

The EQUAL CARE Manifesto

We all rely on the care and attention of others over the course of our lives. That applies just as much to newborn babies as to pre-school and primary school children, but also as young adults, professionals, when we are ill or have a disability, and of course in old age, we benefit time and again in our daily lives from the care work¹ of others; our health, well-being, quality of life and social interaction² all depend on it.

This care work and the mental load³ are predominantly born by women and girls – either unpaid or underpaid. That leaves them with less, sometimes absolutely no time for paid work, for further and continuous education, and thus with less or no income whatsoever. Globally, women carry out over 12 billion hours of unpaid care work (Oxfam study 2020⁵). If they were paid even minimum wage, this sum would be 24 times greater than the turnovers of the tech giants Apple, Google and Facebook put together. And German GDP would be approximately a third higher than reported in overall calculations thus far (Wirtschaft und Statistik 2/2016⁶). However, private care work does not feature among these economic KPIs which serve as a nation's 'measure of wealth', despite being the foundation of all economic activity. Nevertheless, companies take it as read that they can rely upon it without covering a share of the costs. This shows how closely linked the care and the climate crises are: in both instances, resources are exploited for individual profit maximisation, while society is left to bear the consequences.

Economists and economic experts seldom broach the subject. The care sector⁷ is the largest economic sector, and again here, two thirds of paid care work worldwide is carried out by women. The percentage of women is even higher in Germany. In 2019 it was 84.2% in the medical professions, ambulance service and in care, and as high as 89.6% in childcare. Moreover, the working conditions and wages in female-dominated care professions by no means tally with the high qualifications and multifaceted care services required on a daily basis.

How can it be that, when compared internationally, a nation as wealthy as Germany has such an extremely poor allocation of staff for care professionals and midwives (verdi 2017¹⁰) and is so far behind Japan, Norway, the Netherlands and Belgium? It is a pretentious strategy to seek to master the national care crisis with healthcare professionals and underpaid domestic workers from other countries, often with unclear residence status. Global care chains¹¹ have in the past already seen healthcare and care professionals being enticed away from their countries of origin, where they are also desperately needed ("care-drain"¹²), or care staff being deployed in '24-hour indoor care' who are wholly inadequately qualified to perform such care duties. The consequences are also highly problematic for those people in need of care and assistance in Germany, as has recently become more apparent than ever. Many domestic workers are returning to their countries of origin due to the Corona pandemic, and it is currently completely unclear as to who will continue to provide private domestic care to those in need.

Although on average women in Germany work one hour more per day than men (unpaid and paid), there is currently a considerable pay gap of 21% (23% worldwide). In the 'rush hour' of life in which important decisions relationship, career and family planning decisions are made, women take on more than double the amount of socially required unpaid care work than men. The gender care gap is particularly high at 110.6% at the age of 34 (Klünder 2017¹⁴). Mothers are often accused of having made an "unfortunate life planning" decision because they decided to have children. Even after returning to work they remain responsible for care work, often also for relatives in need of care, and have to come to terms with losses in income which are justified as "human capital loss due to interruption" (Galler, 1991¹⁵). This inequality is intensified in times of closed nurseries and schools and increasing numbers of ill people, leading to an even greater burden. The fact that the needs of children were completely overlooked in the initial reactions to the coronavirus pandemic, with the focus exclusively on health issues and economic interests, demonstrates that parents, above all mothers, are expected time and again to master this Utopian balancing act in all aspects of life on their own.

The disadvantageous position of women due to the gender care gap becomes most evident when looking at the pension gap. Up to 75% of women currently aged between 35 and 50 will draw a pension which is below the current Hartz-IV unemployment benefit level (Boll 2016¹⁶). The unequal distribution and systematic devaluation of care work consequently creates inequality in income, wealth, time and influence between men and women, and exacerbates existing global inequality between rich and poor. Men possess 50% more wealth than women on a global level. By the same token, the gender lifetime gap contrasts the economic, social and political disadvantage of women: on average, men live five years less than women, which can also be explained by (self) care not being part of the hegemonic image of masculinity. However, now is not the time to apportion blame, nor to tot up the advantages and privileges of some and the sacrifices and disadvantages of others. Rather, it is a question of equitable coexistence in families and other areas of responsibility in Germany and worldwide; it is a question of the fair distribution of care work, irrespective of gender, income or origin, it is a question of equality and respect!

We encourage all people who have a care responsibility, be it professional, private or voluntary, to join forces and fight for a fundamental transformation of the system and its values. We appeal to all those people who are currently clearly experiencing how much they personally benefit from care work by others to no longer underestimate the financial and immaterial value of care and to demonstrate their solidarity by supporting the long overdue fight for more care equality, also after the coronavirus pandemic. Care work is not only essential, it is the foundation of our system!

The current situation in spring 2020 has forced us all to pause for thought, the system as we previously knew it has been put on hold. If the easing of restrictions and support programmes are now being discussed to mitigate the effects of the pandemic on the various social sectors, the essentiality of care work must be the guideline. We must accept a system being put back into place after the pandemic which is only very partially up to the current challenges and which does not give sufficient recognition to unpaid and underpaid care work.

We therefore appeal to all decision makers in industry, science and politics to support us in this cause and commit to the fair distribution of care work, income and wealth and to corresponding framework conditions. In particular, we request the Federal Government to finally implement the existing laws and agreements and to advocate for financial and immaterial recognition and a fair distribution of care work worldwide. The care and climate crises and current experiences during the coronavirus pandemic must be seized as an opportunity to comprehensively rethink and sustainably change the existing economic model!

Our demands:

I – Acknowledgement and appreciation

1. **Portrayal of value creation from unpaid care work** in macroeconomic accounting (e.g. gross domestic product) as it is decisive for social prosperity.
2. **The development of a cohesive strategy** both for the greater appreciation of unpaid care work and for the revaluation and financial upgrading of care professions (SAHGE professions)¹⁷.
3. **Standardisation of social insurance for private care work**, be it childcare, welfare or care, with equal appreciation in old age provisions. In doing so, the Federal Government must **also make a commitment within development cooperation**, e.g. by implementing a global fund for social security to (also) improve pensions, child support and unemployment benefits in poor countries.
4. **The introduction of financially secured family working hours** and flexible time budgets for care work provided for children, the ill and relatives in need of care, coupled with actual remuneration (care allowance, e.g. to the sum of parental benefits).
5. **Investments** in general child support, support of older people and the care of people with disabilities, as well as universal access to non-fee paying public education, healthcare, access to water, sanitation facilities and residential energy systems must be ensured by governments worldwide.

II - Fair distribution

1. **The consistent implementation of existing laws and guidelines** on Länder and national level, in particular of the BMFSFJ care charter, the UN Disability Rights Convention, and the recommendations of the second equality report of the Federal Government and the 'National Health Goal. Health before and after birth', and the enshrinement of children's rights in the constitution as provided for in the coalition pact.
2. **Gender, care and diversity aware pedagogy** along the entire childcare and education chain. The development of a care CV of equal standing to a professional CV must be introduced as an educational goal.
3. **The support and promotion of equal work sharing** in families and communities of responsibility through alternative employment models, e.g. a fundamental reduction of working hours and a work-care model¹⁸. In particular, that includes tax legislation (splitting taxation for married couples) and supportive measures (parental benefit +) and an expansion of non-transferable (basic) parental benefit months.
4. **Pay equality¹⁹ between women and men** under consideration of the causal origins of the pay gap and care gap. Implementation of legally prescribed pay transparency.
5. **Assumption of care responsibility by private sector enterprises.** Appreciative measures and contributions which reward private and in-house care work and secure the livelihoods and health of care providers are required.
6. **The solution of one's own care crisis must not be detrimental to other nations and care providers' rights must be guaranteed and protected.** A first necessary step is the implementation of ILO convention 189, 'Domestic Workers Convention'²⁰.

III – Structural support and framework conditions

- 1 Renunciation of the primacy of informal care in favour of an expansion of professional support offers** to enable mixed care arrangements thus affording everyone a realistic opportunity to continue their professional career path even in the event of care necessities arising. In this respect, municipal support structures / care work centres (e.g. as per the Scandinavian role model) must be established and expanded.
- 2 Better working conditions in all caring professions**, for instance reliable staff allocations, no consolidation due to profit orientation, training remuneration.
- 3 Renunciation of per-case flat-rates²¹ and consideration of follow-up costs** / after-effects which arise from unprovided or insufficient care work due to pressures to economise. Factoring-in of lifelong follow-up costs, for which not the individual but rather the structural neglect of care is responsible.
- 4 Influence of caring relatives on decision-making processes:** Governments worldwide must facilitate the participation of unpaid carers and other affected persons in political fora and processes on all levels and invest resources into the collection of comprehensive data to be able to assess the effects of policies on carers. This also includes the inclusion of civil society stakeholders, e.g. local women's rights organisations.
- 5 Comprehensive education of care workers regarding their rights**, in particular caring relatives, transnational domestic workers and young carers²².
- 6 Simple and legal access for all to household services** through the introduction of subsidised vouchers²³ (as stipulated in the Federal Government's current coalition pact!) to also reach households with medium and low incomes and reinforce certified service providers.
- 7 Consider the 'social impact' when subsidising companies** and in particular make sustainable care and environmental protection concepts a condition when allocating contracts, public funding and loans. Create incentives for 'caring companies' with respect to nature, employees and consumers (corporate social responsibility²⁴).

Comments

- Care work denotes the unpaid and paid (re-)productive activities of caring and taking care, it is solicitude and self-care. It begins with the support and care of new-born babies and new mothers and extends through childcare, education and care of pre-school and primary school aged children, family and professional care and support in the event of illness or disability, to helping people to help themselves, amongst friends, neighbours, acquaintances, and old age care, palliative care and tending to graves. The term care as used by the Equal Care Day Initiative thus also encompasses the very everyday, recurrent taking care of and providing for all household members and the knowledge, organisation and responsibility ('mental load') which that brings with it. 'Care' not only refers to proximal care work, but also includes cooking, cleaning, repairs and all domestic chores, and in many countries of the global south already begins with the sourcing of clean drinking water or firewood.
- Care work begins with the birth of a person, and the current state of a society is reflected by the way we deal with that. For at the moment that life begins and a family is initiated, a child becomes aware of the value the society into which it is born attaches to the fundamental human necessities of bonding, safety and care. This is where the foundations are laid for the ability to bond, the basis for social interaction and cohesion. However, a society which bases its understanding of economy on the economisation of birth and all subsequent care work will pay dearly for this miscalculation in its members' later lives.
- Mental load refers to the burden of the everyday, invisible responsibility for organising a household and family in a private context, coordination and mediation in teams in a professional context, and the maintenance of relationships and consideration of the needs and sensitivities of all involved in both spheres.

4. Unlike the definition used in the Federal Government's second equality report, which only considers private, unpaid care work and the purely temporal aspect, we include all paid and unpaid care activities in private, voluntary and professional fields in our understanding of the gender care gap term. The gender care gap denotes the difference in the time spent on care work by women and men and also includes the unequal distribution of the mental load and the gap between practical and theoretical care knowledge. Unlike the definition used in the Federal Government's second equality report, which only considers private, unpaid care work and the purely temporal aspect, we include all paid and unpaid care activities in private, voluntary and professional fields, for if the focus is only placed on the gap in private households, the fact that the care gap is predominantly smaller in those couples who are in a financial situation to outsource care work is overlooked. Because these activities are again usually shouldered by women, the fundamental problem of unequal distribution thus remains. Moreover, solely focussing on time renders the necessary expertise and responsibility invisible. If this share is already undervalued in a private setting, it impacts professional remuneration.
5. Source: www.oxfam.de/system/files/2020_oxfam_ungleichheit_studie_deutsch_schatten-der-profite.pdf
6. Source: www.destatis.de/DE/Methoden/WISTA-Wirtschaft-und-Statistik/2016/02/unbezahlte-arbeit-022016.pdf
7. Nurses, nursery school teachers, domestic workers, geriatric nurses and other care professions
8. Percentage of women in the healthcare and nursing sector according to the Federal Employment Agency 2019: 84.2% Source: <https://statistik.arbeitsagentur.de/Navigation/Statistik/Statistische-Analysen/Interaktive-Visualisierung/Berufe-auf-einen-Blick/Berufe-auf-einen-Blick-Anwendung-Nav.html>
9. Percentage of women in the childcare sector according to the Federal Employment Agency 2019: 89.6% (Source: *ibid*)
10. Source: gesundheit-soziales.verdi.de/++file++597b2cdf1b4cd11fdacb87e/download/V03-17-041%20Brosch_Personalbemessung_WEB.cleaned.pdf
11. Highly qualified women with a high-paid professional activity can often afford to further pursue their careers by paying a third party for care work (cleaning staff, domestic workers etc.). This care work is usually carried out by women with a migratory background for considerably lower wages - and often under precarious conditions. While transnational migrant women take on the care of children and older people abroad, they leave behind them a care gap in their own family, which consequently has to be filled by members of their family network or by passing this work on to migrant women from an economically less wealthy country. The care chain term was coined by the sociologist Arlie Hochschild. (Source: <https://www.boell.de/de/2014/03/03/das-care-chain-konzept-auf-dem-pruefstand>)
12. "Care drain" is a specific form of brain drain, in which staff in the care sector leave their country of origin. This can lead to social, economic and humanitarian losses for the affected country. Germany is both a cause of care drain in other countries and at the same time is affected by care drain itself.
13. Gender pay gap = the difference in average payment between men and women. The gender pay gap is usually the result of the average difference between gross hourly wages of all employed men and those of employed women and is calculated as a percentage of the earnings of men. (Source: https://www.diw.de/de/diw_01.c.543722.de/presse/glossar/gender_pay_gap.html)
14. Klünder, N. (2017): Differenzierte Ermittlung des Gender Care Gap auf Basis der repräsentativen Zeitverwendungsdaten 2012/13. Expertise für den Zweiten Gleichstellungsbericht der Bundesregierung. Berlin.
15. Galler, H. P. (1991): Opportunitätskosten der Entscheidung für Familie und Haushalt. p. 137. In: Gräbe, S. (Hrsg.): Der private Haushalt als Wirtschafts- faktor. Frankfurt a. M.
16. Boll, C., Jahn, M., Lagemann, A., Puckelwald, J. (2016): Dauerhaft ungleich – berufsspezifische Lebenserwerbseinkommen von Frauen und Männern in Deutschland, Hamburg.
17. "The acronym "MINT" for careers in mathematics, IT, science and technology is already well-established. It is supplemented by the acronym "SAHGE" for the care professions. The acronym stands for "social work, domestic services, health and education professions" (from the report of the Expert Commission for the Second Equality Report of the Federal Government)
18. The work-and-care model seeks to enable all people, according to the requirements in the course of their lives, to provide private care work in addition to their employment; at the same time, informal care work must always be compatible with employment. Corresponding framework conditions are thereby required which facilitate participation in working life without having to forego private care work. From the summary of the Second Equality Report, Berlin 2017, p. 16
19. Same pay for the same or equivalent work ([Federal Anti-Discrimination Office](http://www.antidiskriminierungsstelle.de/DE/ThemenUndForschung/Entgeltgleichheit/Entgeltgleichheit_node.html)). Source: https://www.antidiskriminierungsstelle.de/DE/ThemenUndForschung/Entgeltgleichheit/Entgeltgleichheit_node.html
20. As part of their national care systems, governments shall ensure that legal, economic and employment policy measures are taken to protect the rights of all caring family members and paid care workers in both the formal and informal sectors, and monitor their implementation. This includes the ratification of ILO Convention 189 concerning the protection of domestic workers and a policy which ensures that all care workers earn a living wage, and which seeks to rectify gender-specific pay gaps. (Source: https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/normativeinstrument/wcms_c189_de.pdf)
21. The per-case flat-rate (DRG) is a form of remuneration of services in the healthcare system. Certain monetary values for standard cases are allocated to a case group. Clinics thus do not invoice according to duration, but by treatment case. Fixed sum invoicing was introduced to create an incentive to reduce costs, however there are no quality assurance mechanisms, no sufficient transparency about actual costs in individual cases, and no protection from excessive or insufficient therapy.
22. Minors who care for family members (In Germany, 5-6 % of all children and adolescents take on 20 hours of care work per week for family members).
23. In this regard, see the thoroughly positive results according to the "Transfer of domestic services into employment subject to social-security contributions" model test carried out in Baden-Württemberg in 2017 and 2019. (Source: <https://www.hs-fulda.de/forschen/forschungseinrichtungen/wissenschaftliche-zentren-und-forschungsverbuende/elve/pqhd>).
24. CSR is a company's responsibility for its impact on society. This includes social, ecological and economic aspects. (Source: <https://www.csr-in-deutschland.de/DE/Was-ist-CSR/Grundlagen/Nachhaltigkeit-und-CSR/nachhaltigkeit-und-csr.html>)

