



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

## Factsheet 7:

# Gender equality and care work

## Care work is a gender-equality issue

Care dependency not only fundamentally alters the life of the person concerned, but also that of relatives and those who assume responsibilities in their immediate social circle. It also carries consequences regarding gender-equality issues:

- » Care work - both professional as well as informal - is still mostly performed by women. Informal caregivers - performing care work in the private sphere - are dependent on framework conditions that ensure a livelihood in the present as well as later when they become older.
- » The care system continues to be family-based. It is often difficult for caregiving relatives to reconcile informal care work with their own employment.
- » Professional and informal care are directly connected: The lack of professional care is usually compensated by informal caregivers.
- » Dependents require high-quality care infrastructures. They want to be perceived as men or women and also as trans\* or inter\* persons. They and their gender-related needs should be respected.

The expertise of the Second Gender Equality Report of the German Federal Government therefore looks at the framework conditions and the care infrastructure for dependent persons and provides recommendations for several subfields.

## Sufficient personnel and time for good care work

In the caring professions, the amount of time available to the caregiver is becoming scarcer, whereas the requirements of the job continue to rise. From a gender equality perspective, working conditions in the care sector have to be improved considerably.

- » An effective staff ratio is the prerequisite for high-quality and gender-competent care. This means that a single caregiver must not be responsible for too many dependents at a time.
- » At the same time, working conditions for caregivers for the elderly must be improved lastingly and the remuneration must better reflect the importance of elderly care work for society.

To do so, the conditions in the care professions have to be reconsidered:

- » 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 (following the example of the Berlin Charité).
- » Regulatory structures and labour relations are fragmented. A universally binding endorsement of existing public-sector tariff contracts in the care professions would thus be reasonable.
- » The pressure of price competition in the care sector is regularly being passed on to employees. This competition within the care sector should be reduced.

## **More public funding: Family-friendly mixed care arrangements instead of primacy of informal care**

Mixed care arrangements consider the differentiation between professional care services and informal care responsibilities. A lot of care work requires training. Untrained caregivers without professional support could thus become overwhelmed. However, informal caregivers are able to offer support for the dependent persons, care for them and assume responsibility for the functioning of integrated care offers.

Different elements are already today being combined in care work. Enabling meeting the specific individual needs of dependents and caregivers is an advantage of mixed care arrangements. The consistent organisation of care arrangements is key to providing women, in particular, with a realistic chance to contribute to informal care work while developing a career/employment biography.

- » Professional support structures should be significantly strengthened, and public funding must be increased considerably. The 'Scandinavian model' could serve as inspiration in this.

In Germany, there has so far been a primacy of informal care. This means that informal care – mostly meaning care work within the family, performed by women - is prioritised over professional care services. This primacy has to be abandoned in the mid- to long-term. The 'Scandinavian model' offers a larger share of public funding and in consequence a high-quality care infrastructure that is accessible for everyone.

- » The legally guaranteed development of mixed care arrangements could be incorporated in a newly ordered gender-competent care guide with appeal for both women and men.

## **Gender aspects in needs-oriented care**

Gender-competent care means a sensitive and reflective handling of gender-related needs of the dependent person. Even though gender is not always explicitly mentioned, it is nonetheless present. The image of one's own gender identity can differ depending on city vs. rural area, East vs. West, religion, culture, sexual orientation, social backgrounds and many other factors. Therefore, gender competence must go hand in hand with diversity competence and intercultural competence.

- » Handling dependency already entails gender aspects: Many women have supported, educated, cared for others for their entire life. Becoming dependent themselves can sometimes be experienced as a loss of one's own right to exist ("I am of no use for anything anymore"). Men often experience dependency as hurting. Losing independence and strength is in contradiction to their image of manliness.
- » The wish for caregivers of the same gender is officially often met in care institutions, but it is not guaranteed in everyday care work.
- » Gender competence is also essential for handling experiences of violence. It is part of the caregivers' ability to treat traumatised dependent persons adequately.
- » Older gay women and men had to keep their sexual orientation secret for long times. Many suffer from this invisibility and stigmatisation. Care institutions must not re-enforce these feelings but communicate actively that lesbians, gays, trans\* and inter\* persons are welcome. The expectation of receiving informal care from family members also presumes typical heterosexual life courses.

The objective is to establish needs-oriented, individualised care which is conscious of gender aspects but does not presuppose them in a stereotypical manner.

## **Gender competence, intercultural competence and diversity competence in training for care professions**

The competences of professional caregivers with regard to gender-related needs should be advanced further. Handling such issues well is what constitutes good care work - besides 'technically' correct work conduct.

- » Therefore, gender competence, diversity competence and intercultural competence should be compulsory elements of the curricula.

For the time being, the curricula are a hotchpotch. To harmonise the quality of training, this issue - including a definition of scope, content and reflexive training methods - should be included in the framework curricula of the German federal states.

- » The dissemination of gender competence, intercultural and diversity competence should also be an integral part of the planned regulation on training and examination for geriatric, pediatric and general nursing.

Professional quality standards and the wish to be treated respectfully and with consideration for the personal identity and gender-related needs require suitable framework conditions.

## Ensuring gender equality in care infrastructure

Care-related infrastructure planning has so far not included gender aspects.

- » However, since gender plays a role for both the dependent person as well as the caregivers, the specific relevant gender aspects should be determined and included in the planning processes.
- » This should be taken into account during urban development planning as well as in the social- and care-related infrastructure planning on communal, regional/state and federal level.

This would ensure, for instance, that support programmes in city districts or neighbourhoods are quick and easy to reach, so that women and men performing informal care work besides employment and family life do not have to cover long distances.

- » Gender aspects are also to be considered when financing care infrastructures. The personnel and financial resources necessary for intercultural-, gender- and diversity-competent care should be an integral part of the normal funding for care facilities.
- » On federal level, the partners in social care insurance should under remuneration law be obliged to meet the needs of gender aspects in care services within care institutions.
- » Care facilities providing gender-sensitive services in the neighbourhood should be promoted. This involves, first and foremost, the further development of care structures and concepts.

## Improving the situation of informal carers

In recent years, a range of new opportunities have been created to reduce working hours and grant leave of absence to family caregivers.

- » These provisions in the Nursing Care Leave Act and the Family Care Leave Act should be combined and made more transparent and easier to understand.
- » Further improvements are also required in the opportunities to take a leave of absence from employment.

The increasing need for care work will only be met if it becomes possible to stepwise scale back paid work in favour of informal work without suffering disadvantages from this.

- » The matter of synchronisation of the regulations applicable to care for the elderly and child-rearing should be tackled, as both concern care work and should basically be subject to a uniform set of rules. For instance, in pension insurance, care work for dependent persons is still valued lower financially than care work for children.
- » Compensation is required for income-loss in times of informal care. The Expert Commission recommends using tax revenue to pay for a flexible time budget of 120 days and compensation for loss of income equivalent to the parental allowance.

The suggested volume is about the same as for six months full-time employment and therefore the duration provided for leave under the Nursing Care Leave Act. Whereas there, however, benefits lapse, the suggested compensation for loss of income provides a genuine financing

possibility. Employees need assurance that on assuming care responsibilities, they will suffer neither career nor financial drawbacks.

## Good conditions for the earner-carer-model

The care-related recommendations support the creation of an earner-carer-model.

- » This new concept means that everyone, irrespective of gender, must be capable of combining paid work and care work during their life course without becoming overstretched.

Today's young generation does not only expect to enter working life on an equal footing, they also have no intention of letting a career dominate their private lives. Women want to be able to pursue careers and work in all types of economic sectors and on all professional levels. Men want to contribute to informal care work without having to deal with preconceptions of stereotypes. And both want to avoid reaching an economic dead-end.

- » To achieve this, framework conditions must be established that allow people to take up employment on an equal footing, without having to forego private care work.

The earner-carer-model also means: The existing challenges in the organisation of paid work and care work should not have to be dealt with by the individuals in their private lives. Policymakers must establish conditions that enable the coexistence of paid work AND informal care work for everyone wishing for this.

### Further reading:

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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 C.I, C.III and C.V

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

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