



Expert Commission  
on the Second Gender Equality Report of the German Federal Government:  
**New ways of restructuring paid work and (unpaid) care work**

### Factsheet 3:

# Revaluing of care work professions

## Care work - a gender equality issue

Care work includes all types of work in terms of care, attention and provisions for oneself and for others. Care work includes all care activities: unpaid or paid, private/informal or professional. This includes for instance household activities or care and assistance for children and the elderly. Voluntary commitments and informal help in other households are also included.

Care work is unequally distributed between women and men. This is true for both private as well as professional care work.

- » Women perform 1.5 times as much private care work as men: This gap with regards to unpaid care work between men and women - the Gender Care Gap - is at 52%.
- » There are also considerably more women working in professional care work. For instance, 87% of workers in care services and 85 % of employees in care centres are women. Similar figures can be observed for nursing and care work for children.

To achieve gender equality, women and men must have equal capabilities for economic independence and an independent livelihood. Since the opportunity to earn an income and the distribution and organisation of care work are interlinked, care work is a core issue for gender equality.

- » A secure infrastructure for qualified care workers in the fields of social work, household-related services, health and care, as well as childcare and education make a fair distribution of paid work and care work based on partnership possible.
- » The origins of social, person- and household-related services are historically rooted in care work that has traditionally been private, unpaid and performed by women. To this day, these occupations are still not completely geared to enabling an employee to build a stable career and achieve a permanent subsistence income.

## A new term for care professions: SAHGE

Care work is performed within numerous professions. To visualise this, the acronym SAHGE has been devised:

SA	H	G	E
<b>Social work (Soziale Arbeit)</b>	<b>Household-related services (Haushaltsnahe Dienstleistungen)</b>	<b>Health and care (Gesundheit, Pflege)</b>	<b>Education (Erziehung)</b>

The acronym MINT for professions in mathematics, informatics, natural sciences, and technology has already been established. SAHGE is to be their counterpart in care professions.

- » The SAHGE professions currently account for a proportion of about 18% of total employment.
- » 80% of workers in these professions are female.

## **Advancing SAHGE occupations to become “life occupations”**

A characteristic of SAHGE occupations is the fact that provider structures vary widely. There are very diverse working conditions and salaries within one occupational field. Work is often characterised by precarious employment relationships with low wages and undesired part-time work. These professions often entail health burdens and there is a lack of changing or advancing careers within this field. Instead of continuing to be such “dead-end jobs”, SAHGE occupations should become genuine life occupations in which employees can work well and further their personal development on a permanent basis.

- » The Expert Commission recommends the drafting of a comprehensive strategy for the revaluation of paid care work.
- » A larger part of the gross national product should be invested in the SAHGE occupations.
- » The costs of such revaluation are considerably lower than society continuing to stay on this path of a low-cost service economy.

## **Better remuneration for care work**

The valuation of occupations in childcare, care for dependent persons as well as household-related services has to reflect the professional requirements in these occupations.

- » Society depends on qualified and high-quality care work. This must be reflected in the systems for vocational training and advanced education as well.
- » The remuneration of qualified full-time care workers, e.g. in day-care centres for children, primary schools or care facilities, is 517 to 1,278 Euro less per month than that of employees in the production of vehicles and vehicle parts. At the same time, care work is a precondition for added value in other sectors and should thus be remunerated accordingly.

## **Reforming vocational training and advanced education in SAHGE occupations**

Vocational qualifications in health and social occupations are mostly obtained in full-time schools, often in (private) technical colleges, and are thus subject to other regulations than dual vocational trainings. This creates inequalities in terms of financing as well as in terms of opportunities for further vocational training and career advancements.

Guidelines for training and advanced education in SAHGE-occupations should include:

- » free vocational training (abolition of school fees, remuneration during the training),
- » low thresholds for career changers,
- » the removal of artificial barriers to higher qualifications or university entrance,
- » a transparent, modular and liberally funded advanced training system.

## **Good working conditions in childcare and education**

The expansion of childcare and education offers in the past years has been and is still accompanied by huge demand for employees. This demand must be met via vocational training. Vocational qualifications in childcare and education are obtained in technical colleges and are usually not remunerated, or not until the third year of training.

- » As a first step towards securing a livelihood during training, remuneration during day release training should be obtainable nationwide.
- » More consistent training guidelines across state boundaries could help lower access thresholds, facilitate long-term planning in the case of relocation and maintain the quality of training.
- » Based on an evaluation of the existing models, the work and remuneration conditions should be discussed and subsequently harmonised.

Working in childcare and education entails major physical and mental burdens. Given these circumstances, only a minority of employees in this field expects to be able to work in such an occupation until their retirement age. Remuneration and the scarce prospects for career

advancement are probably other reasons for the observable trend towards abandoning the profession.

- » The commitment to further training should invariably result in financial recognition and visibly enhance career opportunities.
- » A more favourable children-carer-ratio would relieve the care workers, offer them more time resources and also improve the pedagogical qualities of the childcare facility.

## **Good working conditions in care work professions**

In the caring professions, the amount of time available to the caregiver is becoming scarcer, whereas the requirements of the job continue to rise. An excessively high workload due to insufficient personnel diminishes the appeal of the nursing-care professions.

- » Overall, there are more than one million people working in outpatient and inpatient care, 65% of which are working part-time.
- » About 19% of positions in the elderly-care sector are temporary.
- » An open position in the care sector remains vacant for an average of 130 days.
- » The vacancy rate in the elderly care sector is 56.2% longer than the nationwide average for all professions.

By improving working conditions, the profession would become more attractive and caregivers can perform it long-term.

- » The planned new assessment system for personnel requirements in nursing-care facilities provides an opportunity for appropriate, qualification-oriented and gender-equal improvement of staffing procedures.
- » Tariff contracts should include health protection as well as minimum staffing rules.
- » Regulatory structures and labour relations are fragmented. A universally binding endorsement of existing public-sector tariff contracts would thus be reasonable.

At the same time, the regulatory framework within the care sector is also to be examined.

- » The pressure of price competition in the care sector should not be passed on to employees.
- » The focus should be directed toward the 'Scandinavian way', which enjoys a considerably larger share of public funding.
- » The principle of 'outpatient (care) before inpatient' factually conceals a shift from professional care towards informal care. This primacy of informal care has to be abandoned in the mid- to long-term.

## **Good working conditions in household-related services**

Favourable framework conditions, protection under labour/employment law and an effective infrastructure in private household-related services contribute to easing the burden on private households and allowing for an equal apportion of workload between the genders.

Household-related services comprise both technical and personal services such as daily care and support for children and dependent family members.

Decent work must be ensured for both the employees as well as the households.

- » Development of uniform quality standards for household-related services with the introduction of a specific certificate for both household-related services and home care.
- » Encouraging the employment of domestic workers for whom social insurance contributions are paid.
- » Regulation of minimum legal work requirements in accordance with the International Labour Organisation (ILO) agreement "Decent Work for Domestic Workers".

Households must be offered a way out of irregular employment and demand for regular household-related services must be encouraged.

- » Introduction of a subsidised voucher system, especially to reach households with middle or low incomes and support small and medium-sized service-providing enterprises.
- » Exemplary for this approach is the Belgian model: Subsidised vouchers are sold, with each voucher being worth one service hour. These vouchers can be redeemed through certified public or private service providers.

The introduction of a voucher system not only has the potential to help people organise their everyday lives and contribute to a gender-equal apportioning of work, it also creates socially secure and crisis-proof full-time jobs: In Germany, there would be around 100,000 such jobs if the share of legally employed persons in private households would grow to be on par with other western European countries.

## A revaluation of care work creates good conditions for the earner-carer-model

A revaluation of care work is important in order to enable performing of both paid work as well as care work during the life course. The recommendations by the Expert Commission contribute to an **earner-carer-model** which family members and caregivers can live without being overstretched.

**The earner-carer-model:** Gender-equal organisation of paid work and (unpaid) care work must provide everyone irrespective of gender with the ability to combine employment and care work in equal measures during the life course. To achieve this, framework conditions have to be established that allow people to take up employment on an equal footing, without having to forego private care work. The Expert Commission uses the term “earner-carer-model” for this new concept.

### Further reading:

Expert Commission on the Second Gender Equality Report of the German Federal Government (2017): New ways of restructuring paid work and (unpaid) care work. Expertise of the Second Gender Equality Report of the German Government. Available online at [www.gleichstellungsbericht.de/gutachten2gleichstellungsbericht.pdf](http://www.gleichstellungsbericht.de/gutachten2gleichstellungsbericht.pdf)

- With regards to this factsheet, see in particular chapters B.II.2, B.II.3, C.IV, C.VII, D.I.2

### Factsheet created by the Agency for the Second Gender Equality Report

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