



# **Peer Review on “Work-Life-Balance: promoting gender equality in informal long-term care provision”**

**Host Country Discussion Paper - Germany**

## **Family care and paid work among working-age women and men in Germany: on the way towards more gender equality?**

**Online, 3-4 December 2020**

**DG Employment, Social Affairs and Inclusion**

*Written by the Federal Ministry for Family, Senior Citizens, Women and Youth and Ulrike Ehrlich, German Centre for Ageing Issues (Family care and paid work in Germany: Closing the gender gap?!)*

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## **Executive Summary**

In Germany, there is an increasing number of people needing long-term care. Most of them are being cared for at home and by close relatives. Thus, reconciliation of work and care is of an increasing importance. Most of the carers are female and working age between 45 and 64 years and bear the only responsibility for the family member in need of long-term care. As Germany's population is ageing, the number of those who will require long-term care is expected to increase dramatically, raising the question of who is going to meet the rising care demands and at what cost.

The German care system relies heavily on working-age (mainly female) family caregivers in order to meet the care needs of the chronically ill, disabled or elderly. Within the last two decades the gender care gap in family care did not narrow substantially: although providing family care when of working-age is not only a women's issue, women still do so more often and with greater intensity than men. In addition, family caregivers are less likely than non-caregivers, and female caregivers are less likely than male caregivers to be employed. Moreover, women and men have to deal with (permanent) part-time or full-time withdrawals from the labour market as well as wage reductions in response to family care.

There are several leave arrangements for informal carers. In case a relative suddenly needs support at short notice, employees have the right to stay at home and take care of their relative for up to 10 working days. In addition, the Caregiver Leave and the Family Caregiver Leave allow carers to stop working for up to six months (total or partial release) or respectively, for up to 24 months (partial release from work). A carers' grant is only offered in the case of acute care situations; during caregiver leave and family caregiver leave employees are (only) entitled to an interest-free loan. When further developing the legal framework the structuring an allowance similar to parental allowance should be considered.

Policies aiming at supporting working caregivers should focus on a further development of the leave arrangements, but should also include the company and the local level. An open culture ensures to find solutions that meet the needs of all.

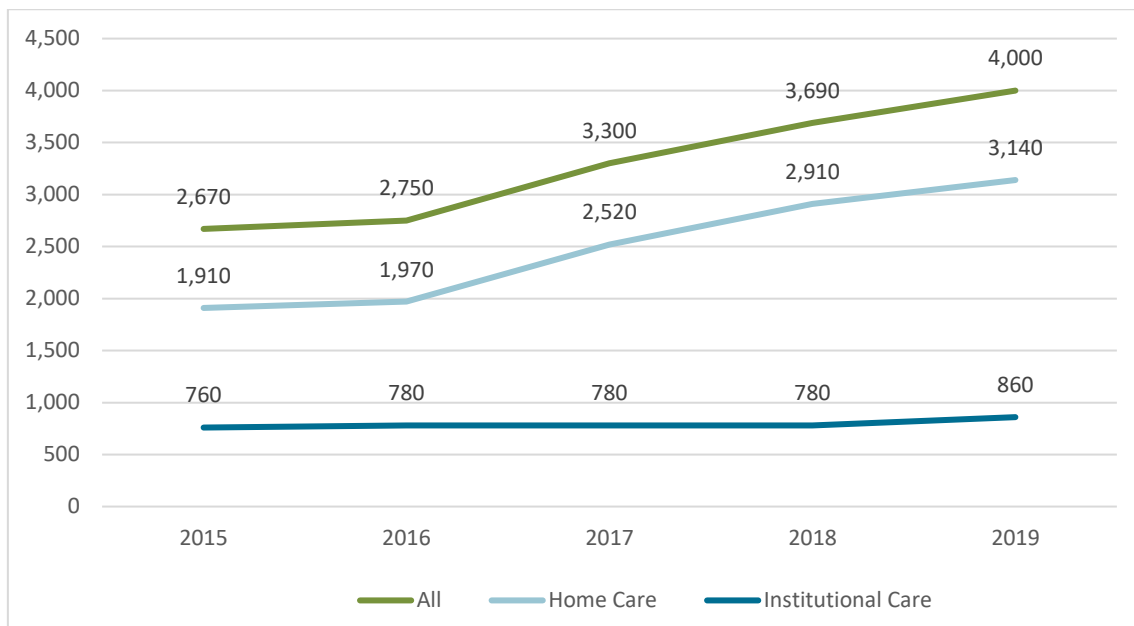
## 1 Situation in the host country

### 1.1 Long-term care in Germany

The German society is ageing which entails a growing number of people needing long-term care (LTC). Relatives more often have to reconcile family life, work and care. Employers, on the other hand, have to consider these increasing needs of their employees. The reconciliation of work and LTC becomes thus increasingly important<sup>1</sup>.

According to the German Federal Ministry of Health, about 4.3 million people in Germany needed LTC at the end of 2019<sup>2</sup>.

Figure 1. Beneficiaries of Long-Term Care Insurance over Time by Care Type (in thousands)



Source: Rebaudo et al. (2020), Federal Ministry of Health (2020), available online

A large number of people in need of LTC are women (62.9 per cent). From around the age of 80, significantly more women require LTC than men. This can be explained by women's longevity, the differing health-related developments over the course of their lives and the fact that elderly women tend to live alone. Elderly men are often cared for by their wives and no assistance is applied for (First Report of the independent Advisory Board on Work-Care Reconciliation, p. 14 with further references).

The average duration of home-based care provided to persons in need of LTC aged 60 and over is 2.1 years for men and 2.9 years for women (Independent Council, First Report, p. 14). There are about 1.6 million people with dementia living in Germany. By 2050, the number could rise to about 2.8 million. Moreover, only in 30 per cent of care households, a professional home care service is involved (Fischer/Geyer, DIW 38/2020, p. 2; the situation of home based care arrangements and further adjustments is discussed by Büscher, in: Pflege-Report 2020, p. 55 et sub.).

In 1995, Germany established a special compulsory LTC insurance for all residents in addition to the compulsory health care insurance, which ensures universal access to

<sup>1</sup> As to polls and further information see host country paper of the Peer Review on "Improving reconciliation of work and long-term care", Berlin (Germany), 24-25 September 2018. <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9173&furtherNews=yes>

<sup>2</sup> As to the latest statistic by the German Federal Statistic Office (Statistisches Bundesamt), [https://www.destatis.de/DE/Presse/Pressemitteilungen/2020/12/PD20\\_507\\_224.html](https://www.destatis.de/DE/Presse/Pressemitteilungen/2020/12/PD20_507_224.html)

health care. Since then, strengthening LTC has high priority for the Federal Government and legal provisions were improved regularly, e.g. with the Long-Term Care Strengthening Acts ('Pflegerstärkungsgesetze – PSG'). In 2015, for example, a new system to assess the need of LTC has been introduced which assesses the degree of self-reliance restrictions. The assessment considers all kinds of self-reliance restrictions: disabilities in both in physical as in mental health and in cognition (Federal Ministry of Health, Germany's Long Term Care Strengthening Acts; as to LTC in Germany: host country paper of January 2018) These reforms were followed by a Concerted Action in Long-Term Care<sup>3</sup>.

On 1st July 2020, the Federal Government announced the launch of the first National Dementia Strategy. The strategy aims to foster quality support people with dementia and that they remain an active part of society for as long as possible. The strategy follows a targeted approach and includes a set of about 160 specific measures as well as dates for their implementation. Over 60 actors from all levels (e.g. national and local authorities, medical sector, civil society) will co-operate for its implementation until the end of 2026. The Federal Ministry for Family, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend - BMFSFJ) will co-fund measures worth two million Euros annually for the creation of network of civil society at the local and regional level which support people with dementia and their families, e.g. fostering voluntary work, spreading information or supporting caring relatives.

When referring to LTC in this paper, the notion usually refers to 'long-term care' as defined in Section 14 of Book XI of the Social Code. People in need of long-term care are those whose independence or abilities are restricted for health-related reasons and are thus reliant on help from others in order to meet their needs. The need for long-term care must be enduring (expected to last for at least six months) and must be of at least the severity stipulated in Section 15 of Book XI of the Social Code (SGB XI).

## 1.2 Caregivers

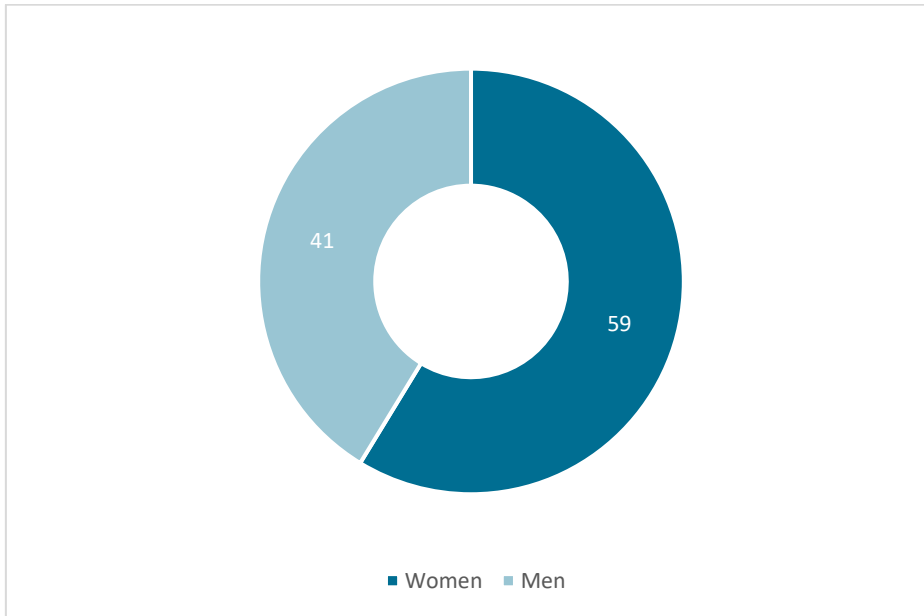
In Germany, there are 4.8 million informal caregivers; out of which 3.1 million are in employment age and fit to work. 2.5 million care givers are employed, 0.6 million persons are employable, but not employed and about 1.7 million are older than 65 years or retired (Rebaudo et al., p. 11). About two thirds of all main caregivers are women (Rebaudo et al. p. 13, referring to the BARMER Pflegereport 2018). According to the SOEP (Sozio-Ökonomisches Panel) 59 per cent of all informal caregivers are women (61.3 per cent in the group of the employable informal caregivers and 60.1 per cent in the group of the employed caregivers; Rebaudo et al., P. 13). This implies also, that an increasing responsibility entails a higher percentage of women.

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<sup>3</sup> See here for more information: <https://www.bundesgesundheitsministerium.de/konzertierte-aktion-pflege.html>.

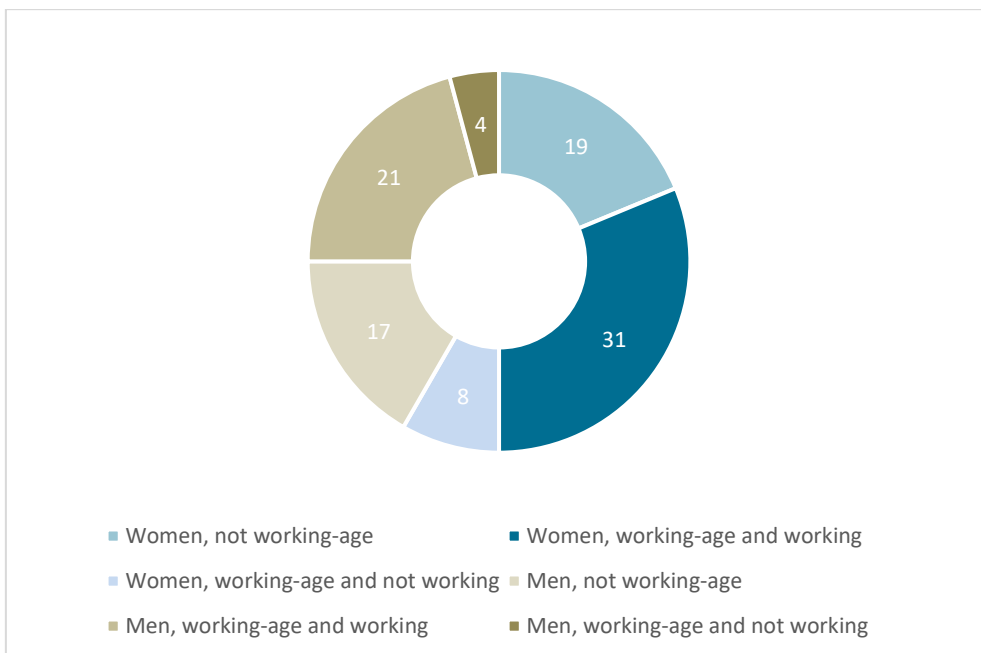


Figure 2. Composition of the 4.8 Million Informal Caregivers by Gender (in percent)



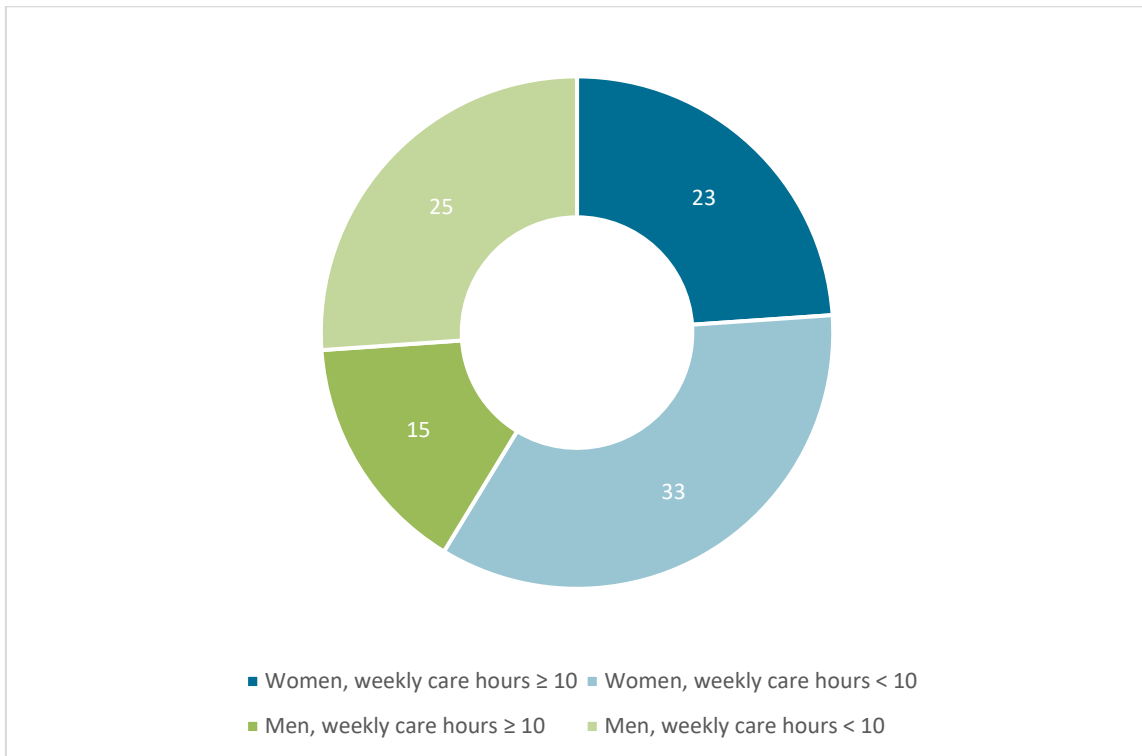
Source: Rebaudo et al. (2020), SOEP v35, year 2017

Figure 3. Composition of the 4.8 million informal caregivers by gender and employment status (in percent):



Source: Rebaudo et al. (2020), SOEP v35, year 2017

39.2 per cent (about 1.9 million caregivers) take care for their relative for at least ten hours per week. In a special survey conducted in 2016 the percentage of caregivers with ten hours of care per week (or more) is more than 50 per cent (Rebaudo et al., p. 14). However, women more often, and on a larger scale, take on care responsibility for dependent relatives than men (Kochskämper/Stockhausen, IW-Report 34/2019, p. 11).



Source: SOEP v35, year 2017

Many caregivers reduce their working hours or even quit which might lead to disadvantages on the labour market on the long run. It would be interesting to analyse how caregiving affects the whole household, its income and the employment behaviour of the partner (this question is discussed by Kaschowitz, DIW Paper 780/2015).

The gender perspective is also reflected when looking at the use of the interest-free loan during caregiver and family caregiver leave. Within the 1,492 applicants from January 2015 till the end of October 2020, there are 939 applications from women and 553 applications from men. In 733 cases the interest-free loan was granted to women, in 470 cases to men. A similar phenomenon can be found in the group of people seeking help and assistance at the care help line, a hotline which was launched in 2011 by the BMFSFJ.

Not only adults take care of persons who are chronically ill or in need of care. According to a study conducted by Witten-Herdecke University on behalf of the Federal Ministry of Health (published in July 2018), around 479,000 children and young people nationwide take care of relatives who are chronically ill or in need of care. The project 'Pause button – Sometimes, those who help others need help themselves' (*Pausentaste – Wer anderen hilft, braucht manchmal selber Hilfe*) has established low-threshold counselling services specifically for children and young people who provide care. 'Pause button' aims at helping them to take a break, reflect and make use of offers to assist them or to speak about their individual situation – also anonymously. Services offered include the website [www.pausentaste.de](http://www.pausentaste.de), telephone counselling and email counselling. Since the end of October 2019, the service has been expanded to include webchat counselling. The services offered by 'Pause button' are mainly geared towards caregiving children and adolescents. The project also seeks to make teachers, home care providers, social services at schools and hospitals as well as youth organisations and the public aware of the issue. In support of the project, a network of the various stakeholders was launched, which meets at least once a year for

professional exchange. Members receive regular internal newsletters within the network.

With regard to young carers making use of the 'Kinder- und Jugendtelefon (KJT)' (*a hotline for children and adolescents*) 50,8% are girls, and 48,5% are boys (source: Nummer gegen Kummer, Wuppertal 11/2019). But, on the other hand, the picture is completely different when young carers decide to ask online for advice and help (90% girls and 9% boys).

## 2 Family care and paid work in Germany: Closing the gender gap?! (Dr. Ulrike Ehrlich, DZA)

### 2.1 The work and care context in Germany

In Germany family caregivers<sup>4</sup> of working-age<sup>5</sup> are under particular pressure as they are exposed to incoherent policies. On the one hand, Germany is known as an *explicit familialistic* care regime which actively shifts the caring function to the family (Leitner, 2003, 2013). Care provided by family members is given primacy over care provided by professional care services in the home environment, and a professional care setting in the home environment takes precedence over care provided in care homes (Social Code Book XI, § 3). The partially comprehensive benefit system of the long-term care insurance contributes to achieving these objectives. If individuals meet the narrow definition of 'care dependency' according to the long-term care insurance regulations, they can choose between cash benefits (family care setting in the home environment), benefits in kind (family and/or professional care setting in the home environment) or benefits for care homes. If benefits in kind or benefits for care homes are chosen, care-dependent persons or their families have to make high co-payments (Hackmann et al., 2016; Rothgang et al., 2017). As a result, families most often opt for cash benefits and a family care setting in the home environment (Federal Statistical Office, 2017).

On the other hand, labour market policy strategies concerning women's employment in particular have changed dramatically in recent decades. Up to the 1970s, working-age adults in (West) Germany followed the normative and political guidelines of the male breadwinner model (Auth et al., 2015; Lewis, 2004). This family model manifested traditional gender role patterns, with men being responsible for earning a family wage and women being responsible for tasks related to childcare, housework and family care. This gendered division of labour worked together with the *familialistic* care regime, as the care provision for care-dependent persons was guaranteed through the time resources of economically inactive wives (Leitner & Vukoman, 2015). However, for the past 20 years, working-age family caregivers have been expected to follow the norm of an *adult worker model*. Given the context of demographic ageing, German labour market and social policy regulations – in line with the European Employment Strategy – actively promote high employment rates among both genders, in addition to an extension of working lives, in order to counteract the projected skill and labour shortage as well as to sustain the contribution-based social security system (Auth et al., 2015). Moreover, these *adult worker model* policies are also aimed at ensuring that all adults, women and men alike, protect themselves against social risks, e.g. unemployment or old-age poverty, through gainful employment. Since women have increased their labour market activity substantially within the last decades and became important contributors to the household labour income (Ehrlich, 2019a), their time available to provide family care has reduced substantially. This has led to expectations that men should increase their involvement in family care. However, if men were to become more involved in family care, they and female family caregivers alike, still have to meet *adult worker model* expectations of being fully integrated into

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<sup>4</sup> Family care refers to the activities of individuals who care for a family member in regular need of help, support or care due to poor health, disability or age-related frailty. This definition also includes the care of children if they suffer from these conditions. *Childcare* in its usual sense is not subsumed under the concept of family care (cf. Daly, 2001; Kröger & Yeandle, 2014). The concept of family care does not refer to meeting short-term *acute medical care* needs, which may for example arise from a hip fracture, a heart attack or a stroke. Such needs are treated or cured by medical professionals in hospitals (Norton, 2000). However, family caregivers are expected to provide care and support in the recovery process. The concept of family care used in this paper includes *long-term care*, but does not exclusively refer to it. The need for long-term care, in this paper, refers to the legal definition of care dependency and includes those individuals who qualify for statutory (or private) long-term care insurance benefits. Qualifying for these benefits requires substantial care needs for an expected period of at least 6 months (Social Code Book XI, § 14).

<sup>5</sup> In this paper the term 'working-age' refers to persons aged 17 to 64.

the labour market. As a consequence, policies aiming at supporting working family caregivers are urgently needed. While the introduction of a Nordic-style parental leave scheme in 2007 and the expansion of publicly provided childcare marked a considerable shift in childcare policies, aiming at supporting an *adult worker model*, a corresponding policy shift in the field of family care is not yet achieved, resulting in difficulties to combine family care and paid work.

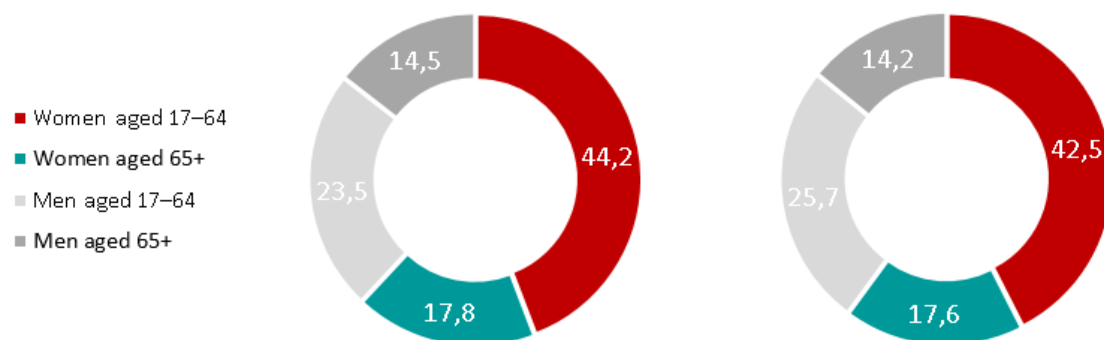
Given this background, this paper asks to resolve the following questions: How important are working-age women and men for meeting family care demands? Did the gender care gap in family care provision narrow in the last two decades? How has working-age family caregivers' employment situation changed over time? Are family caregivers able to balance family care and paid work? The next sub-sections provide answers to these questions.

## 2.2 Importance of working-age family caregivers in Germany

The number of adult family caregivers increased from 3.1 to 3.9 million between 2001 and 2017 (ca. 5.4 per cent of the adult population living in Germany in 2017; Rebaudo et al., 2020)<sup>6</sup>. Among those, one-third of all adult family caregivers care for individuals who do not qualify for long-term care insurance benefits (Ehrlich & Kelle, 2019). This indicates that family care already starts before the welfare state acknowledges care need.

However, how high is the actual proportion of working-age family caregivers among all family caregivers and thus the proportion of those who are confronted with a potential double burden of family care and paid work? *Figure 4* displays the composition of family caregivers by gender and age group in the years 2001 and 2017. Although women and men of retirement age are an integral part of all family caregivers, a substantial amount of family care is provided during working age, particularly by women. Over 40 per cent of all family caregivers are women aged between 17 and 64 (44 per cent in 2001 and 43 per cent in 2017). The group of male family caregivers of this age group is significantly smaller (23 per cent in 2001 and 26 per cent in 2017).

Figure 4. Composition of family caregivers, by gender, age group and year, in per cent



Source: SOEPv34. Weighted results. Own calculations. Retrieved from Ehrlich (2019a).

<sup>6</sup> Throughout this paper, family caregiver status is obtained by the annual SOEP survey question "What is a typical day for you? How many hours do you spend on the following activities on a typical weekday – care and support for individuals in need of care?" (for further information on SOEP, see Goebel et al., 2019). Those who provide family care for at least 1 hour/weekday are identified as family caregivers. Respondents who identify themselves as family caregivers within the SOEP data are not sporadic family caregivers, but caregivers who care regularly between Monday and Friday, and who are – if employed – therefore particularly exposed to a potential work-care conflict. Moreover, given that the SOEP measures ensure that individuals perceive themselves as family caregivers, no social-legal definition dictates who a family caregiver is and who is not.

### 2.3 The gender care gap in family care provision

Referring to *Table 1*, the total number of working-age individuals who devote time to family care increased, despite some fluctuations, from 2.2 million in 2001 to 2.7 million in 2017.

*Table 1. Working-age family caregivers by year, gender and percentage share among working-age population*

	Women and Men		Women		Men	
	Total	Share	Total	Share	Total	Share
2001	2,180,718	4.6	1,464,702	6.3	716,016	3.0
2005	2,096,819	4.5	1,389,657	6.0	707,162	3.0
2009	2,137,078	4.7	1,493,337	6.7	643,741	2.8
2013	2,181,334	5.1	1,396,564	6.6	784,770	3.7
2017	2,687,088	5.5	1,673,840	6.9	1,013,248	4.0

Source: SOEPv34. Weighted results. Own calculations.

Between 2001 and 2017, the share of female family caregivers of working-age among all working-age women varies between 6 and 7 per cent while the share of male family caregivers among all working-age men varies between 3 and 4 per cent. Within the group of working-age family caregivers, the share of male caregivers is 33 per cent in 2001 and 38 per cent in 2017, indicating that men did increase their involvement in family care responsibilities slightly between 2001 and 2017. As has been shown, family caregiving is still unevenly distributed, with working-age women being more often exposed to family care tasks than working-age men. However, men have increased their involvement in family care not only in absolute terms, but also in relative terms, during the observation period between 2001 and 2017.

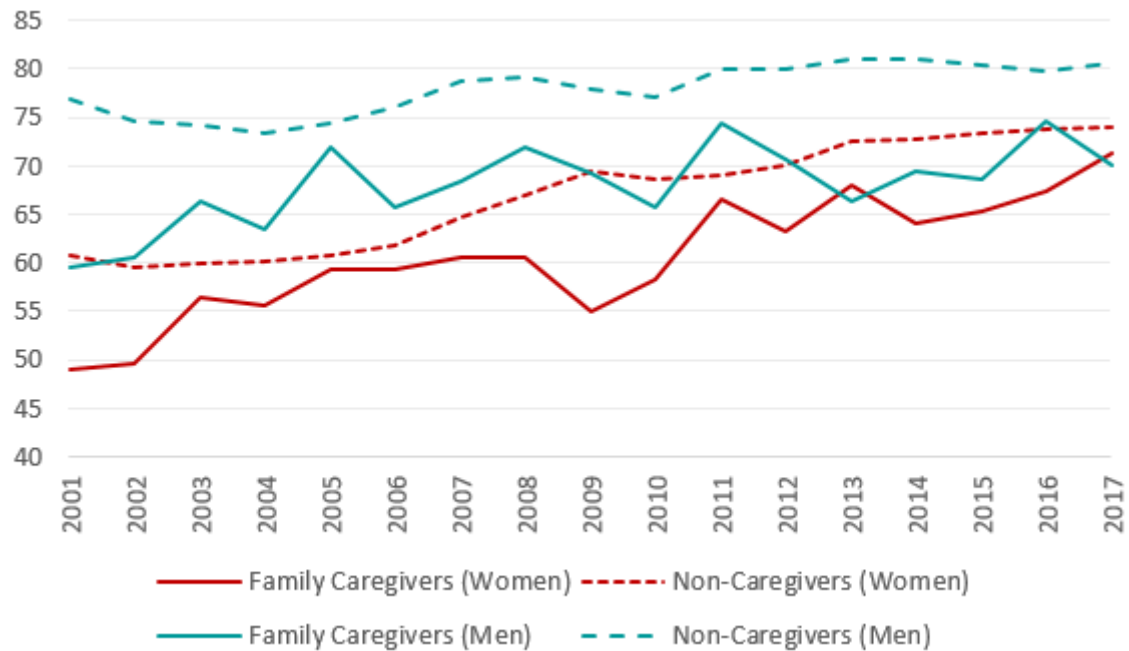
Although the number of working-age family caregivers has increased, the average reported hours for family care on a workday decreased between 2001 and 2017. Moreover, gender differences in care commitment remain striking. While working-age women devoted 3.0 hours to family care each workday in 2001, their average time commitment to family care was 2.5 hours in 2017. For male family caregivers, in contrast, the average amount of time devoted to family care is far lower in both years: 2.2 hours per workday in 2001 and 2.0 hours per workday in 2017. One reason for the decrease in the average amount of time spent on family care could be the increased labour force participation of working-age family caregivers which leaves them less time for family care tasks (Ehrlich, 2019a).

### 2.4 Employment trends among working-age family caregivers in Germany

Between 2001 and 2017, the proportion of family caregivers in paid work increased from 49 to 71 per cent for women and from 61 to 70 per cent for men, indicating that in 2017 a higher percentage share of family caregivers combined family care with paid work than in 2001 (*Figure 5*).

Although in both caregiving groups the increase in employment participation between 2001 and 2017 was higher than that of the respective non-caregiving working-age population, female as well as male caregivers remain significantly less likely to be employed than their non-caregiving counterparts.

Figure 5. Employment rate among women and men aged 17-64, according to year and family caregiver status, in per cent



Source: SOEPv34. Weighted results. Own calculations. Retrieved from Ehrlich (2019a).

Even though the employment rate is an important indicator to determine whether persons participate in paid work and whether they have access to income, this indicator conceals the time committed to paid work. *Figure 6* highlights remarkable gender differences concerning the average amount of time committed to paid work: women work on average fewer hours for pay than men - regardless of whether family care is provided or not. This is mainly due to the fact that part-time work is more common among women than among men.

Figure 6. Average weekly working time in hours among women and men aged 17-64, according to family caregiver status and year, by arithmetic means



Source: SOEPv34. Weighted results. Own calculations. Retrieved from Ehrlich (2019a).

However, *Figure 6* also shows that female as well as male family caregivers are integrated in the labour market to a lesser extent than non-caregivers. Female family caregivers spent significantly less time on the labour market in 2001 as well as in 2017 than non-caregiving women (2001 and 2017: 29 hours versus 33 hours). This difference is mainly due to the fact that in both years, caregiving women significantly less often worked full-time hours than non-caregiving women. In 2001, male family caregivers were just as strongly integrated into the labour market as male non-caregivers. Both committed on average 44 hours to paid work/a week. In 2017, male family caregivers worked significantly fewer hours for pay than male non-caregivers (40 hours versus 42 hours), which is due to a slight increase in male family caregivers working part-time hours. Although employment rates of female and male family caregivers converged between 2001 and 2017, the gender differences in time committed to paid work remained remarkably constant between both groups.

Although *Figures 5* and *6* have shown that family caregivers have a lower labour market attachment than non-caregivers, these results do not indicate whether women and men *change* their employment in response to family care.

## **2.5 Is there a work-care conflict? Family care and its consequences for paid work?**

Depending on the amount of family care provided, women and men in Germany face difficulties in balancing family care and paid work. Longitudinal multivariate statistical analyses based on SOEP data and controlling for various individual- and household-level confounders have shown that up to 10 hours of family care per work week (low-intensity care) lead women and men to experience difficulties in keeping their full-time employment, and they scale down to part-time work. Part-time working women and men are likely to remain in their status over the course of low-intensity family caregiving, indicating that part-time work is used as a strategy to combine family and working life when family care is low in intensity. Women providing more than 10 hours of family care in a work week (high-intensity care) face difficulties to reconcile family care and employment. Both full-time and part-time working women have an increased propensity to leave the labour market over the course of high-intensity family care demands. In contrast, full-time employed men, under no circumstances, do interrupt their working careers over the course of family caregiving. Only part-time employed men, coming from a very small and selective group, are likely to drop out of the labour market when providing high-intensity care (Ehrlich, 2019b; Kelle, 2020).

Moreover, female and male family caregivers in Germany not only reduce their working time or leave the labour market, they also face wage penalties: net of relevant controls, women suffer a 2.4 per cent wage loss and men a 3.0 per cent wage loss as a result of family care activities (Ehrlich, Minkus & Hess, 2020).

In order to understand the full picture, it is important to not only focus on working time reductions or labour market drop-outs followed by family care, but also on potential working time increases after family care has terminated. In terms of post-care employment behaviour, research has demonstrated that the end of a family care period does not provide an increased opportunity for women in Germany to take up employment or to increase working hours. Thus, although the end of family care—for example when the cared-for person recovers, moves to a care home or passes away—may provide an opportunity to (re-)enter the labour market or to increase working hours, women do not take up this opportunity: either because they do not want to or cannot increase their labour market engagement (Ehrlich, Möhring & Drobnič, 2020; Keck, 2016). Further research is needed to understand women's post-care employment behaviour.

The fact that employed family caregivers have to deal with (permanent) part-time or full-time drop-outs from the labour market and with lower wages – and thus lower pensions – is of great social relevance. On the one hand, social inequalities can arise



between persons who provide family care and persons who do not. On the other hand, existing gender gaps in employment and wages may increase further, since women take over the lion's share of family care and thus have to suffer the career penalties and wage loss associated with family care in addition to the already existing gender inequalities on the labour market.

## 2.6 Further reflections

The German welfare state is under pressure. Given the demographic transition towards an ageing population, the German labour market and the social security system depend on continuous employment careers of male and female workers in order to counteract the shortage of skilled labour and to maintain a sustainable social security system.

Moreover, only full-time employment is likely to provide individuals with an adequate independent income and future retirement income. However, the German care system relies heavily on working-age (mainly female) family caregivers in order to meet the care needs of the chronically ill, disabled or elderly. If individuals are expected to remain in the workforce and to provide family care, policy makers should develop more specific policies that address working caregivers in order to counteract the negative consequences of the work-care conflict which is likely to intensify in the future.

In addition, there must be incentives that encourage men to take up family care more often. Given the prevailing gender differences in labour market participation and wages, as well as the combination of *explicit familialistic* care policies and resilient welfare state policies promoting a male breadwinner family (e.g. joint taxation or coverage of the non-employed or marginally employed marital partner in the public health insurance system), women will continue to be the primary caregivers within the family. More coherent policies at the intersection of family care and the labour market are necessary aiming at closing the gender care gap in family care. Expanding the infrastructure of professional care services and making them more accessible and affordable for families could be an option to relieve high-intensity family caregivers from their care responsibilities, allowing them to stay attached to the labour market, at least in a part-time capacity.

Additionally, labor market reintegration programmes that not only address young mothers but also family caregivers could be another angle of support for former family caregivers. Moreover, a revision of the care leave and family care leave policies seems necessary. Among others, the leave schemes come without wage replacement rates. Just as with parental leave, wage replacement rates should be guaranteed during a family-care-related part-time or full-time withdrawal from the labour market. The introduction of wage replacement rates would not only guarantee a certain financial stability, but could also be a promising avenue for encouraging more men to take up family care. Since men are still underrepresented among the group of working family caregivers, they represent a group of potential family caregivers that could relieve women from their role as primary caregivers.

### 3 Policy measures

#### 3.1 Caregiver Leave and Family Caregiver Leave and the Recommendations auf the First Report of the Independent Advisory Board on Work-Care Reconciliation

Provisions relating to long-term care are to be found mainly in the Caregiver Leave Act (Pflegezeitgesetz, or PflegeZG) of 2008 and the Family Caregiver Leave Act (Familienpflegezeitgesetz, or FPfZG) of 2012 which both underwent significant reform and enhancement with the entry into force on 1 January 2015 of the Act to Improve Reconciliation of Family, Care and Work—for example with the introduction of a carer's grant (Pflegeunterstützungsgeld) and a legal entitlement to family caregiver leave (Familienpflegezeit).

Basically, the legal system in Germany consists of three pillars:

- If a family member suddenly needs support at short notice, close relatives may stay away from work for up to ten working days in order to organise appropriate care or to ensure the provision of LTC during this time. In addition, they may claim a wage compensation benefit – the carer's grant which is limited up to ten working days.
- *Caregiver Leave* (Pflegezeit) means that employees have the right to a complete or partial release from work for up to 6 months in order to care for a close relative in need of LTC at home. During this time, they may request an interest-free loan from the *Federal Department for Family and Civil Society Affairs* (Bundesamt für Familie und zivilgesellschaftliche Aufgaben – BAFzA).
- If close relatives are in need of LTC for a longer time, reconciling care and work can become a challenge for many families. Therefore, carers are entitled to a *Family Caregiver Leave* (Familienpflegezeit), a legal claim to partial release from work for up to 24 months with a minimum working time of 15 hours per week. Entitled persons can also request support by means of an interest-free loan.

It is also possible to apply for a complete or partial release from work for up to 6 months or a partial release for up to 24 months to care for a child in need LTC, even if care is not provided at home, but in a residential setting. Entitlements for the different leave schemes vary according to the size of the enterprise: Whereas the right to short-term absence from work and carers' grant apply to all employers irrespective of the size of the company, a legal claim to the caregiver leave is not granted in companies with 15 or less employees. According to the *Family Caregiver Leave Act* there is no legal claim against employers with 25 employees or less, excluding employees undergoing vocational training.

The provisions in both acts are quite flexible, so that the care responsibility might be shared within families. In addition, there is a very broad notion of 'close relative' which entails grandparents, parents, parents-in-law, step-parents, siblings, brothers-in-law and sisters-in-law, children, adopted or foster children, adopted or foster children of the spouse or life partner, stepchildren and grandchildren.

No official figures are available on the extent to which these are actually taken up since there are no reporting requirements for short-term absences from work or for work releases under the *Caregiver Leave Act* and the *Family Caregiver Leave Act*. In 2017, the terms 'caregiver leave' and 'family caregiver leave' were included for the first time in the micro-census questionnaire. After assessing the results, the Federal Statistical Office estimates the total number of people who took *Caregiver Leave* or *Family Caregiver Leave* in 2019 at approximately 93,000. But looking at take-up of financial support for employees in the form of interest-free loans, figures published by BAFzA show that 1,492 applications have so far been submitted to the Federal Office

of Family Affairs and Civil Society Functions (BAFzA), and that 1,203 have been approved. This means that take-up was far below the expectations set out in the draft legislation. On the other hand, there were about 11,600 cases of take up of carers' grant in 2019.

More flexibility concerning the take-up of *Caregiver Leave* and *Family Caregiver Leave* had been introduced due to the COVID-19-pandemic. In addition, carers grant and the right to stay away from work were extended to 20 working days <sup>7</sup>.

In September 2015, an independent Advisory Board for *the Reconciliation of Care and Work* (Beirat für die Vereinbarkeit von Pflege und Beruf) was set up. The Advisory Board addresses matters relating to work-life balance, accompanies the implementation of relevant regulations and discusses their effects. The first report was submitted in June 2019. The report includes in particular recommended action on 'work-life balance'. Within the Advisory Board's key findings is that care is seen as a societal responsibility and that all decisions made either for or against providing care for a close relative are to be respected. Carers are to be supported in such a way that they do not need to temporarily or permanently leave their job. In addition, "the Board is in favour of measures to promote gender equality in reconciling work and care." (p. 6).

The Advisory Board also discussed several models for wage compensation benefits and working time sovereignty, e.g. a budget model, a tax-funded wage compensation benefit and a fixed amount model (First Report, p. 11 et sub.). The working group reviewed those models also with a gender perspective, the Advisory Board then opted for a model similar to parental allowance.

Within the key recommendations for action, the Advisory Board explicitly refers to gender equality when recommending that work-care reconciliation should be improved for both women and men, especially by means of the following measures (p. 7):

1. Introduction of a wage compensation benefit similar to parental allowance for up to 36 months, replacing the provision of a loan as a means of financial support.
2. Increase the period of partial release from work to 36 months, with a minimum working week of 15 hours on average. This entitlement applies on a one-time-basis<sup>8</sup> for all people who work to enable them to care for a close relative in need of long-term care. (...)
3. Extending the provision on short-term absence from work ("kurzzeitige Arbeitsverhinderung") once in a year.
4. Combining the Caregiver Leave Act and the Family Caregiver Leave Act into a single act.
5. Improving and expanding the infrastructure in the professional LTC sector."

### **3.2 Project 'Gender Care Gap' - special measures relating to gender equality**

Women and men are both confronted with the challenge of reconciling professional obligations and care responsibilities—for example childcare or caring for relatives. Despite this, women perform an average of 1.5 hours more unpaid care work per day than men (the Gender Care Gap<sup>9</sup>), and at the same time work fewer hours in paid

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<sup>7</sup> For more information: <https://www.wege-zur-pflege.de/service/corona.html>.

<sup>8</sup> This considers the person in need of LTC; so one leave arrangement for one person in need of LTC.

<sup>9</sup> The Gender Care Gap is 52.4 percent. This means that women spend 52.4 percent more time (4 hours and 13 minutes) on unpaid care work than men (2 hours and 46 minutes). This is a difference of 87 minutes daily or 1.5 hours. The Gender Care Gap in Germany has been calculated for the first time in 2017, based on the 2012/2013 time usage surveys. It shows how much more time (in percent) women spend daily on unpaid care work than men.

employment. This means that they are worse off in terms of income and pension entitlements.

The aim of gender equality policy is therefore to create good framework conditions that enable women and men to allocate and divide their employment and care work. To this end, the experts for the Second Gender Equality Report of the German Federal Government recommended that the government should reshape employment and care work. It should be possible for women and men to generate sufficient income from work and unpaid care during their life course. For the remaining part of the care work, support from third parties is needed.

To answer the question of how women and men allocate unpaid care work the project 'Pay Gap, Care Gap, Pension Gap: Interlinking Key Gender Gaps for Germany to monitor Gender Equality and Taking Action' was implemented. The project was implemented by the Institute for Social Work and Social Education (ISS e.V.) and the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ). It is being financed via the 'Rights, Equality and Citizenship Programme 2014–2020' of the European Commission's Directorate General Justice and Consumers<sup>10</sup>.

How women and men allocate unpaid care work depends on many factors: social norms, gender stereotypes and role ascriptions, but also on institutional and legal frameworks. In this regard, the State creates framework conditions (macro level), which are shaped in the direct living environment (meso level). In turn, individuals decide how they deal with these framework conditions that have been set (micro level).

A traditional allocation of paid work and unpaid care work develops over time. Starting a family, re-entering the workplace and caring for relatives are decisive crossroads that arise over the life course. Paths taken by women and men in these phases of life cannot simply be abandoned or reversed later.

Options for a new allocation of unpaid care work exist above all in the four areas of paid work, infrastructure, State benefits and social norms. These aspects influence each other mutually.

In gender equality policy the priority has been to increase the employment rates of women – with considerable success. More rarely, however, have men been supported in performing more unpaid care work, as was the case with the introduction of parental benefits.

As a result, arrangements in which couples equally allocate paid work and unpaid care work are often unstable. Women and men still specialise throughout their lives either in paid work—mostly men—or in unpaid care work. Men therefore tend to become 'earner'. Women, in contrast, take over most of the care work and become 'carers'. This specialisation often establishes itself insidiously in situations of great insecurity (for example the birth of a child, illness of a family member)—and persists over the course of life, even as, for example, the children get older or the person being cared for dies.

The following measures can reduce the Gender Care Gap: support earners in performing more unpaid care work and support carers to allocate more time for paid work.

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<sup>10</sup> The following remarks sum up the dossier on care and gender equality (<https://www.bmfsfj.de/bmfsfj/meta/en/publications-en/who-takes-care-of-children--household-and-the-elderly-/160284>). This dossier is based on a research report that documents the results of the project 'Pay Gap, Care Gap, Pension Gap: Interlinking Key Gender Gaps for Germany to monitor Gender Equality and Taking Action'

We call this the 'balance model' which shows the levers with which this can be achieved. Only when these developments occur in equilibrium do egalitarian arrangements become more stable. Therefore, the measures must be directed at carers on the one hand and earners on the other hand, because:

- For carers, the costs incurred by the carer's additional employment are often thought of as being deducted from the carer's potential income. If these persons wish to return to paid work, couples deduct the costs of a day care centre, other care infrastructure, mobility (for example a second car), household-related services, etc. from the expected wage. It therefore often seems that this additional work would not be economically viable.
- For the earners, in turn, a reduction in their income should they perform more (unpaid) care work is regarded as a reduction in the overall family income.

The allocation and division of work in families, especially with regards to domestic and care work, is often not explicitly negotiated. In many cases, it arises from lived practice and routines, that are also rooted in implicit gender roles. Especially at transition phases of the life course, like starting a family, re-entering work and also care for relatives, individuals fall back on these roles. It seems that they do not compare the consequences of various arrangements of paid work and unpaid care work for the moment and even less for their entire life course.

Measures only tackling the carer-side may in fact entrench the existing allocation of work. If it becomes easier for carers to pursue paid work, this does not change the allocation of unpaid care work to those same carers. If a person continues to take responsibility for the unpaid care work, it is likely that he or she will continue to work part-time, because external care is often only available for a limited period of time, because of the higher mental load, and because of tasks that cannot be performed by external services.

This reinforces and cements the gender care gap rather than reducing it. Since the measures taken so far have primarily addressed the issue of paid work for carers, predominantly women, it is now important to make it more attractive for the earners to take on and perform more (unpaid) care work.

### **3.3 Second Gender Equality Report**

It is the declared goal of the Federal Government so strive for equal division of responsibility between family and work. The Second Gender Equality Report<sup>11</sup> promotes the establishment of the work-care reconciliation model, which enables all people, depending on their requirements, to provide home-based care in addition to going to work. And in doing so, they must be able to reconcile work and care at any given time.

The expertise is inspired by the life course approach which explains how life is comprised of numerous transition phases requiring decisions to be taken. The report revealed that the gender care gap is 52.4% (based on the most recent Time Usage Survey 2012/2013), which means women perform 52.4% more unpaid care work than men every day. According to the report, this is equivalent to one hour and 27 minutes more are work daily.

The Expert Commission's expertise contains numerous recommendations for the equal participation of women and men in the labour force, e.g. improving the situation of informal carers: "The provisions in the *Caregiver Leave Act* and *the Family Caregiver Leave Act* should be combined and made more transparent and easier to understand. Further improvements are also required in the opportunities to take a leave of absence

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<sup>11</sup> See also the summary of the Second Gender Equality Report (<https://www.bmfsfj.de/bmfsfj/meta/en/publications-en/second-gender-equality-report/122440>)

from employment. Tariff partners are also called upon to improve leave options and the social protection of informal caregivers. The matter of synchronisation of the regulations applicable to care for the elderly and child-rearing should be tackled, as both concern care work and should basically be subject to a uniform set of rules.

Compensation is required for income-loss in times of informal care. The Expert Commission recommends using tax revenue to pay for a flexible time budget of 120 days and compensation for loss of income equivalent to the parental allowance. The suggested volume is about the same as for six months full-time employment and therefore the duration provided for leave under the *Caregiver Leave Act*. Whereas there, however, benefits can lapse, the suggested compensation for loss of income provides a genuine financing possibility. Employees need assurance that on assuming are responsibilities they will suffer neither career nor financial drawbacks." (Second Gender Equality Report, p. 36). Policy makers should create frameworks that make a fair sharing of such work equally as appealing to both women and men.

### **3.4 Company measures**

The Advisory Board also looked at the situation within companies and recommends that employers take a more pro-active approach in work-care reconciliation (Report, p. 34). Employers must attach importance to work-care reconciliation. Many companies support their employees in their attempts to reconcile caregiving responsibilities with work commitments. This is reflected in collective bargaining agreements, company agreements, and individual case-by-case solutions, which often go beyond prevailing statutory provision.

Gainful employment and caring for a dependent relative can be reconciled in various ways. The key to successful work-care reconciliation is taking an open approach in finding the best possible way to accommodate the varying interests and needs. Operational feasibility is of central importance. An open corporate culture, including on the issue of reconciling work and care, ensures that those involved can work together to find solutions that meet the needs of all (Report p. 34 and 35; best-practice and the outcome of several studies are to be found on p. 25 et seq.). In addition, it should be mentioned that reconciling work and care responsibilities is also important for employers. Schneider et al. (2011) estimate the consequential operational costs incurred by German companies as a result of poor or non-existent work-care reconciliation measures at around 19 billion–8.06 billion Euros of which are accounted for by employees with relatives in need of LTC (for further information as to the situation within companies and the outcome of several studies conducted for the Federal Ministry for Family see First Report of the Advisory Board, p. 25 et seq.).

For better information within companies, the Federal Ministry for Family and the German Industry and Trade Federation (DIHK) – especially the company network 'Netzwerkbüro Erfolgsfaktor Familie' – recently published guidelines for companies and HR managers including information about the situation of employees who have to reconcile of work and long-term care, the legal framework, as well as tips and checklists for the company's internal practice so that employees stay within the company.

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