted from the interviews.	The result of this last phase is presented in Section 4 of this paper.

Source: Compiled by the authors.

To avoid social desirability and other similar biases, the confidentiality of the data, anonymity and the exclusively academic purpose of this study were emphasized, coding each of the interviews. These interviews were carried out between February and April 2023. Table 2 shows a summary of the field work data sheet of the study.

Although it is not possible to show in detail the entire process carried out in a study of these characteristics, it is important to follow a series of steps that guarantee the quality and rigour of the results presented (Belotto, 2018; Thomas & Harden 2008). There are different approaches regarding the specific steps to follow, although, in this study, we have applied the steps suggested by Braun & Clarke (2006; 2012) which are shown in Table 3.

In a final phase, the results obtained were triangulated wherever possible with the information obtained from the relevant websites and existing scientific literature.

3.2. Presentation of the cooperatives under study

Starting with the website analysis and using the selection criteria mentioned in the methodology, three reference cooperatives were identified: Arabako Laguntza in Araba; Gurekin in Bizkaia; Maitelan in Gipuzkoa.

Arabako Laguntza S.Coop. is an associated labour cooperative located in Araba, established in 1988 by 21 native working members. It is the tendering company for Public Home Care Services (SAD) of several municipalities in Araba. The contractual relationship is between the user and the public administration, and the latter with the cooperative. This cooperative has a participatory approach to the entire group of professionals and has a Governing Council. It provides home help services and social services to make it easier for the users of the service to stay at home.

Gurekin S.Coop. is an associated labour cooperative located in Bizkaia, established in 2016 by four native people who worked for a company in the care sector. The cooperative has a team of nursing and home care assistants. Its main activity is professionalised care services at home: daily activities (hygiene, dressing, eating), cognitive work, general accompaniment (taking a walk) and specific needs (i.e., going to the doctor). The contractual relationship is directly between the user and Gurekin. Among the features of the cooperative is the centrality of the workers since, from the outset, they are offered the possibility of becoming a cooperative member.

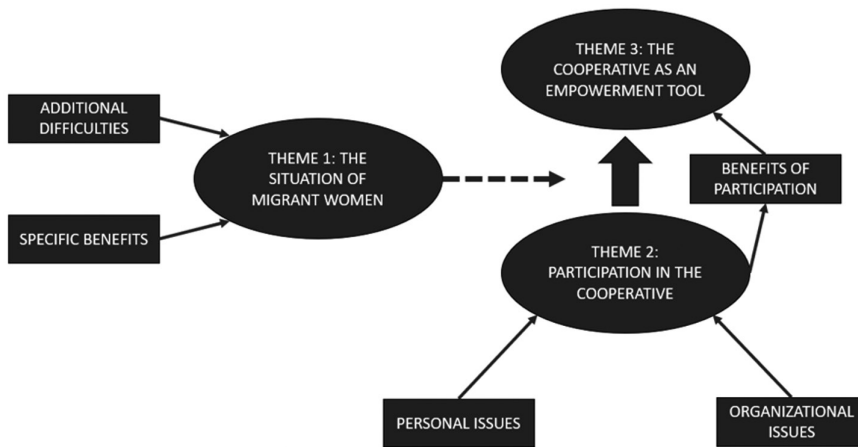
Maitelan is an integral cooperative made up of working members, user members and collaborating members and employees. It is located in Gipuzkoa. It was founded in 2020 by a group of migrant women with the collaboration of the AHMER Multicultural Association, the Development Agency of the Beterri-Buruntza region and the University of the Basque Country (UPV/EHU). This cooperative provides professionalised home care services to people in a situation of dependency, carries out cleaning and offers social or hospital accompaniment. The cooperative sets out to offer services of care and attention to people where the workers and the users decide what, how and when the service is needed.

4. Results

As already discussed, the interviews were analysed using Thematic Analysis. Through this qualitative analytical method patterns can be identified in the information, describing the dataset in detail (Braun & Clarke, 2006). Based on the in-depth interviews carried out, and after developing the phases defined in the methodological section, a general thematic map was developed to order and present all the information.

The analysis is centred on three main themes: (1) the situation of migrant women; (2) participation in the cooperative; (3) the cooperative as an empowerment tool. This latter theme encompasses the hypothesis that this study aims to validate.

Figure 1. General conceptual map of the analysis



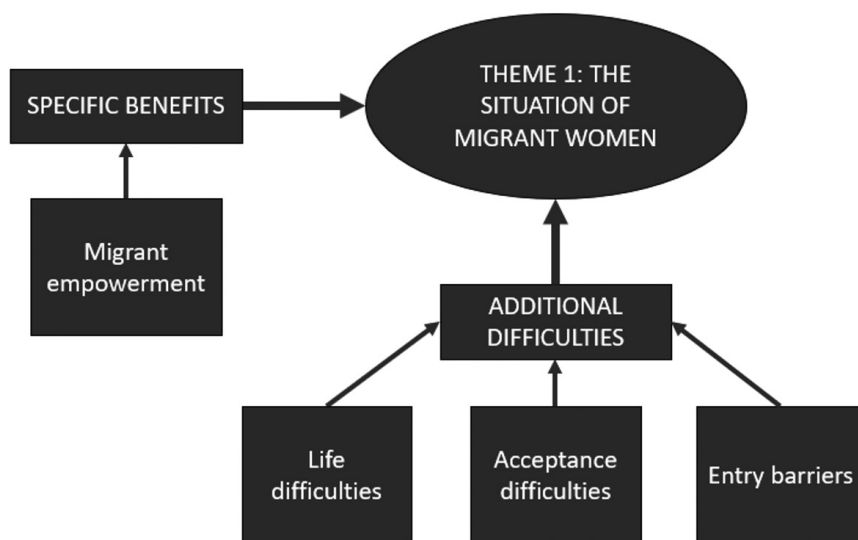
Source: Compiled by the authors.

Theme 1: The situation of migrant women

It is an accepted fact that there is a significant presence of foreign women in the care sector, where around 95% of employment is female (Civersity, 2019). However, this is not always the case in care cooperatives (of the 96-98% of women in care cooperatives, it is estimated that 30% are of foreign origin). Entry requirements of the sector itself at a formal level -social education and healthcare training and being in possession of residence papers- makes entry into care cooperatives difficult for vulnerable groups of foreign immigrant women who desperately need to work. If these difficulties can be overcome and access gained, then the cooperative membership clearly offers certain opportunities (Figure 2).

The three cooperatives analysed show differences in the composition of their workforces: Arabako Laguntza has 51% foreign women, Gurekin 8%, and Maitelan 91.7%, reflecting the way in which each one was established and the contractual relationship with users, who often request not to have foreigners as their carers. Although the country of origin or nationality is not a barrier to entry in these three cooperatives, the Gurekin cooperative avoids employing foreign immigrant women [EB2]. This is not the case in Maitelan, and is becoming less of a barrier in Arabako Laguntza. In fact, barriers more likely to prevent people finding work, especially foreigners, are the specific training requirements in the sector and the requirement for administrative regularity¹ i.e., workers must have residency papers.

Figure 2. General conceptual map of Theme 1



Source: Compiled by the authors.

To be offered a contract; residency papers, qualifications and home help experience. (...) No, No, it is not policy, but it is true that people don't want to be looked after by foreigners. People are more reticent. (...) So, we don't employ them.

(EB2)

All the immigrant women interviewed (nine) worked in care roles in Spain before joining the cooperative. Two [EG3 and EG4] had been live-in staff and the rest had work by the hour;

1. There is a modality through which the non-regularised person can be employed if the cooperative can show sufficient financial solvency for one year to be able to employ that person.

informally, cleaning and as carers. Once again, the premise that care is the gateway for the Global South into the formal or informal market of the Global North is perpetuated.

In Maitelan, a quarter of the foreign women interviewed left dependents behind in their home country, while more than a third brought them with them or were raising them here. These women carried significant emotional burdens, further aggravated by the distance that separated them from their loved ones. The feeling of emotion in the interviews was, generally, quite strong. Women with dependents in their home country sought care from other women in the family or close circle. One of them [EA5] reported having employed another immigrant woman in her own country for a few hours to take care of her daughter while she was living and working in Europe. In the case of those who had brought their children with them, they covered their care needs with help from other women or left the children alone. All expressed a feeling of guilt.

Thus, the existence of a global chain of care is evidenced in which foreign immigrant women from the Global South meet the care needs of the Global North, leaving their own children or dependents to be cared for by other women in their immediate environment or by employing other women to help. These dynamics generate transnational families and extended families, where women are the links that make up the chain covering care across the world.

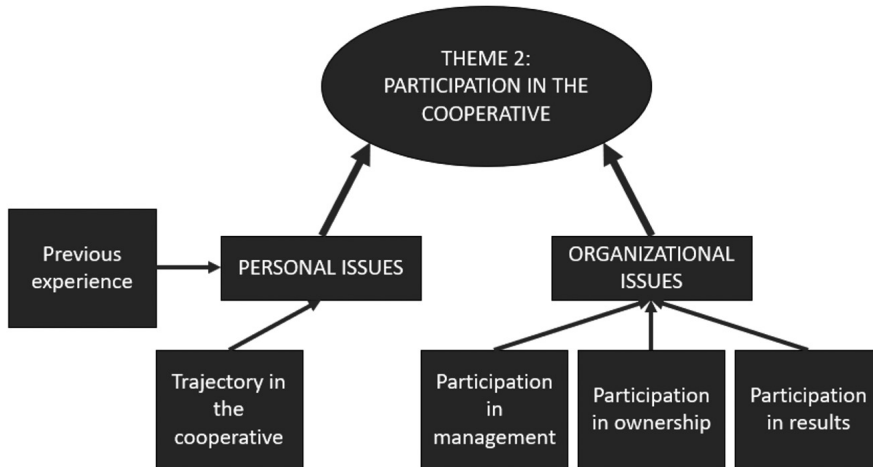
Theme 2: Participation in the cooperative

Analysis in terms of the participation of the workers in the care cooperatives is a valuable indicator of improvement in rights, self-esteem and security, and those interviewed recognised its value from both a personal and organisational perspective (Figure 3). The route that many women take in the care sector -from the informal market to the cooperative, by way of the private sector- makes them experts in the sector and the best barometer for measuring the success of the cooperative as a place of participation and empowerment.

The participation of people in cooperatives was analysed from three areas: management/decision-making, results, and ownership. Understanding the dynamics of the cooperative and actively participating in it are indicators of an optimal work and personal situation. Thus, information and communication in the cooperative company is one of the essential elements for the development of participation.

All the people interviewed understood the dynamics and structure of their cooperative, as well as the means of communication within it. The three cooperatives maintain clear and fluid communication between the Governing Council, coordinators and workers. The close relationship and support offered by the cooperatives made the workers feel very proud to be a part of them, whether they were cooperative members or not. However, in Arabako Laguntza, an area for improvement was detected in terms of internal communication between colleagues. There appeared to be a lack of systematisation in the reporting of service needs when a substitution cover was necessary during out-of-office hours.

Figure 3. General conceptual map of Theme 2



Source: Compiled by the authors.

Likewise, participation in general meetings, face-to-face and verbally, was reported as being poor in Gurekin and Arabako Laguntza in recent years; in Gurekin this was as a result of the pandemic or the demands of the job [EB1], and in Arabako Laguntza because of workers' lack of confidence and/or indifference. This scarce participation in general meetings is despite those cooperative members interviewed being aware that being a cooperative member means assuming responsibilities in the group and jointly providing solutions.

Yes, some go, around 20%, (...) But people don't participate in the general meetings, no... Fear, insecurity, maybe? Having to talk to someone a bit more senior than you, you know?
(EA3)

In the three cooperatives the profits made each year are distributed. Both Arabako Laguntza and Maitelan distribute profits to members and non-members, although in different percentages. This is one way of compensating workers for the loss of time between services, not always paid (this being one of the issues within this sector). This is an advantage of belonging to the group and is a way of alleviating one of the problems of the service sector.

In ownership participation, each cooperative works differently. Arabako Laguntza has not offered the option to new members for over ten years due to its fragile financial situation, Gurekin's entry requirement is that the workers become members, and Maitelan has a stipulated minimum time for workers to be in the cooperative before offering them the possibility of becoming members. Regardless of the cooperative, all the women interviewed, cooperative members or not, saw participation as a positive option. All the testimonials positively valued belonging to the group, the teamwork and the common objective.

The feeling of belonging to a cooperative project is expressed unanimously by women in all three cooperatives, and is in response to the fact that this business model offers women the opportunity to actively participate in decision-making and dividends, even if they are not cooperative members. Both parameters are essential to improve self-esteem and the capacity for empowerment. Internal communication is thus a fundamental element to ensure that this dynamic of participation is guaranteed. The low participation, therefore, in the general meetings might seem incongruous with the views expressed by the people interviewed, but this could be for a different reason -maybe the result of an inadequate transmission of information that prevents them from taking part in the decisions even though they understand the operation and communication channels of the cooperative.

Theme 3: The cooperative as a tool for empowerment

All the people interviewed had worked in care, formally or informally, before joining the cooperative, and were therefore very familiar with the sector.

An interesting theme arose around the desire to stay in the care sector. Only one of the seven native women interviewed said she was keen to change the sector of activity, because it was not a socially or economically valued sector. The educational level of the other native workers did not seem to be a crucial factor; it was more the vocation that was the driving force for them to stay in the job, despite it being undervalued as a sector. Only two of the interviewees [EA1 and EA2] spoke of a positive social assessment of care work, possibly due to the environment in which they worked (something to which they themselves alluded) and the good reception the cooperative had received in the Arabako Laguntza region from the start (1988), when there was hardly any foreign immigration in the country.

I am very happy. I love the job and I also feel very fulfilled, as a person. (...) But is the work appreciated... neither socially nor economically

(EB1. University-level studies)

A second interesting theme verified that all the interviewees in the sector responded to two traits, but with different weight: vocation and economic survival. While native workers reported an innate vocation for care, regardless of whether for some of them it was an economic survival strategy, the foreign workers all justified their presence in care as economic survival, regardless of the fact that some also felt it was a vocation.

(...) so I went to the interview, and I had no option but to take the job, regardless of the salary, or anything else (...)

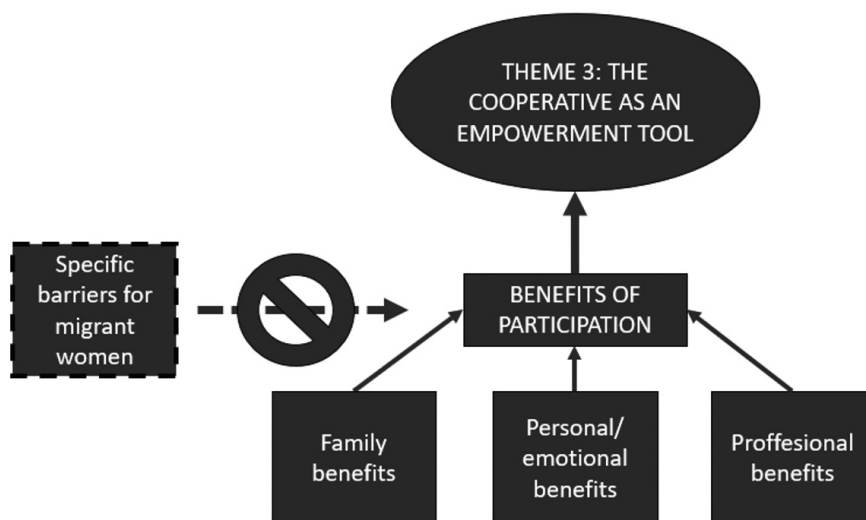
(EG8)

The work experience route taken by the workers prior to joining their cooperatives was different, depending on the territory. At Gurekin, a large percentage of the workforce came from the now defunct company Etxekide, and the others had extensive experience in the sector. Most of the members from Arabako Laguntza found out about the cooperative through the local council, and, in Maitelan, many of them had participated in a public, associative and pri-

vate collaborative process that sought to collectively assume the social responsibility of care and others, by “word of mouth”. Currently, the three cooperatives receive CVs from women, especially foreigners, and word of mouth continues to be a key element.

As can be seen in Figure 4, this theme relates the two previous ones. The cooperative could be considered as having acted as an empowerment tool for people (women) in the care sector if the people interviewed who have worked in care under contractual conditions other than the cooperative: (1) recommend working in the care sector, and within it, in a cooperative, (2) do not wish to change the sector of activity, (3) say they have a greater degree of participation than in other jobs and that this allows them to improve personally and economically.

Figure 4. General conceptual map of Theme 3



Source: Compiled by the authors.

In the three Basque territories, the women stated that they would recommend this sector to other women, regardless of their nationality, but would stress that care involves a special vocational service. In addition, 87.5% of them would recommend the care cooperative as the best option. Only one interviewee [EA3] said that her recommendation would be conditioned by the circumstances of the person she was addressing; she was also the only interviewee who was keen to leave the sector.

The recommendation to take on care work depends on the conditions under which it is offered. In general, residential homes and live-in help are not options recommended by the interviewees, except for [EA1], for whom the experience as a live-in carer was rewarding on a personal level and she was provided with a formal contract. The Public Home Care services

(SAD) was neither recommended in Bizkaia nor in Gipuzkoa. Working for a private company was recommended by some people, across all territories, but the cooperative was still seen as the best option.

The fact that the 17 women interviewed had worked in the care sector prior to joining the cooperative, formally and/or informally, validated the cooperative as the one they would recommend as the best contractual option within the sector. They alluded to a feeling of belonging, and the participation and closeness that working in the cooperative offered, as well as feeling more dignified and valued, leading to greater personal and economic autonomy (in some cases), which was reflected in their personal lives through a greater sense of empowerment. In general, the opinions of the only man interviewed were similar to the opinions of the majority, although they have not been specifically analysed as they are not the object of study in this paper.

5. Discussion

Studies that look to combine the perspectives of the Social and Solidarity Economy with the Feminist Economy emphasize that both approaches converge in that they both seek to contribute to the development of fairer economic models in which women can empower themselves and develop their potential under decent working conditions. Specifically, the care sector is a clear case in which both approaches can find a space for convergence. Furthermore, given the characteristics of the sector, a third approach, that of migration and global care chains, comes into play. Thus, the concept of global care chains includes the way in which gender roles are reproduced since, given that the care sector is one of the usual entry doors for migratory flows, there is a constant flow of immigrant women into this area of work.

This triple convergence between Social and Solidarity Economy, Feminist Economy and global care chains is the framework on which the objectives and research questions of this study are based. The results obtained confirm the existence of these aforementioned global care chains, although they reveal important barriers related to administrative regularisation. These barriers prevent many migrant women from joining the formal sector, leaving them with no choice but to do so informally.

Although SSE organisations are based on the principles of equity, equality and social justice, the feminist approach had not been incorporated transversally until a few years ago (Arando et al., 2024; Baruah, 2023). In this regard, the literature analysed seems to suggest that cooperatives are an appropriate formula to empower women (Bharti, 2021). Recent studies highlight the idea that the care economy and the SSE complement each other and can strengthen each other (Arando et al., 2024), since both pursue the valorisation and recognition of care work, as well as the construction of a more equitable and supportive society. Their integration can generate positive results both for those who carry out care work and for society as a whole. SSE can foster cooperation between different actors, such as community organisations, social enterprises and public entities, to collectively address care-related challenges.

The results of the study support this approach and answer the first of the research questions posed. Although the 17 interviews completed included people with very different profiles, in general the opinions collected were fairly uniform. All the people interviewed had worked in the sector before working in a cooperative environment, and all of them highlighted the improvements they perceived with the change of environment. The feeling of belonging and self-realisation was strong, and the vast majority of workers recommended working in cooperatives, where they felt more appreciated and empowered. Aspects such as cooperation between partners, the priority of the human factor or the redistribution of benefits mentioned by Montalbán (2020), Myers (2015) or Ribas and Sajardo (2005), among others, were particularly valued by the interviewees.

All this supports the main objective of the study. The diversity of previous experiences of the interviewees highlights, as the ILO report (2024) also shows, that the care sector is a complex sector, with wide differences in terms of working conditions, guarantees of rights, etc. In this haphazard context, cooperativism appears to offer a safe haven for people who can gain access to it (although this is not everybody). Thus, the SSE represents, as Baruah (2018) states, the possibility of reconciling global objectives with the reduction of gender inequality and other forms of social injustice. The results show that the social economy has been successful in providing many women not only with a good income and decent working conditions, but also with social services and protection of rights, as well as contexts of solidarity that have positive effects on their health and well-being.

The participation of women in care cooperatives seems to be the mechanism by which they can gain better working conditions and benefits. Cooperatives help women increase their social capital and improve their self-esteem and self-sufficiency (Adhikari & Goldey, 2010), generating the ideal framework of trust for care cooperative workers (Arando et al., 2024; Bharti, 2021; Myers, 2015). However, the field work reveals there is little participation in the management processes by workers in the care cooperatives, despite there being communication channels set up precisely for this.

The interviews carried out made it clear that, for all the women interviewed, their participation in cooperatives in the care sector generated, above all, personal satisfaction beyond merely economic rewards. They talked in particular of the pride, security and confidence that most felt from being part of the cooperative, which contrasted significantly with past experiences of work before joining the cooperative.

The third and last issue analysed is related to the universality of these types of benefits offered by care cooperatives. Various research studies already highlight that immigrant women have greater difficulties when it comes to even being able to participate in this sector formally, and therefore find themselves in the worst and most precarious work situations (Collins & Bilge, 2020; Parella, 2023). The concept of global care chains involves the transnational movement of care in the form of female migration (Bryceson & Vuorela, 2020). The Theory of Work Segmentation refers precisely to this phenomenon, which in this case mixes the problems of gender and migration, resulting in the existence of a secondary, hidden, irregular labour market which generates a huge sense of helplessness for women trapped in this market. Results

presented in a recent study carried out among women participating in cooperative projects (Di Masso et al., 2021) suggested that SSE also presents limitations or difficulties in reversing some of the inequalities on which the capitalist market economy is built. It concludes that inequalities in accessibility are reproduced along different axes, one of which is origin.

Our study has highlighted the issues related to migrant workers in the care sector. Our approach has not included an analysis of the secondary care market, but it has become clear that there are significant barriers (legal and/or prejudice) that prevent a large proportion of migrant women from being able to access this type of organisation (or even the regular labour market). Where these women have been able to access care cooperatives, the benefits mentioned above in terms of participation, a framework of trust, etc., seem to make a huge difference to their well-being.

6. Conclusions

The care sector is an extremely feminised sector, as demonstrated by studies such as the ILO or UN-INSTRAW mentioned throughout this paper. This feminisation often translates into a lower social and economic value that a priori would discourage workers from continuing in it or recommending it to third parties, yet most of the people interviewed agreed otherwise.

This feminisation of the sector is accompanied, in turn, by a greater racialisation and presence of foreign women. However, as has been explained both in the theoretical framework and in the discussion, this racialisation occurs mostly in secondary, irregular labour markets, where labour rights and decent conditions are not always guaranteed.

An economic survival strategy for women from the Global South together with the care crisis in the Global North generates global care chains where each link is a new woman incorporated into the sector to cover dependency and domestic care needs. These dynamics that are reproduced daily worldwide and that naturalise gender roles and biases in the labour market also materialise in micro analyses, as is the case in the three cooperatives analysed.

For women, although the care cooperative seems to offer them a better framework for participation and trust, this could simply be the exception in an undervalued care sector. That said, entry into a cooperative continues to present limitations that are difficult to get round, often caused by immigration law rather than the cooperative itself. This still leaves a very vulnerable group of migrant women who, for lack of residence papers, are exploited in poorly paid care jobs, without the possibility of enjoying the protection offered by a cooperative.

In short, care cooperatives cannot always remove job insecurity, but they do offer labour rights to the extent that they recognise the rights of people and allow participation in general meetings in which the needs of workers (members or not) are heard, facilitating as far as possible a work-life balance without positively discriminating against other partners.

Likewise, the participation of women in decision-making and in the management of the cooperative often translates into greater security for them and a greater degree of empowerment. This empowerment is not linked to greater economic capacity, but to personal enrich-

ment and the feeling of belonging to a common cooperative project. Thus, care is presented as a sector where dignity and empowerment have a place, even though it remains linked to global care chains that interconnect different human ecologies. However, these empowerment mechanisms are once again restricted to women, migrants or not, who have access to care cooperatives. Furthermore, the empirical work carried out in this study reveals that participation in management processes is very much reduced in care cooperatives, a fact that calls for further in-depth studies to identify the cause of this and propose solutions.

We end the paper by acknowledging the limitations of the study. Firstly, the methodology used does not enable generalisations to be drawn that could be applied to the wider reality. Qualitative methodologies seek to provide another type of exploratory knowledge, deeper and more meaningful, although with the aforementioned limitation. Secondly, the selection of the reference cooperatives in each territory may have left aside other realities different from those analysed. Therefore, future research should aim to expand the sample of the study to include other types of situations and also to be able to carry out quantitative analysis. Finally, a more quantitative study would be ideal to identify potential differences in terms of working conditions, salaries, etc., between the regular and irregular market, by gender and, above all, contrast all of this with the specific reality of Social and Solidarity Economy entities.

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