

WP3 Capacity Building - Promoting
Inclusive Practices in the Disability
Care Workforce

**D3.1. Training and
Awareness raising Manual**
ASOCIACIÓN FRESS



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Abstract	The Equal Care Training Manual has been designed to provide a structured approach to developing competences in the care sector. It simplifies the national pilot methodology and ensuring it is accessible to trainers, learners, and partner organisations
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1. Introduction

The Equal Care Training Manual has been designed to provide a structured approach to developing competences in the care sector. It simplifies the national pilot methodology and ensures it is accessible to trainers, learners, and partner organisations.

This manual allows that the training will be interactive, will last 8-10 hours each in a blended methodology, and span from 1.5 to 3 days, delivered by trainers trained in T3.3.

2. Objectives

The main objectives of the EQUAL-CARE training program are:

- To enhance the skills and competences of care professionals
- To provide accessible and inclusive learning materials.
- To foster cooperation among European partners.
- To promote quality, sustainability, and equal opportunities in care training.

3. Target audience

TG2. Employers, HR & management of disability care providers

TG1. Workforce (social care providers, nursing professionals etc).

4. Learning units and essential competences

The following section includes the essential competences identified in the EQUAL-CARE project, structured according to knowledge, skills, and responsibility/autonomy and contents about every learning unit for the two TGs.

General public

LEARNING UNITS		ESSENTIAL COMPETENCIES
0	Intro: Value of care/ Men and women in care	- Ability to analyze, value, and apply care as a universal human need and right, recognizing its cultural variations, economic implications, and the importance of equitable distribution of caregiving roles regardless of gender. - Ability to recognize and critically reflect on the roles of formal and informal caregiving, evaluate how caregiving affects personal, social, and professional life, and promote fair and gender-aware sharing of care responsibilities.

TG2: Employers, HR & management of disability care providers

LEARNING UNITS		ESSENTIAL COMPETENCIES
1	Intervention against women discrimination	How to prevent and protect organization staff against any form of unfavorable treatment and discrimination of women
2	Legal Compliance and Gender Equality	How to ensure organizational compliance with gender equality laws and regulations
3	Gender Equality Policy	How to develop a Gender Equality Policy in the organization
4	Gender Bias at workplace	How to detect, measure and intervene with Gender Bias
5	Creating Inclusive Workplace Cultures	Creating Inclusive Workplace Cultures
6	Pay Equity	How to identify pay disparities and strategies to close the pay gap
7	Accountability and Tracking	How to develop a Gender Equality Plan in the organization
8	Balanced presence of women and men in care sector	How to guarantee the balanced presence of women and men at all levels of the organization (eliminate vertical and/or horizontal segregation).

TG1:Workforce (social care providers, nursing professionals etc).

LEARNING UNITS		ESSENTIAL COMPETENCIES
1	Gender Bias at workplace	How to understand an unconscious bias and its workplace impact
2	Pay Equity	How to identify pay disparities, and strategies to advocate for fair and transparent pay practices
3	Advocacy, Negotiation skills & leadership development	Self-empowerment on how to advocate for themselves
4	Work-Life Balance Strategies	How balance caregiving responsibilities with personal and professional life

5. Learning units

Each learning unit derived from the essential competences established previously in a competences matrix. Contents include key topics, learning activities and material/resources.

Learning activities can include:

- Case study (audiovisual, document, etc...)
- Role Playing
- Semi structured Interview
- Practical in the environment
- Design of measures
- Simulation of measures implementation
- Group discussions
- Reflective exercises.

Material and resources such as reading texts, multimedia, case study examples, and external references, with the correspondent link to internet/project google drive.

PowerPoint presentations have been developed for each learning unit.

Learning unit assessment form: Each learning unit includes a google form to assess the knowledge acquisition after the session.

General public

0.Intro: Value of care/ Men and women in care

Basic competence to acquire:

Ability to analyse, value, and apply care as a universal human need and right, recognizing its cultural variations, economic implications, and the importance of equitable distribution of caregiving roles regardless of gender.

Ability to recognize and critically reflect on the roles of formal and informal caregiving, evaluate how caregiving affects personal, social, and professional life, and promote fair and gender-aware sharing of care responsibilities.

Materials to use:

- PPT Learning Unit 0. Intro: Value Of Care/ Men And Women In Care
- Worksheet 1
- Carers Digital Toolkit

Contents

0.1. Care as universal value and need

Caring for those members of the community who cannot care for themselves is a characteristic of all developed civilizations. Human beings are born helpless and completely dependent on others. Although we usually gain more independence as we grow older, our connection with other members of the community greatly influences the course of our lives. Humans also have an innate ability to show solidarity. “Humans have an innate ability to become compassionate (...), but whether they develop from birth to death into a good, compassionate person who is increasingly capable of creating beautiful coexistence and fruitful cooperation, or into an apathetic egoist, depends on their experience, upbringing and orientation.” (Ramovš, 2017, pg. 498).

The question is also whether an individual experiences dependence with resistance as an obstacle to their independence or with joy as a driving force for better coexistence with others. (Ramovš, 2017, pg.53). Grateful acceptance of care allows both the care receiver and the caregiver to grow personally during the period of care provision. Since we learn solidarity and compassion only through the experience of giving or receiving care—whether for children, frail older adults, or people with chronic illnesses or disabilities—and since care is essential for the survival and quality of life of those in need, it can be argued that interdependence is not only necessary but also beneficial for the development of society.

Throughout history, humans have been dependent on society, circumstances, and the culture of their community. From conception to death, every human being is dependent on others for survival – literally, to be born, to be helped to satisfy their immediate and developmental needs, to be buried after death and to be remembered. We are usually unaware of our dependencies.

If we consciously accept it and creatively realize it in mutual coexistence and coexistence with nature, this is the essence of the answer to the mystery of all humankind and human development.

By receiving help from others, a person survives and develops; by helping others, they survive and develop. This is also crucial in another respect: when a person experiences others, empathises with them and consciously responds to their needs, they develop themselves – personal development occurs through communication and cooperation.

Modern neuroscience accurately reveals this fundamental law of the human brain and its creativity, while people of all cultures have perceived it intuitively and with an ethical imperative to realize it. (Ramovš, 2020, *Integrirana dolgotrajna oskrba*, pg. 61).

Nevertheless, in today's world, co-dependence does not usually have positive connotations. "Even though unhealthy interdependencies exist, this does not mean that co-dependency between people is something dangerous or bad. On the contrary, co-dependency is one of the greatest sources of human development and harmonious coexistence. So how did today's mistaken contempt for co-dependency come about? Throughout the 20th century, developed societies emphasized freedom and autonomy. Today, we are imbued with the ideal of self-sufficient independence of the individual. This has a high advertising value, while personal responsibility in coexistence is underestimated and has a moralizing aftertaste. In reality, freedom and responsibility are complementary poles of the same human capacity. Revolving around one's own ego is one of the collective delusions or pathologies of our time..." (Frankl, according to Ramovš, 2017, pg. 53 and 54).

0.2. Different traditional models of care

Traditional models of care vary around the world. In Europe over the past millennia, long-term care has largely been the responsibility of the primary or extended family, main motivational drivers being cultural and religious norms of respecting elders.

In such contexts, women usually bear most of the caring burden due to – also traditional – patriarchy. (Ramovš, 2020, *Integrirana dolgotrajna oskrba*, pg.27).

The industrial revolution brought about changes in thinking about various social processes, including long-term care. From the 19th century onwards, institutions offering long-term care provided by professionals began to appear in increasing numbers. (Ramovš, 2020, *Integrirana dolgotrajna oskrba*, pg.29).

In the information society of the 21st century, long-term care is facing new changes—an increase in demand for care in terms of both quantity and quality of services. Two main characteristics of long-term care development is evident: 1. integration of LTC and 2. community-based LTC (Ramovš, 2020, *Integrirana dolgotrajna oskrba*, pg. 32).

The very concept of care is therefore also changing. It no longer refers only to physical assistance and/or health services but also encompasses social care and a holistic approach to the individual. Long-term care as defined by the European Commission, now consists of a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care. These daily living activities may be self-care activities such as bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet, and controlling physiological functions. Alternatively, they may be related to independent living activities such as preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone.

Not long ago, we were striving for care that focused on the individual or person – person-centered care which has had great value in moving the focus from institution towards the individual and their needs (compare Coulter and Oldham, 2016; Grover et al., 2022). But the core of care provision seems to be in the relationship, so it is no wonder that today the relational model is coming to the fore (Tieu and Matthews, 2023). It seems that we are becoming increasingly aware that care takes place in specific relationships and communities (Ramovš, 2020, Integrirana dolgotrajna oskrba, pg.32). Relationships cannot be serialized, otherwise they become impersonal, which also applies to care. The key to quality care lies in a quality relationship between the caregiver and the care recipient. When planning good care, it is therefore also crucial to consider the context. The fact is that in an aging society, care needs are growing to such an extent that both formal and informal care must work together and be integrated.

0.3. Understanding what it means to be informal and formal carer and how does care provision influence other aspects of life of an individual

In most European countries, a combination of both formal and informal care prevails: individuals in need of care are provided for by both professionals and informal carers.

Informal care refers to care for persons with disabilities or older people with care and support needs that is carried out by relatives, friends, acquaintances or neighbours, often without a contractual agreement or formal payment (European Center for Social Welfare Policy and Research). Formal care generally refers to paid care provided by professionals or professionally trained individuals for those in need.

Respectively, formal carers are employed in a professional care capacity that delivers services of care to an individual or group of individuals and who is paid. Informal carers, on the other hand, are people who provide – usually – unpaid care to someone with a chronic illness, disability or other long-lasting health or care need, outside a professional or formal framework.

Even though both groups provide care and face some similar challenges, there are also important differences between professional care workers and people, who care for their loved ones on top of their jobs.

Some exceptions:

In Spain the Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for People in Situations of Dependency provide with a financial assistance for care within the family environment and support for non-professional caregivers, this financial assistance is granted exceptionally when the beneficiary is being cared for by their spouse or relatives by blood, marriage, or adoption, up to the third degree of kinship.

The beneficiary must have been cared for by one of these individuals for the one-year period prior to the date of application, provided that adequate living conditions and habitability of the home exist, and as established in their Individual Care Plan (PIA).

The main characteristics of this assistance:

- Exceptional nature.
- Its purpose is to allow the beneficiary to remain in their home, cared for by non-professional caregivers, provided that adequate living conditions and habitability of the home exist.
- It will be established through the Individual Care Plan (PIA).
- Subject to the beneficiary's degree of dependency and financial resources

0.4. Cost-benefit of care for care provider and care receiver no matter the gender

Research conducted as part of the Equalcare project has confirmed that caregiving has both positive and negative consequences for caregivers. Caregivers are enriched by the satisfaction of those they care for, and they also feel their gratitude. A job well done means a lot to them. They learn a lot from those they care for, and caregiving fills them with a sense of purpose. It also brings them peace of mind, knowing that one day someone will take care of them too.

At the same time, caregivers also experience burnt-out. Formal caregivers are often exhausted by inadequate standards, hard physical work and lack of time to do quality work. Low payment, working in shifts and low social status worsen the situation.

Family and other informal caregivers on the other hand are most drained by the experiences their loved ones are living through while their care needs increase and the lack of knowledge and resources to properly support them. It is especially exhausting when LTC is intense and demands constant monitoring. In such situations sharing caring responsibilities is crucial to maintain the carer's health. It is worth mentioning that ethical motivation is one of the strongest motivators in caregiving (Ramovš et al., 2013), but if it is not supported by the system that provides training, information and support services, this motivation can turn into moral exhaustion and already mentioned burn-out.

It is important to understand the context in which caregiving takes place and the challenges faced by individual caregivers, but above all, it is important to understand their motivation. All of this must be taken into account when planning a personal balance between caregiving responsibilities and the caregiver's needs. From this perspective, it is particularly important to create conditions in which caregiving can proceed as smoothly as possible, while also taking into account the caregiver's capabilities.

0.5. Work-care-other life balance

Finding balance and establishing their own well-being is a particular challenge for caregivers. In 2019, the Council of Europe and the European Parliament issued a directive on work-life balance for parents and carers. The main rights of carers arising from the directive, which Member States should make available to their citizens by 2022, relate to carers' leave, the right to flexible working hours and reduced working hours, as well as protection against discrimination.

Eurocarers issued a position paper on the matter and exposed some weaknesses of the directive, mainly being the narrow definition of carers – it applies only to working carers (The Work Life Balance Directive: what is in it for carers?, 2019, pg.2).

Informal caregivers who are not employed therefore have no special legal protection in terms of maintaining a healthy balance. It is therefore even more important for them to at least have the knowledge of how to take care of themselves.

As said by one of the most prominent Slovenian gerontologists, dr. Jože Ramovš: If you want to care for yourself, provide care to others and if you want to provide care for others, take care of yourself. It is important that carers take care of their own health as well as their social inclusion. The support of other caregivers is crucial for exchanging good ideas and strategies, and above all for reducing feelings of loneliness and helplessness. In this light, maintaining social ties, also in form of carers support groups, is one of the most important protective factors.

When it comes to systematic monitoring and planning of self-care, caregivers may find the Carers digital toolkit quite useful.

0.6. Personal experience of care provision

When thinking about care, we inevitably draw on our own experiences or those we have witnessed. This information contains potential personal concerns and fears, as well as desires and hopes about LTC. Because we want to pave the way for a bright future, it is important to learn from good experiences. What can we learn from our own experiences of care?

When we are helpless, it is especially important that we are taken into account. This does not necessarily mean that all our wishes will be fulfilled or all our needs met—sometimes this is simply not possible. However, it is crucial that, regardless of our abilities, we are involved in responsive and respectful relationships.

The in-group social learning method is particularly valuable for empowering informal and formal carers because it places individual experience at the Center of learning. Through guided group dialogue, carers share their own stories, challenges, and solutions in a safe environment, transforming personal experience into collective knowledge.

This process helps participants recognize the value of their lived experience and builds mutual empathy and solidarity among group members. By reflecting on and exchanging real-life caregiving experiences, carers not only gain practical skills and confidence but also develop a stronger sense of dignity, self-worth, and belonging. In this way, the method empowers them both personally and relationally—turning experience into a source of strength and growth rather than burden or isolation (Ramovš et al., 2019, Informal Carers Training: In-group social learning as an effective method for quality care empowerment).

0.7. Gender specifics in care

As mentioned, women predominate in both formal and informal care. This finding was also confirmed by field research conducted as part of the EqualCare project.

While there are a lot of commonalities, there are also differences between women and men who provide care. As part of the EqualCare research we found out that while on the one hand the care provided by women is often overlooked, male caregivers stand out and often face social stigma—care is still not recognized as a "man's job" in a lot of European countries.

Also, although men are generally very welcome in professional care environments, they may also encounter mistrust and prejudice from the care recipients themselves, which has a demotivating effect.

Research also tells us that while in a lot of countries more men are starting to be involved in care, if we look at the graphs more closely, we see that more intensive forms of care are still dominated by women.

One important aspect of care is also motivation and while, according to the research, moral drive is motivation to care for both male and female carers, there are also differences between genders in terms of where they find motivation for their work. Women caregivers tend to place greater importance on their care recipients being satisfied and grateful, while men derive more satisfaction from a job well done (Ramovš et al., 2013). Knowing these and other gender specifics in care can help us better understand and support both male and female carers.

Learning activity 0.

Type of activity: In-group social learning

Learning objectives:

- Reflect on personal experience of receiving care
- Encourage reflection on care provision and quality of care

Instructions:

- Reflection upon the question: „Think of a positive experience, when someone took care of you and you received help. How did you benefit from this experience – personally and when caring for others? “
- Reflection upon the question: „What does quality long-term care mean to you? Can you give an example from your professional or personal life experience? “
- At first, each individual thinks about their own experience
- Personal experience is shared in small- or medium-sized groups (with a minimum of 2 and a maximum of 25 participants), following Golden rules of communication.

Each group is moderated by a group leader — a previously trained educator. It is important to note that group work is based on the principles of solidarity, mutual understanding, and confidentiality.

Materials needed: worksheet with the main questions or an empty sheet of paper

Expected output:

- Shared experience and reflection on quality care based on experience
- Increased motivation to take part in quality LTC and in further training

Links to materials/resources:

- PPT Learning Unit 0. Intro: Value Of Care/ Men And Women In Care
- Worksheet 1
- Carers Digital Toolkit

Assessment

- **Link**
https://docs.google.com/forms/d/e/1FAIpQLSePZgRiVJht086sumlvPqXDSHuLaOM_nvIojYKxI_f1oiCFRQ/viewform?usp=header

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TG2: Employers, HR & management of disability care providers

1. Intervention against women discrimination

Basic competence to acquire:

How to prevent and protect organization staff against any form of unfavourable treatment and discrimination of women. Ability to recognise and prevent direct, indirect, and institutional discrimination.

Ability to ensure equal opportunities during and after maternity, paternity, parental, and carer leave.

Materials to use:

- PPT: *EQUAL_CARE_Training_Unit1_Against_Women_Discrimination_MARGARITA.pptx*
- EU Directives: 2006/54/EC, 2010/41/EU, 2019/1158, 2023/970
- Greek Laws: 3896/2010, 4443/2016, 4808/2021, P.D. 80/2022
- EIGE and Eurostat 2024 data
- Equal Care WP3 Manual & Toolkit templates

Content

1.1. Co-responsible exercise of the rights of personnel, family and work life: during and after pregnancy and during family leave (maternity/paternity/parental/carer leave)

This section explores how gender equality in care organisations depends on shared responsibility for family and professional life. Participants learn about EU Directive 2019/1158 on work–life balance and Greek Law 4808/2021, which guarantee equal access to maternity, paternity, parental and carer leave.

Through discussion and a practical **case study (Maria)**, they examine situations of indirect discrimination—such as reduced duties after maternity leave—and identify corrective actions in line with national and EU frameworks. Emphasis is placed on **normalising the use of family leave by men**, to dismantle the stereotype that caregiving is “women’s work.”

Key takeaways:

- Equal access and non-discriminatory treatment before, during and after family leave.
- Supportive reintegration measures for employees returning from leave.
- Promoting shared caregiving as a cultural and organisational value.

Learning activity 1.1:

Participants analyse the “Maria” scenario in small groups and draft an internal policy guaranteeing equal rights and shared responsibility for family-related leaves.

1.2. Flexible work arrangements

Participants discuss how flexible work systems contribute to equality, staff retention and mental well-being in the care sector. They examine barriers—such as rigid schedules and staffing constraints—and identify practical measures that improve inclusion without compromising service quality.

Real examples from Greek and European care settings illustrate how organisations can successfully balance flexibility with care continuity.

Practical measures:

- Flexible scheduling, telework options and task adjustments during pregnancy or health conditions.
- Right to request part-time or remote work without career disadvantage.
- Transparent internal communication ensuring fair access to flexible options for both men and women.

Learning activity 1.2:

Using national examples, participants design a short action plan introducing one flexible work measure in their organisation, specifying the benefits for staff and management.

1.3. Democratize recruitment & build Inclusive hiring processes

This part focuses on recognising and eliminating gender bias in recruitment and promotion. Participants learn to design inclusive and transparent selection systems that attract diverse candidates to the care sector.

Through a **role-play exercise**, they simulate management–employee negotiations for developing a fair recruitment policy and gender-balanced hiring criteria.

Key components of inclusive recruitment:

- Gender-neutral job descriptions and advertisements.
- Balanced interview panels and fair evaluation criteria.
- Anonymous CV screening and bias-free language in communication.
- Transparent promotion processes with equal access to career progression.

Expected outcome:

Participants understand how to transform recruitment from a procedural step into a tool for equity and diversity in the care workforce.

1.4. Engaging employees in building inclusive workplace

This section promotes active employee participation in creating a gender-equal organisational culture. Participants explore mechanisms to engage staff in developing, implementing and monitoring Gender Equality Plans (GEPs).

Emphasis is placed on **collective ownership**, transparency and open dialogue between management and staff.

Methods and tools:

- Equality committees or working groups with staff representatives.
- Peer mentoring and cross-gender support initiatives.
- Regular feedback and participatory review of equality measures.

Learning activity 1.4:

Participants reflect on “One change I will bring to my organisation” and propose one initiative to strengthen inclusion and cooperation between management and employees.

1.5. Staff Mental Health & Well-Being

Addressing discrimination also means ensuring the psychological safety of all workers. This section highlights how stress, burnout and perceived inequality undermine inclusion and service quality. Participants discuss how care organisations can promote well-being through preventive, structural and cultural actions.

Core topics:

- Burnout prevention and support structures (e.g., reflective supervision, debriefing).
- Promoting empathy, fairness, and recognition of emotional labour in care work.
- Psychological safety: building trust and open communication channels.
- Access to counselling or external mental health support when needed.

Learning activity 1.5:

Group exercise on identifying stress factors within participants’ own workplaces and proposing one supportive action to strengthen staff well-being and inclusion.

Assessment:

- Link: <https://forms.gle/L8hqrQBtENKMx4q4A>

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EU legal framework

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Greek legal framework

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Policy & practice on work-life balance, flexible work and mental health

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2. Legal Compliance and Gender Equality

Basic competence to acquire:

How ensure organization compliance with gender equality laws and regulations

Materials to use:

- PPT: *EQUAL_CARE_Training_Unit 2 Legal Compliance and Gender Equality*
- Printed case studies, flipchart
- Online collaboration tool (Miro, Mentimeter, Jamboard).

Objectives of the module

This module aims to equip employers, human resources (HR) professionals, and management teams in disability care providers with a comprehensive understanding of EU gender equality laws and regulations specific to the care sector. By the end of the module, participants will be able to understand their legal obligations under EU laws and ensure compliance, as well as to proactively implement measures to further promote gender equality within their organisation.

Format:

- **Part 1 provides a theoretical overview**, covering the EU's legal framework and actions on gender equality specific to the care sector. It also examines how Member States have implemented these laws and highlights initiatives from civil society organizations.
- **Part 2 is an interactive activity** designed to make participants reflect on their own practices, and help them to apply their knowledge, and identify key actions they can take to promote gender equality at work.

Contents

2.1. EU and gender equality laws and regulations in the care sector

The European Union (EU) offers a range of initiatives to advance gender equality in the care sector. While some provide voluntary guidance to improve equality and inclusion, others impose legal obligations that employers, HR, and management teams must implement.

2.1.1 Treaty basis

The EU Treaties and the Charter of Fundamental Rights are the Union's founding legal texts. They define its institutions, law-making processes, and core principles and fundamental rights, including gender equality.

- [Article 8 TFEU](#) – **gender mainstreaming**: Requires the EU to integrate a gender equality perspective into **all** its policies, programmes, and activities. Both the EU and its Member States must ensure that gender equality is a priority in all actions.
- [Article 157 TFEU](#) – **equal pay for equal work**: Prohibits paying women less than men for the same job or for work of equal value. Employees can take legal action if they experience pay discrimination, and employers must ensure transparency.
- [Charter of Fundamental Rights](#): Article 21 prohibits discrimination based on sex, among other grounds (e.g., race, religion, disability). Article 23 ensures equality between women and men in all areas, including employment, work, and pay.

In addition, the EU and its Member States have signed several **international conventions promoting gender equality**. Although not specific to the care sector, they apply to it. By signing them, the EU and its Member States are legally obliged to align their laws and policies with the conventions' obligations.

- [ILO Convention No. 190 & Recommendation No. 206](#): it protects care workers from violence and harassment, ensuring safe and respectful workplaces.
- [United Nations Convention on the Elimination of All Forms of Discrimination against Women](#) (CEDAW): it requires elimination of discrimination against women in all areas, including care work.
- [Council of Europe convention on preventing and combating violence against women and domestic violence](#) ('Istanbul Convention'): while it does not impose direct obligations on employers, it requires states to take measures to prevent and address gender-based violence "wherever it occurs," which applies also to workplaces.

2.1.2 EU Strategies

An EU strategy is a set of political priorities and policy actions developed by the European Commission to tackle specific challenges and achieve long-term goals. It sets ambitions as well as policy initiatives to be developed and adopted.

- [European Pillars of Social Rights](#) (2017): sets out 20 key principles and rights to support fair and well-functioning labour markets and welfare systems. Several are relevant to supporting gender equality in the disability care sectors, notably principles 2 (Gender equality) and 9 (Work-life balance). It is accompanied by an [Action Plan](#) for the EU to take and implement concrete actions by 2030.

- [EU Gender Equality Strategy 2020-2025](#): encourages policies and initiatives that address the gender care gap (disparity in informal care work (childcare, eldercare, housework)) between men and women. It also aims to address gender segregation in the labor market, and advocates for fair wages, career progression opportunities, and better working conditions to attract and retain, including in the care sector.
- [Roadmap for Women's Rights](#) (2025): lays the groundwork for the post-2025 EU Gender Equality Strategy. It explicitly highlights the need to address the gender care gap, and underlines the importance of fair wages, career progression, and better working conditions in the care sector and to make it a more attractive career choice.
- [European Care strategy](#) (2022): recognises formal care as a major employment sector and calls for better working conditions and gender-balanced participation. Social dialogue and collective bargaining are identified as essential to address the challenges faced by care workers. It encourages Member States to invest in the care workforce and use collective bargaining to improve job quality and retention.

2.1.3 Directives

EU Directives are binding laws that Member States must implement nationally. Recent directives, some stemming from the EU Gender Equality Strategy 2020–2025, set legal obligations to address labour market gender inequalities, directly or indirectly affecting the care sector.

- [Equal Treatment Directive](#) (2006): sets equal pay, access to employment, promotion, and working conditions.
- [Work-Life Balance Directive](#) (2019): aims to improve certain rights, like parental leave and the ability to request flexible working arrangements for caring purposes. It introduces new rights at EU level for paternity leave and carers' leave, and includes specific provisions to encourage fathers to take parental leave and promote a more equal sharing of care responsibilities between parents and thus address the gender care gap.
- [Directive on Adequate Minimum Wages](#) (2022): aims to support statutory minimum wages (where they exist) at adequate levels (60% of the median salary), and to strengthen collective bargaining and coverage of minimum-wage protection. It does not introduce a common EU minimum wage level nor mandate Member States to introduce a statutory minimum wage if they rely primarily on collective agreements.
- [Pay Transparency Directive](#) (2023): employers are required to disclose salary structures, report gender pay gaps, and provide access to pay data for employees. For the care sector, this means greater accountability in addressing wage inequalities and promoting fair compensation. It empowers workers to challenge pay discrimination and encourages employers to implement transparent, equitable pay practices.

This instrument is critical to address the [gender pay gap](#) that consists of the average difference between the remuneration for men and women (for the same job, with same competences). Member States have until June 2026 to transpose it into national laws.

- [Combating Violence Against Women and Domestic Violence Directive](#) (2024): this is the application of the Istanbul Convention. While the directive does not specifically target the care sector, its provisions on workplace safety, victim support, and gender-sensitive policies can contribute to a safer and more equitable environment. Member States have until May 2027 to transpose it into national laws.

2.1.4 Council Recommendations

A Council Recommendation is a non-binding act, offering guidance on how to improve policies. While Member States are not legally required to follow it, they are encouraged to take action and report on their progress.

- [Council Recommendation on the Access to Affordable High-quality Long-term care](#) (2019): it calls Member States to improve working conditions including fair wages, collective bargaining and social dialogue, work-life balance, job security, and career development, to attract and retain skilled careers. It emphasises training and professional development, ensuring formal carers have the skills needed to provide high-quality support.
- [Council Recommendation on high-quality early childhood education and care \(ECEC\)](#) (2019): it highlights the need for well-trained ECEC staff and fair working conditions, recognising that the care sector itself is female-dominated and often undervalued.

Key takeaway: Gender equality is a core principle and commitment of the EU that is reinforced and translated into concrete actions through strategies, directives, and Council recommendations. Through targeted strategies, directives, and Council recommendations, the EU both mandates and supports Member States and employers in advancing equal pay, reducing the gender pay gap, ensuring fair working conditions, promoting work-life balance, addressing the gender care gap, and fostering career opportunities free from discrimination.

2.2 Strategies and best practices within EU Member States

This section presents good practices that illustrate how the EU legal framework on gender equality is put into practice in the care sector. Good practices include national actions taken to implement EU laws, voluntary initiatives from civil society organisations and European projects.

2.2.1 Close the gender pay gap: Practices from Iceland, Sweden, Finland, and France

Iceland - [Equal Pay Certification](#): Adopted in 2017, this made Iceland the first country in the world to require companies, and public entities, with 25 or more employees to prove they pay men and women equally for the same or equally valuable work.

The process requires employers to analyse and document their wage structures, job evaluations, and pay systems to confirm compliance with equal pay laws. This ensures that historically undervalued or female-dominated jobs, such as in the care sector, are fairly compensated and not systematically underpaid compared to male-dominated roles of equal value.

Sweden and Finland - Strong collective agreement: In these countries, trade unions represent the majority of care workers, including nurses, elderly care staff, and childcare providers ([Kommunal](#) for Sweden, and [Tehy](#) for Finland). Collective agreements are negotiated between unions and employer organisations, and thus cover nearly all care workers. [Agreements have resulted](#) in better and fair wages, improved working conditions, further career progression opportunities, and higher professional status for care workers, who are predominantly women, leading to lower turnover and greater job stability.

France - [Equality Professional Index](#): Adopted in 2018, it aims to measure gender pay gaps and promote professional equity. It is mandatory for all companies with at least 50 employees, this includes the care sector. The [calculation](#) is based on four/five indicators:

- Gender pay gap (40 pts): Difference in average pay between women and men, by age group and equivalent job category.
- Individual pay raise gap (20 pts): Difference in the rate of individual pay raises between women and men.
- Promotion gap (15 pts): Difference in the rate of promotions between women and men.
- Maternity leave return raises (15 pts): Percentage of women who received a raise upon returning from maternity leave.
- For companies with more than 250 employees, a fifth criterion is added, the Gender balance among the top 10 highest earners (10 pts).

Companies that score below 75 points must take corrective measures within three years to avoid financial penalties. However, this tool has a mixed impact and its effectiveness is disputed. The [French Court of Auditor](#) deplored that it affected only a small proportion of employees, masked real inequalities, and was not always followed by more virtuous practices. Still, the tool is considered as a good basis for the transition in French law of the Pay Transparency EU Directive (June 2026 at the latest). There are plans to make it more ambitious, transparent and reliable, and to better monitor its application.

2.2.2 Ensure work-life balance: Practices from Lithuania, and Finland

Lithuania - Supporting paternity leave: Launched by the Ministry of Social Security and Labour, the "*Tėčiai atostogose*" ("Dads on Leave") encourages fathers to take paternity and parental leave. Through various media channels such as social media, television (like the Lithuanian National Radio and Television), and public events, the campaign challenges traditional gender roles. It promotes active fatherhood and equitable sharing of childcare responsibilities and highlights the benefits of paternal involvement in early childhood. The following [article](#) on father's stories is an example of the campaign. Finally, it also targets HR professionals to break down workplace stigma around men taking parental leave and encouraging employers to create supportive environments.

Finland - [Working time banks](#): Working time banks and flexible work time arrangements have been widely developed and implemented, particularly in the social and healthcare sectors. They result from negotiations between employers' organisations and trade unions.

Since 2020, working time banks allow employees to save work hours (e.g. overtime or public holiday compensations) and use them later as extended leave or shorter workweeks. These arrangements support recovery, promote well-being at work, and improve the balance between work and personal life.

2.2.3 Support career development and women's leadership: Practice from Sweden, France, and European project

Sweden - Leadership training for women: The country invests a lot in such programmes, often in collaboration with universities and public institutions. For example, the *Ledarna* organisation runs [The Female Leaders of the Future](#) which aims to break down stereotypes about leadership being a male domain, while offering visibility to international female talent in various sectors (election each year through a jury). The winners benefit from high-level networking, leadership training and personalised support to prepare them for management and decision-making roles.

France - Civil society's organisation programs: Several organisations such as associations or trade unions, propose mentoring programmes, events to support and celebrate women leadership, advance their career, and break related stereotypes. The [Collectif Femmes de Santé](#) brings together women health professionals (doctors, nurses, department heads, etc.) to promote gender equality, leadership and recognition of women's skills in the care sector. It organises events, workshops, training and advocacy campaigns to support women in their professional careers.

European project - [Guide](#): Developed under Erasmus+, this program offers five interactive modules that delve into: (i) understanding gender sensitivity in career guidance, (ii) exploring gender equality in the European labour market, (iii) identifying and addressing gender stereotypes in career decisions, (iv) Implementing co-creation models to foster gender awareness, and (v) applying effective strategies for inclusive career pathways. While not being developed specifically for the care sector, this tool can be used in this field too.

2.2.4 Ensure a balance representation within the workforce: Practices from Germany, and the European Center for Women and Technology

Germany - ["Pflege kann was"](#): Launched in 2022, this campaign ("Care has what it takes") aimed to encourage more men to consider care careers, both to address labour shortages and to break down persistent gender stereotypes. It builds on previous initiatives such as *"Mann wird Pfleger"* ("Men become caregivers") and closely collaborates with the annual Boys' Day initiative, which gives school-aged boys the opportunity to explore professions that are women-dominated, including care, education, and social work.

Role Models in STEM: This online platform developed with the support of the European Commission aims to promote the visibility of women working in science, technology, engineering and mathematics. Managed by the [European Center for Women and Technology](#), it shares real-life stories from women across different sectors, offering insights into their career paths, experiences and advice.

A similar platform could be developed to promote positive role models featuring male care professionals, helping to break gender stereotypes, attract more men to care careers, and create a more inclusive workforce.

2.2.5 Implement gender-sensitive workplace policies: Practices from Iceland, and Spain

Iceland - Gender Equality Plans: Companies and institutions with 25 or more employees must have a gender equality plan or integrate gender equality perspectives into their personnel policies. This includes the care sector. Plans must include clear policies and procedures to prevent discrimination based on gender, gender identity, or expression. This includes anti-harassment policies and safe and confidential reporting mechanisms, as well as training for employees and managers on recognizing and reporting harassment. An approved **Equality Plan** is one of the prerequisites to receive the **Equal Pay Certification** mentioned prior.

Spain - Equality Plans: The country has become a European leader in promoting workplace gender equality through Equality Plans ("*Planes de Igualdad*") and Diversity, Equity, and Inclusion (DEI) networks. These initiatives are designed to eliminate gender disparities, monitor pay gaps, and foster co-responsibility in care and domestic work between men and women. Equality Plans are mandatory for companies with 50 or more employees in Spain (since 2022, extended from the previous threshold of 100+ employees). These plans are legally binding and must be negotiated with worker representatives (usually trade unions). Measures focus on preventing and addressing harassment.

2.3 Discrimination prevention and equal opportunities measures

Discrimination and sexism within the care workforce can take multiple forms, including unequal treatment in hiring, pay disparities, limited access to promotions, and unequal training opportunities. It can also manifest in daily interactions, individual and organisational behaviour, creating an environment where systemic biases persist. This not only creates an unequal, unfair, and unsafe work environment but also violates EU law. Going from the EU legal framework to practical application by Member States, this last part of the module presents measures disability care organizations should implement to both prevent discrimination and actively foster equal opportunities.

2.3.1 Fair and inclusive recruitment practices

- **Set up inclusive recruitment processes and offer training on unconscious bias and inclusive recruitment to all** HR and management staff.
- Ensure job descriptions and advertisements use **gender-neutral language** and explicitly encourage applications from underrepresented groups (like men).

- **Promote the hiring of men** by breaking down stereotypes about caregiving as a women profession (through recruitment campaigns for instance).
- Establish a **transparent policy and mechanism on salaries and promotion**, aligning with the EU Pay Transparency Directive.

2.3.2 Transparent and equitable compensation

- Establish a **transparent salary structure** based on objective criteria such as role, experience, and skills, in compliance with the EU Pay Transparency Directive and national laws.
- Ensure **equal pay for work of equal value**, addressing historical disparities and correcting any identified gaps.
- Provide clear **criteria for promotions and raises**, with regular reviews to prevent bias in decision-making.
- Conduct **annual gender pay gap audits** and publish the results internally and externally, as required by law.

2.3.3 Career progression and leadership

- Set **measurable targets** for gender balance in leadership and management roles, including quotas where legally permissible.
- Ensure **equal access to opportunities** avoiding assumptions about who is “ready”, “available” or “interested” based on gender or personal work-life balance, and by establishing clear and transparent communication and mechanism for opportunities for career development.
- Create or offer **mentorship and sponsorship programmes** specifically designed to support women and underrepresented groups in advancing to leadership positions.
- Offer **targeted leadership training** for women to build skills and confidence for career progression.
- Monitor and report on **career progression metrics** by gender and other diversity dimensions to identify and address barriers.

2.3.4 Representation and voice

- **Consult women staff regularly** in the development of workplace policies and decision-making.
- **Encourage women’s participation** in workers’ councils, unions, and representative bodies.
- Ensure **diverse representation in governance bodies**, such as boards and committees.

2.3.5 Work-Life balance support

- Offer **on-site childcare, eldercare support, and flexible scheduling** to help employees manage care responsibilities. Ensure that accommodation does not prevent future career progression and opportunities.

- **Provide or subsidise childcare support** to help staff balance professional and personal responsibilities.
- Promote **shared parental leave** and encourage men to take up their entitlements.
- Develop **return-to-work programmes** for employees returning from parental or carer's leave, including phased returns, mentoring, and skills refreshers.

2.3.6 Safe and respectful workplaces free from sexism and discrimination

- **Commit and establish a zero-tolerance policy** against sexism, discrimination, and harassment. This must be done by ensuring **intersectional inclusion**, recognising other factors such as age, disability, migration background, etc.
- **Establish internal reporting mechanisms** for all employees to report sexist and discriminatory behaviours.
- Provide **training on the responsibilities** of HR, managers, and leaders role in preventing and addressing sexist and discriminatory behaviours, notably on how to receive, and support employees that report sexism and discriminatory practices.
- Foster a **culture of inclusion and respect** through regular training on diversity, equity, and inclusion (DEI) for all employees. Notably to inform employees on their rights and on discriminatory behaviours at work, especially on ordinary sexism.
- **Hold internal campaigns** with dedicated events, week, visual campaigns to raise awareness on gender equality at work.
- **Engage with external stakeholders** like women's rights or victims support **associations, NGOs** but also International organisations.

2.3.7 Monitoring and accountability

- **Track information on the gender distribution of hiring**, promotion, training opportunities, and the distribution of position (leadership, management roles) between men and women in the organisation.
- Establish **gender equality contact points**. It can be a person per team and establish a **gender equality committee** (working group) made up of them to oversee progress and address challenges.
- **Track reports, resolutions, and trends** of reported discriminatory behaviours within the organisation.
- Use **anonymous surveys and feedback tools** to monitor gender equality within the organisation and identify areas for improvement, going from salaries, training opportunities, to safety and equality in the workplace.
- **Publish an annual equality report** to maintain transparency and accountability.

Learning activity:

"Applying EU into real-work scenarios"

Type of activity: Group discussions and case studies.

Objectives:

- Apply theoretical knowledge of EU gender equality law in the care sector
- Identify gender inequalities within their organisation.
- Reflect on personal biases and workplace culture.
- Plan practical steps to promote gender equality and inclusion.

Required materials: Printed case studies, flipchart or online collaboration tool (Miro, Mentimeter, Jamboard).

Introduction

Trainer **introduces session goals** (learning objectives above) and relevance to the care sector (female-dominated, low pay, limited advancement opportunities, cultural stereotypes).

Case studies

Participants will be divided into small groups. They will be given a case scenario where they will have to reflect on several questions. Several groups can have the same case scenario - depending on the number of participants.

Case study 1: Unequal career opportunities

Context:

Maria has been working as a care worker for six years in an organisation supporting people with disabilities to live independently. She is experienced, well-regarded by colleagues, and has taken on extra responsibilities.

Recently, the organisation launched a leadership development programme offering specialised training and mentoring to prepare staff for management roles. Maria only heard about the programme after applications had closed. When she asked her supervisor, she was told that "the information was shared with those who had expressed interest earlier." Later, Maria found that several male colleagues had been personally encouraged by their managers to apply.

Over time, she realises that opportunities for training and career advancement are not always communicated transparently. Information tends to circulate informally, leaving some employees, especially women, unaware and excluded.

Issues to reflect on:

- What breach of EU law is at stake in this example?
- How can unequal access to information create barriers to career progression?
- What systems or habits in the organisation might reinforce this imbalance?
- How can the organisation ensure transparent and inclusive communication about training and leadership opportunities?
- What policies or tools (e.g. internal newsletters, HR platforms, mentoring schemes) could promote fairness and visibility?

Case study 2: Building a more gender-balanced care team

Context:

An organisation has a department offering support to people with intellectual disabilities, including on topics related to relationships, sexuality, emotional well-being, and personal development.

Although the organisation is committed to equality and diversity, it faces persistent challenges in attracting and retaining men in support roles for this department. Some families have also expressed discomfort with male staff providing guidance on sensitive topics such as sexuality or emotional relationships. Although this reluctance is often based on stereotypes rather than actual risk, it has also contributed to limiting the organisation's diversity. The few men who have joined the team often leave within a year, saying they feel isolated or that the role is seen as "not for men."

The organisation wants to create a more inclusive, gender-balanced workforce that reflects the diversity of the community it serves.

Issues to reflect on:

- *What breach of EU law is at stake in this example?*
- *What gender stereotypes or social expectations might discourage men from joining or staying in care roles?*
- *How can the organisation foster a culture where all genders feel valued and supported?*
- *What communication or outreach strategies could attract more men into community-based support roles?*

Case study 3: Balancing work, care responsibilities, and wellbeing

Context:

Sofia is a senior support worker in a community-based disability support service. She has two young children and recently asked to adjust her shifts so she can better manage her family responsibilities.

Although the organisation offers some flexibility on paper, her request was refused. She was told that this "might set a precedent" and that "others could start asking the same."

A few months later, her colleague Thomas was allowed to change his hours to attend evening training. Sofia feels that she has been unfairly treated. She is also demotivated and worries that having caring responsibilities will hold her back from career opportunities.

Issues to reflect on:

- *What breach of EU law is at stake in this example?*
- *What challenges to work-life balance can employees face in the care sector?*
- *Are there gendered assumptions influencing decisions about flexible work arrangements?*
- *How can organisations ensure fair access to flexibility without disrupting care continuity?*
- *What internal policies could support both staff wellbeing and service quality?*

After group discussions, one spokesperson per group will present his case to the entire group of participants and what they have discussed.

Conclusion and key takeaway

To conclude on the group activity and the session, each participant will write down **two concrete actions** they will take to promote gender equality in their role (e.g. review pay practices, diversify leadership training, encourage paternity leave). Information can be collected through a paper board or a shared online board. The trainers then close the session.

Assessment:

- Link: <https://forms.gle/9Hwno3VNJP9D7gmv5>

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3. Gender Equality Policy

Basic competence to acquire:

Participants will learn how to design and implement a **Gender Equality (GE) Policy** that complies with EU standards and responds to inequalities in the care sector. By the end of this module, participants will be able to:

- Understand key gender equality concepts and their relevance in care settings.
- Interpret EU frameworks and recommendations related to Gender Equality Policies.

- Design a Gender Equality Policy that includes objectives, measures, responsibilities, timelines, and monitoring mechanisms.
- Implement and communicate a GE Policy effectively within their organisation.
- Promote inclusive organisational cultures, engaging both women and men and challenging stereotypes.

Materials to use:

- Ppt learning unit 3: gender equality policy
- Handouts
 - EU care strategy factsheet printed https://ec.europa.eu/commission/presscorner/detail/en/fs_22_5363
 - Gender Equality policy development manuals: The European Institute for Gender Equality (EIGE) Gender Equality's step-by-step guide to institutional Gender Equality Plan > eige.europa.eu; The Workplace Gender Equality Agency (Australia) wgea.gov.au; UNDP & BEAM Exchange. *Creating a gender equality policy: Guidance for market systems development practitioners*.
 - Handout 1: Case study Giulia Arena, "Gender Equality Plan and healthcare: a case study on gender policies in a hospital setting," 2024. riviste.unige.it. The case highlights how developing a gender strategy required addressing internal resistance and aligning the plan with institutional realities.
 - Handout 2: Gender Equality policy template
 - Handout 3: Scenario description
- Flipcharts, sticky notes, markers for group work

Contents

3.1. Gender equality (GE) policy

3.1.1 Key concepts and definitions

Gender equality is the equal rights, responsibilities, and opportunities of women, men and gender-diverse people (European Commission, 2020).

A **Gender Equality Policy** is a formal organisational document that sets commitments, guidelines, and measures to prevent discrimination, ensure fair working conditions, and promote equal participation and opportunities (IOM, 2024).

3.1.2 EU frameworks and key reports

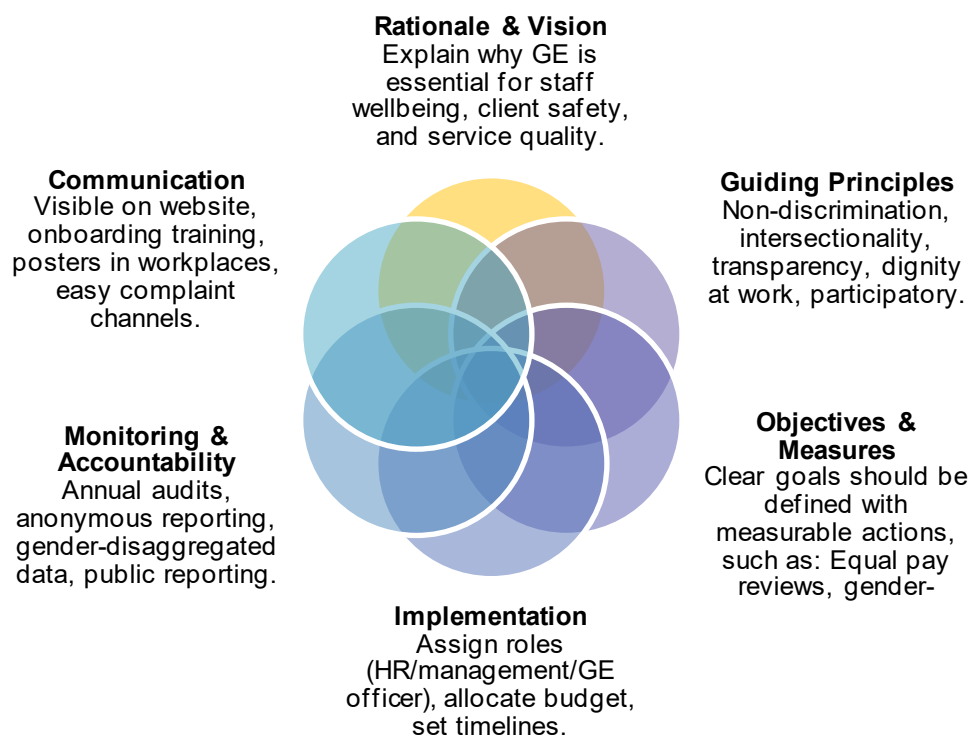
Developing a Gender Equality policy in the care sector should align with the strategic priorities, legal obligations, and recommendations set at EU and international levels. The following frameworks provide essential guidance:

- **EU Gender Equality Strategy 2020-2025:** This strategy sets out key priorities for achieving a Union of Equality; it focuses on economic independence for women, closing gender pay gaps, preventing gender-based violence, and integrating gender across all public policies ([European Commission, 2020](#)).

- **European Care strategy 2022:** It aims to improve access to quality, affordable, and gender-responsive care services across the EU. It recognises care as both an essential service and a major employment sector, calling for better working conditions, gender-balanced participation, and support for informal carers ([EU Care strategy, 2022](#)).
- **Report on Gender Equality in the EU 2024:** This annual report monitors progress on gender equality across Member States. It highlights persisting gaps in pay, decision-making, care work, and violence, and underscores the importance of institutional mechanisms such as Gender Equality Plans ([Gender Equality report, 2024](#)).

3.1.3. Core elements of a Gender Equality policy

A robust Gender Equality Policy should be both aspirational and operational. It must integrate:



These components ensure that the policy is not symbolic but results-driven, inclusive, and accountable. (Adapted from: IOM Gender Equality Policy 2024 –[Link](#))

3.2. GE policy and the care sector

3.2.1 Why does the care sector need a GE policy?

Although women form the majority of care workers, men often occupy higher managerial or better-paid positions, revealing horizontal and vertical segregation (EIGE, 2022). Care roles are socially undervalued because they are linked to “women’s natural duty” (UN Women, 2024).

This results in:

- Pay gaps and informal contracts

- Limited career progression
- High burnout and work-life imbalance
- Tolerance of harassment or sexist behaviour

A GE policy improves staff wellbeing, retention, quality of care, and organisational reputation.

3.2.2 Strategies and measures to promote GE in the care sector

Based on RESISTIRÉ (2023) and EU workplace frameworks:

- Promote work-life balance, prevents burnout and increases retention, especially in feminised sectors.
 - a. flexible scheduling and telework where possible
 - b. paid parental leave for all genders
 - c. right to request adjusted tasks for pregnant workers
- Gender balance in leadership Even though women dominate care roles, management is often male-led. Actions include:
 - a. targets for women in decision-making
 - b. mentorship programmes
 - c. transparent leadership recruitment
- Gender-fair recruitment & career progression These measures reduce unconscious bias and offer career growth beyond “caregiving as a dead-end job”.
 - a. gender-neutral job descriptions
 - b. anonymous cv screening
 - c. gender-balanced hiring committees
 - d. clear promotion criteria
- Gender-responsive service delivery Care organisations can integrate gender considerations into client services by:
 - a. training staff on gender-sensitive communication
 - b. respecting clients’ gender identity and family roles
 - c. adapting spaces and procedures to ensure safety and dignity
- Preventing Gender-Based Violence & harassment Policies should include:
 - a. zero-tolerance statements
 - b. safe reporting channels
 - c. trained focal points
 - d. immediate protective measures
 - e. psychological support
- Involving men and challenging stereotypes: Encourage men to enter caregiving roles, share care tasks, use parental leave, and support anti-sexist culture. Inclusion of men helps reduce stigma and challenges the idea that “care = women”.
- Inclusive brand & leadership: Showcase diversity in communications, ensure gender-balanced imagery, celebrate role models, and adopt inclusive leadership styles based on empathy, listening, and shared decision-making.

From policy to practice

Effective Gender Equality policies are grounded in real organisational contexts and continuously refined through monitoring and staff engagement. The following examples illustrate successful applications in the care sector

- Osakidetza – Basque Public Health System (Spain, 2021) A comprehensive plan integrating gender equality through: service delivery protocols, internal staff training, equality committees, and transparent monitoring indicators. [Link](#)
- Hospital Case Study (Italy, 2024) An Italian hospital implemented its first Gender Equality Plan following internal audits and staff consultations. Despite resistance, it succeeded through leadership support, clear objectives, and regular progress reviews. [Link](#)
- RESISTIRÉ – Gender Equality Plans in Healthcare (EU Project, 2023) Although not a good practice in itself, this EU-funded project developed a holistic strategy that illustrates what a well-structured GE Policy could look like in the healthcare sector. It outlines five priority areas: (1) work-life balance, (2) leadership and decision-making, (3) fair recruitment and progression, (4) gender-sensitive care delivery, and (5) measures against violence and harassment. (*Explore the RESISTIRÉ model* → [Link](#))

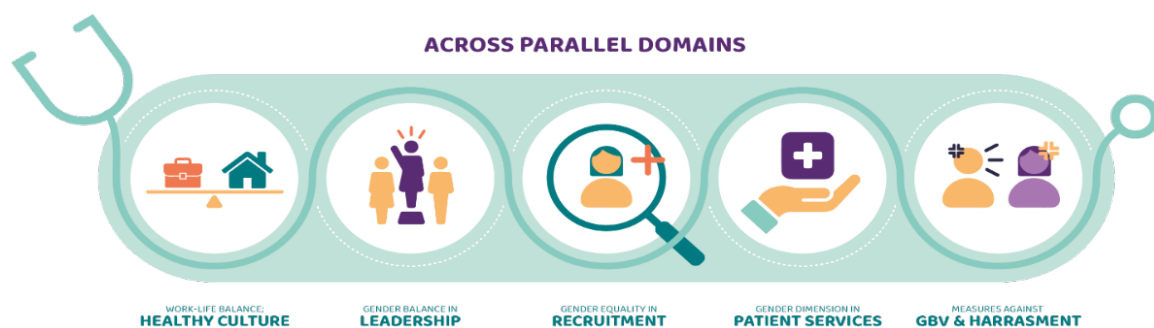


Figure: RESISTIRÉ Project. (2023). *Gender equality in the healthcare sector*. A holistic Gender Equality Policy addressing the multiple domains where discrimination occurs. [Link](#)

Learning activity 3.1

“Learning from a Hospital’s Gender Equality Plan”

Type of activity: Case study analysis

Learning objective: Through a real-life case study, participants will examine the challenges and success factors in developing a gender equality strategy within a care provider organisation, and extract lessons for their own context.

Step-by-step instructions:

1. Case briefing: The facilitator introduces the case study context. Ensure participants understand the setting (type of organisation, workforce size, etc.). Then give everyone 10 minutes to read the provided case summary.
2. Identify challenges and achievements: Divide participants into small groups. Instruct each group to identify: (a) the main challenges or resistances faced during the case organisation's strategy development, and (b) any successful outcomes or enabling factors. For instance, the case might reveal internal pushback or skepticism ("resistances and criticalities encountered") and how the team negotiated and compromised to get the plan approved. Groups should also note what went well, e.g. strong leadership commitment or effective use of data.
3. Guided discussion questions: Still in groups, have participants discuss prepared questions to deepen analysis. Example questions:
 - *Why do you think certain staff resisted the Gender Equality Plan?*
 - *How were their concerns addressed?*
 - *What steps did the hospital take to assess its gender gaps (diagnosis) and were these reflected in the final strategy (prognosis)?*
 - *Which measures in the plan do you predict would be most effective in a care setting, and why?"*

Encourage referencing details from the case study in their answers. The aim is to connect the case to broader principles (like stakeholder buy-in, aligning the plan with identified gaps, etc.).

4. Group presentations: Reconvene and have each group briefly present their findings. They should highlight one key challenge and how it was or wasn't overcome, and one key success factor from the case.
5. Lessons learned & application: Facilitate a concluding discussion on what this case teaches about developing a gender equality strategy in care organisations. Draw out lessons such as the importance of thorough upfront analysis versus the realities of institutional politics, or the need to build consensus and clear communication. Ask participants how they would apply these insights to their own workplace. End by providing the full reference or link to the original case for further reading.

Expected output: By the end of the session, participants will have:

- Analysed a real-life case of a hospital implementing a Gender Equality Plan
- Identified at least one major challenge and one enabling factor in the implementation process
- Discussed the role of leadership, internal resistance, staff engagement, and monitoring in making GE policies successful
- Extracted lessons and proposed ideas for transferring similar approaches to their own care organisations

Each group will present a short synthesis of their analysis, supporting peer learning.

Evaluation & reflection: To consolidate learning, invite participants to reflect on the following questions during a final group discussion or feedback round:

- *What was the most striking insight from the case study?*
- *Did this case change your understanding of what makes a Gender Equality Policy work in practice?*
- *How similar is this case to your own organisational context? What would you do differently?*
- *What would be your first step if you were to initiate a GEP at your workplace tomorrow?*

Tip: Use post-its or a whiteboard to cluster key takeaways.

Required materials:

A summary of the case study (Handout 1) of a case about a hospital implementing a Gender Equality Plan (GEP).

Source: Based on a real case study of implementing a Gender Equality Plan in a European hospital

Giulia Arena, *"Gender Equality Plan and healthcare: a case study on gender policies in a hospital setting,"* 2024. riviste.unige.it. The case highlights how developing a gender strategy required addressing internal resistance and aligning the plan with institutional realities.

For trainers and learners interested in exploring more real-world examples of Gender Equality Plans (GEPs), the following resources offer valuable materials in English and other European languages: [MindTheGEPs Database](#) – A wide selection of case studies and GEP examples from different organisations across Europe.

See below further reading and tools:

- [Gender Equality Plan](#) – Guidelines, Principles, and Procedures. Liberi Tutti – Social cooperative. A practical guide for designing and implementing GEPs in social and care organisations.
- [Empowering Women at Work](#): Company Policies and Practices for Gender Equality. A comprehensive ILO resource with global company examples and policy frameworks.
- [EuroHealthNet Gender and Diversity Strategy](#) (2022) Focuses on intersectional approaches to gender and diversity in health systems and networks.
- [EIT Health Gender Mainstreaming Policy and Equality Plan](#) (2024) A concise and applied GEP from a major European health innovation network.
- [ILO Participatory Gender Audit and Activity Toolkit](#) Includes exercises and templates for engaging staff in diagnosing and addressing gender gaps.

Learning activity 3.2

"Write your own Gender Equality policy"

Type of activity: Group workshop

Learning objective: Enable participants to collaboratively develop a draft Gender Equality Strategy (or Gender Equality Plan) for their care provider organisation (e.g. hospital, clinic, care home).

Step-by-step instructions:

1. Intro & context setting: The facilitator opens by explaining the importance of a gender equality strategy in care organisations (ensuring fair opportunities, improving care quality). Present any quick facts or legal mandates (e.g. national or EU requirements). Explain the workshop goal: to outline a Gender Equality Strategy by the session's end.

2. Assess the current situation: Break participants into small groups. Provide each group with key data about the fictional or real organisation – for example, workforce composition by gender, leadership roles, wage data, or survey snippets (see Handout 2) Groups identify gender inequalities or gaps. They should collect sex-disaggregated data and review organisational practices to detect any gender inequalities and their causes
3. Distribute the policy templates Each group receives the planning template. Clarify any questions.
4. Define objectives & priorities: Back in plenary, groups share their findings. Through discussion, agree on key objectives for the strategy (5 max). These goals set the focus for the strategy. Ensure objectives align with identified gaps.
5. Action planning brainstorm: Assign each group one or two objectives. Instruct them to propose concrete actions to achieve those objectives. They should also consider what resources or support are needed. Limit this to 2–3 actions per objective. Groups record their ideas on flipchart paper.
6. Strategy synthesis & next steps: Each group presents their proposed actions. As a whole, integrate these into a coherent draft strategy. For each objective, list the agreed actions, responsible persons/departments, and a tentative timeframe. Note how progress will be tracked (e.g. annual gender pay audit, monitoring promotion rates by gender). Implementation and regular monitoring are the next phases after this workshop – a strategy must be a “living document.”
7. Conclude by discussing how participants can finalise the strategy and advocate for its adoption in their organisation.

Required materials

- Flipchart sheets or whiteboard
- Markers and sticky notes
- Relevant organisational data (gender-disaggregated staff statistics, pay gap info, etc.)
- Projector or slides (optional)
- Handouts or template outlining the strategy structure template (sections for vision, goals/objectives, actions, timeline, responsibilities, indicators). See an example below:

Gender Equality Policy Template (Handout 2)

Thematic area:					
Main issue/problem	Describe here the problems and weaknesses of the organisation in relation to decision-making, as identified in the preceding analysis/assessment.				
Goals/priorities	Set out which are the main goals and the priorities to be addressed through actions for the concerned period				
Planned actions	Responsibilities	Timelines	Target	Indicator	Resources required
A1...	Indicate here who will be responsible for preparing / running the action, as well as who should approve the action		Specify, quantitatively where possible, the results you want to achieve.	Identify on the basis of which verifiable data your progress and results can be checked.	Make the distinction between financial and other resources: time from xyz, and (if relevant) financial resources, (and if relevant also other resources, like e.g. external speakers / experts).

Inspired in the [Gender Equality plan template](#)

Scenario description (Handout 3): A medium-sized residential care facility for persons with disabilities. 120 staff members (85% women). Men staff mostly in technical/logistics roles. Only 20% of leadership positions are held by women. No formal parental leave policy. Several informal complaints about workload distribution and lack of promotion transparency.

Provided data:

85% of care workers are women; 70% of admin/leadership are men

No flexible work arrangements available

No gender or diversity training conducted in the last 5 years

Anonymous staff survey revealed that 65% of employees think promotions are based on informal networks

Expected output:

By the end of the activity, each group will have produced a draft Gender Equality Policy, including:

- Identification of key gender gaps within the fictional care organisation
- 1–2 clearly defined strategic objectives aligned with the gaps
- 2–3 planned actions per objective, with defined responsibilities, timelines, indicators, and resource needs
- Reflection on how the strategy could be adapted to their real-life organisational context

This draft will serve as a foundation for building or improving Gender Equality Plans in participants' actual care institutions.

Evaluation & reflection:

After the activity, trainers are encouraged to lead a short debrief with the following guiding questions:

- *What did you find most challenging about drafting a Gender Equality Policy?*
- *What surprised you when reviewing the organisational data?*
- *What concrete steps could you take to initiate a similar strategy in your own workplace?*
- *Did this activity change the way you think about gender equality in your organisation? How?*

You may collect responses verbally or through short feedback forms or sticky notes on a board. This reflection reinforces the learning and encourages real-world application.

Source: This activity is inspired by best-practice guides on developing Gender Equality Strategies;

- The European Institute for Gender Equality (EIGE) Gender Equality's step-by-step guide to institutional Gender Equality Plan > eige.europa.eu
- UNDP's Gender Equality Seal approach (which recommends self-assessment and action planning in public institutions)

- The Workplace Gender Equality Agency (Australia) wgea.gov.au.
- UNDP & BEAM Exchange. *Creating a gender equality policy: Guidance for market systems development practitioners*. [creating a GE policy](#)
- Gender Equality plan template. Supera, supporting the promotion of equality in research. <https://www.gender-sti.org/wp-content/uploads/2022/08/Gender-Equality-Plan-template.pdf>

Assessment:

- Link: <https://forms.gle/SZDnyhWZW3vwigNF8>

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4. Gender Bias at workplace

Basic competence:

At the focus is the handling of existing gender bias, with a key emphasis on recognizing and acknowledging it within oneself as well as within the respective organization, and on understanding how it can be measured, made visible and effectively counteracted.

Materials to use:

- Video: https://docs.google.com/document/d/1FhqqCaL2CywGqdOqUL26_6yV1gmnywj4/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- Questionnaire Gender Equality Plan: https://docs.google.com/document/d/1klquybnZcMkipr53054rQKsGRWGIR7SN/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- Role Play: https://docs.google.com/document/d/12opl330kva-UnhLzQwKWN0INK3fOuf88/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- PPT: https://docs.google.com/presentation/d/1K3GBQ00sNvBp2lQ0bFf01aGVRyrvSO6B/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true

- Self-assessment guide: https://docs.google.com/document/d/1STzYbhziavsDLPIPCtPrSnMtyK4CL0jm/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- PayGapAudit: https://docs.google.com/document/d/112B9uQQHWSao4BNAHUEqiYdl3A7U-vFg/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- Gender Inclusive Recruitment: https://docs.google.com/document/d/1NRCE_oTTLbLFt-gzR_B17fjOyaLIHUX7/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- Knowledge assessment: https://docs.google.com/document/d/1h3b9kXIZOzEdVJM028o_8Q-Smc8Qawtq/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true

Content

Thematic Introduction:

(Video: <https://youtu.be/lAKLQZjpOyl?si=ltfn7Rp9eTnZfQhb>)

Whenever we encounter new places or people, we automatically ascribe certain attributes, characteristics and emotions to them. We classify them into categories, a process that occurs entirely unconsciously. This mechanism helps us to orient ourselves in unfamiliar situations, in new environments and in interactions with people we do not yet know. It provides a sense of stability and guidance.

However, these unconscious categorizations and attributions often lead to distorted perception. This becomes particularly evident in relation to gender bias: based on a person's gender, certain expectations, assumptions and evaluations are assigned to them, most often unconsciously. These biases shape perception, judgment and decision making, frequently in ways that disadvantage women and gender minorities and reinforce traditional gender roles.

To illustrate how gender bias can manifest in everyday contexts, we introduce a **fictional example as a joint group activity**:

Learning activity 4.1

Type of activity: Group discussion to a fictional example:

Learning objectives:

- Gender bias becomes visible
- Role attributions become apparent.
- Underlying thought patterns are revealed

Content & Instructions:

1. **Introduction (2 minutes):** Joint reading of the example, raising questions.
 - a. What gendered attributions become visible in this example?
 - b. Where can gender bias be identified?
2. **Main Task and Debrief (8 minutes):** Joint collection of gender bias, stereotypes, role attributions, and thought patterns on a flipchart.

Materials Needed:

- Power Point Slides (fictional example)

- *Imagine a residential home for young adults with disabilities. A female careworker is responsible for assisting with daily personal care routines. She checks whether everything in the kitchen is in order, goes grocery shopping with the residents and prepares meals together with them. Her male colleague also accompanies the group to the supermarket, helps carry heavy bags and drives the car. In the afternoon, several lamps need to be replaced. The male careworker fetches a ladder together with one of the residents and begins the repair work.*

- Flipchart
- Markers

Expected Output:

- A flipchart with a colourful collection of uncovered stereotypes, attributions, and moments of gender bias.

Evaluation & Reflection:

- Trainer reviews group feedback orally

Before we can explore concrete strategies to counteract gender bias, it is essential to clarify the key concepts involved. A common understanding of the terminology provides the foundation for further analysis and effective reflection.

4.1. Gender Equality understanding

GENDER refers to the socially constructed roles, expectations and behaviours associated with being female, male or of diverse gender identities. These roles emerge through cultural norms, socialisation processes and historical contexts, and they shape what is considered appropriate, valued or expected from individuals based on their gender. As a result, gender influences responsibilities, access to resources and decision-making power, and it varies across time and cultural settings.

GENDER EQUALITY: Equal rights, opportunities and recognition for women, men and gender-diverse people. Gender equality does not imply that everyone should become the same; instead, it ensures that individual opportunities are not determined by gender. It requires acknowledging different needs and circumstances and aims to create a fair and inclusive environment in which all people can fully participate and thrive.

This raises the question of how gender equality can be realised in the specific context of care work. For instance, it takes...

- Fair job descriptions and application processes
- Equal Pay for Equal Work: Transparent and fair pay structures; closing the gender pay gap in the care sector;
- Work-Life-Balance: flexible working hours and scheduling options; part-time without career disadvantages;
- Promotion of women in leadership roles: mentoring and career development programmes; gender-sensitive leadership development
- Men's participation in care work
- Reducing gender stereotypes: Challenging the stereotype that care work is associated with women

GENDER BIAS: Prejudiced actions or thoughts based on the perception that, due to gender, women are not equal to men in rights and dignity.

As highlighted in the video (<https://youtu.be/lAKLQZjpOyl?si=ltfn7Rp9eTnZFQhb>), the first step in addressing this issue is to recognise that gender bias exists and to be aware that we sometimes make quick assumptions that are not always accurate. It is also important to continuously challenge ourselves by seeking out new situations, environments and people, especially those that may feel unfamiliar at first. By broadening our experiences and knowledge, we reduce the likelihood of making inaccurate assumptions and become more open to diverse perspectives.

(GENDER) STEREOTYPES: Gender stereotypes are socially constructed assumptions that assign specific traits, behaviours, abilities and appearances to individuals based on their gender. They are closely linked to gender roles and often lead to the devaluation or discrimination of those who do not conform to them.

Key message: Gender stereotypes are beliefs, while gender bias is the behaviour that results from acting on those beliefs.

4.2. Social and environmental sensitivity.

Awareness of these aspects might differ based on the participants' environment, culture or experiences. After defining different aspects of gender equality participants are asked to put these into the context of their work life.

Learning activity 4.2

Choose Exercise 1 or Exercise 2:

Exercise 1:

Type of activity: Group Discussion

Learning Objectives:

- Gaining insight into which prevailing stereotypes within concrete situations from participants' workplaces, both one's own and those of others, shaped by cultural experience and socialization, contribute to specific occurrences of gender bias.

Content & Instructions:

- Introduction (2 min): Present the activity's purpose
- Main Task (4 mins): Participants gather insights within the group.
- Debrief (4 minute): the groups share and discuss their reflections with the larger group.

Materials needed:

- Power Point slides.

Expected Outcomes:

- Identification of the connections between socialization, experiences, culture, stereotypes, and gender bias.

Evaluation & Reflection:

- The trainer again highlights the stereotypes mentioned and the resulting moments of gender bias, explaining the connection between socialization, culture, environment, stereotypes, and gender bias.

Exercise 2:

Type of activity: Individual Reflection

Learning Objectives:

- raise participants' awareness of gender inequalities at both personal and institutional levels and to strengthen their ability to critically reflect on how such inequalities manifest in their own environment.

Content & Instructions:

- Introduction (2 mins): The trainer explains which questions the participants are expected to work on.
 - Have you ever been confronted with these inequalities on a personal or institutional level?
 - Are you aware of gender equality campaigns or measures within your environment?
- Main Task (5 mins): Participants quietly reflect on the questions individually.
- Debrief (3 mins): Those participants who wish to do so may voluntarily share their insights with the larger group.

Materials needed:

- Power Point slides

Expected Output:

- Each participant gains the insight and ability to identify situations in which gender inequality arises and to understand the underlying factors behind it.

Evaluation & Reflection:

- The trainer highlights the connection between socialization, culture, environment, stereotypes, and gender bias.

4.3. How to define parameters and measure gender bias (tools)

To identify and measure gender bias in the care sector workforce, organisations should establish clear parameters that capture representation, access to opportunities, workplace culture and outcomes. The objective is to understand whether staff of different genders experience the organisation in the same way, and whether roles, expectations and opportunities are distributed fairly and equitably.

- **A first key parameter concerns participation, meaning the overall composition of the workforce.**

This involves examining the proportion of men, women and non-binary employees, as well as the distribution of part time and full-time roles across genders. Such data provides insight into whether different genders are represented in the organisation and whether their patterns of employment differ. Importantly, gender bias can begin even before hiring takes place, at the stage of job advertising and recruitment. Research shows that gendered wording, for instance masculine coded terms such as competitive, strong or leadership oriented, can discourage women from applying even when they are equally qualified (Gaucher, Friesen and Kay 2011). In the care sector this dynamic can also operate in reverse, as stereotyped language emphasising emotional warmth or nurturing may discourage men from applying to frontline care roles or signal that leadership opportunities are gendered. To counter these early forms of bias and support equal participation, organisations can

review their recruitment processes and use tools such as gender inclusive language checkers (for example Job Ad Decoder JADE or StepStone's bias analysis tool) to ensure that job postings are free from bias and appeal to a diverse applicant pool.

Measurement tools: Review of recruitment process, language bias screening tools (for example Gender Decoder or StepStone's bias analysis tool), HR data analysis, gender disaggregated employment statistics;

- **A second central parameter is representation and role allocation.**

This goes beyond numerical presence and looks at where different genders are positioned within the organisational structure. Here, it is relevant to analyse whether men, women and non binary staff are equally represented in direct care roles, administrative roles and leadership levels. Additionally, it is important to assess how tasks are distributed, for instance, whether physically demanding work, emotional labour or complex care responsibilities are assigned disproportionately. This dimension also includes examining access to training, professional development, specialised qualifications and opportunities for career advancement. These indicators reveal potential patterns of occupational segregation and structural barriers that may influence who progresses into leadership or specialised roles.

Measurement tools: HR data, workplace analysis, staff surveys, interviews, focus groups, observational tools, gender equality self-assessment questionnaires.

Example of a questionnaire, used in combination with the Gender Equality Plan: https://docs-google-com.translate.google/forms/d/e/1FAIpQLSfvCEZmEPyfcMZkEVaF-W7OwfM7mR8UQ5ugR8ySSjBq4KZbMw/viewform?_x_tr_sl=es&_x_tr_tl=en&_x_tr_hl=es&_x_tr_pto=wapp

Another example: the "Self-Assessment Guide on Gender Equality in Companies": a tool developed in Portugal (e.g., by IAPMEI) that enables companies to assess their gender-equality and non-discrimination policies as well as their work-family balance practices <https://cite.gov.pt/documents/14333/141518/acting4p.pdf?> .

- **A third parameter focuses on compensation and pay equity.**

To determine whether employees of all genders receive equal pay for equal or equivalent work. This also involves analysing who receives bonuses, allowances or shift supplements, and whether salary structures are transparent and consistently applied. Unequal compensation practices can reflect broader structural inequalities and indicate bias in how different roles, skills and responsibilities are valued.

Measurement tools: pay audits, HR wage reports, pay gap analysis tools, compliance checklists. Short examples: In the European Union, countries such as Austria, Switzerland and Germany use tools like income transparency reports and pay analysis instruments (for example Logib and Logib-D) to help organisations detect and address unjustified gender-based wage differences. Another example: a workplace pay-equity audit tool to help companies prepare for the EU Pay Transparency Directive: <https://skillstrust.org/resources/diy-guide-to-conducting-your-eu-pay-transparency-pay-gap-audit?>

- **A fourth parameter focuses on working conditions and organisational culture,**

Highlighting the everyday experiences of staff. This includes whether employees encounter discrimination, stereotypes or microaggressions, whether they have equal access to support and mentoring, and whether the work environment fosters fairness, inclusion and psychological safety. Flexible working arrangements and policies supporting work life balance are also relevant, as they may influence retention, job satisfaction and career development differently across genders.

Measurement tools: interviews and focus groups, workplace observation, document and policy review, HR incident data and exit interviews, feedback and complaint systems, workshops and reflective practice sessions.

Taken together, these dimensions provide a comprehensive framework for examining gender bias in care organisations. By systematically analysing participation, role allocation, access to development, compensation and workplace culture, organisations can identify inequities, understand their root causes and implement measures to create a more inclusive and equitable care environment.

4.4. Gender bias reduction measures

As discussed above, although gender bias often manifests unintentionally, there are several measures that can help to prevent and reduce it.

A central starting point is to **build awareness and foster reflection**. It is crucial to acknowledge that gender bias exists and to actively engage in critical reflection at multiple levels, whether in professional discussions, formal training programmes or informal learning settings. Encouraging individuals to question their own cognitive patterns, stereotypes and gendered assumptions rather than accepting them as given is essential.

When awareness increases, individuals become better equipped to identify their own automatic attributions. Once stereotypes and implicit expectations are recognised, they can be consciously challenged, which helps to reduce the risk of microaggressions and discriminatory behaviour.

Public awareness campaigns also play an important role. Campaigns that highlight the importance of an equitable distribution of care work can help reshape cultural expectations. These initiatives should explicitly address men and emphasise the social and personal benefits of shared caregiving responsibilities. Educational interventions are equally important. Concepts of gender equality and a balanced division of domestic and care work should be introduced early in school curricula. Educational programmes that address these topics support children and young people in critically questioning entrenched gender norms. In addition, visible role models are essential. Public figures who embody a balanced approach to paid work and caregiving can serve as influential examples and contribute to wider cultural transformation.

Another key area is the improvement of **working conditions** and the **enhancement of the compatibility between paid employment and caregiving responsibilities**. Flexible working arrangements, accessible and affordable childcare, paid parental leave for all genders and advisory services for caregiving relatives support a fairer distribution of care work and reduce the disproportionate burden placed on women. New policy instruments that encourage shared caregiving responsibilities within families can further advance gender equality.

Awareness building and sensitivity measures are closely connected to these structural initiatives. Public communication and educational efforts can increase understanding of the unequal

distribution of care work and contribute to a new appreciation of caregiving activities. Recognising care work as an essential and skilled contribution to society is a key step toward overcoming deeply embedded gender hierarchies.

Promoting gender equality at a systemic level is also essential. Reducing the gender pay gap, improving transparency in income structures and strengthening equal treatment legislation provide an important framework for addressing gender bias and the unequal distribution of care responsibilities. **Ensuring equal pay and equal career opportunities** is fundamental in this context. Fair pay structures and transparent salary systems help prevent systematic disadvantage. Moreover, clearly defined and accessible career paths are necessary so that all employees, regardless of gender or caregiving duties, have equal opportunities for professional advancement.

Recruitment and training processes must foster gender diversity in the care sector. Gender neutral language, inclusive communication and visible role models can support a more balanced distribution of care roles across genders. Training programmes should challenge persistent assumptions about which gender is suited for which type of work and highlight the value of different perspectives and experiences in caregiving professions. A concrete example of such an instrument is the “Gender Inclusive Recruitment & Selection Toolkit” developed by the EU-funded EQUAL4EUROPE project, which provides practical guidance and templates for implementing gender-fair hiring processes.

In addition to these measures, **job rotation and work in multiprofessional teams** can serve as effective strategies to reduce gender bias in everyday professional practice. By rotating across different roles and collaborating closely with colleagues from diverse professional backgrounds, staff members gain insight into a wide range of tasks, responsibilities and perspectives.

This form of experiential learning supports the exchange of knowledge and encourages a shift in viewpoint, which broadens individual understanding and makes the realities and experiences of others more tangible.

Such structured opportunities for interaction and shared problem-solving help to challenge preconceived assumptions and open space for new ways of thinking. When individuals experience firsthand the complexity of roles traditionally associated with a specific gender, previous patterns of perception can be questioned and expanded. Over time, this reduces the risk of automatic categorisation and fosters a more balanced and informed view of professional competencies and contributions across all staff members.

Learning activity 4.4

Type of activity: Role-play (Job-rotation simulation in small mixed groups)

Learning Objectives:

- Participants gain insight into how gendered expectations shape professional roles and interactions within care settings.
- Participants develop the ability to identify situations in which gender inequality arises and recognise the underlying stereotypes, assumptions and cultural factors.

Content & Instructions:

- **Introduction** (2 mins): the trainer briefly explains the purpose of the role-play; assigns participants in small groups (4-6 people) a short case vignette; and gives each participant a role;
- **Main Task** (5 mins):

- Participants briefly discuss the case, each speaking from the perspective of their assigned role.
- After a few minutes, they switch roles to experience a different perspective.
- Participants pay attention to how the new role feels, which expectations they instinctively associate with the role, and how responsibilities and status are perceived.
- **Debrief** (3 mins):
 - Which roles felt “typically female” or “typically male”? Why?
 - Which assumptions about skills, responsibilities or professional status appeared during the exercise?
 - How did switching roles influence your perception of professional hierarchies and gendered expectations?
 - What surprised or challenged you?

Materials needed:

- Power Point slides
- Short case vignettes (printed)
- Role Cards (printed)

Expected Output:

- Each participant gains the insight and ability to identify situations in which gender inequality arises and to understand the underlying factors behind it.

Evaluation & Reflection:

- Participants share one key insight gained from stepping into different roles. Trainer summarises main observations regarding stereotypes, role expectations and perceived hierarchies.
- Participants reflect on how these insights may influence their behaviour, communication and decision-making in real workplace situations.

Key learnings:

- Recognize bias to change it. Gender bias begins with unconscious assumptions. Naming it in ourselves and in our workplaces is the first step toward fairer decisions and more equal opportunities.
- Make the invisible visible. Use data, reflection and structured tools to uncover how roles, tasks, pay and daily interactions differ across genders. What we measure, we can improve.
- Build equality through practice. Challenge stereotypes, redesign processes and create spaces for new perspectives. Inclusive language, shared caregiving expectations, fair career paths and everyday reflection help care environments become equitable for everyone.

Assessment:

- Link: <https://forms.gle/ypQHRC6js8Zbe3YA8>

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5. Creating Inclusive Workplace Cultures

Basic competence to acquire:

Creating Inclusive Workplace Cultures

Materials to use:

1. PowerPoint slides: "Work-Life Balance Strategies"
2. [EIGE resource: Work-Life Balance and Gender Equality Toolkit](#)
3. [Video example: Flexible Scheduling](#)
4. [EU Directive \(2019/1158\) summary on carers' and parental leave](#)

Defining the DEI framework

Diversity, Equity, and Inclusion (DEI) represent three interconnected principles for building fair and respectful workplaces.

- Diversity means recognizing the variety of people's backgrounds, identities, experiences, and perspectives.
- Equity means ensuring fair access to opportunities and resources, acknowledging that some people face structural disadvantages.
- Inclusion means creating an environment where every employee feels valued, heard, and able to contribute fully.

In the care sector, applying the DEI framework means not only ensuring equal treatment but also actively identifying and removing barriers that exclude individuals based on gender, disability, ethnicity, or other characteristics. An inclusive culture supports both workers and service users, leading to better collaboration, stronger motivation, and higher quality of care.

Contents

5.1. Exploring diversity dimensions: focus on gender diversity

Gender diversity is one of the most visible aspects of workplace inclusion. In long-term care (LTC), the workforce is predominantly female, yet women often face unequal pay, limited career progression, and a lack of recognition. At the same time, men remain underrepresented in direct care roles due to persistent stereotypes that label care as “women’s work.”

Promoting gender diversity means challenging these norms and creating balanced teams at all levels of the organization. This can be achieved by:

- Encouraging more men to apply for care positions and providing role models.
- Ensuring transparent promotion criteria for women.
- Adopting pay equity policies and equal opportunity plans.
- Communicating that caring is a professional skill, not a gendered task.

Gender diversity benefits everyone. Mixed teams offer different perspectives and problem-solving styles, which contribute to innovation and improve the emotional and cultural climate of the organization.

5.2. Understanding motivators and barriers to DEI in the care sector

Motivators for adopting DEI practices often include the desire to improve teamwork, enhance staff satisfaction, attract new talent, and reflect community values. Many care organizations are also motivated by their social mission and the wish to model inclusion for service users and families.

However, several barriers remain. These include:

- Lack of awareness or training on DEI principles.
- Stereotypes and unconscious bias.
- Limited resources and time pressures.
- Leadership that focuses only on compliance, not culture change.

Addressing these barriers requires continuous effort. Regular reflection sessions, inclusive leadership training, and active communication about DEI progress can transform values into practice. Inclusion grows when it becomes part of daily routines and decision-making, not an isolated project.

5.3. Understanding diverse identities in the workplace

An inclusive workplace recognizes that every person’s identity is shaped by many factors - gender, age, disability, ethnicity, religion, sexual orientation, family status, and more. Understanding intersectionality helps organizations avoid “one-size-fits-all” approaches.

For example, a woman with a disability or a migrant care worker may face multiple layers of exclusion. Inclusive organizations listen to employees’ voices, respect individual needs, and design flexible policies to support everyone. Celebrating diversity through events, awareness campaigns, and open dialogue fosters belonging and empathy across the team.

True inclusion means shifting the focus from “fitting in” to “belonging” - where people are valued not despite their differences, but because of them.

Learning activities 5

“Mapping Inclusion in Our Workplace “

Purpose: To encourage reflection on real-life challenges and opportunities for creating a more inclusive and diverse workplace culture.

Process: Divide participants into small groups. Ask each group to map their organization's current DEI situation using three questions:

- What are we already doing well to support inclusion?
- Where do we still see barriers or bias?
- What small actions could make a big difference?
- Groups write their ideas on flipcharts or digital boards.

Discuss all ideas together and identify three concrete actions that could be implemented in the next six months.

Assessment:

- Link: <https://forms.gle/rXmgtbGP9RtVk8658>

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6. Pay Equity

Basic competence to acquire:

Identify pay disparities and propose corrective measures consistent with EU equal-pay and pay-transparency requirements, using company data and provided tools.

Materials to use:

- PPT: EQUAL_CARE_Training_Unit 6 Pay Equity
- Video link, whiteboard or flipchart.
<https://drive.google.com/file/d/10zD5fSWsoorP25L8TdINxqGicI03yvxZ/view?usp=sharing>
- Excel file **“Mini Pay Register.”**
https://docs.google.com/spreadsheets/d/1dVsXZDo5sZKd-edIIKx41P_jL_uK_Zhd/edit?usp=sharing&oid=102893106008237513493&rtpof=true&sd=true
- Internet access, quiz link:
<https://view.genially.com/68358c5e82d4d11fc355a843/presentation-gender-pay-gap-exist>

Contents

6.1. Work-life Balance Directive by both women and men

The principle of equal pay for equal work or work of equal value lies at the heart of EU employment law (Article 157 TFEU).

Directive (EU) 2023/970 on Pay Transparency establishes concrete rights and obligations to strengthen enforcement. It requires employers to disclose pay ranges in job ads, inform employees about pay levels, and report gender pay gaps where workforce size exceeds thresholds (typically 100+ employees).

The Directive ensures employees can request information on average pay levels by category, and obliges employers to conduct joint pay assessments when unjustified gaps exceed 5%. It reinforces the right to equal pay through compensation, access to remedies, and penalties for non-compliance.

The Work-Life Balance Directive (EU 2019/1158) complements this by encouraging both men and women to share care responsibilities through paid parental and carers' leave, flexible work, and paternity entitlements.

Together, both Directives support structural equality by addressing causes of pay disparities and promoting gender-balanced participation in employment.

Learning Activity 6.1

“Work-Life Balance and Pay Transparency”

Type of activity: Group brainstorming

Learning objectives:

- Identify connections between work-life balance and pay equity.
- Explore effects of transparency policies.

Instructions:

1. Watch the video 'Ethics and the Future of Care'.
2. Discuss in small groups how flexibility impacts equality.
3. Suggest one measure that supports both balance and fairness.

Materials needed: Video link, whiteboard or flipchart.

<https://drive.google.com/file/d/10zD5fSWsoorP25L8TdiNxqGicl03yvxZ/view?usp=sharing>

Expected output: List of proposed measures.

Evaluation & reflection: Trainer summarizes common themes.

6.2. How to define parameters and measure pay gaps

The gender pay gap (GPG) represents the difference between average gross earnings of men and women, expressed as a percentage of men's earnings.

The unadjusted GPG shows raw differences in average pay between women and men, while the adjusted GPG accounts for job level, tenure, or education.

Key parameters include average and median salary, bonuses, and allowances, by job category or level.

Example: Gender Pay Gap at Company X

Category	Average Salary (€/year)	Male	Female	Pay Gap
Overall (Unadjusted)	—	€50,000	€42,000	16%

The unadjusted gap reflects overall inequality: women earn 16% less than men— including representation in higher-paid roles.

Category	Average Salary (€/year)	Male	Female	Adjusted Pay Gap
After Adjustments	—	€50,000	€48,500	3%

The adjusted gap highlights pay inequity within comparable positions; women earn 3% less on average

Learning Activity 6.2

“Mini pay register”

Type of activity: Group exercise

Learning objectives:

- Calculate unadjusted and adjusted pay gaps.
- Interpret differences and implications.

Instructions:

1. Review sample pay data.
2. Calculate average and median pay gaps.
3. Discuss factors that explain differences.

Materials needed: Excel file "Mini Pay Register."

https://docs.google.com/spreadsheets/d/1dVsXZDo5sZKd-edJIKx41P_jL_uK_Zhd/edit?usp=sharing&oid=102893106008237513493&rtpof=true&sd=true .

Expected output: Calculated pay gap values and explanations.

Evaluation & reflection: Trainer checks results and leads discussion.

6.3. Remuneration registration and audit

In some European countries, like Spain, pay registers are mandatory in all companies and must show average and median remuneration by gender and job group. If a pay difference of over 25% exists between men and women, it must be objectively justified.

Pay audits can be required in some countries, like Spain for companies with 50+ employees and form part of the Equality Plan. They involve assessing job value, pay structure, and gender-neutral evaluation criteria.

Common pitfalls include incomplete data, failure to separate base pay from variable pay, and ignoring part-time corrections.

Remuneration registration vs. remuneration audit:

Registration → mandatory for all companies.

Audit → required for those with ≥50 employees (within Equality Plan).

Job evaluation references: equal-value work assessment (skills, effort, responsibility, working conditions).

Professional Group	Category	Average Salary (€/year)	Male Avg	Female Avg	Pay Gap (%)	Notes
Group I	Senior Management	€85,000	€88,000	€82,000	6.8%	Slight gap due to tenure differences
Group II	Technical / Engineering	€55,000	€56,000	€54,000	3.6%	Within acceptable range
Group III	Administrative	€32,000	€33,000	€31,000	6.1%	Review promotion pathways
Group IV	Operations / Support	€28,000	€28,500	€27,500	3.5%	No structural issues detected

Key points to include in a remuneration register:

- Average and median salaries (fixed, variable, and benefits)
- Gender breakdown for each professional group, category, or equivalent work.
- Justifications for significant differences (>25%)
- Date of preparation and responsible HR department

Learning Activity 6.3

“Remuneration Register and AuditType”

Type of activity: Role-play

Learning objectives:

- Understand the purpose of a pay audit.
- Simulate explaining register results to stakeholders.

Instructions:

1. Form small groups representing HR, management, and worker reps.
2. Present pay register results and discuss corrective steps.

Materials needed: Example: Company X — 2025 Remuneration Register (previous content)

Examples of correctives measures from our sector

- A caregiver and a maintenance worker discover they earn the same after recent pay adjustments—showing equal pay for different but equally valued work.
- A new support worker is told about pay scales during onboarding, helping ensure transparency from day one.
- In a day-care center, a mixed-gender team shares shifts and allowances equally, reinforcing fairness.
- In a disability center, job descriptions were reviewed to ensure that ‘care assistant’ and ‘personal support worker’ roles of equal value have the same pay band.
- Staff received clear explanations on how bonuses and supplements are calculated, improving trust.
- Equal pay reviews are discussed in monthly team meetings alongside safety and well-being topics.
- An Excel sheet comparing average pay for male and female staff in each category revealed a 12% gap among night-shift roles—later corrected by harmonizing allowances.
- Another service found that part-time staff (mostly women) missed annual pay updates; HR adjusted this automatically going forward.
- Supervisors were trained to spot pay disparities when approving overtime or scheduling weekend work.
- The pay register showed that men in technical roles earned 27% more than women in similar-level care coordination posts; a reclassification process aligned these.
- During a pay audit, one foundation found extra bonuses tied to night shifts were unequally distributed and corrected the allocation.
- Managers now review pay registers annually with worker representatives and share a short summary with staff.
- A residential center introduced transparent criteria for performance bonuses tied to skills and attendance, not personal recommendations.
- Supervisors began encouraging both men and women to use flexible schedules, normalizing shared family care responsibilities.
- The organization tracks two indicators: percentage of reviewed pay scales and share of male staff using flexible arrangements.

Expected output: Mock presentation with corrective proposals.

Evaluation & reflection: Feedback from trainer and peers.

6.4. Pay gap prevention and pay equity promotion measures

Pay gap prevention and pay equity promotion are essential to ensure fairness, motivation, and equal opportunities within an organization.

They involve establishing transparent and consistent pay structures, using objective job evaluation systems, and conducting periodic pay audits to detect and correct inequalities.

Preventive measures include gender-neutral recruitment and promotion processes, salary reviews after maternity or parental leave, and clear communication about compensation policies.

Promotion measures focus on mentoring and leadership programs for women, equal access to training and development, career progression paths based on merit and performance, and work-life balance policies that support all employees equally.

Together, these actions build a culture of trust, transparency, and respect where equal work truly leads to equal pay and professional growth for everyone.

Learning activity 6.4

“Pay Gap Prevention and Promotion Measures”

Type of activity: Case study

Learning objectives:

- Identify and classify measures as preventive or promotional.
- Apply to real workplace situations.

Instructions:

1. Make the quiz “Gender pay exist”
2. Read examples of prevention and promotion measures from our sector
3. Select one of each and discuss which could be adapted to your organization.

Materials needed: Internet access, quiz

link: <https://view.genially.com/68358c5e82d4d11fc355a843/presentation-gender-pay-gap-exist> and

Examples of prevention and promotion measures from our sector

Promotion

Mentoring & Leadership Programmes for Women

- Establish a mentoring scheme to support women in moving into supervisory and managerial roles in care settings.
- Encourage sponsorship of female staff to prepare for leadership pipelines.

Gender-Balanced Recruitment & Career Progression

- Ensure recruitment short-lists include at least 40% women and 40% men for care management roles.
- Offer career development plans, training and clear promotion criteria accessible to all.

Flexible Work Arrangements & Return-to-Work Support

- Offer flexible schedules, part-time options, job-sharing and remote work where feasible in the care environment.
- Provide structured support for those returning from parental or carer leave (refresher training, induction back to role).

Recognition & Valuation of Care Work

- Promote the value of care roles (both formal and informal) – adjust job-grading to reflect skills, responsibility and effort fairly regardless of gender.
- Award internal recognition for excellence in caregiving and leadership in care.

Attract More Men into Care Roles & Break Stereotypes

- Run campaigns to encourage men to apply for care work and leadership in the care sector (challenging stereotypes).
- Offer career pathways for men in middle and senior levels of care.

Prevention

Pay Transparency & Regular Pay Gap Monitoring

- Publish headcount and average pay by gender for each group/job type.
- Conduct periodic audits to detect unjustified gender pay gaps, especially in the care workforce.
- Where gaps exceed defined thresholds, investigate and implement corrective actions.

Gender-Neutral Job Evaluation & Grading

- Ensure job evaluation systems in care work are gender-neutral: same factors applied irrespective of gender, informal vs formal roles.
- Review classifications of care jobs (often feminised) to prevent undervaluation.

Anti-Harassment & Safe Workplace Culture

- Implement a zero-tolerance policy on gender-based harassment or violence in the care environment.
- Provide regular training on harassment prevention and reporting mechanisms.
- Monitor incidents and ensure safe reporting routes.

Work-Life Balance & Carer Support

- Prevent the disproportionate burden on women of unpaid caregiving by offering organisational support: carers' leave, flexible scheduling, job protection for carers.
- Track take-up of leave by gender to identify potential bias or barriers.

Inclusive Policy Review & Continuous Monitoring

- Ensure all policies (HR, recruitment, promotion, pay, care roles) are reviewed for gender impact before approval.
- Set up a steering committee with gender equality oversight; collect sex-disaggregated data across indicators and adjust measures as needed.

Expected output: Mock presentation with prevention and promotion proposals

Evaluation & reflection: Group sharing and trainer feedback.

Assessment:

- Link: <https://forms.gle/C7tb7aMM5bHvkgov9>

References and bibliography

EU Legal Framework

- Treaty on the Functioning of the European Union (TFEU) – Article 157: Equal pay for equal work or work of equal value. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12012E157>
- Directive (EU) 2023/970 – On strengthening the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32023L0970>
- Directive (EU) 2019/1158 – Work-Life Balance for Parents and Carers. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019L1158>
- Directive 2006/54/EC – On the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (Recast). <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32006L0054>

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- European Commission (2022) – Horizon Europe Guidance on Gender Equality Plans (GEPs). <https://op.europa.eu/en/publication-detail/-/publication/ffcb06c3-200a-11ec-bd8e-01aa75ed71a1>
- European Institute for Gender Equality (EIGE) – GEAR Toolkit: Gender Equality in Academia and Research. <https://eige.europa.eu/gender-mainstreaming/toolkits/gear>
- Equinet (2024) – Pay Transparency and Equal Pay Tools. <https://equineteurope.org/publications/pay-transparency-and-equal-pay-tools/>
- European Commission (2023) – Work-Life Balance Directive Implementation Report. https://commission.europa.eu/publications/work-life-balance-directive_en

Sectoral and Policy References

- European Social Employers (2023) – EQUAL CARE Project: Promoting Gender Equality in the Care Sector. <https://www.socialemployers.eu/new-project-promoting-gender-equality-in-care-equal-care/>
- FEPS – Foundation for European Progressive Studies (2023) – Gender Inequality and the Care Economy: Time for a Change. <https://fepeurope.eu/gender-inequality-and-the-care-economy-time-for-a-change/>
- World Health Organization (2022) – Gender, Equity and Health Workforce Policies: Closing the Gap. <https://www.who.int/publications/i/item/9789240052895>
- International Labour Organization (ILO) (2023) – Care Work and Care Jobs for the Future of Decent Work. https://www.ilo.org/global/topics/care-economy/publications/WCMS_633135/lang-en/index.htm
- RESISTIRÉ Project (2023) – Factsheet 3: Gender Equality in the Healthcare Sector. <https://resistire-project.eu/recommendations/fact>

7. Accountability and Tracking

Basic competence:

Design a Gender Equality Plan monitoring system including roles, indicators, targets, and reporting cycles, aligned with legal registration and evaluation requirements.

Materials to use:

- PPT: EQUAL_CARE_Training_Unit 7 Accountability and tracking
- Equality Plan Lifecycle Map
- Internet access and **EIGE tool kit** <https://eige.europa.eu/publications-resources/toolkits-guid>,
- Access Internet, Google Form link <https://forms.gle/OhU8V9fXayVrgGIU6>
- GEP Building Blocks Table

Contents

7.1. Phases of the Gender Equality Plan (GEP)

Corporate equality plans are an organized set of evaluable measures, adopted after conducting a situation assessment, aimed at achieving equal treatment and opportunities between women and men in the company and eliminating gender-based discrimination.

The Gender Equality Plans will establish:

- The specific equality objectives to be achieved
- The strategies and practices to be adopted to achieve them
- Effective systems for monitoring and evaluating the objectives set.

An effective Gender Equality Plan follows a structured life cycle ensuring

- Accountability and improvement.
- Equality is embedded as a continuous process rather than a one-off exercise.

The main phases are: diagnosis, development, registration, (legal filing, e.g., REGCON in Spain), measures, implementation, assessment and following

Each phase requires participation of management, HR, and employee representatives (trade unions).

In Spain, RD-law 6/2019, RD 901/2020, and RD 902/2020 establish the legal basis for GEP registration and pay audits. Registered plans are public, reinforcing transparency and compliance. Clear documentation supports audits and stakeholder confidence.

Learning Activity 7.1

“Mapping the Equality Plan Lifecycle”

Type of activity: Group mapping exercise

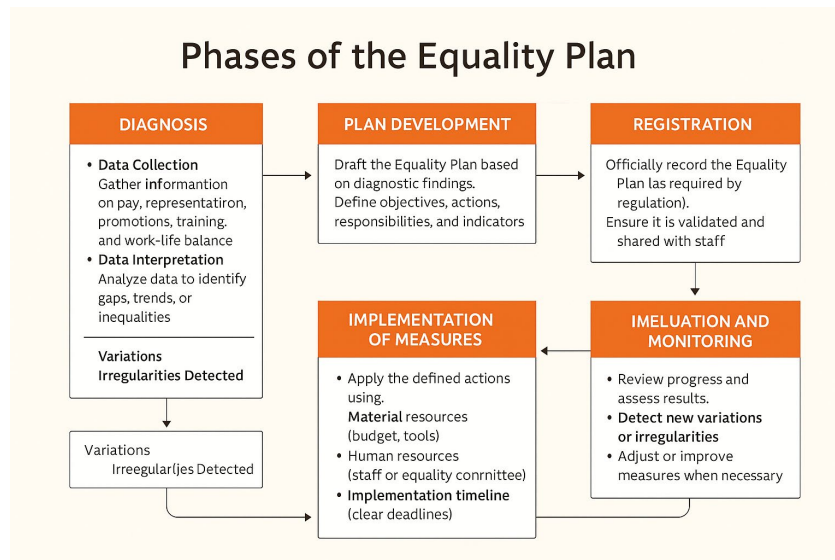
Learning objectives:

- Identify your organization’s current stage in the equality plan lifecycle.
- Detects weak or missing phases.

Instructions:

1. Use the lifecycle map to plot the current phase in your organization.
2. Discuss missing or weak steps answers the following questions for every phase:
 - Diagnosis: do we have updated data? Are we interpreting it systematically?
 - Plan development: do we have smart equality goals and defined accountability?
 - Registration: has our equality plan been formally approved and shared?
 - Implementation of measures: are actions operational? Are teams trained and resourced?
 - Evaluation and monitoring: do we evaluate outcomes regularly? How are results communicated?
 - Feedback loop: what quick wins could we apply this year to strengthen impact?

Materials needed: Equality Plan Lifecycle Map



Expected output: Participants organizations situation in the Equal Plan Lifecycle

Evaluation & reflection: Group presentations

7.2. Guidelines, resources and tools to carry out an equality plan in the organization.

European Institute for Gender Equality (EIGE) help us with a guideline to carry out an equality plan following these steps and activities

1. Assess the current situation – Carry out a baseline audit: collect sex-disaggregated data, identify key inequalities (e.g., in pay, representation, career progression).

2. Get leadership commitment – Secure senior management endorsement, allocate human & financial resources.
3. Engage stakeholders – Involve employees, management, HR, maybe unions/members, to co-design the plan.
4. Develop the plan – Define SMART objectives (Specific, Measurable, Achievable, Realistic, Time-based), select key measures, set targets, timeline & responsibilities.
5. Implement the plan – Roll out the actions, integrate into policies/procedures (e.g., recruitment, pay reviews, training, promotion).
6. Monitor & evaluate – Establish indicators, track progress, report, learn lessons, adjust and renew the plan.

Here you have a list of Resources & Tools (EU-level) to help you

Tool Name	Description	Source / Link
GEAR – Gender Equality in Academia & Research Tool	A step-by-step toolkit aimed at universities & research organisations for designing, implementing and evaluating GEPs. (European Institute for Gender Equality)	GEAR Tool
Gender Budgeting – Step-by-step Toolkit	Helps authorities apply gender-budgeting approaches in public budgets and EU Fund processes. (European Institute for Gender Equality)	Gender Budgeting
Gender Impact Assessment (GIA) Toolkit	Provides guidance to assess laws/policies/programmes for gender-equality impact ex ante. (European Institute for Gender Equality)	GIA Toolkit
Gender Equality Training Toolkit	Designed to support public-administration staff in acquiring gender-equality competences (training design/implementation). (European Institute for Gender Equality)	Gender Equality Training
Institutional Transformation Guide	Framework for transforming institutions to integrate gender-mainstreaming in culture, processes and structure. (European Institute for Gender Equality)	Institutional Transformation Guide
Methods & Tools Catalogue	A broader list of methods and tools (gender analysis, gender audit, indicators, gender-responsive evaluation) for gender-mainstreaming processes. (European Institute for Gender Equality)	Methods & Tools

Learning Activity 7.2

“Reviewing Guidelines and Selecting Tools”

Type of activity: Guided review and tool selection

Learning objectives:

- Understand EIGE guidelines as a foundation for Gender Equality Plans.
- Identify tools and resources that support GEP implementation.

Instructions:

1. Review the EIGE GEAR guidelines and Horizon Europe GEP framework.
2. In small groups, discuss which tools (e.g., checklists, monitoring templates, data dashboards) are most relevant for your organization.
3. Complete a table summarizing your choices and reasons.

Materials needed: Internet access and **EIGE tool kit** <https://eige.europa.eu/publications-resources/toolkits-guid>,

Table for tool selection and reasons

Tool / Method	Purpose	Main Application	Reason
Gender Analysis	Examines differences between women and men in terms of roles, needs, and access to resources.	Used at the start of a project or policy to understand gender implications.	
Gender Audit	Evaluates how well gender equality is integrated within an organization's structures and activities.	Helps design or update internal equality policies and training.	
Gender Impact Assessment (GIA)	Predicts how proposed laws, policies, or programmes will affect women and men differently.	Applied before adopting policies or budgets.	
Gender Budgeting	Integrates a gender perspective into budgeting processes to ensure equitable resource distribution.	Public and institutional budgeting.	
Gender Indicators	Quantitative and qualitative measures to assess progress toward gender equality.	Used for monitoring Equality Plans and reporting.	
Gender -Responsive Evaluation	Assesses how policies and programs have promoted gender equality and met the needs of women and men.	Evaluation phase of Equality Plans or EU projects.	
Gender Equality Training	Builds capacity of staff to implement gender-mainstreaming and equality actions.	Ongoing training in HR, management, and policy areas.	
Institutional Transformation / Gender Mainstreaming	Integrates gender equality into all levels of decision-making and culture.	Used to ensure lasting change within institutions.	
Gender Statistics & Data Collection	Collects, analyzes, and uses sex-disaggregated data to support evidence-based decisions.	Monitoring, planning, and evaluation.	
Gender -Sensitive Communication	Promotes the use of inclusive and non-stereotypical language and imagery.	Applies to internal and external communication strategies.	

Expected output: Table with prioritized tools and reason.

Evaluation & reflection: Short debrief to share selected tools and rationale .

7.3. Data collection and interpretation examples

Accurate and systematic data collection is the foundation for monitoring gender equality progress.

A well-designed Gender Equality Plan (GEP) should rely on consistent indicators that provide both quantitative and qualitative insights.

Diagnosis begins with mapping workforce data by gender, job level, contract type, salary, training, recruitment, and exits. Additional dimensions—such as occupational safety, communication practices, and perceptions of inclusion—help identify structural imbalances.

Indicators must be SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) and comparable over time.

Examples include: percentage of women in management, share of flexible work uptake by men, or the gender pay gap.

Monitoring indicators will be:

- Quantitative: % pay gaps, % promotions by sex, % flexible-work uptake.
- Qualitative: satisfaction surveys, focus-group results by grade.

Data sources can be HRIS systems, payroll, training databases, and staff surveys.

Monitoring sheets should include definitions, sources, update frequency, and targets.

Reliable data promotes evidence-based decision-making, demonstrating accountability to both internal and external stakeholders.

The European Institute for Gender Equality (EIGE) recommends combining outcome indicators (e.g., reduced pay gap) with process indicators (e.g., number of audits completed).

Social services organizations must ensure confidentiality and GDPR compliance while maintaining transparency.

Learning Activity 7.3

“Data Collection and Monitoring”

Type of activity: Workshop with digital feedback form

Learning objectives:

- Understand the role of indicators in equality tracking.
- Practice with a gender equality plan form for workforce.

Instructions:

1. Complete the shared Google Form
2. Identify the three best indicators in the form to track pay equity and if they will be useful for managers

Materials needed: Access Internet, Google Form link <https://forms.gle/QhU8V9fXayVrgGIU6>

Expected output: Submitted form report with results

Evaluation & reflection: Trainer reviews Google Form responses and presents summarized trends to the group.

7.4. Setting measures, goals and targets, evaluable examples

“Horizon Europe Guidance on Gender Equality Plans (GEPs)” there are strongly recommended following blocks for a GEP to address, we add some measure examples:

7.4.1 Mandatory Process-Related Building Blocks

1. **Public Document & Leadership Endorsement:** The GEP must be a formal document, publicly published, signed by senior leadership.
Measure example: Publish the GEP on the organisation's website; hold a launch event where the CEO/head of institution endorses the GEP.
2. **Dedicated Resources:** The plan must have dedicated human, financial and organisational resources to implement it.
Measure example: Appoint a Gender Equality Officer or create a Gender Equality Unit with a specific budget line.
3. **Data Collection, Monitoring & Indicators:** Requires sex/gender-disaggregated data on staff (and where applicable students), annual monitoring of indicators.
Measure example: Develop a dashboard tracking e.g. number of women vs men in leadership roles, pay levels by gender, recruitment by gender, and publish an annual report.
4. **Training & Awareness-Raising:** The plan must include awareness-raising, training for staff and decision-makers, including unconscious bias training.
Measure example: Conduct mandatory workshops on unconscious gender bias for hiring managers and senior leadership; produce e-learning modules.

7.4.2 Recommended Thematic Building Blocks

5. **Work-Life Balance & Organisational Culture:** Measures to support flexible working, parental leave, supportive culture.
Measure example: Introduce flexible/family-friendly working hours, ensure return-to-work pathway after parental leave, promote shared parental leave uptake.
6. **Gender Balance in Leadership & Decision-Making:** Improving representation of women and gender-diverse persons in leadership positions.
Measure example: Set a target that at least 40 % of new executive-level hires are women; ensure gender parity on all decision-making committees.
7. **Gender Equality in Recruitment & Career Progression:** Ensuring fair recruitment, promotions, and career development processes.
Measure example: Blind CV screening for gender; ensure equal access to mentoring and leadership training for women and under-represented genders.
8. **Integration of the Gender Dimension into Research/Teaching Content:** Especially relevant in research & higher-education organisations: ensure that sex/gender analysis is considered in R&I content.
Measure example: Develop training modules for research staff on gendered innovations; include questions in project proposals about how gender influences research design and outcomes.
9. **Measures Against Gender-Based Violence, Including Sexual Harassment:** Addressing harassment, bullying, unequal treatment and creating safe and inclusive environments.
Measure example: Establish a clear anti-harassment policy, anonymous reporting mechanism, regular mandatory training on harassment and gender-based violence.

Learning Activity 7.4

"Applying the GEP Building Blocks"

Type of activity: Group analysis and planning

Learning objectives:

- Review the five mandatory and recommended building blocks of a GEP.
- Assess how each block applies to your organization.

Instructions:

1. Review the EIGE GEP building blocks table.
2. In teams, assess which blocks your organization already implements and which are missing.
3. For every example of target select the related building block

Materials needed:

GEP Building Blocks Table

Category	Building Block	Description / Core Elements	Example Measures
Mandatory (Process-related)	1. Public Document & Leadership Commitment	The GEP must be a formal, public document signed and endorsed by top management.	Publish GEP online; CEO endorsement; equality statement in annual report.
	2. Dedicated Resources	Allocate specific staff, time, and budget to gender equality actions.	Create Gender Equality Officer/Unit; set an annual equality budget.
	3. Data Collection, Monitoring & Indicators	Gather sex-disaggregated data annually to track progress.	HR dashboard by gender; annual equality report.
	4. Training & Awareness	Regular training on gender equality, unconscious bias, and inclusive management.	Workshops for managers; online learning modules.
Recommended (Content-related)	5. Work-Life Balance & Organisational Culture	Foster a culture that values flexibility, inclusiveness, and shared responsibility.	Flexible work options; parental leave support; anti-harassment policies.
	6. Gender Balance in Leadership & Decision-Making	Promote gender parity in decision-making and leadership roles.	40% gender target in committees; mentorship programmes for women.
	7. Gender Equality in Recruitment & Career Progression	Ensure fair and transparent recruitment and promotion systems.	Gender-neutral job descriptions; equal access to training and development.
	8. Integration of the Gender Dimension in Research/Teaching	Incorporate gender analysis into research design, innovation, and teaching content.	Require gender dimension in project proposals; staff training on gendered research.
	9. Measures Against Gender-Based Violence, Including Sexual Harassment	Policies and mechanisms to prevent and address harassment or violence.	Anonymous reporting system; regular awareness campaigns.

Building Blocks target examples

TARGET	BUILDING BLOCK
Publish GEP and train 100% of leadership by Q2 2026	
Allocate 0.5% HR budget & appoint Gender Equality Officer by 2025	
Produce annual equality report; full gender-disaggregated HR data by 2025	
Train all managers on bias & reach 80% awareness participation by 2026	
Increase flexible work uptake by 20% & ensure 50/50 training participation	
Reach 40% women in management & balance gender in decision-making bodies by 2027	
Ensure gender-balanced shortlists; reduce adjusted pay gap below 3% by 2028	
Include gender analysis in 100% of research proposals by 2026	
Implement zero-tolerance policy & train all staff on prevention by 2026	

Expected output: Completed target examples table

Evaluation & reflection: Group presentations and facilitator summary.

Assessment:

- Link: <https://forms.gle/AXKzPLnLWxu1ANko8>

References and bibliography

EU Legal Framework

- Treaty on the Functioning of the European Union (TFEU) – Article 157: Equal pay for equal work or work of equal value.
<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12012E157>
- Directive (EU) 2023/970 of the European Parliament and of the Council (10 May 2023) – Strengthening the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms.
<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32023L0970>
- Directive (EU) 2019/1158 – Work-Life Balance for Parents and Carers.
<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019L1158>

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- European Commission (2022) – Horizon Europe Guidance on Gender Equality Plans (GEPs).
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<https://equineteurope.org/publications/pay-transparency-and-equal-pay-tools/>
- EQUAL4EUROPE Project (2023) – Handbook for the Implementation of Gender Equality Plans by AHMSSBL Institutions.
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- FEPS (2023) – Gender Inequality and the Care Economy: Time for a Change. <https://fepeurope.eu/gender-inequality-and-the-care-economy-time-for-a-change/>
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- World Health Organization (2022)
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8. Balanced presence of women and men in the care sector

Basic competence to acquire

Develop a deeper understanding of gender equality principles and their application within the care sector. Build skills in analysing workforce data, designing inclusive partnerships and campaigns, and creating family-friendly organisational practices.

Materials to use:

- PPT: EQUAL_CARE_Training_Unit 8. Balance presence of women and men in the care sector
- Flipchart, paper or shared document, markers and pens
- Good practice example for 8.4 "Promoting Family-Friendly Practices – Example from Austria"

Content

8.1. Partnerships With Education & Training Institutions

Achieving a balanced presence of women and men in the care sector begins with education and professional training. Establishing agreements and collaborations between care organisations and educational institutions, such as vocational schools, universities, and professional training centers, can create pathways that attract both women and men to the field.

Through these partnerships, curricula can be designed to reflect the real diversity and professional opportunities of the care sector, avoiding traditional stereotypes that associate care work primarily with women.

Joint initiatives such as internships, dual-education systems, and career orientation programs help young people gain early and realistic insight into the sector.

Promoting diverse role models, women in leadership roles and men in caregiving positions, further helps to present care work as a meaningful and respected career option for all.

Learning Activity 8.1

Type of activity: Group exercise

Learning objectives:

- Consider strategies to attract a diverse workforce to care professions by creating inclusive partnership plans and initiatives.
- Evaluate the role of education and training collaborations in promoting gender balance in care.

Materials needed: Paper, pens

Instructions:

In a small group, design a partnership plan between a care provider and an educational institution. Outline concrete actions that can attract both women and men to care professions, such as inclusive career fairs or communication campaigns that break stereotypes. After sharing your plan with the group, reflect together on how education and training collaborations can promote gender balance and improve the image of care work.

8.2. Annual Monitoring of Promotions & Career Development

To make sure everyone has equal chances to grow in their career, organisations should regularly review how promotions and professional development are managed. By looking each year at who gets promoted, broken down by gender, age, job type, and working hours, they can spot any imbalances or unfair patterns.

Collecting and analysing this information helps identify barriers that might hold people back, such as limited access to training, fewer opportunities for part-time workers, or unconscious bias in promotion decisions.

Regular reviews make it easier to track progress, adjust policies when needed, and ensure that promotions and career development are fair, transparent, and open to everyone.

Learning Activity 8.2

Type of activity: Group exercise

Learning objectives:

- Develop awareness of the importance of analysing trends and gaps in gender equality to inform actions and improve diversity outcomes over time.
- Identify key gender equality indicators within an organisation, such as workforce composition, pay, and career progression.

Materials needed: Paper, pens

Instructions:

Design a simple template for a Gender Equality Dashboard. Which key indicators on gender equality should be tracked by managers over time? (For example, data on workforce composition, promotions, and pay levels by gender, age, job type, etc.)

The aim of such a tool is to track key indicators over time, identify gender gaps, and present results in annual diversity reports. Tip: A traffic-light system (green = balanced, yellow = needs improvement, red = critical imbalance) can make it easier to interpret the data and communicate results internally.

8.3. Improving Pay & Social Recognition

A key step towards achieving gender balance in the care sector is making care jobs more attractive. For many years, these roles have been undervalued in both pay and social standing. To change this, pay needs to be fair, transparent, and based on the real skills, responsibility, and emotional effort that care work requires. Regular checks can help identify and correct unfair pay differences between men and women.

At the same time, it is important to improve how society views care work. Public campaigns, media stories, and community events should highlight that care work is a professional, skilled, and vital part of our social and health systems. When care jobs are properly valued and respected, they become more appealing to everyone, encouraging both women and men to see them as worthwhile and rewarding careers.

Learning Activity 8.3

Type of activity: Group exercise

Learning objectives:

- Reflect on the value and perception of care work within an organisation and society.
- Develop ideas to enhance the professional image of care jobs and promote them as meaningful, gender-inclusive careers.

Materials needed: Paper, pens, internet access to view campaign examples

Instructions:

Reflect on how care work is valued in your organisation and society. In small groups, design a short awareness campaign that raises the professional image of care jobs and highlights them as meaningful and gender-inclusive careers. You can create a poster, slogan, short video outline, etc. Present your concept to the group and together discuss how improving recognition can attract a more diverse workforce.

Learners can find some examples of public communications campaigns here:

- *Men in Health (and Social Care) campaign, Norway*, URL: <https://mennihelse.no/>
- *Ontdekdezorg (discover care) campaign, the Netherlands*, URL: <https://www.ontdekdezorg.nu/>
- *Care-er.be platform, Belgium*, URL: <https://care-er.be/nl/werkgever>

8.4. Promotion of family-friendly practices in companies

Promoting family-friendly practices within organisations is essential for enabling both women and men to participate fully in professional and family life. Organisations should introduce and actively support policies that make it easier for all employees to reconcile work and private responsibilities.

This includes offering flexible working arrangements, such as teleworking where possible, adaptable schedules, and part-time leadership roles, as well as providing accessible, high-quality childcare options.

Parental leave policies should be designed to be inclusive and to encourage men to take equal responsibility for caregiving, thereby challenging the stereotype that family care is primarily a woman's role.

Communication within organisations should emphasise that using family-related leave or flexible work options is normal and valued for everyone, regardless of gender.

Learning activity 8.4

Type of activity: Group exercise

Learning objectives:

- Reflect on how family-friendly workplace measures can enhance employee satisfaction, retention, and gender equality.

Materials needed: Paper, pens, good practice example (below)

Instructions:

Discuss what policies best support both men and women in sharing family responsibilities and advancing in their careers. Reflect on how family-friendly practices can improve satisfaction, retention, and equality in your workplace. To support your discussion, read the below good practice from Austria.

Good practice

Faced with staff shortages and the need for better work-life balance, social services provider Volkshilfe Niederösterreich in Austria developed innovative duty rota models tailored to employees' life situations and care responsibilities. After conducting surveys and regular feedback rounds, the organisation introduced three main scheduling models:

- *The "Morning Model" offers work from Monday to Friday in the mornings only, without evening or weekend duties. This option primarily benefits employees with young children or family responsibilities during afternoons and weekends.*
- *The "Leisure Time Model" allows staff to concentrate their weekly hours into fewer working days, resulting in longer consecutive days off. This model is popular among employees who value extended leisure time or wish to benefit from weekend bonuses.*
- *The "Holiday Replacement Team" is a flexible pool of staff who temporarily cover the shifts of colleagues on holiday, long-term sick leave, or other planned absences. This arrangement suits employees who enjoy variety in their work and prefer not to have a fixed service user base.*

These flexible models balance employee needs with organisational and service user requirements. As a result, employees report higher satisfaction with their work schedules, reduced stress from unpredictable duty plans, and improved ability to coordinate professional and family life. The organisation, in turn, benefits from lower absenteeism, higher employee loyalty, and a more stable workforce.

Assessment:

- Link: <https://forms.gle/HugK8t3QxURjtxtk7>

References and bibliography

- European Pillar of Social Rights Action Plan, 2021. URL: <https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/en/>
- European Care Strategy, 2022. URL: https://employment-social-affairs.ec.europa.eu/news/european-care-strategy-caregivers-and-care-receivers-2022-09-07_en
- EU Directive on work-life balance for parents and carers, 2019. URL: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32019L1158#PP4Contents>
- Men in Health (and Social Care) campaign, Norway, URL: <https://mennihelse.no/>
- Ontdekdezorg (discover care) campaign, the Netherlands, URL: <https://www.ontdekdezorg.nu/>
- Care-er.be platform, Belgium, URL: <https://care-er.be/nl/werkgever>

TG1: Workforce (social care providers, nursing professionals etc).

1. Gender Bias at workplace

Introduction:

This module provides an introduction to (unconscious) gender bias and its impact in the workplace, with a focus on the care sector. It promotes understanding of gender equality and diversity dimensions, including key motivators and barriers to gender balance. Participants learn to recognise common stereotypes and microaggressions that influence everyday professional interactions.

Basic competence to acquire:

How to understand an unconscious bias and its workplace impact

Materials to use:

- PPT: EQUAL_CARE_Training_Unit1 Gender bias at workplace
- Flipchart & Markers
- Role cards
- Scenario cards
- Simple observation guide
- Flipchart or board

Links to materials and resources:

- Role Play: https://docs.google.com/document/d/1KKATlhBeKB8Bf4axntnv580ylq2lNoqj/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- PPT: https://docs.google.com/presentation/d/1AMgPpTNKZ5UC_DaOonFrhA2vb5pcligq/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true
- Knowledge assessment: https://docs.google.com/document/d/1fN8Z0TCCx3YqEwE-NZF7VHpx3Lao_DRS/edit?usp=drive_link&oid=107749073718294587611&rtpof=true&sd=true

Content

1.1. Gender Equality understanding

Gender refers to the socially constructed roles, expectations and behaviours associated with being female, male or of diverse gender identities. These roles emerge through cultural norms, socialisation

processes and historical contexts, and they shape what is considered appropriate, valued or expected from individuals based on their gender.

As a result, gender influences responsibilities, access to resources and decision-making power, and it varies across time and cultural settings.

A desirable social condition is **gender equality**, where women, men and gender-diverse people have equal rights, opportunities and recognition. Gender equality does not imply that everyone should become the same; instead, it ensures that individual opportunities are not determined by gender. It requires acknowledging different needs and circumstances and aims to create a fair and inclusive environment in which all people can fully participate and thrive.

However, in everyday life, people often rely on automatic categorisation to navigate the world, a natural cognitive process that can unintentionally reinforce stereotypes. This can lead to **gender bias**, where assumptions, attitudes and behaviours result in unequal treatment based on gender. Gender bias can be explicit or unconscious, and it frequently disadvantages women and gender-diverse individuals by limiting access to opportunities, recognition and autonomy. As such, it represents a significant barrier to achieving genuine gender equality.

In the literature, statistical data, and in our own survey conducted within this project, it becomes clear that the vast majority of practical caregiving responsibilities continue to be carried out by women, while men in the care sector are disproportionately represented in leadership positions. Even when formal hierarchies are not present, tasks often appear to be implicitly segregated along gender lines: women tend to carry out body care, household-related duties, and emotional labour such as comforting, listening and providing relational support. Men, on the other hand, are more frequently assigned physically demanding tasks such as lifting, repairs, or driving.

These patterns reflect not only traditional gender role expectations, but also **gender bias within caregiving practice**, where unconscious assumptions influence task allocation, perceived competencies, and career trajectories. For instance, nurturing and emotional support are often viewed as “natural” female skills and therefore undervalued, while physically demanding or technical tasks associated with men may be perceived as more specialised. Such biased role expectations can limit professional development, reinforce stereotypes and affect team dynamics, ultimately shaping both care quality and workplace equality.

Recognising and addressing gender bias in care work is therefore essential to ensuring fair opportunities, promoting professional recognition across all roles, and enabling a balanced distribution of responsibilities that values the full scope of caregiving competencies, regardless of gender.

Learning activity 1.1

Type of activity: Group Discussion

Learning Objectives:

- Participants will be able to recognise and reflect on invisible gender patterns within caregiving teams and understand how these patterns influence interactions, task distribution, and decision-making in daily practice.

Content & Instructions:

1. **Introduction** (2 mins): Trainer shortly presents the activity's purpose.
2. **Main Task** (6 mins): First, the team lists typical daily care tasks, such as personal care, documentation, communication with relatives, emotional support, heavy lifting, technical tasks, housekeeping routines and coordination duties. Then the group reflects on who usually performs these activities in practice: mainly women, mainly men or all team members. They discuss the picture that emerges with the following questions:
 - a. Which patterns do we notice?
 - b. Are some tasks consistently assigned to one gender?
 - c. What surprises us?
 - d. Which activities are seen as naturally female or male roles?
3. **Debrief** (2 mins): Finally, the group identifies ways to share responsibilities more fairly, such as rotating tasks and using neutral language when assigning duties.

Materials needed:

- PowerPoint Slides
- Flipchart & Markers

Expected Output:

- This exercise encourages awareness of everyday routines and supports a more equal and respectful distribution of responsibilities in care work.

Evaluation & Reflection: The trainer briefly reflects on the results once more.

1.2. Exploring diversity dimensions: focus on gender diversity

Diversity refers to the variety of people within an organisation, including aspects such as gender, ethnicity and nationality, age, social background, religion or belief, physical and cognitive abilities, and sexual orientation or identity. **Diversity Management** involves recognising and valuing these differences and similarities among staff in a strategic way that promotes equal opportunities. The goal is to ensure that all individuals can develop personally and professionally without discrimination, while creating a work environment that adapts to people rather than expecting people to adapt to rigid structures.

Effective Diversity Management brings **many benefits**. Employees who feel valued are more satisfied, more motivated and less likely to leave, which reduces absenteeism and turnover. Diversity oriented recruitment strengthens access to a wider talent pool and supports a positive organisational reputation. Diverse teams also foster intercultural awareness and improve communication with different patient and client groups. They are often more flexible, able to respond to complex challenges and better equipped to generate creative and innovative solutions due to their varied

experiences and perspectives. In this way, Diversity Management supports fairness and inclusion while also improving organisational quality and performance.

Diversity and Diversity Management recognise that people differ in many ways and that organisations benefit when these differences are valued and supported. Within this broader framework, **gender diversity** focuses specifically on the fair representation and inclusion of people of all gender identities and expressions. This includes women, men, non-binary, transgender and other gender-diverse individuals.

Promoting **gender diversity** means moving beyond the traditional binary view of gender and ensuring that opportunities, resources and career pathways are not limited by gender norms or stereotypes. Institutions that support gender diversity create equitable, respectful and inclusive environments, reduce discrimination and benefit from broader perspectives, stronger teamwork and improved wellbeing. In practice, this involves inclusive policies, gender-neutral language, fair hiring and promotion processes and a culture where all genders can contribute and thrive.

Learning activity 1.2

Type of activity: Individual Reflection

Learning Objectives:

- Participants reflect on situations where they observed diversity, including positive moments and challenges.
- Participants identify how their own assumptions or reactions influenced these interactions.
- Participants consider which strategies or resources helped and what support could improve future situations.

Content & Instructions

1. Introduction (2 mins): A short introduction by the trainer to the self-reflection
2. Main Task (6 mins): Participants reflection moments when they experienced diversity during their most recent shift. (This may include situations related to language, cultural background, age, religion, gender, disability, education, family circumstances or emotional wellbeing.) They should think about which situations felt positive or rewarding and where misunderstandings or challenges occurred. Participants should also reflect on their own expectations, assumptions or spontaneous reactions, whether conscious or unconscious, and how these may have influenced their interactions. Finally, they consider what helped them handle these situations and what kind of support or resources could have been useful.
3. Debrief (2 mins): Those participants who wish to do so may share their insights with the group.

Materials Needed:

- Power Point slides

Expected output:

- Collected insights and a better understanding of diversity, one's own experiences with it, and how these experiences can shape one's own behaviour as well as the behaviour of others.

Evaluation & Reflection: The trainer briefly summarises the insights.

1.3. Understanding motivators and barriers for gender diversity in care sector

Gender diversity in the care sector is very important for care quality, equity and sustainable workforce development. A diverse gender composition can strengthen team dynamics, improve person-centered care, and support recruitment in a field facing significant labour shortages. Yet, despite these benefits, gender diversity in care work continues to be limited by traditional gender roles, structural inequalities and a lack of awareness and targeted strategies.

Addressing these barriers is essential, not only for fairness and equal opportunity but also for ensuring resilient and high-performing care systems.

Let's start with the motivators for gender diversity in care sector:

- **Workforce security:** Gender diversity in the care sector is essential in light of the persistent workforce shortage and the expected rise in care needs. A predominantly female labour pool alone will not be sufficient to meet future demand; attracting more men and gender-diverse individuals is therefore crucial to ensuring sustainable staffing and long-term sector resilience. By broadening the recruitment base and engaging underrepresented groups, gender diversity contributes directly to workforce sustainability.
- **Improvement of care quality and outcome:** Research shows that the composition of the health and social care workforce has direct implications for service provision. Numerous studies report positive associations between diversity, quality of care and organisational performance. Diverse teams draw on a broader range of resources, knowledge and perspectives, which has been linked to improved patient outcomes, more accurate risk assessment, higher levels of innovation and more effective team communication. In this way, gender diversity supports clinical decision-making, strengthens reflexive practice and fosters a collaborative learning culture, ultimately enhancing care quality.
- **Gender-sensitive care:** Gender diversity also enhances the capacity of care services to respond to different patient preferences and cultural expectations. Evidence from our own findings illustrates that some service users express a clear preference to receive care from providers of either the same or a different gender. Diverse teams therefore enable gender-sensitive care pathways, respect individual preferences and expand choice for service users, thereby increasing satisfaction and trust in care relationships.
- **Role models and breaking stereotypes:** Increasing gender diversity in the care workforce strengthens the visibility of alternative role models and helps dismantle entrenched gender stereotypes and structural barriers in this traditionally female-dominated profession. By broadening representations of who provides care, gender diversity supports cultural change, challenges traditional gender norms and contributes to a more inclusive and equitable care environment.

Despite numerous recognised motivators for promoting gender diversity in the care sector, substantial barriers continue to hinder balanced gender representation. These barriers are deeply

embedded in cultural norms, socialisation processes, institutional practices and historical legacies, making gender diversity not only a recruitment challenge but also a structural and cultural one.

- **Cultural and social norms:** Gender diversity in the care sector remains limited due to persistent cultural expectations that position care work as inherently feminine. Care activities such as empathy, emotional labour and nurturing are socially coded as female traits, which makes it difficult for many men to identify with these roles. Choosing a care profession is often perceived as a deviation from traditional masculinity norms. Media portrayals further reinforce these perceptions, as male caregivers are frequently depicted as incompetent, comical or unmasculine, or remain largely invisible. Such representations shape public attitudes and contribute to the assumption that men are less suited for care work.
- **Early socialisation and career guidance:** These cultural norms are reinforced through early socialisation. Boys and young men are often channelled into technical or traditionally masculine career paths by family, school environments and career guidance systems, while care professions are more frequently suggested to girls. Additionally, many young men have limited exposure to care environments, as hospitals, nursing homes and disability services are socially and institutionally separate from everyday life. Without relatable role models or early positive contact points, care work remains outside the perceived spectrum of viable career choices for many male students.
- **Institutional and workplace dynamics:** Institutional structures and workplace cultures also create barriers. Male nursing students and care workers report heightened scrutiny, double standards and restricted access to certain clinical areas, particularly in fields involving intimate or women centred care. Stereotypes about motives or sexuality can lead to psychological stress and professional insecurity. Men are also more likely to be assigned physically demanding or behavioural management tasks due to gendered assumptions rather than competencies. These factors, combined with the lack of male mentors and limited representation in leadership positions, foster a sense of isolation and can hinder long term retention.
- **Historical legacy and professional identity:** Care has long been framed as a natural extension of women's social roles, and this narrative remains embedded in professional identity and public perception. As a result, men and gender diverse individuals continue to encounter subtle and overt barriers when entering, training in or progressing within the profession.

1.4. Identifying stereotypes and microaggressions in the workplace

Stereotypes refer to socially shared beliefs that attribute specific characteristics, behaviours or roles to individuals based solely on their perceived membership in a particular social group. These groups are often defined along categories such as gender, race, ethnicity, origin, religion or other identity markers.

Gender stereotypes, in particular, describe widely held assumptions about what men and women are like, or should be like, thereby shaping expectations regarding appropriate traits and behaviours for each gender.

Learning activity 1.4

Type of activity: group discussion

Learning Objectives:

- Participants identify common gender stereotypes related to care work.

Content & Instructions:

Introduction (1 mins): The trainer asks participants to list stereotypes that occur among caregivers in the care sector.

Main Task (3 mins): The participants collect stereotypes together, and the trainer notes them on a flipchart.

Debrief (1 mins): The trainer summarises the key points once again.

Materials Needed:

- Power Point slides
- Flip Chart
- Markers

Expected Output: A list of various stereotypes from the care sector that have been collected together.

Evaluation & Reflection: The trainer briefly highlights some of the stereotypes once more and then transitions to the next topic.

Microaggressions are everyday comments, questions or behaviours that, often unintentionally, reinforce negative assumptions about marginalised groups. While they may appear minor or harmless in the moment, they accumulate and can create a sense of exclusion, discomfort or not belonging for those affected.

Examples from the care sector:

- "You are too sensitive to handle this family meeting."
- "What are you really - a man or a woman?"
- "Are you sure you can do this job as a man?"
- "You're strong, so you can do all the lifting today."

Learning activity 1.5

Type of activity: Role-play on stereotypes and microaggressions in care work.

Learning Objectives:

- Recognise gender-related stereotypes and microaggressions in care settings.
- Practice inclusive, respectful and de-escalating communication.
- Strengthen perspective-taking, allyship and gender-sensitive team behaviour.

Content & Instructions:

Introduction (3 mins): Participants are divided into subgroups of six.

Main Task (12 mins):

- In each subgroup, participants work in triads:
 - Two act out the scenario.
 - One moderates/introduces.
 - One observes using an observation guide.
 - Two give feedback.
- Roles rotate so everyone experiences different perspectives.
- Each subgroup receives one role card (male trainee, non-binary assistant, experienced nurse with traditional views) and one scenario card (task allocation meeting, intimate care situation, staff-room comment, patient preference).
- Participants enact an interaction, expressing thoughts and emotions from the role. Partners respond naturally with inclusive, respectful language.
- The observer notes stereotypes, microaggressions, emotional reactions, and communication strategies

Debrief (5 mins): Guiding questions:

- Which stereotypes or assumptions appeared?
- How might each person have felt?
- Which responses supported inclusion and respect?
- How could the interaction be improved?

Materials needed:

- Role cards
- Scenario cards
- Simple observation guide
- Flipchart or board

Expected Output

- Increased awareness of subtle biases in everyday care interactions.
- Improved communication strategies for handling sensitive or discriminatory situations.
- Shared team understanding of inclusive behaviour.

Evaluation & Reflection

- Group discussion of what was learned.
- Participants reflect on communication patterns and their own reactions.
- Facilitator summarises key insights and links them to broader gender-sensitive practice.

Key learnings:

Awareness is the starting point. Understanding how unconscious bias, stereotypes and microaggressions shape care work help us recognise unequal patterns and their impact on everyday practice.

Equality grows through shared responsibility. Fair task distribution, inclusive language, diverse teams and gender-sensitive policies support equal opportunities and strengthen care quality.

Diversity is a resource, not an add-on. Valuing different genders and identities improves teamwork, enriches communication and leads to more responsive, person-Centred care.

Assessment:

- Link: <https://forms.gle/NKxsmTncPugUGors7>

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2. Pay Equity

Introduction:

This module helps you understand what pay equity means, why it matters in your daily work, and how you can help create a fairer workplace for everyone. The goal is to make sure that women and men receive equal pay for equal work or work of equal value, as required by European equal pay laws. You'll learn how to recognize pay gaps, understand your organization's pay register, and propose realistic ideas to improve fairness and transparency.

Basic competence to acquire:

Identify gender pay disparities and apply evidence-based measures to ensure equal pay for equal work, aligned with EU pay transparency and fairness principles.

Materials we go to use:

- PPT: EQUAL_CARE_Training_Unit 2 Pay equity
- Excel toolkit (register & GPG),
- Short video 'Ethics and Future of Care',
- Quiz "gender pay gap exist"

all here: https://drive.google.com/drive/folders/1gSYITqQW-h6zDo86mKElu94GoRaenLI?usp=drive_link

Content:

2.1. Pay gap parameters and definition

We start by setting the scene. Pay equity means that everyone—regardless of gender—earns the same for doing work of equal value.

This is especially important in the care sector, where women make up most of the workforce, yet pay and recognition are often lower than in other sectors.

The European Union is promoting fair pay as part of their equality and care strategies for 2030.

These initiatives aim to improve working conditions, reduce inequality, and ensure care professions are valued.

This session connects this goal with your organization's Equality Plan, so that fairness in pay becomes a shared responsibility

2.1.1 Concepts & Regulatory Framework

Pay equity is based on the simple idea that work requiring the same skills, effort, and responsibility should receive the same pay, regardless of gender.

European law guarantees this right, and some countries' legislation makes it concrete by requiring organizations to keep a pay register and include pay equity actions in their Equality Plans.

The register compares average and median salaries for men and women by job category. If a difference of 25% or more appears, the organization must explain why and, if necessary, take corrective action.

Equality Plans help track progress, showing what's being done to close any gaps and who is responsible. For caregivers, this means more transparency: everyone has the right to know how pay is determined, what allowances exist, and how promotions or supplements are granted.

Equal pay also links to family balance measures—like flexible shifts and parental leave—because shared care duties help women and men access similar opportunities at work.

Learning Activity 2.1.1

“Understanding Fairness in Pay”

Type of activity: Pair discussion

Learning objectives:

- Reflect on personal perceptions of fairness in pay.
- Recognize how transparency contributes to equality.

Instructions:

1. In pairs, discuss what fairness in pay means to you.
2. Share one example where pay, or recognition felt fair and one where it didn't.
3. Write a short comment on how transparency could make a difference.
4. Share your results with the group.

Materials needed: Notebook or paper, pens.

Expected output: Shared reflections and ideas on transparency.

Evaluation & reflection: Group debrief and summary of key insights.

2.1.2 Parameters & Definition

The gender pay gap is the percentage difference between what men and women earn on average. It is calculated by comparing the average pay of men and women within the same organization or job group.

A positive pay gap means men earn more; a negative one means women do. In social services, pay gaps often come from part-time work, night or weekend allowances, or differences in promotion opportunities.

Understanding these parameters helps everyone identify where fairness can improve.

The organization's pay register records this information each year, showing average and median pay for men and women by level or category.

This data helps spot differences early and take corrective steps before they grow.

Remember: a gap is not automatically discrimination, but unexplained or unjustified differences must be reviewed.

Learning Activity 2.1.2

"Pay Gap Parameters and Definition"

Type of activity: Online quiz and group reflection

Learning objectives:

- Understand the definition of the gender pay gap.
- Identify the role of legal frameworks and data transparency.

Instructions:

1. Complete the quiz "Gender pay exist"
2. Reflect: Does equal work always lead to equal pay? Why or why not?
3. List one rule or practice to make pay decisions clearer in your organization.

Materials needed: Internet access, quiz link.

<https://view.genially.com/68358c5e82d4d11fc355a843/presentation-gender-pay-gap-exist>

Expected output: Completed quiz and discussion points.

Evaluation & reflection: Trainer summarizes correct answers and highlights learning points.

2.2. Remuneration, registration and audit in the organization (compulsory public publication)

The remuneration register is a list showing the average and median pay for men and women by job level or group. It helps ensure transparency and fairness.

Across Europe, every organization must maintain this register and make it available to employees or their representatives. When large differences appear, a pay audit can be conducted.

This is a deeper review of salaries, bonuses, and allowances to understand why gaps exist.

For example, it checks if night-shift bonuses or seniority pay are distributed equally, or if job descriptions fairly reflect responsibilities.

The goal is not to blame but to improve. Care sector employers often use this process to adjust job classifications or review supplements. Being transparent builds trust, ensures fair recognition, and supports better teamwork.

Learning Activity 2.2

“Building a Mini Pay Register”

Type of activity: Group exercise

Learning objectives:

- Learn to build and interpret a basic pay register.
- Understand how to identify and explain pay gaps.

Instructions:

1. In small teams, use the Excel template to record job groups, headcount, average pay (men/women), and pay gap %.
2. Highlight gaps $\geq 25\%$ and discuss possible causes.
3. Share group findings.

Materials needed: Excel file “Mini Pay Register.”

https://docs.google.com/spreadsheets/d/16Mv45DC2x60ZF_FfauylpRS7np-Ygt9g/edit?usp=sharing&ouid=102893106008237513493&rtpof=true&sd=true

Expected output: Completed register identifying potential pay gaps.

Evaluation & reflection: Trainer reviews calculations and discusses justifications.

2.3. Pay gap prevention and pay equity promotion measures in the organization

Preventing pay gaps starts with fair rules and ongoing checks. Gender-neutral job descriptions, transparent bonus systems, and equal access to training or promotion help maintain equity.

Managers should review pay decisions regularly, especially after maternity or parental leave, to avoid unnoticed disparities.

Promotion systems should focus on skills and performance, not availability alone. Offering flexible schedules for everyone—not only women—encourages balance and equality.

Each organization should define clear corrective measures and indicators to track progress, such as the percentage of staff trained in equality or the number of reviewed pay bands.

Small improvements, like publishing pay ranges or using mixed evaluation panels, can make a big difference.

Learning Activity 2.3

“Preventing Pay Gaps”

Type of activity: Video analysis and discussion

Learning objectives:

- Recognize corrective and preventive pay equity measures.
- Link examples to organizational practice.

Instructions:

1. Watch the video “Ethics and the Future of Care.”
2. In pairs, select two corrective measures useful for your organization and justify them.
3. Present results to the group.

Materials needed: Video link, discussion notes

https://drive.google.com/file/d/147qolHSUWLw2Qw1RW6qUv-df_FMCMPu4/view?usp=sharing

Examples of correctives measures from our sector

- A caregiver and a maintenance worker discover they earn the same after recent pay adjustments—showing equal pay for different but equally valued work.
- A new support worker is told about pay scales during onboarding, helping ensure transparency from day one.
- In a day-care center, a mixed-gender team shares shifts and allowances equally, reinforcing fairness.
- In a disability center, job descriptions were reviewed to ensure that ‘care assistant’ and ‘personal support worker’ roles of equal value have the same pay band.
- Staff received clear explanations on how bonuses and supplements are calculated, improving trust.
- Equal pay reviews are discussed in monthly team meetings alongside safety and well-being topics.
- An Excel sheet comparing average pay for male and female staff in each category revealed a 12% gap among night-shift roles—later corrected by harmonizing allowances.
- Another service found that part-time staff (mostly women) missed annual pay updates; HR adjusted this automatically going forward.
- Supervisors were trained to spot pay disparities when approving overtime or scheduling weekend work.
- The pay register showed that men in technical roles earned 27% more than women in similar-level care coordination posts; a reclassification process aligned these.
- During a pay audit, one foundation found extra bonuses tied to night shifts were unequally distributed and corrected the allocation.
- Managers now review pay registers annually with worker representatives and share a short summary with staff.
- A residential center introduced transparent criteria for performance bonuses tied to skills and attendance, not personal recommendations.
- Supervisors began encouraging both men and women to use flexible schedules, normalizing shared family care responsibilities.
- The organization tracks two indicators: percentage of reviewed pay scales and share of male staff using flexible arrangements.

Expected output: List of selected measures and justifications.

Evaluation & reflection: Group discussion and facilitator feedback.

Key Takeaways

- ❖ Fair pay starts with open conversations—everyone should understand how and why their work is valued
- ❖ Knowing the rules helps everyone uphold equality and transparency at work.
- ❖ Pay gaps can only be fixed when they are visible - data brings fairness to light.
- ❖ Transparency builds trust; reviewing pay data helps organizations correct inequities early.
- ❖ Preventing pay gaps is a shared task- clear rules, equal opportunities, and regular checks keep workplaces fair

Assessment:

- **Link:** <https://forms.gle/gDnQayRvTgamh6Zd9>

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3. Advocacy, Negotiation skills & leadership development

Introduction:

Across Europe, the care sector employs nearly 80% women, yet men remain overrepresented in management positions. Persistent gender stereotypes and the undervaluation of care work affect how decisions are made and whose voices are heard.

Building competence in advocacy, negotiation and inclusive leadership enables care professionals to influence structures that shape their work and challenge inequality. These skills reinforce one another:

- Advocacy empowers individuals and groups to voice concerns constructively and drive change.
- Negotiation transforms those voices into fair and practical agreements.
- Leadership development ensures equality and inclusion are embedded in organisational culture, not treated as separate initiatives.

Together, they form the foundation for more equitable, participatory and resilient care systems, aligned with the European Care Strategy (2022) and the EU Gender Equality Strategy 2020–2025.

Basic competence to acquire:

Self-empowerment on how to advocate for themselves

Materials to use:

- PPT: EQUAL_CARE_Training_Unit 3 Advocacy, negotiation skills → leadership development
- Notebook or paper, pens.
- Flipchart paper or shared document, markers/pens.
- Scenario handouts or slides, paper, pens.
- Flipchart or whiteboard for key points.

Content

3.1. EU and gender equality laws and regulations in the care sector

The European Care Strategy (2022) and EU Gender Equality Strategy 2020–2025 emphasise:

- Fair working conditions, pay transparency and equality in leadership.
- Strengthening care professionals' representation in policymaking.
- Promoting inclusive social dialogue and fair participation.

These are anchored in the European Pillar of Social Rights (2017), which guarantees equal opportunities and access to quality, affordable care.

At national and organisational levels, this means developing transparent decision-making, gender-sensitive recruitment, and leadership pathways open to all genders.

3.2. Active allyship

Active allyship means supporting others—especially underrepresented colleagues—in being heard and recognised. In care work, allyship involves:

- Speaking up when witnessing unequal treatment or stereotypes.
- Sharing platforms, not just opinions; ensuring everyone's voice is valued.
- Encouraging inclusive dialogue between frontline workers, managers and service users.

Allyship strengthens collective advocacy by transforming solidarity into everyday practice. It also models the inclusive leadership behaviours that promote equality and belonging.

3.3. Developing cross-cultural intelligence

Care work is increasingly multicultural. Cross-cultural intelligence (CQ) means understanding and respecting diverse perspectives while finding shared values. Professionals with high CQ:

- Recognise how cultural norms shape communication and hierarchy.
- Negotiate across differences with empathy and adaptability.
- Lead inclusively, valuing diversity as a strength.

Integrating cultural awareness into advocacy and negotiation ensures that equality initiatives benefit all, regardless of background or identity.

3.4. Emotional intelligence

Effective advocacy, negotiation, and leadership all rely on emotional intelligence (EQ). EQ includes:

- Self-awareness: recognising one's own emotions and triggers.
- Empathy: understanding others' perspectives in conflict or dialogue.
- Self-regulation: responding thoughtfully, not reactively.

High emotional intelligence builds trust, strengthens communication, and supports psychologically safe workplaces; key for advancing gender equality and preventing burnout.

3.5. Empowerment and resilience

Advocacy and leadership often require persistence in the face of systemic barriers. Empowerment grows through:

- Confidence in one's professional voice and expertise.
- Supportive peer networks and mentorship.
- Recognition of emotional labour as skilled work.

Resilience enables professionals to sustain engagement even when change is slow. It is nurtured by reflective practice, shared responsibility and visible progress in equality initiatives.

3.6. Bystander Interventions

Bystander intervention is the practice of noticing and addressing unfair or discriminatory behaviour rather than ignoring it. In the care sector, this might mean:

- Challenging gendered task allocation or biased language.
- Supporting a colleague who has been dismissed or overlooked.
- Using internal channels and/or peer support to raise issues safely.

Effective interventions require awareness, courage, allyship and contribute directly to more respectful, equitable workplaces.

Learning Activity 3.1

“What Does Advocacy Mean to You?”

Type of activity: Pair discussion

Learning objectives:

- Reflect on the meaning of advocacy in one's own professional context.
- Connect personal experiences of speaking up to leadership and empowerment in care work.

Instructions:

1. In pairs, discuss what “advocacy” means in your daily professional life.
2. Identify one situation where you or your colleagues spoke up to improve fairness, inclusion or working conditions.
3. Consider what made the action effective or difficult.
4. Summarize your shared insight in one sentence and prepare to share it in plenary.

Materials needed: Notebook or paper, pens.

Expected output: Short pair reflections highlighting how advocacy appears in practice.

Evaluation & reflection: Trainer summarises recurring themes and links them to empowerment and leadership.

Learning Activity 3.2:

“National Context Reflection”

Type of activity: Small-group discussion (3–5 participants)

Learning objectives:

- Understand how advocacy and negotiation appear in national or organisational contexts.
- Identify differences and similarities across countries or workplaces.
- Recognise gaps in representation and participation in the care sector.

Instructions:

1. In groups, discuss how advocacy and negotiation are practiced in your organisation or country.
2. Identify who typically represents care workers’ voices—and who might be missing from the conversation.
3. Share one good practice and one key challenge from your context.
4. Prepare one short summary statement for plenary sharing.

Materials needed: Flipchart paper or shared document, markers/pens.

Expected output: Group notes summarising national perspectives on advocacy and negotiation.

Evaluation & reflection: Trainer facilitates short comparison and summarises recurring themes.

Learning Activity 3.3

“Applying the Concepts (Scenarios A–D)”

Type of activity: Small-group case exercise

Learning objectives:

- Apply advocacy, negotiation, and leadership principles to real-life care sector challenges.
- Strengthen collaborative problem-solving and communication skills.
- Reflect on gender and power dynamics in practical situations.

Instructions:

1. Divide into four groups (3–5 participants per group).
2. Assign one of the following scenarios to each group:
 - Scenario A: Balancing Professional Voice and Organisational Change
 - Scenario B: Speaking Up About Workload and Well-Being
 - Scenario C: Representation in Decision-Making
 - Scenario D: Leading Change Toward More Inclusive Recruitment
3. Discuss the scenario using advocacy, negotiation, and leadership strategies.
4. Identify one concrete takeaway or strategy and prepare to present it briefly in plenary.

Materials needed: Scenario handouts or slides, paper, pens.

Expected output: Group summaries of strategies for fair communication, inclusive decision-making, and leadership.

Evaluation & reflection: Trainer notes recurring patterns and reinforces effective practices.

Learning Activity 3.4

“Group Reflection & Debrief”

Type of activity: Plenary discussion

Learning objectives:

- Consolidate understanding of advocacy, negotiation and leadership in real care settings.
- Identify behaviours and organisational factors that support inclusion and equality.

Instructions:

1. Reflect together on the scenarios:
 - What helped participants speak up or find solutions together?
 - What leadership behaviours made open dialogue possible?
 - How did trust and communication influence the outcomes?
2. Consider one small step to improve equality and inclusion in your own workplace.

Materials needed: Flipchart or whiteboard for key points.

Expected output: Shared group insights summarised as “key lessons” for practice.

Evaluation & reflection: Final round of participant feedback and synthesis of core takeaways: voice, trust, inclusion, collaboration.

Assessment:

- Link: <https://forms.gle/xvFPvjimEA6g5NNk8>

References and bibliography

- European Commission. *EU Gender Equality Strategy 2020–2025*. URL: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en
- European Commission. *A European Care Strategy for caregivers and care receivers (2022)*. URL: https://employment-social-affairs.ec.europa.eu/news/european-care-strategy-caregivers-and-care-receivers-2022-09-07_en
- Korkmaz, A. V. (2022). *A systematic review of inclusive leadership research*. ScienceDirect. URL: <https://www.sciencedirect.com/science/article/pii/S105348222200002X>
- Iu, Y., Fang, Y., Hu, L., Chen, N., Li, X. (2024). *Inclusive leadership and employee workplace well-being: the role of vigor and supervisor developmental feedback*. BMC Psychology. URL: <https://bmcp psychology.biomedcentral.com/articles/10.1186/s40359-024-02029-5>

4. Work-Life Balance Strategies

Basic competence to acquire:

How balance caregiving responsibilities with personal and professional life

Materials to use:

1. PPT: EQUAL_CARE_Training_Unit 4 Work-life balance strategies
2. EIGE Toolkit: Work-Life Balance and Organizational Culture <https://eige.europa.eu/gender-mainstreaming/toolkits/gear/work-life-balance-and-organisational-culture>
3. Video Example: How Do You Create a Flexible Work Environment for Caregivers? https://www.youtube.com/watch?v=57Jx_0FD5io
4. Policy Inspiration: Volkshilfe Niederösterreich – Flexible Scheduling Model (case reference in Social Employers report) https://www.socialemployers.eu/wp-content/uploads/2024/06/FORTE-Good-Practices_EN.pdf?utm

Contents

4.1. Co-responsible exercise of the rights of personnel, family and work life: during and after pregnancy and during family leave (maternity/paternity/parental/carer leave)

Work-life balance means ensuring that employees can combine work, personal life, and family responsibilities in a fair and sustainable way.

The concept of co-responsibility emphasises that both women and men should share caring duties and have equal access to family-related rights.

During and after pregnancy or family leave, organisations should actively support employees to stay connected, return smoothly, and continue developing their careers.

This includes:

- Respecting the rights to maternity, paternity, parental, and carers' leave.
- Encouraging both parents or partners to use these rights equally.
- Maintaining communication during leave and offering gradual reintegration options.
- Ensuring that leave does not result in career or salary disadvantage.

By normalising the use of family leave for all genders, care organisations promote equality and reduce the "motherhood penalty" that often limits women's opportunities in the labour market.

4.2. Flexible work arrangements

Flexible work allows employees to adjust their schedules or workplace to meet family needs without reducing their job security or professional growth.

Flexibility can include:

- Variable start and end times,

- Part-time or compressed workweeks,
- Job-sharing or shift-swapping systems,
- Remote work for administrative tasks.

Flexibility is particularly important in the disability care sector, where work is often shift-based and emotionally demanding. Transparent policies and fair distribution of flexible options help prevent inequalities between staff.

Leaders play a key role in fostering trust and planning schedules collaboratively, ensuring both employee well-being and continuity of care for service users.

4.3. Democratize recruitment & build Inclusive hiring processes

Recruitment processes often carry hidden biases that disadvantage people with caring responsibilities or those who follow non-linear career paths.

To democratise hiring, organisations can:

- Use gender-neutral and inclusive job descriptions,
- Focus evaluation on skills, motivation, and potential rather than on availability for long hours,
- Offer flexible working options already in the job announcement,
- Include diverse members in recruitment panels.

Inclusive hiring builds a fairer organisation, widens the talent pool, and sends a clear message that personal and family responsibilities are compatible with professional growth.

4.4. Promotion of Family-Friendly Practices in Disability Care Sector

Creating a family-friendly organisation goes beyond offering flexible work. It involves embedding supportive values into everyday management.

Practical measures may include:

- Providing predictable schedules, access to childcare, or time-off for family emergencies;
- Recognising and supporting employees who are also informal carers;
- Offering counselling or peer-support groups for work-related stress;
- Publicly communicating a family-friendly image to attract new staff.

In Austria, for example, Volkshilfe Niederösterreich introduced a flexible scheduling model to improve employees' well-being while maintaining high-quality services - demonstrating that balancing care and personal life benefits both staff and service users.

Family-friendly workplaces strengthen motivation, reduce turnover, and promote gender equality - key goals of the EQUAL-CARE project.

Learning Activity 4

“Balancing Care and Work”

Purpose: To help participants reflect on real-life situations where employees struggle to balance work and family duties and identify practical organisational measures to support them.

Materials needed: Printed case studies, flipchart, markers

Process:

1. Present 2–3 short case examples (e.g., an employee returning from maternity leave, a male caregiver requesting part-time work, or a worker caring for an elderly parent).
2. Divide participants into small groups (4–6 people).
3. Each group discusses:
 - What challenges does the employee face?
 - What organisational measures could support them?
 - How would these measures also promote gender equality?
4. Each group presents one concrete “Action Plan” for improvement.
5. Conclude with a group reflection on shared responsibility and inclusion.

Expected Output: A list of realistic measures to enhance work-life balance in participants’ organisations.

Assessment:

- Link: <https://forms.gle/5PpMLgsx2xyRgvZi9>

References and bibliography

- European Commission. (2019). *Directive (EU) 2019/1158 on work-life balance for parents and carers*. Official Journal of the European Union. <https://eur-lex.europa.eu/eli/dir/2019/1158/oj>
- Budig, M., & England, P. (2001). The wage penalty for motherhood. *American Sociological Review*, 66(2), 204–225. <https://doi.org/10.2307/2657415>
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