Pujolar Díaz G et al, 2026, Integrating Gender Perspectives into Integrated Long-Term Care: Evidence from the Laurel Project's European Case Studies. International Journal of Integrated Care 26(S2):466 DOI: doi.org/10.5334/ijic.ICIC26466

POSTER ABSTRACT

Integrating Gender Perspectives into Integrated Long-Term Care: Evidence from the Laurel Project's European Case Studies

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

Georgina Pujolar Díaz[1], Vera Hörmann, Giulia Lanfredi, Anam Ahmed, Iris Boot, Bert Vrijhoef, Edelweiss Aldasoro, Arturo Alvarez-Rosete, Alejandro Gil, Niamh Daly Day, Albert Alonso, (the) Laurel Consortium

1: FRCB-IDIBAPS, Spain

Background: Gender roles in caregiving and integrated long-term care (I-LTC) continue to shape the experiences of both care recipients and caregivers across Europe. Scientific literature shows that informal caregiving predominantly falls on women, particularly in contexts with limited I-LTC resources and lower female labour market participation among older age groups. Despite policies promoting integrated care and support for family caregivers, gendered disparities in responsibilities, recognition, and the valuation of care professions persist. Still, little is known about how professionals and non-professionals perceive gender issues in everyday care practices, and how these interact with cultural norms.

Approach: This study draws on secondary qualitative data from 17 I-LTC practices across several European countries. The data were derived from survey responses collected within the EU-funded Laurel Project, which investigated initiatives enhancing integration between health and social care to inform actionable policy measures. The present analysis mainly focused on the recognition of gender-related issues in unpaid care, paid care, and organisational practices. Practices were classified according to whether gender issues were reported (yes/no/mixed), and key themes were identified inductively. Contextual factors included the degree of care integration, support for informal caregivers, and broader social and policy frameworks.

Results: Preliminary findings reveal a mixed recognition of gender issues among professionals. In Spain—where most practices were analysed—and parts of Italy, professionals frequently noted gender-related aspects, such as the predominance of female caregivers, the need for integrated community-based care to prevent institutionalisation, and support programmes tailored to family caregivers of patients with cognitive impairments. In contrast, professionals in other regions, including Romania, Portugal, and some Belgian practices, did not explicitly report gender concerns, despite informal caregiving often reflecting traditional gender roles.

Non-professionals similarly identified gendered patterns, although their perspectives varied depending on the local context and the availability of support services.
Practices from Greece and Portugal—contexts with strong family reliance and weaker welfare structures—showed limited awareness of gender issues. These results indicate a potential representation bias, as findings reflect specific practices rather than the overall situation in each region. Cultural perceptions of caregiving roles appear to influence whether gender issues are acknowledged, sometimes outweighing structural differences in welfare provision.

Conversely, some practices within stronger welfare systems and higher resource settings did not report pronounced gender concerns, suggesting that cultural norms and assumptions about caregiving roles may influence perceptions more than policy frameworks alone. Differences also emerged across care domains, with unpaid care showing stronger gendered patterns than organisational practices or professional roles.

Implications: This gender analysis within the Laurel Project aims to provide policymakers with actionable insights for assessing and improving I-LTC systems through a gender-sensitive lens. The findings highlight the need to systematically integrate gender considerations into I-LTC design, workforce training, and support for informal caregivers. The inclusive, comparative approach adopted by the Laurel Project facilitates the identification of context-specific priorities while promoting cross-country learning and exchange. Recognising and addressing these disparities can improve the quality of care, promote a fairer distribution of responsibilities, and enhance the visibility of care professionals.