EQUAL-CARE

Enhancing Gender Equality
in the Disability Care Sector

Project 101191171

Insight report on gender stereotypes in care

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1. INTRODUCTION

1.1. The EQUAL CARE project

Women continue to shoulder the majority of caregiving responsibilities in both formal and informal settings, perpetuating gender inequality in the labour market. Within the EU, **73% of citizens recognise that women devote more time to caregiving and household tasks than men**. Gender stereotypes remain deeply rooted, with **44% of Europeans still believing that a woman's primary role is to care for her home and family.** In the formal care sector, although women make up the majority of the workforce, they are underrepresented in leadership positions and face occupational segregation, lower pay, and limited opportunities for career progression. The European Care Strategy and recommendations on long-term care (LTC) highlight the need to address these gender imbalances by improving working conditions and promoting greater participation of men in caregiving roles. Nonetheless, progress is hindered by persistent stereotypes, inadequate work-life balance policies, and the continued undervaluation of care work.

The EQUAL-CARE project responds to these challenges by **advancing gender equality within both the formal and informal care and support sectors**, particularly in the context of **disability**. The project **seeks to dismantle harmful stereotypes, promote inclusive and equitable workplace practices, and support policy change.**

EQUAL-CARE is a common effort of **10 partner organisations** including EU umbrella organisations and non-governmental organisations, as well as educational centres and service-providers from 7 different countries.

- **EASPD** - European Association of Service providers for Persons with Disabilities (Belgium)
- **CESIE ETS** (Italy)
- **Eurocarers** – European Association Working for Carers (Belgium)
- **Associacion Fress** (Spain)
- **PSPC** - Panevėžio socialinių pokyčių centras (Lithuania)
- **Margarita Vocational Training Center** (Greece)
- **Social Employers** – Federation of European Social Employers (Belgium)
- **Anton Trstenjak Institute of Gerontology and Intergenerational Relations** (Slovenia)
- **TUKENA** (Finlandia)
- **Chance B** (Austria)

1.2. Objective of the report

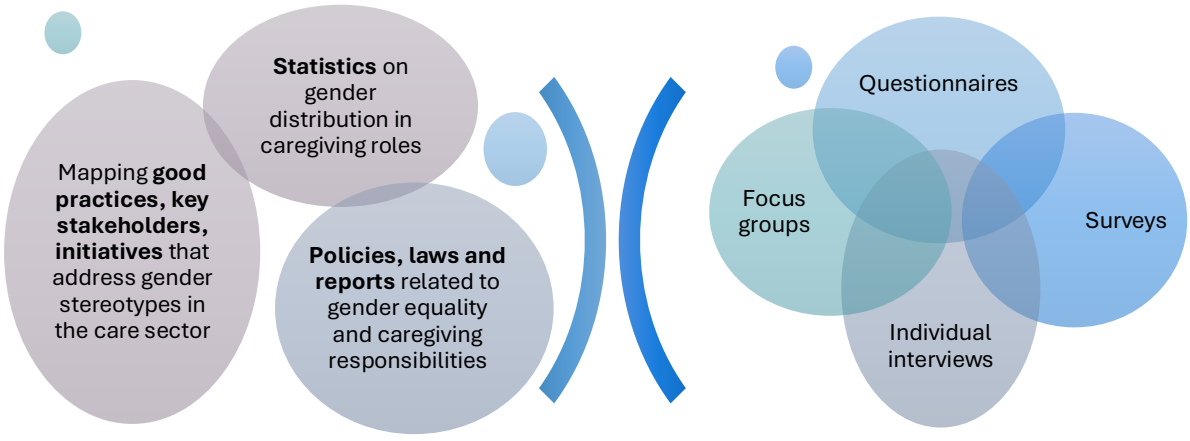
The ***Insight Report on gender stereotypes in care*** offers a cross-country analysis of best practices, key stakeholders, and learning gaps related to gender bias in caregiving**.** Drawing on literature review and fieldwork, it explores how gender stereotypes shape care systems in the partner countries and identifies opportunities for more equitable approaches.

The report also includes an ***executive summary,*** which is intended to provide a comprehensive picture of the current situation in the partner countries. Tailored for EU and national dissemination, supporting advocacy, awareness, and policy engagement, its findings contribute to the broader goals of the project, providing actionable insights to inform future interventions and promote systemic change by: informing the development of the project's training programme, supporting dissemination and awareness-raising efforts, and guiding the advocacy campaign and related policy recommendations.

1.3. Methodology used and data collection

A ***mixed-methods approach*** was adopted to achieve the project's objective of understanding the gender gap in both formal and informal LTC, with particular attention to care for people with disabilities. This collaborative methodology combined the **collection and analysis of literature and national bibliographic resources** – covering the status of LTC systems, gender disparities, and relevant policy frameworks on gender equality – with **fieldwork involving direct engagement of target groups**. Specifically, each country conducted a **literature review**, gathered examples of **existing best practices**, and implemented a series of **questionnaires, surveys, semi-structured interviews, and focus groups**. **Each partner country collected at least 3 individual interviews, 30 responses to structured questionnaires, one focus group involving a minimum of 5 participants and 50 responses to online surveys.*

These tools enabled the assessment of **needs, challenges, and perceptions** of both formal and informal caregivers, as well as broader societal attitudes toward caregiving roles.



1.4. Key concepts

This section outlines the key concepts necessary to understand gender disparities in the LTC sector, including the roles of formal and informal caregivers, the unequal distribution of care work, and the broader socio-economic structures shaping these dynamics.

Long Term Care (LTC) encompasses a wide range of medical, personal care and assistance services that are provided with the primary goal of alleviating pain and reducing or managing the deterioration in health status for people with a degree of long-term dependency, assisting them with their personal care (through help for activities of daily living (ADL), such as eating, washing and dressing) and assisting them to live independently (OECD/Eurostat/WHO, 2017).

In this context, the project focuses on the dependent population, including:

- Dependent older persons (≥65 years) with low or high care needs;
- Individuals with serious or severe disabilities requiring ongoing assistance.

These groups represent the **core recipients of LTC** and are central to the analysis of caregiving dynamics and gender disparities in the sector.

According to EU definitions, ***informal care*** refers to LTC given by someone in the care recipient's social circle - such as a partner, child, or parent - who is not employed as a professional caregiver (Council of EU, 2022). Informal care plays a crucial role in LTC provision, with the majority of caregiving tasks traditionally carried out by women, often due to limited access to affordable formal care services.

Carers, caregivers or informal caregivers

Usually family members or members of one's close social circle who provide support in the context of a personal or social relationship, without being professionally trained for care work, to someone with chronic illness, disability, or long-term health needs outside a formal or professional setting.

While some choose informal care based on personal or family preferences, caregiving can adversely affect the physical and mental health of carers and significantly hinder their employment opportunities, especially for women. Informal caregiving is shaped not only by financial factors and barriers to formal care but also strongly influenced by societal norms, cultural values, family dynamics, and individual choices.

Formal care is delivered by paid care workers with varying levels of training and skills. This type of care includes a range of services designed to prevent, manage, and rehabilitate functional decline, and it is offered in multiple settings. Services cover health promotion, prevention, treatment, assistive care, social support, rehabilitation, and palliative care.

Care workers or professional caregivers

Social workers, nurses or other professional profiles, that provide LTC services within the context of an employment contract, receive a wage and social benefits and are often professionally trained for care work.

According to the EU, formal LTC is care provided by professional LTC workers and can take different forms: (Council of EU, 2022)

- **Home care:** Formal care provided at the recipient's private home by one or more professionals.
- **Community-based care:** Formal care organised at the community level, such as adult day services or respite care.
- **Residential care:** Formal care offered in residential LTC facilities where recipients live.

Beyond these concepts, the WHO introduces additional definitions, such as ***live-in-carers and personal assistants*** – members of the family or the community who provide regular support within the context of a formal or an informal agreement with the family or the State. They are paid, and often have only sporadic training on specific care tasks (WHO, 2022). For the purposes of this project, the latter will be considered as informal caregivers, as they are relevant actors in many of the countries under study.

Moreover, to contextualise the gender disparities addressed in this report, it is essential to introduce a set of interrelated concepts that define the framework of care within the LTC.

Across many contexts, women dominate both categories, a reflection of persistent ***gender norms*** that associate caregiving with women's roles. This gendered division of labour leads to a significant gender gap in caregiving, where women are more likely to reduce work hours, leave employment, or accept lower-paid care-related jobs. This leads to long term consequences for them, like pension gaps.

This imbalance contributes to what is often referred to as ***caregiver burden*** - the physical, emotional, and financial strain of caregiving. Women, particularly those caring for aging relatives over long periods, experience this burden more acutely, facing both tangible costs and invisible pressures such as stress and exhaustion.

As a result, achieving a stable ***work–life balance*** becomes increasingly difficult for women caregivers, especially within ***dual-earner, dual-career*** households where both partners are employed. Without adequate support systems, such as flexible work arrangements or public care services, women disproportionately absorb the impact, reinforcing gender inequality in both the family and the labour market.

This situation is further influenced by policy approaches like ***de-familialisation***, which reduces the family's care burden through public services, and ***re-familialisation***, which shifts responsibilities back to households, often increasing the pressure on women. These shifts interact with ongoing ***gender discrimination*** in employment, where women are more likely to face obstacles in career advancement due to their caregiving roles.

All of these elements intersect within the care economy, a largely *feminised* sector that includes health, childcare, education, and LTC. Despite its social and economic importance, it remains undervalued and undercompensated, further entrenching gender disparities.

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2. BACKGROUND AND CONTEXT: AN EU-LEVEL OVERVIEW

2.1. The role of gender in care work

Women disproportionately provide both paid and unpaid care, including within the disability care and support sector. Across the EU, they make up 81% of the LTC workforce. In personal care work, women represent 86% of workers, compared to 46% in total employment, making it one of the most **gender-segregated occupations** in the EU (EIGE, 2021).

This imbalance is rooted in gender norms and societal expectations, which position women as the main caregivers for children, older family members, and people with disabilities. These expectations carry over into professional care settings. Care work includes tasks that women have traditionally performed unpaid within the home, and for this reason, the skills it requires are **undervalued and overlooked**, in society as well as in the labour market (EIGE, 2021).

One major issue is the chronic underinvestment in formal LTC systems, which contributes to many of the sector's challenges, including low wages, difficult working conditions, leading to high turnover rates. According to data from 2018, **wages in LTC and other social services were 21% below average national hourly earnings** (Eurofound, 2021). This wage gap reflects and reinforces the undervaluing of care work.

LTC workers also work more often part-time (42%) compared to workers in healthcare (26%) and across all sectors (19%). There is a high occurrence of involuntary **part-time work,** where workers are employed part-time not by choice, but because they cannot work full-time. Many women resort to part-time or flexible work to reconcile paid labour and care responsibilities at home. The lack of accessible and affordable formal care services also limits women's overall labour market participation and this contributes to general staff shortages, many women withdrawing from the labour market for care duties.

However, these flexible roles often come with job insecurity, lack of benefits, fewer opportunities for career progression and lower pensions. This disadvantage is intensified among migrant workers, who often face intersecting forms of discrimination (EIGE, 2021).

At the management level, the gender pattern is notably reversed. Men are overrepresented in leadership roles, despite being a minority in frontline care work. Based on data available in 2021, women comprise almost 70% of the global health and social workforce but it is estimated they hold only 25% of senior roles (WHO, 2021)

Addressing the gender imbalance in LTC requires active efforts at organisational, national and European level, to **improve working conditions and job attractiveness, challenge gender stereotypes,** promote the recruitment of men, and support the advancement of women into leadership positions.

2.2. Overview of EU policies & directives on gender equality in LTC work; informal & formal

EU action to address gender inequality in care began with foundational legislation on equal treatment. Directive 2004/113/EC established the principle of **equal treatment between women**

and men in the access to and supply of goods and services. This was followed by Directive 2006/54/EC on equal opportunities and equal treatment in matters of employment and occupation, which consolidated existing legislation on **workplace equality.** These instruments are essential for ensuring that women employed in the care sector are protected against discrimination and have equal access to rights and opportunities.

A turning point in EU social policy came with the **European Pillar of Social Rights,** proclaimed in 2017. Though not legally binding, the Pillar outlines 20 principles aimed at ensuring fair and inclusive labour markets and welfare systems. It explicitly recognises the importance of **gender equality** (principle 2), the equality of treatment and opportunities between women and men must be ensured and fostered in all areas, including regarding participation in the labour market, terms and conditions of employment and career progression; and **work-life balance** (Principle 9) and the right to affordable, high-quality LTC (Principle 18). These principles provided the political impetus for more targeted EU action on care and gender equality, influencing national reforms and EU funding priorities alike.

Building directly on the Pillar, the 2019 ***Work-Life Balance Directive*** (Directive (EU) 2019/1158) introduced binding rights across Member States to support working parents and carers. For the first time at EU level, carers gained an individual right to **carers' leave,** the possibility to request **flexible working arrangements, and protection from discrimination based on their care responsibilities.** This Directive marked a significant step forward in acknowledging the needs of informal carers, the majority of whom are women, and enabling them to better reconcile care responsibilities with paid employment.

In 2022, the European Commission launched the ***European Care Strategy,*** the most comprehensive EU initiative to date on the care sector. It set out a vision for accessible, affordable, high-quality care throughout the life course and **recognised the structural gender inequalities that shape both the supply and the experience of care.** The Strategy called for better working conditions in the formal care sector, improved training and recruitment, and the formal recognition and support of informal carers. As stated in the Strategy, "care systems must be inclusive, accessible, and designed to promote equality between women and men." Two **Council Recommendation proposals** accompanied the Strategy: one on **LTC** and one on **early childhood education and care,** encouraging Member States to reform care systems in a gender-sensitive, person-centred and sustainable way.

Despite growing momentum at EU level, implementation across Member States remains uneven. Informal care is still often invisible in public policy, and formal care work continues to suffer from low investment and poor status. National reforms vary significantly in ambition and reach. Nonetheless, the EU has developed a coherent and increasingly assertive policy framework that promotes gender equality in care. It reinforces the value of care work, supports both paid and unpaid carers, and encourages Member States to build care systems that do not perpetuate gender-based disadvantage.

2.3. Gaps and challenges in implementation across EU and member states.

The European Union has taken important steps to promote gender equality in LTC work, both formal and informal. Key instruments such as the European Care Strategy and the Work-Life Balance Directive aim to redistribute caregiving responsibilities and improve working conditions in the care

sector. Nonetheless, despite these frameworks, **significant disparities in implementation across Member States persist**.

The following sections outline the main barriers impeding progress:

- **Gendered inequalities in formal care employment:** Despite EU efforts to improve recognition and support, care work remains economically and socially undervalued due to persistent implementation gaps. Many formal carers are **employed under precarious conditions** including low wages, limited contracts, lack of career progression, and inadequate occupational safety protections. Moreover, **migrant women** are overrepresented in the live-in care sector, where exploitative conditions often persist. These structural inequalities are compounded by a **lack of training, professional recognition**, and gender-sensitive recruitment strategies, resulting in a care sector that is gender-segregated, economically insecure, and socially devalued.

- **Persistent gender imbalances in informal care:** Informal care, defined as unpaid assistance provided to relatives or close persons in need of support due to age, illness, or disability, remains overwhelmingly carried out by women. EIGE estimates that **women provide over 75% of informal care in Europe** (EIGE, 2023). This disproportionate responsibility curtails their ability to participate in full-time employment, engage in lifelong learning, or contribute equally to public life. It also leads to reduced pension accumulation and an increased risk of poverty in old age. Moreover, **informal care is rarely framed as a labour issue**. It is often excluded from national accounts and receives little political or institutional recognition. While some Member States provide carer allowances or social security contributions, these are often insufficient or inconsistently applied, leaving many women unsupported and socially invisible.

- **Inconsistent implementation of Work-Life Balance policies:** As mentioned above, the *Work-Life Balance Directive* was introduced to redistribute care responsibilities more equally, introducing measures such as carers' leave, paternity leave, and flexible working arrangements. However, **the level of implementation and compliance across Member States remains highly variable**. For example, paternity leave is not always sufficiently compensated, reducing its uptake by men. Similarly, while flexible working is widely promoted, it is not universally accessible, particularly to women in low-paid or shift-based care jobs. These inconsistencies limit the directive's impact on gender role transformation and reinforce the traditional allocation of care duties to women.

- **Cultural norms and gender stereotypes:** Entrenched societal beliefs about gender roles are among the deepest barriers to change. In many Member States, caregiving is still seen as a 'natural' extension of women's domestic role. Such **norms disincentivise men from engaging in care**, both informally and professionally, and discourage policies aimed at systemic redistribution. Public discourse, education systems, and media often reinforce these expectations. Without proactive public awareness campaigns, gender-sensitive education, and affirmative measures to encourage participation of men in caregiving, cultural inertia will continue to undermine legislative progress.

- **Lack of gender-disaggregated data and impact monitoring:** Robust, gender-disaggregated data is essential for designing effective policy interventions, yet such data is often missing or inadequate. **Few Member States systematically collect information on the gender breakdown of formal carers**, the impact of informal care on employment trajectories, or the uptake of work-life balance provisions. Moreover, gender impact assessments are rarely conducted for new LTC or social protection reforms. This **absence of evaluation mechanisms**

limits policymakers' ability to understand unintended consequences or measure real-world gender impacts, resulting in poorly targeted or ineffective interventions.

- **Underinvestment in care infrastructure:** Finally, chronic underinvestment in care systems reinforces gender inequality. **Limited access to affordable, quality care for older adults and persons with disabilities** forces families, particularly women, to fill the gap. The resulting overreliance on unpaid or underpaid labour contributes to a cycle of informalisation and feminisation of care. Public expenditure on LTC varies widely across the EU, and in many Eastern and Southern European countries, care infrastructure remains fragmented and insufficiently developed. Without substantial and sustained investment, the shift toward more equitable, professionalised, and inclusive care systems will remain out of reach.

Closing the gender gap in LTC requires more than legal frameworks. It demands a **systemic approach** that addresses both formal and informal care structures, backed by sufficient funding, robust data, and cultural change. The EU has laid important foundations, but without stronger political will, enforcement mechanisms, and gender-transformative policies, care will remain undervalued and women will continue to carry the cost.

2.4. Best practices at the European level

- ***Project Børnepasning (The Childcare Project)*** in Denmark is a collaborative initiative involving trade unions, employers, and businesses, aimed at persuading municipalities to provide childcare outside standard hours to support parents working flexible or unsocial shifts. The project responds to the Danish flexicurity model and the liberalisation of shop opening hours, both of which have increased the demand for round-the-clock childcare, particularly in sectors like retail, healthcare, and transport. Through annual surveys and advocacy, the project highlights the shortage of nurseries open during evenings, nights, and weekends, and showcases best practices such as Aalborg Hospital's 24-hour childcare facility, which enables parents, especially single mothers and fathers, to work shifts without relying on family support. Although not specifically targeting LTC workers, this initiative is highly relevant to them, as long and irregular working hours are common in the care sector. Improved access to flexible childcare would directly benefit care workers, helping them to reconcile work and family life, reduce stress, and remain in employment.

- The ***"Four Walls – Four Hands" campaign,*** launched by the City of Vienna Women's Department, is a strong example of using multimedia to challenge traditional gender roles in domestic and care work. Running from October 2012 to October 2013, the campaign used a dedicated microsite, social media, videos, printable household plans, a Facebook app, and a smartphone app to encourage couples to monitor and discuss their division of domestic tasks. By combining playful, interactive tools with awareness-raising content, the campaign aimed to spark debate about the unequal sharing of unpaid work and its impact on gender equality, including the gender pay gap. The initiative reached thousands of users, particularly young adults, and promoted the benefits of a fairer distribution of care work - such as improved well-being, stronger family bonds, and better work-life balance. Its innovative, participatory approach made it both engaging and transferable to other contexts. More information here.

- The **Maltese Equality Mark** is a national certification scheme launched in 2010 by the National Commission for the Promotion of Equality (NCPE) to promote gender equality in employment and encourage women's participation in the workforce. Aimed at both public and private employers, the initiative recognises organisations that go beyond legal requirements by implementing gender-equal policies, family-friendly measures, and fair practices in recruitment, career development, and service provision. The certification process involves a gender audit, employee questionnaires, and mandatory training, with recertification every two years to ensure ongoing commitment. Accredited employers benefit from enhanced brand reputation, access to a wider talent pool, and improved staff retention. Since its inception, 55 employers representing around 16,000 employees have been awarded the Equality Mark. The scheme has raised awareness of gender equality and family-friendly practices in Malta, and its success has led to its continuation beyond the original EU-funded period. The Equality Mark stands out as an innovative and transferable model for fostering workplace equality and supporting work-life balance for both women and men.

- Germany has for long faced a shortage of care workers, with the sector remaining one of the most gender-segregated professions in the country. In response, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) launched the campaign ***"Pflege kann was" ("Care has what it takes")*** in 2022 as part of broader efforts to strengthen and diversify the care workforce.

  The campaign builds on previous initiatives such as ***"Mann wird Pfleger" ("Men become caregivers")*** and closely collaborates with the annual Boys' Day initiative, which gives school-aged boys the opportunity to explore professions where men are traditionally underrepresented including care, education, and social work. The campaign also complements the "Care Offensive" (Pflegeoffensive) launched by the German government, which includes measures such as increased investment in vocational training, digitalisation of care processes, and financial incentives for apprenticeships. A key aim of *Pflege kann was,* is to encourage more men to consider careers in care, both to address labour shortages and to break down persistent gender stereotypes.

  The campaign is part of a broader national policy strategy to attract more people, especially men, into the care sector. This includes:

  - Improved pay and working conditions, with average monthly salaries now exceeding €4,000 in nursing roles;
  - Care education reforms, making training pathways more accessible and attractive;
  - Increased visibility of role models for men in care professions through public media.

  The campaign has already shown positive results. According to BMFSFJ data:

  - In 2023, 15,100 men started a care-related apprenticeship - a 12% increase from the previous year;
  - The share of men among new care trainees rose from 24% in 2020 to 28% in 2023, suggesting a gradual cultural shift;
  - The video campaign reached over 8.5 million views, especially among young adults.

The approach taken by this campaign is highly transferable. It combines strong visual storytelling, policy integration, and gender-transformative messaging that could be replicated in other EU Member States facing similar gender imbalances in care work. Its alignment with national vocational initiatives like Boys' Day also reinforces the importance of early exposure and long-term mindset change in achieving gender equality in care professions.

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3. GENDER AND LTC ACROSS EUROPE

3.1. ITALY

3.1.1. National context & policy overview

Italy has one of **Europe's oldest populations:** as of 2024, 24% of its residents (about 14 million people) are aged 65 or older. The share of those aged 80+ is projected to more than double by 2060. Despite long life expectancy, Italians over 65 enjoy fewer healthy years - 9.5 on average - compared to the EU average of 9.9. (Eurocarers, 2024). In addition to an aging population, over **3.1 million people in Italy live with a condition of disability that significantly limits their autonomy in daily life** (ISTAT, 2021). People with disabilities are more likely to need continuous care and support, often provided by family members or informal caregivers.

Care provision in Italy remains heavily reliant on family members. The formal LTC sector employs an estimated 260.000 individuals - mostly women - but still falls short: as of 2023, there was a 10% shortage in healthcare personnel. Italy has one of the lowest LTC staffing ratios in the OECD, with just 2 care workers per 100 people aged 65+ (compared to the average of 5) (OECD, 2023). As a result, formal services meet only a portion of the country's care needs. **Over 3.6 million dependent individuals** are cared for at home by family or privately hired helpers. In total, **13.5% of Italians (over 7 million people) provide care** at least weekly to a person in need, most often a relative (OECD, 2023)

This **"familistic" model** is rooted in cultural norms and a welfare system that assumes families will shoulder care duties, especially for elderly parents or relatives with disabilities. Currently, the Italian LTC system offers the following support services for people with functional and/or cognitive dependency[1] and/or elders:

- A universal cash benefit, the **Companion Allowance (*Indennità di Accompagnamento*)**, which offers a fixed monthly amount (~€500) to all individuals with severe disabilities, regardless of income, age, or level of dependency, and is not linked to formal care services.
- **Institutional care** is provided through residential and semi-residential services. Residential facilities offer round-the-clock care, while semi-residential options typically involve structured daytime assistance. Access conditions, availability, and cost of these services depend on the region, reflecting the decentralised nature of the Italian welfare system.
- **Home-based care services** represent a crucial aspect of LTC in Italy. These services include both healthcare with strong medical integration – ADI (i.e. support for older adults, assistance for individuals with disabilities, mental health conditions, substance dependencies, terminal illnesses, and chronic degenerative diseases) and socially relevant health services – SAD (i.e. oriented health services aimed at preventing, managing or slow down the progression of disabling conditions while fostering social inclusion and personal autonomy).
- The **carer's leave system**, the most developed and generous public support for family carers consists in a combination of both short-term leave for urgent cases and longer leave provisions:

[1] *Depending on the type of disability. Italian law currently recognises three different definitions of disability, giving access to different support services: civil invalidity—law no. 118/1971; people with physical, mental, or sensory impairment—law no. 104/1992; and people with disability in the workplace—law no. 68/1999.*

3 working days of paid leave per month for short-term leave and up to 2 years of paid leave for longer leave provisions in order to care for a child or relative with a severe disability.

The Italian model is **heavily focused on cash benefits, thus reinforcing the family-based system** (Gubert, Perobelli, 2024). For instance, in 2023, cash benefits represented 51.3% of the total public LTC expenditure for older adults, whereas 20% was dedicated to home care services and 28% to institutions (Ragioneria Generale dello Stato, 2024).
Indeed, the cash allowance is often used by families to hire private caregivers or **"*badanti*"**; a family caregiver responsible for looking after a dependent person, always under the direct or indirect oversight of a family member (Camera dei Deputati, 2023). More than one-third of older people with dependency-related problems rely on the support of a family assistant (Pasquinelli and Pozzoli, 2021).

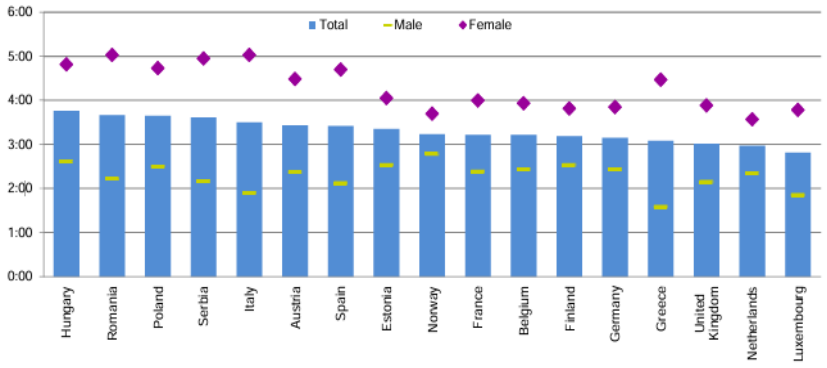
Brief overview of the gender roles in the formal & informal LTC sector

LTC in Italy is profoundly gendered. Women overwhelmingly bear the responsibility for both unpaid family care and paid care work, reflecting traditional gender roles

Roughly 2/3 or more of all **informal (family) caregivers** in Italy are women (OECD, 2023)

The primary caregivers in Italy, nearly 26% of **women aged 55-64** provide care and assistance, highlighting the key role women play in this field (ISTAT, 2019). Wives, adult daughters, and daughters-in-law are most often the primary carers for elderly or relatives with disabilities, consistent with the norm of women as nurturers. Men do provide care in some cases, but typically for fewer hours or less intensive tasks. Italian women spend far more time on unpaid care and domestic work than men – about 5 hours per day versus under 2 hours for men (ISTAT, 2019) – the **widest gender gap in Europe** (over 3 hours difference) - see *Figure 1*.

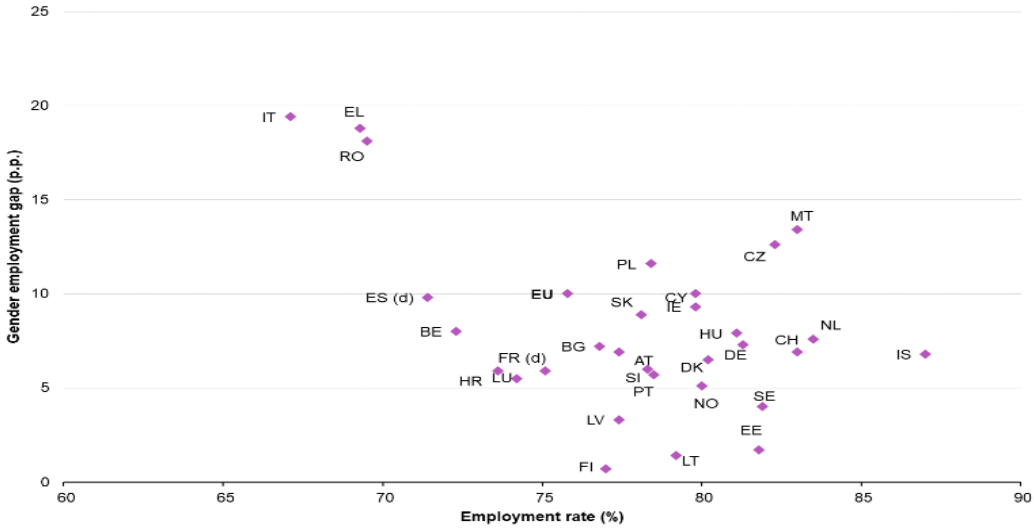
Figure 1: *Time spent on unpaid work by the population of 20-74 years in some European countries (a) by gender - several years (b) (average time in hours and minutes)* ISTAT, 2019



Source: Eurostat, Hetus 2010 - released in 2018

This unequal burden pushes many women to reduce paid work or leave the labour force. Italy consequently has one of Europe's **lowest women employment rates** and the largest gender employment gap (approximately 19% points) – see *Figure 2*.

Figure 2: *Employment rate and gender employment gap, 2024* (EUROSTAT, 2025)

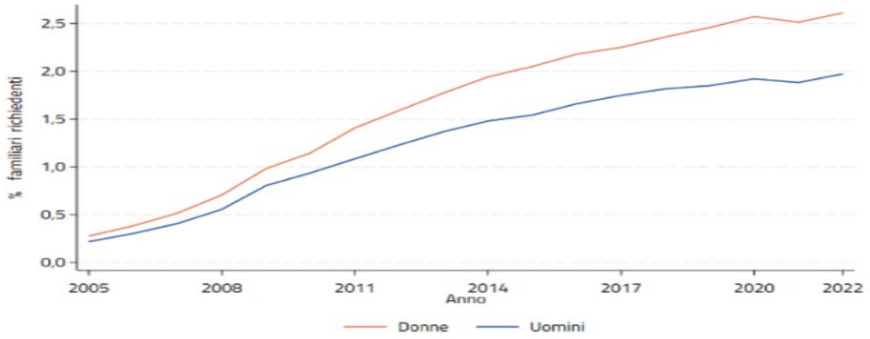


Source: Eurostat (online data code: lfsi_emp_a)
(d): ES, FR definition differs (See metadata)

eurostat

Notably, among employees who take caregiver leave under Law 104/1992 (*which grants 3 paid days off per month to assist a family member with a disability*), **women constitute the clear majority of users,** and this gender gap in leave usage has widened over time (Eticaeconomia, 2024). This shows that as care demands rise, it is mainly women who adjust their work patterns to provide care, often at the expense of their careers - see *Figure 3*.

Figure 3: *Trend of Law 104 leave taken by workers in the private non-agricultural sector for the care of family members with a severe disability (years 2005–2022, %) (Eticaeconomia, 2024).*



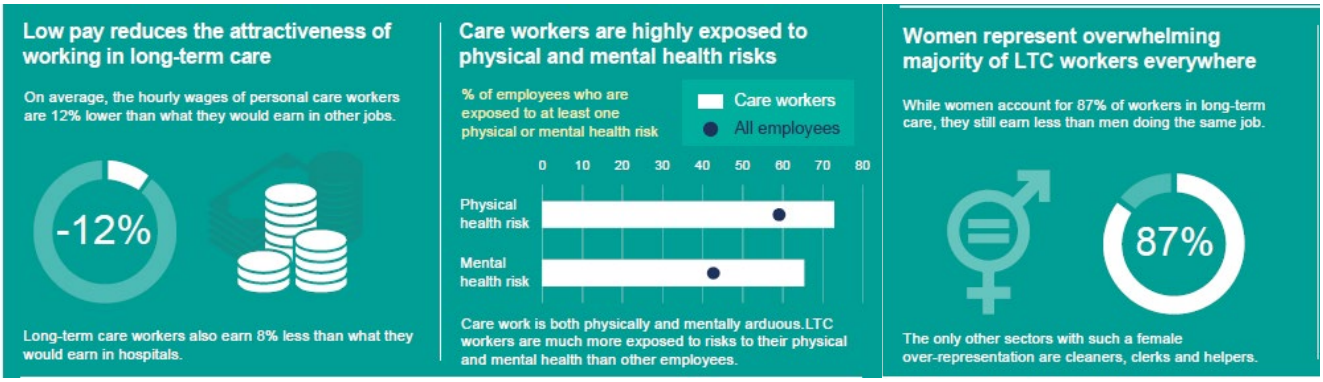
Gender disparity is also evident in Italy's **formal care sector.** Women make up about **90% of the LTC workforce** – from nurses and social workers to personal care assistants (OSA or OSS[2]). (OECD, 2023)

This gender imbalance reflects deep-rooted social expectations that associate care work with women. Italian figures align with wider EU trends: women make up about 90% of the LTC workforce across Europe, yet they are concentrated in the **lowest-paid and most physically demanding roles.** (OECD, 2023). Working conditions for Italy's formal care workers are often difficult and poorly compensated. The OECD data show that in Italy the **average salary of nursing staff is lower** than

[2] Social-assistance Operator (Operatore Socio Assistenziale, OSA), and Medical-assistance Operator (Operatore Socio Sanitario, OSS)

that of the main European partners, and even within the same job category (e.g. OSS), **women earn about 12.8% less** than men. Many jobs are **part-time or based on temporary contracts,** not by choice but due to structural underemployment (Care4care project, 2024).

***Figure 4**: Key facts and figures from LTC in Europe. (OECD, 2023)*



As previously said, a significant portion of Italy's elder and disability care work is provided by domestic care assistants known as *badanti*. These are mostly migrant women hired by families to look after dependent seniors in the home, and they cover the major part of the private home care sector, largely defined by a particular gender and nationality, with non-Italian women prevailing. **Women make up 90% of the workforce, and 69% are foreigners** (INPS, 2025), many from Eastern Europe, Latin America or Asia.

Low wages (often around the level of the accompanying allowance), long hours, and social isolation are common challenges in this workforce (Osservatorio Domina, 2025). The heavy reliance on women migrant caregivers highlights how **Italy's LTC system shifts care from unpaid Italian women to paid (but low-paid) foreign women, effectively "outsourcing" the gender gap rather than eliminating it.**

Italy's LTC challenge is also a gender equality challenge: the "silent pillars" of care are women, whether as informal family carers or as professional and domestic care workers.

Summary of key laws and policies addressing gender equality in care work

Italian policymakers have begun to acknowledge and address the structural gaps in LTC and their gendered impacts. A number of legal frameworks and recent reforms aim to support caregivers (both unpaid and paid) and promote a more sustainable, equitable care model:

- **Framework law for persons with disabilities (Law 104/1992)** remains a cornerstone of disability care in Italy. It grants working caregivers up to 3 paid days off per month and up to 2 years of career leave to care for a cohabiting relative with disabilities. These rights recognise family caregiving as a social responsibility. However, they mostly benefit formal workers, excluding many informal carers (often women) who have left paid work.
- **The Code of Equal Opportunities (Legislative Decree 198/2006),** updated in 2022 (Law 162/2021), frames unpaid caregiving (including for individuals with disabilities and elderly relatives) as a gender equality issue. It incorporates EU directives on work-life balance and encourages flexible work, carers' leave, and employer incentives. Despite this, implementation has been slow and cultural expectations continue to place care burdens mainly on women. The

update included the gender pay transparency & certification, which requires companies to publish gender pay & employment data and introduces voluntary gender equality certification.

- **Transposition of the EU Work-Life Balance Directive (Legislative Decree 105/2022).** The EU level strategies have pushed Italy toward more inclusive caregiving policies, such as mandatory paternity leave and carers' leave. Funding through the **PNRR (EU Recovery Plan)** is helping to build "*community homes*" and strengthen home-based services, but Italy still spends a disproportionate share of its LTC budget on cash transfers rather than services – see *Figure 5:*

***Figure 5**: Recovery and Resilience Plan (PNRR) – Mission 6: Health (Ministero dell'economia e delle finanze, 2021)*

- **The major reform of Italy's LTC system (Law 33/2023)**, seeks to modernise eldercare through 3 priorities: simplifying access to benefits, innovating care models, and expanding services. It introduces the foundations of a national LTC system (SNAA), aims to increase home and semi-residential care, and formally recognises and supports informal caregivers through training, respite, and potential allowances. Implementation, however, remains delayed and underfunded (Eurocarers, 2024).

Despite the progress made through legislative protections and social support mechanisms, the persistent burden of family caregiving continues to fall disproportionately on women. It is clear that **the more comprehensive and protective the legal frameworks and welfare policies become, the less family care will rely exclusively on women's unpaid labour.**
However, structural change alone is not sufficient. To truly reduce gender inequalities in the care sector, these measures must be accompanied by education and awareness-raising programmes aimed at shifting entrenched cultural norms. Promoting care as a shared social and familial responsibility, rather than a task naturally assigned to women, is essential for long-term transformation.

3.1.2. Perceptions and experiences

The questionnaire responses, together with individual interviews, focus groups, and anonymous surveys, helped shed light on the multifaceted nature of care work and the lived experiences of employers in the care sector, formal care workers, and informal caregivers in Italy.

Insights from employers and HR professionals

Gender stereotypes remain deeply rooted in the sector, with many respondents to the questionnaire associating care with **women's emotional suitability.** Despite some attempts to introduce inclusive HR practices, men are still rarely encouraged to apply, and gender pay disparities persist. Employers frequently report a **predominantly women workforce** and acknowledge a **lack of**

structured gender equality assessments. Barriers for men include cultural expectations, lack of interest, and care work being perceived as "unmanly" or precarious.

In our conversations with a **care service manager** in Southern Italy, the **fragility and dedication underlying the care sector** became evident. Many initiatives, such as the Alzheimer Café, were born from urgent **community needs** rather than institutional support: *"We built the Alzheimer Café because we couldn't find anything like it. It was born out of need, not planning."*

The organisation operates primarily through **project-based funding,** which has consequences for staff and care continuity: *"Every time a project ends, we risk losing people. There's no continuity, and that affects both the caregivers and the people we care for."*

Stable employment is rare, with most collaborators hired as freelancers due to funding limitations: *"We mostly work with freelancers because we don't have enough funding for stable contracts."*

Gender roles remain deeply ingrained, even within progressive environments: *"We try to integrate men in caregiving roles, but often they prefer to be in supportive, less relational roles like transport or maintenance." "The emotional intelligence and relational abilities I see in our female staff are key to the work we do."*

On the other hand, questionnaire responses from care sector professionals revealed persistent gender stereotypes and underrepresentation of men in care roles. Most organisations **lack formal gender equality assessments or inclusive HR policies.** Benefits for caregivers exist but are rarely funded or accessed by men on staff. Despite some awareness, concrete strategies to address gender imbalance remain limited.

These reflections highlight systemic gaps, such as fragmented funding and gendered divisions of labour, and reinforce the importance of policies that promote sustainability, gender equity, and recognition of caregiving as emotionally skilled, essential work.

First-person experiences

Among formal **care workers,** questionnaire responses confirmed the diversity of professional roles involved in LTC, ranging from nurses and doctors to recreational therapists and personal care assistants. This highlights the complexity and societal importance of the sector. Notably, **8 out of 10** respondents reported **witnessing or personally experiencing gender-based discrimination in their workplaces**. Women were more likely to face exclusion from specific tasks or feel undervalued in comparison to men colleagues. Among the most frequently proposed solutions were: the formal recognition of informal caregiving as valid professional experience, the inclusion of caregiving periods in pension entitlements, and stronger workplace measures to support flexibility and career progression for caregivers.

One of the interviewees, a neurodevelopment specialist working with children with disabilities, shared a powerful reflection on the systemic undervaluation of care work. *"Care work is usually done by women with little education and few opportunities... but this is not by choice",* she stated, highlighting how **socioeconomic vulnerabilities often push women into caregiving roles** as the only available employment option. Despite the emotional and technical demands of this work, it remains poorly paid and insufficiently recognised.

She offered insights into the **gendered dynamics** within professional settings: *"In the medical world, hierarchy is very strong. If you don't adopt the language of authority, you're ignored"*. This points to a broader issue where women professionals, especially in caregiving and educational roles, often feel they must conform to masculine communication styles to be heard or respected.

Rather than confronting this culture head-on, she embraces an alternative approach rooted in **dignity and relational balance**: *"I don't fight from ego, I offer symbolic equality"*. This form of resistance affirms her professionalism and values without replicating the **dominant logic of power and confrontation**.

The interviewee also spoke candidly about gender roles in families: ***"**When a child with a disability is born, the mother often stays and the father disappears"*. She stressed that caregiving responsibilities are still overwhelmingly placed on women, especially **mothers,** due to entrenched **cultural norms and economic inequality.**

At the same time, she advocated for the inclusion of men figures in caregiving teams: ***"**When there's a male figure on the team, it brings balance"*, especially in working with children who often lack male role models. Her reflections highlight the importance of **mixed-gender teams**, recognition of care work as a skilled profession, and the need for emotional and structural support for all caregivers.

Responses from **informal caregivers'** questionnaires underscored the deep impact of caregiving on professional and personal life. The **emotional toll** was significant, feelings of exhaustion, invisibility, and anxiety were recurrent, especially among those without adequate support. Men caregivers expressed a sense of being less legitimised or acknowledged, whereas women caregivers described their role as a **"silent expectation"** rooted in gendered norms. Despite this, many respondents acknowledged the **emotional rewards of caregiving.** Still, the role remains socially and economically undervalued. The majority agreed that caregiving should be **recognised as a professional competence and should count towards pension rights.**

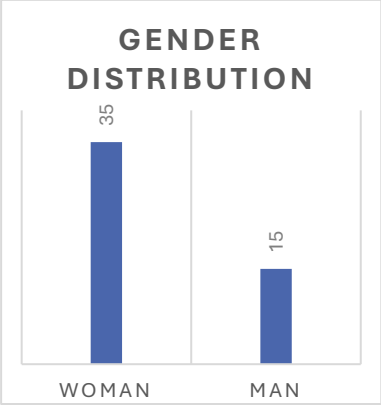
The interview with an informal caregiver supporting his elderly father with severe mobility issues, illustrates the **multidimensional challenges of home-based care**. As he states, *"I take care of my father... he couldn't walk anymore... he had two pressure ulcers"*, revealing how non-professionals are often expected to perform complex medical tasks. Without structured training, he learned by *"watching what they were doing"*, highlighting the need for **accessible caregiver education**.

Despite support from home care services, he recalls that *"the home care assistant came only for one month"*, and navigating public services was *"overwhelming"* due to constant **bureaucratic** renewals. He praises workplace flexibility: *"I was able to manage my work activity"*, but criticises the **limited caregiver leave**: *"Three days a month? Absolutely not enough."*

The interviewee also shared reflections on gender, noting *"There's absolutely no difference between male and female nurses"*, while also recognising **cultural sensitivities:** *"For a woman, being assisted by a man can be more embarrassing"*. Financial pressures are pressing: *"One-night costs 300 euros"*, yet his wish is clear: *"As long as I can, I want to avoid the nursing home."* These insights highlight the urgent need for **integrated support systems, fair compensation, and gender-aware policies** for caregivers.

Societal perceptions

In Italy, caregiving is often seen as a deeply **personal and emotional act,** but the results of the public survey show that public opinion is shifting. While respondents affirmed the emotional value of care, they also called for stronger professional recognition and social protections for those who provide it.

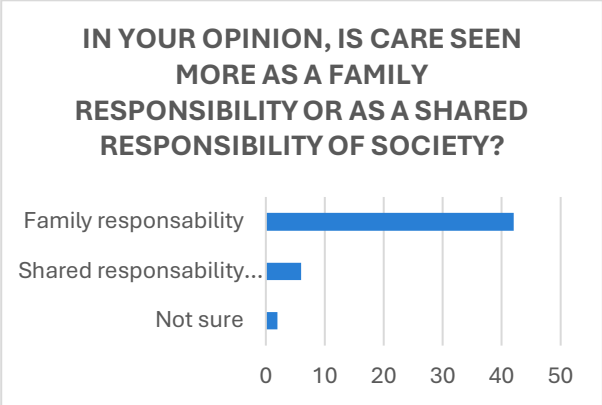


Notably, **most respondents were women** (70%), with an average age of 47, suggesting that perspectives are shaped by direct, prolonged caregiving experience.

The **key insights from the social perceptions survey** can be summarised as;

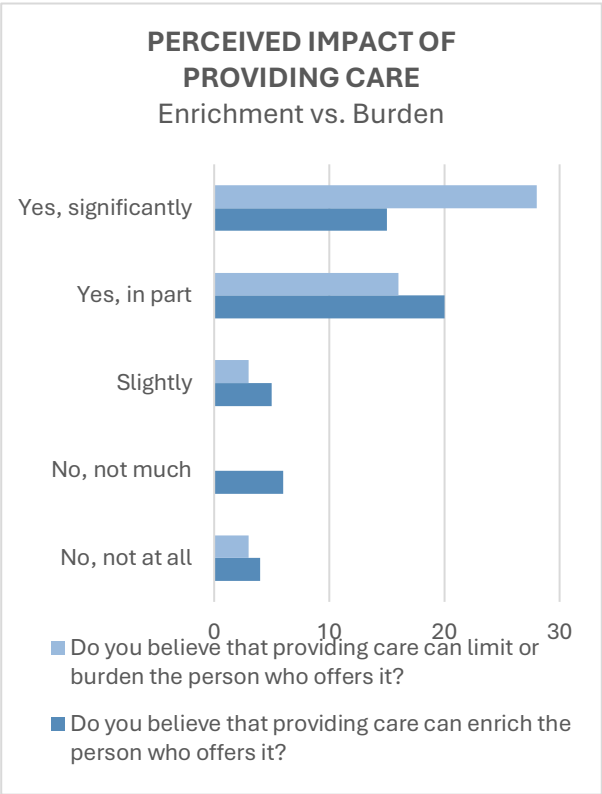
- **Care is still perceived as a private, family responsibility**

84% of respondents believe care is seen primarily as a **family duty**, rather than a **shared societal responsibility**. Care remains deeply rooted in family structures and is rarely framed as a public or collective issue. There is a need to shift public discourse to recognise care as a pillar of social cohesion and welfare.



- **Care is seen as enriching, but also burdensome:**

70% of participants said caregiving can be enriching "in part" or "significantly." At the same time, **88%** agreed that caregiving can **limit or heavily burden** the person providing it. There's a clear tension between the emotional value of caregiving and its tangible toll. Quote: *"Providing lifelong care is exhausting, but at the same time, giving yourself to another is wonderfully loving."*



- **Major challenges include isolation, burnout, and lack of support**

Respondents cited top challenges such as emotional and physical exhaustion, loss of personal time, economic strain, and lack of public or professional support. Caregivers, especially informal ones, feel overwhelmed and unsupported by institutions. Quote: *"Daily physical and mental strain, with little to no time to recover, huge financial sacrifices, isolation, and depression."*

- **Strong call for legal recognition and practical support** Proposed solutions included: Formal and financial recognition of informal caregivers: free training and psychological support; simplified bureaucracy; work-life balance measures and flexible policies. People are asking not just for symbolic gestures, but for structural reform in care systems.
- **Lack of awareness about rights and available services.** Several respondents expressed frustration with **confusing systems** and lack of **clear guidance** on administrative steps and available support. Quote *"No institution informed us about the legal steps when my son became an adult. We were thrown into a new world without warning."*

The focus group discussion in Palermo shed light on how care is still framed within deeply ingrained social and gender norms. Across different roles and personal experiences, participants highlighted how care continues to be idealised in moral or religious terms, often seen not as skilled work or shared responsibility, but as a personal sacrifice. *"In Palermo, we're not seen as professionals. We're seen as saints, as if we do this work out of divine inspiration,"* remarked one participant.

This idealisation, though seemingly positive, masks a deeper problem: it devalues care by making it appear natural, effortless, and unworthy of institutional recognition. *"They say we're like family, but we're workers, trained workers."* Others echoed how care is demanding; physically, emotionally, and mentally. *"This job takes mental and physical discipline. It's not a calling, it's work."*

Participants stressed how these narratives influence broader social attitudes, reinforcing the invisibility of those who provide care. *"We carry their stories and their lives every day; it's not just a job." "You go home and you're still carrying them on your shoulders."* These reflections reveal how society often underestimates the emotional burden of caregiving.

Gendered expectations remain particularly rigid. *"You look around here, it's all women doing the real care,"* said one woman. Another noted, *"In our team, women are psychologists, social workers, support staff – men are still more often the managers."* Even when men engage in caregiving, they are often assigned fewer personal tasks: *"They asked me if I could just do the heavy lifting or cleaning, nothing more."* Such perceptions uphold the idea that caregiving is inherently a women's task, and that involvement of men is peripheral or mechanical.

Beyond gender roles, participants also explored how societal perceptions affect people with disabilities and their families. Many described a tendency to infantilise adults with disabilities, particularly through parental overprotection. *"Here, mothers define themselves only through their child's disability — it's their whole identity."* This can limit autonomy and lead to resistance when services promote independence. *"They see letting go as abandoning their child. They don't let them grow up." "When parents are faced with the idea of death, they freeze."*

Yet alternative models exist. The example of Pordenone was cited as a promising community-based approach: *"In Pordenone, the care worker now goes to the house once a week. After six years, the young people live almost independently."* A participant described how *"Five pensions pooled together allow them to live with dignity – like students sharing a flat, but by choice and with support."*

Participants also reflected on how care can be reimagined as a relational, collective effort. *"We try to equip them with small skills – like getting the sheets, playing a game, choosing how to spend time. It's not easy, but it's powerful." "For us, care means making ourselves invisible – so they can organise themselves, decide what to play, cook on their own."* This vision moves away from control

and dependency toward autonomy, participation, and shared well-being: *"Care is collective. I feel better when others feel better."*

Some noted that while laws protecting the rights of caregivers and people with disabilities exist in theory, they are rarely enforced. *"We have good laws, but they're not applied, or families don't know how to claim them."* The gap between legal protections and lived realities highlights the urgency of cultural as well as policy change.

Ultimately, participants called for a reframing of care: not as an obligation tied to gender or family, but as a shared social responsibility requiring visibility, value, and support. They reminded us that changing how we see care is the first step toward changing how we do it.

3.1.3. Country-specific challenges and best practices

Challenges and identified gaps for action

Italy faces a dual challenge: a **rapidly ageing population and a long-standing reliance on unpaid, family-based care.** Despite national reforms and the existence of Law 104/1992, local field research reveals a deeply embedded perception that caregiving is a private matter rather than a public or institutional responsibility – this is confirmed by 84% of survey respondents who view caregiving as a familial duty.

Implementation gaps, limited institutional support, and weak coordination between services particularly affect Southern regions. Informal caregivers report bureaucratic complexity, lack of economic relief, and insufficient respite or psychosocial support. Gender norms strongly influence caregiving dynamics, with women disproportionately leaving the workforce or reducing working hours. The **Italian system's emphasis on cash benefits over services** exacerbates inequalities, leaving caregivers to navigate fragmented systems with minimal guidance. As a result, the burden of care remains highly individualised and gendered, with inadequate public recognition or structural support.

The **reliance on private caregivers** (i.e. "*badanti*"), mainly migrant women, highlights how care responsibilities are not being redistributed across society, but outsourced, continuing **gender and class disparities.** Caregivers, whether paid or unpaid, are under-recognised, underpaid, and socially undervalued. Thus, urgent action is needed to:

- Formalise the role of informal caregivers,
- Expand access to home-based and community care services,
- Reduce administrative barriers to support, and
- Challenge persistent gender norms through awareness and education campaigns.

Best practices

Title	**Vite da Vivere – Community-based independent living model for adults with disabilities**
Country	Pordenone (Friuli-Venezia Giulia region), Italy
Description	This initiative helps reduce the care burden usually (mostly) carried by women, shifting support from families to the community. At the same time, it empowers people with disabilities to live more autonomous, dignified lives. This initiative is a territorial model of **community-based independent living for people with cognitive disabilities**, developed in Pordenone through the collaboration of **Well Fare Pordenone** and local actors including **AsFO (Azienda Sanitaria Friuli Occidentale)**, **Casa dell'Autismo APS**, **LaLuna Impresa Sociale**, and **Fondazione Down FVG ETS**. The model aims to **accompany youth and adults with disabilities in their transition to autonomous adulthood**, focusing on the right to a dignified home, social inclusion, and personal agency. It includes a 3-year **residential educational path** in *training homes* where participants gradually acquire executive, relational, and domestic skills. At the end of the training period, they move into **independent apartments**, supported by pooled pensions and light social assistance, fostering **a dignified, self-determined lifestyle**. A dedicated **coordinating body**: *Tavolo Vita Indipendente e Abitare Sociale,* was established in 2021 to manage housing availability and support inclusion policies. In 2022, the *Fondo Vite da Vivere* was launched to sustain this model through community donations, aiming to open one new supported housing unit per year.
Key impacts	• Empowerment of 11 young adults currently living in training homes. • Strengthened autonomy and transition to independent living. • Creation of a replicable framework combining institutional support and grassroots action. • Increased social inclusion, dignity, and visibility for people with cognitive disabilities. • Mobilisation of community fundraising to sustain and expand the program.
Target group	• People with cognitive disabilities transitioning into adulthood. • Families and caregivers. • Local service providers and community stakeholders. • Municipalities and regional policy actors.
Challenges addressed	• Lack of housing alternatives for adults with disabilities beyond family care. • Overprotection and family resistance to autonomy. • Fragmented services and limited long-term planning for the independence of persons with disabilities. • Social exclusion and infantilisation of people with cognitive disabilities. • Lack of systemic support for caregivers in transition planning.
Implementation lessons and replicability	• **Multi-stakeholder collaboration** between healthcare, social enterprises, NGOs, and families is essential.

	• Autonomy must be built through **gradual learning**, starting from supported environments. • **Pooled resources (e.g., pensions)** and local fundraising can be sustainable alternatives for housing. • The model can be **adapted to other contexts** with similar demographic and social infrastructure. • Clear coordination mechanisms (like the *Tavolo Vita Indipendente*) and **dedicated funds** (like *Fondo Vite da Vivere*) increase long-term sustainability and scale-up potential.
Additional information	For more information, check visit the web page Link

3.1.4. Conclusions and reflections

Desk research and fieldwork converge in identifying the **systemic** undervaluation of care work in Italy, particularly in the informal sector. **Care remains gendered, invisible, and largely unsupported by institutions.** While national and regional laws exist to protect the rights of people with disabilities and their families, enforcement is weak and highly dependent on local capacity and political will.

Interviews and focus groups findings in Palermo underscore the **emotional toll and social isolation** experienced by caregivers, who describe their roles as both deeply rewarding and mentally exhausting. Many participants reported "*carrying the stories and lives of others*" with them, long after their working hours ended. They also highlighted that care work is often dismissed as "*charity*" or "*maternal instinct*," rather than recognised as skilled labour.

Participants praised **inclusive community models** such as the co-living initiative in Pordenone, which combines independent living with long-term support and collaboration between health services, families, and civil society. This model was cited as a promising **replicable practice**, albeit currently absent in the local policy landscape. Opportunities for action include:

- Scaling **community-based housing and independent living programs**;
- Providing **training, psychological support, and economic incentives** to informal caregivers;
- Strengthening **partnerships between public institutions and grassroots associations** like Minerva;
- Launching **awareness campaigns** to reframe caregiving as a **shared, gender-inclusive social responsibility**.

These findings call for **multi-level reforms** that integrate care into the core of Italy's social protection systems, both as a human right and a foundational element of gender equality.

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3.2. SPAIN

3.2.1. National context & policy overview

Brief overview of the gender roles in the formal & informal LTC sector

At national level the Ministry of Equality provides us with a large list of links of interest further themselves and the Women Institute with units related to gender equality at work, basically with the Ministry of Labor and Social Economy, Trade unions: Comisiones Obreras (CC.OO.) and Unión General de Trabajadores (UGT) and the Equality Units in Spanish Universities.

Diving through all the existing information, we have selected the following:

Women and work 2025; Infographic 1st quarter 2025 (Ministry of Equality, 2025). It shows the gaps between women and men in the workplace in the following points. The data in this infographic comes from the Active Population Survey for the first quarter of 2025 prepared by the National Statistics Institute, except for the data on parity in listed companies (National Securities Market Commission, 2024), the data on leaves of absence (Social Security benefits statistics, January-March 2025)

- **Horizontal labour segregation**; the distribution of women and men by branches of activity shows the horizontal segregation that persists in the labour market. **Women have a greater presence in health and social services activities (77.60%)** and household activities as employers of domestic staff and as producers of goods and services for own use (88.85%).
- **Vertical labour segregation**; on the **boards of directors** of all listed companies, the percentage of women grew to **36.58%** in 2024, but the number of women executive directors barely reached **8.55%**. In other senior management positions, women represent only **24.83%.**
- **Care Responsibilities;** women continue to assume a greater burden of domestic and caregiving responsibilities. **17.38% of women who work part-time do so to care for children, sick, elderly, or disabled adults.** For **men, this percentage is 3.47%.** Of the total number of leave granted for the care of a child, foster child, or family member in 2024, 84.38% were taken by women.

Press release Plena Inclusion (2023); The infographic on family reconciliation for people with intellectual and developmental disabilities confirms that women are the ones who, within their families, assume the care of people with intellectual and developmental disabilities. According to a survey by Plena Inclusion, **83% of caregivers are women, mostly mothers (68%), sisters (12%), and sisters-in-law (3%).** This fact, which once again highlights the feminization of caregiving, means significant sacrifices for women in their work and personal lives.(Plena Inclusion Spain, 2023)

Foundations for care document from Advisory Board for Care (2023); The Foundations for Care document, created by the Ministry of Equality and the Women's Institute, lays the groundwork for a Public State Care System that centers people and recognizes care's social and economic value . It offers a conceptual framework, diagnostics, and proposals for public policies. Key focuses include valuing domestic work, shared responsibility through co-education, and mainstreaming care in policy. It highlights legal references, areas for improvement in bureaucracy, flexibility, investment, and training. It also stresses better governance, job quality, and support for caregivers, with a shift toward personal autonomy.(Women's Institute, 2023)

DUALIZA's Job Opportunities 2023-2035; The report on healthcare and social services activities in the Spanish economy and the training level of its employees also shows that in the healthcare and social services sector, **women employment (78.9%) is much higher than men employment (21.1%).** *Infographic briefing (Vocational Training Observatory – CaixaBank Dualiza, 2024). Vocational Training in the Healthcare and Social Services Sector [Sector Report].*

Report of HomeCare Service of Barcelona Municipality (2024); This report shows that concretely in **home care services** the imbalance is worst from the whole **workforce** of this Barcelona public service who attend more than 20.000 people, from their 3823 workers, **90.29% are women.** *(Barcelona Municipality, 2024) HomeCare Service Report. Ppt. from Executive Committee for 2025 regular Elder Council meeting (Private for council members).*

Summary of key laws and policies addressing gender equality in care work

The Spanish Ministry of Equality compiles the following regulations in their website related of our subject (Ministry of Equality, 2025);

- Organic Law 3/2007 (EN) (FR), of March 22, for the Effective Equality of Women and Men.
- Organic Law 2/2024, of August 1, on equal representation and balanced presence of women and men.
- Law 39/1999, of November 5, to promote the reconciliation of family and work life for workers.
- Royal Decree-Law 6/2019, of March 1, on urgent measures to guarantee equal treatment and opportunities between women and men in employment and occupation.
- Royal Decree 901/2020, of October 13, regulating equality plans and their registration and amending Royal Decree 713/2010, of May 28, on the registration and filing of collective bargaining agreements and agreements.
- Royal Decree 902/2020, of October 13, on equal pay between women and men.
- Royal Decree 1615/2009, of October 26, regulating the granting and use of the "Equality in the Company" distinction, amended by Royal Decree 850/2015, of September 28, and by Royal Decree 333/2023, of May 3.
- Order PCM/1047/2022, of November 1, approving and publishing the job evaluation procedure work provided for in Royal Decree 902/2020, of October 13, on equal pay between women and men.
- Resolution of March 16, 2023, of the Secretary of State for Public Service, establishing the Registry of Equality Plans for Public Administrations and their Protocols for Addressing Sexual and Gender-Based Harassment.

3.2.2. Perceptions and experiences

Insights from employers and HR professionals

There was unanimous agreement that **caregiving is perceived as a women's responsibility. Cultural and educational norms,** beginning in childhood and reinforced by media and family structures, were cited as **major drivers of this perception.** Respondents also reported significant gender **disparities in professional advancement**. Women tend to be relegated to non-leadership roles, while men, as minorities in the field, sometimes benefit from faster promotions and recognition.

Most participants noted that **men are not equally incentivised** to make use of family leave policies. Reasons include economic disincentives, lack of organisational encouragement, deep-rooted gender stereotypes. While some recognised formal equality in **hiring practices,** many pointed to **informal biases,** particularly in senior or decision-making positions. There was consensus that efforts to engage men in caregiving roles remain minimal. Societal and organisational expectations often deter men from entering or staying in the sector. As regards to the gender-based **salary disparities**, experiences were mixed: **some saw no differences** due to standardised contracts and **others observed disparities,** especially at management levels or in compensation for night or flexible shifts.

Participants cited **flexible scheduling and rest** periods as **available support**. However, such supports are **not universally accessible,** especially in 24-hour service environments. There is a clear demand for financial incentives and subsidies, contributions to social security for caregivers, institutional recognition of unpaid care work and respite care services for family caregivers

Some participants could identify concrete best practices currently in use. Efforts by HR departments were acknowledged but seen as insufficient or fragmented.

- **Early education:** Implement gender-sensitive curricula from childhood.
- **Media representation:** Promote caregiving as a shared responsibility through public campaigns.
- **Policy reform:** Enforce salary equity, enhance professional status, and provide training.
- **Employer involvement:** Collaborate with training institutions and improve working conditions.
- **Recognition:** Establish formal recognition and support mechanisms for caregiving roles.

In summary, participants highlighted persistent gender disparities and systemic challenges in the caregiving sector. However, they also identified clear avenues for policy and organisational reform. Moving forward, a multi-level approach combining education, media, workplace reform, and public policy will be critical in advancing gender equality in care services.

First-person experiences

Most caregivers affirmed that **gender significantly influences their caregiving roles and responsibilities.** Several noted direct personal experiences of **discrimination,** particularly related to professional development and wage disparities. Key challenges cited include; limited promotional opportunities for women, persistent gender-based salary gaps and lack of recognition for dual caregiving (professional and personal).

Although some organisations implement equality policies, many caregivers indicated **uncertainty or absence of active support measures** such as flexible working arrangements, paid caregiving leave and equal promotion criteria**.** Many caregivers **struggle to balance work and personal caregiving duties**. Specific barriers include; inflexible work models, expectations that caregiving is a "natural" woman's role and difficulty in accessing leave and professional growth simultaneously.

Caregivers suggested **practical changes** such as: clear **gender equality policies, wage equity, legal and institutional support** for work-life balance and educational campaigns and formal training on gender inclusion. Some participants noted the need for **visibility and recognition** from policymakers. Others stressed that inclusive policies and cultural shifts are necessary for real, lasting equality in the care sector.

In summary, participants highlight persistent gender disparities and systemic challenges in the caregiving sector. They also point to a strong consensus on the need for structural reform, increased

education, and improved support systems. Real change will require multi-sector collaboration, grounded in policy, cultural awareness, and institutional accountability.

Societal perceptions

Respondents to the general survey generally acknowledged that **caregiving can be enriching, especially on an emotional or social level.** However, they also highlighted the **significant burden** it can place on individuals, including physical, psychological, and financial strains.
There is strong support for official **recognition of caregiving skills** acquired informally, allowing informal caregiving years to count toward retirement and expanding legal and financial support for family caregivers. Most respondents believe caregiving should be a **shared societal responsibility,** not solely a family obligation. However, in practice, care often falls on family members, typically women, due to cultural norms and lack of accessible public services. Top challenges for caregivers include **lack of time off, social isolation, physical and emotional exhaustion and insufficient public resources and training.**
Respondents reported limited awareness of initiatives **encouraging participation of men** in caregiving. More outreach and inclusive programming were seen as necessary. Key proposals included direct financial compensation and tax credits for caregivers, social security contributions for informal care periods, public recognition campaigns and institutional support systems and accessible services.

3.2.3. Country-specific challenges and best practices

Challenges and identified gaps for action

The approval of Organic Law 2/2024, of August 1, represents a significant step toward reinforcing gender equality within the governance structures of political and socio-economic institutions in Spain. This legislative advance directly targets the persistent underrepresentation of women in decision-making roles—particularly within the Third Sector of Social Action, a domain where many caregiving-related organizations operate.

Under Chapter XII, the law amends Article 17 of Law 43/2015 and introduces a new additional provision, which mandates that the governing and representative bodies of Third Sector organizations must uphold the principle of balanced representation—ensuring that no gender exceeds 60% nor falls below 40%—when **both of the following conditions are met:**

- The organization has an average annual workforce greater than 125 employees.
- Its annual budget exceeds 20 million euros.

Although exemptions apply when an organization's mission justifies deviation from this rule, the default legal expectation is a gender-balanced leadership structure in larger, better-resourced entities.

This provision exposes several **challenges and gaps for action:**

- Many care-related organizations in the Third Sector may lack the governance infrastructure to meet this standard and will require technical support and policy alignment.
- Smaller entities not directly affected by the law may still perpetuate gender imbalances in decision-making due to cultural inertia, lack of awareness, or internal resistance to reform.

- There is a lack of monitoring tools and enforcement mechanisms to track compliance with the balanced representation requirement.
- A clear communication strategy is needed to ensure organizations understand the implications and opportunities of this law as part of a broader equity framework.

To bridge these gaps, it is essential to:

- Provide capacity-building and gender governance training for Third Sector leadership.
- Develop guidelines and technical assistance for aligning statutes and internal election processes with the law.
- Create monitoring and reporting systems at the national and regional levels to ensure implementation.
- Promote public awareness of the law's objectives to enhance accountability and foster cultural change within the sector.

By enforcing balanced representation at the governance level, Spain is advancing toward a more equitable care system—but full implementation will require sustained investment, institutional collaboration, and organizational transformation across the Third Sector.

Best practices

Title	Tools for implementing equality plans in companies	ECSA course: Effective equality for women and men in the workplace	Conciliation and co-responsibility in companies
Country	Spain	EU	Spain
Description	Tools for companies	Course included in the ECSA project platform, EU co financed Alliance project 2023-2027	Good practices from companies with the "Equality in the Company" distinction (DEI network)
Key impacts	Help companies implement equality plans	This course addresses the different challenges that new events bring with them in this area	Offers a list of statistics related to the subject and a series of good practices extracted from the technical work of the DEI Network
Target group	Companies in general	VET and HE students	Companies in general
Challenges addressed	Compliance with regulations	Allow students to prepare, plan and apply an equality plan at work in a company.	Conciliation and co-responsibility measures
Implementation lessons and replicability	Take profit of ministry tools and check frequently on their website for news	Follow EU Gender Equality Strategy 2020-2025 roadmap for the European Commission's work towards gender equality and sets out the EU's policy objectives and the actions it will take to help achieve them	Compliance with regulations

Additional information	For more information, visit the web page Link	For more information, check visit the web page Link	For further information, visit the web page Link

3.2.4. Conclusions and reflections

The Spanish National Report highlights persistent gender inequalities in the caregiving sector, where both formal and informal care roles remain highly feminized and undervalued. Despite legal frameworks promoting equality, cultural norms and systemic biases continue to limit women's career progression and reinforce caregiving as a female-dominated responsibility. Through surveys, focus groups, and interviews, the report reveals a widespread lack of recognition for informal caregiving, unequal workplace practices, and limited male participation in care roles. Participants strongly support institutional recognition of caregiving skills, financial and social security measures, and the integration of gender-sensitive education. The report advocates for coordinated policy reform, public campaigns, and collaborative action to build an inclusive care model that promotes gender equity and professionalizes caregiving across society.

Related to the different target groups

- **Informal Caregivers:** Informal caregivers, mostly women, experience heavy emotional and physical burdens with minimal institutional support. Their caregiving efforts are largely invisible in policy and social protection systems. There is strong demand for formal recognition, financial assistance, and inclusion in retirement schemes.
- **Professional Care Workers:** Professional caregivers face persistent gender inequalities in career progression, pay, and recognition. Despite their qualifications and workload, they are often excluded from leadership roles. Respondents advocate for improved working conditions, career development paths, and gender-sensitive policies in the workplace.
- **Employers and HR Professionals:** Employers acknowledge the existence of gender gaps but often lack proactive measures to address them. Some formal policies exist, but implementation is inconsistent, and male participation is rarely encouraged. There is recognition of the need to mainstream gender equality, develop inclusive HR practices, and support work-life balance structures.
- **Civil Society and Social Sector Representatives:** Organizations involved in the care sector emphasize the urgent need for systemic reform, including policy changes, public education, and increased funding for care services. They see their role as essential in shaping discourse, supporting caregivers, and promoting shared responsibility between the state, community, and families.
- **General Public / Survey Respondents:** Public perception confirms that care work is undervalued and gendered. While many recognize its social value, they also see it as a source of inequality. Respondents support policy interventions like financial aid, training, informal care accreditation, and media campaigns to promote male engagement in care.

3.2.5. References

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3.3. LITHUANIA

3.3.1. National context & policy overview

Lithuania is facing demographic changes, a **growing demand for LTC,** and the ongoing **need to promote gender equality** in both formal and informal caregiving. Despite existing legal provisions aimed at fostering family-friendly and gender-equal policies, traditional gender roles remain deeply embedded in Lithuanian society. Women continue to bear a disproportionate share of caregiving responsibilities, both in paid employment and unpaid domestic settings. Formal care jobs – particularly in the social services sector – remain heavily feminised and undervalued, both in terms of social recognition and financial compensation. While **national strategies and legal instruments**, such as the *Law on Equal Opportunities for Women and Men (1998)*, provide a framework for combating discrimination, **implementation across sectors remains inconsistent.**

Brief overview of the gender roles in the formal & informal LTC sector

In Lithuania, women remain the primary providers of both formal and informal care, reinforcing traditional gender roles and contributing to a persistent gender care gap.

According to the Lithuanian Department of Statistics. Social Security Statistics (2023), women constitute approximately **86,7%** of the formal LTC workforce, including social workers, nurses, and care assistants. This figure reflects broader European trends but is particularly pronounced in Lithuania due to enduring societal norms that frame caregiving as predominantly "women's work."

In the **informal LTC sector**, caregiving responsibilities are also largely shouldered by women - especially **mothers, daughters, and wives**. Data from Eurostat (2022) reveal that **24% of Lithuanian women** have reduced working hours or exited the labour market entirely due to unpaid caregiving, compared to only **6% of men**. This imbalance significantly impacts women's **economic independence**, **career progression**, and **retirement security**, reinforcing a cycle of gender-based economic inequality.

Regarding **demographic trends**, Lithuania is experiencing population ageing, with a growing share of older adults requiring support. This increases the demand for care while putting additional pressure on women as default caregivers.

The **supply of services** and **LTC accessibility** remains uneven across the country. Although both state and municipal services are in place, they are notably **limited in rural areas**, where **older women often become the primary caregivers**. This contributes to greater **social and economic vulnerability** among elderly women caregivers who receive limited institutional support.

From a **workforce perspective**, the formal care sector is characterized by **low wages**, **high emotional burden**, and **limited career mobility**, further discouraging participation of men and reinforcing gendered divisions.

As for **structural support**, Lithuania does provide some caregiving-related schemes, such as **parental leave**, **care allowances**, and **part-time working models**. However, these measures are often **insufficient** or **inflexible**, making them less accessible to informal carers. The lack of **gender-sensitive employment policies** further reinforce women's disproportionate share in unpaid caregiving roles.

Figure 6: Key national statistics and trends

	**86,7%** of formal LTC workers in Lithuania are women (Lithuanian Department of Statistics, 2023).
	**24%** of women have reduced work or exited employment due to informal care duties (Eurostat, 2022).
	The average salary in the care sector is **~20% lower** than the national average (Lithuanian Department of Statistics, 2023).
	Only **8%** of men take parental leave, despite legal provisions encouraging shared care responsibilities (SADM, 2022).

Summary of key laws and policies addressing gender equality in care work

Lithuania's legal framework on gender equality in care is shaped by both national legislation and EU directives. Although the country has made strides in formal equality, implementation and cultural change remain limited.

Key laws and policies

- **Law on Equal Opportunities for Women and Men** (1998, revised): Prohibits discrimination in employment, education, and access to services.
- **Social Services Law** (2006, amended): Regulates the provision of social care services and defines the rights and duties of caregivers and care recipients.
- **Labour Code of the Republic of Lithuania** (2017, amended): Establishes maternity, paternity, and parental leave rights, flexible working arrangements, and workplace equality standards.

Institutional structures

- **The Office of the Equal Opportunities Ombudsperson**: Monitors and investigates discrimination cases, publishes reports, and offers recommendations.
- **The Ministry of Social Security and Labour (SADM)**: Oversees care policy, employment support, and gender equality strategies.

Although formal legal protections exist, public attitudes, limited funding, and weak enforcement mechanisms pose significant challenges to effective implementation.

Family-friendly policies and dual-carer model Lithuania has generous parental leave schemes, which can be shared between both parents. According to Lithuania 2023 Country Note Mothers are entitled to 18 weeks of maternity leave at 77.58% of their salary, while both parents can share up to two years of parental leave with state compensation.

However, cultural expectations continue to limit men's participation in caregiving. Only 8% of fathers utilize parental leave (SADM, 2022), highlighting persistent stereotypes that caregiving is a woman's responsibility.

There is growing policy interest in promoting work-life balance and increasing the involvement of men in caregiving through awareness campaigns and reforms, though progress remains slow.

Labour code guarantees related to family obligations

- **Remote work:** Employees who are pregnant, recently gave birth, breastfeeding, or raising a child under 8 (or under 14 with a disability) can request remote work. It may also be granted for health or caregiving reasons unless the employer can prove it's not feasible.
- **Part-time and full-time work:** These same employees have the right to request part-time work or return to full-time, and employers must accommodate unless they have valid reasons to refuse.
- **Maternity and paternity leave:** Mothers get 1 paid day off per month (2 if raising a child with a disability). Fathers are entitled to 30 calendar days of paternity leave within the first year after birth.
- **Support for family obligations:** Employers must consider employees' family responsibilities when planning tasks and schedules.
- **Unpaid leave:** Employees can take unpaid leave for urgent family matters (e.g. illness, caregiving, family events), and employers must grant it in justified cases.
- **Parental leave:** Each parent can use 30 calendar days of parental leave within the child's first year. Leave can be taken in two parts.
- **Shift preferences:** Parents of children under 3 may request specific shifts, and employers should approve when possible.
- **Vacation preferences:** Employees raising children, especially with disabilities, have priority when scheduling annual leave.
- **Annual leave and sick leave:** Parents of children under 14 (or 18 with a disability) are entitled to at least 25 working days of annual leave. Unused leave due to illness or caregiving can be carried over.
- **Unpaid care leave:** Employees can request time off to care for a sick family member or accompany them to treatment.

3.3.2. Perceptions and experiences

Understanding the gender dynamics in LTC in Lithuania requires not only policy analysis but also close attention to perceptions, lived experiences, and societal norms. Despite legal advances promoting gender equality and parental leave rights**, caregiving in Lithuania continues to be widely regarded as a woman's duty**–both **culturally and institutionally**. This perception shapes employment practices, limits men's participation, and places a disproportionate physical, emotional, and financial burden on women. Fieldwork conducted by PsPc involved 3 different questionnaires with 32 respondents, 3 semi-structured interviews, 50 responses to a general survey and 1 focus group with support professionals, care workers, and informal carers. These activities confirmed that gendered assumptions strongly influence both formal and informal LTC dynamics.

Insights from employers and HR professionals

Employers and HR professionals acknowledge that caregiving continues to be socially and culturally perceived as a woman's responsibility, a **belief that influences recruitment, job assignment, and career progression practices.** The survey showed that over 80% of respondents associate LTC work with women, while only 9% believe that men are encouraged to pursue a career in the sector. One social service coordinator noted: *"We have men on staff, but they are mostly drivers or*

technicians. When it comes to intimate care, families often prefer women – and so do the workers themselves."

Although Lithuanian labour law ensures both parents can take **parental leave**, uptake remains heavily skewed: **only 8% of fathers take such leave** (SADM, 2022). Employers report that **fears of professional repercussions** and prevailing **stereotypes about masculinity** discourage men employees from using family-related leave or engaging in caregiving duties.

Larger institutions in urban areas are more likely to offer progressive practices such as flexible work arrangements, paternity leave promotion, and re-entry support after leave. In contrast, smaller and rural employers often lack the resources or awareness to implement such initiatives.

Common **barriers** reported by employers:

- Gender stereotypes influencing client and team preferences.
- Lack of targeted recruitment or outreach to men.
- Limited access to gender equality or unconscious bias training.
- Absence of salary audits or gender-sensitive evaluation frameworks.
- Internal norms discouraging men employees from using caregiving rights.

First-person experiences

Women working in **formal LTC** report **chronic undervaluation, emotional strain, and lack of career progression.** Even in a highly feminised profession, gender-based disparities persist. While pay scales are legally regulated, informal pay differences still occur - especially in private care institutions - resulting in lower salaries than in sectors dominated by men like construction or ICT (Lithuanian Department of Statistics, 2023).

During interviews, workers described overlapping pressures: low wages, emotional fatigue, and rigid public attitudes. One woman staff member stated: *"We do essential work, but society still treats us like babysitters – underpaid, under-respected."* Another participant reflected: *"You are expected to care, but not to lead. Leadership still seems like a man's task – care, like a woman's."*

Men in the sector face other challenges. One man explained: *"It takes extra effort to prove yourself. Clients sometimes feel uncomfortable when a man helps them wash or eat. They look for a woman even when you're trained and kind."* At the same time, both women and men agreed that gender-balanced teams bring value: *"Sometimes a calm man's presence helps with certain clients – especially boys or men with disabilities. We should talk more about this."*

Additional **challenges** include:

- Persistent stereotypes that caregiving is emotional rather than skilled labour.
- Gender-biased promotion, with men more likely to be offered leadership positions.
- Poor working conditions, including long hours, understaffing, and emotional overload.
- Lack of structured support such as mental health services or professional development.

On the other side, **informal caregivers -** often middle-aged or older women - are crucial providers of care for elderly or disabled family members, yet they receive little recognition or compensation.

These caregivers face **institutional and financial neglect**:

- Inadequate care allowances and limited access to respite care.
- Low awareness of support services and entitlements.
- Interrupted employment and lack of pension contributions.
- Absence of return-to-work programs or reskilling support.
- Emotional and physical exhaustion, compounded by social isolation.

Caregivers frequently report **feeling invisible** in policy frameworks and **unsupported** by social infrastructure, especially in rural areas. Many lack even basic information about their rights and available services.

Societal perceptions

Social norms and cultural expectations continue to place the burden of caregiving on women. According to the Equal Opportunities Ombudsperson (2021), a large share of the **Lithuanian public views' caregiving as a natural role for women**. Men are rarely portrayed as caregivers in media or public campaigns, and those who take on care roles often face stigma. Lithuanian public views caregiving as a natural role for women. Participants in the PsPc fieldwork confirmed this. As one focus group member put it: *"Men fix the building. Women fix the people."*

Men in caregiving professions, particularly in early education or elderly care, are often questioned about their motivations and treated as exceptions. Such **cultural framing** discourages the broader participation of men and reinforces a perception that caregiving is incompatible with masculinity.

Gender role socialisation begins in childhood. Girls are more likely to be taught caregiving skills or expected to help with family responsibilities, while boys are less likely to be encouraged in the same way. This lifelong conditioning perpetuates unequal distribution of care roles.

At the same time, some signs of change are emerging. Younger respondents in the PsPc survey were more likely to view LTC as a profession requiring training rather than a "calling." Participants called for greater recognition of caregiving skills, integration of caregiving years into pension schemes, and national campaigns to promote shared responsibility.

A recurring theme across the fieldwork was the emotional dimension of caregiving – seen both as a burden and a source of meaning. As one caregiver put it: *"Caring breaks you sometimes, but also builds something strong inside. We just want others to see that."*

Summary of societal-level observations:

- Caregiving is strongly linked to femininity in public discourse.
- Men face negative assumptions and underrepresentation in care sectors.
- Gender socialization from a young age reinforces unequal care responsibilities.
- Media and institutional narratives rarely promote or normalise men taking on caregiving roles.

3.3.3. Country-specific challenges and best practices

Challenges and identified gaps for action

Despite a solid legal and policy foundation supporting gender equality and family-friendly measures, **Lithuania continues to face persistent challenges that hinder meaningful progress in closing the gender care gap**. These challenges span **laws, workplace practices, social norms, and public attitudes,** reinforcing caregiving as a responsibility primarily shouldered by women and often undervalued.

Entrenched gender stereotypes; According to a 2021 report by the Equal Opportunities Ombudsperson, **caregiving remains widely seen as a woman's duty,** reinforced by education, media, and societal expectations that cast women as natural caregivers and men as providers. These stereotypes influence personal choices and institutional practices, sustaining gender imbalances in both formal and informal care.

Low participation of men in caregiving; Though both parents are legally entitled to parental leave, only 8% of Lithuanian fathers use it (SADM, 2022). Workplace culture, lack of employer support, and societal norms **discourage men from taking caregiving roles**.

Occupational segregation and undervaluation; According to the Gender Equality Index 2020, the LTC sector is largely made up of women and remains undervalued and underpaid. Care roles are often seen as requiring only emotional labour rather than professional skills, contributing to low pay, poor career progression, and high burnout rates. Many women feel trapped in low-status positions with limited prospects.

Insufficient support for informal caregivers; Informal caregivers, mainly middle-aged and older women, receive minimal financial or institutional support. Care allowances are inadequate, and access to respite care, psychological support, and training is limited. Many face long-term risks to their health, economic security, and social inclusion.

Weak policy implementation; Although gender equality policies exist, their application at the organizational level is inconsistent. Smaller and rural care providers often lack the resources or knowledge to apply gender-sensitive practices. Without oversight or incentives, implementation remains weak.

Workplace challenges

- **Low wages**: Formal care roles pay far less than traditionally fields dominated by men like IT or construction, reinforcing their perceived low value and deterring men from entering the sector.
- **Lack of support for men caregivers**: Few employers actively promote caregiving policies for men or offer flexible options to take leave.
- **Workplace stigma**: Men who take leave may face discrimination or career setbacks.
- **Rigid work conditions**: Many caregivers, mostly women, work under inflexible arrangements that hinder work-life balance.

Public awareness and cultural norms

- **Persistent stereotypes**: Caregiving is still culturally assigned to women, limiting men's involvement and acceptance in care roles.

- **Low awareness of rights**: Many caregivers, especially older or rural residents, are unaware of their entitlements and available services.
- **Lack of visibility of men caregivers**: Few public role models or awareness campaigns feature men as caregivers, reinforcing the idea that care is not a "masculine" responsibility.

Best practices

Gender equality in care: Innovative national approaches and policies for **informal LTC,** with a focus on Lithuania:

Title	**"Tėčiai atostogose" Paternity leave awareness campaign**
Country	Lithuania
Description	Launched by the Ministry of Social Security and Labour, the "Tėčiai atostogose" (Dads on Leave) campaign aims to encourage fathers to take paternity and parental leave. The initiative seeks to challenge traditional gender roles by promoting active fatherhood and equitable sharing of childcare responsibilities. Through various media channels, including social media, television, and public events, the campaign highlights the benefits of paternal involvement in early child-rearing.
Key impacts	• Increased awareness of paternity leave rights among fathers. • Gradual rise in the number of fathers taking paternity leave. • Positive shift in societal attitudes toward shared parenting responsibilities.
Target group	• Fathers and expectant fathers. • Families. • Employers. • Human Resources professionals.
Challenges addressed	• Low uptake of paternity leaves due to cultural norms and lack of awareness. • Gender imbalance in informal caregiving roles. • Workplace stigma associated with men taking parental leave.
Implementation lessons and replicability	• Tailored messaging that resonates with fathers is crucial. • Engagement with employers can facilitate a supportive environment for paternal leave. • The campaign model can be adapted to other cultural contexts with similar gender dynamics.
Additional information	N/A

Gender equality in care: Innovative national approaches and policies for **formal LTC**, with a focus on Lithuania

Title	**"Gender-sensitive caregiver training and certification initiative"**
Country	Lithuania
Description	Launched in 2022, this initiative, coordinated by the Ministry of Social Security and Labour in cooperation with vocational education institutions, aims to professionalize the formal care sector while integrating gender equality principles. The program provides modular training for formal caregivers (social workers, care assistants, nurses), incorporating topics such as **gender-sensitive care**, **burnout prevention**, and **work-life balance for carers**. It also includes an optional certification module designed to improve the recognition of caregiving as a skilled profession and encourage greater gender diversity in the sector.
Key impacts	• Improved recognition and status of formal caregiving roles. • Enhanced awareness of gender bias and emotional labour in care settings. • Increased enrolment of men in caregiver training (albeit modestly, from 4% to 7% between 2022–2024). • Stronger institutional support for work-life balance among care workers.
Target group	• Current and prospective formal caregivers in social care and LTC institutions. • Vocational education providers and employers in the LTC sector.
Challenges addressed	• Gender imbalance in the formal LTC workforce. • Lack of recognition and low professional status of caregiving roles. • High turnover due to burnout and lack of flexible working conditions. • Limited men participation in caregiving roles due to prevailing stereotypes.
Implementation lessons and replicability	• **Multi-stakeholder coordination** (government, educational institutions, employers) is essential for effectiveness. • **Embedding gender equality content** in vocational curricula raises awareness without deterring men participants. • **Modular and flexible training formats** make participation easier for adult learners and caregivers already in employment. • The model can be **replicated in other EU countries** with similar vocational training infrastructure, particularly if paired with **incentives** such as salary bonuses, recognition frameworks, or fast-tracked qualifications for experienced informal carers.
Additional information	N/A

3.3.4. Conclusions and reflections

The Lithuanian case highlights how deeply rooted gender norms continue to shape the LTC landscape. Despite a comprehensive legal framework promoting gender equality and family-friendly policies, **care work, both formal and informal, remains disproportionately performed by women and structurally undervalued.** Cultural attitudes, institutional practices, and systemic disparities, particularly in rural areas, continue to limit the practical realization of gender equality in caregiving.

Gender stereotypes persist across sectors. Caregiving is widely regarded as a woman's responsibility. Employers, HR professionals, and the general public often associate care work with traditionally feminine traits such as empathy and nurturing, which reinforces occupational segregation. These perceptions influence recruitment, limit men's involvement in caregiving, and discourage men employees from taking up family-related leave.

Formal LTC workforce is overwhelmingly women. Women make up 86.7% of the formal LTC workforce in Lithuania (Lithuanian Department of Statistics, 2023). Formal caregivers often experience low wages, limited career mobility, and high emotional burden. Their work is systematically undervalued - both economically and socially - compared to traditionally professions dominated by men like construction or IT.

Informal care is predominantly shouldered by women. Informal caregiving is also heavily gendered. According to Eurostat (2022), 24% of Lithuanian women reduce working hours or exit the workforce due to unpaid caregiving, compared to only 6% of men. These women face significant employment disruptions, lack access to social protection such as pension contributions, and often receive minimal or no institutional support. Many are unaware of available state services, benefits, or training opportunities.

Low participation of men in caregiving. Despite legal entitlements, only 8% of Lithuanian fathers take parental leave (SADM, 2022). Workplace cultures and traditional norms discourage men from taking caregiving leave or assuming family duties. The lack of role models for men in care professions, along with minimal media representation, reinforces the belief that caregiving is "not for men."

Societal Norms Reinforce Gender Inequality. Public perceptions strongly associate caregiving with women. From early childhood, girls are more likely to be socialized into caregiving roles, while boys are not. This socialization perpetuates unequal responsibilities in adulthood. Media narratives, school settings, and institutional messaging rarely portray men as active or capable caregivers, further entrenching gender roles.

Broader implications and need for reform. These findings reveal not only the disproportionate burden placed on women, but also a systemic undervaluation of caregiving work. Informal caregivers often experience burnout, isolation, and long-term financial insecurity. Formal caregivers remain professionally and economically constrained despite their essential contributions.

Implementation **gaps are evident;** while national gender equality policies exist, practical application varies significantly across sectors and regions. **Smaller or rural care providers** often lack resources and capacity to implement gender-sensitive practices, leaving significant segments of the workforce unsupported.

However, promising steps have been taken. **National campaigns** encouraging paternal leave and gender-sensitive training for formal caregivers indicate a shift in awareness. These initiatives, if expanded and better integrated across systems, could **help rebalance caregiving roles.**

Encouraging participation of men in caregiving, closing wage disparities, and dismantling cultural stereotypes are essential for achieving meaningful gender equality. At the same time, **institutional reforms** –such as expanding flexible work policies, strengthening rural care infrastructure, and increasing support for informal caregivers – are critical to both **social justice and**

the sustainability of care systems in Lithuania. Without these changes, caregiving will continue to be an invisible, undercompensated burden disproportionately carried by women.

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3.4. GREECE

3.4.1. National context & policy overview

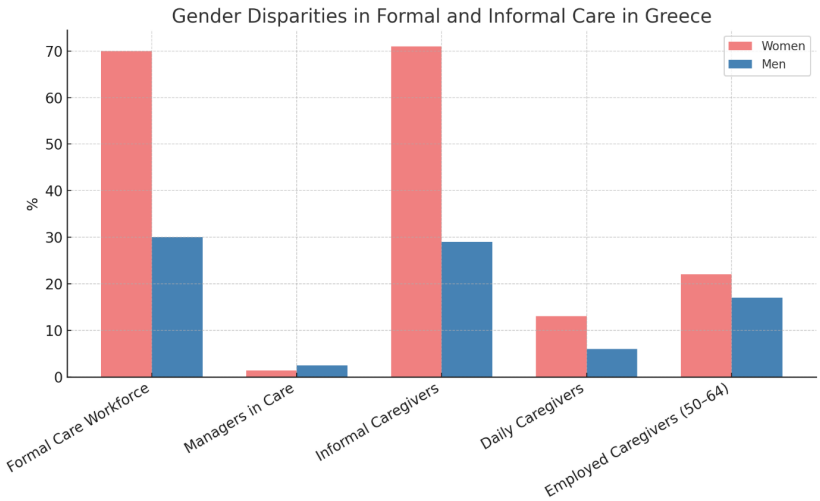
In Greece, gender roles in caregiving are significantly imbalanced, with women dominating both the formal and informal care sectors. According to the Hellenic Statistical Authority (2021), **women constitute approximately 70% of all employees** in Health and Social Care Services. This imbalance is mirrored in informal care, where **women comprise 71% of caregivers** for older adults and people with disabilities (EIGE, 2024).

The disproportionate burden placed on women in caregiving roles, both paid and unpaid, has far-reaching consequences for their economic participation. Limited access to flexible work arrangements, persistent gender pay gaps, and the scarcity of affordable formal care services often push women out of the labour market (EIGE, 2024; Heinrich Böll Foundation, 2024). Although Greece has aligned its legal framework with EU directives promoting gender equality in employment and care, the **implementation remains weak**. Mechanisms like the "ergosimo" (work voucher) for domestic work have not substantially formalised the sector, and care work often remains precarious and undervalued.

Brief overview of the gender roles in the formal & informal LTC sector

According the **2021 Greek Population and Housing Census**, employees in Health and Social Care Services account for **about 7% of the total workforce** (ELSTAT, 2021). Of this group, **70% are women** and **30% are men**. Notably, gender disparities persist in leadership roles: among men, **2.5%** hold managerial or administrative positions, equating to **8.3% of the entire sector**. In contrast, only **1.36% of women** occupy similar roles, comprising **just 1.94% of total sector employment**. This reveals that even within a profession dominated by women, leadership and decision-making roles are disproportionately covered by men.

***Figure 7**: Gender disparities in formal and informal care in Greece*



In the informal care sphere, gender differences are equally stark. In Greece, **71% of informal caregivers** for elderly people or persons with disabilities **are women** (EIGE, 2024). The intensity of caregiving also varies by gender: **13% of women** and **6% of men** provide care on a daily or near-daily

basis. These figures are slightly below the EU average - **2 percentage points lower** for women and **4 points lower** for men.

Age influences caregiving patterns significantly at the national level in Greece. Among individuals aged **50–64**, nearly **1 in 4 women** and **1 in 16 men** provide regular care. In the younger **20–49 age group**, caregiving drops to **8% for women** and **6% for men** (Gender Equality Observatory, 2024).

Employment among informal caregivers also reveals a gender gap. While **21% of women caregivers** and **31% of men caregivers** in Greece are employed, this **10-point gap** is narrower than the **EU average of 14 points**. Interestingly, in the 50–64 age bracket, **22% of women** versus **17% of men** balance caregiving with employment, indicating a possible shift in older cohorts (EIGE, 2024).

Despite these efforts, **around 60% of both women and men** in Greece report **unmet needs for professional home care services**, one of the highest rates in the EU (EIGE, 2024).

Summary of key laws and policies addressing gender equality in care work

This section provides an **overview of the main legislative and policy instruments shaping gender equality in the care sector in Greece.** It maps relevant **constitutional protections, national laws, and EU directives transposed into domestic law** that affect both formal and informal caregivers. Emphasis is placed on the extent to which these frameworks promote equal opportunities in employment, access to flexible work arrangements, recognition of caregiving responsibilities, and protection from discrimination.

Level	What the rule does	Why it matters for gender & LTC
Constitution (Art. 4 & 22)	Guarantees equality of all citizens and equal pay for work of equal value.	Provides the legal bedrock for challenging sex-based pay gaps and discriminatory hiring in the care sector.
EU Framework	Directive (EU) 2019/1158 on work–life balance sets minimum rights to carers' leave, paternity leave and flexible working.	Drives modernisation of Greek legislation and expands formal recognition of unpaid carers.
Law 4808/2021	Introduces 14 days paid paternity leave, 5-day carers' leave, emergency leave, and flexible schedules.	First Greek statute to transpose Directive 2019/1158; aims to normalise men's involvement in care and support women's labour market participation.
Law 4604/2019	Comprehensive act on gender equality and prevention of gender-based violence. Requires gender mainstreaming in all policies.	Places gender equality at the core of budgeting, local service design and public planning.
Law 4443/2016	Consolidates anti-discrimination laws and appoints the Greek Ombudsman as enforcement body.	Empowers care workforce – largely composed of women – to challenge unequal treatment and harassment.
Law 3863/2010 – "Ergósimo"	Introduces work-voucher system for domestic care work tied to social insurance contributions.	Seeks to formalise informal care work and increase protection, although uptake is limited.

Greece has a **robust legislative toolbox** aligned with EU standards. The challenge now lies in **implementation**, ensuring that carers actually use new leave rights, that informal work becomes formal, and that employers embrace flexible schedules instead of penalising predominantly women workers who invoke them.

3.4.2. Perceptions and experiences

Insights from employers and HR professionals

Employers and HR professionals participating in the field research confirmed that **caregiving roles are still predominantly associated with women.** Many respondents noted that **men are rarely considered or apply for such positions**, especially in LTC for persons with disabilities or older people. While employers generally express **openness to hiring men, unconscious bias and cultural expectations influence recruitment.**

Workplace policies supporting gender equality are often **informal or inconsistently applied**. A few HR respondents mentioned flexible working hours or part-time contracts as available options, but these are usually **negotiated on a case-by-case basis.** Gender pay gaps and limited upward mobility for women caregivers were also highlighted, particularly in private-sector services.

Barriers to participation of men include lack of visible role models, social stigma, and perceptions that men are unsuitable for intimate or emotionally demanding care tasks. **Employers rarely implement targeted strategies** to address this imbalance, and most have not undertaken gender audits or inclusive hiring reviews.

First-person experiences

Formal and informal caregivers provided powerful accounts of **emotional and physical strain,** as well as **limited recognition and career obstacles** associated with their caregiving roles. One formal caregiver described her role as *"a full-time commitment beyond paid hours,"* citing exhaustion and lack of promotion opportunities. Informal caregivers expressed a strong sense of duty, particularly towards family members with disabilities, but often felt socially isolated and unsupported.

Gender roles emerged early in their life stories, with **care responsibilities** almost automatically assigned to **daughters or sisters**. "These duties are passed down like a ritual," one informal caregiver explained, noting that male relatives were generally uninvolved or uncomfortable with personal care tasks.

Several caregivers mentioned that **balancing care and employment is nearly impossible without flexible arrangements**, which are rare or unevenly applied. One respondent, employed in public education, described how caregiving duties constrained her career, stating, *"I never pursued a supervisory role, because it requires travel and long hours I simply can't do."*

Few respondents were aware of financial support or state programmes beyond basic tax benefits and limited leave entitlements. **Respite care, household help, or structured afternoon programmes were identified as major gaps.**

Societal perceptions

Care work in Greece is **widely seen as women's responsibility.** Respondents across interviews and surveys repeatedly described how **society associates caregiving with motherhood,**

compassion, and domestic skills. One caregiver observed: *"Men expect to work, women are expected to care."* This perception affects not only the division of labour but also policy responses, which often overlook or undervalue unpaid care.

Men caregivers, when present, reported feelings of **isolation or discomfort due to societal scepticism or disapproval**. Public awareness of caregiving challenges, especially unpaid care for family members, is limited, and formal support systems are poorly understood by most respondents.

Survey data and anecdotal evidence indicate that caregiving expectations are still shaped by **gendered family roles passed down generationally**. *"Parents teach girls to help, boys to step back,"* noted one interviewee.

Societal discourse rarely includes men care workers or informal men carers, reinforcing a cycle of gendered roles and limiting efforts to normalise shared responsibility.

3.4.3. Country-specific challenges and best practices

Challenges and identified gaps for action

There are several areas where policy, workplace practices, and public awareness in Greece need improvement. Despite a robust legal framework aligned with EU directives on gender equality, **implementation remains inconsistent, and enforcement is weak**.

Workplace practices often fail to support caregivers, particularly women, who face limited access to flexible work arrangements and experience interrupted career progression due to caregiving responsibilities. The persistence of **undeclared labour** in the care sector, even with the introduction of the **work voucher system,** indicates that current policies are insufficient to formalise and protect care work.

Additionally, there is a general **lack of public recognition** of the value and burden of informal caregiving, especially as it disproportionately affects women. These issues point to the urgent need for stronger policy enforcement, **more supportive workplace structures**, and increased societal awareness of caregiving's critical role.

Best practices

A national best practice including key features, impacts, and challenges of the programme is summarised below;

Title	**Personal Assistant**
Country	Greece
Description	The "Personal Assistant" program is an innovative social initiative aimed at supporting the independent living of people with disabilities in Greece. It provides financial aid of up to €1,663 per month, allowing beneficiaries to hire personal assistants from an official registry. The main goal is to promote social inclusion of people with disabilities by providing them with resources to live independently and equally within the community. It also aims to prevent institutionalisation. The program is initially funded by the Recovery and Resilience Fund and will be funded through the NSRF (National

	Strategic Reference Framework) from 2025 onwards. Applications are submitted online via the program's official website.
Key impacts	• **Autonomy and dignity:** Beneficiaries gain control over their daily lives, boosting self-esteem and social participation. • **Family relief:** Families of people with disabilities are freed from daily caregiving duties, reducing stress and improving quality of life. • **Job creation:** The program promotes employment opportunities in the social care sector by engaging professional personal assistants.
Target group	The program targets people with disabilities aged 16 to 65, who have a certified disability of 67% or higher by the competent authorities and an individual annual income up to €60,000, and their families.
Challenges addressed	• **Prevention of institutionalisation:** Avoiding isolation of people with disabilities in closed institutions by fostering community inclusion. • **Combatting social exclusion:** Supporting autonomy reduces social inequalities faced by people with disabilities.
Implementation lessons and replicability	• **Training of personal assistants**: Free training is provided to personal assistants to ensure quality service and professional development. • **Nationwide expansion:** Originally a pilot, the program is expanding across all regions in Greece with the goal of full implementation by 2025.
Additional information	For more information, visit the web page: Official portal (in Greek) Link

3.4.4. Conclusions and reflections

The gendered division of labour in the Greek LTC sector remains a persistent and deeply entrenched reality, as evidenced by both statistical data and first-hand accounts from formal and informal caregivers, employers, and key stakeholders. Despite an evolving legislative landscape aligned with EU directives on gender equality and work–life balance, the lived experience of caregiving, especially for women, continues to reflect systemic imbalance, cultural expectations, and institutional neglect.

Women in Greece disproportionately carry the burden of care, both in formal employment and informal family-based settings. While they constitute 70% of the formal care workforce, they remain underrepresented in leadership roles and are often confined to low-paid, emotionally intensive positions. Informal carers, largely women aged 40–65, perform daily care duties for disabled or elderly relatives, frequently without access to social protection, respite, or recognition. Legislative mechanisms such as the "ergosimo" voucher and paid carers' leave represent steps in the right direction, but their uptake remains limited, and their impact is marginal without proper enforcement and broader policy integration.

Equally concerning is the near absence of men participation in caregiving. Social stigma, lack of inclusive recruitment strategies, and cultural associations of care with femininity reinforce a binary perception of roles and responsibilities. This not only limits men's contribution to care but also perpetuates unequal power dynamics in both the family and labour market.

Importantly, this report reveals a readiness for transformation. Employers acknowledge the need for more equitable policies, caregivers call for better working conditions, and societal attitudes, though

slow to shift, are not immovable. The key lies in moving from policy aspiration to implementation. This includes investing in training and career pathways for caregivers, promoting gender-inclusive recruitment, enforcing flexible work regulations, and increasing public awareness of existing rights and services.

In reflecting on the findings, it becomes clear that achieving gender equality in LTC is not only a question of fairness, but also of sustainability and quality. A gender-sensitive, inclusive, and rights-based care system is essential to supporting both those who provide care and those who receive it. Greece possesses the legal tools and human capital to lead such change, what remains is the political will and institutional commitment to make it a lived reality.

Summary of key desk and field research takeaways, highlighting **country-specific challenges and opportunities;**

- Care in Greece is still **"women's work".**
- A forward-looking **legal arsenal exists but is patchily enforced.**
- **Formalisation of domestic care** is the next frontier.
- **Promising pilots** show the way.
- **Scale up enforcement** (Labour Inspectorate, Ombudsman) with targeted audits in the care sector.
- **Promote uptake** of carers and paternity leave through employer incentives and public campaigns.
- **Invest in training and accreditation** to lift job quality and attract more men into care roles.

In summary, Greece should introduce targeted measures to support both formal and informal caregivers, especially women. These include **accessible respite care, pension credits for unpaid caregiving, and employer incentives for gender-sensitive workplace policies**. Promoting inclusive leadership and co-decision-making processes in service provision is also vital. Training programmes should address unconscious bias, emotional labour, and career progression barriers.

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3.5. SLOVENIA

3.5.1. National context & policy overview

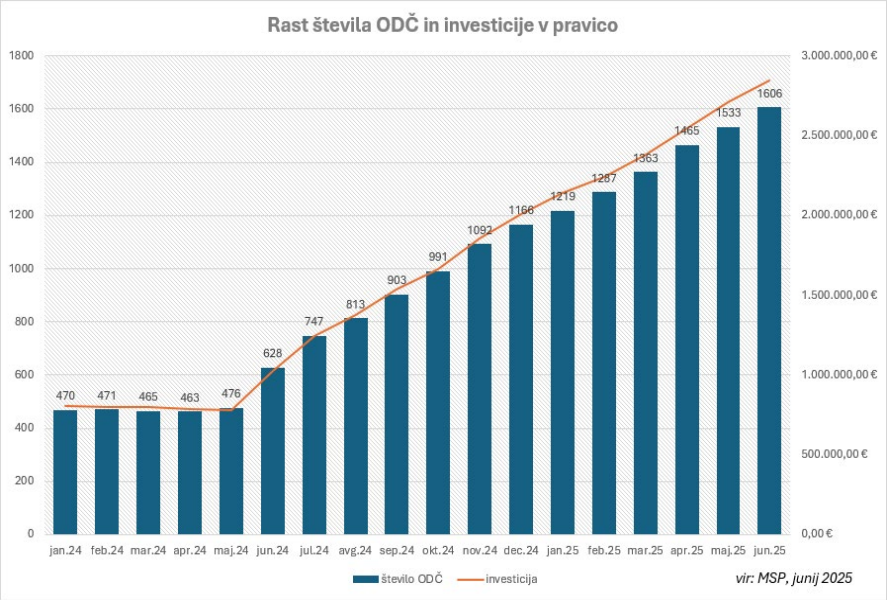
Brief overview of the gender roles in the formal & informal LTC sector

Slovenia's population is approximately 2,130,850, with 50.3% men and 49.7% women (Statistical Office of the Republic of Slovenia, 2025). According to the Statistical Office of Republic of Slovenia, 74.283 people in 2022 were provided with some kind of subsidised LTC, regardless of the reason for their care needs and respective legislation. Almost 31% were taken care of in institutions, and 38% received care within their household, while 30% received only financial subsidies for LTC.

On 21 July 2023, the National Assembly adopted the Long-Term Care Act (ZDOsk-1), aiming to regulate LTC, focusing on the individual, maintaining independence, and ensuring personalised care. It provides rights **to home and institutional care, employed family carers, cash benefits, e-care, and preventive services** supporting home-based living.

Implementation of the act began in 2024. The first right introduced was the **"employed family member"** provision. Article 20 defines this person as a legal adult who is physically fit, lives at the same address as the beneficiary, has no criminal convictions in specific areas, and completes the required training within 3 months. Under certain conditions, the right to personal assistance may also be exercised under the Personal Assistance Act. This is separate from ZDOsk-1 and allows family members to provide assistance via employment contracts, alongside registered personal assistants.

***Figure 8**: Number of family carers, who formally applied to exercise the right from ZDOsk-1 (Ministrstvo za solidarno prihodnost, 2025).*



Since the Long-Term Care Act is being gradually implemented, it is not yet known how many people will apply and exercise their right to subsidized LTC. Consequently, it is also not clear how many family members will formally take on the role of carers and how the professional care labour market

will develop. The responsible ministry is **regularly publishing data on the number of applications of family members that want to exercise their new right of employment in LTC** (Ministrstvo za solidarno prihodnost, 2025).

Information about gender distribution among family carers is currently not available, but presumably they are predominantly women, similar to the situation in professional care.

In Slovenia, as mentioned, gender within the LTC sector is not evenly distributed. Research suggests **a roughly 1:9 gender ratio favouring women among carers**.

As for carers, who offer services at the home of the individual with care needs, the gender ratio is most unequal - even in comparison with the rest of the LTC sector. In 2023 there were **1188 people employed as social carers in home assistance** and **95,8% of them were women**. It is also important to note that their **average age is relatively high** - **48,9 years** (Kovač and Cava Popovič, 2024).

A closer look at gender distribution within various branches of LTC revealed patterns that might be relevant for future consideration. **More men were employed in institutions for adults with developmental disorders and in personal assistance** (about 20%), while **no men were found among professional community nurses in the public home health services** (Smolej Jež et al., 2016, p. 14). According to anecdotal evidence this situation seems to have slightly improved in the last ten years: both in long-term care facilities and among community nurse.

Gender distribution across the whole LTC sector nevertheless remains consistently unequal. A national analysis by the Social Protection Institute estimated **88.1% of LTC employees are women** (Smolej Jež et al., 2016). A 2023 national study promoting LTC employment reported similar figures of distribution as in 2016: when inviting **all professional carers** to participate in the study, the sample of respondents consisted **90% of women and 10% of men** (Promocija poklicev, 2023).

Summary of key laws and policies addressing gender equality in care work

The Law on Equal Opportunities for Women and Men in Slovenia was issued in 2002 and has been regularly updated. In 2013, t**he Ministry of Work, Families and Social Affairs was renamed to include equal opportunities in its title.** The **Protection Against Discrimination Act** was issued in 2016 and last updated in 2018. It also reestablished the **Advocate of the Principle of Equality**, an independent and autonomous state body mandated to deal with discrimination. (Zagovornik, 2025).

Slovenian laws prohibit gender discrimination in all public and private spheres, including political, economic, social, health, and educational areas. Since equality has not been fully achieved, efforts focus on areas where disparities are most visible.

Formal carers (e.g., in home care or institutions) **are protected under general Slovenian labour law, covering discrimination, harassment** (Employment Relationships Act), and **workplace bullying** (Penal Code). **Article 22 of the Long-term care Act** outlines **the rights of employed family members**: partial income compensation, inclusion in social insurance, planned absences, and access to training and advice. It emphasizes the importance of equality and non-discrimination of people in need of care, not the carers.

This area is regulated by primary legislation. Based on Article 15 of the **Equal Opportunities Law**, the National Assembly adopted the **Resolution on the National Programme for Equal**

Opportunities for Women and Men 2023–2030 on 22 September 2023. The Resolution identifies **work-life balance as key to family policy and gender equality.** Women still perform significantly more unpaid care work than men, despite near-equal participation in the labour market and full-time employment. Women provide most of the care for households, children, the elderly, and the sick.

The Resolution highlights **a need for greater involvement of men in care and more support from employers for family-friendly policies.** Goal 4 aims for more **equal sharing of care between parents or partners.** Action 4 focuses on supporting informal carers and improving the quality of life for older adults, helping relieve the care burden and improve work-life balance for carers.

3.5.2. Perceptions and experiences

In Slovenia, 2 municipalities of different sizes were included in the survey, one from the eastern and the other from the western region of the country.

In total, **13 employers and recruiters, 14 informal carers and 25 care professionals, and 59 other citizens participated with complete responses.** Among these **111 people, 22 were men (19,8%), 88 were women (79,3%) and 1 person did not disclose gender (0,9%).**

The sample included **both employers working in LTC for the elderly and care for people with disabilities.** In all the organisations covered, **women employees predominate and employers are not aware of any employees with a non-binary gender identity.**

Insights from employers and HR professionals

Employers in LTC see **care work as socially important and responsible, requiring skilled and empathetic, motivated and reliable carers**. The work is **physically and mentally demanding**, and **many people find it difficult to cope with** the daily encounters with illness and death. On the other hand**, it is also rewarding** - most of the people cared for, as well as their relatives, are deeply grateful for the care they receive.

Employers see **gender as a very irrelevant criterion in the selection of a caregiver**. However, the majority (87%) consider that **gender stereotypes have a strong influence on employment in care**. The stereotype that care work is primarily a woman's job is most prevalent in their work environments (63%), and almost 40% of the employers surveyed consider that **men working in care face a social stigma.** More than half of the employers surveyed state that stereotypes - in addition to low pay and a lack of interest in the field - are the main reason why men are largely not recruited into care work.

None of the employers surveyed have an explicit gender equality policy within their organisation. All of them are facing a shortage of staff to a lesser or greater extent and are **primarily looking for interested and qualified staff.** They see **men as a valuable asset amongst the caregivers**. They all have men among their staff, though most of them are not in the role of carer. Employers generally have a **good opinion of men caregivers and of their work.**

All respondents consider themselves or their organisation to **treat men and women equally in recruitment and promotion**, and no one has ever received a report of sex discrimination. **Work and remuneration do not differ** according to gender. Men are highly sought after by employers and

women colleagues - both for their physical strength and for their contribution to communication dynamics within the team. The problem is, **they simply do not apply for jobs in LTC.**

Almost two thirds of respondents (63%) note that **men employees make less use of care leave within the limits of the legislation than women**. They linked this to the fact that care work is still perceived as predominantly women's work in society. Even though this is slowly changing, employers are concerned that the backward-looking **ideas** that are circulating among young people **on social networks could reverse the social progress they see in equality in care.**

Employers believe that **information and education - from a young age - can do more to improve gender equality in care provision**. Integration with the education sector is important in this respect.

Employers agreed both in their responses to the questionnaires and during the interviews and focus groups that **the main challenge for (men) recruitment in care is how to make these jobs more attractive, with low pay seen as the main barrier.**

First-person experiences

Care workers take pride in their care for the users and they are especially **proud of user satisfaction and well-being**. In addition to implementing tasks of care, they also **invest heart and empathy** in their work. It is **important** to them that **they can make time for the people they care for**. They are concerned that sometimes there is not enough time to provide quality care, especially due to a **shortage of professional staff**. Some caregivers are **also burdened by difficult working conditions**.

More than a third of respondents (35%) feel that gender affects their role, responsibilities or duties in caregiving. More than half (52%) believe that **care work in Slovenia is generally perceived as women's work.**

The majority of caregivers surveyed (86%) do not have first or second-hand experience of gender discrimination in the workplace - only one person reported a personal experience of being discriminated against.

Among the gender stereotypes that arise in their work environments, formal caregivers most frequently (41%) reported that **women face more obstacles than men to career advancement.** The stereotype that men working in care face stigma was the second most frequently mentioned (19%). Notwithstanding the above, all care workers – men and women - surveyed felt that **they were valued equally at work** as colleagues of a different gender.

Most of them consider that their employer actively promotes gender equality because of the **equal pay policy**. Regarding the support offered by their employer to employees who are also caregivers at home, a large proportion of respondents are either not aware (42%) or feel that this support is equally available to men and women (46%). A third (33%) of respondents felt that their personal caring responsibilities have influenced the development of their professional career. One caregiver reported on leaving her job to take care of her young children and returning to the labour market a few years later - without any difficulties.

A bit more than a fifth (22%) of respondents had been in a dual caregiving role. Among the challenges of balancing work life and home care**, inaccessible support for caring for children or the elderly**

was reported (10%), as were difficulties in arranging paid leave and employers' expectations that care is a personal circumstance rather than an employer's concern (5%).

According to professional caregivers, the main challenge to achieving gender equality in care is that **men are often reluctant to do care work.** Because there are not enough men in care, there is still a widespread perception that care is a woman's domain – while **good examples of men in care break down these prejudices**. **Men, who work in care, reported being well accepted by their employer and colleagues**, but **also initial difficulties with some care recipients.** Women formal caregivers who had men coworkers were proud of that and reported good cooperation. They **value men on their team for being diligent, efficient, and physically strong.** Similarly to employers, formal carers consider gender to be overall one of the most unimportant criteria for choosing a caregiver.

Informal carers recognise the many benefits of care work - for the person being cared for, for caregivers and for society. First and foremost, they see care work as **helping to lead a better quality and more dignified life.**

Informal carers often **consider caring a duty** and see such **intergenerational cooperation** as something beautiful and as a **role model for future generations**. **Emotional attachment** to the people they care for both **motivates** informal carers to give care but **can also act as a burden.** Informal caregivers reported on how difficult it is for them to see their loved ones suffer or lose their strength. Informal caregivers usually want to provide everything to the people they care for - from physical and mental care to social inclusion - which is very challenging and sometimes even impossible. This is **particularly difficult and even dangerous when the care recipient's support needs are high and the caregiver is alone in providing care**, since it may lead to burnout. **It is additionally stressful, if professional support is not available when they need it.** This is especially problematic in the beginning of the need for LTC, since the person in need of care and their family members are usually not well informed about their possibilities.

Many informal carers are particularly **burdened by parallel life tasks** (work, childcare), while retired caregivers are usually already somewhat less able due to old age and can be exhausted more quickly by care tasks. If the need for home care is high or all-day, and the number of carers is low, this can be a major hardship for the informal carers who are employed. In such cases, **they seek professional support services** and **try to achieve flexible working arrangements,** so they do not have to quit their jobs and risk financial insecurity.

Only 20% of informal carers feel that their care work has not had an impact on their ability to work and find a job, with the remainder perceiving varying degrees of impact. **Some have given up their jobs** as a result of caring, others have simply **reduced the number of hours they work**, and others perceive that **caring has reduced their chances of promotion**. More than half (60%) say they do not receive any support from caring. The majority (70%) think that **informal carers who provide intensive care should be financially compensated.** Informal care work would benefit from the possibility of a temporary job freeze and/or extra support of employers in form of flexible working hours or possibility of part-time work. Informal caregivers think they would also benefit from **additional educational support** and **services for rehabilitation and regaining physical strength** (physiotherapy), in order to cope with the challenges of caregiving.

Informal carers also believe that care work in Slovenia is considered to be primarily women's work - less so in the care and education of children and adolescents, and more so in the care of the elderly and disabled. More than half of the informal carers surveyed (60%) feel that men caregivers are treated and supported differently from women. **They feel that women caregivers take on more household chores than men and that it is taken for granted for women to take on a caregiving role.** Regardless of the prevailing patterns, **most respondents also know of cases where the role of informal carer has been taken on - and performed well - by men.** It is therefore not surprising that informal caregivers – similarly to formal caregivers and their employers - find gender to be the least important criterion for selection of caregivers.

In view of the new legislation, informal carers are **looking forward to additional financial support and training,** as well as **additional professional home care services** - but the system is not yet in place.

Societal perceptions

Virtually all participants identified **LTC as something of great importance to society - for reasons of solidarity, ethics and setting an example for younger generations.** It offers **security, familiarity and compassion** to those in care, as well as the conditions for **ageing with dignity**. While the majority of respondents (84%) believe that **caregiving can also enrich carers**, a similar proportion (82%) also believe that caregiving also puts a strain or limit on carers.

Most people in Slovenia are very attached to their home, so they mostly want to live in their home environment and do not accept the idea of having to move to an institution in case of need for LTC - which is why **home care is particularly welcome.** It enables people to stay as autonomous and as healthy as possible for the longest time possible.

The majority of respondents (82%) **consider LTC to be a shared social responsibility, not just the responsibility of the family.**

The **majority of respondents (84%) feel that care is not valued and, above all, underpaid.** More than half of respondents (54%) think that **informal carers should be paid and that the years spent caring should count towards pension credits**. Respondents also think that carers need much more support - only 2% think that the current support is sufficient.

They identify many systemic problems in the provision of LTC - from a **shortage of trained staff** and a **lack of information** and knowledge about LTC in the general population, to **financial difficulties** and a **lack of support** from the state and health institutions. **Barriers may also be present on the side of individuals/families who need care** – sometimes they do not accept their condition and the need for assistance or might experience distrust towards societal support mechanisms.

Respondents know of examples of men carers and feel that **men in care are becoming more common.** More notable changes in equality in care are taking place in the area of childcare, while LTC is lagging somewhat behind. **Men in LTC care are still very rare**. Care work is not seen as a very 'masculine' job, so it is difficult to boast about in a society dominated by men, and there can also be reservations among (older) women about men caregivers. In this sense, it is **more difficult for men to enter the caring role**. However, as they are generally physically stronger than women, some **physically demanding tasks are easier for them**. They are also very welcomed to join care work from employers and women caregivers.

Among the measures the state could take to support carers, respondents mentioned **raising awareness among employers**, **organising training for informal carers**, **more promotion of the profession** and, above all, **better pay and remuneration for caring work**. It is also **important to inform the general population and potential users and providers of care about the options available to them**. Respondents suggested that a system of integrated care be set up in each local community, which would relieve informal carers of the burden of finding the information they need and of providing care themselves. A suggestion was also made to systematically educate young people in this field through practical training in secondary schools.

3.5.3. Country-specific challenges and best practices

Challenges and identified gaps for action

The challenge of increasing men's involvement in LTC in Slovenia remains open. The measures introduced by the legislator in the past in the area of equality in childcare (extending the possibility of paternity leave) seem to have been successful, and it is therefore reasonable to pursue the principle that also in LTC **any benefits offered by employers to formal or informal carers should be unrelated to the gender of the employees**.

The **discrepancies between the responses of women and men working in care to the question concerning the presence of stereotypes**, prejudices and stigmatisation of men in care suggest that **the issue of gender equality in LTC is a topical one**. Even if **men caregivers are welcomed by their employers and women colleagues**, **prejudices can arise among care recipients** (especially older women). Prejudice against men as formal caregivers is most prevalent in the area of intimate hygiene, which is also the case in informal care.

Of course, **reticence on the part of the recipient of care can have a demotivating effect on the caregiver**, which is why **the introduction of men caregivers needs to be approached sensitively,** with special attention paid to the successful induction of men caregivers. To successfully increase the number of men in LTC, **it is important to spread the word about good practices and success stories** about men in care**. The experience with men in formal and informal care is mostly very good and breaks down negative preconceptions.**

The survey showed that **none of the participating LTC organisations had so far engaged in an equality policy, nor had they intentionally promoted the employment of men.** As the perception of fair and equal conditions in the Slovenian context is very much linked to equal conditions and incentives for all employees, the **main opportunity to promote the influx of men is through supportive media campaigns and cooperation with the educational sector.**

Best practices

Title	**Preparing care recipients for the introduction of a new carer**
Country	Slovenia
Description	In the event of a change or addition of a new caregiver, the care recipient should be informed about it in advance.

	It has been observed that some care recipients may have more reservations about being cared for by men, especially when it comes to intimate care. Before introducing a new men caregiver, it is therefore important that the care recipient is informed in advance and can discuss any reservations with a person they trust and who will continue to monitor the situation. In this way, the recipient of care can be reassured that someone will be there to help them should any problems arise. As relatives may also have reservations, it is wise to talk to them as well.
Key impacts	Experience in the field shows that the preparatory conversations have a good effect on the acceptance of the new carer. To some extent, they empower the care receiver to better face his/her initial fears and inhibitions, which sets the stage for a better experience of care itself. Men who take on the role of carer also find it easier if they are aware of and can take into account the possible reservations of the people they care for.
Target group	• Recipients of care and their family members, formal and informal caregivers
Challenges addressed	Preparing care recipients for the introduction of a new carer
Implementation lessons and replicability	The protocols for such interviews are not well defined, which to some extent makes replicability difficult. As the organisation of formal care varies considerably from one institution to another, it makes sense to tailor the interview protocol to the organisation, as well as to each individual person in need of LTC.
Additional information	N/A

3.5.4. Conclusions and reflections

In Slovenia, the main challenge related to LTC is **changes in traditional family care patterns or lifestyles that make home care more difficult, while the need for LTC is increasing.** Care needs are many, but the skills, time and will to give care are often scarce. There is **a need to strengthen personal, family and social responsibility and intergenerational solidarity, and above all to empower people with knowledge.**

Even though women provide the majority of care in Slovenia, this is slowly changing. Men are increasingly entering the field of childcare, encouraged by the legislator, who has made it possible for fathers to enjoy comparable benefits to those enjoyed by mothers when caring for their children. **In LTC, men are still very few in number, around 10%.** Even when there are many jobs available, **men do not apply** for the vacancies. This is **partly due to low pay,** but it is also certainly **due to gender stereotypes and the social perception of care work, which identifies it as 'women's work'**. Those **men who do choose to work in care are generally valued by employers, colleagues and care recipients** alike. However, there may be reservations about becoming accustomed to a man carer among care recipients, especially older people - this needs to be considered and addressed.

In the area of equality in care and attracting men into care, the problem is a **general staff shortage that leaves existing staff overworked and subject to burnout - not an attractive environment for new recruits.** Burnout of caregivers and the burden of care on the individual are also major problems in the provision of informal care. As the new LTC act also brings more support for family carers, it may also alleviate some of these problems.

It is good that **policies are regulated in a way that gives a sense of fairness and equality to those working in formal care. Opportunities for positive change towards greater equality therefore lie primarily in strengthening the positive image of the caring profession in public and promoting positive examples and practices.** This can be achieved through appropriate media campaigns for the general public, as well as through planned links of LTC with the education sector.

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3.6. FINLAND

3.6.1. National context & policy overview

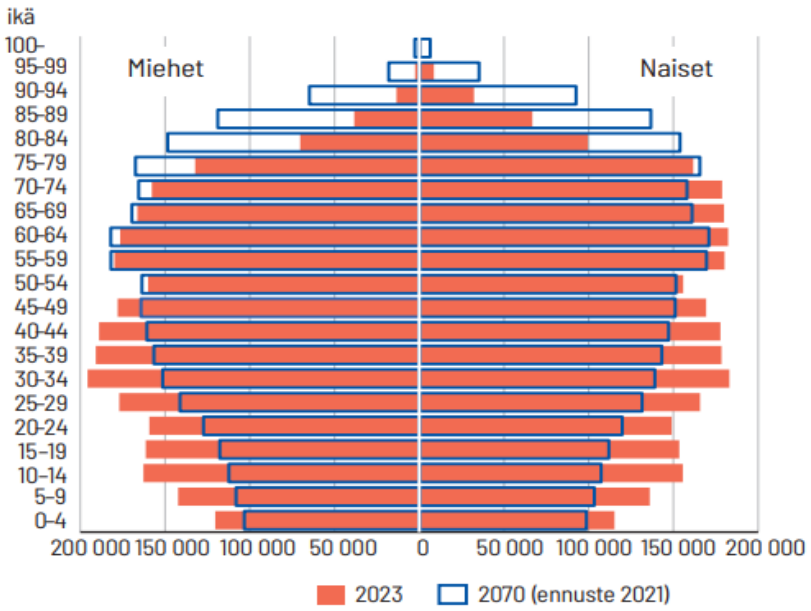
Finland has made significant progress in gender equality, yet disparities remain. **Women earn less and face professional segregation.** The care sector is particularly predominated by women, but they are underrepresented in leadership roles.

Although there is **no gender equality crisis** in Finland, a **care crisis is emerging**. Aging population, workforce strain, and ongoing health system reforms all pressure the sector. Key issues include supporting caregivers, integrating foreign workers, and reforming care structures. Care work includes both formal and informal caregiving, with women carrying the main responsibility in both areas.

Brief overview of the gender roles in the formal & informal LTC sector

As mentioned above, **Finland's population is aging**. It's leading to the change of the age structure which strains the care relation between age groups.

***Figure 8**: Finland demographics trends 2023 vs 2070 (Statistics Finland 2024)*



The graph shows that in 2070, there will be a bigger number of elderly people but less working people. The red beams describe the population in different age groups in 2023, while the blue-edged beams are a prediction of age structure in 2070. The left side of the chart shows the number of men and the right side the number of women. It can be seen that women usually live longer than men, but the difference will be equalised by the year 2070.

This trajectory can be explained by many reasons. The main reasons are medical development and improvement of manners of living, which lead **people to live longer,** and drop of fertility which will cause the number of young people and children to be smaller. Fertility has been decreasing since 2010, although the COVID19-pandemic increased it shortly (The Family Federation of Finland). After that, fertility has decreased historically. In 2024, the total fertility rate was 1.25. (Kavander & Kluukeri

2025.) Questions about increasing the number of elderly people and decreasing fertility are important when talking about care, both at national and international level.

Tukena Foundation (2025) says that **women still bear the majority of caregiving responsibilities both at home and in the workplace**, which perpetuates gender inequality in the labor market. The **wage level for women is lower** than for men, and **career development opportunities** are also **limited**. Additionally, there is harmful **segregation between professions**. Progress is hindered by gender stereotypes, the undervaluation of care work, and a lack of balance between family and work. The EU's care strategy and recommendations on LTC emphasize the need to narrow gender gaps, improve working conditions, and encourage men to engage in care work. (Tukena Foundation 2025.)

Summary of key laws and policies addressing gender equality in care work

Caregiver support is a legal social service organised by regional authorities. The updated **Disability Services Act (2023)** expands access to individuals with autism and neurodevelopmental disorders. Parental leave statistics show 79% of compensated days go to women, highlighting persistent imbalance in care responsibilities. Efforts must target equality across work and private life by supporting structural change and rebalancing caregiving roles between gender.

Finland's **Equality Act (609/1986)** prohibits sex-based discrimination (including gender identity and expression) and requires employers with **≥ 30 employees** to adopt a **biannual gender equality plan with a pay survey**; compliance is overseen by the **Ombudsman for Equality** and the **Non-Discrimination and Equality Tribunal**. The **Non-Discrimination Act (1325/2014)** imposes a parallel duty to promote equality and mandates an **equality plan** at workplaces with **≥ 30 employees**. The **Family Leave Reform** (in force since **1 Aug 2022**) created an equal **160+160 parental allowance days** model and introduced a **5-day carers' leave**; early administrative statistics show increased uptake among fathers, though a 50/50 split is not yet reached.

Flexible work arrangements under the **Working Time Act (872/2019)** (flexitime, "flexiwork", working-time accounts) support reconciliation of work and care. Beyond employment law, the **Act on Support for Informal Care (937/2005)** makes informal carer support a statutory social service administered by **wellbeing services counties**, which since **1 Jan 2023** organise all social and health services under **Act 612/2021**. Access to **early childhood education and care** (ECEC) via the **ECEC Act (540/2018)** and the **Home and Private Care Allowance Act (1128/1996)** are key care-policy levers with gendered impacts.

Disability-related care supports are governed by the **Disability Services Act (675/2023)**, with specified individual services when needs are not met under other laws. The Government's **Action Plan for Gender Equality 2020–2023** provides the overarching policy framework.

3.6.2. Perceptions and experiences

Insights from employers and HR professionals

Employers value gender equality, but acknowledge existing imbalances. While younger generations are reshaping attitudes, leadership positions remain dominated by men. Recruitment decisions may unintentionally favour men candidates in teams Hiring processes may inadvertently prioritize men to balance teams where most staff are women. Care work is widely perceived as undervalued in

relation to the level of responsibility it entails. Despite requiring significant technical, emotional and relational competencies, the work is often associated with low pay and limited recognition. The imbalance between the demands of the role and available resources contributes to high stress levels, fatigue and feelings of professional inadequacy.

Chronic understaffing, administrative burden and frequent staff turnover further strain care workers. These conditions increase the intensity of work and reduce the ability to provide high-quality, person-centered support.

For informal caregivers, particularly those balancing employment and caregiving responsibilities, the lack of respite and long-term support leads to cumulative stress and uncertainty. Centralized service structures often limit accessibility, particularly in rural areas, creating geographical inequalities in care provision.

Despite systemic challenges, positive aspects such as flexible scheduling, supportive work communities, and access to mental health services help sustain motivation and commitment among care workers

First-person experiences

Care workers report low pay relative to responsibilities. Staff shortages, bureaucracy, and turnover cause stress. **Informal caregivers** face ongoing duties and uncertainty. Centralization of services poses accessibility challenges. Despite obstacles, caregivers appreciate flexible schedules, mental health support, and workplace dialogue. Care work is widely perceived as undervalued in relation to the level of responsibility it entails. Despite requiring significant technical, emotional, and relational competencies, the work is often associated with low pay and limited recognition. The imbalance between the demands of the role and available resources contributes to high stress levels, fatigue and feelings of professional inadequacy.

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Despite systemic challenges, positive aspects such as flexible scheduling, supportive work communities, and access to mental health services help sustain motivation and commitment among care workers

Societal perceptions

Care is still socially perceived as **women's work.** Gender stereotypes influence decisions at home and work. **'Macho' culture** reinforces unequal parental leave choices. Men are underrepresented in care roles due to **stigma.** Despite equal task distribution, role preferences and physical strength assumptions persist. Care work continues to be shaped by deep-rooted gender norms. It is still broadly understood as an extension of women's "natural" caregiving role rather than a professional

and skilled occupation. These perceptions influence both societal attitudes and institutional practices, contributing to the devaluation of care as a field of work.

Gender stereotypes impact task distribution and career expectations. Men working in care roles are often assumed to be physically stronger and are steered toward tasks involving mobility support or safety, while emotional care and relational tasks are more frequently assigned to women.

In family life, cultural narratives around masculinity and breadwinning discourage men from engaging in caregiving roles or taking extended parental leave. These dynamics are mirrored in the workplace, where men may face implicit penalties or reduced opportunities if they seek family-related flexibility.

Even in organisations committed to equality, everyday practices often reflect traditional assumptions about gender roles, reinforcing subtle but persistent inequalities.

3.6.3. Country-specific challenges and best practices

Challenges and identified gaps for action

Key challenges include staff shortages, high turnover, excessive bureaucracy, and limited resources. Low wages in a field dominated by women undermine equality. Gender segregation persists. There is a need for better pay, recognition and inclusive practices to attract a diverse workforce.

Best practices

Research interviews highlighted a range of practices that effectively support care workers, promote gender equality, and increase flexibility within the care sector. These practices demonstrate that small, targeted improvements in everyday work structures can have a significant impact on well-being, retention, and inclusivity.

2 key themes emerged: ensuring **equal treatment** in tasks, pay, and recruitment regardless of gender, and offering tailored support for achieving work-life balance. Care professionals emphasised the importance of flexible schedules, mental health support, and inclusive workplace culture. Although increasing the participation of men in care work remains a challenge, **shifting attitudes** - especially among younger generations - signal positive change.

The following examples showcase practical solutions already in use in Finland.

Title	**Use of working time banks and flexible worktime arrangements in the social and health care sector**
Country	Finland
Description	Finland has developed and widely implemented **working time banks and flexible worktime arrangements,** particularly in the demanding social and healthcare sectors. The working time bank allows employees to save work hours (e.g. overtime or public holiday compensations) and use them later as extended leave or shorter workweeks. These arrangements support recovery, promote well-being at work, and improve the balance between work and personal life.

Key impacts	• **Well-being at work:** Greater control over working rhythms enhances recovery and reduces burnout • **Retention:** Increases employee commitment and reduces turnover • **Attractiveness of the profession:** Flexible worktime is especially appealing to younger workers and those with families
Target group	• Formal care workers
Challenges addressed	• Recruitment and retention issues in the care workforce • Imbalance between workload and recovery • Difficulties in reconciling shift work with family and personal life
Implementation lessons and replicability	• Successful implementation requires cooperation between management and employees, as well as clear agreement-based practices • Most effective when integrated into broader well-being strategies (e.g. regular supervisory discussions, monitoring of work ability) • The model can be adapted to various types of organizations and working time structures • Replicability could be high. This model is transferable to other EU countries where improving work flexibility and care sector attractiveness are relevant goals, if there are possibilities for negotiation between labour market parties and consideration of national labour laws.
Additional information	N/A

Title	**Promotion of Pay Equity through Sector-Specific Collective Agreements in Social and Health Care (Sectoral Collective Agreements (SOTE agreement, KVTES), Municipal Sector Negotiations, 2020–2025)**
Country	Finland
Description	In Finland, efforts to **improve pay equity** in the social and health care sector are largely driven by collective agreements negotiated between trade unions and employer organizations. These agreements cover salary structures, job classification systems, and regular pay increases. Recent reforms, especially under the new SOTE collective agreement (2022–2025), have focused on narrowing gender pay gaps in care professions mainly covered by women through **structural pay increases, harmonised pay grades and performance-based components.**
Key impacts	• **Gender pay equity**: Reduces systemic wage disparities between women and men employees • **Transparency:** Clear classification and pay scales make compensation more understandable and equitable • **Professional recognition:** Improved wages and career structures strengthen the status and appeal of care professions
Target group	• Formal care workers
Challenges addressed	• Persistent gender pay gap in feminized care professions • Low wage levels compared to the responsibility and competence required • Limited career progression and salary development opportunities

Implementation lessons and replicability	• Collective bargaining is a key instrument in promoting fair pay in gendered sectors • Requires long-term dialogue and political commitment, especially in publicly funded services • Combining structural pay reform with job evaluation systems enhances impact • Replicability potential is medium to high. Applicable in countries with strong social dialogue structures and sectoral agreements. Adaptation requires negotiation mechanisms, representative trade unions and funding strategies for publicly funded care services.
Additional information	N/A

Title	**Municipal Support System for Informal Carers (Finnish Act on Support for Informal Care (937/2005), Ministry of Social Affairs and Health, Finnish municipalities)**
Country	Finland
Description	• Finland has implemented a nationwide **municipal support model for informal carers** (family members or close relatives who care for someone at home due to illness, disability, or aging). Support includes: • A monthly informal care **allowance** (based on care intensity and need) • A **written care agreement** between the municipality and the carer • **Access to respite services,** such as substitute care or short-term institutional care • **Counselling, training, and support groups** for carers • Municipalities assess eligibility based on the functional status of the care recipient and the caregiver's role. The arrangement strengthens the recognition and sustainability of informal care while relieving pressure on institutional care services.
Key impacts	• Recognition of informal care: Makes unpaid care work visible and valued in the welfare system. • Prevention of caregiver burnout: Enables regular respite and structured support • Cost-effective alternative: Reduces demand for institutional care and promotes home-based living
Target group	• Informal carers
Challenges addressed	• Physical and emotional strain of long-term caregiving • Lack of income security and professional support for informal carers • Social isolation and lack of respite opportunities
Implementation lessons and replicability	• A legal framework and structured municipal responsibility create consistent access and legitimacy • Care agreements define responsibilities and rights clearly • Integration with broader health and social services is essential for success • Replicability potential can to high, if in especially relevant in countries seeking to strengthen home-based care, reduce institutional reliance, and recognize the role of family caregivers. Requires legislation, local implementation structures, and funding allocation.
Additional information	N/A

Title	**Early support -model ("Varhainen tuki") in the care sector**
Country	Finland
Description	The Early Support ("Varhainen tuki") -model is a widely implemented **occupational well-being practice** in Finnish municipalities and care organisations. Its purpose is to **detect and address work-related stress, exhaustion or other challenges at an early stage** before they escalate into longer absences or burnout. The model includes structured **conversations between employees and supervisors,** focusing on well-being, work ability, workload and support needs. Discussions are confidential and solution-oriented, often resulting in practical adjustments, such as changes in shifts, task allocation or access to occupational health services. In the care sector, where emotional and physical workload is high, the model has proven to be effective in **sustaining work ability and creating a supportive workplace culture,** especially for teams largely composed of women and informal carers transitioning into formal care roles.
Key impacts	• Early intervention: Prevents long-term sick leave and promotes timely support • Improved workplace atmosphere: Fosters open communication and mutual trust • Gender-sensitive support: Acknowledges differing stressors and life situations between men and women in caregiving roles
Target group	• Formal care workers in social and healthcare services (municipal and private employers)
Challenges addressed	• Work-related stress and burnout • Lack of early-stage psychological support • High turnover and absence rates in care professions
Implementation lessons and replicability	• Requires training of supervisors in early support methods and conversational skills • Success depends on workplace culture: psychological safety, trust, and consistent follow-through • Replicability is high, especially in structured organizations with occupational health services and clear HR procedures
Additional information	N/A

3.6.4. Conclusions and reflections

The most pressing **challenges** in the care sector are **not rooted in caregiving itself, but in the surrounding structures** - limited resources, persistent gender stereotypes, and systemic undervaluation. Despite Finland's progress in implementing equal practices, **gendered expectations** continue to place disproportionate care responsibilities on women, both at home and at work.

Improving gender equality requires **structural reform: better pay** that reflects the demands of care work, sufficient **staffing,** and the normalization of caregiving and family leave across **all genders.** Attracting men to the sector remains an opportunity yet to be fully realized, and tackling the stigma surrounding care is crucial.

Concrete action is needed. Policy, education, and representation must work together to shift perceptions and break down barriers. Most importantly, the voices of caregivers, those with lived experience, must guide change. **Equality in care is not a fixed goal but an ongoing process,** advanced through consistent, inclusive, and dialogical steps forward.

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3.7. AUSTRIA

3.7.1. National context & policy overview

When examining gender roles in both formal and informal care in Austria, it is evident that women dominate all levels of the care sector. This is partly because parental leave policies have favoured longer stay-at-home periods for women and partly because of a shortage of early childhood care facilities (Bundeskanzleramt, n.d.). This **gendered pattern** is also reflected in the **disability care sector**, across both formal and informal settings.

Austria offers a **wide range of support measures** aimed at improving work-life balance for those caring for dependent family members, including financial and in-kind benefits such as parental leave, childcare allowances, access to childcare facilities, flexible working time arrangements, and various forms of relief (Bundeskanzleramt, n.d.). Despite this extensive framework, significant **challenges in both informal and formal care sectors** remain.

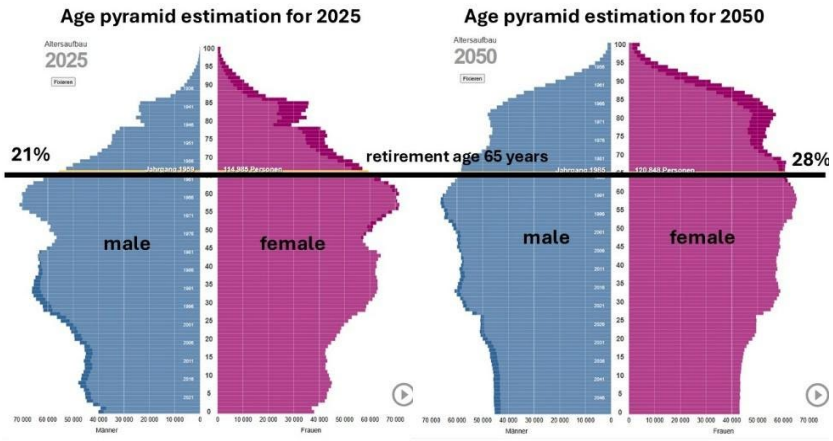
Brief overview of the gender roles in the formal & informal LTC sector

Access barriers, regional disparities, and persistent traditional gender roles continue to impact women's participation in the labour market. Around **50.6% of employed women work part-time, compared to only 13.4% of employed men**. The most frequently cited reason for part-time work among women is the **responsibility of caring for children or dependent relatives**, which accounted for 39.3% of women part-time workers in 2023. (Statistik Austria, n.d.).

According to Landesentwicklung Steiermark (2022), in 2001 **employment rate of women of all ages was 35.8%, rising to 44.8% by 2021, with 51.1% working part-time compared to 11.1% of men. Childcare and caring for relatives** were cited as primary reasons for part-time employment. *Local perspective by Chance B (province of Styria)*

The fact that Austria is an **ageing society** has significant implications for the care sector. By 2030, an estimated 76,000 additional care workers will be needed to meet rising demand (Hanzl, 2020). In an effort to bridge this gap, Austria largely relies on **migrant care workers**, particularly in the 24-hour home care model (Wojczewski, 2025).

Figure 9: Age pyramid estimation for 2025 (left panel) and 2050 (right panel) adapted from Statistik Austria (2025).



According to **Statistik Austria (2025)**, a comparison of the population pyramids for 2025 and 2050 by age reveals a significantly different structure, highlighting the trend toward an ageing society. This demographic development implies an even greater importance of care and support services in the future.

The gender imbalance is particularly evident in both formal and informal care sectors. Over **80% of formal care workers in Austria are women** (Weißenhofer, Herz, Czasný, 2024), and in the informal care sector, women account for approximately **73% of those providing unpaid care** to family members (Hanzl, 2020).

In the Austrian region of Styria, the total population is projected to increase slightly from 1,271,716 in 2025 to 1,275,236 in 2050. In contrast, the number of **people aged 65 and over is expected to rise significantly, by over 30%**, from 280,909 to 383,834 (Wirtschaftskammer Österreich, Land Steiermark, 2022).

In Austria there are various working time models, including full-time, part-time, and a wide range of flexible arrangements such as shift work, flexitime, night work, and tele work (Arbeitsmarktservice Österreich, 2024). In the **care sector**, work often includes marginal hours, such as late-night shifts or weekend work. The reconciliation of work and care responsibilities is particularly challenging – especially for women, who still bear the main responsibility for household tasks, childcare, and the care of dependent relatives. Moreover, it is evident that carers are more likely than workers in other sectors to be employed part time (Schönherr, SORA, 2021).

According to a 2019 health survey in Styria, **16.5% of people reported providing informal care at least once a week** for one or more individuals with age-related or chronic health problems. Women made up the clear majority of these caregivers, with **20.3% compared to 11.4%** of men. Within the formal care sector, gender imbalance is even more evident: Only 12.1% of workers in mobile care, daycare and residential care are men (Landesentwicklung Steiermark, 2022).

Informal care and the belief that families are primarily responsible for caregiving remain widespread in Austria. Limited availability, especially in rural areas (Ilinca, Simmons, Kadi, & Leichsenring, 2022) and limited quality of services (Hanzl, 2020), along with high financial costs for care recipients and their families, create additional barriers to accessing formal care services and facilities (Ilinca, Simmons, Kadi, & Leichsenring, 2022). These factors help explain why **around 40% of care allowance recipients are exclusively cared for by family members** (Famira-Mühlberger & Österle, 2024).

Summary of key laws and policies addressing gender equality in care work

In relation to the **LTC system**, Austria provides both monetary and non-monetary support mechanisms. One example of **monetary support** is the **care allowance** (Arbeiterkammer, n.d.), which is granted independently of income. This allowance enables the person in need of care to partially organize and finance their own care services. There are 7 levels of care, and individuals are assessed and categorised according to their specific care needs. These levels are based on the estimated number of care hours required per month. The amount of allowance depends on the assigned care level, with 7 representing the level with the highest need for care. All regulations

concerning the care allowance are set out in the Austrian Pflegegeldgesetz (Bundespflegegeldgesetz, 2021).

Non-monetary support includes the provision of different forms of care services tailored to individual needs: **Mobile care** involves professional caregivers providing support at home on an hourly or daily basis, **semi-residential care** combines outpatient and inpatient elements, typically offered in day centres or hospices, and support individuals during the day while they remain at home overnight. **Residential care**, or full-time care, is provided in institutions such as nursing homes, offering comprehensive 24-hour assistance for those requiring continuous support (Famira-Mühlberger & Österle, 2024).

An example of a company that supports people with disabilities and their families from birth to old age is the **Chance B in Styria**. The organisation offers **comprehensive services** including **early childhood intervention, therapeutic support such as physiotherapy, speech therapy, occupational therapy, and music therapy, as well as educational and family assistance and leisure care**. Employment is promoted through job placement, inclusive enterprises, and supported work programs. Various housing options, ranging from mobile assistance to full time care, enable independent living. Additional services include personal assistance, psychosocial support, and structured day programs (Chance B, n.d.).

High workload and the resulting job dissatisfaction have led to a shortage of workers in the care sector. Recent political reforms aim to address this issue by offering paid scholarships for nursing education, additional vacation days, and financial bonuses to make the profession more attractive (Famira-Mühlberger & Österle, 2024). Care workers perform their duties under demanding physical and psychological conditions. As of April 2025, they have been included in the **Heavy Work Regulation**, which entitles them to retire at the age of 60 years instead of 65 years (Bundesministerium für Arbeit, Soziales, Gesundheit, Pflege und Konsumentenschutz, 2025).

The Equal Treatment Act in Austria prohibits discrimination in the workplace based on gender, ethnic origin, sexual orientation, or religion. In the care sector, however, there are exceptions for acute care settings: in cases involving intimate care or highly sensitive support tasks, job postings may legally specify a required gender (Gleichbehandlungsanwaltschaft, 2020). The Equal Treatment Act also protects against discrimination related to parental leave, care leave, part-time care leave, short-term care leave, and reduced working hours due to caregiving responsibilities for close relatives (Arbeiterkammer, n.d.).

In Austria, the **healthcare system** is funded through social insurance contributions, while LTC is financed through general taxation. The Austrian care system is characterised by a **strong reliance on family-based** and other **informal caregiving**. The federal government, specifically the Ministry of Social Affairs, is responsible for the care allowance, financial support for informal caregivers, and for covering social insurance contributions for family carers. The nine federal states oversee providing care services. This division of responsibilities leads to significant differences in the organisation, structure, and framework conditions of care services across the regions (Famira-Mühlberger & Österle, 2024).

Informal carers are supported through **pension and health insurance coverage, leave options** such as care leave and family hospice leave, **care leave benefits** and respite **care services** (Famira-

Mühlberger & Österle, 2024). In addition, there is the so-called **family caregiver bonus** for informal caregivers, amounting to **€130,80 per month** (Bundesministerium für Arbeit, Soziales, Gesundheit, Pflege und Konsumentenschutz, 2025). The estimated **947,000 informal caregivers** in Austria often feel **physically and psychologically overwhelmed**, despite the support provided by the state (Hanzl, 2020).

Benefits like the **care leave, and part-time care leave** are intended to improve the compatibility of employment and family caregiving responsibilities, while also providing financial security for informal carers. In the case of full-time care leave, the **care leave benefit** is equivalent to the level of unemployment benefits. This creates a particular incentive for individuals in financially weaker situations, such as older workers, and notably **women**, who account for **2/3 of all recipients of care leave benefits**. (Klotz & Scharf, 2019).

To further strengthen the support for informal caregivers, several measures have been introduced. These include **community nursing**, which provides key contact persons for health-related matters (Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, 2025); **family counselling sessions**, offering opportunities to talk, seek advice, and access support (Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, 2023); and the **expansion of respite care, short-term care, and holiday care services**, when the caregiver is unavailable due to illness, vacation, or similar reasons (Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, 2025).

3.7.2. Perceptions and experiences

In Austria, **11 individual interviews** and **4 mini-focus groups** were conducted, engaging **a total of 20 participants**. These included 3 employers, 2 formal caregivers, 2 informal caregivers, and 13 members of the general public. Additionally, over **40 questionnaires** and nearly **60 surveys** were collected, providing complementary data from these groups and wider society. The key findings are as follows:

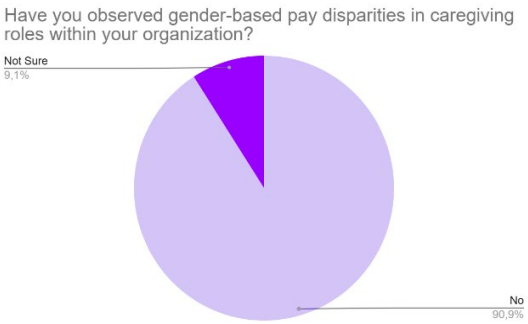
Insights from employers and HR professionals

Interviews with **managers** from occupational assistance, mobile housing assistance, and care management show a **strong link between job focus and gender distribution**. **The more caregiving tasks dominate daily work, the higher the proportion of women**. Within the respondents' company, work assistants exhibit an almost balanced gender ratio, mobile services employ only 8 men out of 33 staff, and care management positions are held exclusively by women.

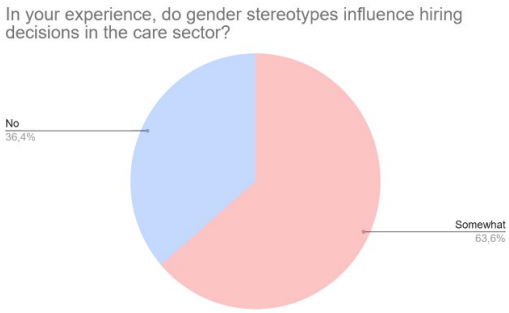
Qualitative interview data show that most employees enter these roles via additional qualifications after pedagogical training, often encountering caregiving tasks for the first time. Men tend to show greater hesitation toward intimate care, though some women also face challenges; one even resigned because her husband opposed her caring for a man client. **Women receiving care often request to be supported by women,** a preference that is usually respected. By contrast, men receiving care rarely express a preference for being assisted by other men, something managers attribute to **early socialisation and cultural expectations.**

In the quantitative questionnaire conducted with **employers**, respondents were asked to share their perspectives about why gender imbalances among employees persist in the care sector, specifically addressing the question: *What are the main barriers preventing men from entering care work in your*

opinion? The answers revealed recurring themes: low societal appreciation of care work and its association with **low pay;** perceptions of caregiving as **"inferior" work**; and entrenched gender stereotypes framing **care as "women's work."** Respondents also highlighted the **lack of role models for men** in the sector, **cultural norms** that discourage men from engaging in intimate care for women clients, and **structural factors** such as full-time work requirements and limited financial incentives.



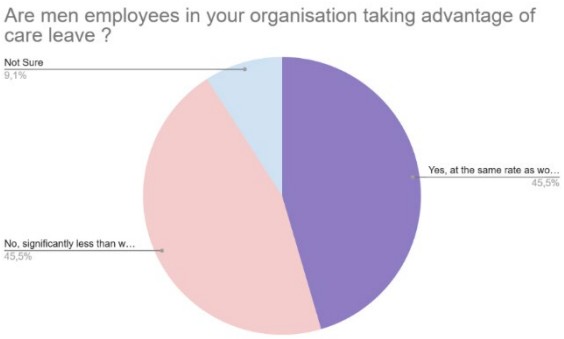
Insights from interviews with managers further underscore these dynamics. At first, interviewees stated that there were **no differences in the selection process** and that men and women were equally welcome as hires. However, during the conversation, one manager noted that **this is not always the case.** Recruitment patterns reflect a clear **gender imbalance**: significantly more women apply for positions, yet qualified men are sometimes favoured in an effort to improve diversity.



Despite an apparent commitment to equality, interviews revealed **persistent stereotypes**, including **doubts about men's soft skills** and **concerns about women's long-term availability,** particularly in the case of young, recently married applicants. Although pay was formally standardised through collective agreements, variations occur based on experience, qualifications, and specific roles, which further interacts with gendered career trajectories in the care sector. Similar patterns are reflected in the charts from the quantitative employer survey regarding hiring criteria and compensation.Interviews revealed that **flexibility in social care is limited,** especially in roles involving direct, face-to-face support for individuals with disabilities. Obligations must be met to ensure continuous care, leaving little scope for spontaneous changes. One manager noted that **greater flexibility would require a significantly larger staff pool,** an unrealistic scenario.

Despite these constraints, efforts are made to accommodate personal needs. Employees can help shape schedules by requesting preferred days off for caregiving, family duties, or personal events, and rosters are adjusted accordingly. When private care responsibilities are known, managers show greater understanding toward short-notice absences. Reduced working hours and telework options for administrative tasks are also available. However, telework options are not available for direct care.

According to managers, **caregiving leave is used equally by men and women.** Overall, while structural demands restrict flexibility, organizations employ various strategies to balance work requirements with employees' private obligations.



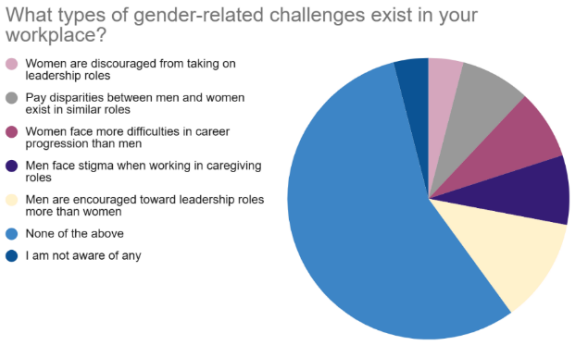
The quantitative analysis of the questionnaire **reveals a different picture**, with a large proportion of employers reporting that **men employees take less care leave** compared to their women colleagues.

First-person experiences

Both interviewees, employed in a residential facility and a day-care center, reported a **very low proportion of men among the staff**. According to them, men often avoid tasks involving direct personal care and household duties, focusing instead on activities that might be supervised and leaving much of the responsibility and "invisible" care work to their women colleagues. This reflects persistent gender norms in care work.

Interviews with women **caregivers** revealed that **men are often welcomed enthusiastically into the social care sector**. However, due to their **hesitation toward performing intimate care and their perceived lack of responsibility for household tasks**, a significant portion of the workload continues to fall on their women colleagues. **Women** employees were also described as being **less assertive in negotiating salaries or pursuing career advancement** in relation to men in similar roles. Instances of **discriminatory recruitment** practices were reported as well; for example, one participant recounted being asked during a job interview how she intended to manage childcare, a question she believed her husband would never have faced.

The situation appears somewhat less critical in the quantitative survey of **formal caregivers.**



The interviews revealed significant **constraints on employment** among individuals providing informal care. One participant **remains at home** to care for 3 foster children, one of whom has a disability, while another, who has 2 children including one with a disability, **works reduced hours**.

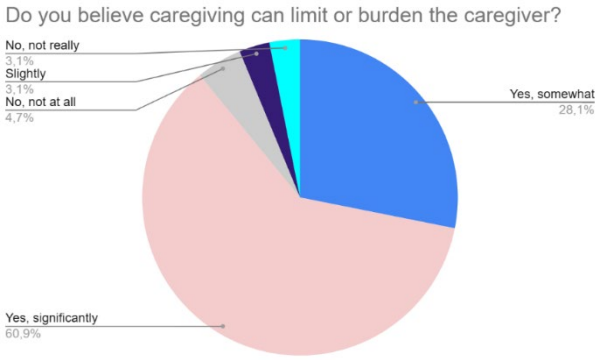
In the first family, caregiving responsibilities are unevenly distributed: the husband contributes as much as his resources allow after his day job, while the wife assumes the majority of tasks, including all organisational responsibilities. In contrast, the second case, a same sex couple, coordinates care based on both partners' work schedules. Although certain tasks are primarily assigned to one person, there is greater flexibility in their arrangement.

In both cases, **informal care strongly impacts work life balance.** Interview participants reported **minimal leisure time,** emphasising that a child with disabilities can never be left alone.

Consequently, both professional and private activities require meticulous planning. These findings underscore the structural and personal challenges faced by families providing intensive informal care.

Findings from the quantitative questionnaire of **informal caregivers** highlight a wide range of challenges they face. Respondents reported difficulties such as the **need for constant presence with the care recipient, the inability to engage in paid work, lack of family support, and limited flexibility. Participation in social life**, including attending events or planning leisure activities, was described as highly restricted.

Organising short-term assistance was seen as particularly challenging, alongside maintaining patience and motivating others to help. Time constraints, physical and psychological strain, financial dependence, and the impact of aging on their own bodies were further emphasised. Balancing work and caregiving often require sacrificing personal needs and leisure time, resulting in significant **emotional and practical burdens.**



Overall, the interviews conveyed that **care work is experienced as highly demanding,** requiring significant organization and imposing both psychological and physical strain on caregivers. Informal carers, in particular, describe the intensity of their responsibilities but also acknowledge the range of support services available in Austria, such as **school assistance, family relief programs, pension insurance**, and other financial benefits. However, they emphasise that these supports **should be more easily accessible.**

Formal carers, by contrast, report **advantages in terms of working conditions** compared to other professions. While weekend shifts are common, this is offset by **free weekdays, sabbatical opportunities, and family-friendly measures** that facilitate work-life integration.

Across both groups, a striking commonality emerges: despite the evident challenges and effort involved, none of the participants question their decision to assume these responsibilities. Instead, the narratives suggest a sense of meaning and fulfilment within a demanding yet rewarding structure.

The quantitative part of the field research further illustrates this perspective. When informal caregivers were asked about the perceived benefits of providing care to their relatives commonly cited advantages included enabling the care recipient to remain within the family and familiar environment, maintaining regular contact, and allowing them to live at home longer. Caregivers also mentioned feelings of **satisfaction in everyday life,** as well as **receiving love and emotional connection**, even without words. Some valued the absence of time pressure in carrying out care tasks.

Societal perceptions

Interviews with **caregivers' family members** and the **broader society** reveal that **perception of caregiving** remains deeply influenced by **gender norms, cultural expectations, and structural**

arrangements, shaping both public attitudes and the practical distribution of responsibilities. Although the care sector is no longer considered a taboo field for men, **women still represent the overwhelming majority of caregivers.** According to participants, this gender imbalance reflects persistent societal norms that frame caregiving as a predominantly **feminine role,** associated with **patience, empathy, attentiveness, and selflessness.** Women are often perceived as **naturally suited** to tasks requiring emotional closeness and personal hygiene, such as washing, feeding, and applying lotion, while **men are typically linked to physically demanding duties** including lifting patients, transportation and physiotherapy.

Despite these role allocations, **men participation in caregiving is marked by contradictions.** Men face significant **barriers to providing intimate care** and in some cases discomfort when receiving care themselves, particularly under public scrutiny. Preferences regarding the gender of caregivers also remain contested: some of the interviewees argue that men prefer men caregivers, while others claim this would challenge their sense of pride, making women caregivers more acceptable. Women by contrast are generally seen as preferring women caregivers, and such preferences are often honoured.

Interviews with **care workers** indicate that **intercultural considerations further complicate these dynamics**, as certain cultural norms **prohibit cross gender care**, especially for women. At the same time, participants widely emphasised that caregiving for family members should be a **shared responsibility** among relatives, ideally distributed according to individual strengths and available time resources. However, respondents also pointed out that societal structures such as **parental leave policies, part time employment patterns, and strong maternal attachment,** particularly in cases involving children with disabilities, often **result in women assuming primary caregiving roles,** thereby reinforcing gendered divisions of labour.

According to the interviews, **men caregivers occupy an ambivalent social position**. Some participants highlighted that their rarity in the sector grants them a **special status**, often associated with admiration and **perceived professionalism**. Others however expressed the opposite view, suggesting that men in care work are frequently **ridiculed**, seen as **less masculine and strong,** and risk **losing social status** because of their occupation. These conflicting perceptions, combined with ongoing gendered expectations, were described by respondents as creating a complex environment for men entering the profession.

Furthermore, men are often considered better at maintaining clear psychological boundaries between work and private life, whereas women tend to carry emotional strain home. In challenging situations such as caring for aggressive or sexually active patients, men caregivers are viewed as more appropriate.

3.7.3. Country-specific challenges and best practices

Challenges and identified gaps for action

The analysis of semi structured interviews, small focus groups, questionnaire data, and a review of the literature reveals several areas requiring further attention. Across the social care sector including disability support, elderly care, and childcar**e the proportion of women employees remains significantly higher** than that of their men colleagues. **Low pay, limited recognition, and insufficient appreciation** are repeatedly cited as primary **reasons for this imbalance**. These factors are rooted in persistent **gender norms**: men are still widely perceived as the primary

financial providers for their families, making employment in low paying care professions less feasible for them, while women are expected to assume the main responsibility for childcare and family caregiving, often working fewer hours.

Discussions on gender specific norms further highlighted that **outdated role expectations** remain deeply embedded in society. Addressing this issue requires **early intervention, starting in education,** to challenge stereotypical notions of femininity and masculinity. Although Austria offers substantial parental leave and care related support schemes, these often **reinforce traditional patterns** encouraging women to stay at home or reduce working hours. Policies should instead aim to **promote shared caregiving responsibilities,** thereby reshaping the societal structure of care work.

Participants emphasised that **progress is visible**: while care and childcare are still often perceived as women's work, **more men are entering the social sector, and gender related taboos are diminishing.** Questionnaire results also suggest that women and men in care professions frequently feel equally supported and valued. However, many respondents noted that individuals without personal caregiving experience remain largely unaware of the realities and societal relevance of care work. **Increasing the visibility of the sector and its diversity** and raising awareness of its social importance is therefore essential to enhance recognition and dismantle existing prejudices.

Finally, while Austria provides strong **support structures for informal carers**, these are often difficult to access due to poor communication and complex procedures. Simplifying and streamlining these services is critical. In addition, public awareness campaigns, political initiatives, and media engagement should emphasize the ubiquity and societal value of caregiving. Such measures could ease the burden on informal carers and foster greater societal recognition of their role.

Best practices

Although the proportion of women care workers continues to exceed that of their men colleagues, the care and support sector overall appears relatively balanced in terms of family policy measures and gender related support. In the field of informal caregiving, numerous support mechanisms exist, including care allowances, care leave, pension insurance, and other benefits. However, the following examples merit particular attention:

Title	**Inclusion of care workers in the Heavy Labor Regulation (Bundesministerium für Arbeit, Soziales, Gesundheit, Pflege und Konsumentenschutz, 2025)**
Country	Austria
Description	The reform redefines the **criteria for heavy labour**, previously limited to physically demanding work such as night shifts or meeting specific calorie thresholds. It now also **includes psychological strain and multiple burdens**, marking significant progress for those in care professions. Under the new regulation, **care workers may retire at age 60 if they have at least 45 years of insurance contributions** and have performed at least **10 years of heavy labour within the last 20 years.** Improved recognition of working hours and service is also planned, reflecting the essential and demanding nature of care work.

Key impacts	There is an expectation for greater recognition and respect for the nursing profession, acknowledging its essential contribution to society. Furthermore, improved work-life balance is anticipated as a result of retiring earlier. This option aims to reduce the long-term physical and psychological strain associated with care work.
Target group	• Formal caregivers
Challenges addressed	The profession often suffers from limited recognition and a lack of appreciation. Misconceptions make the occupation appear unattractive to potential candidates. In reality, the role is far more complex and demanding. Greater societal acknowledgment of its true significance could enhance its appeal and encourage more individuals to pursue a career in this field.
Implementation lessons and replicability	The reform is essential for enhancing the appreciation, social standing, and recognition of the profession within society.
Additional information	N/A

Title	**Burgenland Employment Model for Family Caregivers (Soziale Dienste Burgenland GmbH, n.d.)**
Country	Austria
Description	Since 2019, Burgenland (one of the nine regions of Austria) has offered a unique employment model enabling **informal caregivers to be formally employed by Pflegeservice Burgenland GmbH.** The program provides **full social insurance, pension contributions, and financial compensation**, ensuring caregivers' economic security while allowing care recipients to remain at home. Participants receive basic training, creating pathways for future employment in the care sector.
Key impacts	Additionally, the City of Graz launched a similar pilot project, the "Graz Model – Employment of Family Caregivers," which started in January 2024. (Stadt Graz, 2023)
Target group	Informal caregivers, most of whom are women, often reach their physical and psychological limits in providing care while working in a day job. The initiative offers financial and social security through compulsory insurance, reducing economic vulnerability and ensuring long-term protection. Additionally, it enhances recognition of caregiving as essential work, contributing to greater societal appreciation and improved professional standing for those performing this role.
Challenges addressed	• Informal Caregivers
Implementation lessons and replicability	The initiative addresses financial vulnerability, promotes recognition of informal care work, and strengthens the social value of caregiving within LTC strategies.
Additional information	N/A

Title	**Civilian Service in Austria (Zivildienstserviceagentur, n.d.)**
Country	Austria
Description	Introduced in 1975, **civilian service** for all Austrian men at the age of 18 years provides an alternative to military service, enabling individuals to perform socially valuable work. Its main areas include **emergency medical services, social and disability support, and disaster relief,** with placements across Austria. Over time, civilian service has been reformed to enhance its appeal and align with changing societal needs.
Key impacts	Interviews repeatedly emphasized the significant role of civilian service in Austria in increasing the proportion of men in the social sector. During adolescence, when career orientation typically occurs in schools, young men are still in the process of shaping their identities. By the age of 18 to 20, when they undertake civilian service, they are more mature and better positioned to make informed career decisions. Exposure to social care work during this period often serves as a gateway experience, leading many to remain in the sector and pursue formal training in related professions.
Target group	• Men
Challenges addressed	The proportion of men care workers remains significantly lower than that of women workers, a disparity often linked to prevailing notions of masculinity and traditional gender roles. Structural patterns continue to channel men predominantly into technical professions, reinforcing occupational segregation. However, practical experience and exposure to care-related tasks can shift these perceptions.
Implementation lessons and replicability	Personal experiences and direct exposure to care-related activities serve as strong motivators for men to enter the social sector. Such engagement challenges traditional gender norms and fosters interest in care professions, creating the potential to increase the proportion of men care workers in the long term.
Additional information	N/A

3.7.4. Conclusions and reflections

Austria's care sector remains highly gendered, with **women representing the majority in both formal (over 80 percent) and informal (73 percent) caregiving roles.** This imbalance is reinforced by persistent gender norms, cultural expectations, and structural factors such as limited childcare availability and gender payment gap. Despite **comprehensive policy measures** including care allowances, parental leave, and pension coverage for caregivers these often perpetuate traditional roles by encouraging women to stay at home. Informal care is deeply embedded in Austrian society, supported by financial benefits and social insurance coverage, yet regional disparities and administrative complexity limit access.

Both formal and informal caregivers describe **care work as physically and emotionally demanding,** with informal carers reporting significant time constraints, financial strain, and limited social participation. Men remain underrepresented in care professions, hindered by stereotypes, lack of role models, and discomfort with intimate care. However, exposure to care work through programs such as civilian service has proven effective in motivating young men to join the sector.

Austria faces critical **challenges: workforce shortages** (an additional 76,000 care workers needed by 2030), **low societal recognition** of care work, and **reliance on migrant labour** in home care. Recent reforms, such as including care work under the Heavy Work Regulation, granting earlier

retirement, and initiatives like the Burgenland and Graz employment models for informal carers, address some of these issues by improving financial security, social protection, professional recognition and work-life balance.

Opportunities lie in expanding these **innovative models, simplifying access to benefits, and strengthening public awareness** to enhance the visibility and value of care work. Long term strategies should focus on dismantling gender stereotypes through education, improving working conditions, and ensuring equitable policies that promote shared caregiving responsibilities across genders.

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4. GENERAL CONCLUSIONS & POLICY RECOMMENDATIONS

4.1. Cross-country comparison: Commonalities and differences

Across all 7 countries, **care is strongly feminised in both formal jobs and family care**. Shares near or above ~80–90% women among formal LTC workers (e.g., Italy ~90%; Lithuania ~86.7%) are typical, and informal care is also predominantly provided by women (e.g., Spain ~62%; Greece ~71%).

Informal care remains the backbone of support everywhere, with sizeable carer populations (e.g., Italy 8.5M; Spain 7M; Austria 947k; Finland 657k). Yet **formal systems struggle** to keep up with demand, and waiting lists or uneven regional coverage are common (e.g., Spain, Italy).

There is wide **variation in legal recognition and practical supports**. Finland and Spain formally recognise carers and offer structured leave and local allowances/respite; Slovenia now recognises "employed family members" via the 2023 LTC Act; Italy and Greece mostly rely on work-life balance and disability frameworks rather than a dedicated carer status; Austria mixes cash benefits and leave options.

Financing and governance differ: Spain and Italy are decentralised; Finland embeds supports in municipal/wellbeing-county systems; Austria and Slovenia show multi-level or newly central frameworks; Greece is expanding a national Personal Assistant scheme.

Workforce quality and **gender equity levers also vary:** Finland advances sectoral pay-equity and flexible time instruments; Austria and Slovenia explore partly formalising family care; Italy relies heavily on cash transfers and migrant live-in care; Greece uses vouchers and a PA model.

Table 1: Comparative overview of caregiving across countries

Country	Formal carers		Informal carers		Support measures			Notable schemes
	No of care workers	% women	No of carers	% women	Legal recognition of carers	Carers leave	Legislative framework	
Italy	260K	~90%	8.5M	~66%	◑ **Limited/Partial** (disability- and work-life-balance rules, Law 33/2023)	**3 days/ month** + up to **2 years' leave** (Law 104/1992; D.Lgs 105/2022)	Law 104/1992; D.Lgs 105/2022; Law 33/2023; Code of Equal Opportunities; ADI/SAD home-care; "Indennità di accompagnamento" cash allowance	Heavy reliance on badanti (domestic care assistants): ~90% women, 69% foreigners. Respite/home-care exist but uneven; cash benefits widely used.
Spain	442K	~78%	7M	~62%	✓ **Yes** (Law 39/2006 LAPAD)	Short-term paid leave (**2–5 days/year**), long-term unpaid leave with job protection (**1–3 years**, conditions vary), reduced hours for serious child illness	Royal Decree-Law 5/2023 (EU Work-Life Balance Directive); Law 39/2006 & SAAD (national LTC system); decentralised financing & provision (Autonomous communities)	Day/night centres, home help, tele-assistance, temporary residential stays for respite; waiting lists remain long.
Lithuania	NA	~87%	241K	NA	◑ **Limited/partial** (social-services law; explicit carer status is not consistently defined)	**5 days/year** of paid carers' leave (Labour Code)	Law on Equal Opportunities; Social Services Law; Labour Code; Family Policy Strategy 2022–2030	Care sector wages ~20% lower than national avg; 24% of women reduce/exit work due to care

Greece	NA	~70%	724K	~71%	◑ **Limited/partial** (WLB transposition & disability policies; no dedicated carer benefit/pension credits)	**5 days** carers' leave (Law 4808/2021) Work-life-balance framework updated (Law 4808/2021)	Equality & work–life balance laws (4443/2016; 4604/2019; 4808/2021); ergósimo voucher; nationwide Personal Assistant programme	Personal Assistant programme (nationwide); ergósimo voucher for domestic/care work
Slovenia	NA	NA	220K	NA	✓ **Yes** (Long-Term Care Act 2023 allows employed family member; Personal Assistance Act)	Min. **5 days carer's leave** (ZDR-1). Rights for employed family carers include **planned absences** (ZDOsk-1).	Long-Term Care Act (2023); Personal Assistance Act; Equal Opportunities; Anti-Discrimination	74,283 people received subsidised LTC in 2022 (coverage indicator)
Finland	NA	NA	657K	NA	✓ **Yes,** (Act on Support for Informal Care 937/2005)	**5 days** carers' leave (Family Leave Reform, in force 1 Aug 2022)	Equality Act; Non-Discrimination Act; Family Leave Reform (160+160 model + carers' leave); Act on Support for Informal Care; Disability Services Act (2023)	Municipal informal-care allowance + respite; sectoral pay-equity reforms (SOTE 2022–25)
Austria	127K	~80%	947K	~73%	✓ **Yes** (pension/health insurance cover; benefits for informal carers)	**1 week/year,** extendable by a second week + "Pflegekarenz" benefit available.	Equal Treatment Act; multi-level LTC governance; care-leave benefits; Heavy Work Regulation (from Apr 2025)	Care allowance (Pflegegeld); 24-hour care model; family carer bonus.

*NA= Not available data. Data has been extracted from the national inputs included in this report, which has been complemented with *Eurocarers country profiles and the Eurocarers National LTC Reports (2025) overview*

4.2. Key trends and learning gaps identified across countries and at an EU level

Across the 7 countries analysed, several **shared trends** emerge. Care remains highly **gendered**, with women continuing to dominate both formal and informal roles. Occupational segregation and persistent stigma limit men's participation and career progression in the sector. The **undervaluation of care work** further exacerbates workforce shortages: low pay, limited recognition, and weak career ladders discourage retention and recruitment.

At the same time, all countries maintain a strong **familistic reliance** on informal care. A significant proportion of daily support is carried out at home, disproportionately by women, which transfers financial risks and contributes to cumulative gender inequalities in income and pensions. These pressures are intensified by **demographic change**: population ageing is rapidly increasing demand for long-term care, especially visible in Finland and Austria, thereby stretching already limited workforce capacity.

While many countries have established solid **legal frameworks** for carers' rights and equality measures, implementation and enforcement remain uneven. Uptake of carers' leave or equality plans is still patchy, reflecting gaps in awareness, enforcement, or resources. Nevertheless, some **promising practices** are emerging: Finland has piloted early-support and time-banking models, Austria has started to formalise the employment of family carers, and Greece is scaling a national Personal Assistant programme. These offer replicable pathways for innovation.

However, the research also highlights persistent **learning gaps**. First, reliable **data gaps** are evident: several countries lack robust, comparable counts of informal carers and assisted persons, particularly with sex-disaggregated, disability-specific, and regional detail. This limits both monitoring and EU-level benchmarking. Second, there is little **outcome evidence**: few evaluations assess the gender impact of policies such as leave reforms, equality plans, or cash benefits on women's employment and men's uptake of caring roles. Third, **transition pathways** are scarce: the

mapping and validation of skills acquired through informal care into formal qualifications is underdeveloped, and structured up-/re-skilling opportunities for men are rare. Finally, weak **integration and coordination** between health and social services (especially in decentralised systems such as Italy's) continues to hinder access, continuity, and efficiency of care.

Shared trends		Shared gaps	
Persistent gendered division of labour	Women dominate both formal and informal care; stigma and occupational segregation still limit men's entry and progression in care roles.	Data gaps	Several chapters lack robust, comparable counts of informal caregivers and assisted persons; sex-disaggregated, disability-specific, and regional breakdowns are not consistently available. (This hinders monitoring and benchmarking.)
Under-valuation of care work	Pay, status, and career pathways are not commensurate with responsibilities, contributing to shortages and turnover.	Outcome evidence	Limited systematic evaluation of the gender impact of policies (e.g., leave reforms, equality plans, LTC cash benefits) on labour-market participation and men's uptake.
Family-centred "familistic" reliance	Significant portions of daily support happen at home, transferring costs/risks to women and widening lifetime earnings/pension gaps. Italy and Austria chapters illustrate this strongly.	Transition pathways	Scarce mapping and validation of skills for informal carers to enter formal care careers; few structured re-/up-skilling bridges for men switching into care.
Demographic pressure	Population ageing is accelerating (e.g., Finland, Austria), intensifying demand for LTC and pressuring workforce supply.	Integration & coordination	Fragmentation between social/health services and between national/regional layers complicates access and continuity (e.g., Italy)
Patchy implement./ enforcement	Many countries have solid legal bases, but enforcement and uptake (e.g., carers' leave, equality plans) remain uneven.		
Emerging promising practices	Municipal/sectoral solutions; e.g., Finland's early-support and flexible time-banking models; Austria's employment of family carers; Greece's Personal Assistant scheme, show replicable pathways.		

4.3. Policy recommendations at national and EU levels

4.3.1. EU-level recommendations

At the European level, a stronger political and financial commitment is needed to ensure that the **European Care Strategy** and the **Council Recommendation on Long-Term Care (2022)** translate into tangible progress in Member States. Linking EU funding instruments and the European Semester to concrete national targets on workforce sustainability, service affordability, accessibility, and gender equality outcomes would enhance accountability and reduce fragmentation.

Equally important is the **full enforcement of the Work–Life Balance Directive (2019/1158)**. While most countries have transposed its provisions, the gendered patterns of leave uptake, where women continue to account for the overwhelming majority of carer and parental leaves, show that stronger incentives and monitoring are required. Promoting non-transferable entitlements for men, and explicitly tracking their use, would be critical steps to balance care responsibilities.

Another urgent need is the creation of an **EU-wide data initiative for long-term care**. Currently, data on carers and beneficiaries is fragmented, non-comparable, and often outdated. Harmonised indicators, disaggregated by gender, age, disability, and region, should be mandated, and integrated with existing Eurostat, EIGE, and OECD frameworks. This would provide the evidence base necessary to monitor progress and support policy design.

In parallel, **skills initiatives** should be expanded. EU support could fund micro-credentials and foster mutual recognition of care qualifications, while also validating skills gained through informal care. This would make it easier for family carers, men entering the sector, and migrant workers to transition into quality jobs.

Finally, addressing the **structural undervaluation of care work** is essential. The EU should promote and support social-partner agreements to improve pay transparency, career pathways, and professional development opportunities in the care sector. Building on examples such as Finland's sectoral pay-equity agreements, EU-level action can help raise the attractiveness and status of care roles, ensuring a sustainable and motivated workforce.

4.3.2. National-level recommendations

At national level, the evidence collected in this report highlights the need for reforms tailored to each context, while addressing common structural challenges:

- **Italy** should gradually move from a cash-centric model towards more integrated and community-based systems of support. Scaling up co-housing and independent-living pilots can reduce over-reliance on family and migrant domestic workers. Informal carers should be explicitly recognised in pension and social security systems, and local service capacity needs to be reinforced, with stronger monitoring of regional disparities.
- **Spain** is in a transition phase, building a more robust State Care System. Consolidation will require mainstreaming equality plans and pay-transparency measures across care providers, while operationalising the new Organic Law 2/2024 within the Third Sector. Ensuring gender-balanced governance at both national and regional levels will be critical for accountability.
- **Lithuania** faces pronounced rural/urban divides in access to care. Expanding rural coverage, respite services, and community-based supports should be a priority. In parallel, pathways for recognising informal carers' skills must be created, alongside targeted measures to address the disproportionate employment penalties women incur when caring.
- **Greece** should continue scaling its Personal Assistant programme, ensuring robust evaluation and sustainable funding. Stronger labour inspectorate enforcement is needed to tackle the informal economy in domestic care. At the same time, measures to incentivise men's uptake of carer and paternity leave, and to achieve leadership parity in care organisations, would reduce entrenched gender inequalities.
- **Slovenia**, with its newly adopted Long-Term Care Act (ZDOsk-1), must ensure implementation goes beyond formal recognition to include quality standards, systematic training, and gender-sensitive monitoring. Evaluating how the "employed family member" status affects both labour-market participation and women's careers will be key.

- **Finland** provides an advanced framework, but progress should continue on pay-equity reforms and flexible working-time arrangements. Public campaigns and targeted incentives can help normalise men in caregiving roles. Sustaining and expanding municipal support schemes for informal carers will also be important to maintain a comprehensive system of care.
- **Austria** should evaluate the effectiveness of regional family-carer employment models (e.g., Graz, Burgenland) and consider scaling them nationally if they are accepted by the population. Tackling regional disparities in service provision remains essential. In addition, Austria could create structured pathways that transform men's exposure to care work during civilian service into accredited qualifications, thus opening new entry routes into the sector.

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