Evaluation of a public childcare policy: A gender perspective

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Abstract

Although care work has historically been excluded from the realm of public intervention, in recent years it has gained prominence thanks to the rise of feminism within institutions and the promotion of public policies aimed at addressing the gender inequalities that shape its provision. This article analyses how the implementation of public childcare policies can contribute to the recognition and redistribution of care work. Based on a case study of the Temps x Cures program, launched in Catalonia in 2021, the study evaluates its implementation through a qualitative methodological strategy, triangulated with quantitative data. The analysis is framed within Nancy Fraser's (2015) theory of feminist justice and provides empirical evidence on how such policies can contribute to recognising the value of care through institutionalization and to defamiliarizing its provision. However, it is crucial that they are driven by autonomous units with authority, resources, and clear guidelines in order to mainstream a gender perspective and reverse the labour precariousness in the sector.

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1. Introduction

For decades, care was not an area of public intervention. However, in recent years, the entry of feminism into institutions and their adoption of gender-sensitive frameworks have driven the development of care policies as instruments to alleviate women's disproportionate burden in the provision of care and to enhance its recognition. Given that these policies are still at an early stage, it is particularly important to generate empirical evidence that can shed light on both their potential and the challenges their effective implementation poses.

In this context, feminist theory has played a crucial role in highlighting how care work has historically been assumed by families, and in particular by women (Esping-Andersen, 1990; Razavi, 2007; De Quintana et al., 2024). This unequal organisation produces time poverty and a disproportionate physical and mental burden for women (Moreno, 2008; Ajenjo & Garcia, 2019; Vega et al., 2021; Ezquerra & Fernández, 2023). At the same time, the lack of social recognition of care work is reflected in the precarious employment conditions that characterise the sector (Observatori del Treball i Model Productiu, 2022; Ortiz, 2023). In response to this diagnosis, two major demands have been articulated: the

recognition and the redistribution of care work. Recognition, in Fraser's (2015) terms, implies the social valorisation of care and its institutional legitimisation as a collective responsibility; redistribution, by contrast, refers to the need to reorganise the division of this work among the state, the market, the community and households, and especially between women and men.

Until recently, however, these claims had not translated into specific public policies. A clear example can be found in the field of childcare, where significant gaps persist in the provision of public services. As highlighted in the Assessment of Care Needs in Catalonia: "the main resource is the public provision of nursery schools and the subsidisation of private nurseries. (...) Beyond nursery schools [which are in fact considered an educational service], there is a very limited supply of other types of services, (...) with the sole exception of summer camps (for children from the age of four), which are more consolidated across the territory—although not always publicly provided" (De Quintana et al., 2024, pp. 77, 99).

This lack of services is partly explained by the fact that childcare policies have traditionally been designed with the primary aim of ensuring child development, without systematically considering their potential cross-cutting benefits for the redistribution of care provision. The empirical literature that has examined these policies has also focused predominantly on their effects on children's cognitive and socio-emotional development and on women's labour market participation (Zief, 2006; Morrissey, 2017; Ardoin et al., 2020; Christensen et al., 2023), leaving other equally relevant dimensions in the background, such as the social and institutional recognition of care work or its redistribution beyond female labour market involvement.

This study seeks to address this gap through a case study of the implementation of the Temps x Cures programme, a childcare policy with a comprehensive approach aimed at redressing gender inequalities, launched by the Government of Catalonia in 2021. The study explores how the public provision of care services can contribute to the recognition and redistribution of care. By recognition, we refer both to institutional recognition—that is, the centrality that public administrations assign to care and how this translates into structures, resources and cross-cutting policies—and to social recognition, understood as the visibility and valorisation of care work. Redistribution, in turn, refers to the extent to which public services can free up time, reduce the care burden on families and women, and transform the social gender norms associated with caregiving. Using qualitative techniques triangulated with quantitative data, the study identifies the main obstacles and enabling factors that can inform the design and implementation of future programmes and policies.

In relation to recognition, the study reveals that, for care policies to be effective, they must be deployed from specific institutional structures with authority, effective capacity (and thus financial and human resources) and clear guidelines. This is particularly relevant to enable cross-sectoral work with areas such as education, childhood or youth, which also have competences over these public services. Moreover, public services can contribute to the social recognition of care work by making it visible as an activity of public value and by promoting formal, quality employment in this field. However, this potential is severely constrained if the responsibility of public administrations to foster quality employment is not explicitly acknowledged, and if concrete mechanisms to reverse the sector's precariousness are not established. Otherwise, there is a risk of perpetuating this labour precarity.

With regard to redistribution, public childcare services can contribute to the defamilialisation of care work through the co-responsibility assumed by public administrations. They also have the potential to reduce mothers' time poverty. Nonetheless, the findings indicate that they are insufficient to redistribute the mental burden, which continues to fall mainly on women and requires deeper structural and cultural transformations. In this regard, the study shows how administrations adopting a feminist perspective can innovate in their provision, incorporating flexible services that go beyond facilitating the reconciliation of work and family life, and that are designed to meet occasional time needs. However, the limited awareness of the right to personal time hinders demand for such services, highlighting the need to transform gender norms and to collectively claim this right.

2. Theoretical and institutional framework

Care—understood as a basic need for all people throughout the life course, albeit in different degrees, dimensions and forms (Izquierdo, 2003)—has been one of the central pillars of feminist claims. The first mobilisations in this field emerged in the 1970s in the United States with the Wages for Housework campaign. This proposal sought to denaturalise domestic work, denouncing the situation of exploitation in which women found themselves by taking on unpaid domestic and care tasks within households, at the service of men and, through them, of capital (Federici, 1995; Dalla Costa & James, 1972). Demanding wages meant making these tasks visible and attributing value to them, but the real aim of the proposal was not remuneration per se, but rather the socialisation and collectivisation of care work.

In the 1980s, scholars in political philosophy, aligned with difference feminism, questioned this materialist vision of care—as a source of oppression—to reconceptualise it as something essential to human life, a value not only desirable but one that should be universalised in order to build more democratic societies (Fisher & Tronto, 1990; Gilligan, 1982).

These two visions of care—as labour and a form of women's exploitation, but also as a set of values and attitudes to be universalised—gave rise to two different demands regarding care: redistribution and recognition. Nancy Fraser (2015) elaborated the conceptual framework that brings these two dimensions of social and gender justice into dialogue, structuring today's feminist care agendas. She did so by advancing the model of the "universal caregiver" (Fraser, 2015), which—moving away from earlier proposals—calls on men, by assuming care responsibilities on an equal footing, to approximate the balance between productive and reproductive work that women currently sustain.

The demands for recognition and redistribution of care work are grounded in a vast body of research that documents existing inequalities. In societies with Mediterranean welfare regimes, such as Spain, responsibility for care has historically fallen on families and, within them, mainly on women (Esping-Andersen, 1990; Razavi, 2007; García-Mainar et al., 2011; De Quintana et al., 2024). This feminisation of care work translates into an unequal distribution of time, which intensifies with childcare and includes both the physical and mental burden associated with everyday organisation and management (Ajenjo & Garcia, 2019; Ezquerra & Fernández, 2023). This imbalance gives rise to situations of time poverty, understood as the lack of available time after fulfilling work and care obligations (Moreno, 2008; Vega et al., 2021).

At the same time, these inequalities in the distribution of time coexist with the strong precarisation of paid care work. Despite its social importance, the sector is characterised by informality, part-time arrangements and low wages; precarious working conditions that affect migrant women in particular, as they constitute the majority of workers in this field (Observatori del Treball i Model Productiu, 2022; Ortiz, 2023). These conditions reflect the limited social and institutional recognition of essential work and reproduce gender, class and origin-based inequalities.

In recent years, and in line with the academic literature, the feminist movement's main demands have included: changes in the productive model (such as shorter working hours), public co-responsibility in care provision to relieve families, men's co-responsibility to ensure gender justice, subsidies for non-professional or family- and community-based care, and the dignification of care-related professions.

This set of reflections and demands has reached a turning point over the past decade with its gradual institutionalisation. Care has begun to occupy a place on the political agenda at different scales. Specific regulatory and strategic frameworks are currently being developed at the European (European Commission, 2022), national (Instituto de las Mujeres, 2023) and regional levels. In Catalonia, this agenda is spearheaded by the Department of Equality and Feminisms, created in 2021, and more specifically by the Directorate-General for Care, Organisation of Time and Equity in Work (hereafter DGCOTET). As these strategies are translated into concrete policies, it becomes increasingly relevant to analyse their capacity to respond to the demands of the feminist movement.

This article draws on Nancy Fraser's (2015) feminist justice framework to analyse the contribution of a specific childcare policy—the Temps x Cures programme—to the redistribution of care work and responsibilities, as well as to the social, symbolic and institutional recognition of such work. However, the aim of this study is not to evaluate the

impact of public policies on these objectives, but to assess their transformative potential, examine their functioning, and identify the facilitating factors and barriers that shape their effective implementation.

3. Methodology

The analysis of how care policies contribute to the recognition and redistribution of care work is based on a case study of the implementation of the *Temps x Cures* programme in Catalonia during the period 2021–2023. This is a multilevel programme (state, regional and local) that clearly illustrates the incorporation of care into the political agenda through institutional feminism. Although, in the Catalan context, other programmes had previously been developed—such as *Minuts Menuts* (launched in 2007 by the Department of Social Action and Citizenship), which provided on-demand childcare services, or the *Concilia* project (developed in 2021 by the Barcelona City Council's Directorate for Health and Care), focused on municipal babysitting services—*Temps x Cures* represents an innovative initiative, primarily because of its broad scope. Funded through the *Plan Corresponsables* (2021–2023) of the Spanish Ministry of Equality, the programme was designed by the Department of Equality and Feminisms of the Government of Catalonia, through the DGCOTET, with three objectives: (i) to guarantee the right of children under 16 to receive care, (ii) to free up time for families, and (iii) to generate new quality employment in the care sector. The analysis presented here draws on the evaluation of the programme's implementation, commissioned by the DGCOTET itself.

The programme consists of transferring resources from the regional government to local authorities (municipalities and county councils) in order to implement—either directly or through external providers—care services for children and adolescents aged 0 to 16. Specifically, the services eligible for funding include play centres, vacation camps, babysitting in community facilities or at home, school reception services, as well as other similar leisure and recreational services outside school hours (or beyond compulsory schooling), while excluding extracurricular educational activities. The programme was rolled out in 107 local authorities (municipalities and county councils) in its first call (2021), 100 in the second (2022), and 105 in the third (2023).

The analysis employed qualitative methodologies, with findings triangulated with a quantitative analysis of programme monitoring data. In particular, six focus groups were conducted with technical staff responsible for managing the *Temps x Cures* programme in local authorities, between October and November 2023. The groups were formed according to a criterion of heterogeneity, seeking diverse representation based on the type and size of the local authority, the corresponding *vegueria* (territorial division), and other relevant variables for the analysis, such as the level of staff dedication, the types of services implemented, and the management model adopted. In total, 40 participants from 37 local authorities took part.

The information collected during fieldwork was analysed thematically, using a deductive approach based on a predefined analytical framework (see Appendix 2). This framework linked the programme's three objectives with the concepts of recognition and redistribution, which guided the initial coding of the data. From this framework, preliminary categories were designed to structure both the organisation of information and the interpretation of findings. Coding was carried out using Atlas.TI and was reviewed by both researchers to ensure coherence and validity. This strategy enabled the empirical data to be contrasted with the study's theoretical assumptions.

The quantitative analysis focused on the monitoring data collected by local authorities and compiled by the DGCOTET. Its aim was to identify and describe patterns of programme implementation and to triangulate these results with the qualitative evidence. The analysis was conducted with the data available up to April 2024 and includes information from all participating local authorities, except one.

Specifically, the data analysed concerned programme management (responsible unit, hours of dedication and presence of coordination), funded services (number, type, novelty or expansion, and inclusion in sectoral plans), contracts awarded (according to previous employment status, gender and contract characteristics), and programme reach (hours of service provided and number of families served).

4. Results

4.1 Contribution to Recognition

This section analyses how the programme contributes to the recognition of care work, both from an institutional perspective—namely, the position it occupies within the public agenda and the organisation of services—and from a social perspective, linked to its visibility and value.

With regard to institutional recognition, it is worth noting that Catalonia had no specific unit responsible for care policies until the creation of the Department of Equality and Feminisms of the Government of Catalonia in 2021, and the corresponding DGCOTET. This institutional gap was mirrored at the local level, where care had traditionally been addressed through Social Services (particularly long-term care) and through Education, Childhood and Youth (in relation to childcare and adolescence). Indeed, Temps x Cures was launched at a time when many municipalities and county councils—especially smaller ones—were only beginning to establish specific Equality units: "*the area of equality, feminism and citizenship was only created in this new legislature*" (DG_CC2).

In this respect, the programme brought in specific resources to promote childcare services, forcing many local authorities—until then either disinterested or with little experience in this area, particularly the smaller ones—to incorporate the issue into their political agendas. In some cases, this triggered a conceptual reflection on care. At the technical level, the process of having to design present, and justify the services to political teams has generated spaces for internal debate and has contributed to building a discourse around care, distinguishing it from welfare provision and granting it its own status. As one interviewee put it: "*It has given us the opportunity to propose new situations and to broaden our perspective*" (DG_A1). Nevertheless, some technical teams reported difficulties in obtaining political support and had to engage in constant pedagogical work to explain that care is not limited to work-life reconciliation, but rather represents a transformative perspective on the social and institutional organization of time and services: "*If the councillor in question or the head does not believe in these spaces from this perspective, they will not prioritise them*" (DG_A1). Thus, the programme has helped bring care onto the political agenda, though not without encountering individual resistance.

Feminist scholarship highlights the importance of establishing specific institutional structures to promote effective equality policies and overcome both institutional and individual resistance (Alfama, 2023; Alfama & Alonso, 2015; Gelambí, 2023). While care policies cut across many areas, only leadership from Equality units ensures that they explicitly protect women's rights and mitigate the negative effects of the current care model on them. The perception of the informants aligns with this feminist literature, noting that "*it makes a big difference whether there is an Equality or Feminism area or not*" (DG_CC3). It is therefore particularly relevant that in 69% of local authorities, the *Temps x Cures* programme was managed through Equality units. The remaining 30 local authorities implemented it mainly through Social Services or Childhood units.

However, although Temps x Cures helped place care on the institutional agenda, in many cases this progress occurred within structures that were still fragile. Most of the units responsible for the programme were very recent and faced significant deficits in human, financial and operational resources. While local authorities were required to appoint a person responsible for the programme, fieldwork revealed that this task was often added to already overburdened teams. In many cases, responsibility fell to the person or unit with the most available hours, rather than being based on organisational coherence or political implications. As one informant noted: "*The equality officer? Impossible, because she already runs the Women's Information and Support Services (SIAD), the Equality Plan, and a thousand other things*" (DG_A3).

Only 35% of local authorities hired a dedicated coordinator to manage the programme, while the rest devoted minimal hours (30% fewer than five hours per week, and half fewer than fifteen). Fieldwork thus confirms the diagnosis already made by Barcelona Provincial Council (2023): equality policies suffer from a long-standing lack of institutional recognition and budgetary allocation, exacerbated by the austerity cuts of 2011, which limits their capacity to take

on functions beyond information and support services for women and responses to gender-based violence. Despite programme funding, therefore, the management requirements of service roll-out overwhelmed most local authorities at a technical level.

Moreover, because the allocation of responsibilities within *Temps x Cures* was often based on organisational pragmatism rather than strategic reflection, it affected the hierarchical status and location of the responsible units within local authority structures. In many cases, Equality units were subordinated to Social Services—traditionally characterised by a more welfare-oriented approach to care—and often operated as minor services or sub-units with limited institutional weight. This dependency and lack of authority constrained their capacity to innovate and to develop new services.

This organisational subordination also limited their ability to mainstream a feminist perspective within care policies (in this case, within *Temps x Cures*). While traditional childcare services focus on child development, a feminist lens also considers carers' right to time, given the unequal gender distribution of care work. However, mainstreaming this perspective requires explicit efforts and clear guidance, which, in the case of *Temps x Cures*, were only partially provided.

The absence of clear guidance left local authorities with wide discretion to decide how to translate the funds received into concrete services. Generally, this first step—the identification of services to be implemented—was not conceived as a stage of public policy design. Decisions were often taken based on practical criteria or inertia: "*We just go along, on the fly, and then tell the head of unit, and that's it*" (DG_A1). In many cases—largely due to the lack of resources and capacity—funds were used to reinforce pre-existing services under the remit of other units such as Education, Youth or Social Services.

This reinforcement of prior services would not be a problem if the units had the capacity to mainstream a care perspective. Informants reported that interdepartmental alliances did exist, but tended to be informal or sporadic. As one participant put it: "*We coordinate so they can refer cases, so they can make use of the services*" (DG_A3). Indeed, only 14% of local authorities integrated the programme into more than one sectoral plan (equality, education, youth, social services, etc.), which indicates that attempts to mainstream care were marginal. This reveals the absence of an integrated or coordinated strategy for rolling out care services.

For similar reasons, the DGCOTET was also unable to provide local authorities with clear guidance on how to enable real cross-sectoral work or how to tackle the institutional and cultural resistance typically faced by equality policies (Alfama & Alonso, 2015). In this sense, the roll-out of Temps x Cures confirms, as Keller and Sol (2019) argue, the need to mainstream feminist care policies, supported by institutional structures capable of enacting this shift.

From a social recognition perspective, the resources deployed through the programme translated into an expansion of available care services, which in turn led to an increase in employment in the sector. Between 2021 and 2023, the programme funded a total of 12,290 contracts, of which 8,037 were new jobs, 1,961 involved improvements to existing contracts (increased hours or duration), and 1,827 fell into "other situations" (maintained contracts, staff redeployment, etc.).

This increase in hiring is significant insofar as it contributes to the formalisation of a sector traditionally marked by high levels of informality and strong associations with voluntary work. For instance, in the field of childcare, services traditionally referred to as babysitting had historically been provided in the private sphere. Generating such a substantial volume of formal employment is thus significant in itself, as it improves working conditions for people who would otherwise perform the same tasks without legal guarantees.

The impact of formalisation extends beyond childcare specifically. Ortiz (2023), for example, directly links the lack of public care services with the surge in household employment in the mid-1990s, when middle- and upper-class families, being responsible for care work without government support, ended up outsourcing it under precarious conditions. Public investment in care services therefore not only increases the supply of formal jobs, but also reduces demand for informal employment, potentially yielding structural improvements in working conditions across the care sector.

Despite these advances in formalisation, the jobs generated by the programme were not of high quality, even though this was an explicit objective of both *Temps x Cures* and the *Plan Corresponsables*. Of the contracts funded, 38.3% were temporary, and by 2023 only 15% were permanent. While the high proportion of temporary work can be partly explained by the prevalence of holiday-period activities, the data show that instability persisted even for year-round services. Moreover, 68.3% of contracts were part-time—a figure that rose to 78.9% when including hourly contracts—resulting in significant job insecurity. Salaries were also low: the average annual wage per worker was just €10,254.76 in 2022 and €12,063.76 in 2023. Notably, 59.9% of hires were leisure monitors (the lowest professional category permitted under programme rules), a figure partly explained by the type of activities funded, though monitors were also hired to provide services requiring more qualified profiles. Finally, the feminisation of the sector was confirmed: 92% of programme coordinators were women, as were the majority of employees, particularly in early childhood education services.

Fieldwork also revealed that many local programme managers did not perceive the improvement of working conditions as part of their remit, or as an area where they could exercise meaningful influence—for example, through procurement clauses and other public contracting mechanisms. When asked about measures to promote job quality, they often confused these with actions aimed at improving service quality, such as requiring staff with "training in equality or gender perspective" (DG_A3).

Furthermore, the study shows that local authorities did not prioritise direct service provision. Although *Temps x Cures* was designed as a transfer of resources to municipalities for the delivery of public services, in more than half of cases management was delegated to the market and/or community, with direct provision by local authorities remaining the exception. The choice of management model was shaped by pre-existing administrative cultures and organisational structures, rather than by a strategic vision to consolidate public care infrastructure and reinforce the role of public administrations in direct service provision.

Fieldwork suggests that this reliance on outsourcing contributed to local authorities' disengagement from promoting quality employment. Informants perceived that "*when services are outsourced, (...) companies do as they please*" (DG_A3), a perception only partly accurate, as public administrations can in fact include social, environmental, transparency and ethical clauses in procurement processes to influence employment conditions in outsourced services. However, interviewees appeared to have little knowledge of such responsible public procurement mechanisms.

A key reason for this is that the programme itself did not specify how job quality should be ensured or at least promoted. This lack of explicit strategies or mechanisms illustrates what Pérez (2014) describes as a "weak co-responsibility" approach, in which care provision is delegated without transforming the sector's labour conditions—compounded by local authorities' limited sense of responsibility or their uncritical acceptance of precariousness in these sectors. As one informant summed up: "*The hiring [promoted within Temps x Cures] has been basically temporary, with tight salaries, and it has not been quality employment as the programme had envisaged*" (DG_CC2).

4.2 Contribution to Redistribution

It is estimated that the *Temps x Cures* programme has provided 23,714,254 hours of care services to around 60,000 families. This is particularly significant given that Catalonia—like the rest of Spain and Southern European countries—is characterised by a strongly familist care regime. Within Esping-Andersen's (1990) welfare state typology, these contexts are classified as Mediterranean welfare regimes: systems of a familist and welfare-oriented tradition that rely on families— and within them, women in particular—to assume the bulk of care provision and to remain largely self-sufficient. This means that, when considering the four social institutions where care needs are met—family, market, state and community (Razavi, 2007)—responsibility falls predominantly on the family.

This identification of care with the family, and thus with the domestic and private sphere, also explains why public sector involvement in care provision has historically been weak. Familism also results in marked gender inequalities in the distribution of care work. Numerous studies show that, regardless of income or education, women devote more

time than men to care within the family sphere (Ajenjo & García, 2019). This inequality is heightened by motherhood: although younger generations of men have increased their time spent on care, this has not been matched by a reduction in women's care time (Ajenjo & García, 2019). In addition, women not only take on a greater share of care work but are also responsible for its organization and management, which has been conceptualized as "mental burden" (Ezquerra & Fernández, 2023).

This unequal distribution of work and time directly impacts women's availability of "free" time, often referred to as time poverty. In Catalonia, women devote more than six hours per day to the combined total of paid and unpaid work—one hour more than men (Idescat, 2011). Vega et al. (2021) define time poverty as the condition of those who lack sufficient time after fulfilling both paid and unpaid work obligations. From this perspective, *Temps x Cures* has not only transferred a significant amount of care time from families to the administration, but has also contributed to reducing women's time poverty.

However, qualitative data collected during fieldwork indicate that redistribution has not been equitable within households, and that the mental burden associated with managing services continues to fall largely on women. In most cases, it is mothers who take children to the services and manage the applications for access. As several informants pointed out, family contact is almost always established with mothers, and even in spontaneous, there is a tendency to refer to carers in the feminine, with references to mothers or "mamás" (DG_A3).

Among the services funded by the programme, municipal babysitting services stand out. The DGCOTET's decision to include these services as a fundable option was not accidental. Unlike vacation camps, school reception services, or play centres (all of which fall under the remit of Education or Youth units), municipal babysitting services lack specific regulation within the current legal framework and can therefore fall within the specific competences of Equality units (or equivalents). Given that these services were virtually non-existent prior to the programme's roll-out, and innovative in nature, they have played a key role in expanding the local public childcare system. Larger municipalities, with more consolidated Equality units and greater operational capacity, were generally able to develop more innovative proposals than smaller municipalities.

A key strength was the DGCOTET's decision to grant local authorities the flexibility to tailor the design of municipal babysitting services to their specific territorial needs and resources. Consequently, 50% of local authorities launched at least one such service in 2022. These services have been valued as a useful tool to "lighten the family load a bit" (DG_A3) and offer carers a break and greater autonomy. As one municipal officer emphasised: "*It's time for rest, for training, for work... many families who previously relied on extended family or friends can now use this service*" (DG_A2).

Unlike other services primarily geared towards work–life balance, municipal babysitting services address a broader range of time needs. This approach recognises that carers—and especially women—not only need to reconcile paid work with care, but also require time for health, community participation, rest, and education. In this respect, their creation reflects a more holistic vision of time redistribution, resonating with contributions from feminist economics. Feminist scholars have repeatedly criticised the reductionist approach of reconciliation policies, which focus exclusively on balancing paid work and care responsibilities, and instead call for policies that recognise carers' right to personal, quality time for rest and self-development, beyond labour market participation (Pérez, 2014).

In many areas—particularly those with limited private provision—municipal babysitting services have become a public and accessible option for meeting occasional care needs for which families previously had few alternatives. This responsiveness to unmet needs, which essentially creates an on-demand childcare service, is among the elements that informants identified as most innovative and transformative within the programme: "*It's something very new, I think it's so new and so good that people can hardly believe it. We're encountering many municipalities where the service is in place but there's no demand—not because people don't want it, but because they don't yet know about it*" (DG_CC1).

Nevertheless, the promotion of these on-demand childcare services has faced challenges in generating demand. As one informant summarised: "*We've had trouble raising awareness of the service. It's a very powerful tool: everyone you explain it to loves it and says, 'this is exactly what we need', but it has been difficult to get people to know about it and to try it*"

(DG_A1). Unlike extended school hours or after-school programmes—which families are more used to—on-demand services such as municipal babysitting have required specific communication efforts to be recognised as useful and legitimate. Initial unfamiliarity with these services has forced many local entities to carry out communication and outreach campaigns. Over time, this barrier has diminished as services became more visible. However, participants also emphasised a deeper and more persistent challenge: the lack of awareness of the right to personal time.

Such services give carers the possibility of time for non-work-related or non-productive activities, such as rest, self-care, leisure, or personal pursuits. Yet, in practice, many people do not feel entitled to use them in this way. As several informants explained, municipal babysitting services are mainly used to accommodate activities perceived as more necessary or useful—administrative tasks, training, shopping, or other responsibilities—rather than for self-care or wellbeing. Personal time is not socially recognised as a legitimate need, particularly for mothers, who still disproportionately bear care responsibilities. Some mothers even expressed feelings of guilt at the idea of leaving their children to engage in personal activities such as going to the gym, the hairdresser, or meeting friends for coffee: "*There are mothers who feel bad and say, 'I won't leave them here just to go to the gym*'" (DG_A1).

This lack of recognition of the right to personal time clearly reflects the persistence of patriarchal social norms that construct women's availability for care as a defining feature of their role (Tobío, 2012). The difficulty in generating demand for municipal babysitting services is therefore not merely a communication challenge but a deeper cultural barrier, which requires pedagogical work on the part of local authorities. Some programme managers reported working on this change in mindset, albeit often without clear strategies or systematic evidence on outcomes. This symbolic dimension is fundamental if progress is to be made towards an effective redistribution of care time, and above all, of personal time.

5. Conclusions

Care is a relatively recent area of public intervention, and empirical evidence on the functioning and effects of care policies designed from a feminist perspective remains scarce. This article has explored how public childcare policies can contribute to the recognition and redistribution of care work, two central demands of the feminist movement. While such policies have traditionally been conceived and implemented from educational or work–life balance perspectives, the entry of feminism into institutions has opened the door to services with a feminist orientation: strengthening existing services by focusing not only on child development but also on gender inequalities, and developing new services that go beyond facilitating the reconciliation of paid work and family life to make the right to personal time effective. This new approach aims to free families—and especially women—from the unequal burden of care, while recognising, making visible, and dignifying this often undervalued work.

The findings show that promoting public childcare services from a feminist perspective can generate significant transformative effects. The *Temps x Cures* programme has contributed substantially to placing care at the centre of public debate and institutionalising it as a legitimate area of public intervention—not only at the state and regional levels, but particularly at the local level. In turn, such institutionalisation enhances the recognition of its value.

At the same time, the results also show that implementation faces organisational obstacles everywhere (such as weak institutional structures and limited operational capacity), as well as both institutional and individual resistance. As the feminist literature has argued, this highlights the importance of embedding care and equality policies within autonomous units with sufficient authority to mainstream the feminist perspective. Without adequate positioning within the institutional hierarchy, care policies risk being relegated to ad hoc interventions or, in the worst case, reduced to mere financial reinforcement of the existing service ecosystem, without transforming its orientation.

With regard to the programme's capacity to contribute to the social recognition of care work, the analysis reveals important progress in making this work more visible and formalised, but also underscores the challenges of generating quality employment. Despite the programme's positive impact on the creation of formal jobs, this employment has often lacked quality and its promotion has not been treated as a responsibility by local authorities. Without

specific guidelines on how to foster better working conditions, there is a risk of consolidating a model of "weak co-responsibility" that perpetuates precariousness in the sector (Pérez, 2014).

Nonetheless, public co-responsibility contributes to both the political and social recognition of care and to its redistribution. By taking on part of the care workload, administrations promote its defamilialisation and thereby reduce mothers' time poverty. However, the expansion of public childcare services is not sufficient to redistribute the mental burden associated to caregiving, which continues to fall disproportionately on women and requires deeper structural and cultural change.

Similarly, advancing feminist childcare policies allows for the creation of services specifically aimed at covering carers' occasional time needs, where redistribution has been particularly low or non-existent. Yet the lack of awareness regarding the right to personal time remains an obstacle to generating demand for these more innovative services, and thus to advancing towards an effective redistribution of time. Overcoming this challenge entails a profound transformation of gender norms and a revaluation of the right of all individuals—and especially women—to time for themselves.

In practical terms, the programme evaluation—whose findings have been shared with its political and technical leadership—recommends several lines of action. These include ensuring that Temps x Cures is led by Equality units (or their equivalents) within local authorities—particularly at the municipal level—and coordinated by staff with at least a part-time dedication. It is also recommended to provide concrete guidance to facilitate coordination with other units, such as Education, Youth, and Social Services, with the aim of ensuring a truly cross-cutting approach. Further proposals include awareness-raising campaigns on the right to personal time and co-responsibility between women and men; the development of guidelines to incorporate social clauses into public procurement; and the promotion of contracts allowing professionals to combine hours across complementary services in order to improve working conditions.

It should be noted that this analysis focuses on the first two and a half years of the programme, coinciding with the early years of the Department of Equality and Feminisms. This constitutes a highly incipient institutional context, in which care policies are only just beginning to take shape and be rolled out. Moreover, the fieldwork was limited to the perspectives of local authorities involved in implementation, leaving for future research the incorporation of the views of service users and other relevant social actors.

For future studies, it will be crucial to assess the extent to which these services contribute—or not—to freeing up time, reducing the care burden, and transforming gender norms. It would also be worthwhile to investigate the profile of service users: while the fact that these services are public and largely free reduces access barriers, it remains to be examined who is actually using them and whether households with fewer resources or greater childcare needs benefit from them.

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Conflict of interests

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Author contributions

Carla Cordoncillo: Conceptualization, Formal analysis, Methodology, Software, Validation, Project administration, Writing – original draft, Writing – review & editing.

Cristina Ferrer: Conceptualization, Data curation, Formal analysis, Methodology, Software, Validation, Writing – original draft, Writing – review & editing.

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APPENDIX I: IDENTIFICATION OF INFORMATS

Table 1: Identification of discussion groups

Discussion group ID	Local authority	Number of participants
DG_A1	Municipalities	6
DG_A2	Municipalities	6
DG_A3	Municipalities	5
DG_CC1	County councils	7
DG_CC2	County councils	8
DG_CC3	County councils	9

Table 2: Analytical framework

Axis	Programme objective	Dimensions of analysis
Recognition	(Implicit) To place care at the centre of municipal policy and address it from a feminist perspective	Political will
		Mainstreaming
		Internal organisation and position in the hierarchy
	To generate quality employment	Quality of the jobs created
		Profile of the workers hired (sex, age)
		Accountability of the local authority regarding employment (monitoring, inclusion of social clauses in public procurement)
Redistribution	To consolidate the right of children under 16 to receive care	Increase in the capacity of existing public services; emergence of new services and resource
	To consolidate the right of all individuals to care with dignity	Profile of beneficiary families and access or prioritisation criteria
		Types of services funded and types of reconciliation needs addressed (holidays, extended hours, ad hoc)