

Executive summary of the Insight report on gender stereotypes in care work

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1. Introduction: The EQUAL-CARE project and objectives

1.1 About the EQUAL-CARE project

EQUAL-CARE is a European initiative addressing the persistent gender stereotypes and inequalities that shape **long-term care (LTC)** systems. Care is essential to Europe's societies and economies, yet it remains undervalued, underpaid, and highly feminised. Women disproportionately shoulder both **informal care responsibilities within families** and the majority of **formal care jobs**, often facing lower wages, career interruptions, and limited recognition.

The initiative brings together 10 transnational organisations, across 7 EU countries to:

- Document and analyse gender inequalities in LTC;
- Develop training and awareness tools that challenge stereotypes;
- Provide evidence and recommendations to improve policy and practice;
- Contribute to building more inclusive and sustainable care systems.

1.2 Objective of the report

This report presents the results of comparative research conducted across Italy, Spain, Lithuania, Greece, Slovenia, Finland, and Austria. It highlights how **gender stereotypes influence both formal and informal care**, what barriers carers and employers encounter, and where innovative practices are emerging.

The findings aim to: provide an accessible overview of the current state of gender and care in Europe; inform training programmes for carers, employers, and communities; Support policy dialogue at national and EU levels with concrete evidence.

1.3 Methodology

The research combined **desk analysis** and **fieldwork**: **Desk research** gathered statistical data, legal frameworks, and national strategies related to LTC and gender equality. **Field research** was carried out in the 7 participating countries with more than **300 people**, including: carers in both formal and informal roles, employers and HR professionals in the care sector, representatives of civil society and care organisations.

Methods included focus groups, semi-structured interviews, surveys and questionnaires. This combination of quantitative and qualitative approaches allowed researchers to capture both **structural trends** (e.g., workforce composition, wage levels, legal measures) and **lived experiences** (e.g., discrimination, stereotypes, emotional burden)

Key concepts

★ **Informal care**: unpaid support provided to family or community members, mostly women.

★ **Formal care**: paid professional care, often undervalued and feminised.

★ **Long-Term Care (LTC)**: a continuum of services (institutional, community, home-based) for persons needing support with daily activities.

★ **Gender gap in caregiving**: structural inequalities in participation, pay, status, and recognition between men and women in both informal and formal care roles

2. Gender and LTC: European context

2.1 Gender disparities in care work

Across Europe, the **LTC workforce is overwhelmingly covered by women**: between 81% and 87% of formal care workers are women (EIGE, 2022). Informal care is similarly feminised, with women accounting for around **two-thirds of all family carers**. Men are under-represented, and when present, they are often concentrated in managerial or technical positions rather than direct care roles.

This unequal distribution has significant consequences. Women in formal care face **lower pay and weaker career progression**, while women in informal roles often experience **reduced labour participation, income loss, and pension penalties**. Gender stereotypes, viewing women as “natural carers” and men as “breadwinners”, reinforce these patterns, limiting opportunities for both genders.

*EU policies & directives on Gender Equality

★ The **European Care Strategy** (2022) and the **Council Recommendation on long-term care** call for accessible, affordable, and high-quality services across all Member States.

★ The **Work-Life Balance Directive** (2019/1158) introduces carers’ leave and aims to rebalance parental leave between women and men.

★ The **European Pillar of Social Rights** recognises the right to quality and inclusive long-term care and work-life balance for carers.

★ The **Pay Transparency Directive** (2023) aims to close gender pay gaps, particularly relevant in feminised sectors such as care.

2.2 EU policies on Gender Equality in LTC

The European Union has taken important steps to address these disparities. Despite this framework*, **implementation varies significantly**. Many countries still lack comprehensive strategies for recognising carers, supporting work-life balance, or addressing gender bias in the care workforce

2.3 Best Practices at the European Level

Across the EU, several initiatives showcase how gender equality in care can be promoted;

Project Børnepasning (Denmark): Trade unions, employers, and municipalities joined forces to expand childcare outside standard hours, supporting workers in sectors with irregular shifts such as healthcare and retail.

“Four Walls – Four Hands” campaign (Austria): The City of Vienna Women’s Department used videos, apps, and social media to spark debate on the unequal sharing of unpaid care.

Equality Mark (Malta): A national certification scheme that rewards employers adopting gender-equal and family-friendly practices. Since 2010, 55 organisations with around 16,000 employees have been certified.

“Pflege kann was” (Germany): A campaign launched in 2022 to attract more men into care professions, combining media storytelling, vocational reforms, and better working conditions. In 2023, 15,100 men started care apprenticeships (+12% from 2022), and the share of men trainees reached 28%.

Together, these practices demonstrate how **policy, awareness, and supportive services** can challenge stereotypes, improve work-life balance, and make care a more attractive and gender-balanced profession.

3. Country profiles

3.1 Italy

3.1.1 National context

Italy combines one of the **oldest populations in Europe** with one of the most **family-reliant care systems**. More than 7 million people provide weekly informal care, while formal LTC employs around 260,000 workers. Staffing shortages are acute: Italy has only 2 care workers per 100 older persons, compared to 5 on average in the OECD.

Public expenditure prioritises **cash benefits**, notably the *Indennità di Accompagnamento* (~€500/month), which families frequently use to hire **badanti**, mostly migrant women. In 2025, 90% of domestic care assistants were women, and 69% were foreign-born. This reliance “outsources” unpaid family care to low-paid migrant women rather than redistributing responsibilities more equally.

Care is strongly **gendered**: 2/3 of informal carers are women, and nearly 1/4 Italian women aged 55–64 provides care. Women in Italy spend an average of 5 h/day on unpaid care vs under 2 for men, the widest gender gap in Europe. Formal care is also feminised: around 90% of the LTC workforce are women, concentrated in lower-paid, precarious roles.

3.1.2 Legal and policy framework

Key laws include **Law 104/1992** (paid carer’s leave), the **Code of Equal Opportunities** (2006, updated 2021), the **Work-Life Balance Directive transposition** (2022), and the recent **LTC reform (Law 33/2023)**, which aims to expand services and formally recognise family carers. Implementation, however, remains slow.

3.1.3 Insights from the field

Fieldwork confirms the persistence of stereotypes, undervaluation, and weak institutional support. **Employers** admitted men are rarely encouraged into caregiving roles and, when hired, often directed to less relational tasks. **Care workers** described low wages, lack of recognition, and persistent

At a glance

- ★ **Population aged 65+ (2024)**: 24% (14M)
- ★ **People with disabilities (2021)**: 3.1M
- ★ **Formal LTC workers**: ~260,000 (90% women)
- ★ **Informal carers**: +7M (≈13.5% of population), two-thirds women
- ★ **LTC staffing ratio**: 2 workers per 100 people aged 65+ (OECD avg: 5)
- ★ **Cash benefits share of LTC spending (2023)**: 51.3%

discrimination in professional settings. *“Care work is usually done by women with little education and few opportunities... but this is not by choice.”* Neurodevelopment specialist

Informal carers reported exhaustion, bureaucracy, and limited leave entitlements. *“Three days a month? Absolutely not enough.”* Men caregiver, caring for his father)

Public surveys confirmed that while care is seen as emotionally enriching, it is also viewed as burdensome and still primarily a **family duty**.

3.1.4 Challenges

- Over-reliance on unpaid and migrant women carers
- Regional disparities in access to services
- Weak enforcement of existing rights
- Fragmented governance and complex bureaucracy

3.1.5 Promising practices

“Vite da Vivere” (Pordenone): A community-based model that helps adults with cognitive disabilities transition to independent living through training homes, pooled pensions, and light support. It reduces family burden and strengthens autonomy.

3.2 Spain

3.2.1 National context

Spain combines one of Europe's **most advanced equality frameworks** with persistent **gender disparities in caregiving**. Women are the overwhelming majority in health, social services, and domestic work. Within municipal home care (Barcelona), over 90% of the workforce are women. Informal care is similarly feminised: most family carers of people with disabilities are mothers or women who are close relatives.

Despite progress in governance, women remain underrepresented in senior management. At the same time, they face the “double load” of unpaid care and professional work, contributing to reduced employment and career opportunities.

3.2.2 Legal and policy framework

Spain has a comprehensive equality framework:

- **Organic Law 3/2007:** Effective equality of women and men.
- **Organic Law 2/2024:** balanced gender representation in governance bodies.
- **Royal Decrees 901/2020 & 902/2020:** equality plans and equal pay.
- **Law 39/1999 & Royal Decree-Law 6/2019:** promoting work–family reconciliation.

Together with the **Foundations for Care (2023)** document, these provide the basis for a future **Public State Care System**, aiming to value care work, improve job quality, and promote co-responsibility.

3.2.3 Insights from the field

Employers and care workers agreed that care is still perceived as women's work. Men are rarely incentivised to take leave or join the sector. Pay disparities exist in some contexts, especially in leadership or flexible shifts. Flexible arrangements are limited, especially in 24-hour services. **Caregivers** stressed the burden of combining professional and family responsibilities, the lack of

At a glance

★ **Formal care workforce (2025):** 77.6% women in health & social services; 90.3% women in Barcelona's home care service (3,823 workers, 20,000+ users).

★ **Informal care:** 83% of caregivers for people with intellectual disabilities are women (68% mothers, 12% sisters, 3% sisters-in-law).

★ **Workforce patterns:** 17.4% of women work part-time to provide care, versus 3.5% of men.

★ **Leave uptake (2024):** 84.4% of family-related care leave taken by women.

★ **Representation:** 36.6% women on company boards, only 8.6% as executive directors.

recognition of informal care, and the need for financial incentives, training, and legal recognition.

Survey respondents described care as enriching but also exhausting. They called for informal caregiving to count toward pensions, more social security support, and campaigns to encourage men's participation.

3.2.4 Challenges

- Over-representation of women in care work.
- Under-representation in leadership roles.
- Weak incentives for men's participation in caregiving.
- Unequal access to flexible arrangements and recognition.

3.2.5 Promising practices

Equality plans & DEI network (Spain): Tools and recognition schemes help companies implement equality plans, monitor pay gaps, and introduce co-responsibility measures. These initiatives support compliance with national laws and promote cultural change in workplaces.

3.3 Lithuania

3.3.1 National context

Lithuania is experiencing demographic ageing and rising demand for LTC. Although the legal framework includes gender equality protections and family-friendly measures, caregiving remains strongly associated with women, both culturally and institutionally.

In the **formal LTC sector**, women make up nearly **87%** of workers, primarily as social workers, nurses, and care assistants. Jobs are marked by low wages, high stress, and limited career mobility, which both reinforces the overrepresentation of women and deters wider participation of men.

In **informal care**, women, especially mothers, daughters, and wives, continue to shoulder the bulk of responsibilities. Nearly a quarter of women reduce or exit paid work because of unpaid caregiving, compared to only 6% of men, reinforcing economic dependency and pension gaps. Rural areas face particular challenges: service provision is scarce, leaving older women as primary caregivers without support.

3.3.2 Legal and policy framework

Lithuania has introduced several laws and policies promoting gender equality & support for caregivers:

- **Law on Equal Opportunities for Women and Men (1998, revised):** prohibits discrimination.
- **Law on Social Services (2006, amended):** regulates care provision.
- **Labour Code (2017, amended):** guarantees maternity, paternity, and parental leave, flexible work, and family-related protections.

3.3.3 Insights from the field

Field research confirmed strong gendered assumptions in LTC. Over **80% of respondents** associated care work with women, and only **9%** believed men are encouraged to pursue the sector.

Employers reported that men in care jobs are often confined to technical roles, while intimate care is

At a glance

★ **Formal LTC workforce:** 86.7% women (2023).

★ **Informal caregiving impact:** 24% of women reduce or leave employment due to care, vs 6% of men (2022).

★ **Care sector wages:** ~20% below national average.

★ **Parental leave:** Both parents eligible, but only 8% of fathers take it (2022).

★ **Demographic trend:** Rapid ageing increases demand for care, especially in rural areas.

assumed to be a woman's domain: *"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."*
Social service coordinator

Women care workers described undervaluation and limited career progression: *"We do essential work, but society still treats us like babysitters, underpaid, under-respected."* Care worker

At the societal level, caregiving continues to be seen as a natural role for women. As one participant put it: *"Men fix the building. Women fix the people."*

3.3.4 Challenges

- Entrenched stereotypes, with caregiving seen as women's duty.
- Low participation of men
- Undervaluation of care, with wages 20% below national average; poor career progression.
- Insufficient support for informal carers
- Rural areas lack resources to apply gender-sensitive practices.

3.3.5 Promising practices

"Tėčiai atostogose" (Dads on Leave) campaign: national media campaign encouraging fathers to take parental leave, promoting active fatherhood and shared responsibility. Early results show rising awareness and modest uptake

3.4 Greece

3.4.1 National context

Care in Greece is **highly gendered**: women predominate in paid care (70%) and in unpaid family care (71%). Consequences include **lower employment, pay gaps, and limited access to flexible work**, pushing many women out of the labour market. Despite alignment with EU equality and work-life balance directives, **implementation remains weak**. The **ergósimo** voucher sought to formalise domestic work, but care jobs frequently remain **precarious and undervalued**.

Leadership gap inside a feminised sector: even where women form the majority, men are **overrepresented in managerial roles**, underscoring persistent vertical segregation.

3.4.2 Legal and policy framework

- **Constitution (Arts. 4 & 22)**: equality and equal pay for work of equal value.
- **Directive (EU) 2019/1158** (transposed): carers' leave, paternity leave, flexible work.
- **Law 4808/2021**: 14 days paid paternity leave, 5-day carers' leave, emergency leave, etc.
- **Law 4604/2019**: gender equality & GBV prevention; gender mainstreaming.
- **Law 4443/2016**: anti-discrimination; Greek Ombudsman as enforcement body.
- **Law 3863/2010 – ergósimo**: work-voucher to formalise domestic care (limited uptake).

The toolbox exists; the **gap is enforcement and uptake**, ensuring carers actually use new rights, informal work becomes formal, and employers adopt **flexible schedules** without penalising workers.

3.4.3 Insights from the field

Care roles are still **associated with women**; men rarely apply and face stigma in intimate care tasks. Policies are **informal/unevenly applied**; few gender audits or targeted recruitment for men.

Formal and informal carers describe **emotional & physical strain**, limited recognition, and **blocked**

At a glance

- ★ **Formal care workforce**: ~70% women in Health & Social Care Services (2021).
- ★ **Informal care**: 71% women caregivers of older persons/people with disabilities (2024).
- ★ **Care intensity**: Daily/nearly daily care: 13% women, 6% men (below EU average by 2–4 pp).
- ★ **Employment among informal carers**: 21% women vs 31% men employed;
- ★ **Unmet needs for professional home care**: ~60% of both women and men (2024).

progression. Balancing care and work is “nearly impossible” without flexibility. **“I never pursued a supervisory role, because it requires travel and long hours I simply can't do.”** Caregiver

Awareness of **supports** beyond basic leave is low; **respite** and household help were flagged as major gaps. Moreover, generational norms and limited public awareness sustain the idea of care as **women's responsibility**, marginalising men carers. **“Men expect to work, women are expected to care.”** Caregiver

3.4.4 Challenges

- **Patchy implementation** of a strong legal framework; weak enforcement.
- **Undeclared labour** persists despite ergósimo.
- **Limited flexible work** and stalled progression for women in care.
- **Low visibility and support** for informal care; unmet home-care needs remain high.

3.4.5 Promising practices

Personal Assistant Programme (Greece). Public support (up to €1,663/month) enables people with disabilities to **hire trained personal assistants** from an official registry. Initially funded by the Recovery and Resilience Fund, transitioning to **NSRF** from 2025. Includes **free training** for assistants and **nationwide expansion**.

3.5 Slovenia

3.5.1 National context

Slovenia is **rolling out** a comprehensive LTC reform (**ZDOsk-1**) focused on personalised support, independence, and **home-based living**. Rights include **home and institutional care, employed family carers, cash benefits, e-care, and preventive services**. Early implementation started in 2024 with the **employed family member** provision (training required; co-residence and fitness criteria). Data on total uptake and **gender distribution** are still emerging; the responsible ministry regularly publishes application figures.

Gender imbalance is **structural**: estimates suggest **~88–90% women** in LTC; in home assistance, **95.8% women** and an **ageing workforce**. Some segments (personal assistance; institutions for adults with developmental disorders) show **slightly higher shares of men (~20%)**, while **no men** were found among public patronage home-care nurses.

3.5.2 Legal and policy framework

- **Equal Opportunities Law** (2002 updates); Protection Against Discrimination Act (2016/2018); Advocate of the Principle of Equality as the independent body.
- **Employment Relationships Act / Penal Code**: protections against discrimination, harassment.
- **Resolution on Equal Opportunities 2023–2030**: stronger work–life balance; Goal 4 targets more equal sharing; Action 4 supports informal carers.
- **ZDOsk-1, Art. 22**: defines rights of employed family members (income compensation, social insurance, planned absences, training/advice).

3.5.3 Insights from the field

Most employers (87%) recognise **stereotypes influence employment**: 63% see “care is women’s work” as prevalent; ~40% perceive **stigma for men** in care (especially **intimate hygiene**). There is no explicit gender-equality policies; all face **staff shortages** and welcome men applicants, but they rarely apply. Men reportedly take **less care leave**.

At a glance

- ★ **Population**: ~2.13 million (2025).
- ★ **People receiving subsidised LTC (2022)**: 74,283 - 31% in institutions, 38% at home, 30% cash only.
- ★ **LTC workforce**: ~88–90% women.
- ★ **Home assistance carers (2023)**: 1.188 employed; 95.8% women; average age 48.9.
- ★ **New framework**: Long-Term Care Act (ZDOsk-1, 2023) from 2024 (incl. employed family member right).

Care professionals worry about **time pressure** and **short staffing**. **35%** feel gender affects care roles (but not work tasks or payment); **52%** think care is perceived as women’s work; but **career obstacles for women** were cited by 41%. **Informal carers** face high **burden** alongside work/childcare; **60%** report **no support**; 70% believe intensive informal care should be **financially compensated**; many call for **flexible work, temporary job freezes, training, and rehabilitation/physiotherapy** support.

Societal attitudes show strong preference for **ageing at home**; **82%** view LTC as a **shared social responsibility**. Yet **84%** feel care is **undervalued/underpaid**; most want at least **pension credits** and better state support.

3.5.4 Challenges

- Severe staff shortages and burnout.
- Persistent stereotypes (men in intimate care).
- Low visibility of men carers.
- Implementation unknowns as ZDOsk-1 scales

3.5.5 Promising practices

Preparing care recipients for a new carer (Slovenia).

Before introducing a **new (especially men) carer**, services hold **preparatory conversations** with the care recipient (and family) to discuss expectations and concerns, aimed at **reducing anxiety**, improve acceptance, and **ease induction** for men carers.

3.6 Finland

3.6.1 National context

Finland is often cited as a **gender equality leader**, yet in the **care sector persistent disparities** undermine progress. Occupational segregation and pay gaps are still evident: women cluster in undervalued, high-pressure care roles, while men are underrepresented. At the same time, demographic shifts - rapid ageing, declining fertility, and a shrinking working-age base - are intensifying care needs, with mounting pressure on formal and informal systems.

The government has restructured health and social services under **wellbeing services counties (Act 612/2021)** to centralise provision, but gaps are noted in resources and staffing. Migrant and younger workers are increasingly needed to maintain continuity. National strategies frame care both as an **essential service** and a **gender equality issue**, with reforms such as the **Family Leave Reform (2022)**.

3.6.2 Legal and policy framework

- **Equality Act (609/1986) & Non-Discrimination Act (1325/2014):** ban discrimination; require equality plans (≥ 30 employees); oversight by the **Ombudsman for Equality and Non-Discrimination and Equality Tribunal**.
- **Family Leave Reform (1 Aug 2022):** 160+160 parental allowance days model; **5-day carers' leave**; early stats show rising fathers' uptake.
- **Working Time Act (872/2019):** flexitime, "flexiwork," working-time accounts.
- **Act on Support for Informal Care (937/2005):** statutory municipal support.
- **ECEC Act (540/2018) and Home/Private Care Allowance Act (1128/1996):** key care-policy levers with gendered impacts.
- **Disability Services Act (675/2023).**

3.6.3 Insights from the field

Employers/HR value equality, yet leadership remains **men-dominated**; hiring sometimes skews to men to "balance" teams. Care work is perceived as **undervalued** relative to its technical, emotional, and

At a glance

- ★ **Demographic pressure:** by 2070 elderly will outnumber youth. Fertility rate at 1.25 (2024), raising concerns for future care systems.
- ★ **Parental leave reform (2022):** Created an equal 160 + 160-day model, but 79% of days still used by women.
- ★ **Occupational segregation:** Care sector heavily feminised; men concentrated in leadership.
- ★ **Informal carers:** Support formalised via Act 937/2005, but respite and coverage vary.

relational demands. *"Despite the skills and responsibility, society still sees care as low status."* Care worker

Understaffing, administrative burden, and turnover heighten stress and erode person-centred practice. **Care workers** report low pay for high responsibility, fatigue, and emotional load, but appreciate **flexible scheduling**, supportive teams, and access to **mental-health services**. **Informal carers** balancing paid work and care cite limited **respite** and long-term support; centralised structures can create **geographical inequalities**.

3.6.4 Challenges

- **Persistent gender imbalance in leave:** gradual increase in men's use of new parental schemes.
- **Staffing deficits,** high turnover, and bureaucracy.
- Limited, uneven **access** (esp. rural).

3.6.5 Promising practices

Working-time banks & flexible arrangements: let staff bank hours for leave/shorter weeks - recovery, retention, attractiveness.

Pay-equity via sectoral collective agreements (SOTE/KVTES, 2022–2025): structural increases, clearer job evaluation - raises status & narrows gaps.

Early-support ("Varhainen tuki") model: supervisor, employee talks to address strain early.

3.7 Austria

3.7.1 National context

Austria's care system reflects a strong **familistic orientation**, where relatives, mostly women, provide unpaid care. By 2050, demographic projections indicate a sharply ageing population, making care demand a central social challenge. Informal caregiving remains essential: 40% of care allowance recipients are exclusively supported by family.

Formal care is marked by feminisation, low societal recognition, and increasing reliance on migrant workers, particularly in home-based 24-hour models. Rural regions show **significant disparities** in access to professional care, leading to uneven support across the country.

3.7.2 Legal and policy framework

- **Pflegegeldgesetz (2021):** Provides universal care allowance with 7 levels of support.
- **Heavy Work Regulation (2025):** Care workers under "heavy labour," earlier retirement (60 yo).
- **Care leave & part-time care leave schemes:** financial benefits covered.
- **Equal Treatment Act:** Prohibits workplace discrimination; exceptions for intimate care.
- **Non-monetary services:** Mobile, semi-residential, and residential care available.
- **Informal carers' rights:** Pension and health insurance coverage, respite services, etc.

3.7.3 Insights from the field

According to **employers and HR departments**, the greater the degree of hands-on patient care, the higher the proportion of women in those roles; men are fewer in mobile and intimate care. Stereotypes about "women's work," low societal appreciation, and pay perceptions deter men; **role-model scarcity** and discomfort around intimate care reinforce gaps. Some organisations may **favour qualified men** when few apply. Flexibility is limited in face-to-face roles, though rosters and reduced hours can help; telework applies mainly to administrative tasks.

At a glance

- ★ **Demographic pressure:** By 2030, an additional 76,000 care workers will be needed.
- ★ **Care workforce imbalance:** >80% of formal carers are women. 24-hour home care strongly depends on migrant workers.
- ★ **Part-time divide:** 50.6% women vs 13.4% men work part-time; caregiving is the main reason.
- ★ **Informal caregiving burden:** ~947,000 Austrians provide unpaid care - 73% are women.
- ★ **Support measures:** Pflegegeld - care leave benefits, pension coverage, and family caregiver bonus.

Care workers stress invisible household tasks often falling to women, hesitancy of some men around intimate care, and variable negotiation confidence over pay/progression. **Informal carers** describe heavy coordination, little leisure time, and restricted social participation. One informal caregiver reported that she is often asked about her profession, though caring for her son with a disability and 2 other children already fills her daily life. This lack of recognition has an impact on self-esteem.

3.7.4 Challenges

- **Workforce shortages** (76k by 2030); heavy reliance on **migrant labour**.
- **Low recognition** and persistent **gender norms**
- **Part-time trap** for women; uneven **regional access** and administrative complexity.
- Supports for informal carers exist but are **difficult to access**; awareness remains limited.

3.7.5 Promising practices

Heavy Work Regulation inclusion (2025): acknowledges psychological and cumulative burdens; **earlier retirement** pathway
Burgenland Employment Model (and Graz pilot): **formal employment** for family carers with social insurance, pension contributions, basic training
Civilian Service (Zivildienst): early, hands-on exposure for young men to social care

4. Cross-country conclusions & policy recommendations

4.1 Common trends and national differences

The study across the 7 countries reveals shared structural barriers but also distinct national pathways in the pursuit of gender equality in LTC.

Across all contexts, **care work remains highly feminised**. Women account for over 2/3 of the formal workforce everywhere, and their predominance is **even stronger in informal family care**. This reflects persistent gender norms, but also institutional choices: in countries such as **Italy and Austria**, policy still assumes families will absorb much of the care burden. By contrast, **Finland and Spain** are moving toward more universalist models, embedding care as a collective responsibility.

A second shared trend is the **undervaluation of care work**, both socially and economically. Wages are disproportionately low relative to the skills, emotional labour, and physical effort required. While **collective agreements** in **Finland** have introduced structural pay adjustments, elsewhere wage stagnation persists. **Austria's Heavy Work Regulation reform** and **Slovenia's new LTC Act** demonstrate attempts at recognition, but their impact depends on sustainable implementation and monitoring.

Informal care is another striking commonality. In all countries studied, unpaid family carers - mainly women aged 40/65 - play a crucial role in sustaining LTC systems. Yet recognition and support vary. **Spain's Foundations for Care document** and **Austria's caregiver bonus** offer concrete forms of institutional acknowledgment, while in **Lithuania and Greece**, informal care remains largely invisible in policy, particularly in rural areas.

Differences also emerge in the degree of integration and enforcement. **Finland** has one of the **most coherent frameworks**, combining municipal support for informal carers with equality planning obligations for employers. **Slovenia** is in the **midst of a systemic reform**, which could rebalance provision but risks

reinforcing traditional roles if not monitored. **Greece and Italy** show the **widest implementation gaps**: legal tools exist, but enforcement is weak, services patchy, and regional inequalities significant. **Austria** demonstrates a **strong system of benefits**, but reliance on migrant 24-hour carers raises concerns.

Finally, the **participation of men** remains limited everywhere, although the reasons differ. In **Finland and Spain**, **cultural stigma** is slowly weakening, supported by **reforms in parental leave and awareness campaigns**. In **Italy, Greece, and Austria**, however, care continues to be **socially coded as women's work**. **Slovenia** illustrates both the persistence of stereotypes and the possibility of cultural change, with evidence that men in childcare are increasingly accepted, while in LTC their presence remains marginal.

In short, while all countries share the same structural challenges, their responses diverge.

4.2 National & EU policy recommendations

At EU level

- **Harmonise recognition of informal carers** through pension credits, min. leave standards, and EU-wide portability of carers' rights.
- **Targeted funding**: Expand ESF+ and EU4Health programmes to support training, respite services, and gender-sensitive recruitment.
- **Monitoring & enforcement**: Strengthen the role of the European Labour Authority in overseeing compliance with Directive (EU) 2019/1158 on work-life balance.
- **Knowledge transfer**: Scale up best practices; e.g., Finland's working-time banks, Slovenia's induction protocols for men carers, Austria's Burgenland model for employing family carers.

National level priorities

- ★ **Italy**: Shift from cash allowances to integrated community-based services; strengthen local enforcement of carers' leave; introduce pension credits for unpaid care.

★ **Spain:** Consolidate the State Care System; fully implement Organic Law 2/2024; ensure regional equality; mainstream gender-sensitive governance in care provision.

★ **Greece:** Scale up and evaluate the Personal Assistant programme; formalise domestic care via stronger labour inspectorates; incentivise men's uptake of leave.

★ **Lithuania:** Expand rural care services and respite; create skills-validation pathways from informal to formal care; implement targeted measures to reduce women's career penalty.

★ **Slovenia:** Ensure gender-sensitive monitoring of ZDOsk-1; assess the labour-market impacts of "employed family members"; promote awareness campaigns to attract men.

★ **Finland:** Deepen pay equity reforms; expand flexible work models and working-time banks; scale up municipal support to prevent caregiver burnout.

★ **Austria:** Address dependence on migrant 24-hour carers; expand employment models for family carers; simplify access to financial benefits; strengthen campaigns to attract men into care.

5. References

The content of this document is based on the ***Insight Report on gender stereotypes in care***, developed under the EQUAL-CARE EU-funded project

6. Project partners

- **EASPD** - European Association of Service providers for Persons with Disabilities (Belgium)
- **CESIE ETS** (Italy)
- **Eurocarers** – European Association Working for Carers (Belgium)
- **Asociacion 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)

Note: Partners representing a European umbrella organisation based in Belgium participated in the research by providing EU-level insights, promoting field research activities, and reviewing content.

