

THE GENDER DIMENSION OF INFORMAL CARE

ABSTRACT

Across the EU, 80% of care is provided by informal carers. A majority of them are women as informal carers are typically spouses, middle-aged daughters or daughters-in-law, aged 45 to 75. A redistribution of care responsibilities between men and women, as well as between the family and the State has become more critical and urgent than ever before.



EUROCARERS

EUROPEAN ASSOCIATION
WORKING FOR CARERS

The issue at stake

Across the EU, 80% of care is provided by informal carers¹. A majority of them are women as informal carers are typically spouses, middle-aged daughters or daughters-in-law, aged 45 to 75².

Across OECD countries, more than one in ten adults aged over 50 provides informal help with personal care to an elderly, sick or disabled person. Close to two-thirds of such carers are women, typically caring for close relatives such as their parents or spouse. (Source: Organisation for Economic Cooperation and Development – OECD, 2011)

Not only do women outnumber men – in most age groups –, **care is also provided in gendered ways**. More women than men provide more demanding and intensive forms of daily caring, such as bathing and dressing, care with incontinence and walking, and with relatively complex tasks including dressing changes, assistance with medical equipment and the administration of multiple prescription medication. Men's contribution, on the other hand, is much more likely to be concentrated in care management or household maintenance, shopping or transportation³.

1 According to a report by the European Institute for Gender Equality (EIGE), in 9 Member States less than 10% of dependent elderly receive formal care, more than 50% of dependent elderly receive informal care in 19 Member States. EIGE, Review of the Implementation of the Beijing Platform for Action: Women and Economy, 2011 <http://eige.europa.eu/rdc/eige-publications/reconciliation-work-and-family-life-condition-equal-participation-labour-market-main-findings>

2 Caregiving tends to decrease at older ages, with a smaller percentage of carers being present at age 75 and above, probably being related to health limitations. At the same time, the gender distribution of carers change with age: relatively more males are carers among the 75-years old and above. This can be explained with a structural effect: for men above 75, the probability to live with a partner are higher and this increases the probability to care for each other.

3 This means that women are more likely to provide the care that is daily and inflexible, while men provide care that can be more easily planned and organised around paid work.

EIGE's Gender Equality Index shows that the unequal distribution of care and domestic responsibilities between women and men remains the most problematic area in the EU in terms of gender equality.

The Gender Equality Index – focus on the time domain

The Gender Equality Index is a composite indicator that measures the complex concept of gender equality and, based on the EU policy framework, assists in monitoring progress of gender equality across the EU over time.

The six core domains (work, money, knowledge, time, power and health) of the Gender Equality Index assign scores for Member States between 1 for total inequality and 100 for full equality.

The domain of time measures gender inequalities in allocation of time spent doing care and domestic work and social activities. The first sub-domain, concerned with care activities, measures gender gaps in involvement of women and men in caring for and educating their children or grandchildren, older and disabled people, as well as their involvement in cooking and housework. The second sub-domain explores how many women and men engage in social activities.

In the EU, in 2015, the scores in the domain of time reveal **persistent and growing gender inequalities in women's and men's time use in Europe**. With a score of 65.7, the domain of time has the third lowest score in the Gender Equality Index.

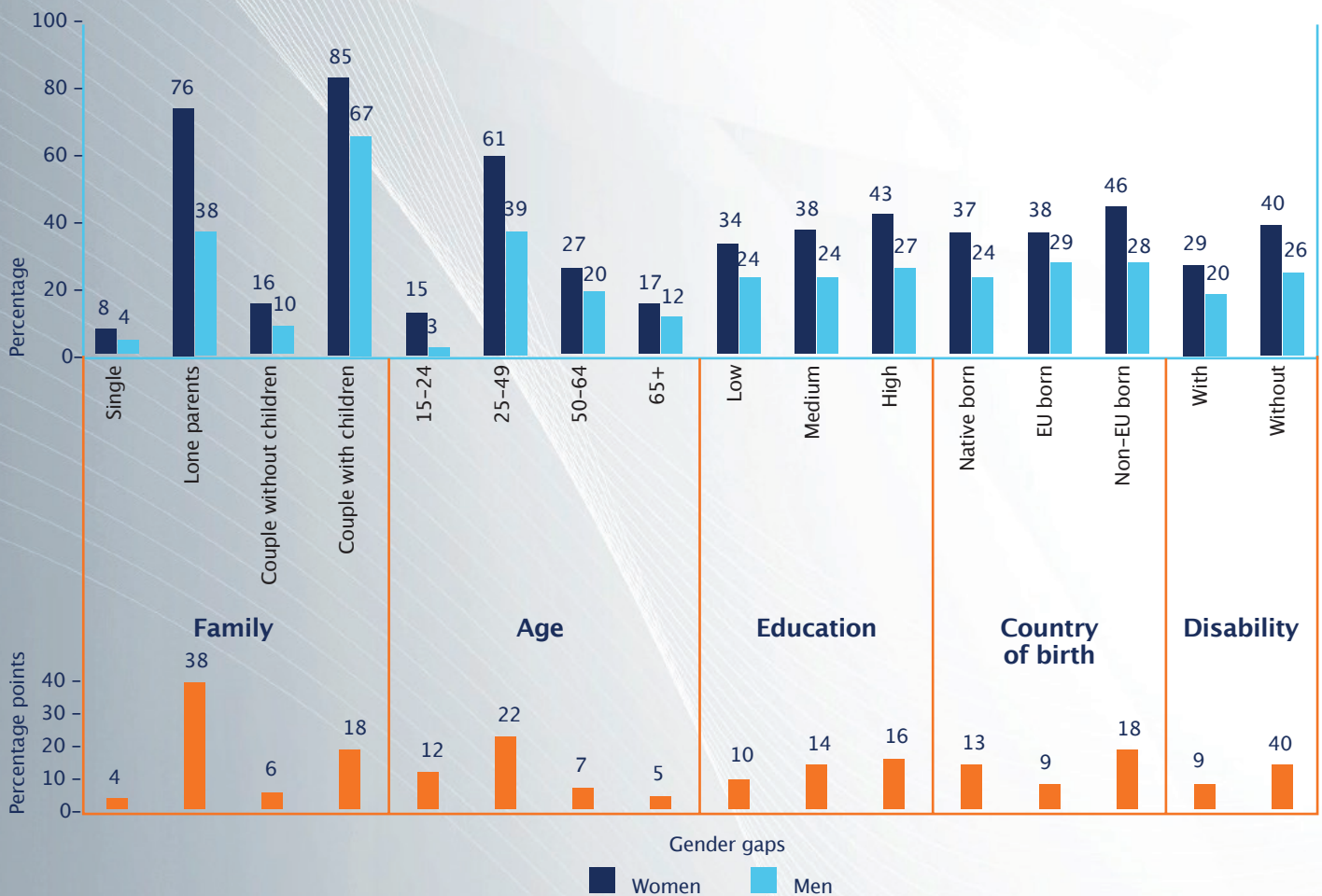
The score in 2015 was 1 point lower than in 2005 and a further 3.2 points lower than the score of 2012. This shows that overall in the EU-28, changes in the organisation of time between women and men are not linear and that **in 2015 the situation has become more unequal than it was ten years ago**.



Domain	Sub-domain	2005	2010	2012	2015
Gender Equality index		62,0	63,8	65,0	66,2
Time		66,7	66,3	68,9	65,7
Time	Care activities	69,9	67,3	72,6	70,0
Time	Social activities	63,6	65,4	65,4	61,6

Source: Gender Equality Index 2017 – Measuring gender equality in the European Union 2005–2015

Population involved in care at least 1 hour per day by sex, family type, age, level of education, country of birth, disability status (18+ population, %), and gender gaps, EU-28, 2016



Source: EIGE's calculation, Eurofund, EDLS.

The root causes

When investigating the causes of the gender dimension of informal care (in order to identify the possible solutions), one cannot abstain from adopting a life course perspective and from considering care as a continuum over the lifecycle.

The traditional “male breadwinner/female carer” model

The **traditional care model** has been based on the male breadwinner/female carer family model in which men earn the family wage and provide while women are confined at home to deal exclusively with domestic tasks, especially caring activities.

Nowadays, unpaid care work is still primarily seen as a women’s responsibility and is unequally distributed between men and women, with women typically spending disproportionately more time on caring activities and on housework⁴.

Public policies reinforcing the traditional care model

A complex institutional framework around labour market and social protection has been guaranteeing the functioning of this traditional care model for more than three decades. Modern welfare states have shaped the needs and rights related to caring activities accordingly, perpetuating thus a **gendered citizenship**⁵. For instance, tax benefit systems or the lack of investment in quality care services (childcare and long-term care) have disproportionately affected women. See infra.

The consequences

Caring responsibilities and workforce participation: the gender employment gap

The unequal distribution of caring responsibilities between women and men over the lifecycle explains some structural features of the female employment, such as its concentration in some sectors (“glass walls”), the gender employment gap⁶, the gender wage gap (which amounts to 16% on average in the EU), higher temporality and extent of part-time jobs among women⁷.

A report commissioned by the European Commission⁸ argues that significant negative effects on employment resulting from caring responsibilities are found almost only for female carers. These negative effects are also associated with the provision of high intensity care (20 hours per week or more) and are particularly prevalent when the carer lives with the person they are caring for.

Because of caregiving responsibilities, women unwillingly reduce their working hours or drop out of employment.

Almost one-third of women who have a job work part-time, compared with only 8% of men. This is partly due to women taking more responsibility for household duties than men do. On average, working women in Europe spend 26 hours a week on unpaid caregiving, compared with nine hours for the average working man⁹.

Caring responsibilities and financial implications: the gender pay and pension gaps

In the light of the above-mentioned data, it is clear that the unequal distribution of caring

6 Gender employment gap is recorded in all EU Member States, varying from 1.5% of Finland to 25.6% of Malta.

7 Due to occupational segregation, the sectors of the economy where women work are also characterised by low pay. For example, the professionalised care sector, which comprises a majority of women, is characterized by low pay and part-time work.

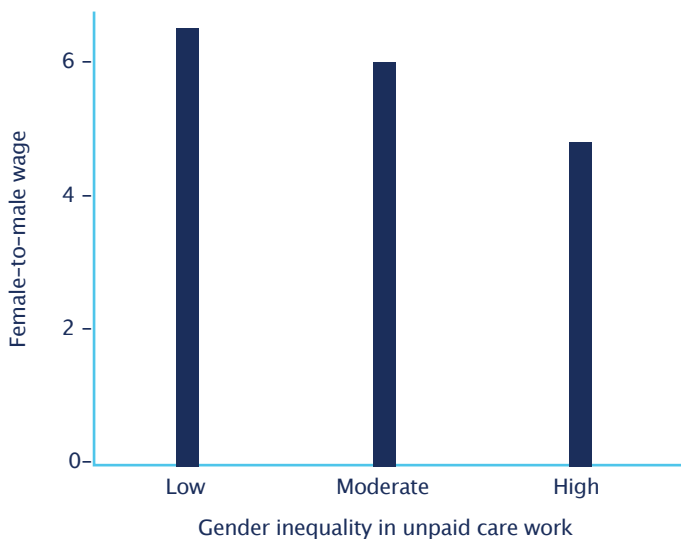
8 The indirect costs of long-term care, European Commission, 2013

9 A holistic approach to the provision of care: a key ingredient for economic independence, Annelie Nordström.

4 Eurofound, European Working Conditions Survey.

5 Fondazione Brodolini.

Higher inequalities in unpaid care work, higher inequalities in wages.



Note: This chart presents the positive relationship between the estimated gender hourly wage gap and the female-to-male ratio of time devoted to unpaid care activities, controlling for GDP per capita, fertility rate, urbanisation rate, maternity leave and gender inequality in labour force participation, unemployment and education. Low inequality: female-to-male ratio ≤ 2 ; $2 < \text{moderate} \leq 5$; and high ≥ 5 .

Source: World Economic forum, World Bank (2014), World Development Indicators and OECD (2014), Gender, Institutions and Development Database.

responsibilities between women and men over the lifecycle is also one of the drivers of the gender pay gap. A cross-country analysis indicates that in countries where women spend a large amount of time on unpaid care and where there is a large gender gap in the amount of time spent caring, the gender gap in hourly wages is also higher¹⁰.

As to the explanations of the gender pay gap in the specific case of people caring for a dependent person (elderly or disabled), one can apply the same considerations than for childcare responsibilities¹¹, namely:

- Due to the unequal share of caring responsibilities, women have more career interruptions or work shorter hours than men. This undermines their human capital (as their knowledge might become obsolete), has a negative impact on their career development and promotion prospects. It also means less financially rewarding careers and less economic independence.

¹⁰ In countries where women spend twice as much time as men in caring activities, they earn only 65% of what their male counterpart earns for the same job. This drops to 40 % when women are spending five times the amount of time on unpaid care work. Source: OECD.

¹¹ Agir contre les écarts de salaires entre hommes et femmes. Prendre en compte le cas des aidantes informelles, Ligue des droits de l'homme, 2016.

- The struggle for women to reconcile care responsibilities with paid employment can lead to “occupational downgrading”, where women choose employment below their skills (these low-skilled jobs are also low-paid jobs).
- Caring duties – especially when heavy or intensive – are frequently associated with stress, anxiety and fatigue, which may in turn cause a loss of motivation and a decrease in performance at work. Such a decrease may affect women’s career, prospects of advancement and salary.
- Employers may also discriminate against women when they are identified as potential or actual caregivers. A vicious circle is thus put in motion: the reduction of women’s participation on the labour market as a result of their caregiving responsibilities acts as a disincentive for employers to invest in their female workforce. It is interesting to note that these discriminations, if embedded at system level, can be internalised by women who then curb their ambitions and requests (about promotions or salary raises), as they anticipate a negative answer.



Consequently, long-term care responsibilities tend to aggravate the gender pay and pension¹² gaps – already present because of childcare responsibilities. Overall, because of the unequal distribution of domestic and care work between women and men at household level, women experience income drops, loss of economic autonomy, increase dependency on men and/or the state (social benefits) and a greater risk of poverty than men (including in-work poverty related to involuntary part-time).

Caring responsibilities and the impact on women's health

International research has provided evidence that, due to the gendered patterns of caring duties highlighted above, caregiving primarily negatively affects the health of women rather than men (Morris, 2001). This situation seems to be linked to women's greater propensity to care for longer hours, be involved in more intensive and demanding activities and reduce their non-caregiving activities at the same time, such as employment and respite participation¹³.

Why action is needed

The social imperative

Human rights and gender equality considerations¹⁴ call for the provision of genuine equal choices for women and men throughout the different stages of their lives, so that they can use their time as they see appropriate and can equally develop their potential¹⁵.

12 In the EU, the gender pension gap is 40%.

13 These changes often result in increased stress caused by financial instability and social isolation. In this sense, work is not merely a source of income that ensures adequate living standards, but it is also a major mechanism for social inclusion.

14 Gender equality is enshrined in the Charter of Fundamental Rights of the European Union and it is a key part of the Treaties. These European dispositions are in line with international standard (inter alia, The Convention on the Elimination of All Forms of Discrimination against Women, the UN's 2030 Agenda for Sustainable Development, ILO Conventions on Workers with Family Responsibilities).

15 The unequal distribution of unpaid care between women and men represents an infringement of women's rights (UN, 2013) and a brake on their economic empowerment.

The economic imperative

Inequalities between women and men not only violate fundamental rights, they also impose a heavy toll on the economy: women's under-representation in the labour market is a sub-optimal allocation of the skills and competences they have acquired through education¹⁶ and consequently a waste of resources for the EU economy. Yet, EU statistics show that the proportion of women aged 30–34 that had attained tertiary education in 2016 exceeded that for men by 9.5 p.p. So, there is a clear loss of potential here¹⁷.

The economic loss due to the gender employment gap amounts to 370 billion Euros per year, corresponding to 2.8% of the EU's GDP¹⁸.

The EU has highlighted at different occasions the potential contribution of gender equality to economic growth, sustainable development and the achievement of the Europe 2020 objectives. In particular, the goals of achieving 75% quality employment rate and reducing the share of population living in poverty will not be achieved without efforts to ensure more women have access to the labour market and this in turn is hampered by an inadequate distribution of caregiving responsibilities between men and women, particularly in the context of an ageing population.

The unsustainability of the traditional care model

According to some authors¹⁹, as a result of the push towards an increase of women's entry into paid work, the whole framework built to maintain the traditional care model is now crashing. Indeed, the evolution of women's role in caring and in the labour

16 Women make up 60% of third level graduates in the EU.

17 [Eurostat Gender statistics](#), 2016

18 Eurofound. This is the sum of the resource costs, which represent forgone earnings and missed welfare contributions of individual to society, and public finance costs, comprising individual welfare transfers and social benefits. For further analysis of the economic benefits of gender equality, see the EIGE Report "Economic Benefits of gender equality in the European Union".

19 Carrasco, 2004.

market has not been accompanied by the transformation of men’s role at home, nor by an adequate increase of the public provision for care. As a result, fewer women would be available to care for as much time as before²⁰ and this would be particularly problematic given the increasing demand in age-related long-term care.

The scenario explored by these authors is nevertheless unlikely to take place. Indeed, the increase in women’s participation in paid work in recent years has not resulted in a commensurate decline in their non-market work. On the contrary, women often work a “second shift” (Folbre, 2006). As time is a limited resource, the explanation has to be

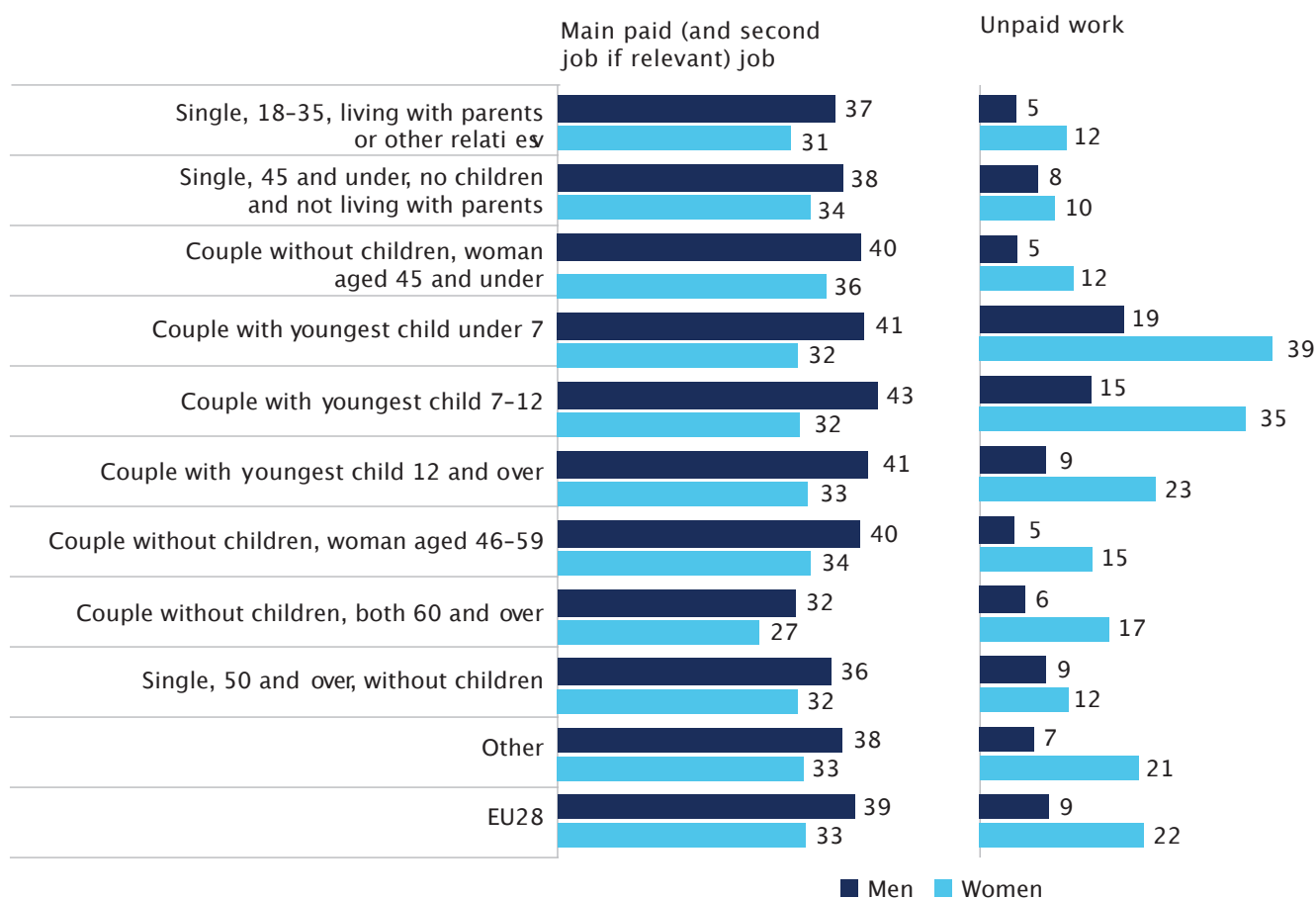
20 Brodolini, 2011.

found in the fact that women trade off on their personal care and leisure time in order to fulfil their domestic and care responsibilities in addition to their paid work. This means that women will continue to provide care, but the pressure related to the need to juggle work and care is destined to increase, thus compromising the sustainability of current care systems.

Resolute investments in support measures to carers and integrated, community-based (long-term) care are thus essential to prevent this unsustainable pressure.

Working women spend on average 22 hours per week in unpaid work, while working men spend fewer than 10 hours (Eurofound, 2015).

Paid and unpaid working time, by household composition and gender (hours per week), EU28



The solutions

Given the above considerations, **a redistribution of care responsibilities between men and women, as well as between the family and the State has become more critical and urgent than ever before.** At Member States' level, the main policy responses to the reduction of the gender inequalities in the provision of caring activities can be split in four broad groups.

Improving the quality, affordability and access to long-term care system

In the last few years, effort have already been made to reduce gender inequalities through improving the accessibility and the quality of the caring services, infrastructures and institutions. But these need to be maintained and strengthened to achieve gender equality while addressing EU's ageing challenge. The availability of care services (for children and other dependent person) is indeed a crucial factor affecting carers (and especially women's) opportunity to participate in the labour market.

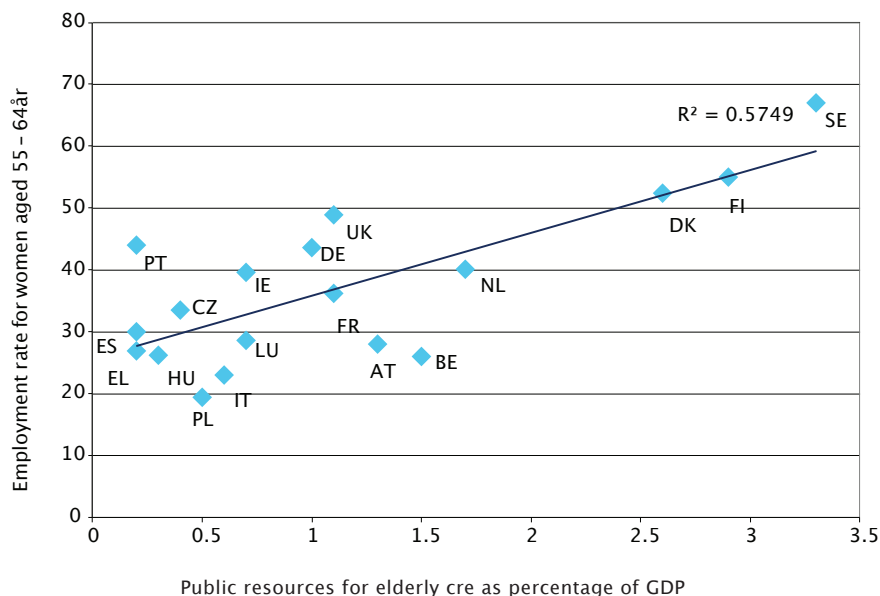
Even though there is a clear correlation between female labour force participation rates, notably at ages 55–64, and the extent of access to long-term care provision, there is nothing in this field similar to the EU's Barcelona objectives/targets for childcare. Nor is there any EU monitoring system regarding the progress made in the coverage, access and affordability of long-term care systems, as there is for the Barcelona targets²¹.

Almost one third of women with care responsibilities in the EU27 were inactive or worked part-time due to the lack of care services for children and other dependent people in 2009 (EU Commission, Report on Equality between Women and Men in 2009)

The OECD has shown that the more a country invests public resources into caring for the elderly, the more women aged 55–64 have access to paid work. The provision of care for the elderly, like childcare, makes it possible

21 The Barcelona objectives were set in 2002 by the European Council to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age, and at least 33% of children under 3 years of age. These objectives, seven years after the expected date of achievement, are still not reached in most EU countries. See also http://ec.europa.eu/justice/gender-equality/files/documents/130531_barcelona_en.pdf.

Elderly care and middle-aged women's opportunities for paid work



Middle-aged women's gainful employment and public resources for elderly care as percentage of GDP in a number of EU countries 2005–2007. Sources: EUROSTAT, OECD

Elderly care is a social infrastructure that must be included in analyses to achieve gender-equal economic independence in Europe.

for those with such responsibilities to find and retain a job.

In addition to its employment effects, the expansion of long-term care services can have a positive impact on the well-being and health of carers and of their dependants. It also has the potential to lower the physical and psychological burdens of elderly care that are becoming more prevalent among carers as the EU population ages.

Improving the design and gender-balanced take-up of family-related leaves and flexible working arrangements

Policy responses have also – timidly – attempted to improve, from a gender perspective, the prevailing policy frameworks that have ensured the functioning of current care models. The labour legislation and regulations have for example been updated with the objective of improving the reconciliation of work and family life.

The two main measures explored concern leaves²² and flexible working arrangements. Yet, such policies may reinforce further the traditional distribution patterns of caregiving responsibilities with women remaining as primary caregivers if they are developed in isolation and are not accompanied by cultural, financial and employment measures encouraging men to take on a greater share of the care work. Women indeed tend to disproportionately make use of such leaves and policies, for two sets of reasons:

First of all, in the absence of cultural measures aimed to engage men in caring responsibilities, even when policies allow or encourage women to change the nature of their participation in employment or their working time, inequalities tend to remain at home and in their contribution to home life.

Secondly, when couples have to decide on who will take a leave or reduce working hours in order to care for a dependent person, it is often women who step in for economic

reasons. Indeed, as women's participation in the labour market is still more erratic (with more presence in part-time work arrangements, temporary contracts, etc.) and the gender pay gap still is a core feature of the labour market, it is more problematic for a couple to cope with the loss of the man's – higher – salary than the woman's one. Moving from the family to the systemic level, similar considerations apply: given that men – due to their higher salaries – contribute more than women to the pension system and unemployment benefits are related to previous earnings (lower in the case of women), policy makers may be tempted not to challenge – but rather to reinforce – the traditional care model. This means that, as long as the labour market is characterised by gender wage gaps and significant occupational, vertical and horizontal segregation, the **opportunity cost of unpaid work** (the cost of women choosing unpaid care responsibilities over paid work) **is lower for women than for men**, both in terms of the salary perceived and of the potential benefits.

As a result of the above, it is important to improve the design and take-up of family-related leaves and flexible working arrangements in a gender-balanced fashion. For instance, in the case of carer's leave, the remuneration of the leave and the way in which the financial benefit is paid (flat-rate vs. income-related) can have a huge impact in terms of gender equality. In addition to this – and to ensure that social justice is achieved when it comes to the position of women in the labour market – governments should seek to address the core of the problem, by promoting policies that reduce gender pay gaps and gender segregation in employment.

Moreover, care credits should be introduced for both women and men to offset breaks from employment taken in order to provide informal care to family members and these should be fully covered by social protection (health, accident, unemployment insurance) and counted towards pension entitlements.

22 21 Member States have provisions for carers' leave, ranging from short leaves periods – allowing workers several days off to accompany family members to medical appointments – to longer-term leave periods to allow them to directly care for family members.



Addressing economic disincentives for carers to work

An element that is often overlooked is how tax systems and family policies can be designed to support gender-equal economic independence.

Policies that seem gender neutral can actually reveal gender blind. For instance, a number of Member States have tax benefits systems in place that disincentives the lower-earning partner in the couple (referred to as ‘second earners’) to work, by making employment or increased working hours for that partner financially less advantageous. When coupled with high costs of care services, high tax rates as well as reduced benefits for second earners in a household, this can exacerbate the financial disincentives for women’s access and continued participation in the labour market. Therefore, in order to ensure women’s economic independence, it is crucial the individualization of tax regimes, that is the creation of a family taxation regime where taxation is individual: interdependence of family members is ignored and for tax purposes family members are treated as wholly separated individuals.

Tackling entrenched gender norms and stereotypes

Public policies are but one determinant in the division of paid and unpaid work between men and women. This division is deeply rooted in the values, attitudes and preferences of individuals and couples and it commonly builds upon many generations of gender role models²³. The cultural values and expectations of a society are a central influence on the extent to which policy interventions will succeed in realising gender equality²⁴.

23 In this regard, major cultural institutions (e.g. media, education) play a major role in producing and reproducing gender stereotypes.

24 The influence between cultural attitudes and public policies is reciprocal: attitudes and behaviours towards work and care are important drivers of policymaking. In turn, however, policies can contribute to changing attitude and behaviours towards family matters. In the Nordic countries, where female employment is the norm and where work-family policies have been operating for over 40 years, views of work and care are more gender-equal.

Therefore, it is important to “de-feminise” caregiving and shape gender norms that prevent men from assuming equal caring responsibilities²⁵.

In order to do so, it is vital to enhance the visibility of caregiving activities in statistics and public debates, by collecting data and by attributing an economic value to unpaid care work²⁶.

25 OECD 2014, Issues Paper: Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes. Scandinavian countries provide a good example of how targeted policy measures can promote caring masculinities.

26 For instance, regular data collection on number of hours spent in elderly care-giving activities by sex should be promoted and the unpaid care activities should be valued as a percentage of the gross domestic product.



CONCLUSIONS

Unpaid care activities have long been left out of policy agendas. Yet, it is now evident that neglecting unpaid care work limits policy effectiveness across a range of socio-economic areas. Care has to be considered a central activity for the well-being of our societies and it should be redistributed between men and women, as well as between the family and the State. The 21st century European way of life should provide equal opportunities for women and men in the workplace and at home and allow for a good balance between family and professional commitments. This is necessary both for the freedom of individuals and to meet challenges such as an ageing population and labour shortages.

References

[Towards a European Pillar of Social Rights, Gender equality and work-life balance](#), European Commission (2017)

[Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, An initiative to support work-life balance for working parents and carers](#), Brussels (26.4.2017)

[The gender employment gap: Challenges and solutions](#), Eurofound (2016)

[Developments in working life in Europe 2016: EurWORK annual review](#), Publications Office of the European Union, Luxembourg, Eurofound (2017)

[Gender equality and economic independence: part-time work and self-employment](#), EIGE (2014)

[Gender, skills and precarious work in the EU](#), EIGE (2017)

[Poverty, gender and intersecting inequalities in the EU](#), EIGE (2016)

[Economic benefits of gender equality](#), EIGE (2017)

[Gender Equality Index 2017, Measuring gender equality in the European Union 2005 -2015](#), EIGE (2017)

[Sixth European Working Conditions Survey - Overview report \(2017 update\)](#), Publications Office of the European Union, Luxembourg, Eurofound (2017)

[Closing the gender gap](#), OECD (2012)

[Agir contre les écarts de salaires entre hommes et femmes. Prendre en compte le cas des aidantes informelles](#) - Ligue des droits de l'homme (2016)

[Gender equality in caring responsibilities over the lifecycle](#) - Fondazione Brodolini, 2011

A holistic approach to the provision of care: a key ingredient for economic independence - Annelie Nordström, in [Vision for Gender Equality](#) - Fondazione Giacomo Brodolini and Istituto per la Ricerca Sociale (IRS), European Commission, 2015

[Unpaid care work: the missing link in the analysis of gender gaps in labour outcomes](#), OECD Development Centre (2014)



EUROCARERS

EUROPEAN ASSOCIATION
WORKING FOR CARERS



Eurocarers receives support
from The European Union through the programme for
Employment and Social Innovation (EASI Programme 2014-2017)