

Gender and policies on paid family care: Overview of debate and theoretical reflections

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Abstract

Objective: This article discusses the implications of systematically including policies on paid family care in the concept of care policy for older people for theorizing the relationship between such policies and gender inequality.

Background: In theoretical debates about the relationship between gender and care policy, most welfare state researchers agree that policies that support extra-familial care promote women's participation in formal, paid work and can thus reduce gender inequality. By contrast, the role of policies that offer pay and elements of social security for family care in promoting gender equality is up for debate.

Method: This article addresses the aforementioned debates' key arguments by discussing the relationship between gender equality and care policies that actively support family caregivers. The argument is contextualized with examples of empirical findings from the literature.

Results: We argue that, to some degree and under specific conditions, new policies on paid family care have the potential to reduce gender inequality.

Conclusion: The article contributes to theoretical debates about gender and care policy by evaluating the implications of systematically including policies on paid family care in the study of care policy. This inclusion could clarify the circumstances under which policy support for family caregivers can contribute to fostering gender equality.

Key words: theoretical debate, care policy, family care, gender



1. Introduction¹

In the industrial era, care for older people was mainly provided informally and on an unpaid basis by women. In response to the greying of society and women's increased integration in the labor market, many European welfare states have, since the 1990s, considerably expanded support for extra-familial care (Daly & Lewis, 2000; Ranci & Pavolini, 2015). By consequence, a substantial amount of informal family care work has been transformed into formal, gainful employment. However, family care is still the main form of care for older people in many European societies (International Labor Organization [ILO], 2018; Spasova et al., 2018). Many welfare states have introduced active support and social rights for family caregivers (Da Roit & Le Bihan, 2010; Frericks et al., 2014; Le Bihan et al., 2019; Ungerson, 2004). Substantial parts of family care are now paid and subject to social security, and, on this basis, are formally recognized by welfare state policies. Thus, family care can no longer be characterized as a principally unpaid and informal form of work. Geissler and Pfau-Effinger (2005) call this change the *semi-formalization* of care work. Comparative welfare state research shows that family care policies are part of a general package of care policies for older people that likewise include policies supporting extra-familial care (Bettio & Plantenga, 2004; Eggers et al., 2020; Leitner, 2003).

The informal and unpaid nature of family care has been a central subject of feminist theory and research. It is commonly argued to be a main cause of gender inequality and of women's social and labor-market marginalization (Anttonen & Zechner, 2011; Daly, 2020; England, 2005; Fraser, 1994; Gornick & Meyers, 2008). Most welfare state researchers therefore agree that by offering women the chance to participate in paid employment, policies that support extra-familial care can reduce gender inequality. Conversely, the role of policies that actively support family care in promoting gender equality is a controversial issue (Anttonen & Zechner, 2011; Daly, 2020; Shaver, 2018). Most scholars agree that gender equality can be achieved if women, like men, fully participate in formal, gainful employment (Daly, 2011; Fraser, 1994; Orloff, 1993; Saraceno & Keck, 2011). However, several researchers have suggested that the full and equal integration of women in the labor market would be insufficient, as this might perpetuate the devaluation of informal family care work vis-à-vis paid employment (Jenson, 2015; Knijn & Kremer, 1997; Lewis & Giullari, 2005). These scholars have proposed other approaches to promoting gender equality based largely on the revaluation of family care.

This article examines how policies on paid family care can be systematically included in theorizing the relationship between gender and care policy. We argue that, in part and under specific conditions, policies that generously support family care can help reduce gender inequality. Our focus is on the design of care policies, and on how policies can promote or hinder gender equality.

We systematically distinguish between policies that support family care (i.e., *family care policies*) and those that support extra-familial care (i.e., *extra-familial care policies*). The former include policies that support care provided by family members by incentivizing and improving the conditions of family caregiving. Their main instruments include financial support (e.g., social benefits or pay in the form of an employment income substitute for family caregivers, or cash payments that care recipients can use to pay family caregivers); time (i.e., care leaves for employed people); elements of social security (e.g., pension rights); respite care to allow family caregivers holidays; and family caregiver training (Brimblecombe et al., 2018; Da Roit & Le Bihan, 2019; Frericks et al., 2014; Geissler & Pfau-Effinger, 2005; Knijn & Kremer, 1997; Le Bihan et al., 2019; Ungerson, 2004).

Extra-familial care policies offer affordable direct care services or cash that older people in need of care can use to buy care services or care in residential homes (León et al., 2014; Ranci & Pavolini, 2015).

Theoretical concepts of gender equality differ in focus, that is, in whether they see women's labor market integration as the main path to gender equality; equally stress the importance of revaluing informal family care work; or hold that gender equality can only be achieved if women and men share equally in labor market participation and family care (Daly, 2011; Fraser, 1994; Gornick & Meyers, 2008; Verloo & Lombardi, 2007). The European Institute for Gender Equality's (EIGE) (2023) conceptualization of gender equality goes a step further in that it includes decision-making power, knowledge, and health status. Fraser's (1994) social-philosophical concept of gender equity is even broader; she argued that in addition to gender equality, feminist theory should encompass anti-marginalization, anti-poverty, and anti-exploitation goals. Because our aim, here, is to discuss gender equality primarily in the context of care policies for older people, our focus is on gender equality with regard to the relationship between care and paid work (Eggers

¹ This article is a further development of Eggers et al., (2021).

et al., 2020). Thus, we ask to what extent care policies can enable equal participation in paid employment and equal financial and social security during times of care provision (see, also, Orloff, 1993). Our main theoretical focus is on the possibilities for reducing macro-level societal gender inequality and on the role of policies on paid family care in doing so. We do not discuss the role of negotiations among social actors or the outcomes of more equal sharing of care and paid work between genders.

The following section provides an overview of theoretical debates about the relationship between care policies, gender, and the family. We discuss, therein, the conditions under which policy support for family care can reduce gender inequality, with references to current research. We also evaluate the limitations of such theoretical approaches. We present a concluding discussion in the final section.

This article contributes a new angle to the theoretical debate about gender and care policy in that it discusses what it would mean for theoretical approaches to (a) systematically consider family care policies and (b) distinguish between different types of paid family care policy. On this basis, we aim to clarify the circumstances under which policies on paid family care can contribute to reducing gender inequality.

2. Theoretical debates about care policies, gender, and the family

The concepts of care and care work were introduced to the theoretical debate on gender inequality by feminist scholars (e.g., Tronto, 1993; Wærness, 2000) and refer mostly to work that serves to support others, such as children, people with disabilities, and older people in need of care, in coping with their everyday lives (for an overview, see Anttonen & Zechner, 2011; England, 2005).

We highlight the feminist debate's focus on two different care-related dichotomies, i.e., the distinction between informal family care work and formal employment (based on a work-related perspective) and that between family care and extra-familial care (based on a service-related perspective), and we examine the role of family care in each of these dichotomies. The two perspectives are interrelated in the feminist discourse concerning the path to gender equality. However, they both have some theoretical shortcomings with regard to the role of family care policy.

2.1 *Family care in the two dichotomies regarding care*

The first dichotomy, i.e., the distinction between family care work and wage work, focuses on the ways in which capitalist societies organize different types of work. As early feminist care researchers (e.g., Land [1978]) pointed out, this dichotomy is connected with a specific type of gendered labor division. Whereas men participate in the public sphere of formal paid employment as male breadwinners, women are expected to be responsible for informal care work, such as for children and older relatives, in the private sphere. According to this argument, the defining features of informal family care work are that it is unpaid, hidden from view in the family household, and excluded from formal employment, which is the primary source of income, prestige, social security, and recognition (for an overview, see Anttonen & Zechner, 2011; Verloo & Lombardi, 2007). Scholars such as Lewis (1992) and Orloff (1993) have also emphasized that the exclusion of (female) family caregivers from gainful employment makes them financially dependent on (male) breadwinner spouses and their incomes. For these reasons, gender inequality in the relationship between formal, paid work and informal family care work is seen as a basis for women's vulnerability and societal devaluation in comparison with men (England, 2005; Orloff, 1993; Shaver, 2018).

The second dichotomy, i.e., the distinction between family care and extra-familial care, concerns the forms in which care is available as a service for those who need it. Care can be provided within the family by the care recipients' relatives or offered outside the family by care workers who are formally employed by care service agencies or nursing homes. The distinction between these two forms of care service plays an important role in feminist theorizing of the path to gender equality.

Most scholars agree that the option for people in need of care to use extra-familial care is a fundamental condition for their female relatives to (1) free themselves of the restrictions and subordination connected with informal care in the private household, and (2) gain an income and public recognition by participating in paid employment (Daly, 2011; Orloff, 1993; Saraceno & Keck, 2011). Underlying this argument is the

idea that an important precondition for gender equality in the relationship between paid work and care is that women, like men, participate fully in formal and gainful employment.²

Another argument points out that women's equal employment integration would be insufficient to solving problems of gender equality. Lewis and Giullari (2005) argue that the need for care work would remain, and it would be impossible to outsource it entirely to extra-familial care providers. Several scholars emphasize that care provision, in itself, is a task of fundamental importance to society and should receive recognition regardless of the sphere in which it is provided (e.g., Dalla Costa & James, 1972; Daly, 2020; Fraser, 1994; Knijn & Kremer, 1997; Orloff, 1993). They therefore stress that family care work performed in the private sphere of the family home should be financially and socially compensated. The focus here is often on reducing the risk of poverty for family caregivers or improving the conditions for and promoting social recognition of family care work.

2.2 Gender and care policies

This section provides an overview and discussion of how feminist scholars have conceptualized the relationship between care work, gender, and social policy (e.g., Anttonen & Zechner, 2011; Orloff, 1993; Shaver, 2018).

According to common theoretical arguments regarding the relationship between gender equality and care policies, greater gender equality could be achieved if the generosity of extra-familial care policies were strengthened; the broad availability of affordable extra-familial options for public or publicly financed care would promote the integration of a higher share of women in wage work (e.g., Lewis, 1992; Saraceno & Keck, 2011).

It was in this context that feminist researchers introduced the concept of the *de-familializing* welfare state. Scholars have often used it to understand differences in welfare state approaches to care policy. Lister (1994) coined the concept to examine the degree to which welfare state policies enable women's financial independence from their families—more precisely, from their husbands' incomes—through either labor market participation or financial welfare state support. McLaughlin and Glendinning's (1994) definition highlights, instead, social independence from reliance on family care relations. The concept of the de-familializing welfare state also entered the general welfare state debate, mainly through Esping-Andersen (1999), who contrasts it with the *familialistic approach* of welfare states (see, also, Saraceno [1997]), and the concept of welfare state *familialism* (see, also, Leitner [2003]). The concept of the de-familializing welfare state characterizes care policies based on the extent to which they promote the outsourcing of care work from the family; whereas the concept of the familialistic welfare state characterizes care policies that encourage people—either indirectly, through lack of support for extra-familial care, or directly, through financial support for family care—to behave traditionally by choosing family care.

Many scholars (e.g., Kröger, 2011; Leitner, 2003; Lister, 1994; Lohmann & Zagel, 2016; Saraceno & Keck, 2011) argue that care policies that promote the de-familialization of care work are an important precondition for gender equality, for the following reasons:

- (1) Such policies promote women's financial independence because they can free women from the traditional responsibility for unpaid, informal family care work, which is at the basis of women's social and employment-related marginalization. De-familializing policies strengthen women's opportunities for full labor market participation on the basis of financial autonomy and social rights (Esping-Andersen, 1999; Lister, 1994).
- (2) Through extra-familial care provision, de-familializing welfare states promote women's social independence from family responsibilities, thereby improving their opportunities to participate in social life and political activities outside the family home (Kröger, 2011; Leitner & Lessenich, 2007).³

² Many scholars have pointed out that gender equality in the employment system has by no means been achieved with the mere integration of women in gainful employment (Daly, 2020; Jenson, 2015). This is because women's employment is often associated with relatively low pay, a lack of career paths, and a relatively high proportion of atypical employment (England, 2005; Schäfer & Gottschall, 2015; Theobald & Luppi, 2018).

³ For example, Kröger (2011) introduced the concept of *de-domestication* to examine the extent to which welfare state policies enable family members' independence from reliance on care relations in the private household. Similar to Leitner and Lessenich's (2007) definition of the de-familializing welfare state, this includes the perspective of the care-dependent person. Daly (2011) defined policies that reduce families' care obligations with the concept of *individualization* instead of that of the de-familializing welfare state. Additionally, Saxonberg's (2013) typology of *genderization/de-genderization* calls for a perspective on care policies that differentiate between promoting different roles for men and women and promoting the elimination of gender roles.

From a critical perspective, the concept of the de-familializing welfare state has been employed to criticize welfare state reforms that focus mainly on the extension of women's labor market participation (Lewis & Giullari, 2005; Lohmann & Zagel, 2016; Saraceno 2023). This view has also been applied in a critical perspective on the European Union's policy proposals for promoting gender equality primarily in terms of women's labor market participation enabled by extra-familial care provision (Jenson, 2015).

Some scholars argue that the employment-centered approach to care policies is problematic because it fails to recognize that, in many welfare states, women still perform the lion's share of care work within the private sphere of the family home—even if this is often connected with social risks regarding income, social security, labor market integration, and social integration (Eggers & Grages, 2023; Frericks et al., 2014; Rummery, 2021). Care policies that focus one-sidedly on women's labor market integration can perpetuate the devaluation of informal family care work vis-à-vis paid employment and therefore promote the persistence of gender inequality with regard to family care work (see, also, Ciccia & Sainsbury, 2018; Jenson, 2015; Lewis & Giullari, 2005).

There are different theoretical arguments as to the reasons for which family care is still common in many countries:

- (1) The character of care work itself limits its formalization and monetization (e.g., Folbre & Nelson, 2000; Himmelweit, 2007). The idea that care work is incompatible with the capitalist economy of time, and thus can only partially be turned into formal employment, was put forth quite early. Providing care is a matter of creating and strengthening relationships based on emotional bonds with partners, children, and relatives, regardless of whether these relationships are freely entered into or socially prescribed (Tronto, 1993).
- (2) In countries or regions with significant gaps in extra-familial care provision or in the implementation of policies that promote extra-familial care, family care might be the only option for many people who need care to receive it (Lewis & Giullari, 2005).
- (3) A society's dominant cultural ideal of care may be based on the idea that care by family members is the best form of care, since it is embedded in a close, trustful social relationship. This is another reason why a substantial proportion of older people may prefer family care (Pfau-Effinger, 2005). Also, for such cultural reasons, some parts of the population—mainly women—may choose to provide family care even though it is associated with significant social and labor market risks and dependence on a partner. This may even be the case in, for instance, Germany, whose welfare state offers relatively generous social rights to publicly funded extra-familial care (Hess et al., 2020; Jensen et al., 2017; Kadi et al., 2022; Naldini et al., 2016).

The 1970s feminist thematic exploration of housework identified women's private, unpaid work as the invisible foundation of wage employment, being the basis of social reproduction and its productive powers (Dalla Costa & James, 1972; Federici, 1975; Ostner, 1978). In the context of an anti-capitalist critique of society, it has been argued that reproductive work, which is largely women's responsibility, is a basis for the (mostly) male workers' labor force. Given the high societal value of housework, some feminists have demanded wages for housework (Dalla Costa & James, 1972). Knijn and Kremer (1997) have elaborated on this by demanding a "social right for time to care" (p. 332) for family caregivers. According to their argument, welfare states can improve the conditions of family care work by financing family caregivers (see, also, Ciccia & Bleijenbergh, 2014; Fraser, 1994). However, this approach to welfare state support for family care work has been contested with the argument that it would entail women's lack of motivation to participate in formal employment and would thus help perpetuate gender inequality and intra-familial financial dependencies (Daly, 2011; Fraser, 1994; Leitner, 2003).

Against this background, Fraser (1994) argued that another solution could be for policies to try to achieve gender equality by supporting women and men in equally sharing familial care work. To do so, men would have to reduce their gainful employment, whereas women would have to increase their own. The advantage of such a policy is that both genders would share the workloads equally, rather than women having to face the bulk of the disadvantages associated with taking on family care work as opposed to gainful employment (see, also, Crompton, 1999; Gornick & Meyers, 2008). However, Orloff (2009) pointed out that this reasoning is somewhat problematic because the realization of gender equality in family care work would essentially depend on a change in men's behavior, which would encounter major barriers for a variety of reasons. The matter of how policies can influence men's behavior toward equal participation in family care work has been widely discussed with regard to childcare (Eydal & Rostgaard, 2014; Reimer, 2019), but less so with regard to care policies for older people.

Another strand of argumentation discusses the conditions under which family care policies could contribute to a more gender-egalitarian approach to care (Ciccia & Sainsbury, 2018; Eggers et al., 2020; Frericks et al., 2014; Leitner, 2003; Lewis & Giullari, 2005; Orloff, 2009). Scholars often argue that only welfare states that offer a genuine choice between generous publicly funded family care and extra-familial care for older relatives can create adequate conditions for the promotion of gender equality. This argument holds that approaches that exclusively promote either extra-familial care to enable women's employment or family care work (including gender-equal sharing of care work) tend to neglect the fact that families' opportunity structures and care preferences vary within and across welfare states; care policies should consider this.

3. The implications of including new types of family care policies in theoretical approaches to gender equality

This section evaluates the role of new types of care policies for older people that provide pay, social security, and family care leave schemes in gender (in)equality. We distinguish among three main instruments by which care policies could promote family care: (1) care leave schemes for family caregivers, (2) pay for family care work, and (3) treating family care as a paid employment relationship (Eggers et al., 2021).

3.1 Policies that offer care leave

The social and financial recognition of family care work has been a long-standing issue in theoretical debates about gender equality in the work-care relationship (see, e.g., Anttonen & Zechner 2011; Daly, 2020). One approach to revaluating care work is the granting of a "right to time to care" (Knijn & Kremer, 1997, p. 332) in the form of a care leave. This type of policy addresses the fact that older people's family caregivers are often employed and need time off from work to provide care. Some welfare states, such as Austria and Ireland, offer temporary leave for employed family members to perform care work for older relatives within the framework of their employment relationships, and with job protection. If the care leave is publicly paid, family caregivers receive financial support from the welfare state as a substitute for their employment income. During this period, the caregivers' existing employment relationships are maintained, along with their social security rights. If the care leave were fully paid, the leave program would ensure that the family caregivers' work time reduction or absence from work would not result in significant financial problems.

However, only employed people benefit from such care leaves—particularly those who were employed full-time before taking on family care work. Furthermore, the longer the leave, the greater the risk of being confronted with disadvantages such as stalled income and career advancement opportunities upon returning. One of the main reasons for this is that employers often anticipate that career interruptions will negatively impact their organizations' human capital and productivity (Akgunduz & Plantenga, 2013; Ehrlich et al., 2020). Therefore, even fully paid care leave makes a limited contribution to gender equality. This would only change if societal and workplace cultures also changed in such a way that opportunities related to income, career prospects, and social recognition were no longer primarily linked to continuous full-time employment. Additionally, policies that offer paid care leave do not change the nature of family care as an unpaid and informal form of work because they treat the care provision period as time off from work. Therefore, it is implausible that this form of financial support will improve recognition of family care work.

Empirical studies have shown that many European welfare states have introduced parental leave programs for childcare (e.g., Dobrotić et al., 2023), but only a few countries have introduced comprehensive leave schemes for family caregivers of older relatives (Bettio & Verashchagina, 2012; Bouget et al., 2016; Brimblecombe et al., 2018; Courtin et al., 2014; Le Bihan et al., 2019). Often, these programs are limited to very short periods of care for terminally ill relatives and are unpaid or dependent on the employer's consent. Most European welfare states offer paid (full-time or part-time) leaves only for short periods and/or with low income compensation rates (e.g., Austria), or with a combination of flat-rate compensation and continued social security rights (e.g., Ireland) (Eggers et al., 2020; Le Bihan et al., 2019). As a consequence,

both women and men suffer wage losses when interrupting their employment to care for older relatives (Ehrlich et al., 2020).

The Italian welfare state is an exception because it offers a comprehensive leave scheme for the care of persons with severe care needs (Jessoula et al., 2018). Family caregivers in employment relationships can take leave for up to two years with full income substitution in order to provide home-based care for relatives with severe care needs.

3.2 Policies that offer pay for family care work

Another long-debated political instrument for promoting gender equality in care policy is the revaluation of care work via financial compensation for family caregivers, regardless of their labor market attachments (Dalla Costa & James, 1972; Fraser, 1994; Ungerson, 2004). Particularly in the field of care for older people, many welfare states have introduced pay for (full-time or part-time) care by family members, along with elements of social security related to their care work; these belong to so-called *cash-for-care* systems (Da Roit & Le Bihan, 2019; Frericks et al., 2014; Rummery, 2009). The welfare states of Austria and, to a lesser extent, Germany, offer relatively generous cash-for-care schemes (Fink & Valovka, 2018; Gerlinger, 2018). Benefits are determined by the estimated time needed for care and, therefore, more extensively support caregivers to relatives with particularly high care needs (Eggers et al., 2022; Ranci & Arlotti, 2019). Depending on the amount paid and whether it is paid directly to the family caregiver or as a “routed wage” (Ungerson, 2004, p. 190) to the care recipient, such support can improve (mainly female) family caregivers’ financial situations and compensate for reduced or lacking income (Eggers et al., 2022). If the pay is generous, it can eliminate poverty risks and offer family caregivers the possibility of financial independence from their partners’ incomes and of acting as financially autonomous carer(s) (Orloff, 1993). Another consequence may be that family caregivers feel appreciated for their care work by the welfare state (Eichler & Pfau-Effinger, 2009).

Critics such as Daly (2011) and Rummery (2009) have argued that indirect access to benefits and/or low-level cash benefits may contribute less to gender equality and the recognition of family care work than to the reproduction of the traditional distribution of gender roles in care work, especially when combined. Indirect access to benefits tends to reinforce intra-familial financial dependency because it is not guaranteed that relatives will fully or partly transfer the benefits that they receive to their caregiving relatives. Low-level benefits expose family caregivers to high social risks, as the caregivers’ financial autonomy is not secured during the time of care work and, unless they receive income-securing pensions, they depend on financial support from a male breadwinner or are dependent on social security.

Although care policies are often designed to be gender-neutral, various factors, such as cultural ideals about family care (Eichler & Pfau-Effinger et al., 2009; Hess et al., 2023) or gender-specific differences in earnings (Schäfer & Gottschall, 2015), contribute to the fact that care work is still predominantly carried out by women (ILO, 2018; Spasova et al., 2018). Consequently, women are more often exposed to the risks associated with family care work. Cash-for-care programs have been criticized because they can disincentivize the further expansion of more cost-intensive extra-familial care infrastructure and discourage its subsidization by the welfare state, leading even to its replacement with family care work in times of austerity (Deusdad et al., 2016; Kodate & Timonen, 2017; Ranci & Pavolini, 2015; Rummery, 2009). When family members are unwilling to provide care and the care infrastructure is undeveloped, with a corresponding lack of older people’s social rights to extra-familial care, cash benefits can also facilitate the creation of precarious, illegal, or unregistered care work by migrants (Aulenbacher et al., 2021; Theobald & Luppi, 2018; Yamane, 2021). This risk is heightened when cash benefits are unregulated and their use is not properly monitored.

3.3 Policies that construct family care as formal employment

Another policy instrument that could promote gender equality in the work-care relationship involves treating family care for an older relative as formal, gainful employment (Eggers et al., 2021). This allows older people’s family caregivers to carry out their work as a regular, paid job. The care work is formally contracted such that it corresponds to the collective agreement and employment conditions of a fully secured employment relationship. The payment is determined by the wages of professional care workers,

and the benchmark is the extent of care work performed according to the agreement on working time in the formal work contract. Thus, the traditional theoretical dichotomy of informal family care work and formal employment is dissolved.

This approach to care policy assumes that equating family care work with formal, gainful employment would bring about gender equality, which would eliminate a significant proportion of the social risks attached to family care work. Consequently, it would render the question of whether women and men share equally in providing care somewhat irrelevant.

The Danish welfare state offers an example of such a care policy for older people. In Denmark, family members can provide care work for a relative as formal, fully secured employment (Liversage, 2023). Older people can receive extra-familial care from a state-approved professional care provider of their own choosing, but they also have the right to be cared for by family members or other individuals in their close environment. Over the period during which family members provide care for older relatives, they have a full- or part-time employment relationship with the municipality that is equal in all respects to professional care employment in the public sector (Eggers et al., 2020; Frericks et al., 2014). Based on unions' collective agreements, wages are legally set at 100% of the standard wage for formal, public care workers. The system includes potential family caregivers of all ages and is not limited to those of working age (Kvist, 2018).

One characteristic of this policy approach is that it dissolves the traditional distinction between work as a formal, paid activity that serves as the basis for earning income and family care work as an informal, unpaid activity. Instead, the institutional and contractual construction of family care work is adapted to that of formal paid work. This may also improve societal recognition of family care work.

This type of policy can significantly reduce the risks of exclusion from the employment system and loss of income and social security rights typically associated with family care work and its role in maintaining inequality. We argue that this kind of policy can contribute significantly to supporting gender equality in income and autonomy.

Nevertheless, this approach has limitations. Formal care work has long been devalued. In many developed welfare states, besides some of the Nordic welfare states, it is not associated with wages above the average of other professional occupations (OECD 2023; Schäfer & Gottschall, 2015). Family members previously employed in sectors and occupations with higher salaries than those of professional care workers must accept losses in income when taking on family care responsibilities. By contrast, individuals whose previous employment earnings were equal to or less than professional care wages would not experience any significant loss of income.

4. Conclusion

This article considered the implications of systematically including policies on paid family care in the concept of care policy for older people for theorizing the relationship between such policies and gender inequality. We introduced key arguments from the theoretical debate about the connection between care policy and gender inequality and about the role of extra-familial and family care policies in this debate. We demonstrated the role of family care in two different theoretical care-related dichotomies, i.e., the distinction between informal family care work and formal employment (based on a work-related perspective) and that between family care and extra-familial care (based on a services-related perspective). These perspectives are connected in feminist debates about the path to gender equality, but these debates have some shortcomings regarding the implications of policies that actively support family caregivers for promoting gender equality. We introduced a new perspective on the relationship between care policies for older people and gender that systematically includes family care policies that offer public financing and elements of social security for family caregivers. Moreover, we examined the suitability of various relatively new family care policy instruments to determine the extent to which they contribute to reducing gender inequality. These include care leaves, paid family care provision, and the construction of family care as formal employment. Our analysis and discussion show that these new policy instruments have contributed, to varying degrees, to blurring the boundaries between family care and extra-familial care, and between informal family care work and formal employment. We found that such family care policies have the potential to promote a higher degree of gender equality if they

- (1) offer long care leaves with full income substitution, continued social security, and job security for employed people, and/or

(2) offer generous pay and social security rights, or, ideally, construct family care as formal employment for family caregivers;

(3) are combined with generous extra-familial care policies.

Based on our analysis of the new family care policy instruments, we found the following capabilities and limitations in promoting gender equality:

Paid care leaves support employed family caregivers by offering them pay, social security, and job security during their absence from work. However, an important limitation is that paid care leaves mainly address employed family members, while those who are unemployed, temporary employed, employed in mini-jobs, or of pension age are excluded. Longer care leaves can also be connected with career disadvantages for family caregivers.

By contrast, paid family care in the context of cash-for-care schemes is more inclusive, since it is offered to family caregivers regardless of their employment status. However, these schemes are limited in that their pay for family care is often rather low compared to formal care work wages, or in that the pay is directed at the care recipient, who can decide whether or not to transfer it to the family caregiver as a “routed wage” (Ungerson, 2004, p. 190). Paid family care runs a high risk of maintaining gender inequality in the care-work relationship and substantial parts of the social risks associated with providing care.

According to our analysis, both of these types of family care policies therefore have limited potential for reevaluating family care work and promoting gender equality. Without to some extent treating care work as paid employment, little equality can be achieved between the two, and the inclusion of men in family care provision will be minimally incentivized. For this reason, family care policies that treat care work as paid employment seem to be more adequate to promoting gender equality. On their basis, family members can provide care for the necessary time in a financially and socially secure way. While such policies could also incentivize men’s participation in care work, this is not an essential precondition to achieving gender equality in the work-care relationship. Rather, as family care work and paid employment are treated similarly, it is to some extent irrelevant whether men and women share equally in care and waged work. One limit to this scheme, however, is that in several welfare states, professional care workers’ wages are relatively low. It should also be considered that for family care policies to promote gender equality, it is generally important that they be combined with extra-familial care policies that generously support affordable care by care agencies and in care homes. Only on this basis can family members choose whether to provide the care themselves or to maintain their regular employment.

This article offers a new contribution to the theoretical debates about gender and care policy by evaluating the implications of systematically including policies on paid family care in the study of care policy. By doing so, it helps clarify the circumstances under which policy support for family care can promote gender equality.

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Information in German

Deutscher Titel

Gender und Politiken zur bezahlten familialen Pflege – Übersicht über die Debatte und theoretische Reflektionen

Zusammenfassung

Fragestellung: Der Artikel diskutiert, welches die Folgen sind, wenn man die Politiken zur bezahlten familialen Pflege systematisch in die theoretischen Ansätze zum Verhältnis von Pflegepolitik und Gender einbezieht.

Hintergrund: Es ist eine gängige Annahme in den theoretischen Diskussionen über das Verhältnis von Pflegepolitik und Gender, dass Politiken, die die extra-familiale Pflege fördern, auch die Partizipation von Frauen in der formellen, bezahlten Erwerbsarbeit fördern und damit dazu beitragen, die Ungleichheit im Geschlechterverhältnis zu reduzieren. Im Unterschied dazu ist die Rolle von Pflegepolitiken, die eine Bezahlung und Elemente der sozialen Sicherung für die familiale Pflege anbieten, für die Geschlechtergleichstellung umstritten.

Methode: Der Artikel trägt zu dieser theoretischen Diskussion bei, indem er den Beitrag neuer Politiken zur Förderung bezahlter familialer Pflege für die Geschlechtergleichstellung theoretisch einordnet und diskutiert. Das theoretische Argument wird auf der Grundlage der Ergebnisse wissenschaftlicher empirischer Studien kontextualisiert.

Ergebnisse: Wir argumentieren, dass die neuen Politiken zur Förderung der bezahlten familialen Pflege zu einem gewissen Maß und unter bestimmten Bedingungen dazu beitragen können, die Ungleichheit im Geschlechterverhältnis zu reduzieren.

Schlussfolgerung: Der Artikel trägt zur theoretischen Diskussion über das Verhältnis von Pflegepolitik und Gender bei, indem er analysiert und reflektiert, welche Folgen der systematische Einbezug neuerer Politiken zur bezahlten familialen Pflege für die Theoriebildung hat. Er arbeitet dabei auch die Bedingungen heraus, unter denen diese Politiken dazu beitragen können, die Ungleichheit im Geschlechterverhältnis zu reduzieren.

Schlagwörter: Theoriebildung, Pflegepolitik, familiale Pflege, Gender

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