

Working and caring: Reconciliation measures in times of demographic change





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Country codes

AT	Austria	IE	Ireland
BE	Belgium	IT	Italy
BG	Bulgaria	LT	Lithuania
CY	Cyprus	LU	Luxembourg
CZ	Czech Republic	LV	Latvia
DE	Germany	MT	Malta
DK	Denmark	NL	Netherlands
EE	Estonia	PL	Poland
EL	Greece	PT	Portugal
ES	Spain	RO	Romania
FI	Finland	SE	Sweden
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Executive summary

Introduction

Extended working lives and life expectancies mean that increasing numbers of workers in Europe, especially older workers, are now providing care for dependent relatives while they are in employment. Although many actors are involved in providing care – the state, family, companies and social partners – it is still for the most part delivered by unpaid family members. Given the range of institutional policy frameworks with vested interests in the area of reconciling work and care, it is difficult to arrive at a coordinated strategy. Families often tend to organise care themselves, delegating care to family members who have the least opportunity costs. But with increasing employment participation at an older age, carers are nowadays more likely to be still engaged in paid work.

This report highlights the issue of people of working age combining employment with providing care to dependent relatives, either children or older persons. It analyses the situation of working carers, how they manage to combine work and care and what measures are available to support them in their responsibilities beyond their professional activity. The study examines developments in national labour legislation, collective agreements and company initiatives. It is based on responses to a questionnaire completed by Eurofound's network of European correspondents in all 28 EU Member States.

Policy context

The European Commission considered the possibility of extending the current leave provisions set out in its 2010 Parental Leave Directive to include the right to 'filial' leave (leave to care for a dependent family member). The issue was included as an item for impact assessment in the Commission's 2011 roadmap for reconciling work, family and private life and is still on the EU agenda.

The Commission's 2010 Green Paper on pensions raised the possibility of more Member States crediting involuntary employment breaks for pension purposes when citizens are caring for frail elderly dependants. Its follow-up 2012 White Paper on pensions recommended that particular attention be paid to the gender aspects of longer working lives and active ageing, including measures to facilitate the reconciliation of work and care responsibilities.

In its 2013 annual report, the Commission's Social Protection Committee (SPC) affirmed that the provision of long-term care has a key role to play in enabling older people to participate in society and the labour market. In a similar vein, the 2014 joint report from the Commission and the SPC on long-term care needs in an ageing society highlighted the need for measures to support working carers.

Key findings

According to Eurofound's third European Quality of Life Survey (EQLS), 12% of men and 16% of women aged 18–64 in employment care for an elderly or disabled relative less than once a week, and 8% of men and 9% of women care for an elderly or disabled relative at least once or twice a week. Among workers aged 50–64, 18% of men and 22% of women provide care at least once a week.

Findings from a 2011 Eurobarometer survey on employment and active ageing reveal that around 16% of Europeans provided full-time (3%) or part-time (13%) care in 2011, with 40% reporting that they either had to or still have to provide care for a dependent adult. The majority of working age carers are in employment: 50% of full-time carers and 70% of part-time carers work.

Women reporting that they care for an elderly or disabled relative every day make up 7% of the female population compared to just 4% of men, according to the EQLS. Among the population as a whole, 24% care at least sometimes for an elderly or disabled relative and 14% do so at least once a week.

Maintaining a professional life is important for carers: work gives them access to vital social networks, gives them a role other than the caring job and helps them to retain a perspective on their career, learning and experiences so that they feel included in society. The research shows that carers who are in a position to combine work and care have a better quality of life and higher self-esteem, as well as being able to maintain a career, contribute towards their own pension and social protection entitlements and be productive in the economy.

All countries have in place a mix of support policies and varying types of formal long-term care infrastructure to support dependent persons and to help people balance their caring and professional responsibilities. The Nordic countries have a relatively high level of state provision of both types of support, while eastern European and Mediterranean countries still rely largely on family members, who often have to give up their jobs to become carers.

The EU Parental Leave Directive – implemented in about two-thirds of Member States (as of April 2015) – entitles all workers to ‘time off from work on grounds of force majeure for urgent family reasons in cases of sickness or accident making their immediate presence indispensable’. In 19 Member States, some form of employment protection for carers is in place. In 18 countries, there is provision for working flexible hours. In most cases, there is no full wage replacement.

Many countries also have collective agreements in place that either go beyond Labour Code provisions or introduce additional entitlements. In Germany, collective agreements include the issue of demographic change and carer support provisions. In the Nordic countries, working time flexibility is enhanced in sectoral collective agreements. Denmark, Finland, Germany and Italy have the best-performing policy instruments in terms of scope and generosity of entitlements. The countries where it is most difficult to combine work and care are Greece, Hungary, Latvia and Poland.

Policy pointers

Policymakers need to acknowledge the importance of providing instruments to support working carers in their efforts to balance their professional and caring roles.

As the research shows, institutional solutions of formal care are too expensive in most Member States. Increasing the role of families in long-term care is not feasible either, as this would further reduce the labour pool and create problems in the future for today’s carers. A more balanced mix between actors needs to be found that would also include more measures to support working carers.

Policies to assist working carers should include the following elements: appropriate long-term care services to support dependent persons and their families, income support and other ‘flexicurity’ measures for carers, rights and regulations in the employment field and practical measures that can be implemented by employers at company level.

Formal care and informal care should be viewed as complementary: policies should support the reconciliation of work and care alongside other forms of care. This involves bringing three actors together: public authorities, employers and employees with care duties.

Measures to support work and care do not have to be expensive or onerous, but should contribute to making life easier and better for carers and avoiding unnecessary costs for employers either through absenteeism or presenteeism. Simple instruments are often the most adequate:

- implementing the entitlement to time off work on grounds of force majeure everywhere and not only for children;
- more working time flexibility arrangements, such as teleworking;
- more initiatives by social partners, especially in eastern Europe;
- company initiatives, such as long-term working time accounts.

Introduction

The shrinking of the working age population means that these workers will have to dedicate more time to a growing number of elderly people in need of care since welfare states cannot deliver to the same standards as in the past. Many different strategies are being tried or considered to help alleviate the situation, including pension reform, encouraging active ageing, developing the care sector ('white jobs') or by introducing new forms of long-term care insurance. This report looks at recent developments in public policies and company practices. Most research on long-term care focuses on informal family carers who give up work to dedicate their time to caring for relatives, on the support services that provide long-term care for frail elderly people, and on those professionals providing care as their main occupation (white jobs, see also Anderson, 1987 on carers in general). This project tries to highlight the importance of people of working age combining employment with care provision.

The issue of combining work and care of a dependent or disabled person is a relatively recent entry to the policy agenda on the reconciliation of work and family life. Research only began to address the issue in Europe in the 1990s (Beck and Naegele, 1997; Naegele and Reichert, 1998; Reichert and Naegele, 1999). In North America, the earliest research dates from around the same time (Neal et al, 1993; Martin-Matthews and Campbell, 1995).

Usually the reconciliation of work and family life focuses on work–life balance for parents, and especially while their children are very young. Most policies developed in recent years have concentrated on work and childcare arrangements for parents of small children. However, the working age population (15–64) in the EU has started to decrease while the population aged 65 years or more is projected to increase from 87 million in 2010 to 152 million in 2060 (European Commission, 2012). Thus the issue of providing care is becoming increasingly prominent on policymakers' agendas. This is for a good reason, as this demographic change will mean that the number of people in need of care will almost triple over that same period (European Commission, 2014). In addition, the pressure exerted by rapid growth in demand for long-term care, and the expectations of the 'baby boomer' generation, on ensuring quality of care provision must also be taken into account. The reconciliation issue has become more acute as female labour market participation has increased in many countries and public policies aim to increase the numbers of people working longer before they retire.

This report analyses the situation in the 28 EU Member States regarding the policies implemented to help people of working age reconcile work and care of dependent relatives. The report uses the following definition of 'social care', coined by the European Research Framework programme 5 funded project SOCCARE: care is 'the assistance and surveillance that is provided in order to help children or adults with the activities of their daily lives' (Kröger, 2003). Social care can be paid or unpaid work provided by professionals or non-professionals, and it can take place within the public and the private sphere. Formal services provision from public, commercial and voluntary organisations as well as informal care from family members, relatives and others, such as neighbours and friends, are included within social care (Daly and Lewis, 2000; Kröger, 2001). This report focuses on social care which is provided unpaid by non-professionals, such as family members, friends or neighbours. Other forms of social care also play a role as they can complement informal care.¹

¹ Sometimes, however, informal care can become formal if the carer is recognised by the public authority and paid for the care service. This is commonly the arrangement in the Nordic countries. In general, however, the focus here is on care given by working relatives sometimes complementing other more professional care arrangements.

The limitations of this study must be outlined from the start. The aim was to give an overview of policies that help the reconciliation of working life and the care of adults or disabled children on different institutional levels – countries, collective agreements and companies – across Europe. There was a potential misunderstanding in the title of the project by the members of the network of correspondents: the mention of ‘work and family life’ and inclusion of ‘disabled children’ led respondents to focus too much on ‘parental leave’. Many of the correspondents listed all possible policy initiatives in their country that deal with childcare, parental leave, maternal leave and breastfeeding. Subsequently all such mentions were removed because they were not relevant for this study, leaving little to report for some countries. It goes without saying that some of these facilities would be genuinely useful for parents with disabled children in terms of improving their work–life balance, but they were not specifically designed to this effect and were thus not included.

The first chapter sets out the aims of the report and explains in particular why it is an important contribution to the current policy debate. It then outlines the methodology and data used in the report, in particular for the comparative analytical report compiled as part of the research. The full questionnaire is included in Annex 2. The chapter closes with a hierarchical presentation of the different policies for the reconciliation of work and care. The second chapter reports on the prevalence of care among the working population in Europe. The chapter is divided into two sections. The first summarises the research that has already been done in this area, and the second explores recent datasets to map the different aspects and demographic characteristics of working carers. Chapter 3 addresses the reconciliation of work and care issue in the political debate, as it is at the intersection of different policy domains which operate according to very different logics. The fourth chapter presents a typology of care regimes, grouping culturally and economically similar countries together: the Nordic countries, continental Europe, eastern Europe (taking the internal differences of these countries into account), liberal countries and finally the Mediterranean countries. This typology is then used to report on similar countries within each grouping. Before this analysis, however, a general assessment is made of the level of reconciliation for working carers by national context in Chapter 5. The resulting outcome of this chapter is a ‘reconciliation index’ and a country typology. The final country chapter describes the specific regulations that facilitate the reconciliation effort in each Member State. Finally, a conclusion sums up the report.

Aims of the study and data collection 1

Aims of the study

The need for combining work and care is becoming increasingly important in the face of demographic ageing in Europe's Member States and limited spending on healthcare. The likelihood of a situation where the combination of work and care becomes unavoidable naturally increases with age. As people grow older and work longer it becomes more common to find workers who have to care for an adult relative, a partner, parents or siblings. While the provision of long-term care requires an extensive contribution from informal carers – be they relatives or other non-professionals – the need for increased labour market participation in the future, as well as long-term income security, make it essential to find better arrangements to reconcile work and care.

Typically in the past, more women than men have taken on the responsibility for elderly care, but with shrinking family size, increasing female employment rates and separation, men will have to take over care of their own parents as they may not have alternative family members to do so, for example spouses, inactive siblings or children (Eurofound, 2012a, pp. 56ff). This is also a direct consequence of changed reproductive behaviour, as many adults will never have children. It is also becoming clear that the recession had a negative impact on fertility rates (Eurostat, 2013; Sobotka et al, 2011). The extension of working life by raising the pension age to 67 or even 70 years increases the likelihood of becoming a caregiver while still in employment.

Currently a sizeable proportion of the population of working age (both men and women) face the challenge of reconciling paid employment with caring responsibilities, and this proportion looks set to increase considerably over the coming years for reasons outlined in this report. An added factor complicating the issue further is the expectation of a longer working life as retirement ages seem set to rise across the EU. Extended working lives and life expectancies mean that an increasing number of and especially older workers will have to provide care while they are still in employment. A multipronged approach is needed to address the challenges in the area of long-term care, which may include the following:

- moving from reactive to more proactive approaches seeking to prevent the loss of autonomy and thereby reduce the need for care at a later stage;
- preventing people from becoming dependent by promoting healthy lifestyles and age-friendly environments in homes and neighbourhoods;
- suitably organised long-term (community and home-based) care services to support dependent persons and their carers;
- income support and other 'flexicurity' measures (flexicurity meaning flexibility combined with employment and social security);
- rights and regulations in the employment field that support the reconciliation effort;
- practical measures that can be implemented at company level to support working carers.

While many studies have already dealt with long-term care in general, health systems and formal support systems in particular, much less research deals with the private informal side of care, the situations of family carers and particularly their experiences of reconciling work and care. Those studies discussed below that have dealt with working carers approach the care question from the point of view of family carers: their conflicts, their needs and the support they may get from professional services. In this study, the focus is on the situation of working carers: how they can combine work and care and what resources they can use to find time to provide care beyond their professional activity. The study examines developments in national labour legislation, collective agreements and company initiatives. This study is

meant to complement and update the work done by previous research at Eurofound (2011) on company practices to support working carers.

Methodology and data

To get a good picture of what policies are in place in Member States, a questionnaire (see Annex 2) for a comparative analytical report was developed, with the aim of documenting and understanding how demographic changes are being considered in the development of policies and collective agreements for the reconciliation of work and family life. The questionnaire was completed by Eurofound's network of European correspondents who collected information, directly asking their national actors involved in supporting carers: governments, trade unions, employers' associations and other institutions. The final questionnaire was sent out to the correspondents in July 2013 and was returned between October 2013 and February 2014. The questionnaire was subsequently analysed in-house. The questionnaire first covers national policies designed to help people reconcile work and care. Such policies include legal entitlements of workers to ask for (more) working time flexibility, have days off for reasons related to care duties at home, and a statutory right to take on part-time work or even unpaid long-term leave motivated expressly by the need to care for a dependent person.

The first four questions of the comparative analytical report are about the legal contexts that exist in countries, helping working carers with the effort to reconcile caring and work. These questions are about the nature of the policies introduced to address the issue, such as emergency leave, short-term leave, flexible working time organisation and sabbaticals. It is important to note that the motivation behind working time flexibility or career breaks may not always relate to reconciliation of work and care responsibilities. For example, the Belgian time credits or the part-time work schemes in the Netherlands are not at all motivated by care needs but can be used to this end. Such measures are therefore 'implicit' care leave arrangements, and the same holds true for many flexible working time regulations such as long-term working time accounts. On the other hand, other cases such as the French 'congé de soutien familial' or the 'congé de solidarité familial' are 'explicit' policies to help the reconciliation of work and care. Explicit measures are motivated specifically by the need for workers to reconcile work and care while implicit measures are rather general policies useful for reconciling work and family life that can be used by working carers. The existence of implicit and explicit measures makes it difficult to assess countries with regard to work and care facilitation. While some countries do not have any explicit policy to support working carers, they might still provide a good context for reconciling work and care, and even better than countries which have only a scant explicit measure. Flexible working time arrangements are a good example of implicit measures, while care leave periods are a good example of explicit policy measures.

The questionnaire asked about who initiated the policy, which care receiver is covered by the entitlements (parents, siblings, other relatives and non-relatives) and who is eligible to take time off for care reasons. Often such policies can be a governmental initiative or a parliamentary initiative, but sometimes the initiative comes from social partners and is taken up by national policymakers. Further, questions were asked about what the preconditions for the entitlements were, for example full-time employees on permanent contracts only or all workers at the company, even including temporary agency workers. Also important is the fact that national entitlements have to be included in collective agreements to accommodate the different nature of some sectors of industry, as is the case in Denmark, Finland and France. The questionnaire also collected social partners' opinions about the measures in place and refers to these from time to time. Awareness campaigns are also an important instrument for the support of working carers because first of all, the challenges of working carers are not known to most people who have never carried out such a role themselves, and secondly working carers themselves are not always aware of the support available to them.

Being able to work flexibly when workers have to care for an adult or dependent child is one thing, but being able to sustain one's own daily needs is another. To inquire about this the authors included questions on compensation for foregone earnings paid from the social protection budget. Such compensation can either be paid directly to the account

of the carer to compensate for earning losses, or paid to the person receiving care to spend at their discretion on the care provider – a working relative in this case. Other issues are the social benefits, such as pension entitlements, healthcare coverage and so on. The questionnaire asked about health and pension coverage for part-time workers and for those going on unpaid leave and if time spent giving care was taken into account by the pension regime.

In addition to legal entitlements introduced by governments, collective agreements can also provide a framework for the reconciliation of work and care by themselves and independent of the national codification. Frequently, collective agreements complement or even supplement the national policy in place. A further set of questions addresses company practices to support working carers. Examples here would be job-sharing or job rotation in self-organised teams that would enable carers to interrupt their work in case of emergency.

However, neither statutory rights nor sectoral agreements will be effective if there is no protection of workers against unfair dismissal. If workers are not protected, employers could end their contract to avoid providing any of the above-mentioned arrangements. Another linked issue is the guarantee of workers returning to their original job after an extended period of care leave. The question arises whether workers have the right to do the same job they did before they left for an extended care leave period.

Eurofound used the returned questionnaire to make a country-by-country assessment and to compute a work and care reconciliation indicator for each country. This indicator should reflect the level of entitlement and protection of working carers. Further information is given about detailed policy instruments, the general policy orientation towards carers and future orientations to complete the country profiles. As not all material could be included in this report, the authors excluded, for example, all regulations that specifically address the working conditions of civil servants as they only apply to a particular group of the labour force. Especially in the Mediterranean countries, civil servants have rather generous entitlements. On topics where very little or unclear information was given by the national correspondents, the authors decided not to report on them as the quality of the information does not warrant it.

To better categorise the diverse number of single policy instruments across the countries, the authors grouped them in a pyramid inspired by the well-known Maslow pyramid or hierarchy of needs (Maslow, 1970, 1987). Maslow chose the shape of a pyramid with the largest, most fundamental levels of human needs such as physiological and safety (food, water, sex, security, health and property) at the bottom and the need for esteem and self-actualisation at the top (confidence, achievement, respect, creativity, self-realisation). Maslow's theory describes how basic needs must be met before the individual will consider or strongly desire the secondary or higher-level needs. In a comparable manner, the needs of caregivers are put in a similar hierarchical order: on the lowest level of the pyramid are the most common needs of carers, for example working time flexibility; these are followed by employment protection and emergency leave entitlements; on a higher level still is unpaid short- and long-term leave; while the highest level of carer support is long-term leave with partial or full income replacement. In short, a carer who has to dedicate time to caring for a relative, and would like to continue working, needs flexible working time arrangements, and further needs to be protected against unfair dismissal if their situation does not allow them to be fully productive in the workplace. The carer might then also need to be absent from work for emergency reasons if a sudden incident occurs, without disrupting the work process or violating workplace rules. Finally, if the health condition of the care receiver worsens, an extended care period may be needed without the carer having to resign from their job and without losing all sources of income.

Figure 1 displays the hierarchy of reconciliation measures as analysed in this report. On the bottom levels are working time flexibility and part-time work, followed by employment protection during periods of care provision. Employment protection plays a key role for working carers as the existence of any legal entitlement only makes sense if working carers are protected from dismissal for personal or economic reasons. This also jeopardises existing reconciliation measures as workers will not easily claim their rights if they have to fear dismissal. On a higher echelon of the pyramid

are further emergency leave or force majeure leave. Although the latter is part of the EU directive on parental leave,² it has only been adopted in 13 out of 28 countries so far. Still higher on the hierarchy of entitlements are unpaid short-term and long-term leave and higher again are paid short- and long-term leave.

Figure 1: Types of reconciliation policies by sophistication and prevalence in the European Union



The next chapter describes the situation of working carers in the Member States of the European Union.

² See Council of the European Union, 2010, Clause 7, which states that ‘Member States and/or social partners shall take the necessary measures to entitle workers to time off from work, in accordance with national legislation, collective agreements and/or practice, on grounds of force majeure for urgent family reasons in cases of sickness or accident making the immediate presence of the worker indispensable’. It should be mentioned that this clause explicitly does not only apply to parents of children.

Prevalence of work and care in Europe 2

Previous research on working carers

In the mid-1990s, the first publications on the reconciliation of work and care were presented to a wider public (Eurofound, 1994) and in the late 1990s scholarly publications too were focused on the topic (Beck and Naegele, 1997; Naegele and Reichert, 1998; Reichert and Naegele, 1999). These studies had only a low impact at the time, however, as reconciliation issues between work and care were not yet high on the political agenda. Apart from the SOCCARE project in the EU Framework Programmes 4 and 5 (Kröger, 2003), two more recent research projects have dealt with the issue of family carers: Eurofamcare and Carers@Work.

Eurofound has tried to take forward the agenda of reconciliation of work and care for over 20 years. A first report was published in 1993, *Family care of dependent older people in the European Community*. To some extent this was the first international work looking at family carers in Europe, but only covering the then EU12 Member States. This work set a good basis for Eurofound to continue with the interest in family carers and it extended into a number of project areas as it clearly was part of Eurofound's work on age management in companies (Eurofound, 2006a, 2006b, 2006c; see also Anderson, 2013). This work recognised early on that the ageing of the workforce has not only brought about challenges for skill maintenance and development and health, but also issues of reconciling work and family responsibilities. Many of these topics also found their way into the surveys that Eurofound produces and special reports now cover these topics (Eurofound, 2012a). A European-wide review of measures at the company level has also been published recently by Eurofound (Eurofound, 2011; see also Anderson, 2013).

It is not often acknowledged that one of the most important conditions for successful reconciliation of work and care that is mentioned by working carers is the support and understanding of colleagues and line managers. This moral support and understanding are very important preconditions for a successful reconciliation of work and care (Kohler and Döhner, 2010, p. 89). Kümmerling and Bäcker (2010) report that mistrust towards employers is widely mentioned by working carers and prevents them from being open about their care situation among colleagues and management. Many carers fear negative consequences for their career prospects if their colleagues or line managers know about their double burden. In particular, this apprehension leads some working carers to avoid asking about support offers or talking about their issues at work.

Eurofound's study on company initiatives for the reconciliation of work and care in Europe (2011) shows that a number of companies offer flexibility to their working carers to support full-time and part-time working. Beyond this, some companies also support carers in a different way and have developed strategies and instruments that range from information and counselling to taking an interest in the health and well-being of carers, trying to change attitudes among colleagues and staff and also collaborating with external stakeholders. Very little information is so far available on initiatives on the sectoral levels and agreements between social partners.

The main aim of the Eurofamcare project (Lamura et al, 2008; Eurofamcare, 2006) was to evaluate the situation of family carers of older people in Europe in relation to the existence, familiarity, availability, use and acceptability of support services. A baseline survey of about 6,000 family carers in six European countries (1,000 per country) was carried out using an agreed protocol for sample selection and implementation of the survey. There was also a follow-up study on the original sample of family carers one year after the baseline interviews were done. The participating countries were Germany, Greece, Italy, Poland, Sweden and the UK. Surveys were carried out using face-to-face interviews with the carers themselves. The data gathered were mainly quantitative, but some qualitative data analysis was also carried out. The main outcome of the project was to identify suggestions for the implementation of strategies to support family carers at the national level but also to trigger more activity on the European level. Although the project was about informal home carers in general and not specifically working carers, the latter are covered as well.

Eurofamcare found that about one in seven of the surveyed working carers reported having had to reduce working hours because of caring. Among non-working carers, one in 10 reported that they could not work at all because of caring while one in 12 said that they had to give up work because of caring (Lamura et al, 2008). The project also reported that carers were less often employed (41%) than not (59%). But if employed, they would more likely work for the public sector (42%) than the private sector (37%) and around 17% were self-employed. About 15% of the employed carers had reduced their working hours as a result of caring for elderly relatives, and most of them had experienced a subsequent decline in their income. Working carers of both sexes reported requiring more measures to help them adequately combine caregiving with paid employment, as well as more opportunities for older persons to undertake leisure and recreational activities on their own with or without public support (see Eurofamcare, 2006, p. 169). Such activities could take some of the pressure off working carers who would not have to dedicate as much of their time to visiting and entertaining lonely relatives.

The Eurofamcare project also tried to classify countries according to the existence of care infrastructure, rights, regulations and social norms. In some countries, it is a primary legal obligation of children and the spouse to provide care for their dependent relative. Moreover, there are also social attitudes and expectations towards carers to provide care to a frail relative. In other countries, neither the legal obligation nor the social expectation exists, but the responsibility to provide care lies with national or local public authorities. Table 1 shows the differences between the countries in this regard. Only three countries (Austria, France and Spain) have a legal obligation to care for one's spouse, while in most other countries the children are legally obliged to look after their parents when in need. This is mainly the case of southern, eastern (or residual welfare states) and central European states (or the so-called conservative welfare states). In the Nordic countries (sociodemocratic welfare states), the UK (liberal welfare state), Luxembourg and the Netherlands (conservative welfare states), the legal obligation to provide care lies with the state or local authority. This information on the context for working carers becomes important to judge the need and efficiency of policies for working carers that will be assessed in this report.

Apart from the institutional context for care, the social attitudes towards care and the responsibilities of different actors are important. Again, most countries with a conservative welfare orientation have a high expectation that family members will provide care, whereas in the Nordic countries and the UK this expectation is lower. Most of the countries that have care insurance also have an increasing formal recognition of the carer status (for example, Austria, Germany and Italy). In the Nordic states carers can be officially recognised and receive their income from local authorities and are de facto employed by the community council while their employment is on hold.

In a sense, there seems to be a north–south divide in attitudes towards care: in northern Europe, the legal obligation lies with public authorities and there is no social obligation for family members to provide care to their relatives but the status of carer is formally recognised. Conversely, in central, eastern and southern Europe, family members are legally obliged to provide care, public authorities have no definite role and the expectation on family members to provide care is high but there is no formal recognition of the carer status.

Table 1: Eurofamcare typology of care regimes

Country	Primary legal obligation to provide care				Family care and social attitudes	
	Spouse	Child	State/local authority	Unclear	Special expectation to provide care (high +, low -)	Increasing formal recognition of the carer status
AT	X	X			+	X
ES	X	X			+	
FR	X	X			+	
EL		X			+	
IT		X			+	X
MT		X			+	X
PL		X			+	
PT		X			+	
BE		X			-	X
BG		X			-	
DE		X			+/-	X
SI		X			-	
HU		X		(X)	+	
IE				X	+	X
CZ			X		-	
DK			X		-	
LU			X		-	
FI			X		-	X
NL			X		+	X
SE			X		-	X
UK			X		-	X

Note: See the beginning of this report for a full list of country codes.

Source: Based on Eurofamcare (2006, pp. 20ff)

Country differences in the Eurofamcare project were explained by the different welfare regimes in the six countries studied and their impact on how policymakers act to improve working carers' conditions through appropriate policies. The study comes to the conclusion that caring duties are more likely to affect employment participation in Germany, Greece and the UK, compared with Italy. Conservative regimes like in Germany, where the male breadwinner model is combined with a female carer model, means considerable work restrictions for carers, and particularly for women. The situation is different in the Mediterranean countries, as the care of older people is traditionally managed by the women in the family, who often withdraw from the labour market for this reason or are discouraged to look for work from the start as employment levels are low and public support is not available. In Greece too, limited public responsibility and low employment rates add to frequent withdrawal from the labour market. In Poland, extensive solidarity patterns and an overall low employment rate contribute to low levels of work restrictions in a context of a shortage of public and formal services. One option that is highly popular in Poland is that people become self-employed to manage work and care more flexibly. The Swedish model of generous welfare services and benefits (designed as a support for older people) shows that high employment can coexist with a sustained and high informal level of care. In the UK, care relies mainly on private services and the state leaves the brunt of the care burden to families, thus caregivers cannot give up work completely and have to find a way to reconcile work and care as well as possible (Jungblut, 2015; Principi et al, 2014, pp. 221ff).

This mapping of the care contexts is important for the remaining discussion, which focuses on the reconciliation of work and care. The important point to stress here is that there are many actors involved in care provision and many institutional policy frameworks are involved in the reconciliation of work and care. By default, however, families seem to designate care duties to a family member with the least opportunity costs (often older female non-working relatives).

The Carers@Work project concluded in 2010 also describes social and cultural norms behind the decision to provide care to a family member in the four countries analysed: Germany, Italy, Poland and the UK. The remainder of this section draws heavily on this study (for the international study see Hoff and Hamblin, 2011 and for the final report see Kümmerling and Bäcker, 2010, only available in German).

For example, in Poland female workers are expected to reduce their working hours to provide care to a relative. Although traditionally the same has been the case in most countries, more options are now available in many of them (Stypinska and Perek-Bialas, 2011). For example in Italy, family carers are hiring migrant care workers paid by the family generally with subsidies through the public health insurance system. These migrant workers are mostly undeclared. Family carers in Germany and the UK may be able to call on care services offered either by the state or the voluntary or private sector (Hoff and Hamblin, 2011). In Germany, the long-term care insurance system offers the most generous package of all four countries studied by the Carers@Work project (Kohler and Döhner, 2010; Kümmerling and Bäcker, 2010).

The situation of working carers in the four countries studied by the Carers@Work research team was strikingly similar. For example, the need to cope with a sudden illness (such as a stroke) and the subsequent care need was described as being a particularly difficult event in all four countries. Many working carers reported frustration with excess bureaucracy and the frequent breakdown of communication with various administrations. The relatively better situation of the Italian carers compared to other Mediterranean countries is obviously related to generous payments from the medical insurance in combination with the widespread employment of migrant care workers. In contrast, Polish working carers were more preoccupied with delivering care themselves, as a result of the absence of effective public support mechanisms. One way to cope with such a situation is that carers decide to become self-employed, in order to be more flexible.

When it comes to the employment situation of working carers, most of them were employees and self-employment was relatively rare in the Carers@Work study. Exceptions are the Polish and German samples, where a fifth reported being self-employed (see above). The Italian sample in the study revealed that the vast majority of working carers seem to work in the public sector. Hoff and Hamblin (2011) further show that public sector workers were also the largest contingent in the British and Polish samples but not so in the German sample. In terms of occupation, professionals represent the largest contingent in all countries except in Italy where clerks accounted for the largest share of working carers. Another of the study's findings was that the vast majority of working carers were working full time, and the average duration of the care provision estimated by the Carers@Work project was five years (Kohler and Döhner, 2010; Kümmerling and Bäcker, 2010).

Working carers often experience an inability to 'switch off', a lack of spare time, too much stress and adverse implications for personal health and well-being, as well as too little time for family and social life. Working carers in the UK were particularly aware of the negative financial side-effects of their situation. Many of them cannot afford to reduce working time because of the high costs of private care provision. Becoming a full-time carer and stopping work is not an option either, as the income is needed to live on (Hamblin and Hoff, 2011).

German working carers are a lot better off financially, mainly because the majority of them work in rather well-paid jobs. Italian and Polish working carers consider their caregiving obligations as an entirely private matter and avoided telling anyone in the workplace (which seems to be a widespread behaviour in France as well). By contrast, British and German

working carers informed at least their line managers, and invested substantially in building or maintaining a relationship of trust with their line managers.

Using available welfare state provisions is a vital support. The two main types of support are care services and cash benefits. Relatively generous cash benefits for working carers are available in Germany and Italy. The British welfare state arrangements provide some means-tested financial support to working carers but in the case of low incomes only and with substantial reduction of working hours. The Polish carers have the lowest amount of financial support of all countries analysed by the Carers@Work project (Hoff and Hamblin, 2011).

Most of the policies referred to within this report, whether they result from entitlements enshrined in the labour legislation, sectoral agreements or simply company policies, are relatively generous from a welfare perspective. Initiatives or policies can be grouped into categories: they are either working time arrangements – from flexible working time over emergency leave to short-term leave or sabbaticals; policies that provide income replacement when workers have to take time off; or protection mechanisms that provide security of employment or guarantees that they can come back to the same job after a spell of care provision. One way of assessing the use of different types of policy measures is to ask workers about their preferences when it comes to reconciliation measures. Among the measures to support the reconciliation efforts that are mentioned most often by carers are (see, for example, Kümmerling and Bäcker, 2010):

- flexible working hours and the ability to react promptly to emergency situations;
- the opportunity to reduce hours of work per week for a limited time;
- the possibility to give up responsibilities at work and managing duties for the duration of care;
- flexible workplace arrangements such as the opportunity to work from home;
- moving to a more suitable workplace within the same company;
- a guarantee to return to the former position once the caregiving situation is resolved;
- care leave schemes.

The Carers@Work study also presents the most valued support instruments as reported by working carers (see Hoff and Hamblin, 2011, pp. 63ff). For example, being able to start and finish work more flexibly is certainly necessary to reconcile work with care, but being able to work less on some days and more on others or even having a reduced schedule for an extended period may seem even more useful. Many carers seem to need their organisation to be more flexible with regard to workloads and responsibilities, for example a reduction of management tasks during a period of care. On a higher level are the leave entitlements: emergency leave or force majeure leave for up to one week, unpaid short-term leave (usually up to six months) and unpaid long-term leave (one year or more).

Finally come leave entitlements that are paid – usually not by the employer but covered by insurance payments, local municipalities or tax-funded. It should be noted that although many scholars probably agree that working time flexibility is of highest importance for working carers, some authors judge income replacement of higher importance. For example, if a single mother has to take unpaid leave to look after her disabled father, this is likely to make an already bad income situation worse. Legal entitlements can only work if people are able to use them, and often this is not possible because they would represent a substantial loss of income. Most vulnerable among carers are those who have to care for older family members and young children at the same time, as they also have to work (Hoff, 2004; Mooney et al, 2002; Hörl and Kytir, 1998).

Public care services are available in all countries under study, but the degree of availability varies widely. The German welfare state provides substantial help through the long-term care insurance based on medical needs assessment. The British and Italian welfare states support only those most in need and least able to financially afford giving care. The Polish welfare state hardly provides any support at all. In the countries studied by the Carers@Work project, Germany, Italy and the UK have introduced reconciliation measures for working carers while the Polish working carers had no such opportunity. The need for better quality care services was mentioned, as in many instances mistrust of public care services was common across the board. The need for longer hours of care services was also mentioned, as limited service hours posed a serious problem to working carers in particular in all four countries. Daycare centres where care recipients could spend the day and were properly looked after was seen as a very effective way of enabling working carers to combine work with care. Considerable progress in leave entitlements has been made in recent times in all countries surveyed by the Carers@Work project. These are essential, but many respondents still felt that they lacked the flexibility to be adjusted to real-life situations.

Prevalence of work and care

On average, between 10% and 20% of people in employment have some care duty towards an older person or a dependent disabled child (Reichert and Franke, 2011, pp. 21ff). The estimates stem from a wide range of sources and depend on what definition is used to measure care, the country surveyed and also when the survey was carried out. Eurofound's third European Quality of Life Survey (EQLS) reports that 11% of women and 10% of men are caring for an elderly or disabled relative less than once a week, while 9% of women and 8% of men care at least once or twice a week for an elderly or disabled relative. Women reporting that they care for an elderly or disabled relative every day make up 7% of the female population while only 4% of men do so. Among the whole population, 24% care at least sometimes for an elderly or disabled relative and 14% do so at least once a week (Eurofound, 2012b).

The incidence of providing care is highest among 50- to 64-year-olds, the age group not yet in retirement but near the end of their working career. The prevalence rate is usually underestimated but a number of surveys yield figures higher than 10% of the population in employment having to provide care to a relative. In 2007, working carers – employed people providing care to a disabled older/adult relative at least once a week – represented 11% of the male and 17% of the female workforce (Eurofound, 2009). Data from the European Labour Force Survey ad hoc module 'Reconciliation between work and family life' suggest that around 6% of the workforce in 2005 were caring regularly for a relative aged 15 years or over. This represents 13.5 million working carers among the total EU population. If carers of children with disabilities or chronic long-term illnesses are included, the number is even higher. Across Europe, about 80% of hours of care provision are delivered by informal carers, predominantly women aged 45 or more. In nearly all countries, among family carers of working age half or more are in employment (see the Eurofamcare project referred to earlier).

In terms of hours of care per week provided by working carers, data from the 2011 Irish census and the 2001 UK census suggest that the majority of working carers provide between one and 20 hours of care per week, with 20% or more caring for 20+ hours per week and many of these providing 50+ hours per week (CSO, 2012; Yeandle et al, 2006, p. 11). Evidence suggests that reconciliation adjustments to combine work with care are commonly made in the first three months of caregiving and remain fairly stable after this. Such adjustments may even persist after care ends (Lilly et al, 2007).

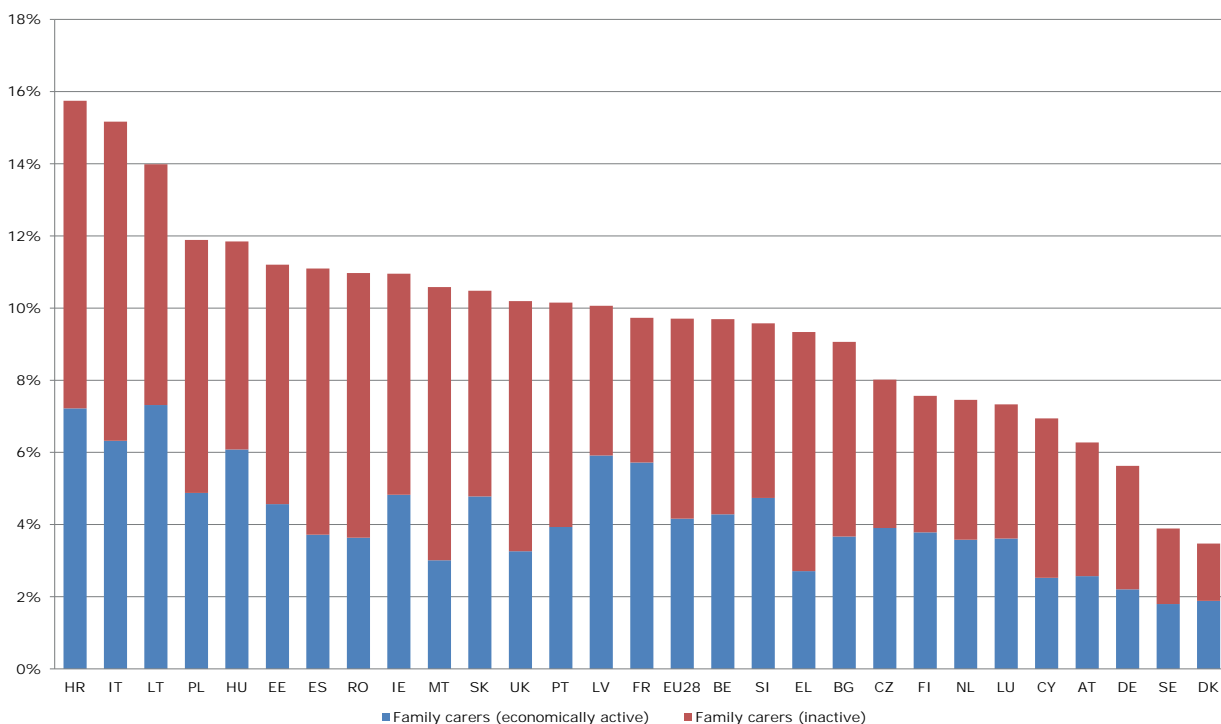
To some degree there is a negative association between caring and the likelihood of being in employment in most EU countries, although with differences in the extent to which this can be detected across countries and by age and marital status (Viitanen, 2005). Detailed analysis indicates that there can be considerably lower labour market participation rates for some subgroups of carers, even if not for all carers. Those who provide longer hours of care in particular tend to have lower levels of labour market participation (see Schneekloth and Wahl, 2005; European Commission, 2010d; Lamura et

al, 2008). There is evidence to suggest that those spending 20 hours or more a week caring are more likely to experience negative employment impacts (DoWP, 2006; Crespo, 2006).

The prevalence of caring varies along with demographic characteristics. Working women are up to 1.6 times more likely to be carers than working men. Women are considerably more likely than men to take up the more disadvantageous options to combine work and care, such as leave or part-time working (Lüdecke and Mnich, 2009). Some research from Europe (Van Woensel, 2009) finds that lower-skilled workers are more likely to use short-term leave (for example, through time credit in Belgium) or part-time working as solutions, whereas higher-skilled workers tend to use flexible working time arrangements. Different types of opportunity costs such as foregone earnings may explain such differences. It is obviously easier for someone living with a partner who earns a comfortable wage to reduce working time and earn less than it is for a single parent occupied in a menial job on a low salary to give up working time.

Results from the third EQLS show that among people of working age the highest share of carers is found in two Mediterranean countries, Croatia (16%) and Italy (15%), followed by Lithuania (14%) and Poland (12%) (Eurofound, 2012b, see Figure 2). The lowest share of carers is found in continental Europe and the Nordic countries, with the lowest share in Denmark (3%) and Sweden (4%) and in Germany and Austria (both around 6%). The latter can be explained partly by tradition and partly by the existence of a good formal care infrastructure (see results from the Eurofamcare project, presented earlier). Not surprisingly, the activity levels of carers are also highest in Denmark, where 54% of informal carers are in employment. In France and Latvia, however, even more family carers are employed, with 59% in both countries caring for a relative and working at the same time. Conversely, in Greece, Malta and the UK, less than one-third of family carers are working. Providing care to a family member is often only possible if the carer leaves his or her job. This is less the case – even in Mediterranean countries – when the family carer works in the public service. Arrangements to reconcile work and care for public service workers are often much more generous than they are in the private sector.

Figure 2: Frequency of carers among working age population in the EU28 and their labour market status



Source: *Third EQLS, Eurofound (2012b), own computations*

To gain a more detailed picture of the profile of carers, data from a Eurobarometer survey from September–November 2011 were used. Table 2 shows the distribution of carers by full-time and part-time care status and country. The Eurobarometer questionnaire asked: ‘Do you personally take care of an older family member?’ (Question QB32). Unfortunately this only covers a share of the population of carers, as spouses and disabled children are not included by this formulation. Nevertheless, it does show what care decisions people make, depending on other characteristics. There are four possible answers to the question: full-time care status, part-time care status, past care experience and no care experience at all so far. The four categories together represent the total population, in other words those providing care at the moment, those who did so in the past and those who have never done so.

In Table 2, of the working age population, columns 1 and 2 represent full-time and part-time carers respectively, column 3 shows the total of carers, column 4 shows individuals with care experience in the past and column 5 shows carers without any care experience. According to this survey, the share of carers in the working age population in Europe is 16.4%, including full-time (2.8%) and part-time carers (13.5%). Around 71 million people had to deal with care in the past but not at the time of the survey, which represents around 22% of the working age population. This means that at the time of the survey in 2011 in the EU28 there were nearly 53 million individuals providing care to an older family relative (not shown). Grouping all those who provided care at the time of the survey and those who did so in the past, this amounts to nearly 125 million people across Europe, which represents almost 40% of the working age population. The highest share of carers occurs in France (28.5%) and most of them are part-time carers (25.8%), which is also the highest share of part-time carers in Europe. The next largest share is found in Italy (22.1%) and the Czech Republic (21.9%). The lowest share of carers among the working population is found in Austria (5.7%) and Germany (5.8%). The lowest share of full-time carers is observed in Sweden (0.1%), Finland (0.4%) and the Netherlands (0.7%). The highest shares of full-time carers are found in Romania (7.2%), Lithuania (5.8%) and Slovenia (5.6%). A breakdown of the same question helps in analysing how decisions to care full time or part time vary with demographic characteristics. Table 3 shows the breakdown of the four categories by demographic characteristics.

Table 2: Full-time or part-time care provision in the EU28, working age population

‘Do you personally take care of an older family member?’ (Question QB32)						
	Yes, full-time carer (%)	Yes, part-time carer (%)	Total full-time and part-time carers (%)	No, but have done so in the past (%)	No, have never done so (%)	Total population (%)
Country	(1)	(2)	(3)=(1)+(2)	(4)	(5)	(1)+(2)+(3)+(4)
FR	2.7	25.8	28.5	22.8	48.7	100.0
BE	2.9	16.4	19.4	24.8	55.9	100.0
NL	0.7	9.7	10.4	23.2	66.4	100.0
DE	0.9	4.9	5.8	17.2	77.0	100.0
IT	3.6	18.9	22.1	23.0	54.9	100.0
LU	0.9	19.2	20.1	24.5	55.4	100.0
DK	0.9	15.6	16.6	27.9	55.6	100.0
IE	1.5	7.3	8.8	22.0	69.2	100.0
UK	1.9	13.9	15.9	23.5	60.6	100.0
EL	4.1	8.7	12.8	19.3	67.9	100.0
ES	3.9	9.5	13.4	23.6	63.0	100.0
PT	5.4	9.1	14.5	20.6	64.9	100.0
FI	0.4	10.8	11.2	24.6	64.2	100.0
SE	0.1	16.7	16.8	23.6	59.6	100.0
AT	1.8	3.9	5.7	17.5	76.9	100.0
CY	3.3	13.0	16.4	24.7	58.9	100.0

‘Do you personally take care of an older family member?’ (Question QB32)						
	Yes, full-time carer (%)	Yes, part-time carer (%)	Total full-time and part-time carers (%)	No, but have done so in the past (%)	No, have never done so (%)	Total population (%)
Country	(1)	(2)	(3)=(1)+(2)	(4)	(5)	(1)+(2)+(3)+(4)
CZ	1.8	20.1	21.9	22.4	55.7	100.0
EE	3.6	15.5	19.2	32.0	48.9	100.0
HU	2.8	6.2	9.0	32.3	58.6	100.0
LV	5.1	12.6	17.7	23.6	58.8	100.0
LT	5.8	10.1	15.9	24.5	59.6	100.0
MT	5.2	10.8	16.0	18.4	65.6	100.0
PL	4.2	14.2	18.3	21.7	60.0	100.0
SK	1.7	4.5	6.2	23.9	69.9	100.0
SI	5.6	9.1	14.7	20.6	64.7	100.0
BG	3.6	18.1	21.7	23.5	54.9	100.0
RO	7.2	14.2	21.3	22.2	56.4	100.0
HR	4.3	15.8	20.2	25.2	54.6	100.0
EU28	2.8	13.5	16.4	22.2	61.4	100.0

Source: European Commission, Directorate General, Press and Communication, Opinion Polls, Eurobarometer 76.2 September–November 2011, population 15–65 years of age, own calculations using survey weights

Table 3 shows that care responsibilities increase with age, culminating around the ages of 45–54 for part-time care and 55–64 for full-time care. This finding also corresponds to analysis reported in other studies (Hoff and Hamblin, 2011; Evandrou and Glaser, 2003). By the highest age band (55–64), 31.5% have had care experiences in the past, although more women than men currently provide or did provide care. Over 60% of full-time carers are women and 57% of part-time carers are women. Conversely, among those who have not provided care so far, the majority are men (55%). It is also reported in the literature that gender is the most important factor in determining whether an individual alters her/his working arrangements to provide care (Crompton et al, 2003). More men are providing care today than in the past but it remains predominantly a female preoccupation (Mooney et al, 2002).

Among full-time carers, half are still working while among part-time carers three-quarters are still working at the same time as caring. This figure for the part-time carers’ labour market participation (66%) is even higher than for those who have never had any care duties (61%). Part of this can be explained by age differences in the two groups. It appears that at least some carers felt more vulnerable to the economic crisis which started in 2008, as 62% of the full-time carers and 58% of the part-time carers feel that they are at risk of losing their job, compared to around 50%–55% in the general population. The subjective perceived likelihood of carers being able to find a new job if they lose their job is also lower than for other parts of the population, with 36% of full-time carers and 40% of part-time carers judging their chances of finding a new job as low.

Table 3: Full- or part-time care provision by demographic characteristics in Europe, 2011

	Yes, full-time carer		Yes, part-time carer		No, but have done so in the past		No, have never done so		Total	
	No. x1,000	Col %	No. x1,000	Col %	No. x1,000	Col %	No. x1,000	Col %	No. x1,000	Col %
Age bands										
15–24	826	9.1	5,621	12.9	6,856	9.5	45,302	22.8	58,604	18.1
25–34	1,279	14.0	7,069	16.2	9,573	13.3	45,088	22.7	63,009	19.5
35–44	2,065	22.7	9,325	21.3	13,988	19.5	46,534	23.5	71,911	22.3
45–54	2,402	26.4	12,430	28.4	18,811	26.2	37,270	18.8	70,913	22.0
55–64	2,533	27.8	9,295	21.3	22,591	31.5	24,065	12.1	58,485	18.1
		100		100		100		100		100
Sex										
Male	3,570	39.2	18,918	43.3	30,755	42.8	108,043	54.5	161,285	49.9
Female	5,536	60.8	24,821	56.7	41,064	57.2	90,215	45.5	161,636	50.1
		100		100		100		100		100
Status of economic activity										
Inactive	4,553	50.0	14,913	34.1	30,523	42.5	77,311	39.0	127,300	39.4
Working	4,552	50.0	28,826	65.9	41,295	57.5	120,947	61.0	195,621	60.6
		100		100		100		100		100
Are you at risk of losing your job because of the crisis										
No	1,598	37.6	11,808	42.2	17,010	42.5	54,268	46.2	84,684	44.6
Yes	2,653	62.4	16,197	57.8	23,045	57.5	63,308	53.8	105,203	55.4
		100		100		100		100		100
Likelihood of finding a new job if lost										
Low	1,494	35.9	10,874	39.7	14,461	36.5	34,820	30.3	61,649	33.1
Average	1,437	34.5	8,744	31.9	13,584	34.3	40,651	35.3	64,416	34.6
High	1,236	29.7	7,753	28.3	11,525	29.1	39,557	34.4	60,071	32.3

Source: European Commission, Directorate General, Press and Communication, Opinion Polls, Eurobarometer 76.2 September–November 2011, own calculations using survey weights

Caring for a dependent person has consequences for the employer as well as the carer. Companies sustain substantial costs due to poor compatibility of work and care in the form of absenteeism and sickness, (temporary) fluctuation and reduction of working hours, increased supervision needs by executives, as well as ‘presenteeism’.³ A German study estimates the additional cost for a lack of reconciliation arrangements at €14,154 per year per employee (Schneider et al, 2011). Among the negative consequences of care for carers are a lack of time, especially time for themselves, poor concentration, having to take time off, tiredness, stress and a whole range of negative consequences for the employment situation (see for example Mooney et al, 2002 and cited therein: Whatmore, 1989; Phillips, 1994; Hutton and Hirst, 2001).

³ Presenteeism is the act of attending work although being sick. It is sometimes considered to be the opposite of absenteeism, which has received extensive attention in the management sciences as a cost linked to absence of staff. Presenteeism can incur the same costs even though workers are at work, but simply too ill to perform their tasks appropriately.

Apart from the obvious negative effects of role conflicts of carers, for example stress, physical and emotional exhaustion and burn-out, care can have some effects typical to working carers that may come as a surprise. According to results from the third European Quality of Life Survey, 14% of non-working carers say they are depressed all or most of the time (question 46c) – more than twice as high as the corresponding figure for working carers (Eurofound, forthcoming). It seems therefore that a working carer is better off than a carer who does not or cannot work. On top of this, carers who are outside any employment relationship have very poor feelings about being acknowledged, valued and respected. It seems that the worst situation for a carer is not in fact being forced to combine work and care, but not being able to work. Work connects the carer to social networks, to a duty other than the care job, and helps them retain a perspective on the professional future learning and experiences that makes the individual feel included in society. However, for workers to be able to reconcile work and care, support instruments have to be in place to help them, otherwise workers will be forced out of the labour market to provide care.

Behind the better results for working carers as compared to non-working carers is not so much the burden it represents to care and work at the same time but actually the chance to be able to do so, and beyond this to have a duty and something to live for outside care. In this sense, rather than being a burden, combining work with care can turn out to be a good thing (see for example Jani-Le Bris, 2004). Indeed for many carers it would be unbearable if they did not have work to give them a break from the care duties. This is also a finding of the Carers@Work project where many respondents mentioned that they saw work ‘as respite from caregiving’. To put it differently, switching into the worker mode helps them gain confidence, safeguards identity and maintains social relationships outside the home, and counterbalances the carer role. Another benefit of work for carers is financial autonomy and flexibility. Finally, many carers report personal growth as a result of mastering the challenge of combining work and care (Hoff and Hamblin, 2011, p. 85).

This means that from the perspective of employers, carers who decide to continue working are highly motivated and thus good workers and need to be supported instead of being considered as a burden or inefficient. The exact opposite can be the case if their specific situation and needs are taken into account. This perspective could change the tone of the discussion and lead to an alternative view on carers with a positive message: it is important not to see care duties as leading to deficiencies for work life but as a challenge for the carer and their work environment leading to a win-win situation. The important message for policymakers is to provide useful instruments that help working carers in their reconciliation effort.

Policy debates about care arrangements 3

The focus on reconciliation of work and care touches on many policy fields, such as ‘the improvement of working conditions, labour market and employment policies, social protection and the fight against social exclusion’ (Anderson, 1999, p. 166). This report shows that the topic of reconciliation of work and care can be addressed from many perspectives, including those of employment, social protection, equal opportunity and health and care. The reconciliation of work and caring is at the intersection of all these policy domains which operate according to very different inherent logics and are themselves difficult to integrate.

While labour market policies focus on keeping people in employment they may neglect other non-labour market issues, such as work–life balance or continuous education and training or even individual health. In a similar way, social protection aims to protect people from a total loss of income in case of hardship but it does not necessarily accommodate partial income loss (due to working reduced hours, for example) as is typically the case for working carers. Equal opportunity policies aim at guaranteeing the same rights for men and women (for example, in the parental leave regulation), but fail to do this in the field of care provision, as in many countries this is still considered the domain of women. The diverse responsibilities for the reconciliation issues in the policy realm may also partly explain why it is not as high on the agenda of policymakers as it should be.

The debate in the European Union started as early as the 1990s with the concern that ‘the dominant factor in our demographic future: the extent and acceleration of the ageing process’ (European Commission, 1996, cited by Anderson, 1999) would call for new policies to counter the negative consequences thereof. In particular, when it comes to demographic change and the ageing of European societies two consequences are most relevant for social and economic policy:

- the impact of ageing of societies on the care situation and needs of older people in Europe, intergenerational solidarity and in general the debate on the future of social protection;
- the consequences of demographic change on the European labour market.

The issue of demographic change is recognised as an important issue for achieving sustainable competitiveness in Europe, for example, in *Europe 2020: A strategy for smart, sustainable and inclusive growth* (European Commission, 2010a). Other EU policy debates document the need to support carers. The European Commission Directorate General for Economic and Financial Affairs (DG ECFIN) has long been interested in demographic change and the implications of an ageing population for sustainable healthcare and long-term care. The carer topic has also been taken up by the DG for Employment, Social Affairs and Inclusion (DG EMPL) in the document on long-term care in the Social Investment Package (SIP, see European Commission, 2013). The 2013 annual report of the Commission’s Social Protection Committee notes that the organisation of long-term care has to play a key role in enabling participation in society and the labour market (Social Protection Committee, 2014, p. 50). One type of support is the so-called enabling services which support labour market participation by addressing people’s barriers to entry into the labour market because of care duties. Another type of support is suitable working conditions that enable people to reconcile work and care duties.

It is important to note that the debates around long-term care are not only about cost sustainability but employment of carers – formal and informal – and reconciliation of work and family life. Other important aspects of the debate are social protection for family carers, particularly pension entitlements of informal carers and their risk of poverty in old age, but also health and equality of carers, both formal and informal carers. The following sections on employment policy and other policy fields provide a brief overview of some of the more relevant dimensions of the policy context, cited mainly in Eurofound’s earlier study on *Company initiatives for workers with care responsibilities for disabled children or adults* (Eurofound, 2011).

Employment policy

The only reference to working carers in existing European legislation regarding employment appears to be the mention of parents of children with disabilities or long-term illness in the parental leave directive (Council of the European Union, 2010). Apart from its general parental leave provisions, the preamble to the agreement notes the importance of taking into account the special needs of parents of children with disabilities or long-term illness, and another clause encourages Member States and national social partners to consider measures to address the particular needs of this group. The scope is limited to parents who are carers and does not extend to the broader spectrum of informal carers; even for parent carers, the approach can be considered quite a ‘soft’ one (cited in Eurofound, 2011).

The possibility of introducing leave measures to cover carers more generally has in fact been put on the agenda by the European Commission. This was first raised within the context of a broader consideration of a possible extension of the EU acquis in the field of labour law, launched in a Green Paper on modernising labour law published in 2006 (European Commission, 2006b). The employment issues arising for people with caring responsibilities were mentioned in the Green Paper and were subsequently followed up in the consultation processes. In this context, the Commission gave direct consideration to the possibility of extending the current leave provisions (under the parental leave directive) to include a right to ‘filial’ leave (leave to care for a dependent family member). This possibility was included as an option within the Commission’s formal Impact Assessment (European Commission, 2008a, 2008b), the results of which supported an extension to include filial leave (possibly one month, unpaid). In fact (as mentioned above), the revised framework agreement between the social partners on parental leave (and the directive to implement this) does not make specific reference to, or provisions for, filial leave, although it does give some attention to parents of children with disabilities or long-term illness. Nevertheless, the issue is still on the EU agenda and was included as an item for dedicated impact assessment in the Commission’s 2011 roadmap for reconciling work, family and private life (European Commission, 2011b, cited in Eurofound, 2011).

Apart from directives, the employment guidelines provide the main operational instrument for EU-level influence on Member State employment policies. The guidelines, agreed in 2008, refer to ‘better reconciliation of work and private life and the provision of accessible and affordable childcare facilities and care for other dependants’ (Council of the European Union, 2008, Guideline 18). However, suitable monitoring indicators on the carer (as opposed to childcare) dimension do not yet seem to have been put in place. The proposed new integrated guidelines mentioned that ‘work–life balance policies with the provision of affordable care and innovation in work organisation should be geared to raising employment rates, particularly among youth, older workers and women’ (European Commission, 2010c, Guideline 7) (cited in Eurofound, 2011).

The working and caring theme has also been picked up to some degree in EU flexicurity policy, which makes reference to the roles that both income protection and work flexibility can play (European Commission, 2007b). Although the issue does not yet seem to have been addressed in any operationally concerted manner at EU level, some Member States have implemented measures in this field. The theme has also been addressed in work–family reconciliation and work–life balance policy, for example in the Commission communication of 2008 where, in addition to a major focus on childcare, there is also extensive mention of care for other dependants (European Commission, 2008a). While some examples of approaches are provided (filial and other forms of carer leave, care services and flexible working arrangements including teleworking), it seems that the issue has not so far been addressed in a manner that would be likely to facilitate a concerted and practical effort across the Member States (cited in Eurofound, 2011).

EU policy on demographic and workforce ageing is also aware of the likely substantial increase in the number of people who are combining work and care. However, specific policy measures to address the caring dimension have not been very prominent so far among the more general initiatives to encourage and support older workers (cited in Eurofound, 2011).

Beyond targeted policy intervention and workplace measures, the ageing both of the workforce and of the general population calls for a new repertoire of policies and practices to enable the reconciliation of work and care. There is a substantial need to take a life course perspective in this regard. A more holistic and wide-ranging policy mix embracing family commitments to children and older dependants is necessary. At company and workplace level, employers will need to consider innovative measures to accommodate and retain staff and to maintain their productivity over time. Such measures to reconcile work with informal care include temporary withdrawal from work in order to concentrate on caring, downshifting (hours reduction), and support to combine full-time working and caring.

The life cycle approach was introduced by the 2003 Employment Guidelines, in a context of increasing labour market participation and extension of people's careers through a strategy of 'active ageing' (Council of the European Union, 2003). Consideration No. 15 of the introduction to the guidelines reads:

An adequate labour supply is needed in order to meet the demographic challenge, support economic growth, promote full employment and support the sustainability of social protection systems. ... this requires developing comprehensive national strategies based on a life cycle approach. Policies should exploit the employment potential of all categories of persons.

The main focus is on assessing career and life-course impacts of non-standard employment, such as flexible or temporary employment contracts or part-time work. The long-term consequences, also known as 'scarring effects', of career interruptions such as taking care of a frail relative can have a lasting adverse effect on a wage earner's career. Specific policy regimes and institutions can mitigate these effects and explain some of the differences in labour market mobility across countries. Such institutions include for example the strictness of employment protection regulation, the availability of working time options within companies, the generosity of social security benefits and gender-related working time preferences.

For example, the introduction of paid care or leave schemes, associated with employment guarantees, implies a 'commodification' of traditionally female unpaid household activities. Moreover, paid leave has strengthened the link between the domestic and work spheres, since in this case contact with the workplace is no longer disrupted (Eurofound, 2006d). Very good arguments exist for proposing the development of a coherent life-course approach, instead of just focusing on single life phases or on increasing employment rates.

This is also a theme of the European Platform against Poverty and Social Exclusion, and the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) conclusions of October 2011 which underline the need for better reconciliation of work and family life to manage demographic challenges. To implement such innovations alongside public actors, there is also an important role to be played by the social partners now and in the future. Agreements have already been reached at company level in some Member States, but sector agreements or national agreements are still rare (ETUC et al, 2008; BUSINESSEUROPE et al, 2009).

Other policy fields

As highlighted in Eurofound's 2011 study mentioned above, the EU's gender equality roadmap mentions more flexible working arrangements, better (social) care services and fairer sharing between men and women as key requirements in this regard. This is partially taken up in the Council agreement in March 2006, with specific reference being made to the need to improve (social) care services to support work-life balance (European Parliament and Council of the European Union, 2006). The opinion of the EU's Advisory Committee on Equal Opportunities for Men and Women of 3 July 2008 noted that carers' leave should be introduced, along with other measures, such as flexible working; further development of the work-family reconciliation theme in the guidelines for the Member States' national reform programmes; and the

development of targets relevant to the care infrastructure required by older people (in addition to those already established for childcare) (European Commission, 2008b, cited in Eurofound, 2011).

The financial importance of the issue of informal caring is given quite prominent attention in the *2009 Ageing Report*, a joint report prepared by the European Commission's Directorate for Economic and Financial Affairs and the Economic Policy Committee (European Commission, 2009a). It shows how shifts between informal and formal care provision can have substantial implications for public long-term care expenditure and includes consideration of how labour market trends might contribute to such shifts. However, the role that labour-supply measures (such as supporting working carers) could play to moderate the shifts from informal to formal care has not yet received enough attention (cited in Eurofound, 2011).

Furthermore, EU equality/anti-discrimination policy does not currently give explicit attention to carers or to caring, either in the Employment Equality Directive (Council of the European Union, 2000) or in the proposed Equal Treatment Directive (European Commission, 2008d). However, Eurofound's 2011 report cites a case in the UK which led to the European Court of Justice ruling that EU law protecting employees against discrimination at work due to disability also applies to their carers (European Court of Justice, 2008). 'This was a factor in the recent extension of the scope of the UK equality legislation to include carers. Further examination of the relevance and potential contribution of EU equality/anti-discrimination policy to the issue of caring and employment issue would therefore seem warranted' (cited in Eurofound, 2011).

The issue of informal care has also been raised in the context of the open method of coordination (OMC) regarding social protection and social inclusion. The *Joint report on social protection and social inclusion 2009* points to some efforts by Member States to provide public services supporting carers (such as in-kind benefits, financial payments to carers, respite care, counselling and training, and needs assessment), but concluded that there is still a lot of diversity between Member States in this regard (European Commission, 2009b). Too often there is only very limited public provision and support for carers (cited in Eurofound, 2011).

EU health policy does not seem to have given enough attention to health issues of informal carers, according to the 2011 Eurofound report. The available evidence suggests a need for increased recognition of the health issues working carers are experiencing, taking into account the downsides, which are the substantial strains from combining work and care, as well as the advantages, as working represents an opportunity for social contact, time out from the caring role, enhanced self-esteem and other benefits of going out to work for carers (Eurofound, 2011).

In addition to the central role social protection plays in providing flexibility and security for carers of working age, the particular needs of informal carers in relation to their own pension contributions and entitlements have recently received attention. The European Green Paper on Pensions (European Commission, 2010b) recommends that more Member States recognise involuntary breaks from employment when citizens are caring for frail dependants and that such spells should be recognised for the calculation of an old-age pension (cited in Eurofound, 2011). The White Paper on Pensions (European Commission, 2012, p. 12) suggests that particular attention should be paid to the gender aspects of longer working lives and active ageing, with one focus on measures that facilitate the reconciliation of work and care. Solutions such as care credits should preserve the sustainability of pension systems while facilitating the return to work (European Commission, 2012, p. 12).

The social partners at European level revisited their agreements on the reconciliation of work and family life in 2010 (Council of the European Union, 2010). When that revision was completed the opportunity to introduce care for dependent family members was not taken and the focus is still almost exclusively on parents and young children. Indeed Directive 2010/18/EU (framework agreement on parental leave) does mention in clause 7 – time off from work on

grounds of force majeure – that ‘Member States and/or social partners shall take the necessary measures to entitle workers to time off from work, in accordance with national legislation, collective agreements and/or practice, on grounds of force majeure for urgent family reasons in cases of sickness or accident making the immediate presence of the worker indispensable’. The directive also states that ‘Member States and/or social partners may specify the conditions of access and detailed rules for applying clause 7.1 and limit this entitlement to a certain amount of time per year’ (Council of the European Union, 2010, p. L 68/19).

To summarise, filial care and the reconciliation issue is becoming more visible in the long-term care debate that started in Europe recently, not least through debates on demographic change. Carers and working carers feature more strongly in the 2013 and 2014 annual reports of the European Commission’s Social Protection Committee.

Care regime clusters and 4 reconciliation typology

The extent of welfare provision is fundamental for the reconciliation of work and care. The mix of actors – the family, private service providers, employers and the local authorities or the central state – is crucial not only in determining the quantity and quality of help provided to those in need of care, but also in supporting working carers in their reconciliation effort.

It is common to reduce complexity by creating welfare typologies grouping countries into clusters that have similar characteristics. The reduction of complexity is necessary to simplify the presentation of results and avoid having to go through all countries one by one. Analysis can then bring out the differences not only between clusters but also within clusters.

One of the best known but also most controversial of such typologies in the social sciences is represented by Esping-Andersen's classification of welfare states into three worlds of welfare capitalism (Esping-Andersen, 1990). He classified according to the degree of decommodification – where entitlements are available as a citizen's right and are not dependent on labour market status (universality versus market) – and social stratification, or the degree to which social stratification is promoted by social policy (individuality versus solidarity). The liberal type of welfare capitalism embodies individualism and the primacy of the market, which leads to low levels of decommodification and individual responsibility (mostly Anglo-Saxon countries). Conservative corporatist welfare states are typified by moderate levels of decommodification and have their origin in the twin historical legacy of Catholic social policy on the one hand and corporatism/etatism on the other (Arts and Gelissen, 2002, p. 141). Conservative welfare states link the provision and the level of income maintenance benefits to occupation status (for example, continental European countries such as Austria, Belgium, France and Germany) and are in this sense conservative because they allow for the stability of social status across the life course. One important consequence of the conservative model is the principle of subsidiarity: the state will only interfere when the family's capacity to service its members is exhausted (Esping-Andersen, 1990, p. 27, as cited by Arts and Gelissen, 2002). Finally, the social-democratic welfare state has high levels of decommodification and the principle of stratification 'is directed towards achieving a system of generous universal and highly distributive benefits, not dependent on any individual contributions' (Arts and Gelissen, 2002, p. 142).

A common criticism of this typology is that it does not help to classify correctly the Mediterranean countries or the post-socialist transition countries, and the typology does not explicitly take the gender dimension of social policy into account (see Arts and Gelissen, 2002). Many alternative classifications inspired by Esping-Andersen have added a southern cluster instead of qualifying the Mediterranean countries as underdeveloped species of the continental model (see for example Bonoli, 1997; Ferrera, 1996; and also Leibfried, 1992). Most scholars seem to agree, firstly, that Esping-Andersen's typology has at least some heuristic and descriptive value, but that it should be extended to four or even five regimes, and secondly that it merely represents an ideal-type classification and that a number of welfare states must be considered hybrid cases. Also, any typology strongly depends on what aspect of the welfare state is considered in particular: income guarantee, education, healthcare or pensions.

Specific care regime clusters have also been developed in recent years (the summary reported here was published in Reichert and Franke, 2011). One example is the model by Hochschild, which focuses in particular on gender roles and task allocation in formal and informal support of care recipients (see Leitner, 2007, p. 5). The country typology lists four ideal types:

1. Traditional model: A male breadwinner with an inactive wife who takes on the care duties.
2. Postmodern model: Both spouses work, but wives are still traditionally responsible for giving care and are therefore under double strain.

3. Cold – modern model: Care is fully institutionalised and is no longer provided by the family.
4. Warm – modern model: Care happens informally in institutionalised facilities and is complemented by family involvement while nursing tasks are divided equally between the spouses.

According to Leitner (unpublished), Mediterranean welfare states still practise the traditional model, but in most countries there is a trend towards postmodern concepts but with a double strain on women. The fourth model with a typical pattern of division of labour found in Scandinavian countries represents a particularly advantageous form of care arrangement as it allows for reconciling work and care, and for gender-neutral sharing of the care responsibilities. Formal and informal, private and public, as well as family involvement constitute a virtuous mix where all actors complement one another (see also Gornick and Meyers, 2004).

The model by Bettio and Plantenga (2004), in turn, is based on the country-specific supply and use of formal and informal care respectively. The authors argue that the way care is organised reflects the cultural perception of the family. Considering caring arrangements for both children and the elderly, Bettio and Plantenga group countries as follows:

1. In Ireland, Italy, Greece, Portugal and Spain, all forms of family care tasks are provided informally.
2. In the UK and the Netherlands, childcare is provided formally but care responsibilities for the elderly relatives lie with the family.
3. In Austria and Germany, care is clearly the responsibility of the family, while benefits do protect against income losses.
4. For Belgium and France, there is greater confidence in professional service support (mix).
5. Denmark, Sweden and Finland have a high degree of formal support.

Bettio and Plantenga did, however, find indications that the Netherlands has a certain proximity to Mediterranean countries while Belgium and France are similar to the Scandinavian countries (see also Millar, 1999). Although these latter two examples and the more standard typologies referred to before have different approaches and use different aspects of welfare to create typologies, it is apparent that there is some agreement between all the typologies. The labour market situation also influences the decision to care instead of seeking work. In countries such as Denmark and Sweden it is relatively easy to find work and there is a high incentive to do so, while institutional care facilities are available and affordable. The opposite is the case in Mediterranean countries and in the new accession countries.

Other than the socioeconomic and political context, cultural beliefs and values also influence elderly and disabled care arrangements. The Eurofamcare study (Reichert and Franke, 2011) described differences in the self-description of carers. In countries such as Poland and the UK, carers quickly adopt the ‘role’ of carer, while in other countries this only happens at a later stage (see Lamura et al, 2006). The Carers@Work project (Hoff and Hamblin, 2011) used the Esping-Andersen (1990) typology modified by Deacon et al (1992) and Ferrera (1996) to describe European care regimes motivated by the fact that such a classification reflects cultural traditions and institutional solutions to organise care provision. Each country analysed – Germany, Italy, Poland and the UK – represents a different welfare state regime, representing four out of the five existing welfare state types in Europe identified based on the ‘decommodification concept’, or the degree of independence of earning a living in the labour market.

Below is a description of the regions or clusters in Europe along the lines of the clusters reported on in the Carers@Work project. Eurofound’s 2014 report on country typologies contains a more in-depth discussion on developing country typologies for analysing quality of life (Eurofound, 2014). The present report regroups culturally and economically similar countries that are maximally different to other groups of countries: the Nordic countries, Continental Europe, Eastern Europe (taking the internal differences of countries into account), United Kingdom and Ireland, and finally the Mediterranean countries (Table 4). This typology is close to the original typology of welfare states elaborated by Esping-Andersen but covers many more countries, also adding groups that were not part of the three worlds of welfare capitalism approach. Please note that this typology is only used for presenting the countries in Chapter 6 and does not represent the final typology as elaborated in this report. The following sections describe the groups of countries as far as their common characteristics go. The characteristics are drawn from other research projects as indicated in the text. The contribution of Eurofound’s own research will be presented in the final sections of this report.

Table 4: Country clusters

Nordic countries	Continental Europe	Eastern Europe	Liberal welfare states	Mediterranean countries
Denmark Finland Sweden	Austria Belgium France Germany Luxembourg Netherlands	<i>Baltics:</i> Estonia, Latvia, Lithuania <i>Visegrád:</i> Czech Republic, Hungary, Poland, Slovakia <i>Danube countries:</i> Bulgaria, Croatia, Romania <i>Other:</i> Slovenia	Ireland United Kingdom	Cyprus Greece Italy Malta Portugal Spain

The groups of countries are described below with reference to their general policy on long-term care. Please also consult Chapter 2 of this report on previous research on working carers to understand the differences between the care regimes as they are described in the literature and in particular the findings of the Eurofamcare project (see Table 1).

Nordic countries

In the Nordic countries, the responsibility for care lies with the public sector. There are no binding legal regulations obliging children to look after their parents. Denmark, Finland, Norway and Sweden organise care through public services instead of monetary support to families. Even though the employment rate of women in these countries is high, women engage in caring to a similar extent as their Mediterranean counterparts. This is partly due to the recent tendency in the Nordic countries to involve families more in elderly care. The difference between southern Europe and northern Europe is the time relatives spend on care activities. More time is spent nursing relatives in southern Europe than in northern Europe because of the lack of formal care facilities. In the Nordic countries, formal care is delivered through a variety of ambulatory care services organised and coordinated by the municipalities, especially in Finland in rural, sparsely populated areas. Family carers often stop working and become employed by the local municipality, paid for delivering home care duties for the time care is needed. The pay is usually minimal but represents a great advantage over situations where no income replacement at all is foreseen (see Jolanki et al, 2013). In Sweden, the responsibility of the family has not disappeared entirely but the family carers are supported by a well-developed public infrastructure for care (Lamura et al, 2006). Daly and Rake (2003) praise the Swedish model because it does not leave care as a private issue but declares it to be in the public interest. Because of flexible work arrangements and employment security but also the extent of active labour market policies, the reconciliation of work and care is supported. Care responsibilities in

Scandinavian countries do not seem to have a negative impact on household income; on the contrary, income levels even increase, which is in stark contrast to most other European countries (Bovenberg, 2005; Jenson and Jacobzone, 2000; Mestheneos and Triantafillou, 2005).

Continental Europe

Most of continental Europe still relies on the so-called male breadwinner model of Bismarckian design (for example, Austria, Belgium, France, Germany, Luxembourg, the Netherlands and Switzerland). Even in postmodern relationships, one partner engages in full-time work while the other works reduced hours or not at all, devoting the rest of the time to looking after the children and elderly relatives (Bovenberg, 2005). At the same time, care infrastructure for children and the elderly is at least underdeveloped. About three-quarters of older relatives are looked after in their own home. Apart from the care provided by family members, all supplementary services are market-based or are provided by public or semi-public social services. Particularly acute cases with major care needs are handled in specifically dedicated care facilities (Pommer et al, 2007). Financial aid is mainly provided on the basis of the healthcare system or a dedicated insurance system (such as the Pflegeversicherung in Germany) or by the government (Austria) or a mix of these (Switzerland). Usually the care recipient will receive the financial aid according to the level of disability from the healthcare system of specific mandatory care insurance and is free to give it to whoever is deemed to be most adequate to deliver the care. The Netherlands stands out as the way care is organised is very similar to other continental countries, while the level of care provided is more similar to the Nordic countries (Leitner, 2007; Pommer et al, 2007). According to Saraceno (2008), while the Netherlands for a long time trusted in the public provision of care, in recent years there has been a move towards the Mediterranean model of family care.

Germany has a long tradition of social insurance and since 1995 there has been separate care insurance (Pflegeversicherung) for those in need according to a diagnosed level of disability. Through contributions, members of the care insurance acquire entitlements that are paid out to the care recipient and the level of benefit depends on the level of need. To be considered a carer, relatives must provide care for at least 14 hours a week and they are then also covered for health insurance and pensions. The payment of the carer is independent of other labour market activities. Even if a carer receives unemployment benefits, none of the care-related income has to be declared and the carer is not supposed to look for a job while the care duty is going on. Another trend in Germany, although much less pronounced than in Mediterranean countries, is the use of migrants (mostly from eastern Europe) in informal home care. The situation in Austria is similar to Germany although not insurance-based as the finance of care is public and the transfers are paid directly to the beneficiaries by the state (Pommer et al, 2007).

In France, institutionalised care of older people plays only a marginal role (Daly and Rake, 2003). The local municipalities pay means-tested benefits to the care recipient, but under the condition that the money does not benefit the spouse or partner, as his/her support is supposed to be voluntary. However, the benefit can be passed on to the children for providing care. Although in France the family plays an important role in care of the elderly, the division of labour within the family contributes to the fact that no family member is overburdened (Kröger, 2003). This arrangement in France means there is no substantial restructuring of female labour market participation. Some scholars, however, point to the fact that early retirement from the labour market in France is probably linked to the role of spouses in care provision (Jensen and Jacobzone, 2000). As in Austria, Germany and Italy, there is also a trend towards increasing use of migrants in family care (Pommer et al, 2007).

Eastern European Member States

Despite being socialist countries, the structures for care support were not very developed before the transition in eastern European Member States. Care for the elderly was mostly done by the family and state care would only intervene if the family could not afford it or if there was no family. After the collapse of socialism some states followed the example of the Mediterranean welfare state, while others tried to emulate the Scandinavian model (Bovenberg, 2005). In Poland, a problematic situation stems from a combination of unfortunate circumstances: due to the long-term demographic consequences of the Second World War, many older women with very modest pensions live in poverty in rural areas (Kotowska et al, 2005). At the same time, in predominantly Catholic Poland (similar to Ireland, Italy or Spain) there is a lot of scepticism about long-term care of elderly people outside the family. Financial support is usually low. The possibilities of reorganising work to provide care are very limited in Poland and very often the only strategy to fulfil care duties and continue to receive income from work is to become self-employed (Glogosz, 2008).

There is some evidence that at least two subgroups of countries can be differentiated among the eastern European countries: the so-called Viségrad group, consisting of the Czech Republic, Hungary, Poland and Slovakia,⁴ and the Baltic countries, consisting of Estonia, Latvia and Lithuania. The Viségrad countries have a common legacy from being members of the Austro-Hungarian Empire but also a common inspiration from a period of political liberalisation starting in the 1960s called ‘socialism with a human face’. The Baltic countries have a common history of being part of the former Soviet Union and a common political approach some authors call ‘Baltic liberalism’. For example, Nölke and Vliegthart (2009) suggest a new dependent market economy model which they limit to the Visegrád countries. Bohle and Greskovits (2012) even differentiate between three groups: the neoliberal Baltic states, the embedded neoliberal Visegrád states and a particular model which they term Slovenian neocorporatism. Beginning in the late 1990s, Bulgaria and Romania have also advanced towards the neoliberal pattern of economic and welfare state policy (see also Bohle and Greskovits, 2006, 2007, 2009).

Liberal welfare states

In the so-called liberal welfare states – Ireland and the UK – the allocation to a unique care regime is difficult. Yeandle (1999) shows how the UK was a pioneer in supporting carers in the 1960s/1970s but has since fallen back. In the meantime, the UK can be characterised as a ‘dual-earner/marketised female domestic economy’ model. Yeandle states that ‘the refusal of the state to accept the burden of care, especially since the mid-1970s, has forced other solutions on UK families. Among middle-income families there is now extensive use of private and often informal solutions to the burden of housework’ (Yeandle, 1999, p. 102). Various policies of the Conservative Party governments between 1979 and 1997 have changed the face of the UK welfare state and the liberal agenda has since predominated (Price, 2006). Prior to 1997, the UK was a liberal, male breadwinner-oriented nation but financial support was paid to carers and not to the care recipient or nurses, as in Germany (Barkholdt and Lasch, 2006; Daly and Rake, 2003).

The liberal impetus of the care policy in the UK is the privatisation of care as a family responsibility, and in the case of the Carers (Recognition and Services) Act from 1995, family members with considerable care tasks have a right to have their situation assessed to see if they are entitled to receive aid. ‘In many couples, the second earner is a secondary earner. If she is not totally dependent, she is partially dependent on her husband’s employment’ (Joshi, 1995, p. 95). In the UK,

⁴ This group of countries, also known as V4, are still forming a distinct group with mutual consultation and representation in Europe.

carers get help from the wider family, neighbours and friends and are also supported by non-governmental organisations (NGOs) and organisations such as Carers UK (see Lamura et al, 2006 and Anderson, 2004). In this sense, the main actors of care are within families and the private sector.

One particularity of liberal welfare states is that employers are more likely to make a contribution for the reconciliation of work and care through flexible workplace arrangements (Barkholdt, 2007). Among the numerous ways to help working carers are initiatives such as flexible working time, homeworking (teleworking) or job-sharing. Many such practices across companies in Europe were also documented in Eurofound's 2011 report on company initiatives for workers with care responsibilities. Another entitlement to reconcile work and care which is used by family carers in the UK is the right to emergency leave. Ireland is often mentioned along with Mediterranean welfare states – not least because of the strong Catholic tradition (Daly and Rake, 2003). It is not surprising that care, especially in rural areas, is provided by female relatives. Financial aid in Ireland is granted to low-income carers and the public service infrastructure for older people is comparatively weak.

Mediterranean countries

Finally, the Mediterranean countries are characterised by a patriarchal welfare state where it is mainly the women who are the providers of long-term care (Haberkern and Szydlik, 2008; Quattrini et al, 2006). The family is traditionally given the responsibility to take care of relatives in need of care and professional care services are not generally available. Only when no relatives are available to give care does the state provide means-tested support (Pommer et al, 2007). Any financial support in southern Europe comes out of social (health) insurance and tax-financed benefits are practically non-existent (Brandt et al, 2009). The lack of public and private care services, combined with a lack of information on the few support possibilities that are available (Lamura et al, 2006), contribute to care deficits in most Mediterranean countries.

Portugal has the highest rate of female employment in southern Europe and it relies on a mix of familial care and social services (Bettio and Plantenga, 2004) which represents an exception among Mediterranean countries. Greece, by contrast, relies mainly on the female family members to provide care with little additional care support from social services or residential facilities (Mestheneos and Triantafillou, 2005; Leitner, 2007; Pommer et al, 2007). Italy suffers a particularly unfavourable demographic development with a very low birth rate (Bettio et al, 2004; Tomassini and Lamura, 2009). To fill the gap, many Italian families rely on informal and often irregularly employed caregivers from North Africa, southeast Europe, Ukraine and even the Philippines (Bettio et al, 2004).

The employment of migrant workers in home care is very common in southern Europe to overcome the perceived lack of alternatives. According to data from the Organisation for Economic Co-operation and Development (OECD), migrant workers are disproportionately hired for household services; their share among domestic service workers lies between 10% and 20% in the south, compared to 1% elsewhere in Europe (OECD, 2008). As in Poland, many carers in Italy choose to become self-employed to enable them to reconcile work and care. Table 1 showed how a study done by an international consortium of researchers from Europe classified EU Member States in relation to who is legally obliged to look after a disabled relative: the spouse, children or both, or the state or whether this is unclear.

Reconciling work and care in Europe – 5

A cross-national assessment

Instruments for reconciling work and care

Before details are given on the general policy orientation of countries and their efforts to reconcile work and care, an overall assessment is given here of work and care reconciliation in Europe. These different policies, their existence and specification were investigated across the EU28 and form the backbone of this report. Their availability makes it possible first to cluster countries into groups and also to measure the level of overall reconciliation measures.

Most countries have flexible working time entitlements while others have a more protective approach where it is very difficult to dismiss workers with care responsibilities. Only a few countries, however, have more sophisticated leave entitlements and even fewer countries allow working carers the option to take long-term leave while being remunerated.

Question 1 of the comparative analytical report for this study (see Annex 2) asked about the various instruments that countries use to help the reconciliation effort of working carers. Primary among policies are work policies that allow workers to have flexible working time arrangements, flexitime or take leave for a shorter or extended period (paid or unpaid leave), part-time work, and so on. The policies mentioned by the correspondents have to be enshrined in national or regional law or in labour regulations and have to be applicable to all employees (but can also have exceptions, for example being available to permanent employees only), meaning that they represent entitlements, but are motivated by the need for care duties other than parents caring for their children (such as parental leave).

Most of the guidelines that help workers reconcile work and family care duties relate to flexible working time arrangements. Labour law usually offers one or more of the following potential solutions/supports for working carers:

- work adjustments and flexibility in work practices including those allowing for urgent and mostly unforeseen breaks;
- hours reduction (part-time work);
- emergency leave or ‘force majeure’ leave;
- short-term leave of a few weeks;
- long-term leave arrangements (sabbaticals).

There is evidence that a relatively small minority of workers do make use of long-term leave and may prefer flexible adjustments (such as part-time working or other work adjustments), but it may also reflect the downsides of long-term leave which is typically unpaid and represents a considerable loss of income. This reminds us that carers are not just ‘carers’, but have other dimensions to their lives, including their own personal lives, and often childcare on top of their work commitments and care duties towards older relatives. For some people, part-time employment helps to address not just the care needs, but all aspects of work–life balance.

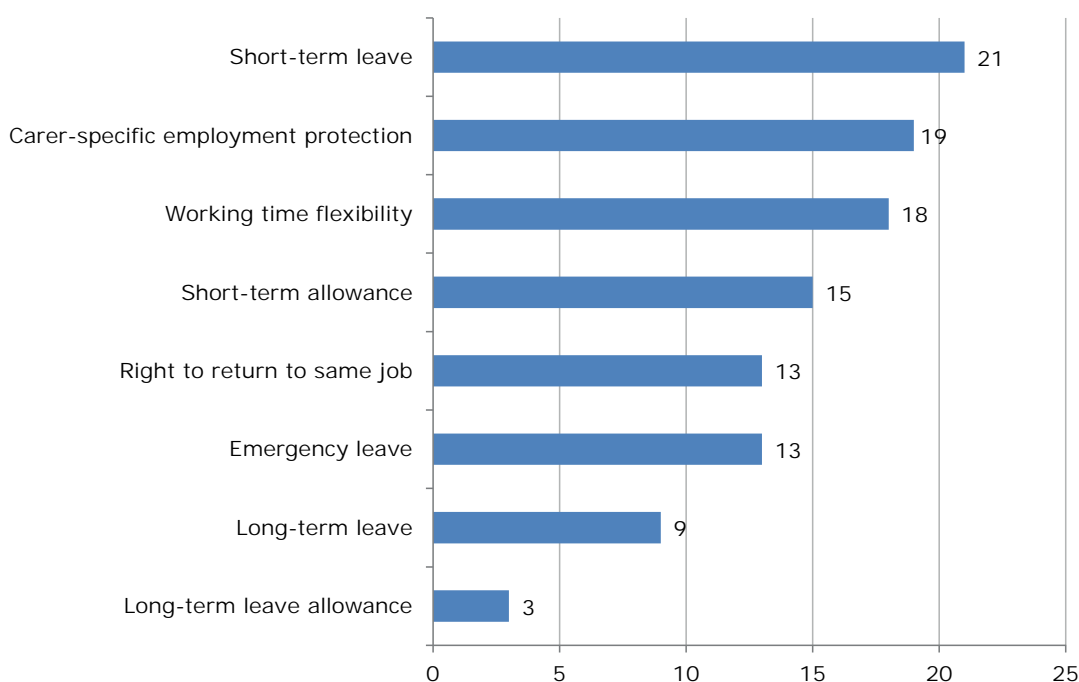
Overall, it is clear that (reversible) part-time employment is an important option that needs to be available for working carers. In addition, measures to protect against the possible downsides of part-time work also need consideration, including the associated income reduction and the possible negative career impacts that may arise. Other types of flexibilities such as term-time working, job-sharing, flexitime and teleworking are seldom covered in employment legislation/regulations and are generally arranged at industry or company level.

Emergencies or ‘crises’ of various types by their nature happen without warning and must be dealt with by the carer. Therefore, working carers need the facility to take time off work at short notice to address such emergencies. This may be an ongoing requirement over a number of years of caring. The concept of short-term ‘filial’ leave (of one month, for example) is a policy instrument to help carers organise the basic help structures needed after an emergency. Many Member States have statutorily defined emergency and short-term family leave provisions, mostly for childcare. In some cases, these can be or have been extended to cases of older relatives with care needs.

Long-term leave usually means a period of mostly unpaid leave ranging from a few months to a few years, enabling carers to concentrate fully on giving care while still having a job to return to when the leave period is over. Evidence from a few countries shows that such leave is available on a statutory basis. Long-term care leave may be the most suitable alternative to combining work with care in cases of high caring intensity and in countries and regions where support services for home-based or community care are insufficient.

In order for these options to be really useful, family carers also mention financial support. If there is a need to stay home to provide care to a relative for a few days, this should not lead to a dramatically reduced income from work. For example, a regulation that would allow 10 days’ paid absence for emergencies, similar to parental leave entitlements, could be a viable solution for both employees and employers. Such a regulation has recently been introduced in Germany but could not be included in this report as it was only available from January 2015. Figure 3 shows the existence of each form of entitlement across countries in Europe. This is the result of questions 1.1 to 1.3 of the questionnaire (see Annex 2).

Figure 3: Types of reconciliation policies in countries across the EU28



Note: The figure shows how many countries have adopted each of the policy types.
 Source: Author’s own elaboration

Use of reconciliation measures across Europe

The most widespread measures are short-term leave (21 out of 28 Member States), carer-specific employment protection (19 out of 28 countries) and working time flexibility (18 out of 28 countries have some form of working time flexibility; see also tables A1 to A3 in Annex 1 for details). Working time flexibility can range from flexible start and finish times to a temporary reduction of hours, teleworking or long-term working time accounts. Short-term leave entitlement is widespread, as discussed above; however, financial compensation is only given in 15 out of 28 countries.

Long-term leave entitlements only exist in nine out of 28 countries while long-term paid leave exists in just three countries. This distribution corresponds roughly to the pyramid of entitlements presented earlier, giving it some empirical evidence. While the pyramid is based on the demand side, what working carers would like to see as policies to support their reconciliation effort, the policies implemented across countries show the supply side of instruments for the support of working carers. It is a good sign that there is a high level of correspondence between the two.

This counting exercise does not, however, inform the quality of the entitlements. In some countries, the leave has to be agreed with the employer and can in principle be refused. It does not say anything about the length of the entitlement, in other words the number of days' leave, either. For example in Austria, the family hospice leave (Law of 2002 amending the labour contract law, AVRAG 2002, amended in 2006, 2014) gives carers the legal right to reduce their normal working hours, to change their work starting or finishing time or to take leave from work to care for a dying close relative or for a seriously ill child. This is an entitlement and cannot be refused by the employer. The notice period is five days and the leave is limited to five months but is renewable.

In Cyprus, provisions for leave on the grounds of force majeure (Law 47(I)/2012 Parental Leave and Leave on Grounds of Force Majeure) grant every employee, upon making an application, unpaid leave on grounds of force majeure associated with urgent family reasons relating to an illness or accident of dependent family members (not only for their own children). The duration of leave on grounds of force majeure is set at a maximum of seven days per calendar year. The entitlements in Austria and Cyprus are considered as emergency leave, but the Austrian regulation is much more detailed. This report therefore not only assesses the existence of a measure but also the level of entitlement and its sophistication, in other words the degree of freedom that a worker has to make use of the entitlement.

Development of a work and care reconciliation indicator

This section draws on the very detailed information provided by Eurofound correspondents to assess how generous the support mechanisms are in each country. Not only is the existence of a particular policy taken into account but also how sophisticated each measure is. When ranking the countries on this dimension, Austria comes out first and most generous while Estonia, the Czech Republic and also the Netherlands rank last with each having one day maximum for emergency leave. Other measures are ranked accordingly.

The method used to compute a reconciliation indicator is explained in detail in Annex 1: Cardinal summary indicator methodology. The following ranking is a metric but does not have a unit, and has to be taken as an indication of work and care balance support: a high number is indicative of a good level of support for working carers and a low number reflects an insufficient level of support. Theoretically the lowest number is zero but the upper limit depends on the number of countries included in the assessment and thus there is no natural upper limit. The indicator obeys all properties of a metric or distance function.

The indicator, however, only reflects the regulatory context for working carers when it comes to national regulations and policies that support working carers. The indicator does not give any assessment on formal long-term care infrastructure

or informal care arrangements, including private or semi-private service providers, charity organisations, the church and similar actors not covered in this report.

In addition, a few cautionary remarks must be made. First, the dimensions chosen here are not exhaustive and only reflect the national legislative frameworks, entitlements that are available for all employees or at least a majority of them, as in some countries fixed-term contracts or part-time workers are excluded or have additional specifications. They do not say anything about the wider context for care as touched upon in the previous sections.

Some countries may not need a high number of reconciliation measures for working carers as their formal long-term care policies and infrastructure already make it easier for those still in employment to provide care (examples include daycare centres, ambulant professional care services and others). This may be the case for Luxembourg and the Netherlands, which rank low on reconciliation but have a good level of formal institutionalised care infrastructure which is provided by public authorities.

Second, another issue worth repeating here is the level of information the correspondents could collect. Sometimes other measures exist on subnational levels or on the level of sectors of industry which are not covered by their assessment. In some countries, it is also not easy to find the required information and differences exist for different administrative levels that are not regulated on the national level. Finally, the accuracy of the data collection cannot always be guaranteed.

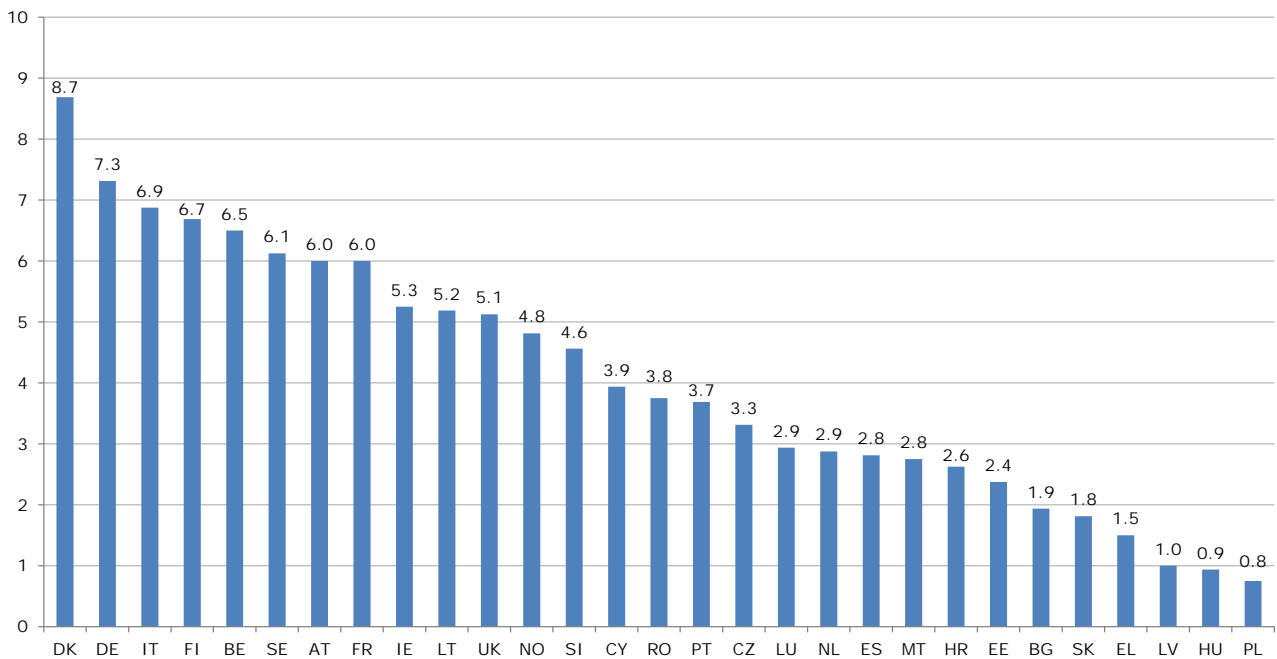
Third, the final ranking of countries is only heuristic and is dependent on the coding and method used. It is clear that the top-ranking countries such as Denmark (8.7), Germany (7.3) and Italy (6.9) are providing a much better and broader range of reconciliation support than, for example, Greece (1.5), Latvia (1.0), Hungary (0.9) and Poland (0.8), but it is not possible to say the same for Sweden (6.1), Austria and France (both 6.0) or even Ireland (5.3) and the UK (5.1) (see Figure 4).

The difference between these countries may be down to the method and coding used and it cannot be said definitively what country has the better policy framework for working carers. Also, in Austria the relatively generous replacement income for care leave is provided by the state while in Germany it is in the form of a loan provided by the employer and/or paid through the care insurance scheme. This detail is not reflected in the cardinal summary indicator. Neither could all the details of national legislation be taken into account – for example, restrictions on who can make use of the entitlement, who the care is given to, and so on.

Figure 4 illustrates the indicator reflecting what level of support workers can expect in each country when they have to give care to a family member while continuing to be employed. Top-performing countries are the Nordic countries Denmark, Finland and Sweden (who already have a good care infrastructure, as seen before) and most continental European countries: Germany, Belgium, Austria and France.

In the mid-range, there is the UK but also Norway, and most Mediterranean countries except for Greece. Performing poorest in support of working carers are all eastern European and newest Member States: Malta, Croatia, Estonia, Bulgaria, Slovakia, Latvia, Hungary and Poland, but also Greece. Spain is also close to the poor-performing countries.

Figure 4: Countries ranked by the generosity level of legal entitlements for the reconciliation of work and care



Source: Author's own elaboration

Clustering work and care regimes in Europe

In addition to looking at the generosity of the support measures on a linear continuum from low to high, it is also possible to classify countries according to the mix of measures they have implemented to support carers, to add a qualitative dimension to the study. This exercise is also different from the country grouping as presented above, in order to introduce similarities in policy developments to help workers with care duties. A cluster analysis over the items that were used to build the indicator yields a three-cluster solution (Table 5).

The first cluster represents countries that have a fully developed policy regime for the reconciliation of work and care. These countries have well-developed and extended leave entitlements for working carers, especially emergency leave and both short-term and long-term leave, and both come with income replacement. In addition, most of the countries in the first cluster have a good level of working time flexibility and employment protection for carers. The cluster consists of Denmark, Germany, Finland, Belgium, Sweden, France, Austria, Ireland and the UK but also Lithuania. They have developed policies in three fields: working time flexibility including teleworking, emergency leave and a high level of employment protection for carers. Most of these countries are also found among the top-ranking countries when considering the reconciliation indicator discussed above.

A second cluster groups countries that can be labelled 'partial care' regimes. The main characteristics of these countries are a combination of short-term leave, with or without income replacement, and employment protection for working carers. Italy stands out here, as the mix of instruments resembles more this latter group while the level of provisions by the healthcare insurance is high, similar to Germany. Italy does not have a high level of working time flexibility and no emergency leave entitlement but has both a short-term (although not very generous at 36 days) and a relatively generous long-term leave policy for working carers. Italian workers are protected from layoffs and are entitled to go back to their original job after a care spell. The nexus which links these countries is more employment protection, which leaves the employee and their employer room for negotiation on how to deal with the care duties or through mainly short-term leave

entitlements. This cluster also includes Croatia, Norway, Luxembourg and Slovenia and, on a lower level of sophistication, Estonia.

A third cluster groups countries that rely mostly on flexible working time arrangements. None of these countries has a long-term leave entitlement and all other entitlements are not well developed, with low-level leave entitlements if any. Employment protection for working carers is also underdeveloped. Most of the Visegrád countries are among this group; for example, Slovakia offers a good level of working time flexibility, part-time working and even teleworking, but no other measure. Only the Czech Republic offers other entitlements, but on a low level: one day of emergency leave and one day of short-term leave. Poland only provides the right to reduce working time and flexibility of working hours. The poorest-performing countries are Bulgaria, Slovakia, Greece, Latvia, Hungary and Poland.

Table 5: Heuristic classification of national reconciliation strategies across EU28, by ranking

Generosity of carer support (Reconciliation indicator)	Full-fledged care regimes based on extended leave entitlements, work flexibility and protection	Partial care regimes with short-term leave entitlements and protection of working carers	Residual care regimes mainly based on flexible work (time) organisation only
High (top 25%)	DK, DE, FI, BE, SE, FR	IT	
Medium (50%)	AT, IE, LT, UK	NO, SI, LU, HR	CY, RO, PT, CZ, NL, ES, MT
Low (bottom 25%)		EE	BG, SK, EL, LV, HU, PL

Author's own elaboration

If the countries are reduced to three groups according to the generosity of carer support on the one hand, and classified by the nature of the primary reconciliation strategy as developed above on the other hand, it is possible to construct a matrix with nine cells, as in Table 5.

The best performers are to be found in the top left cell: Denmark, Germany, Finland, Belgium, Sweden and France. These countries have a high level of carer support or generosity and a broad range of intervention policies to help workers reconcile care and job demands. On a slightly lower level but not so well-performing are Austria, Ireland, Lithuania and the UK, which still have a broad range of entitlements to reconcile work and care but not as sophisticated as the former group.

Countries which can be called partial care regimes are either low in their entitlements or have a much reduced number of policies to help the reconciliation of work and care. Mostly a combination of working time flexibility, short-term leave and emergency leave is used by this group to ease the reconciliation task.

With the notable exception of Italy, all these countries are performing at an average or below average level when considering the outcome as measured by the reconciliation indicator. Estonia is the only country in this group that has a low performance; however, on the reconciliation level Estonia comes right after Croatia but performs much better than any of the countries with low outcome in the flexible work care regimes in the final group of residual care regimes.

Care regimes mainly based on working time flexibility, that is 'residual care regimes', include the Visegrád countries, Cyprus, Portugal, the Netherlands, Spain and Malta. These countries are only average when it comes to the outcome level. It is noteworthy that the Netherlands is among this group. However, as discussed later in this report, there are initiatives among the social partners and at company level in this country.

The government in the Netherlands provides a wide range of formal professional care institutions, so that there is less necessity for relatives to look after their elderly and disabled parents. It must also be pointed out that the traditional instrument in the Netherlands to help reconciliation is flexible working time and part-time work, and thus not many other instruments have been developed. There are many new developments in this field in the Netherlands at the moment, which might mean that this country will soon improve its situation.

Former socialist countries such as Bulgaria, Slovakia, Hungary and Poland are also among the care regimes based on flexible work and are among the lowest-performing countries in work and care reconciliation. For example, in Latvia there is only employment protection for workers with care duties, in Poland there is only the possibility of making use of working time flexibility, and in Hungary only the right to return to the same job for carers after a sabbatical is guaranteed.

As a final note, and to complete the picture of the different reconciliation regimes, leave entitlements, flexible work organisation and the protection of carers can also be seen as functional equivalents or functional alternatives (Merton, 1957, pp. 33–34), even if their effect is not always the same. In this sense, switching from object to subject of the analysis, the present analysis uses the functional method to compare equivalent solutions to the same problem, which is combining care duties with work requirements. The idea of functional analyses is to open a limited field of comparisons (Luhmann, 1991, p. 13). This type of analysis is known as ‘equivalence functionalism because it studies solutions in the light of other solutions. [...] What is compared in this sense is not identities, countries, companies or the like, but solutions’ to an identical problem (Luhmann, 1979: cited in Knudsen, 2010).

All three options – leave, working time flexibility and employment protection – help the reconciliation effort in a different way and with different levels of success, but also at different cost levels. Leave entitlements with income replacements are of course more costly than introducing working time flexibility. Protecting workers with care duties from dismissal also represents a potential and substantial cost to employers as they will have to make some sort of concession they would otherwise not have to. Accordingly, employers are often forced to accept their employee’s choices and manage the consequences, replacements and the arrangement of the production processes. It is, however, important to note that for many companies the most important resources are its people and their level of knowledge, skill and competence. Losing a good employee may also represent a substantial loss for a company.

In most circumstances, therefore, it is much better for both sides to find a mutual agreement that has advantages for employers and employees. After all, a company will want to keep employees as it has invested in them, just as employees have also invested in their skills and networks and would prefer to keep working for their long-time employer. For companies, being innovative and competitive involves nurturing and making the best use of their human capital, looking for more effective patterns of work organisation, and identifying and dealing with issues that affect workers both in the workplace and in their attempts to achieve a balance between work and other commitments. Innovative approaches to these questions can lead to ‘win-win’ strategies – ones that have pecuniary benefits as well. The next chapter provides a detailed overview on the instruments used for the reconciliation of work and care by country.

Policy instruments to support working carers at national, sectoral and company level 6

This chapter describes in more detail the policies that exist on macro, meso and micro level in support of working carers. The policies taken into account to build the previously presented indicator and the typology are presented, in addition to other measures such as agreements between social partners and company-level examples of good practice. Further, the motivation of such policy developments by demographic change is highlighted if there is any such link. And finally, the positions and opinions of the social partners to the issues at stake are also given.

Nordic countries

Denmark

In Denmark, legislation regulating the right to provide care to ill or dying relatives has been in place since the beginning of the 21st century. The right is basically contained in two laws that furthermore are incorporated in the largest collective agreements as protocols. The provisions of the laws and the agreements give employees the right to obtain leave with the purpose of giving care to a very ill or dying person. Working carers reach an agreement with their employer on the terms of their leave, while the local municipality pays the employee remuneration during that period.

Legislation

Temporary leave – Act No. 904 of 18 August 2011: Act on social services (Serviceloven), section 118 – Paid leave of absence for care of seriously ill or disabled relative/connected person;

Act on social services, section 119 – Paid leave of absence for terminal care of relative;

Act on social services, section 84 – Relief in connection with care of ill relatives.

According to section 118 of the Act on social services (Serviceloven), paid leave of absence for care of a seriously ill or disabled relative at home is granted for a maximum period of six months. If the employer agrees, the period can be divided into smaller periods. The carer is temporarily employed by the municipality of the relative. The maximum salary is DKK 20,565 (2013) or €2,742 a month. The person cared for must be deemed to be in need of full-time care and attention by a deciding doctor and this decision must be approved by the municipality.

Section 119 of the Act on social services regulates paid leave of absence for terminal care of a relative at home. It is a general requirement to provide care for the terminally ill in cases where a doctor has determined that hospital treatment is futile, and the estimated survival time for the patient is between two and six months. There is no specific time limit on how long care is to be provided. In this context, help can be provided as long as the statutory requirements are satisfied, including the condition that the dying person needs care. Application for remuneration is addressed to the municipality. The carer is not employed by the municipality in this case, but will receive their remuneration from the municipality. In section 84 of the Act on social services, relief in connection with care of ill relatives is offered, similar to the two support measures described above but specifically if a spouse or other close relatives help a family member in need of care, the carer can apply to the municipality for relief or replacement. Care requirements can be necessitated by both physical and mental disabilities. This kind of help can be decisive in enabling the carer to remain at home.

In addition, Council Directive 96/34/EU of 3 June 1996 on the framework agreement on parental leave concluded by UNICE (now BusinessEurope), the European Centre of Employers and Enterprises providing Public Services (CEEP) and the European Trade Union Confederation (ETUC) has been implemented in the trend-setting collective agreement for the private sector. Paragraph 3 of the protocol refers to the Danish Act on social services about support in connection with care for seriously ill persons at home and states: ‘the parties to the agreement agree that requests for leave are accommodated to the widest possible extent to employees who want to care for relatives’ (Industry Agreement, protocol 12). The provisions in the collective agreement do not go further than the laws, but on the contrary implement the laws. All employees who decide to provide care to a relative get full coverage of social benefits like healthcare and pension entitlements. If the carer receives public social benefits these will be annulled during the period the carer receives the care remuneration.

Trade unions’ concerns focus more on strengthening public care, which in Denmark is already substantial compared with most other countries in Europe. A core issue is to find a balanced combination of formal and informal care so that fewer employees have to take leave for care purposes. There is a debate in Denmark about ‘demographic change’ in relation to sustainable public social services in combination with keeping older workers in the labour market for longer.

There are no other examples of sectoral bargaining agreements⁵ about reconciliation of work and care in Denmark. The existing rules seem to be flexible enough – easy to decide at workplace level and the financial support by the municipality prevents income loss during care time that is neutral for employers.

Finland

Combining paid work with care for disabled children or older family members has gained increasing attention in recent years in Finland. According to the Employment Contracts Act (55/2001), employers must organise work so that an employee can make use of a fixed period of absence, if such an absence is necessary to provide care for members of the employee’s family or other relatives. Schemes such as semi-retirement, part-time work, career breaks, work-sharing and job alternation schemes can be used to make care of a partner more manageable.

Legislation

Chapter 4, section 7a of the Employment Contracts Act (55/2001) (Caregiving unpaid work): the employer must organise the work so that the employee can have a fixed period of absence;

Amendment to Employment Contracts Act 2011: entitles working carers to take extended unpaid care leave.

⁵ In Denmark, company agreements are not registered at any level. Therefore, it is not possible to register whether job-sharing, job rotation or flexible working time within self-organised teams have been used to help employees to accommodate their care duties. It is not unlikely, but the sector organisations to the sectoral agreement that links to the company agreement are not necessarily informed about this kind of local/individual agreement.

Working carers often strike informal arrangements with their employers to balance working time with care needs. Such arrangements can include:

- working from home;
- adjusted or flexible work schedules;
- short leave (as distinct from annual holidays or unpaid breaks);
- flexitime;
- substitution of holiday bonuses for free days;
- negotiation with colleagues about working hours.

Employees who have been employed full time by the same employer for at least one year can conclude a written agreement with their employer whereby their employment relationship is suspended for a specified period (Job alteration leave Act 1305/2002). The period of leave is at least three months and at most a total of 359 calendar days (about a year). Flexible working arrangements based on company-level agreements are possible as part of the job alteration leave since 2010. Those who decide to work part time for caring reasons are eligible for a part-time allowance from the Employment and Economic Development Office, but this needs to be agreed with the employer. Employer and employee have to negotiate flexible arrangements and agree on solutions such as teleworking, flexible working hours, part-time pension or additional holidays. However, even though the employer must consider the claim, there is no legal requirement to agree to an arrangement. According to the legislation, an employer must allow unpaid leave for employees who need to provide care to a relative. In addition, employees have a right to return to the same job after the leave.

Municipalities are responsible for long-term care services and employ family caregivers directly and remunerate them during care periods. Salaries vary across municipalities but they include a minimum regulated amount in Finland (€336 per month in 2009). In-home respite care is not publicly financed and users need to pay the full costs. There is no system of statutory compensation or particular funds for working carers, but employee and employer can reach an agreement.

Collective bargaining provides another framework for reconciliation of work and care, especially concerning flexible working hours. Furthermore, local-level bargaining and company-level agreements often offer several kinds of flexible working time arrangements with the purpose of enhancing the work–life balance for working carers. These locally agreed policies for reconciling work with care responsibilities can be categorised into flexible working hour arrangements, workplace facilities, and the provision of information and advice to employees.

The Confederation of Finnish Industries (EK) strongly favours flexible working time arrangements that can also help facilitate employees' work–life balance. By favouring different kinds of flexible working time arrangements, employers are facilitating the reconciliation of work and care for their employees. Companies also use different practices to support their staff with care obligations, such as job alteration leave, reduced working hours, telecommuting, flexible working hours and unpaid leave. The most important channel to offer arrangements to organise reconciliation is flexible working time. There has been a discussion about introducing a Swedish model of care allowance in Finland, according to which an employee gets compensation through the health insurance system for absences from work to care for a seriously ill relative. This has not been conclusive as yet.

Sweden

The ability to reconcile work and family life in Sweden is to a large extent guaranteed by national law. Employees have legal entitlements to go on emergency leave, longer temporary leave for long-term care, and the possibility to reduce working hours. Collective agreements sometimes go beyond the legal entitlements.

Legislation

Temporary leave/Flexible working time Act (1998:209) on the right to leave for urgent family reasons;
Chapter 5 of the Social Services Act (Support and assistance for people who are caring for a relative);
Temporary leave Act (1988:1465) on temporary leave for family care.

An employee in Sweden is entitled to time off from work for ‘compelling family reasons’ (Temporary leave/Flexible working time Act (1998:209)), such as a relative’s illness, accident or funeral, which makes the employee’s immediate presence indispensable. The law does not prescribe any time limit, minimum or maximum, for the leave. The extent of the entitlement to leave for ‘urgent family reasons’ is usually regulated by collective agreements and commonly applies to the spouse, cohabitant, registered partner, children, grandchildren, siblings, parents, grandparents and in-laws. The Social Welfare Board (Chapter 5 of the Social Services Act) provides assistance for people who are caring for a relative with a long-term illness or is elderly, or who are supporting a relative with disabilities. An employee who cares for a seriously ill relative is entitled to temporary leave from work while receiving income compensation for the time not at work (Temporary leave Act (1988:1465)). Compensation of almost 80% of the salary is paid for no more than 100 days in total.

There is also a vast range of sectoral collective agreements in Sweden and almost 90% of the workforce is covered. Most collective agreements build on legal entitlements to arrange work around the duty to care for a relative or a disabled child, but do often grant further rights to employees. For example, public employers compensate for the loss of income beyond what is paid by the Swedish Social Insurance Agency (Försäkringskassan), so that the employee receives 90% of their salary (Arbetsgivarverket, 2006). Most collective agreements grant employees the right to go on paid leave, according to Act 1998:209. In some agreements, the entitlement is amended and includes temporary leave for the passing of a relative, funerals, as well as travel to and from funerals (see for example Handels, 2013; Unionen, 2013a and 2013b; Järnvägsinfrastruktur, 2013; Gelin, 2013). Agreements covering local municipalities and counties limit the number of days with permission to 10 days, but grant the right to leave but without pay from day 11 onwards (Gelin, 2013).

Several sectors have enhanced agreements regulating flexible working hours if the type of work allows it. On the one hand, many employers and their organisations are open to working time flexibility, for example on a yearly basis, but are cautious about additional costs this may represent for employers. A good example of this is ‘trust working’, where employees freely regulate their own working hours, as long as they work enough hours per week or year. On the other hand, unions belonging to the Swedish Confederation for Professional Employees (TCO) generally believe that there will be a greater need to include work and care issues in future collective agreements. Some unions demand greater protection from income loss to make sure that employees with higher salaries will also opt for care leave. The Union of Service and Communication Employees (SEKO) believes that matters have deteriorated because recently they have been defending existing rights rather than fighting for increased rights.

In a general way, in Sweden, employers try to meet the needs of their employees, even when this is not formulated in collective agreements. Many employers offer some type of working time flexibility. Some offer the option of working from home.

Continental Europe

Austria

Legislation implemented on 1 January 2014 in Austria introduced measures facilitating the reconciliation of work and care. Two new measures were introduced: nursing care leave for employees caring for close relatives, and part-time work for carers. Both measures entitle the carers to claim income-dependent leave benefit in line with unemployment benefit. However, the measures depend on the employer's consent. A further measure, so-called family hospice care, which had been in place for several years (and did not have any income compensation), has now been updated with the same income compensation model as the two new measures above.

Legislation

Nursing care leave Law of 2013, amending the labour law (ARÄG 2013), implemented on 1 January 2014, gives carers with written consent from their employer the right to take leave to provide full-time care for a close relative in need;

Family hospice leave Law of 2002 amending the labour contract law (AVRAG 2002) gives carers the legal right to reduce their normal working hours, to change their working hours or to take leave from work to care for a dying close relative or a seriously ill child;

Part-time work for carers Law of 2013 amending the labour law (ARÄG 2013), implemented on 1 January 2014, gives carers the right to reduce working hours to a minimum of 10 hours a week to provide full-time care for a close relative in need.

In the case of nursing care leave,⁶ the duration of part-time work in the context of the part-time work for carers law (ARÄG 2013) is between one month and a maximum of three months. The person to be cared for needs to qualify for long-term care allowance at level three (according to the Austrian Care Allowance Act BPGG) or above (there are seven allowance levels). If the person in question is an ill or disabled child, or suffers from dementia, a long-term care allowance level of one is sufficient. After the three-month leave period is over, another relative can start his/her three-month leave. The nursing care leave can be renewed under certain conditions but the maximum total duration of leave for one person to be cared for is 12 months.

Under the Family hospice leave law⁷ (AVRAG 2002), changes to the normal working time (in other words, reduction of working hours, changing of roster or taking leave) are at first limited to a duration of three months but this period can

⁶ The introduction of nursing care leave and part-time work for carers was a government initiative (Austrian People's Party (ÖVP) and Social Democratic Party of Austria (SPÖ) coalition). However, the government delegated the elaboration of the measures to the social partners who were therefore heavily involved in the design of the measures. Nevertheless, while the government programme proposed a legal entitlement to part-time work for nursing care, this was not incorporated into the law due to opposition from the employers' side. The measure was specifically introduced in the face of demographic change to provide employees with the opportunity to temporarily care for their family members and to organise professional care while not losing their attachment to the labour market.

⁷ Family hospice leave was introduced in 2002, during the period of a right-wing coalition government (ÖVP-FPÖ coalition) between 2000 and 2006, when the influence of the social partnership had declined markedly. The formerly privileged position of the social partners and their involvement in policymaking was greatly curtailed. Instead, bills were introduced via ballot initiative in the parliament, preventing the social partners from articulating their interests. Thus, the programme was introduced by the federal government without social partner consultation. Demographic change was not addressed specifically in this case.

be extended to six months (this applies when a close relative is dying). For the care of a seriously ill child, the initial duration is limited to five months, to be prolonged to nine months. Written notice has to include the starting date and duration is to be given to the employer five days before the start of the leave or roster change. The person to be cared for has to be a close relative, for example a spouse and his/her children; parents; grandparents; adoptive and foster parents; children; grandchildren; stepchildren; adoptive and foster children; partner (homosexual and heterosexual) and his/her children; siblings; parents-in-law; sons- or daughters-in-law.

Under the part-time work for carers law (ARÄG 2013), the allowance ranged between €154.20 and €1,655.80 per month in 2013. If the person in question is an ill or disabled child, or suffers from dementia, a long-term care allowance level of one is sufficient. If the health condition of the person cared for has deteriorated, the person who has already provided (and interrupted) care may apply for a second time. The maximum total duration of part-time work for one person to be cared for is 12 months. The person to be cared for has to be a close relative of the caregiver, as defined above.

In the largest collective agreement in the social and health service sector, which covers about 120,000 employees (with a large female proportion), unpaid nursing care leave with a minimum duration of two months and a maximum duration of 12 months was implemented for the first time in 2013. In the collective agreement for employees in the retail sector, the framework conditions were improved in 2012 so that it now includes the crediting of 10 months of family hospice leave.

Social partners were heavily involved in the design of the nursing care leave and part-time work for carers so that the bill was finally based on a proposal agreed on by the social partners, which shows that there is a great deal of consensus in the matter between social partners. The demand from employees' organisations – Chamber of Labour (AK) and Austrian Trade Union Federation (ÖGB) – to legalise the nursing care entitlement was met with heavy opposition from the Austrian Federal Economic Chamber (WKO) and was eventually not incorporated into the bill.

Belgium

In the 2000s, the Belgian social partners signed national collective agreements that created new schemes, in particular time credits, which are also designed to help reconcile work and family life. Time credits complement existing measures, like the thematic leave introduced in the 1990s by new legislation to specifically address the tough situation of working carers.

Legislation

Time credit (2001, modified in 2012), National Collective Agreement no. 103 of the National Work Council (Conseil National du Travail – CNT/Nationale Arbeidsraad – NAR) gives employees the opportunity to have a full-time or part-time career break or a one-fifth working time reduction;

Career break for palliative care (1995) implemented by Royal Decree of 22 March 1995 enables an employee to assist a member of their own family at the end of their life;

Medical care-based career break (1999), according to a law of 12 February 1999, allows employees to leave their employment temporarily to provide care for a second-degree relative in need of care and attention.

Breaks or working time reduction using time credits can be used in particular to give palliative or medical care to a person in need, whether a relative or not. The time credit is limited to a maximum of one year for full-time leave, two years for part-time leave, or five years for those working one-fifth of the normal working week. An employee applying

for a non-justified time credit must have worked at least five years in total and two years with their current employer and must have been employed full time over the previous 12 months. To make use of part-time leave, employees must have been employed on a three-quarters basis during the last 12 months. For employees aged over 55 years who have already worked for a period of 25 years, two more specific schemes exist:

- the part-time end of career time credit is a right that can be mobilised by every older worker under the condition that he or she has worked on a three-quarters basis or more throughout the last 24 months;
- the four-fifths end of career time credit is available to older workers with a full-time job during the previous year.

Designed as early retirement schemes, these schemes are likely to be used by older workers whose parents are at the very end of their life. The maximum duration for part-time and one-fifth leave options is 24 months. The only caveat is that in enterprises with fewer than 10 employees, these specific time credit schemes require the approval of the employer.

The maximum duration of a full-time career break for palliative care is two months and is available to all employees who provide a certificate from a doctor testifying that the care receiver is in the terminal phase of an incurable disease, and the person cared for does not have to be a member of the family.

Minimum and maximum durations of the medical care-based career break are respectively one and 12 months. All employees providing a certificate from a doctor proving the necessity of care can make use of the medical care-based career break. Relatives covered by this type of leave are close relatives such as parents, grandparents, children, grandchildren and siblings.

At the sector level, social partners managed to reach agreements dealing with reconciliation of work and family life. Further, bipartite joint committees offer more room for negotiating tailored frameworks. Most sectoral agreements have extended the time credit duration to two, three or five years.

Teleworking has become an important element of unions' requests. On 9 November 2005, social partners signed the first National Work Agreement (No. 85) on teleworking, which defines the respective responsibilities of a homeworking employee and his employer.

The Federation of Enterprises in Belgium (Fédération des Entreprises de Belgique – FEB/Verbond van Belgische Ondernemingen – VBO) has since 2010 advocated reducing the financial burdens of time credit schemes.⁸ Since then access criteria have become more restrictive for older workers. However, unions succeeded in softening the government's initial reform of end of career leave. This also explains why increased pressure is exerted by unions at sector level to get new rights on thematic or time credit career breaks.

⁸ In mid-2010, the Federation of Enterprises in Belgium (FEB-VBO) started a campaign to investigate time credit schemes. According to FEB-VBO, most time credit leave is taken by older workers and used as a means to wait out early retirement. FEB-VBO also criticised time credits as being inconsistent with the government's willingness to reduce early retirement and to extend working life. The new National Work Agreement No. 103, signed on 27 June 2012, does not, however, affect the thematic leave (parental, palliative and medical).

Germany

Demographic change and its implications – for example, a shortage of skilled labour due to a shrinking young workforce and retiring baby boomers and the rising costs for care services in an ageing society – were the major driving force behind the reform of the statutory care system in Germany. Since 2008 a number of laws have been enacted. These include the Care Leave Act (2008) and the Family Care Leave Act (2012), both of which seek to provide better opportunities for employees to reconcile work and care. Nevertheless, unions and employers' associations alike are calling for changes to the German statutory care system although supporting very different schemes.

Legislation

Temporary care leave/flexible working time, Care Leave Act (Gesetz über die Pflegezeit, PflegeZG): Unpaid leave for up to 10 days in the case of sudden care needs arising for close relatives (employees on care leave can take on care responsibilities themselves or use the time to organise care services);

Care leave/flexible working time, Family Care Leave Act (Gesetz über die Familienpflegezeit, FPfZG): enables employees to reduce their working time to deal with care obligations at home.

In 1995, the statutory care insurance was introduced as the fifth pillar of the German social security system and relevant legislation was embedded in Social Security Code XI. However, other subordinate or related laws regulate the implementation of statutory care services, entitlements and responsibilities in detail. While working time reduction and leave are regulated by the Care Leave Act, the Advancement of Care Services Act details the care services/entitlements for all claimants of the statutory care insurance.

In cases of longer care periods to care for close relatives, working carers can make use of temporary care leave or flexible working time (Care Leave Act) or take leave (either full-time or part-time leave) of up to six months. This applies to all employees working for employers with a minimum of 16 employees. Close relatives are defined by law as parents, grandparents, spouses, partners in consensual unions, siblings, children, adopted or fostered children, spouse's children, grandchildren, sons- and daughters-in-law.

Care need is defined by law when a person is suffering from a physical, mental or emotional disease or disability to such a degree that support in daily tasks is needed (and foreseeably for at least six months). German law defines three different levels of care for persons who have considerable (level I), very high (level II) or extremely high care needs (level III). To make use of such care leave, an employee must provide the employer with a medical certificate attesting the care need of the close relative. In the case of longer leave (over 10 days), this certificate must be issued by the Health Insurance Medical Service (MDK) of the statutory health insurers or the corresponding service unit of the private health insurers.

In Germany, those in need of care and their close relatives can apply for the so-called care allowance (Pflegegeld). The care allowance is therefore not a direct earning replacement, but is nonetheless meant to support those in need of care and their relatives taking care of them. Applicants receiving a cash allowance decide themselves how to spend the funds, either paying for a formal care service or using it as an additional family income supporting informal caregivers. Apart from the care allowance scheme, workers taking family care leave and their employers also receive assistance. If employees wish to reduce their working time during family care leave from 100% to 50%, they will continue to receive 75% of their former full-time wage during their leave. After returning to work, employees continue to work full time while also receiving 75% of their full-time wage until their working time account is balanced. To top up employees' pay by 25% during family care leave, employers can apply to the Federal Office for Family and Civil Affairs for an interest-free loan advancing the difference.

Reduced working time, according to the care leave/flexible working time provision in the Family Care Leave Act, must not fall below the threshold of 15 hours per week and applies for the care of close relatives only. In the case of irregular working hours, the minimum working week of 15 hours is calculated as an average within one year. Family care leave is supported by public funds in that employers can apply for an interest-free loan if they top up the monthly wage of the employee during the leave (see above). There is no legal entitlement to such leave.

During family care leave, employees in jobs liable to social security contributions remain covered by statutory social security, but their contributions are adapted to their reduced wages. Rules on social security benefits during care leave differ from case to case, depending on the working time arrangement the employer and the employee agree on. Generally speaking, if an employee takes on full-time care responsibilities and reduces their working time to zero hours, the employer will sign off the employee with the statutory social security insurers. In this case, the employee on care leave is usually covered for health and long-term care risks by what is called family insurance, in other words they are automatically included in the statutory health insurance of another member of the family. If this is not possible, the employee must insure him- or herself in a default scheme. Persons caring for a relative for at least 14 hours a week are insured by the statutory pension scheme. Contributions to the statutory unemployment insurance are borne by the statutory care insurance during care leave. According to section 5 of the Care Leave Act and section 9 of the Family Care Leave Act, employees on care leave or family care leave cannot be dismissed by their employers during their leave.

A recent document by the Hans Böckler Foundation regroups collective agreements (Klenner et al, 2013). Several sectoral collective bargaining negotiations have included the issue of demographic change and carer support provisions. As early as 2006, the Steel Employers' Association (AGV Stahl) and the German Metalworkers' Union (IG Metall) signed an agreement on the industry's response to demographic change. The metal industry collective agreement establishes long-term working time accounts for individuals in connection with parental leave. Hours worked beyond the collectively agreed working hours (up to five hours per week) may be accumulated in long-term time accounts and used in connection with care duties.

In 2008, the Mining, Chemicals and Energy Industrial Union (IG BCE) and the German Federation of Chemicals Employers' Associations (BAVC) followed suit with a collective agreement on working life and demography which was amended in 2012. In the chemical industry, demographic funds were agreed upon which allow for the organisation of working time over the life course, including paid leave entitlements for different family needs.

Previously, a fund for 'life course adequate working time allocation' (Fonds zur lebensphasengerechten Gestaltung der Arbeitszeit, valid from 2013) was agreed collectively by the eastern German chemical industry. This instrument is designed to support working life in conjunction with family life adjustments, particularly in relation to dealing with age-related caring duties. A similar agreement in the plastics industry came into force on 1 July 2008. For the eastern German chemical industry, another agreement on life cycle-oriented working time took effect on 1 January 2013.

Partial retirement schemes are also prevalent in the metal and electrical industry and can be used by workers nearing retirement to reduce their working hours. Though the relevant agreements do not mention improving the reconciliation of care and working life, workers can use such arrangements in this way. This is a typical example of an implicit policy.

Both employer organisations and unions are aware of the need to reform the statutory care insurance in Germany, but hold different views on the subject. In 2007, the German Confederation of Trade Unions (DGB) called for a care law stipulating a legal claim to short-term leave in cases of sudden care obligations and a right to return to the workplace afterwards. Employees with care obligations were not to be disadvantaged in their working life (for example, by lower social security protection during care leave, or weaker protection from dismissal or non-employment) but vested with the corresponding statutory rights. However, the DGB did not call for long-term leave, believing that this weakened

employees' employment prospects. The DGB criticised the Family Care Leave Act as ultimately introduced for its failure to establish a legal right to care leave and for its requirement that employees insure themselves against death or incapacity to work during their leave.

Employers hold a different view of the matter. In the run-up to the adoption of the Care Leave Act in 2008, the German Confederation of Employers' Associations (BDA) rejected any claim to paid care leave. Instead of a legal entitlement, employers sought a law that offered the option of voluntary, individual arrangements at the establishment level (including the possibility to reject requests for care leave for operational reasons). With regard to the Care Leave Act and the Family Care Leave Act as finally passed, the BDA welcomed the fact that no legal claim to care leave had been enshrined in national law.

Companies⁹ and their employees deem flexible workplace arrangements important when it comes to successfully reconciling family life and work. Two examples illustrate the arrangements possible at company level. First, at the German Railways Company (Deutsche Bahn – DB), a collective agreement on demographic issues is in place. Concluded at the end of 2012, the agreement includes several provisions for workers entitled to family care leave. The company seeks to stay in touch with workers during their leave. Other measures (offered to all employees) can also be used by carers. These include long-time working accounts, part-time work or (alternating) telework.

Second, as far back as the 1990s, the German statutory pension insurance institution Braunschweig-Hannover (DRV) concluded an agreement on working arrangements (Dienstvereinbarung) aimed at reconciling work and family life. Employees taking on care responsibilities for a close relative can apply for a home office/telework. After consultation with their superior, employees taking advantage of this offer can choose their teleworking time freely between 06.00 and 20.00. In addition, employees agree with their colleagues working in the office the times when they will definitely be available at home. As well as job-sharing and part-time work, DRV also offers seminars on working time and stress management.

Both employer organisations and unions have presented proposals for changes to the German system of care leave. On the union side, the DGB calls for the Care Leave Act to be amended as follows:

- in cases of sudden care leave, the employee should continue to be paid for up to 10 days;
- during a six-month care leave period, employees should receive replacement income.

In the DGB's view, the present arrangements discriminate against low-wage earners and part-timers who are usually not in a position to forego earnings and therefore have less incentive to take care leave. In addition, the DGB proposes a different financing scheme for statutory care and healthcare, supporting the introduction of a so-called citizens' insurance (Bürgerversicherung). The DGB also calls for the inclusion of civil servants, the self-employed and other groups currently not contributing to the insurance.

⁹ In summer 2012, 1,556 companies, represented by managing directors or personnel department heads, took part in the online survey of the fourth Company Survey on Reconciliation of Work and Family Life. The results indicate that 54.7% of companies supported employees with children or care duties with at least one measure in 2012 (Stettes, 2013). Concerning care, companies offered the following measures in 2012: working time reduction for a limited period as stipulated by the Family Care Leave Act (26.8%), leave of absence if relatives needed to be cared for (26.6%) and care services (3.1%). In addition, 21.1% of the companies offered telework, 20.4% flexible annual or lifetime working time accounts and 11.1% job-sharing arrangements.

Firstly, changing or adapting workplaces to the needs of an individual employee with care duties is often easier for bigger companies. Sizeable companies have a greater number of different tasks that need to be performed and therefore more options to offer if an employee seeks to change work content and environment. Secondly, a better cost–benefit ratio can often be achieved when it comes to setting up measures for employees. The BDA has responded to the German government’s redoubled efforts at reform and the calls from the unions for a completely different system of care insurance in Germany with the following views:

- **Financing:** Costs for the statutory care insurance need to be separated from employment relationships. Employers currently pay a certain share into the statutory care insurance for every employee in a job liable to social security contributions. The BDA instead suggests introducing a scheme in which employers pay their current share directly to employees and not to the statutory care insurance. Employees would then pay a care insurance premium independent of their income to a care insurer of their choice. Social protection for those on low incomes should be publicly funded.
- **More competition:** The BDA rejects the idea of ‘one care insurance for all’, often referred to as ‘citizens’ insurance’, and calls for more competition among a wide range of care insurers (similar to the system of health insurance in Germany, where different statutory health insurance and private insurance institutions compete for customers). In the view of the employer organisation, statutory care insurance should focus on providing the core services with an excess/deductible payable by the insured. This would increase insured customers’ sense of personal responsibility, stimulate competition among different insurers and reduce costs.
- **New definition of care (needs):** The BDA welcomes any new definition of those in need of care which reduces the current inequalities between the different groups of care patients. However, they insist that any changes in definition (and any subsequent increase in the number of those eligible for care services) would need to be realised in a ‘cost-neutral way’.
- **On a general note,** the BDA believes that care needs in the family are outside the realm of employers and do not agree with them having a role to play in this. Long-term care, according to the BDA, should be the responsibility of public authorities and the healthcare system and not employers. A counter-argument to this view is that if the economy is in need of more and more workers (and such a scenario has already begun because of demographic change, not least in Germany), more flexibility has to be introduced to reconcile work and family life and in particular care needs for disabled relatives.

France

Most policies to reconcile work and care in France are designed to grant special leave from work, mostly unpaid. Other measures provide financial incentives to individuals to hire assistance from third parties. A recent reform on disability at work has introduced the principle that people caring for disabled relatives should be granted similar flexibility as employees with disabilities themselves.

Legislation

Temporary leave – Family support leave (Congé de soutien familial);

Temporary leave/flexible work – Parental leave (Congé de présence parentale);

Temporary leave – Family solidarity leave (Congé de solidarité familiale);

Flexible work – 2005 Equal Opportunities for Persons with Disabilities Act (Loi pour l’égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées);

Financial incentives – Cheques for Universal Employment Services (Chèque Emploi Service Universel, CESU).

Under the family support leave scheme (Congé de soutien familial), employees may take temporary leave to take full-time care of a disabled or elderly person. Leave may be taken for a period of up to three months; it may be renewed once, but must not exceed a total duration of 12 months over the lifetime career. The leave is unpaid unless stated differently by the relevant collective agreement. Only private sector employees with at least two years of continuous employment with the company are entitled to this scheme.

Employees may take flexible leave (Congé de présence parentale) to take care of children up to 20 years of age who have had a severe accident, a long-term illness or disability. Leave is calculated daily; in other words, employees can take days off as needed. Employees are entitled to up to 310 days (14 months) of leave over a period of three years. The health situation of the child is reassessed every six months. When the provision expires, parents may reapply for the same provision if the child's health status has not improved. The leave is unpaid, but beneficiaries may apply for parental allowances (Allocation journalière de présence parentale, AJPP) of €42.71 for couples and €50.75 (single parents) per day. Extra expenses may also be reimbursed. The Equal Opportunities Act 2005-102 of 11 February 2005 focuses on the integration into and non-discrimination of disabled persons in the labour market, but specific provisions also cover caregivers. The act does not stipulate precise measures for people taking care of disabled people, but it explicitly states that 'family carers and those close to the disabled person take advantage of the same conditions of individual working time adaptations in order to facilitate the support of this disabled person' (Article 24). To better reconcile work and care for dependent persons aged 70 or above or those with a recognised disability of at least 80%, employees may apply for financial incentive cheques (CESU) to pay for services carried out for this person by third parties, such as home support, home maintenance, housework, gardening, minor repairs, preparation of food at home, food delivery or assistance with administrative tasks. Services paid through CESU are exempt from some of the regular employer's contributions and 50% of the annual CESU expenses are tax deductible.

The main way in which collective agreements deal with policies for the reconciliation of work and family life is through the specification of the terms and conditions of legal provisions. For instance, article 23 of a sectoral agreement for the pharmaceutical industry specifies that half of the time spent on parental leave and the entire period spent on family solidarity leave is to be taken into account when the employee's seniority is calculated. An agreement covering the wholesale sector lays out, in article 3, that employees, and in particular women, who have taken temporary leave are a target group for offering access to vocational training. Article 1 of a recent retail agreement introduces individual interviews with the employee after the leave to facilitate reintegration into their old job.

Labour representatives are critical of such developments, however. On the one hand, the General Confederation of Labour (CGT) fears that an extension of existing provisions will serve as an excuse to retrench welfare provisions and the organisation of institutionalised formal long-term care by public authorities. The union confederation is also concerned that most carers are women who might suffer increasing difficulties reintegrating into the labour market after a care interruption and, in turn, see their career prospects weaken even further. Similarly, parts of the General Confederation of Labour – Force ouvrière (CGT-FO) – express concerns that more extensive measures to support home care might be used to reduce state provisions. On the other hand, the French Democratic Confederation of Labour (CFDT) is concerned with the legal status of relatives providing care duties at home, especially relating to future entitlements from the welfare system, in particular their pensions. There are few examples of company agreements on reconciling work and family life to take care of dependent persons. Probably the most prominent example is that of the French electric utility company EDF in its regional branch in the southwest of France. Generally, the provision aimed to improve working conditions and the everyday work–life balance, and to facilitate lifelong learning and reduce absenteeism of working carers. Demands for a stronger reconciliation of care with working life and the recognition of the carer role are likely to feature more prominently in future debates. The relatively small number of policy instruments, and the limited public attention that family carers get, is certainly related to the demographic structure in France. In the current situation, home carers are considered as employees on unpaid 'special' leave yet, as explained above, more than half of them continue to work.

Netherlands

The Act on Work and Care created a comprehensive system of care (leave) entitlements, primarily designated for childcare but care for (older) relatives is included as well. At present, the public debate and discussion between government and social partners focuses on the regulation of (paid) long-term care leave on the one hand and on working time flexibility on the other. Demographic change is taken into account, but does not play a decisive role in the public debate and the policies established.

Legislation

Emergency leave – Work and Care Act (2001): Legal right to leave in emergency situations where family members experience emergency situations at home;

Working Hours Adjustment Act (2000): Legal right to request adjustment of working time;

Long-term care leave – Chapter 5 of the Work and Care Act (2005): the long-term variant of care leave to care for a person with a life-threatening disease.

The Work and Care Act of 2001 entitles employees (working at least 12 hours a week) to paid leave for a maximum of 24 hours per year to care for direct family members such as the partner or children living in the same household and in exceptional circumstances.

The right of an employee (again working at least 12 hours a week) to work less and to take up leave is an entitlement, but in practice always has to be discussed with line management. In collective labour agreements, social partners have concluded complementary settlements or confirmed legal rights (see below). Upon refusal, the employer has to give serious reasons (for example, that employee absence will disturb the production process).

Long-term care leave of a maximum of six times the weekly working hours per year in order to care for a child, partner or parent with a life-threatening disease came into force in 2005. Modifications that go beyond the minimum entitlement can be negotiated by collective labour agreement or, if there is no collective labour agreement, the employer can come to an agreement with the works council or with staff representatives.

In the Netherlands, there is no financial support such as the carer's allowance in the UK or the German Pflegeversicherung. However, there is compensation for employees taking care leave. All arrangements take the labour participation as the starting point. Accordingly, employees may take care leave and can be financially compensated, but not in all care situations.

Beyond the legal framework, social partners have concluded complementary collective labour agreements. At the moment, it appears that employers agree with flexible arrangements (when feasible) for employees, but are not inclined to pay the longer care leave of three months. Employers argue for an individual fund, where employees can deposit days and use them for whatever purpose they like, including care leave. Settlements in collective agreements normally go beyond the statutory regulations. The sectoral collective labour agreement of the Dutch Association of Mental Health and Addiction Care (GGZ Nederland) offers a good example of broad company policy and individual solutions. Employees may save up their leave entitlements. In the mental health sector, longer leave for extra care for relatives at home can cover three months; this leave is fully paid for. Around 60% of the agreements deal with long-term leave-saving plans, more flexible working time on a daily basis, changing core working hours and similar measures. On the whole, the number of agreements has increased since 2007 (Beeksmas and Junger-van Hoorn, 2010). Workplace

flexibility is a growing practice as working from home is reported by 30% of employees, and 25% of employees report more influence on work start and end times (Merens et al, 2012, p. 112). The 2012 CAO Monitor on informal care gives a more qualitative perspective on good practices and shows that in 10% of the collective agreements, informal care is mentioned. The employer collective bargaining service unit (AWVN) stresses that the issue of informal care is gaining importance in collective agreements (Werk & Mantelzorg, 2012).

Traditionally, working part time is the typical Dutch solution for tensions between work and family responsibilities. Unfortunately, female workers pay the price for care themselves. While employers' representatives were in favour of and contributed positively to the Work and Care Act, they are now much more reluctant to agree to new (care) leave policies. Employers' associations argue in favour of funds in which employees can accumulate leave entitlements and use these when needed. Most organised interests (unions and employers) argue in favour of tailor-made individualised solutions on the shop floor level.

The Confederation of Netherlands Industry and Employers (VNO-NCW) is aware of the ageing society and believes that workers will have to be assisted with care duties in the future. At the moment, however, the employer association does not support plans for the introduction of further forms of care leave. Employers instead argue in favour of individual funds, where employees can deposit (leave) days and use them for whatever purpose they need to. The employers' association wants to bundle all types of leave into one individual fund which means that personal relations, work histories and mutual trust take on significance. The trade unions (such as the Dutch Federation of Trade Unions, FNV) believe that care leave solutions are best tailor-made. The unions have been, and still are, strong advocates calling for greater awareness of the double burden of employees with care duties (FNV, 2009). The 2013 Memorandum raises awareness of tensions on the shop floor level induced by reconciliation problems. Apart from tailor-made arrangements, the FNV is arguing for paid informal care leave of four months at 70% of salary. For longer periods, the FNV advocates an insurance solution. At the 2011 Dutch Social and Economic Council (SER), social partners agreed on a programme for changing work organisation. Flexibility in work patterns (in time and space) were key issues. The SER advice stressed the need for greater influence of employees on their work organisation and patterns. The SER also pointed out that part-time work among women cannot be the future solution of the work-care issue (Sociaal-Economische Raad, 2011).

It is estimated that around 20% of employees are confronted with extra, informal care tasks. In the opinion of the Minister of Social Affairs and Employment, the social partners should play an important role in implementing the policy on informal care since agreements have to go hand in hand with tailor-made solutions, partly based on mutual trust between employer and employee. The demographic change is acknowledged, but does not play a decisive role in the public and policy debate. The 2001 Work and Care Act created a reasonably comprehensive system of care (leave) settlements. At present, public debate and discussion between government and social partners focuses on the regulation of (paid) long-term care leave and on flexibility of working hours and place. Alongside the legal framework, the social partners have concluded complementary arrangements in (sectoral) collective labour agreements. Furthermore, tailor-made solutions are needed where informal and terminal care is an issue. The social partners agree with flexible arrangements (where possible) for employees at the workplace. Employers argue for an individual fund, where employees can deposit (leave) days and use them for whatever purpose they wish. They are not inclined to grant the wish of the unions to pay for the longer (three-month) care leave.

Luxembourg

In recent years, Luxembourg has introduced several legislative measures to facilitate the reconciliation of work and family life and to support carers. The Ministry of Equal Opportunities also launched a website (www.megafamily.lu) to raise awareness of work-life balance among both families and companies (including by introducing special awards). This website gave information about the various forms of state assistance for childcare, among other things. It is worth

mentioning that in 2000 Luxembourg announced the future introduction of working time savings accounts, aiming at better work–life balance. This instrument was finally introduced in 2010.

Legislation

Carer’s Leave Act 2001: Temporary leave;

Work and Families Act 2006: Flexible work;

Labour Code (Art. 234 – 65–70): Leave for accompanying a person at the end of his/her life.

The Carer’s Leave Act 2001 allows employees to leave their employment temporarily to provide full-time care for someone in need. The minimum period of leave is 13 weeks and the maximum is 104 weeks. The Ministry of Social Security is required to confirm that the person to be taken care of is in need of full-time care. The medical evaluation team of the Social Security Inspection makes a decision on the basis of information provided by the family doctor of the person who will be cared for.

The Work and Families Act 2006 gives carers the right to request changes to their working patterns to better reconcile their caring duties with work. The request can cover changing hours, times or places of work. Employees may be required to work within set times but outside of these ‘core hours’ have some flexibility in how they work their hours. The person cared for has to be a relative (spouse, partner (cohabiting), uncle, aunt, grandparent, step-relative or civil partner) and must live at the same address as the carer.

Article 234 of the Labour Code gives the carer the right to leave from work to look after a close relative (parents, children, spouse) at the end of his or her life. The entitlement is five days paid leave, whereby the salary is paid by the state.

The Labour Code ensures legal protection for carers. The Grand-Duchy of Luxembourg has a very well-established system of legal measures for carers, both of children and older people. There is no information about specific sectoral-level provisions for care. A recent document of the Union of Luxembourg Enterprises (UEL) mentions that work–life balance is important but that adopted measures should not be an obstacle for the enterprise.

Eastern Europe

Baltic countries

Estonia

The reconciliation of work and family life in Estonia is usually understood as combining work with taking care of children. Only recently has more attention been given to the issue in the context of demographic change and care needs for disabled children or elderly parents. According to section 96 of the Family Law Act, it is first and foremost family members’ obligation to take care of other family members when they need care.

Legislation

The Health Insurance Act allows employees to temporarily leave their employment to provide care for someone (a child or other family member);

According to the Health Insurance Act (section 51), employed persons can take leave from work and will be paid a care allowance to nurse a child under 12 years of age or to care for a family member who is ill at home;

Employment Contracts Act (section 42) determines the employees' right to time off from work;

Employment Contracts Act (section 92) determines the restrictions on the cancellation of an employment contract;

Employment Contracts Act (section 43) states that employees and employers are free to agree on working time arrangements.

The Health Insurance Act allows employees to temporarily leave their work to provide care while benefiting from a payment made to insured persons on the basis of a certificate of incapacity for work. The care allowance is paid by the Health Insurance Fund with a replacement rate of 80% from the first day of absence and up to seven days. The doctor may issue a longer sick leave certificate, but the care allowance is paid for the first seven days only.

The Employment Contracts Act (section 42) specifies that an employee has the right to demand time off under the conditions prescribed in section 38. An employer shall continue to pay an average wage for a reasonable period when the employee cannot perform work due to reasons not attributable to the employee, which includes funerals, doctors' appointments and other family reasons. Employees and employers are free to agree on working time arrangements suitable to both parties, within the limitations set in section 46 – limit of time performing work, section 51 – daily rest time, and section 52 – weekly rest time. One of the restrictions to ending an employment contract according to section 92 of the Employment Contracts Act is when an employee performs important family obligations, and taking care of a family member is explicitly referred to.

Both employers and trade unions agree that there is not enough support for working carers. However, currently very little is done at the national level to help working carers reconcile work and family life. Some support is offered by local governments, of which all have different financial and human resource capacities, which means that the type of help available varies according to where someone lives.

According to a representative from the Estonian Employers' Confederation (ETTK), most employees use their annual holiday or take unpaid leave to make arrangements in an emergency situation (for example, to find/hire a caregiver, or to find a place in a nursing home for an elderly relative). Employees mostly cannot afford to stop working as hiring a nurse is very expensive. The ETTK seems to be in favour of a paid care period of up to 30 days as this would help working carers to come up with a durable and sustainable long-term care solution.¹⁰ In recent years, there have been significant developments in this area in Estonia, mainly due to newspaper articles on the difficult situation faced by family caregivers that have hit a nerve in society and resulted in pressure on politicians to find solutions. On 13 September 2013, the Ministry of Social Affairs organised a roundtable on the issue, calling on all interested parties to take part. On 9 October 2013, the Estonian Caregivers Union (EHOL) was founded. In the light of these developments, it seems that improvements on the current situation can be expected in the near future.

¹⁰ Only a few sectoral collective agreements have been concluded in Estonia and these do not include regulation regarding reconciliation of work and care duties. Information on company-level collective agreements is not available and collective agreement coverage in Estonia is very low.

Lithuania

Legislation in Lithuania grants specific rights to employees taking care of a sick or disabled family member. Some companies in Lithuania seem to pay greater attention to the reconciliation of employees' work and family life than others, but the vast majority of them focus on families with children. This problem is also insufficiently emphasised by social partners at national and sectoral level.

Legislation

The Labour Code of the Republic of Lithuania (Article 146) regulates part-time work;

Unpaid leave is regulated in the Labour Code (Articles 184, 170);

The Labour Code (Article 169) regulates annual leave for employees who are taking care of sick or disabled relatives;

The Labour Code (Article 135) also protects against redundancy all employees who are taking care of disabled family members;

The Labour Code (Article 155) specifies that employees with care duties can only be assigned to on-call duties with their consent;

The Labour Code (Article 154) states that employees can refuse to do night shifts when caring for a relative;

The Labour Code (Article 108) regulates on teleworking.

On request of an employee taking care of a sick family member, part-time work may be granted in accordance with the opinion of a healthcare institution (Labour Code, Article 146). Part-time work, in other words reducing the number of working days per week or shortening the typical working day (shift), may also be agreed between the employer and employee.

Unpaid leave for up to 30 days a year can be granted to an employee taking care of a sick family member (Article 184). The period of care is taken into account when the working duration entitling the worker to annual leave is calculated (Article 170).

In addition, employees who are taking care of sick or disabled family members have more flexibility in choosing the time for their annual leave (Article 169). Employees shall be granted their annual leave at the time of their choice subject to the recommendation of a health institution. Likewise, in compliance with the Labour Code, employees who are rearing alone a disabled child aged under 18 years are granted a minimum annual leave of 35 calendar days (the standard minimum annual leave is 28 calendar days).

Employees raising a disabled child under 18 also enjoy other guarantees – for example, an additional rest day per month or weekly working time shortened by two hours while retaining the average wage for this time; assignment to work on rest days or on holidays, overtime work and being posted to perform work are only done with the employee's consent (the latter provision applies to employees who are raising a disabled child alone).

Employees in Lithuania are also protected against dismissal and have the right to retain their job in the event of reduction in the number of employees (layoffs for economic reasons, Article 135). In the event of a reduction in the number of employees for economic or technological reasons or due to structural reorganisation at the workplace, the right to retain their job shall be enjoyed by employees who are alone taking care of other family members for whom a severe or

moderate disability level has been established or whose capacity for work has been rated below 55%, or family members who have reached retirement age and who have been assessed in accordance with the procedure established by legal acts as having high or moderate special needs. There are further specific legal protections for workers with care duties regarding assignment to on-call duty, which can only be done with the worker's consent (Article 155). Similar entitlements exist in relation to night work (Article 154).

By signing a teleworking contract, the employer and the employee can agree that the employee will perform the job functions in places other than the workplace, as appropriate for the employee (Article 108). A teleworking contract may establish that an employee will perform the agreed job function or part of it in places other than the workplace, as appropriate for the employee. Teleworking was validated in Lithuania by amendments to the Labour Code effective from 22 June 2010.

In compliance with the Law on Sickness and Maternity Social Insurance of the Republic of Lithuania (OG 2000, No. 111-3574), a sickness allowance is granted and paid from the State Social Insurance Fund to employees nursing sick family members when this is necessary and certified by a doctor. However, this measure is available only in cases of short-term care: this type of allowance is payable for no longer than seven calendar days (with the possibility to extend this period for a maximum of 120 days per calendar year in exceptional cases). Compensation for nursing or care assistance is granted only if a disabled person is cared for at home. The amount of this compensation in 2013 ranged from LTL 180 (€52) up to LTL 900 (€260) per month and goes either directly to the relative caring for a disabled person or is used to pay for nursing services from private individuals (which is, however, considered to be illegal).

Employer initiatives aimed at improving workplace arrangements for employees to better reconcile their work and family obligations do not appear to be common in Lithuania. Yet there are some individual cases contributing to better opportunities for employees to reconcile their work and family life. The telecommunications company Omnitel started the project 'Creating a family-friendly workplace and promoting quality employment through social partnership' in 2009, funded by the European Social Fund (ESF). Project deliverables included a complex package of measures contributing to better tackling of issues of work–family balance both for raising young children and taking care of disabled or older family members. This company was also one of the prime movers behind the legalisation on teleworking.

Latvia

Policies for reconciliation of work and family life related to care focus on three goals: first to assist working individuals – mainly regarding mother and child, parents with young children, including adopted children, children with disabilities and dependants; second to help people who need care in order to enable them to work and to reduce their dependency on family members; and third to provide care to people with disabilities to enable family members to work.

Legislation

Labour law 2002, Section 33, avoiding discrimination in relation to family status;

Labour law 2002, Section 108, protecting some categories of workers from dismissal;

Labour law 2002, Section 134, obligation to determine part-time work;

Labour law 2002, Section 136, allowing restrictions on requesting overtime from workers;

Labour law 2002, Section 147, regulating temporary absence from work;

Labour law 2002, Section 153, providing for unpaid leave.

Latvian legislation guarantees the right to take unpaid leave, but these measures are applicable only on the basis of agreements with the employer and at employees' own risk. In practice, unpaid leave is not available for extended periods. The existing legislation allows flexible work organisation, for example job-sharing, and job rotation in self-organised teams. These options can enable carers, with the help of their colleagues, to organise their work according to their needs of care time.

Labour law 2002, section 108, prescribes that some categories of employees are protected from dismissal, including employees with care duties. Labour law 2002, section 134, determines that an employer has an obligation to accord part-time work if requested by workers facing work–life balance conflicts on condition that this is possible. Restrictions on overtime work also apply for workers with care duties. Labour law 2002, section 136, allows restrictions on requesting overtime from workers. Similar restrictions also apply to shift work (Labour law 2002, section 138). Measures that support the return to work after a long absence (such as a care period) are usually organised by the state employment service with or without the assistance of the employer.

Most regulations, however, apply to employees with small children, or pregnant women, but can be extended to carers after individual agreement or consultation between the social partners. Reconciliation issues may be agreed in collective agreements in compliance with the Labour law (section 17) or can even go beyond the statutory regulation providing a framework for the reconciliation of work and care. Such agreements are, however, not very common in Latvia.

Social partners are mainly in favour of improving financial assistance and tax allowances to help reconciliation of work and family life. Employers' organisations are generally favourable towards measures concerning care and work–life balance. Trade unions want to protect the status quo of the state policy but seek to implement more measures in collective agreements such as the adoption of a special work regime for people assisting their parents or older relatives. This has not been dealt with in collective bargaining so far.

Employment protection and financial support are regulated by legislation and aim to support parents with young children and workers caring for a disabled relative. However, no special assistance is provided for those taking care of parents or other relatives in need.

Visegrád group

Czech Republic

Although in recent years the reconciliation of work and family life has been made easier (through, for example, the use of flexible forms of employment, company kindergartens, and so on), changes are exclusively connected to childcare, maternity and parental leave. Nevertheless, there is flexibility in the application of the support measures to adjust working conditions for people taking care of their parents. Similarly, the Czech labour law and social benefits include circumstances where workers have to care for adult relatives or disabled children.

Legislation

Nursing allowance based on Act. No 187/2006, on sickness insurance, as amended, Article 39;

Act No. 262/2006, Labour Code regulates flexible work and work performed from home;

Government Regulation No. 590/2006 regulates temporary leave/compassionate leave to accompany a family member to see a doctor;

Act No. 262/2006, Labour Code, Article 85 regulates entitlements to flexible work and flexible arrangement of working hours;

Act No. 262/2006, Labour Code, Article 240 regulates flexible work and relocation to another workplace;

National policy document introduced: 'Quality of life in old age' – National Programme of Preparing for Ageing for 2008–2012.

Flexible forms of employment and measures related to the reconciliation of work and family life in the Czech Republic are mostly connected with childcare, rather than care for other family members with health problems. Nevertheless, where measures promoting reconciliation of family and work life exist (with emphasis on children), it is usually possible to agree with the employer on using those measures for caring for another close person than for a child (for example through flexible working time, home working or part-time working).

Nursing allowance is a sickness insurance benefit (Act. No 187/2006) which amounts to 60% of the daily assessment base per calendar day. Entitled to the nursing allowance are those employees who cannot work because of the need to care for a family member in the household with an illness or injury. According to Act No. 262/2006 of the Labour Code, an employment contract may allow that an employee can perform his or her duties from another location than the employer's place of business.

Based on Government Regulation No. 590/2006, employees are also entitled to temporary compassionate leave. The employee is entitled to a day off with or without wage/salary compensation for a reason that is listed in the mentioned regulation: for example, to accompany a family member for a treatment or examination in a healthcare facility, a sudden illness or injury of a relative, or a scheduled examination or treatment. An employer must also allow the employee's absence from work for reasons such as the time of care for an ill or injured child under 10 years of age or another member of the household whose state of health requires necessary care by another person. During the leave the employee is not entitled to wage/salary compensation, but they are eligible to nursing allowance under the condition that the nursed person shares the same household as the carer.

Based on the Labour Code (Article 85), flexible arrangements of working hours can be agreed with the employer. During the core working hours, determined by the employer, the employee must be present at the workplace. During optional working hours the employee may choose when to start and end work. There is, however, no legal entitlement to flexible working hours.

According to the Labour Code, Articles 239–241, an employee taking care of a child under 15 years of age, pregnant employees or an employee who can prove that they take care mostly alone of an almost or fully disabled person may ask their employer for part-time work or another suitable adaptation of the working hours. The employer is obliged to comply with that request unless serious operating reasons do not allow it. Relocation to another workplace (Article 240) on request is only possible for employees with care duties. In the policy document 'National Programme of Preparing for Ageing for 2008–2012', support for carers of relatives is stressed in section 7 on family and care. The programme undertakes to promote the development and availability of respite and healthcare services providing expert assistance, information and support to carers and their families. The report also evaluates outcomes of projects and highlights achievements where carers can find much information and support (Ministry of Labour and Social Affairs, 2008). The National Action Plan promoting positive ageing for 2013–2017 aims to increase awareness of informal carers who use their maximum potential, both in their work and during the care for their relatives. A specific target is to create appropriate conditions for family carers and motivate them to care for their elderly parents.

There are no provisions directly motivated by demographic change in the sectoral collective agreements. The only universal provision agreed in collective agreements which goes beyond the Labour Code relates to the extension of paid leave from one to three days (59% of higher-level collective agreements contain this provision, according to the Czech-Moravian Confederation of Trade Unions, ČMKOS).

Representatives of trade unions (ČMKOS) and of employers (Confederation of Industry of the Czech Republic, SP ČR, and Confederation of Employer and Entrepreneur Associations, KZPS) are members of the Government Council for Senior Citizens and Population Ageing, which was established by Government Resolution No. 288 of 22 March 2006, following Government Resolution No. 1482. This Council is a permanent advisory body to the government on issues regarding senior citizens and population ageing. Representatives of trade unions and employers also took part in the debate on the above-mentioned national programmes. Additionally, social partners can comment upon any proposed measures even during the standard legislative process.

Hungary

Hungary is one of the fastest-ageing societies in Europe and will be highly affected by demographic change in the future. In 2011, the government added children's responsibility towards their parents to the Constitution, but the system of carer support regulations and allowances has not changed in decades. Organisations representing carers' interests aim to introduce flexible working arrangements as a means to help reconciliation.

According to a study carried out by TARKI social research institute, one-tenth of adult Hungarians (11%) felt that they very often cannot take care of their family members, 14% sometimes, and 21% rarely could not take care of their family members during the past month (TARKI, 2010). Gallup research had shown in 2008 that the reconciliation of family life was felt to be most difficult in Hungary, where 77% of the respondents judge their situation as difficult or very difficult (Well-Being Foundation, 2009).

Legislation

Adult children shall be obliged to take care of their parents if they are in need (Article XVI (4) of the Hungarian Fundamental Law);

Social care, social security care entitlement as subjective rights¹¹ (Alanyi jogon járó ápolási díj);

Local government can set care allowances at their discretion under defined conditions (Méltányosságból megítélt ápolási díj);

Unpaid leave can be granted only at the employee's request (Fizetés nélküli szabadság, Munkatörvénykönyv szerint).

A person who cannot take care of him/herself is entitled to be cared for by family members. The care can be delegated by paying someone else to provide the support. A parent may enforce the requirement of care, through legal means if necessary.

¹¹ The regulation of the care of family members is detailed in the following laws: Act IV of 1952 on marriage, family law and guardianship and Act III of 1993 on social administration and social care.

The district office can decide on the social security care entitlement or nursing fee for those who cannot take care of themselves, and require permanent long-term care. In 2013, the gross value of the entitlement was HUF 29,500 (€100) per month or 130% of this amount if the person required intensive care. The person who receives the nursing fee is recognised as working and the time spent giving care will be taken into account for the state pension. Parallel to receiving the nursing fee, the carer is entitled to work for up to four hours a day. The carer has to continue paying their pension insurance contribution, which was about 10% in 2013.

According to the Labour Code, unpaid leave can be granted only at the employee's request. One reason for this request can be that a family member requires long-term care (most likely more than 30 days) and only if the employee is the one providing the care. The employee is protected from dismissal while on care leave. However, care leave is not considered as work time and does not represent an entitlement for retirement. The employer must grant unpaid leave from the date the employee requests it (but the request has to be made one month in advance). The doctor certifies the need for the long-term care.

The previous Labour Code provided that termination of employment was not possible when the employee was on unpaid leave due to caregiving responsibilities. The new Labour Code reforms have made termination of employment easier, which means the dismissal of carers is now easier, even though the notice period only starts from the day the employee returns to work. Fortunately, the Labour Code also introduced more flexible working arrangements and new forms of employment that can help the reconciliation effort.

In 2013, the consulting company mtd published its biennial 'diverse organisation top 10' study, which among other factors benchmarks the best companies in terms of family-friendly policies (such as work-life balance measures or employment of parents with small children). Hewlett Packard (HP) was highly rated because of its conviction that family-friendly policies improve employees' performance, effectiveness and motivation. HP has adopted regulations to ensure a flexible workflow (part-time jobs, flexible working time and teleworking) to enable the employment of those taking care of their children or elderly family members. While the interests of carers are represented by social organisations mainly dealing with people in disadvantaged conditions in the labour market, trade unions do not focus on the issue of working carers at all.

Hungarian public policy concentrates on institutional solutions and not so much on home care. Carers' compensation is a caring allowance that consists of a very low amount and the entitlement does not allow any further employment. In practice, only a few people can work while collecting the allowance.

Poland

Work-life balance has been the subject of much recent legislative action in Poland. Even though most of the measures adopted concern parenthood, mother care and the care of small children, some of the measures deal with care for adult family members by relatives. The policy measures and entitlements are either part of the Labour Code or are related to social insurance policies. Specifically for family carers in employment, innovative measures such as telework, flexible working hours and part-time work have been introduced.

Legislation

Part-time work is regulated by the Labour Code;

Flexitime is regulated by the Labour Code (since 23 August 2013).

Part-time work helps employees to reconcile work and care duties. However, employees can only take a half-time job instead of leave in the form of additional maternity leave, paternal leave and paternity leave. Flexitime allows employees to arrange more flexible working hours to adjust work and care. Employees can also apply for individual working time arrangements. Absence from work to provide care is mostly available to parents of a child suffering from an illness but can be extended to other members of the family. Employees who take leave to provide care, as described above, are protected by law against dismissal. Workers have also the right to return to the same job after the care period.

There are no sectoral agreements for the reconciliation of work and care in Poland. The current discussion on reconciliation measures refers not so much to the above-mentioned tools and measures but is an element of a broader debate on work flexibility and family-friendly employment. Employers' organisations welcome any changes to the Labour Code that leads to more flexibility. This has been particularly visible in the discussion on introducing flexible working time, variable working hours and changes facilitating telework.

Trade unions see the necessity to introduce policies which make it possible to reconcile work and care duties, including flexible forms of work, but generally trade unions see work flexibility as a threat and point out that it should be introduced with caution and should always require the consent of both parties. Generally, both employers and trade unions support measures which facilitate the reconciliation of a professional career and being a parent. There are examples of reconciliation initiatives implemented at company level, but they are not part of bargaining agreements.

It is, however, notable that most of the measures refer to childcare and parenthood; measures for providers of care to adult relatives and to the elderly are generally missing. It is also evident that the discussion and the policies focus mainly on parenthood and economic activity, in particular with reference to women. The proposed solutions aim particularly at preventing the exclusion of women from the labour market.

Slovakia

In Slovakia, reconciliation of work and family life is a relatively new policy debate. Most measures target families with children. The situation of elderly people and their relatives caring for them was the priority of an agenda over the years 2013–2014 featuring strategies and programmes to support family carers.

Legislation

Act No. 311/2001, Labour Code defines flexible work;

Subsidised contributions to old age are regulated by the disability and solidarity insurance funds under Act No. 461/2003 on social insurance;

Proposal on reconciliation of work and family life from 2006 adopted by Government Resolution No. 560/2006 of 21 June 2006.

Flexible work allows employees to have shorter and/or flexible working time and to perform their work from home. Employees can reach individual agreements on working time flexibility with their employer in their employment contracts. The only existing and valid document dealing specifically with reconciliation of work and family life is a document proposing measures for reconciliation of work and family life from 2006 adopted by Government Resolution No. 560/2006 of 21 June 2006. The proposals are applicable in particular to employees with responsibility for dependent children and dependent close relatives.

In 2013, the Ministry of Labour, Social Affairs and Family (MPSVR SR) prepared and submitted for discussion the National Programme of Active Ageing for 2014–2020. The document develops all aspects of ageing and explicitly defines the basic principles of public policies related to elderly people including reconciliation of work, family and personal life regarding aspects such as:

- independence, such as the need for older citizens to access work or to have a stable income, to have the freedom of choice where they want to spend their retirement and the guaranteed access to services and assistance;
- participation, such as the possibility of co-decision, participation in social initiatives, and the possibility to participate in movements or associations for elderly people;
- care situation and assistance to families, access to healthcare as well as social and legal services or assistance;
- self-realisation as an opportunity for full development of the potential of elderly people, access to educational, cultural, spiritual and recreational activities;
- dignity by preventing exploitation, physical or mental abuse and the need for respectful treatment.

In the section on ‘Independence’, explicit measures for the reconciliation of work/employment and care of dependent family members are defined to support carers.

Collective bargaining takes insufficient account of the relationship between family and working life. The Confederation of Trade Unions (KOZ SR) and its Commission for Equal Opportunities for Men and Women act very effectively to enforce the agenda for the reconciliation of work, family and personal life. The Commission participates actively in working groups and committees dealing with this agenda and it organises many educational activities, training and workshops using the expertise of domestic and foreign experts. Trade unions perceive the agenda of reconciliation of work, family and personal life to be of interest primarily to women.

In summary, the agenda of reconciliation of work, family and personal life in Slovakia is relatively new and it is not yet perceived as a ‘legislative imperative’. It is rather seen as a ‘soft’ agenda of goodwill but also a company ethic for specific employers. In this sense, it is part of corporate social responsibility¹² (CSR) when specific benefits are introduced by companies, for example the possibility to take one or two days of leave, most often for taking care of a child or another dependent family member. It is therefore not surprising that most of the employers who have taken the initiative to help the reconciliation effort believe in the importance of such an agenda and its contribution to staff loyalty as well as employee satisfaction.

¹² Examples of good practice are IBM International Services Centre, s.r.o. Bratislava, which introduced various innovative practices such as mobile telework, work at home, job-sharing, individual work time schedules and a condensed working week; ACCENTURE, Bratislava, which offers the services of a psychologist (paid for by the company) for employees in crisis situations at work or in their private lives; and GlaxoSmithKline Slovakia, s.r.o. Bratislava, has implemented a creative, versatile and long-term support of reconciliation of work and family life with targeted development of flexible forms of work organisation.

Bulgaria

The demographic situation in Bulgaria is characterised by trends of population ageing and decline, both having a strong impact on social support systems, but also the labour market. This situation could pose serious challenges to the economic development of the country. Despite these developments, debates about family life and work reconciliation are relatively new and have been brought about by the country's EU membership.

Legislation

Article 162 of the Labour Code regulates leave for urgent medical reasons;

Article 167 of the Labour Code provides the possibility of unpaid parental leave per child from two to eight years.

To meet the needs of employees in reconciling work and family life, various company practices exist in Bulgaria. However, the implementation depends on employers' attitudes and efforts to implement innovative workplace practices and adopt flexible working time arrangements. Among these, the following flexible forms of employment are the most significant:

- Part-time work – in a manner that meets the individual's needs and preferences: for example, working half a day (four hours) or reduced working time on certain days (for example, six hours).
- Flexible working time – possibility to choose start and end times of daily work.
- Functional flexibility – to achieve better reconciliation, redistribution of job duties, responsibilities and rights are needed. This can eventually also help the successful management of long-term leave from work of an employee for family reasons.
- Working at home – a legislative act adopted in Bulgaria in 2011 allows for the introduction of needed flexibility in the services and business services sectors but also in crafts and in small and medium enterprises (ILO adopted Convention 177 as early as 1996). In the interests of the enterprise, for example, through a reduction of operating costs, this form of employment may also be used to promote the reconciliation of work and family life.
- Telework – a practice that emerged with the widespread adoption of information technology in businesses can be used successfully in cases where it is necessary to balance professional and family commitments.

In addition to the above organisational innovations, there are other policies and measures of a financial nature that can support the reconciliation effort. Solutions focusing on reconciling work and family life can be one or more of the following:

- financial support of workers with care duties by means of monthly allowances;
- development and maintenance of corporate infrastructure: childcare centres or children's spaces alone or in partnership with other businesses/organisations and through public–private partnerships.

In companies with trade union representation, additional special measures for the reconciliation of work and care (most often focusing on childcare, however) are negotiated in collective agreements. From all collective agreements observed in the study 'Cost-Benefit', only two deal with reconciliation of work and family life: CITUB Trade Union Federation 'Beer, food and beverages' and CITUB Trade Union Federation of Communications (TUFC). In the collective agreement of TUFC, the following additional support measures were adopted:

- workers with two or more children under the age of 18 have a right to three or five days of additional paid leave;
- employees who have a dependent family member such as a sick child, parent, relative or people with disabilities in their care can take one day's additional paid leave;
- when appropriate and possible, assistance is given to mothers with young children for placement in childcare facilities.

In a study carried out by CITUB (see CITUB, 2013), some interesting and specific proposals have been made:

- the introduction of measures to successfully balance work and family life is to become an integral part of a distinct subject area of collective bargaining at sectoral and mainly at company level;
- the Ministry of Finance has proposed restoring a tax credit or tax relief for families with children and those who care for incapacitated dependants;
- the introduction of tax relief for employers who implement targeted social investments aimed at building social infrastructure (such as kindergartens, nurseries, day centres), and for employers who provide social packages that provide funding for specific social services;
- the organisation of working time to enable absence from work during certain hours for urgent personal needs or family needs, including obligations to parents or adult children in need, as well as the introduction of new family leave (paid or unpaid), with the possibility of negotiating a payment by the employer in an individual or collective agreement.

The Labour Code sets the rules in line with European standards to ensure the protection of women or mothers, equal treatment of men and women in employment, training and working conditions as follows:

- special protection from dismissal for pregnant women and mothers with children before and after birth;
- paid and unpaid leave for pregnancy and childbirth, breastfeeding for children up to the age of eight years and an additional two days of paid leave for two or more living children (as agreed in the collective agreement);
- leave for urgent medical examinations or tests, to care for a sick family member, to accompany an ill family member in the case of a medical check-up, examination or treatment, and to take care of a healthy child under quarantine from the childcare facility (Article 162 of the Labour Code);
- special protection and the prohibition of night work and overtime for pregnant women and mothers with children under six years of age;
- freedom to choose flexible work such as part-time work within variable limits, homeworking or teleworking if employers agree.

There are interesting and specific proposals for reconciliation in Bulgaria, mainly at the industry or company level, as the CITUB study shows. Nevertheless, the introduction of measures to successfully balance work and family life has to become an integral part of a distinct subject area of collective bargaining at sectoral and, mainly, at company level.

The Ministry of Finance will make further proposals for the restoration of family taxation to support the care effort of families with children and those who care for incapacitated dependants through tax credit or tax relief.

The organisation of working time, the right to be absent from work during certain hours for urgent personal needs, including obligations to parents or adult children in need and the introduction of new family leave (paid or unpaid) are on the agenda for the future. It will be up to the social partners to negotiate the terms and conditions of such leave.

Croatia

There are two main forms of measures in Croatia: sick leave for taking care of a family member and parental leave of between eight and 30 months. All workers are entitled to such leave, but those working on a fixed-term contract and/or on probation work are often afraid to claim or use such rights.

Croatian legislation has adopted the EU *acquis communautaire*, as for example in the chapter entitled 'Social policy and employment', in the Act on Amendments to the Act on Maternal and Parental Support, which was adopted and published in Official Gazette 54/13. This amendment strengthened the legal position of those who need to look after children with developmental difficulties.

Legislation

Mandatory Health Insurance Act (Zakon o obveznom zdravstvenom osiguranju – Official Gazette 80/13);

Maternity and Parental Support Act (Official Gazette 85/08, 110/08, 34/11 and 54/13).

Carers' leave entitlement is in the form of sick leave to take care of a family member, for example a sick child or spouse, but not parents (Official Gazette 80/13). The carer's leave entitles employees to take from 20 to 60 days of paid leave, part of which is paid at the rate of more than 66% of net earnings. The longest period is up to 20 working days for a child over 18 years of age and spouse. Maximum leave entitlement of 60 days is reserved for taking care of children up to seven years of age. During this sick leave, termination of the employment contract by the employer is prohibited and the employee has the right to return to the same workplace and job. Earnings replacement is 100% when the child is under three years of age, and 70% of previous salary or wage when the child is between three and seven. All employed persons are entitled to the carer's leave under the condition that the person taken care of is living in the same household as the employee. The entitlement is, however, not available if the other parent is not employed. Leave criteria are applied from the first day of the employment contract.

At present, the attention of the social partners is oriented towards complex economic issues such as measures to overcome the economic crisis, increasing competitiveness, industrial policies, participation in harmonising legislation and other regulations, predicting and managing sector changes, and managing labour market processes. Job-sharing and other forms of flexible work arrangements are underdeveloped in Croatia. Although difficulties in combining work and household responsibilities are spread almost equally between both sexes, some surveys have shown that women perform household activities to a much greater extent than men do. During the discussions preceding the recent amendments of the Labour Law, there was no serious discussion of the rather neglected issue of harmonisation of work and family obligations.

Romania

Most entitlements to support the reconciliation of work and family life in Romania are implicit in nature; in other words they do not specifically address working carers but can nevertheless be useful for these workers. The Romanian Labour Code provides options for working time flexibility, flexible rosters or for part-time or temporary employment contracts. The employment contract may also be suspended temporarily for personal interests/reasons by mutual consent between employer and employee. Also, there are restrictions on termination of employment for personal reasons. Further, an employer is legally bound to consider, to the extent possible, employees' request for part-time working, in the same or in a different job. And finally, employers must inform their employees of the availability of part-time jobs at the establishment.

Collective agreements at sectoral and group of units level do not make explicit stipulations in addition to those permitted by the relevant legislation, but do give companies leverage to introduce in the collective agreements and their internal rules of order various measures to this effect, in consultation and by negotiation with the workers' representatives.

Legislation

Suspension of individual employment contract for personal reasons according to the Labour Code, Act 53/2003;

Part-time individual employment contract is regulated by the Labour Code;

Homeworking is regulated by the Labour Code;

Flexible work schedule is regulated by the Labour Code;

Unpaid leave is regulated by the Labour Code, Act 53/2003, as subsequently amended and supplemented.

According to the Labour Code, Act 53/2003, the employment contract may be suspended temporarily by mutual consent of the parties. This applies to all employees but the legal text does not specify the type(s) of situations when the applicant is entitled to suspend the employment contract, and the employee is not required to give an account as to what his/her personal interest is. Furthermore, all employers are legally bound to consider, to the extent possible, the employees' request for part-time working in the same or in a different job at the workplace. Employers must inform the employees of the availability of any part-time job, in case any of them may wish to switch from full-time to part-time work. To the extent possible, part-time options should be open at all levels. Again, the legal text does not specifically provide part-time work for care purposes. Accordingly, these are so-called implicit measures to support work-life balance for carers.

Homeworkers who perform their work duties from home are also free to choose their own working hours (Labour Code, Act 53/2003). In addition, flexible working time (Labour Code, Act 53/2003) has been subsequently amended and supplemented by various options:

- working time may be fragmented, provided the normal length of a working week is observed;
- the parties in certain economic sectors, organisations or professions may negotiate, on an individual or collective basis, or under the effects of law, a daily working time of more or less than eight hours;

- employers may agree to personalise working schedules, with the consent or at the request of the employee concerned. The daily length of a working schedule in this case must be divided into two entities:
 - a fixed time span in which the employee performs his/her duties within the core working hours (concomitantly with the other employees), and
 - a variable, flexible time span, which the employee chooses according to his/her own needs, provided that the cumulated daily working time is the regular one.

Income replacement is not linked to employment as in many other countries but to the care needs of the person cared for. The law provides that pensioners who have retired because of serious health problems (first degree of disability) should be entitled, in addition to their own pension, to a flat allowance (RON 610, or around €137, for the year 2013). A broader legislative framework allows for other, diversified, forms of payment to individuals who provide care to disabled persons, with no link to the employee status of the person who provides care services.

Unpaid leave regulated by the Labour Code has been subsequently amended and supplemented by Government Decision 250/1992 whereby employees are entitled to unpaid leave. The length of unpaid leave must, however, be included in a collective agreement or in the company's internal regulations. However, unpaid leave may be approved for an unlimited length of time for persons accompanying a sick spouse or close relative during medical treatment abroad. All employees requesting unpaid leave to provide care to sick persons need to obtain the approval of the Ministry of Health beforehand.

In 2011, a competition organised by the Centre for Partnership and Equality (CPE) selected five companies employing between 60 and 400 workers that were considered good practice examples in favour of employees that needed more flexibility for their specific work–life balance needs. These five companies were:

- Fabryo Corporation SRL, which ranked first for the ‘Best work–life balance programme’;
- Fin Expert Consulting SRL, for ‘Incentives to employees with communication and creative abilities’;
- Macromex SRL for ‘Care for male and female employees in difficult situations’;
- RHS Company SA for ‘Initiating a work–life balance programme tailored to employees’ needs’;
- Rohe Romania SRL for ‘Encouraging employees to live a healthy life’.

The best work–life balance programme implemented by Fabryo Corporation SRL offers its employees flexible working schedules, improved transport and facilities for sports, health, education and cultural activities; organises events for employees and their families; grants relief and gifts to its workers; and helps workers gain access to various services.

To conclude, on the one hand neither the authorities nor the social partners seem to be taking into account the future impact of ageing and implementing measures aimed at encouraging elderly people to stay in the labour market longer. On the other hand, legislation passed in recent years has removed inflexibilities from collective agreements and individual employment contracts but failed to tackle the impending process of population ageing.

Slovenia

Families play a very important role in care for the elderly in Slovenia and due to the prevalence of a traditional definition of gender roles care is still seen as a female duty and is mainly performed by female family members.

Work–life balance policies in Slovenia are mostly oriented towards care of children and much less towards care of other family members. The national labour regulations regulate the rights of employees to take leave when necessary in the event of certain emergencies in the family or to rearrange working time in case of a need to reconcile work and family life.

Legislation

Health Care and Health Insurance Act (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju) 2006;

Working time arrangement regulated by the Employment Relationship Act (Zakon o delovnih razmerjih) 2013;

Working time regulated by the Employment Relationship Act 2013.

The Health Care and Health Insurance Act of 2006 gives employees (insured persons) the right to compensation for sick leave when nursing a family member living in the same household. Compensation is regulated as follows:

- nursing a family member for up to seven working days;
- nursing a child till age seven or older children with moderate or severe physical or mental disabilities for up to 15 working days.

In cases where the health condition of a close family member requires longer care, a competent designated doctor can extend the right to compensation for up to 30 working days to provide care to a child up to the age of seven or older if the child is physically or mentally disabled and up to 14 working days for nursing another family member sharing the same household. The basis for compensation for nursing a family member is the average monthly wage. Compensation for nursing a family member amounts to 80% of the basis for compensation.

When employees are on unpaid leave, the pension and disability insurance period is not interrupted, as long as the social security contributions are being paid. For the length of absence from work due to care of a family member or parental leave, pension and disability insurance is not interrupted and has to be covered by the employer. Part-time workers have the right to proportional social security benefits but there are exceptions to the rule.

Some carers who care for family members with severe disabilities become part of the overall home care assistance service system. Home care assistants are entitled to partial payment for lost income. The period of performing tasks as a home care assistant is considered as an insurance period for pension entitlements and all other specific insurance features are also granted.

The Employment Relationship Act of 2013 allows employees to rearrange their working time upon their proposal to the employer when there is a need to readjust work–life balance. The act also gives carers the right to at least three additional days of annual leave. The act also forbids employers to demand overtime or night work from employees that are protected under articles 144 and 145. This regulation applies to employees providing care for a child until the age of three and those caring for children who are severely ill or children in need of special care, but not for older relatives.

At the sectoral level, most of the collective agreements offer additional rights and/or benefits. Collective agreements in the public and private sector provide some additional provisions to the Employment Relationship Act, regulating work and care reconciliation. Employees are protected from any allocation to another place of work without their prior consent in cases where this allocation could severely harm the possibilities for childcare and/or schooling and other life situations of an employee or his/her family. There are also additional regulations, specific to some of the collective agreements in the private sector: for example, according to the collective agreement in the extraction and processing of non-metallic minerals sector (*Kolektivna pogodba za dejavnosti pridobivanja in predelave nekovinskih rudnin Slovenije*), absence from work without wage compensation can be agreed between the employee and employer for the care of a family member.

Employers' associations see aims like gender equality, nursing of children and adults, a proper communication system between employer and employee, and promoting healthy physical and psychological well-being at the workplace as important in the debate on work–life balance. Trade unions, however, point out the need for employers to recognise the right to reconciliation of their employees to the largest possible extent. In 2012, for example, the Police Trade Union of Slovenia publicly presented to the Ministry of Internal Affairs documentation about the problems that young families face, and the need for employers to respect the parental protection rights of their employees (such as work allocation, work and family reconciliation).

In recent years, a mechanism called the Family Friendly Enterprise Certificate has encouraged employers to introduce measures to improve the work–life reconciliation of their staff. Provisions of this certificate, tailored to the company's profile shall be included in collective agreements at the company level. Examples of workplace arrangements that have been introduced by several companies, including Mercator, Terme Maribor and the Employers Association of Slovenia (ZDS), show that a range of different policies have been introduced:

- integration system after a long-term absence from work;
- flexible break;
- floating working time (start and end);
- possibility to work from home in exceptional circumstances;
- leaders' education in the field of reconciliation and social competences.

Another measure is the appointment of a work–life balance advisor to provide information and to help find solutions to employees' problems concerning the reconciliation of work and family responsibilities, taken by a large Slovenian pharmaceutical company and other Slovenian companies, such as Elektro Ljubljana, Sava and Zavarovalnica Maribor. Employees from these and other companies, undertaking the certificate measures, made positive comments on the impact of these measures on the possibilities for the improvement of their work–life balance.

The regulations mentioned provide a basis for Slovenian carers to reconcile their work and family obligations and some employers are going one step further through projects and initiatives that give carers additional help. Data on take-up rates from the Statistical Office of the Republic of Slovenia show that care is highly feminised – women most often take nursing and care leave. Data also show that it is hard for workers to exercise their rights concerning reconciliation.

Mediterranean countries

Cyprus

The reconciliation of work and family life is still understood as mainly relevant to the nuclear family (parents and their young children), and even more so to the relationship between children and their mother. The very few measures enshrined in national law refer to the need for childcare duties and are the result of the harmonisation of national law with EU legislation (for example, with regard to parental leave).

Legislation

Law 47(I)/2012 on parental leave and leave on grounds of force majeure;

Cyprus Productivity Centre (KEPA) implemented a subsidy scheme in 2006 for inclusion in employment with flexible arrangements.

The parental leave Law 47(I)/2012 primarily entitles working parents to take unpaid leave until the child reaches the age of eight, with the exception of parents of disabled children for whom the entitlement limit is extended to 18 years of age.

Leave on grounds of force majeure (Law 47(I)/2012) means that employees have the right, upon making a relevant application, to unpaid leave for urgent family reasons relating to illness or accident of dependent family members and necessitating the immediate presence of the employee. The duration of leave on grounds of force majeure is set at a maximum of seven days per calendar year and may be granted all at once or separately. Those entitled to leave on grounds of force majeure are employees who have worked at least six months for the same employer, including employees employed part time, under a fixed-term contract or contract/relationship of employment with a temporary employment agency. According to the interpretation of the relevant legislation, 'dependent family member' means a child, spouse, parent, sibling or grandparent. The implementation of Law 47(I)/2012 is based on harmonisation efforts with the EU directive after the accession of Cyprus to the EU. In a similar vein, the existing framework to increase flexibility in the Cypriot labour market is related to regulation of part-time and fixed-term employment, in combination with the respective European directives (97/81/EC, 98/23/EC and 99/70/EC).

With regard to promotion of flexible working arrangements for the purposes of reconciling family and work life, the Cyprus Productivity Centre's subsidy scheme for inclusion in employment with flexible arrangements is noteworthy. This scheme covers a relatively broad range of flexible arrangements:

- flexible working hours,
- individual working time accounts,
- shortening of the working week,
- telework,
- alternating/mixed telework,
- on-call work,
- job-sharing,
- homework,
- part-time employment and uninterrupted morning working.

The scheme also offers the possibility of combining different forms of flexible employment. In practice, however, the use of flexible arrangements via this scheme almost exclusively involves part-time employment, and beginning on 11 September 2013 the Ministry of Labour, Welfare and Social Insurance (MLSI) announced that this scheme had been suspended because of budgetary problems.

Another policy initiative is that by the ministry's Social Welfare Services for subsidising payment to economically inactive and unemployed female workers for services to their dependent family members. This is a measure directed exclusively at economically inactive or unemployed women who are responsible for the care of a dependent family member, who may be a child up to 12 years of age, an elderly parent (aged 65 years or older) and/or a child or parent with disabilities regardless of age, for the purpose of integrating these women into the labour market. However, according to data from the Department of Labour, due to the high unemployment rate (15.5% in April–June 2013), interest in this specific programme is extremely low.

According to the results of a study by the Cyprus Labour Institute (INEK) on gender equality in collective labour agreements (2008), reconciliation of work and family life is almost exclusively limited to how the legislation on parental leave and leave on grounds of force majeure is implemented in collective labour agreements. Another study carried out by the Women's Bureau of the Pancyprian Federation of Labour (PEO) in August 2012 aimed at identifying regulations that contribute to direct or indirect discrimination against women in the context of a reevaluation of Law 205(I)/2002 on Equality of Opportunity in Employment and Vocational Training. The reexamination of collective labour agreements signed by PEO showed that only 15 out of 292 agreements included regulations on family–work reconciliation. As regards the scope of Law 47(I)/2012, out of a total of 15 agreements, only three provided more favourable regulations.

In some cases the title of a specific regulation can be misleading, as in the collective agreement between the company Cyprus Forest Industries Public Ltd and the trade union organisations PEO and the Cyprus Workers' Confederation (SEK) for the period 2012–2013. Article 24 entitled 'Reconciliation of family and work' states that reconciliation efforts of work and family life should not burden the company with additional costs or create any difficulties for the running of the company. According to all three trade unions PEO, SEK and the Democratic Labour Federation of Cyprus (DEOK), the reasons for the insufficient inclusion of reconciliation issues on social partners' agenda lies mainly with employers. In the view of the unions, enterprises in Cyprus give employees very little support when it comes to their family responsibilities.

Conversely, the employers' perspective according to the Cyprus Employers and Industrialists Federation (OEB) is that more and more enterprises are introducing flexible working hours (for example, a 38-hour, four-day working week). OEB notes that as part of the programmes announced by the MLSI (such as the scheme for subsidising economically inactive and unemployed female workers for services to their dependent family members, mentioned above), the federation encourages its member enterprises, in the framework of the corporate social responsibility policies that they have developed, to inform their employees in this regard. It also encourages them to promote successive actions to associates, customers, members of the communities in which they do business and other stakeholders, with the aim of making use of existing policies and boosting the integration of female workers in the labour market.

Spain

The main actors responsible for long-term care in Spain are primarily members of the family (Tobío, 2013). The majority of innovative measures aiming at the promotion of reconciliation of work and family life were implemented by the Socialist Party (PSOE) government from 2004 to 2008 (Castaño and Caprile, 2010; Lombardo, 2009; Rodríguez, 2013) as part of its pioneering approach to gender equality.

More recently, the main policies and legislative reforms have been directed at improving productivity and competitiveness and, in this sense, the latest labour legislation reform enacted by the government in 2012 has even restricted work–life balance entitlements. In general, collective agreements tend to reproduce statutory regulation for the reconciliation of work and care, albeit that some good practices are found in sectoral and company agreements.

Legislation

The most important measures were enacted by means of:

Law 39/2006 on the promotion of personal autonomy and care for dependent persons;

Law 3/2007 for the effective equality between men and women;

Law 27/2011 on pension reform;

Law 3/2012 on labour market reforms.

In the past, measures for the reconciliation of work and family life in Spain were mainly designed in relation to improving women's employability in the labour market and for protecting the family rather than for promoting greater gender equality (Lombardo, 2009). Law 3/2007 then reinforced the role of collective bargaining in the promotion of gender equality and work–life balance measures by forcing companies with over 250 workers to draw up and apply negotiated equality plans. The law also aims to foster the involvement of fathers as caregivers and thereby increase the effective equality between men and women. All employees legally responsible for a child younger than eight years old or an unemployed person with a disability can make use of this working time reduction.

Law 39/2006, on the promotion of personal autonomy and care for dependent persons, helps the reconciliation of work and family life, by introducing a model of social protection for dependency. This law aims to provide public care services to help alleviate care responsibilities which usually fall on women and has a complementary role to support working carers. The law foresees two kinds of support: financial and in-kind services. The majority of the benefits provided so far have been subsidies and benefits for caregivers rather than financing the provision of direct services.

The most important measures were enacted by means of Law 3/2007 to establish effective equality between men and women. As far as the reconciliation of work and family life is concerned, the law formally acknowledged the employee's right to adapt the distribution and duration of their working time in order to make effective their right to reconcile work and family life. In practice, it extends the possibility of working part time and promotes the co-responsibility of both men and women with regard to care activities by introducing new temporary leave of absence aimed at fathers. Temporary leave as regulated in Law 3/2007 also gives mothers/fathers the right to extend paid maternity leave from 16 weeks to 18 weeks in the case of the birth or the adoption of a child with disabilities. The two additional weeks can be taken either by the mother or by the father. Temporary leave also gives fathers the right to paid paternity leave irrespective of the mother's right to maternity leave.

The possibility to work part time under Law 3/2007 was introduced by the Socialist Party government. It extended the possibility of working part time. Parents with children younger than eight years old (previously it was six) may reduce their working time by a minimum of one-eighth (previously it was one-third of the working time) and a maximum of one-half. Working time reduction could be applied by taking the day, the week or the month as a reference. The entitlement applies to all employees who are legally responsible for a child younger than eight years old or an unemployed person with a disability. Flexible work was also introduced by the previous Socialist Party government in the framework of Law 3/2007.

Since the advent of the crisis, and especially since 2012, reforms in labour market legislation implemented by the Popular Party (PP), such as Law 3/2012, have been making it more difficult for workers (particularly women) to reconcile work and family life (see Menéndez, 2013). The main measures enacted in the last two years prioritise employment creation over the quality of working conditions and the reconciliation of work and family life. One of the changes is that reduction in working time to take care of children younger than eight years old or people with a disability can only be applied for on a daily basis, whereas previously it could be applied for in relation to the working week or month. Moreover, the worker now has to advise the employer of his/her intention to reduce their working time 15 days before the start date. Law 3/2012 has also increased the power of employers to unilaterally adapt working time to production needs.

A recent cross-sectoral collective agreement determining criteria and guidelines that should be followed at the sectoral and company level only states that collective agreements, especially company agreements, should promote the rationalisation of working time in order to improve productivity. This fact clearly illustrates that the reconciliation of work and family life is far from being at the core of the collective bargaining agenda at this moment. The unemployment problem is leading social partners to focus almost exclusively on how to improve competitiveness and productivity.

Molina (2012) notes that Siemens' company agreement and Repsol's framework agreements are the only collective agreements found that include a specific clause on dealing with reconciliation. The rest of the collective agreements tend to include work–life balance measures within other clauses (especially working time clauses). Pérez (2010) also shows that collective agreements tend to reproduce the legislation when they regulate work–life balance measures. The author also points out that negotiations on working time tend to focus on how to adapt working time to productive needs and to a lesser extent on how to support a better reconciliation of work and family life. However, he also notes that the number of collective agreements that go beyond the statutory regulation in terms of work–life balance rights has increased since 2007.

Employers' associations agree with the current status quo regarding reconciliation of work and family life. The Collective Bargaining Circular 2012 of the Confederation of Employers and Industries of Spain (CEOE) only quotes the 'agreement for employment and collective bargaining' (2012–2014), stating that collective agreements, especially company agreements, should promote the rationalisation of working time to improve productivity and favour the reconciliation of work and family. None of the others either mention or suggest proposals about how to promote reconciliation between work and family life.

Researchers have observed that the unions' discourse on reconciliation is not completely homogeneous (Miguélez et al, 2007). There are differences between the official discourse and the discourse of the unions at company level (members or workers' committees and union sections). Generally, the official discourse on reconciliation emphasises the need to increase the union's influence on the employer's decision regarding the organisation of work and especially working time. Nonetheless, they understand, from a critical point of view, that reconciliation measures should not only be aimed at women. Rather, they understand that an equal distribution of care work between men and women should be promoted. Examples of this point of view appear in a document by the General Union of Workers (UGT) Women's Department (Serrano, 2012). However, the discourses of the unions at company level still tend to see the reconciliation of work and family life as a matter which mostly concerns women. Finally, it is worth noting that unions tend to associate reconciliation with demands to improve social services for dependent people.

Greece

For employees with specific care tasks to provide outside their work environment, the following instruments have been adopted: flexible work of a limited nature in the form of additional leave, for example to care for disabled persons; provision of allowances for home care for elderly people and the operation of support structures for people requiring assistance from collective structures (for example, Assistance at Home, Elderly Daily Care Centres – KIFI).

Legislation

Law 1483/84, Article 7, ‘Protection and provision of facilities to workers with family obligations’;

Law 1483/84, Article 8, ‘Working time flexibility (reduced work)’.

It must be noted that the regulations in the form of statutory provisions applicable to employment relations in the private sector are also included in the national collective labour agreements. According to the applicable legislation (Law 1876/1990), regulatory terms included in the national collective labour agreements apply directly to and are mandatory for all workers employed under a private contract employment relationship, irrespective of whether they work in the private or public sector. At the same time, and in order to clarify to both the workers and the employers their respective rights and obligations, the practice for many years has been to include the regulatory terms of national collective labour agreements in subsequent legislation. Thus, the statutory/legal provisions (except the regulations that refer exclusively to civil servants) are also included as clauses in national collective labour agreements. As regards the public sector, the reconciliatory measures (in addition to those related to childcare, motherhood and fatherhood) do also apply to civil servants.

Protection and provision of facilities to workers with family obligations enables workers to care for dependants in case of illness of the latter for six to 14 days per year (Law 1483/84, Article 7). This applies to care for children (whether natural or adopted) up to the age of 16, or for children over 16 who suffer from a certain health issue, for a spouse with a specific health problem, for single siblings with a disease or disability or for an elderly dependant.

Protection and provision of entitlements is also provided to workers with family obligations, which enables parents of children with disabilities (psychic, mental or physical) to work at a reduced working time of one hour daily without limitation (Law 1483/84, Article 8). This, however, only applies to salaried full-time workers in establishments employing at least 50 employees. Working time reduction comes with a corresponding reduction in salary and only with the consent of the employer. Leave may be awarded either partially or all at once, and no salary is paid during this leave.

The debate on the effect of demographic changes on labour and on the new demands they create is still at a very early stage. The basic tool for the reconciliation of work and family life is still the award of maternity leave, paternity leave and parental leave, and to a lesser extent other similar facilities (leave, reduced working time) provided to workers responsible for the care of dependants. Additional measures include subsidies to structures and agencies providing collective care of children, older people or patients, as well as the provision of allowances for children or tax reductions. Different facilities have been established in the private and public sectors. No policies have been seen so far which comprehensively address all aspects of the problems created by demographic changes, but such policies are the subject of debate.

Finally, it should be noted that in the case of additional regulations for the reconciliation of work and family life, up to now there has been no direct connection to demographic ageing. In general, the social partners accept the need to provide facilities to workers. Nevertheless, they have not developed specific proposals for the reconciliation of work and family

life in view of the new demographic conditions. It is important to note that the most recent rise in flexible employment arrangements is almost exclusively related to the needs of companies, and they are imposed on the workers by the employers.

Italy

During the past 15 years, work–family reconciliation has gained greater salience in the public and political debates in Italy, especially thanks to stimuli arising from the European Union. Some steps forward in the field of easing the reconciliation of work and care can be identified with regard to both public policies and occupational/contractual welfare solutions. However, by comparison to some other EU Member States, Italy still lags behind in many respects. The lack of a comprehensive framework law on long-term care has led, in fact, to institutional fragmentation and wide territorial heterogeneity.

Legislation

Law No. 104, 1992; Law No. 53, 2000; Law No. 183, 2010: Three-day monthly leave to assist a frail relative;

Law No. 53, 2000; Law No. 388, 2000; Legislative decree 151, 2001; Legislative decree 119, 2011; and amendments: Paid temporary leave to assist a frail relative;

Law No. 53, 2000: Unpaid temporary leave for documented severe personal or family reasons;

Law No. 53, 2000: Flexible working hours schedules;

Decisions by the Court of Cassation, No. 11597/2003 and No. 1396/2006; Law No. 183, 2010: Carers of severely disabled relatives have some facilities with regard to the place of work.

First, Law No. 104 of 1992 was the very first framework law in the field of disability in Italy. It was a parliamentary initiative that followed a long process, as the first proposal was drafted in 1987. The scope of the law was that of dealing with the issue of disabled persons and it was not directly targeted at the problems of population ageing. Second, Law No. 388 of 2000 (Budget law for 2001) extended the right to paid leave for care reasons to relatives other than parents, amending Law No. 53 of 2000, that had introduced the right to paid leave for parents of severely disabled children. Third, Law No. 53 of 2000 was a parliamentary initiative, whose examination started in October 1999, based on the review of a number of previous draft bills including a governmental one (C. 4624, 3 March 1998). Fourth, Law No. 183 of 2010 was a delegation law, initiated by a draft bill of the government in August 2008, and then implemented through Legislative Decree No. 119 of 2011. Fifth, Legislative Decree No. 151 of 2001 and Legislative Decree No. 61 of 2000 were government initiatives to implement Council Directive 97/81/EC of 15 December 1997 concerning the framework agreement on part-time work concluded by UNICE, CEEP and the ETUC. Below is a more detailed description of the specific entitlements of each of the legal instruments.

Laws No. 104 (1992), 53 (2000) and 183 (2010) and amendments give working carers the right to request three days of paid leave per month but this right is restricted to full-time employees who assist a frail relative. Private sector employees can spread the leave by hours or half days over the year. For part-time workers, the number of hours is proportionate to their working hours. For a worker to take advantage of this facility, the assisted person must be deemed ‘severely disabled’ under the conditions set by Law No. 104 of 1992. Some categories of workers are, however, excluded from the benefit: homeworkers, domestic workers, fixed-term workers in the agricultural sector and project workers. The person cared for can be the spouse and relatives such as parents, parents-in-law, adult children, children-in-law,

grandparents, grandchildren, sister/brother (including in-laws). Third-degree relatives can access the benefit if they do not have parents or a spouse, or if they are older than 65, or disabled. Cohabitation status is not required.

Law No. 53 of 2000 and amendments give carers the right to request paid temporary leave – of up to two years – to assist a frail relative. The period of up to two years applies to the whole duration of working life. The leave can be segmented into days, weeks and months. The assisted person must be deemed ‘severely disabled’ under the conditions set by Law No. 104 of 1992. In addition, the disabled person must not be, on a full-time basis, in a residential care facility but the employee providing care can be on a fixed-term contract and/or working part time. The entitlement covers all relatives such as the spouse, parents, adult children and siblings. For this entitlement, also, cohabitation (same address as the person requiring care, yet not necessarily the same residence) is required; however, exceptions are made in some cases for parents caring for their disabled children.

Unpaid temporary leave for documented severe personal or family reasons (also in relation to Law No. 53 of 2000 and amendments) gives workers the right to request temporary leave – up to two years – in case of need, such as for the death of a relative, to assist a relative or for severe personal problems other than illness. The leave can be continuous or divided into shorter periods (days, weeks, months). This scheme is applicable to private and public sector employees, including those on fixed-term contracts and part-timers, and extends to all family members (including common-law family members) and relatives (up to third-degree relatives). Cohabitation status is not required. Collective agreements should specify the rules governing the procedures for requesting the leave, its approval and refusal. The approval can also be partial or delayed in time. However, until the definition of the procedure by collective agreements, the employer shall, within 10 days of the request by the employee, communicate the result to the employee. Any denial, partial approval or proposal to postpone the leave to a later period must be justified by productive and organisational reasons that do not allow the substitution of the employee. At the request of the employee, the application must be reviewed in the next 20 days. In the case of fixed-term employees, the employer may deny the leave due to incompatibility with the duration of the contract.

Flexible working hours can be agreed according to Law No. 53 of 2000 and amendments. Incentives are given to small and medium-sized firms that adopt contractual agreements introducing flexible working time arrangements targeted at workers with caring responsibilities (for underage children, disabled persons or elderly people). These arrangements have to be agreed on and written in a contractual agreement between employer and employee. Following ‘the place of work facility decisions’ by the Court of Cassation, No. 11597/2003 and No. 1396/2006 and Law No. 183 of 2010, carers of severely disabled relatives have some flexibility with regard to the place of work. Carers of severely disabled relatives have the right to:

- refuse to be transferred to another site without previous agreement;
- choose, where feasible, the place of work in order to be nearer to the place of residence of the assisted person. This applies to private and public sector employees, including those on fixed-term contracts and part-timers.

This type of protection applies to all carers of people considered to be severely disabled under the conditions set by Law No. 104 of 1992. In a similar fashion, working carers are exempt from night work, according to Legislative Decree 151 of 2011 and amendments. Finally, according to Legislative Decree No. 61 of 2000 and Law No. 247 of 2007 and amendments, carers of severely disabled relatives are to be prioritised when they would like to revert to part-time hours. Carers are not, however, entitled to work part time if their employer does not agree to this.

The ‘care allowance’ scheme (Indennità di accompagnamento) is the main benefit that helps people in need of full-time care to compensate carers. The scheme was introduced in 1980 by Law No. 18 and is universalistic, as it is funded through general taxation, no previous social security contribution is required and no means test applies. The only

criterion for eligibility is 100% disability,¹³ assessed by the Local Health Agency. The benefit in 2013 was equal to €499 a month, paid directly to the disabled person who can use the money freely, usually to compensate informal carers or to fund formal care. With reference to the care allowance, it is important to stress that the measure was primarily meant to help adult people with disabilities. Originally, it was not linked to concerns relating to elderly dependants. In the past two decades, however, due to population ageing and increasing rates of old age dependency, the scheme recorded consistent growth in terms of both beneficiaries and costs. As illustrated by Gori (2011), by the end of the 2000s, 73% of beneficiaries were aged 65 and over.

With regard to healthcare, since 1978 the Italian national health service provision has been universal in coverage, so anyone who is providing care will themselves be covered, whether they are in paid employment or not. Difficulties might arise with regard to pension entitlements, as the time spent providing care is not considered as such. Different regulations in fact apply to people on leave for caring reasons, depending on the type of leave. Workers providing care are protected against dismissal in case of leave. The law provides that dismissals motivated by requests for leave are not valid. Once workers return from leave they have the right to return to the same (or equivalent) position they had before.

In Italy, collective agreements often include measures to reconcile work and family responsibilities. Yet, it must be highlighted that the availability and the generosity of contractual welfare schemes tend to be largely limited to certain occupations and company sizes. Overall, three reconciliation measures are more frequent in collective agreements.

1. One of the most common measures set by collective agreements is the hours bank, which gives employees an individual account of hours that can be accumulated and then ‘spent’ in the form of hours off work.
2. Collective agreements are expected to set a quota of part-timers as a proportion of total employees, below which the employer is required to accommodate new requests.
3. Since the agreement signed by social partners in 2004 on the promotion of teleworking, collective agreements have started to include this form of flexibility to help workers deal with reconciliation needs.

Rules and procedures have to be agreed by sectoral agreements between social partners and then detailed by company-level agreements. Usually, priority is given to cases with disability and caring needs for children below the age of eight or disabled relatives.

During the past two decades, contractual welfare measures have started to become more common at the territorial and/or company level too. As illustrated in a survey conducted in 2011–2012, due to the backwardness of public welfare intervention in the field of reconciling work and caring functions, contractual/company-level measures have proved to be particularly interesting, even though limited in scope (Ascoli et al, 2012). According to the survey, about 95% of large firms in Italy with more than 500 employees had introduced a welfare scheme.

Measures regarding pensions and healthcare were the most common provisions. Schemes aimed at promoting the reconciliation of work and family life were less common, being available in just one out of four/five companies (18.5% of companies provided childcare-related schemes, 9.4% had a fund for long-term care, and 28% provided leave additional to statutory leave).

¹³ Disability in this context means the assisted person must be assessed as not able to carry out common daily living activities autonomously.

If pensions, long-term care and healthcare-related schemes were primarily derived from national sectoral agreements, reconciliation measures appeared more often linked to agreements decided at the firm level. The provision of leave for family reasons in addition to those provided by national legislation can be traced back to national sectoral agreements and firm-level agreements (Ascoli et al, 2012).

Following a proposal by the Ministry of Labour and Welfare, in 2011 social partners signed a joint document on reconciliation issues (Ministry of Labour and Welfare, 2011). The document envisaged several actions aimed at supporting work–life balance as a means to enhance female labour market participation. In particular, teleworking was identified as a way of promoting work–life balance and conceived as a ‘good practice’ to be enhanced and monitored at national level, together with flexitime arrangements, working time accounts, the option to revert to part-time hours in case of caring needs, and short-term leave at the company level. In the same document, social partners asked the government to adopt specific measures of tax relief or social contribution exemptions to foster the development of reconciliation measures at the company level.

Article 9 of Law No. 53 of 2000 (as amended by Law No. 69 of 2009) introduced specific financial incentives to encourage employers to undertake positive actions in the field of work–life balance. In particular, companies might get financial support for projects aimed at:

- introducing forms of flexibility (including hours banks, flexitime, part-time hours, teleworking), more favourable than the existing ones based on national provisions and sectoral agreements;
- organising training courses for workers who return to work after a period of leave of at least 60 days;
- creating ad hoc services for employees, to better promote the reconciliation of work and family life, including the creation of networks at the territorial level.

Ninety percent of public funds are targeted at employees, whereas the remaining 10% might be used to finance projects directed at self-employed and autonomous workers. In the period 2001–2009, about 1,300 projects were submitted, of which 738 were funded.

To conclude, recent pension reforms in Italy increasing the pensionable age for female employees, to further reduce pension expenditure in the short term, will contribute to making informal home care more difficult. Unions and pensioners’ unions in particular have tried since the second half of the 2000s to trigger an encompassing reform with the aim of alleviating the family care burden. To date, however, since the advent of the economic and financial crisis, reforms have primarily focused on reducing public expenditure rather than on expanding social protection.

And finally, during the past 15 years, work–family reconciliation has gained more salience in public and political debates in Italy, especially due to stimuli arising from the European Union in relation to the promotion of female employment. With specific reference to population ageing and the concerns related to old age dependency, despite the attempts made in the second half of the 2000s to pass a coherent reform in the field of long-term care, a framework law is still not in place. In the current scenario, inter- and intragenerational solidarity is to a large extent expected to fill the gaps of the social protection system, through either informal or private market services.

Malta

Most of the national policy so far has focused on parental care of young children, with the goal of increasing the female employment participation rate. There seems to be a lack of awareness of the situation of employees, in particular those in the private sector, needing time off work or flexible working arrangements to take care of other relatives.

Legislation

Urgent Family Leave Regulations 2003 (Subsidiary Legislation 452.88);

National Standard Order on Telework 2008;

Part-time work regulated in the Part-Time Employees Regulations 2002;

Whole-time employment with reduced hours regulated in the Employment and Industrial Relations Act (Main legislation chapter 452, section 24).

In the context of the Urgent Family Leave Regulations, employees can take time off from work on grounds of force majeure, for urgent family reasons in the case of sickness or accident making the immediate presence of the employee indispensable. Reasons for urgent family leave include:

- accidents to members of the immediate family of the employee;
- the sudden illness or sickness of any member of the immediate family of the employee requiring the assistance or the presence of the employee;
- the presence during births and deaths of members of the immediate family of the employee.

A minimum total of 15 hours paid leave per year for urgent family reasons shall be deducted from the annual leave entitlement of the employee. The leave entitlement covers cases involving care for the immediate family: husband, wife and married or unmarried children, as well as family relations up to the first degree, and whether living in the same household or not, and persons having legal custody of a child.

In agreement with the employer, employees can also opt for telework and thus can carry out tasks away from the employer's premises (Subsidiary Legislation 452.104). Telework may also be required as a condition of employment in an employment contract, depending on the agreement reached between parties or on the employment contract.

Subsidiary Legislation 452.79 provides for the removal of discrimination against part-time workers while improving the quality of part-time work. It contributes to the flexible organisation of working time, taking into account the needs of employers and employees. Part-time employees are entitled to all the benefits enjoyed by comparable full-time employees, such as vacation leave, sick leave and statutory bonuses on a pro-rata basis.

Full-time employment with reduced hours facilitates agreements between employer and employee based on full-time working with a reduced hours schedule. This instrument allows the flexible organisation of working time, taking into account the needs of both employers and employees. The granting of reduced hours remains at the discretion of the employer. Full-time employees on reduced hours are entitled to the corresponding share of the wage and all the other benefits in line with working time reduction to which full-time employees in similar employment with the same employer are entitled in terms of the recognised conditions of employment applicable to them.

On the one hand, trade unions suggest that more family-friendly measures should be introduced through legislation. For instance, the Union of United Workers (UHM) in its proposals for Budget 2013 called on the government to amend labour legislation to give employees the right to demand to work on a reduced hours timetable. On the other hand, employers disagree on the issue of further enhancements in legislation concerning family-friendly measures and insist that such changes should be promoted across the private sector on a voluntary basis (Malta Chamber of Commerce, Enterprise and Industry website, 2011).

The present government is aware of demographic changes relating to ageing and their consequences. The government has appointed a new Parliamentary Secretary for Active Ageing and Disability Rights, together with a Commission for Active Ageing, to draft an active ageing policy. The current situation requires a holistic approach with an emphasis on enhancing the provision and eventual uptake of family-friendly measures in the private sector. Unless addressed, the situation may lead to significant socioeconomic constraints where it could also adversely affect the highly sought-after goal of increasing the female activity rate, which is particularly low for those falling into the 55–64 age bracket and which, at 16.8% registered in 2012, is the lowest among the EU28 (Eurostat).

Portugal

According to the Labour Code, paid leave and extended leave only applies to the care of children. Part-time schemes, flexibility of working time and reduced working time are also rights for workers with care responsibilities for children. Furthermore, parents with young children are not obliged to perform overtime or to comply with hours bank schemes. The provisions enabling workers to take care of adult spouses/partners and in particular elderly relatives are very limited in terms of the Labour Code, as well as in relation to collective agreements, although in theory collective agreements could include more favourable provisions.

Legislation

Labour Code 2009 and 2012 (Article 49): Paid short-term leave;

Labour Code 2009 and 2012 (Article 252): Unpaid short-term leave;

Labour Code 2009 and 2012 (Articles 152 and 55): Part-time work;

Labour Code 2009 and 2012 (Article 56): Flexible working time;

Labour Code 2009 and 2012 (Article 54): Reduction of normal weekly working time.

Paid short-term leave as regulated in the Labour Code 2009 and 2012 (Article 49) allows employees to assist children (in case of accident or illness) for a maximum period of 30 days per year. This leave has to be justified by assistance to the applicant's own family and concerns all employees. According to Article 252 of the Labour Code, justified absences to assist the family allow employees to be absent for a maximum of 15 days a year without pay. This is to assist family members in the case of accidents or serious illnesses. In the case of the spouse/partner, the entitlement comes with an extra 15 days per year. The days of absence are not remunerated but are considered to be working days (in relation to seniority, holidays, social security, pensions and so on). All employees' spouses and cohabiting partners, relatives in the ascending line (father/mother, grandparents and in-laws) or second-degree relatives (siblings and siblings' in-laws) are covered by the law.

To justify these absences, the employer may ask the employee for proof of the urgent need for care, as well as a declaration that other household members, if professionally active, did not miss work for the same reason or cannot

provide care. Workers are also entitled to take care of relatives in the ascending line (parents and grandparents) even when they do not live in the same household.

Article 152 addresses collective agreements, which have to include provisions that workers with family responsibilities should have preference over other workers for part-time work permissions in companies. In this sense, collective agreements have to include specific provisions for workers with family responsibilities when it comes to part-time entitlements, which means work defined as up to 75% of full-time work. This applies specifically to workers with young children (less than 12 years old) or regardless of the age for children with a disability or chronic illness.

Flexible working time according to the Labour Code (Article 56) introduces flexibility of working time in the sense that the employee can choose, within certain limits, the start and end of the normal working day. Particular focus is given to workers with care duties, for example for young children (less than 12 years old) or regardless of age for children with a disability or chronic illness. The Labour Code (Article 54) also entitles workers caring for young children less than a year old with a disability or chronic illness to a reduction of five hours of normal weekly working time.

In summary, in the case of care for elderly relatives, the only provision is unpaid leave of up to 15 days a year, and the workers with care duties do not receive compensation for foregone earnings. Legal provisions on part-time work prescribe that collective agreements have to include specific provisions for workers with family responsibilities. Employees with care responsibilities should have precedence over other workers when it comes to granting part-time work. But in relation to flexible or reduced working time there are no specific provisions which focus on care responsibilities for adults or elderly relatives.

When it comes to working time arrangements (rosters), the Labour Code does not prescribe collective agreements with favourable rules for working carers, but in general collective agreements do not have such favourable provisions for workers with care responsibilities for adults or elderly relatives. In relation to the justification of absences and their duration, the Labour Code rules are imperative and collective agreements cannot extend the number of justified days of absence for family care.

In sharp contrast to the progress made in raising awareness of the rights of workers with care responsibilities for children, public awareness and policies relative to workers with care responsibilities for adults and elderly relatives have been extremely limited. Furthermore, the care facilities for chronically ill adults or elderly people (such as home care or nursing homes) remain very limited and represent a heavy economic burden for working families. Income loss seems to be one of the major burdens that must be faced when labour market participation is reduced to provide care for a relative.

Either a worker has to leave their job to take care of a relative, accepting the unavoidable economic consequences, or they have to cope with the stress of reconciling professional life with the care of disabled or chronically ill adults and elderly relatives. The ongoing economic crisis and austerity cuts on wages, social support and pensions are aggravating the situation. A double approach is needed to improve the situation of working carers: more publicly funded support infrastructures and improving the rights of workers with care responsibilities, including receiving compensation for foregone earnings.

Liberal welfare states

Ireland

The reconciliation of work and family life was a priority for the government and social partners under the Programme for Prosperity and Fairness (PPF) agreed in 2000 where the government, the Irish employer organisation (IBEC) and the Irish Congress of Trade Unions (ICTU) agreed to work together to support the development of family-friendly policies in the workplace.

The focus of the activity was to support and guide the voluntary development and implementation of family-friendly policies at the level of companies. Since the collapse of the social partnership system that underpinned Irish industrial relations for 20 years and the onset of the economic recession, the issue of work–life balance has not been at the forefront of social partner considerations and discussions.

However, research has shown that there was a ‘marked’ increase in the use by organisations of and the take-up by employees of flexible working practices between 2003 and 2009.

Legislation

Temporary leave: Carer’s Leave Act 2001;

Parental Leave (Amendment) Act 2006;

Part-time work: Protection of Employees (Part-Time Work) Act 2001;

Work–life balance: Employment Equality Act 1998 and the Equality Act 2004.

The Carer’s Leave Act of 2001 allows employees to leave their employment temporarily to provide care for someone in need of full-time care and attention. The minimum period of leave is 13 weeks and the maximum period is 104 weeks. Employees who have been employed for a continuous period of 12 months are eligible, and the person to be cared for must be deemed to be in need of full-time care and attention by a deciding officer of the Department of Social Protection. The decision by the department is reached on the basis of information provided by the family doctor of the person the worker will be caring for.

The parental leave act entitles parents to take unpaid parental leave from employment in respect of children up to eight years old. This act also gives employees a right to ‘force majeure leave’. This is limited leave from work where, for urgent family reasons, the immediate presence of the employee is indispensable owing to an injury or illness of a close family member. The maximum amount of force majeure leave is three days in any 12-month period or five days in a 36-month period. Employees are entitled to be paid while on force majeure leave. Parental leave is available for employees who have been employed for a year at least. For force majeure leave, all employees are covered.

The Part-time Work Act ensures that part-time employees cannot be treated less favourably than a comparable full-time employee regarding terms and conditions of employment (except in exceptional circumstances where there are ‘objective grounds’). However, it is important to note that there is no legal right to work part-time hours in Ireland. Part-time work, job-sharing, flexitime and working from home are at the discretion of the individual employer.

The Employment Equality Act and the Equality Act deal with employment discrimination related to any one of nine grounds including gender, civil status and family status. Most employment issues are dealt with by these acts, including dismissal, equal pay, harassment and sexual harassment, working conditions, promotion and access to employment. Employees cannot face discrimination based on gender, civil status or family status. These acts apply to all employees.

The reconciliation of work and family life was a priority for the social partners under the Social Partnership Agreements. Under the agreements IBEC and ICTU agreed to work together to support the developments of family-friendly policies in the workplace. The focus of the activity was to support and guide the voluntary development and implementation of family-friendly policies at the level of the enterprise. However, since the collapse of social partnership in 2009 and the onset of the recession, work–life balance issues have not been a major priority for the social partners.

According to Barry and Vasquez del Aguila (2009), there are few specific incentives for women to return to work after a period of leave or to facilitate a return to paid employment in general. Leave for family and other purposes is largely discretionary. Certain key employers of women, for example the civil and public sectors, provide a range of flexible work and leave arrangements.

United Kingdom

Carers and parents are covered by legislation on the right to flexible working, which tends to imply that the two groups have the same needs and face the same obstacles. In addition to planned adaptations to working conditions, there are also rights to emergency time off for employees.

Debates among social partners and in companies have tended to focus on how to embed good practice of the existing flexible options rather than thinking about the development of new options, though there has been some recognition that more ought to be done to support carers meeting both domestic and work commitments.

Individual employers may have their own policies which go beyond the statutory provision. Some employers may respond to individual circumstances in informal and ad hoc ways. There are no explicit arrangements which are specific to the public sector. Similarly, private sector employers may develop their own responses, but these are not formalised into sectoral agreements.

Legislation

Flexible work according to the Work and Families Act 2006;

Time off for dependants is part of the Employment Rights Act 1996.

The Work and Families Act 2006 gives carers the right to request changes to their working patterns to better manage their caring obligations. The request can cover changing hours, times or places of work. Examples of flexible working options include job-sharing, working from home, part-time working and compressed hours. This same legislation also makes provision for parents or legal guardians to request flexible working arrangements.

Any employee can ask their employer to be allowed to work flexibly, but certain employees have the legal right to request this. Employees must have 26 weeks' continuous service with the employer at the time of the application and be a parent or carer as defined by the legislation. Care recipients can be the spouse, partner (cohabiting), civil partner or relative, or live at the same address as the adult in need of care. 'Relative' includes parents, parents-in-law, adult children, adopted adult children, siblings (including those who are in-laws), uncles, aunts or grandparents and step-relatives.

It should be noted that the legislation does not guarantee the right to flexible working patterns for carers (of children and adults); rather, it guarantees a 'right to request'. Employers can reject requests for 'business reasons' which may be one or more of the following: extra costs; inability to meet customer demand; work cannot be reorganised among existing staff; staff cannot be recruited to undertake the work; flexible working will have an effect on quality and performance; there is a lack of work to be done at the proposed times; or the business is planning changes to the workforce.

The Employment Rights Act 1996 makes provisions for time off in the event of an emergency. The entitlement is not limited to certain categories of employees. Employers may pay employees for time off for dependants, but there is no legal obligation to do so. A company's human resources handbook or the contract of employment may make clear the employer's position on this. The legislation makes provision for emergency leave.

Examples of an emergency include illness (mental or physical), injury or assault, a child being involved in an incident at school, a dependant having a baby or disruption in care arrangements. In the case of illness, this definition of emergency may include worsening of existing conditions; the key point is that the employee did not have prior warning.

Time off to attend pre-booked appointments is not covered under this arrangement, though other forms of leave may be available. Employees taking time off for dependants are protected by the law against adverse treatment; for example, employers must not treat employees unfairly as a result of taking time off (by refusing training or promotion, for instance), dismiss or select them for redundancy on the basis of having asked for time off, and employers must not refuse reasonable time off. It must be noted that this provision, like the previous ones, is not a legal entitlement. Eligibility relates to employment status – employees are eligible while workers without employee status and who are self-employed are not.

A Trades Union Congress (TUC) press release of 15 February 2013 was made in response to the release of official statistics noting a 600,000 rise in the number of unpaid carers since 2001 (Trades Union Congress, 2013). The TUC expressed concerns that this unpaid work is not given the recognition it deserves from government and employers. The flexible working arrangements in place were not felt to adequately address this growing demand and there is concern that women especially will be marginalised within the labour market, or forced to leave if suitable support for carers cannot be put in place. The Confederation for British Industry notes that caring responsibilities are one of the major reasons for absence from work and this issue is likely to become more important over time (CBI, 2013). The report notes that this is partially being addressed through the founding of such groups as Employers for Carers. Evidence of bargaining agreements or company-level agreements relating to care practice is difficult to find.

The Carers in Employment Task and Finish Group made recommendations in August 2013 on how to improve existing practice; there is less appetite for changes in regulations from this group (Carers UK, 2013). Rather, many employers already follow good practice (on a voluntary basis) in relation to helping employees balance work and care and the focus should be on spreading this good practice. The final report of the group also notes that it is equally important for the care sector itself to grow. The debate is therefore couched in terms of making carers aware and effecting cultural change so that employers are more likely to grant these applications and can understand the benefits to them of doing so. It is likely therefore that in lower-paid, lower-status and possibly smaller workplaces where awareness of policy (on the part of both employees and employers) is likely to be lower that carers struggle to maintain dual roles.

The Care Bill is currently being debated in the UK parliament. Among its proposals are to recognise carers as being eligible for support and protection in the same way that those they care for are. Support will be arranged at a local authority level and, as plans stand, carers may be charged for any support they receive. Charging will be a local-level decision. These plans do not relate specifically to balancing employment and care.

Currently an estimated 16% of the European working age population is providing either full-time or part-time care, and most of these people are also in employment. Informal carers are mostly relatives and women – spouses, middle-aged daughters or daughters-in-law. The share of full-time carers and inactive carers is higher in southern European Member States while part-time carers and carers managing to reconcile work and care are more common in northern Europe. Estimates suggest that the economic value of unpaid family care as a percentage of the overall cost of long-term care in EU Member States ranges from 50% to 90% (European Commission, 2013). It seems advisable to reduce the cost of formal long-term care, but the idea of substituting it with informal family care is ill-advised. It should be pointed out that this report deals with the reconciliation of work and care and not the organisation of long-term care in general; for this refer to recent publications by the European Commission (2008e; see also Comas-Herrera and Wittenberg, 2003), the European Commission (2014) and the OECD (2011 and 2013).

The current policy models for long-term care in most European Member States are not sustainable in the light of the demographic shift that will take place in the coming decades. As they age, one woman out of two and one man out of three will need intensive long-term care as a result of disabilities due to health problems. To provide help to dependent older people and children with disabilities, most countries use a mix of formal and informal care provided by different actors. Usually families, and in particular women, play a major role in providing informal care.

More than half of family carers are also in paid employment, but in general not enough attention is paid to carers who are excluded from labour market activity because of their care responsibilities. There is empirical evidence from other research that the care duty is often taken on by those family members with the least opportunity costs, in other words those who do not have to give up other valuable activities. In this sense, very often the responsibility to provide care is given to a family member who has exited the labour market, either because of unemployment or retirement (Reichert and Franke, 2011, p. 19). With demographic change and increasing labour market participation of ageing workers, this scenario will, however, change in the future (see Barkholdt and Lasch, 2006). However, differences are huge between countries.

The conservative insurance-based regime in Germany, in combination with a male breadwinner/female carer model, leads to substantial work restrictions for women. In the Mediterranean countries however, care of older people is culturally and institutionally managed by their family and especially the women in the family. Public responsibility is usually low and so are employment rates (Principi et al, 2014, pp. 221ff). In Greece, for example, limited public responsibility and low employment rates contribute to frequent complete withdrawal from the labour market, again particularly by women. In the Italian case, the financial support which is relatively generous is used by many families to hire undeclared migrant workers, so that the care needs do not always require major work restrictions (Principi et al, 2014). In Poland, large solidarity patterns and an overall low employment rate contribute to low levels of work restrictions in a context of a shortage of public and formal services. One option that is very popular in Poland is that people become self-employed to manage work and care more flexibly (Principi et al, 2014). The Swedish model of generous welfare services and benefits (designed as support for older persons) shows that high employment can coexist with a sustained and high informal level of care. In the UK, care relies mainly on private services and the state leaves the brunt of the care burden to families, thus caregivers cannot give up work completely and have to find a way to reconcile work and care as much as possible (Principi et al, 2014). In countries where the long-term care infrastructure and services are well developed (for example, the Nordic countries, the Netherlands and Luxembourg), there is less pressure to support workers with care needs than in countries relying essentially on female family members to reconcile work and care.¹⁴ It is thus evident that if the state takes on some or most responsibility for long-term care, reconciliation issues are not so pressing.

¹⁴ The report *Long-term care in Europe*, based on the EU-funded Interlinks project, shows that in northern European countries the state is responsible for financing long-term care. On the contrary, in southern and eastern European countries families are considered responsible (Leichsenring et al, 2013). The OECD report *Help wanted?* notes that the Nordic countries and the Benelux countries spend more tax money on long-term care than the OECD, but Hungary, Poland, Portugal, Slovakia and Spain allocate significantly less (OECD, 2011) (see also European Commission, 2014).

This mapping of the care contexts will be important for the discussion on the reconciliation of work and care. The important point to stress here is that there are many actors involved in care provision and many institutional policy frameworks are involved in the reconciliation or care question. Therefore, it is often difficult to coordinate all actors and strategies and each country seems to have its own mix of strategies. By default, however, families seem to designate care duties to a family member with the least opportunity costs, often older female non-working relatives.

Formal and informal care are often substitutes, but should rather be conceived as complementary to each other (European Commission, 2013). While formal care is costly for the economy and public finances, informal family care also comes with a price: many individuals are forced to give up work if they do not find the necessary support from their employers and colleagues and/or support from other care providers, especially public or private services. The consequence is that those individuals who cannot combine work with care duties will not contribute to the economy, will pay no taxes or social contributions and will often have to rely on public support when they are old themselves because of a lack of pension entitlements. For this reason there needs to be a better way of reconciling work and care. The interest here in family carers underlines the importance of a formal care workforce and the creation of a sensitive and sensible relationship between formal and informal care in the future.

The optimal solution for policymakers seems to be to organise support for informal care and provide a mix of formal and informal care. The possible solutions for working carers could be economic support for carers involving cash allowances for care provided or using social protection entitlements in combination with care leave entitlements. The best way to do this is to instigate negotiations for a flexible organisation of working time between social partners or between employers and employees. If there is no legal entitlement for staff to work part time or to take time off for emergencies or longer absences for care reasons, or to avail of flexible working arrangements, some sort of agreement needs to be reached. A minimum protection of workers with care duties is then needed so that the position of an employee towards their employer is strengthened and employers cannot simply make the worker in question redundant to avoid changing the organisation of work.

A higher-level support mechanism is working time flexibility, ranging from flexible start and finishing hours, to entitlements to switch to part-time work for a fixed time period, to the possibility to work from home and long-term working time accounts where overtime can be cumulated and used at a later stage of life for purposes such as care duties. Sometimes, under agreements by social partners within companies, employees can save up hours in a cumulated 'overtime fund' or all workers can contribute one or more of their annual leave days to the fund and whenever a worker is in need of time for family reasons, he or she can take leave using up these 'time credits'. This practice has been agreed between the social partners at the Casino group, a French supermarket chain.

On a higher level still comes emergency leave, usually a very brief period of a few days where the worker can be absent from work to deal with an emergency situation at home. Emergency leave can be extended to become short-term leave (short-term leave is often not distinguishable from emergency leave, for example in Austria). Emergency leave, as presented in Chapter 5 on the European policy context, is called 'force majeure leave for family reasons' and is included in the parental leave directive. It has, however, not been implemented in most countries.

On an even higher level of entitlement are diverse ways of securing income during periods of care. This may range from a simple means-tested minimum allowance, to a fixed care benefit (depending on the severity of the illness of the care receiver) often paid by a care insurance, to a fixed replacement rate of the salary – a wage paid by the local community to the carer. In this case, the carer becomes an employee of the local council for the duration of the care provision. The most sophisticated entitlement is the payment of the full salary throughout the period of absence. This only exists for short-term leave (mostly filial leave) in Italy and Luxembourg. Of course this type of wage replacement has a fixed maximum. The filial leave in Luxembourg is only five working days and the total salary is paid by the government, not the employer (see also ETUC et al, 2008).

Reconciliation regimes may gradually develop¹⁵ from a default situation where care is given by, for example, a female family member who has the lowest opportunity costs and eventually has to give up work, to a regime where work and care are manageable because of a whole set of care leave entitlements, working time flexibility, teleworking and reduced working hours without too much impact on the carer's income situation. The initial ideal-typical situation describes the absence of any reconciliation support. On a higher level comes employment protection which is supposed to strengthen the bargaining position of a worker in relation to the employer, enabling them to reach an agreement to reconcile the work tasks and care duties at home. There are no clearly defined entitlements but anything from reduced working hours to unpaid leave can be the outcome of negotiation between the individual worker and the employer.

It can be argued that paid long-term leave is not the type of policy that is really needed, because it comes very close to putting an employment relationship on hold. All countries which have this foresee that either the health insurance pays a means-tested benefit for the carer (for example the *indennità di accompagnamento* in Italy) or relatives who provide full-time care are employed by the local authorities. It is therefore also questionable whether such carers are still working carers in the sense of this report. Long-term care leave typically ranges from a few months to up to two years or more.

Statutory provisions at the national level referring explicitly to working carers tend to be underdeveloped. In a few countries, the working carer issue has begun to feature quite strongly in the national and sectoral social dialogue contexts. In only a few countries, mainly in western Europe, do collective agreements seem to play an important role to either provide further instruments for the reconciliation of work and care or to implement the national guidelines. Direct coverage in collective agreements has started to emerge in some countries (such as Austria, Germany, the Netherlands and Slovenia). The issue has also received growing attention from the trade union movement in some countries (Austria, Germany and the Netherlands), including efforts to raise awareness and support action at the lower levels of the union movement (works councils) and research on the working carer issue among the membership (for example in the Netherlands), as well as more general promotional efforts.

Only in Germany and Denmark have the policymakers made reference to demographic change in their legislative efforts. In Germany, demographic change, the lack of skilled workers and reconciliation issues is seen as a set of linked problems and therefore plays a role in the reconciliation debate. Demographic change was a major driving force behind the German Care Leave Act of 2008 and the Family Care Leave Act of 2012. Even in Denmark, a country where reconciliation policies play a big role, the impact of demographic change is not a driver of policy initiatives. This was also the case in the Netherlands, but this appears to be changing. The issue and consequences of demographic change seem to be recognised by public authorities in most EU Member States and so is the need to implement policies to facilitate the reconciliation of work and care. However, in many Member States very little has been done and in most Member States the link between demographic change and working carers is not included in the policy motivation.

¹⁵ This 'development' is to be understood as ideal-typical and not as a necessary process of evolution. Again, a parallel can be drawn to the pyramid of the hierarchy of needs from Maslow where basic needs do not need to be fulfilled as a necessary condition for the fulfilment of a higher-level need. In this sense, a country may lack employment protection for carers – employees may be protected otherwise anyway – but still have long-term leave entitlements. Luxembourg is a good example as it has only the most sophisticated leave arrangements but none of the basic rights.

Employer organisations have also engaged in promotional and other initiatives in some countries. More generally, various promotional initiatives on this issue have been introduced in a number of Member States, involving ministries, social partners, NGOs and other relevant stakeholders. However, much more needs to be done in this context to really meet the needs of carers and avoid excluding them from the labour market. In countries where there is neither a clear national policy nor support for carers by the social partners, companies are often the only actors that implement innovative policies for helping carers. This is, however, only a rare phenomenon so far. It should also be made clear that some countries, such as the Netherlands, already have many ‘implicit’ policies for working time flexibility and do not necessarily need more ‘explicit’ reconciliation policies. These countries therefore score less well in this study while in the literature they are regarded as well suited for workers with care duties and their reconciliation issues.

In this study, it was possible to group countries according to three alternative strategies in support of working carers. They represent what Robert K. Merton termed ‘functional alternatives’, that is alternative institutional arrangements to serve the same function. This report noted the frequencies of each type of measure adopted across the EU28 that were analysed. In 21 out of the 28 countries analysed, short-term leave is implemented as a measure to help to reconcile work and care. In 19 of the countries surveyed, working family carers are protected from dismissal. Specific employment protection may protect working carers from dismissal while they have to reconcile work with care. This is also of primordial importance because all initiatives that would be legally imposed on employers or agreed between social partners would be useless if workers having to reconcile work and care were not protected from dismissal during periods of high levels of stress looking after a relative in need. Protection from dismissal is even more important when there are no legal entitlements and the reconciliation is an individual issue that has to be dealt with between employer and employee. It gives the worker a certain security to demand that their private commitments to care need to be considered when workplace arrangements are to be modified.

Flexible working time arrangements were also very common (18 out of 28 countries) and in some countries are the main instrument to facilitate work and care. Working time flexibility can take four different forms: flexibility of start and finishing work times, reduction of working time, working from home and long-term working time accounts. There are also different strategies to enable carers to dedicate themselves fully to nursing: first there is paid or unpaid leave, depending on the length of time a worker is absent for reasons of care or to take a break from the highly stressful situation of having to reconcile work and care. Such periods of leave would usually be from a few weeks up to a few years. A second option would be flexible working time, inside or outside of core working hours, and if possible ad hoc; that is to say, if an emergency comes up the worker should be able to leave their post immediately. Finally, the option of working part time may be given for reasons of reconciliation of work and care.

Many implicit and explicit entitlements come at the cost of a reduced income. Some countries foresee compensations like income replacement or continuation, while others provide the caregiver with resources they can spend in exchange for care provision irrespective of whether the care is delivered by formal professional services or relatives. In some countries, this resource figures as the sole income of caregiving family members, especially in economically underdeveloped regions.

The most advanced countries have sophisticated care-leave arrangements with or without generous wage replacement. It is thus possible to isolate countries with fully-fledged care regimes based on extended leave entitlements, care regimes based on flexible work (time) organisation and residual care regimes with leave entitlements and protection of working carers. In the latter, workers have to come to an individual arrangement with their employer, knowing that they are protected from dismissal. In the former two groups, public authorities set a framework of entitlements that working carers can use to reconcile work and care. The most generous countries when it comes to reconciling work and care are Belgium, Denmark, Finland, France, Germany and Sweden. In these countries, carers can use a series of thematic leave

types (emergency leave, short-term leave, long-term leave) lasting from a few weeks up to a year or more. In Austria, Ireland and the UK, the generosity is much lower, but the principal instruments are the same.

A second group of countries seem to rely mostly on flexible working time arrangements with a moderate level of entitlements: mostly the Visegrád countries (Czech Republic, Hungary, Poland and Slovakia), but also the Netherlands and most of the Mediterranean countries (Cyprus, Greece, Malta, Portugal and Spain). Bulgaria, Latvia and Romania also fall into this group. None of these countries made it into the top group of countries with sophisticated and generous entitlements. Bulgaria, Greece, Hungary, Latvia, Poland and Slovakia are actually quite rudimentary in the level of their entitlements. The fact that they are in the same category as Cyprus, the Czech Republic and the Netherlands is due only to the principal strategy of supporting working carers, which is flexible working time arrangements.

Finally a group of countries where the reconciliation of work and care is not yet high on the agenda and leave entitlements are the exception includes Croatia, Estonia, Italy, Luxembourg, Norway and Slovenia. There is no legal entitlement to working time flexibility in most of these countries. Only in Italy and Norway is there the possibility to reduce working hours for care reasons. Instead, these countries have relatively strong protection of workers with care duties. Protection of working carers is usually written in the Labour Code and is a remnant from the Socialist past in many countries in eastern Europe. Estonia scores low because the level of the entitlements is very low (one day emergency leave, employment protection for personal reasons only and seven days of short-term leave with wage replacement covered by care insurance).

It is clear that both the public services providing formal care services and the diverse policies for working carers as described in this report help the reconciliation effort. It appears that some countries in Europe are good at both while others do not provide either at sufficient levels. It is much harder to be a working carer in the southern Member States than in the northern Member States. In northern Europe, having to provide care is not associated with a substantial reduction in employment. A good level of provision of formal care and diverse support instruments enable people to combine work and care. In southern Europe, caring means cutting down on paid work either through taking up part-time work or early retirement. A further alternative also common in eastern Europe is to become self-employed in order to be more able to reconcile work and family life.

The European Commission (2013) suggests that future strategies for long-term care give particular attention to social investment-oriented strategies combining preventive health measures with active ageing and to implementing a sustainable mix of formal and informal care where productivity concerns drive care delivery and measures increase the ability of older people to continue independent living even when they become frail and develop disabilities. The willingness and ability of family members to provide informal care depends on their own welfare concerns, in particular their continued capacity to be in employment and their own social protection and pension entitlements.

Most family carers do, however, want to continue working, even in a reduced way, and most frail elderly people prefer to be taken care of by relatives.

In a way all three alternatives – formal long-term care infrastructure, specific policies for the reconciliation of work and care or simply legal employment protection of workers with care duties – are functional equivalents that support people who need care either by formal professional services or by their relatives. They are, however, not mutually exclusive features of long-term care policy, but can and should be used as mutually supportive measures. It is not a case of having one alternative versus the other, but a case for the right mix of policies that at best support the provision of care to frail elderly people in need of care support.

Support and especially care leave takes the pressure off carers and the likelihood of the primary carer leaving their employment is consequently reduced, especially if some formal respite care is available when necessary. The literature review also showed that working can represent a respite from care in itself. Still, informal carers find themselves under considerable stress, trying to balance work and family care. The worst outcome is of course when carers are not in employment, see their resources dwindle and lose their pension entitlements, and end up having to live in poverty themselves. It is for all these reasons that public authorities and the social partners have to make more effort to help this particular group – all the more so in the light of demographic change, as the issue is getting increasingly urgent.

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Annex 1: Cardinal summary indicator methodology

Summary indicators greatly facilitate the analysis of institutional contexts and their impact on the functioning of society in areas like the labour market, skill provision, work–life balance and many more aspects of people’s daily lives (see for an illustration OECD, 1999). The building of an indicator enormously simplifies the task of comparing 28 countries pairwise on each of eight dimensions.

The method of ‘ranking of averaged ranks’ pioneered by the OECD has been used to construct summary indicators since the 1990s (for example, OECD, 1999; Bassanini and Duval, 2006; OECD, 1999, 2003 and 2004). It was originally developed for the OECD by Grubb and Wells (1993), who were among the first to develop a cardinal summary indicator to ‘score’ countries on a number of detailed aspects of the regulatory situation, and then apply a ‘rank-average-rank’ technique.

A first step in summarising collected information on a particular regulation is to transform it into a normalised cardinal score. The higher scores represent more generous entitlements (for example, from working time flexibility to teleworking, see coding scheme below). At this stage, variables are expressed in non-comparable units such as days, hours, money or even ‘yes-no’ type of information (for example, the right to return to one’s original job after a period of unpaid leave). Table A1 indicates the coding scheme used to summarise the information contained in the tables on national policies (see Table A2). Countries are then ranked according to the level of entitlements using average ranks and ignoring countries that do not have any indication. When it comes to working time flexibility all countries that have none are ranked 0. The countries with only working time flexibility will get the same average ranking. There are 11 countries with entitlements to working time flexibility and reduced working hours, so the average rank is 6 (countries ranking from 1 to 11 and $(11+1)/2=6$). Then there are six countries that have working time flexibility, reduced working hours and teleworking and their average rank is 14.5 (ranks 12 to 17 and $(17+12)/2=14.5$). And finally one country, Finland, prescribing long-term working time accounts¹⁶ is ranked 18 for having the most sophisticated working time arrangements for carers.

Having converted all of the first-level measures into numerical rank scores that are in comparable units, it is mathematically straightforward to form various averages across dimensions. Countries without ranking on a dimension get 0 on that respective dimension. Consider Finland again: This country gets the ranks 18, 0, 8, 17, 0, 7.5, 3, 0 on the successive dimensions, as can be seen in Table A3. The arithmetic average is therefore 6.69 $(18+0+8+17+0+7.5+3+0)/8=53.5/8=6.6875$). This represents a single summary indicator corresponding to successively higher levels of sophistication of entitlements to reconcile work and care (for more on the methodology see: OECD, 1999; Nicoletti et al, 2000; OECD, 2004).

The country with the highest score is Denmark with 8.69. Although Denmark does not have working time flexibility for carers, it has extremely generous leave arrangements for carers with a high level of income replacement. Germany and Italy also have very high scores. Germany scores high because of the generous entitlement to emergency leave of 10 days (Care Leave Act – Gesetz über die Pflegezeit, PflegeZG) and generous arrangements of short-term leave of up to 180 days with income replacement by the long-term care insurance. In Italy, especially long-term care is very generous with income replacement by health insurance.

¹⁶ The Finnish part-time pension scheme allows employees to reduce working hours. An insured person aged 61–67 may be granted a part-time pension, providing his/her pre-retirement career has been long enough.

Table A1: Coding scheme to interpret the national regulatory framework to support the reconciliation of work and care

Dimension	Coding operation
Working time flexibility	1=working time flexibility 2=1+reduced working hours 3=1+2+teleworking 4=1+2+3+long-term accounts
Emergency leave	Number of days
Carer-specific employment protection	1=protection from lay-off for personal reasons 2=protection from economic lay-off only 3=protection from all lay-offs 4=protection beyond the period of care
Short-term leave	Number of days (9=no upper limit)
Short-term allowance	1=means tested fixed amount 2=fixed amount 3=paid through care insurance 4=wage replacement (%) 5=fixed wage paid by local community 6=full wage continuation
Right to return to same job	yes=1, no=0
Long-term leave	Number of days (999=no upper limit)
Long-term leave allowance	1=means tested fixed amount 2=fixed amount 3=paid through care insurance 4=wage replacement (%) 5=fixed wage paid by local community

Table A2: Entitlements coded

See Table A3 for the ranking resulting from the coded entitlements

	Working time flexibility	Emergency leave	Carer-specific employment protection	Short-term leave	Short-term allowance	Right to return to same job	Long-term leave	Long-term leave allowance
	See table	Days	See table	Days	See table	Yes/no	Days	See table
	(1)	(2)	(4)	(5)	(6)	(7)	(9)	(10)
AT	2	150	1	90	3		270	
BE	2	9	1	60	2	1	365	3
BG			1			1		
CY		7	2			1		
CZ	3	1		1	4			
DE	2	10	2	180	3			
DK		9	2	180	5		999	5
EE		1	1	7	3			
ES	2		1			0.5	730	
FI	4		1	125		1	359	
FR	2		1	310	2	1	360	
EL	2			14				

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	Working time flexibility	Emergency leave	Carer-specific employment protection	Short-term leave	Short-term allowance	Right to return to same job	Long-term leave	Long-term leave allowance
	See table	Days	See table	Days	See table	Yes/no	Days	See table
	(1)	(2)	(4)	(5)	(6)	(7)	(9)	(10)
HR				60	4			
HU						1		
IE		3	1	728		1		
IT	2		1	36	6	1	730	3
LT	3		3	30				
LU				5	6		520	
LV			1					
MT	3	3		3				
NL	2	1		10	4		30	
NO	2		1	60	5			
PL	2							
PT	2		1	30		1		
RO	3		1			1		
SE		9	1	100	4	1		
SI		2	1	30	4	1		
SK	3							
UK	3	9		103	1			
Count	18	13	19	21	15	13	9	3

Table A3: Ranking of the entitlements

See Table A2; ranking is done by average ranking procedure

	Working time flexibility	Emergency leave	Carer-specific employment protection	Short-term leave (paid)	Short-term allowance	Right to return to same job	Long-term leave	Long-term leave allowance	Average rank
	(1)	(2)	(4)	(5)	(6)	(7)	(9)	(10)	(11)
AT	6	13	8	14	5	0	2	0	6.00
BE	6	9.5	8	12	2.5	7.5	5	1.5	6.50
BG	0	0	8	0	0	7.5	0	0	1.94
CY	0	7	17	0	0	7.5	0	0	3.94
CZ	14.5	2	0	1	9	0	0	0	3.31
DE	6	12	17	18.5	5	0	0	0	7.31
DK	0	9.5	17	18.5	12.5	0	9	3	8.69
EE	0	2	8	4	5	0	0	0	2.38
ES	6	0	8	0	0	1	7.5	0	2.81
FI	18	0	8	17	0	7.5	3	0	6.69
FR	6	0	8	20	2.5	7.5	4	0	6.00
EL	6	0	0	6	0	0	0	0	1.50

Working and caring: Reconciliation measures in times of demographic change

	Working time flexibility	Emergency leave	Carer-specific employment protection	Short-term leave (paid)	Short-term allowance	Right to return to same job	Long-term leave	Long-term leave allowance	Average rank
	(1)	(2)	(4)	(5)	(6)	(7)	(9)	(10)	(11)
HR	0	0	0	12	9	0	0	0	2.63
HU	0	0	0	0	0	7.5	0	0	0.94
IE	0	5.5	8	21	0	7.5	0	0	5.25
IT	6	0	8	10	14.5	7.5	7.5	1.5	6.88
LT	14.5	0	19	8	0	0	0	0	5.19
LU	0	0	0	3	14.5	0	6	0	2.94
LV	0	0	8	0	0	0	0	0	1.00
MT	14.5	5.5	0	2	0	0	0	0	2.75
NL	6	2	0	5	9	0	1	0	2.88
NO	6	0	8	12	12.5	0	0	0	4.81
PL	6	0	0	0	0	0	0	0	0.75
PT	6	0	8	8	0	7.5	0	0	3.69
RO	14.5	0	8	0	0	7.5	0	0	3.75
SE	0	9.5	8	15	9	7.5	0	0	6.13
SI	0	4	8	8	9	7.5	0	0	4.56
SK	14.5	0	0	0	0	0	0	0	1.81
UK	14.5	9.5	0	16	1	0	0	0	5.13

Annex 2: Questionnaire used to collect information from national correspondents

Final questionnaire for the EIRO CAR on Impact of demographic change on policies for reconciliation of work and family life

[Correspondent:] Please change the title to: '<Country>: Strategies to help workers reconcile work and care duties.'

[Correspondent:] Length and format

The responses of the national centres should be no longer than 2,500 words.

Important: Please use this EIRO template questionnaire to respond, filling in the answer to each question underneath that question. Please also be reminded to fill in the metadata.

Please retain all headings in the document. Do not change the text of the headings. You may add sub-headings if necessary. Please retain any text appearing in blue, which uses the 'Comment Text' paragraph style, as this will be automatically removed prior to publication. All other text (not in headings or in comments) will be retained and published online, so please ensure that it is suitable for publication.

If you have any queries on administrative issues (deadlines, submission etc), please contact Catherine Cerf (cce@eurofound.europa.eu) in the first instance. If you have any queries on the content of the information requested, please contact Jean-Marie Jungblut (jnj@eurofound.europa.eu) who is coordinating the study.

[Correspondent:] Timing

The deadline for the submission of national contributions is 30 September 2013.

In order to fill in this questionnaire it is absolutely necessary to carefully read the accompanying guidelines (i.e. briefing note).

Abstract – Required

[Correspondent:] Please provide an abstract of maximum 100 words.

Summarize the situation in your country as further elaborated below, first regarding the national context to reconcile work and care, then sectoral and company initiatives of good practice. End with giving a brief appreciation of the situation.

Background notice

[Correspondent:] This first section is meant to provide a background for the report.

- The reconciliation of work and family life has usually been considered in relation to parents with young children, but demographic changes in both workforce and general population call for a whole of working life course perspective.
- Demographic change: more and more ageing workers working longer while life expectancy is increasing means that workers are more likely to become caregivers while still working. This means that in the 20 to 30 years to come the most numerous cohorts (now aged around 40) will gradually have care duties for parents, relatives, partners and sometimes for their own children too. This will need to be reconciled with work responsibilities.
- The working age population in the Euro Area is projected to decrease by nearly 30 Million between 2010 and 2060 while at the same time persons needing care will almost double in the same period from now around 8 million to over 15 million in 2060. Therefore shortages on the labour market have to be met with more flexible arrangements for working carers to keep as many people in employment as possible.

- Traditionally in the past, wives looking after the household would have taken on the duty to give care to relatives in the family, including the parents of their husband. Since female labour market participation has increased significantly across Europe, this solution is less and less likely and men would have to combine work with giving care as well as women do and both need to find ways of conciliating the two realms of action. It is very important to note the gender dimension of the debate as in past bargaining agreements (e.g. Italy: maternity provisions in the 2000 budget law) only women were subject to regulation.
- As the singularisation of society progresses (due to divorce or death of partners), more and more often children have to care for their parents and often they do themselves live as singles, so that they will not be able to rely on their partner to provide income. This was easier in the past when women would take care of elderly in a society where the male breadwinner model was still highly common. Now and in the future increasingly men will have to take over at least informal care duties of parents as no one else will be able to do this
- Care of elderly by their own relatives and friends will also become more frequent as the possibility of public service provision and welfare arrangements are not possible due to retrenchment of welfare services on a broad scale. It is difficult to imagine that welfare states will see a much increased role for elderly care in most Member States. The more so as those countries with the most ageing demographic structure are also the ones economically most in distress.
- The extension of pension age and working life up to 67 or even 70 years of age increases the likelihood of becoming a caregiver. Employers will need to consider measures to retain staff and to maintain productivity. Workers on the other hand have to learn how to combine both activities without having their own health put in jeopardy. So there needs to be an innovative way to enable a better combination of work and care for employers and employees alike. So there is an important role to be played by the social partners now and in the future. Some agreements have been reached at company levels in some Member States, but sector agreements or national agreements are still rare.
- Although there are ample legal frameworks and bargaining agreements in place across Europe to reconcile work and family life (see e.g. EUROFOUND 2006: <http://eurofound.europa.eu/pubdocs/2006/06/en/1/ef0606en.pdf>) care of dependents with health problems is not often mentioned in such arrangements (exceptions are for example the Austrian provisions to facilitate the return to work after a period of elderly care). This report however only covers the period from 2000 to 2004 and so needs to be updated. It is worth noting that many bargaining agreements mention “social leave” which includes childcare as well as care for disabled children and elder relatives.
- The main approach providing the flexibility for workers with care duties is through working time arrangements. Other approaches include differentiated work organization, e.g. self-organized team work where the members of a team can decide who works when in a relatively flexible manner. Job-rotation and job-sharing would be other instruments that make it possible to combine work with care duties. Another possibility would be the existence of older experienced workers, who replace fellow workers who are on care leave. Therefore work organization matters and has to be adapted to such circumstances when workers have to reconcile work and care. Another way of adapting the needs of carers is to assign them job tasks that allow frequent breaks and more or less longer periods off work without interrupting the workflow of their employer. Such tasks could be auxiliary activities that do not need to be linked directly to the core activity of the company (e.g. documentation activities, repairs, etc.).
- Flexible working time arrangements can take three different forms. First there is paid or unpaid leave, depending on the length of time a worker is absent for reasons of care or to take a break from the highly stressful situation of having to reconcile work and care. Such periods of leave would usually be from a few weeks up to a few years. A second option would be flexible working time, inside or outside of core working hours, and if possible ad hoc, that is to say, if an emergency comes up the worker should be able to leave his or her post immediately. Finally the possibility to work part-time may be given for reasons of reconciliation of work and care.

- Working time arrangements that permit reconciliation of work with care duties are not the only feature of a more adequate environment allowing combining work with family responsibilities. Another important aspect is pension entitlements during times off work but dedicated to the care of relatives. This is of course highly important in light of female labour market participation, as the fact to have an own old-age income is fundamental in the decision for women to participate in the labour force.
- Specific employment protection may be given to carers, to protect them from dismissal while they have to reconcile work with care. This is of primordial importance because all initiatives that would be legally imposed on employers or agreed between social partners would be void if workers having to reconcile work and care would not be protected from dismissal during periods of high levels of stress looking after a relative in need.
- In the case workers interrupt their work to provide care to a relative or allowing them to have different work tasks or going on unpaid care leave, there needs to be a guarantee for such workers to return to their initial position once the care period is over. This is important to avoid any long-term career consequences for workers who had to care for one or more relatives.
- This questionnaire seeks to document and understand how demographic changes are being considered in the development of policies and collective agreements for reconciliation of work and family life.

1. What national policy(ies) do exist in <country> that deal(s) with the reconciliation of work and family life?

Please use the table below to answer the following three questions 1.1 to 1.3. Formulate the answer as brief as possible. For any further explanations, additions or considerations, please make bullet points below the table making sure to introduce each comment with the same letter used to identify for the policy in the table. The table should contain as many policies as there are relevant to this topic, so do not hesitate to add rows after row D.

1.1. Who did introduce these policies? Was it a governmental initiative, a parliamentary initiative or a tripartite agreement? Please do use the table below to respond.

Under policies we understand any kind of work arrangement that allow workers to have flexible working time arrangements, flexitime, and take leave for a shorter or extended period (paid or unpaid leave), part-time work etc. The policies mentioned have to be enshrined in national or regional law or labour regulations and in general applicable to all employees (but can also have exceptions to be mentioned here), i.e. represent an entitlement, but motivated by the need of care duties other than own children. Please use the enumerations below the table to answer who initiated the policy and if and how they address or incorporate demographic change.

1.2. Who is entitled to such an arrangement and who is excluded from it?

Is the regulation applicable to all dependent employees or only to permanent employees and under certain conditions (e.g. seniority)? Are workers on probation, fixed-term contracts or other categories of employees excluded on purpose from such provisions?

1.3. What does the entitlement consist of? When and how can workers avail of these arrangements / entitlements?

Please list the exact dimensions of the entitlements, what it consists of, minima, maxima of entitlements. Always keep in mind that these entitlements HAVE to be applicable for the care of persons with health problems and not exclusively children without disabilities. Are there any restrictions as to who care will be provided for (e.g. partner, parents, first degree relatives etc.)? Is it possible to have arrangements to care for friends or neighbours?

[Correspondent:] Please answer to these questions in the table on the following page and if necessary add additional comments below the table, introduced by the letter of the policy each comment addresses.

Total number of words for this section: 700

Please insert the responses in the following table

	Category	Name of policy	Definition	Entitlement	Coverage	Relevant person
A	Example*: Temporary leave	Carer's Leave Act 2001	Allows employees to leave their employment temporarily to provide full-time care for someone in need of full-time care and attention.	The minimum period of leave is 13 weeks and the maximum period is 104 weeks.	Employees who have been employed for a period of 12 months continuous employment.	The person you are proposing to care for, must be deemed to be in need of full-time care and attention by a deciding officer of the Department of Social Protection. The decision by the Department is reached on the basis of information provided by the family doctor (GP) of the person whom you will be caring for.
B	Example*: Flexible work	The Work and Families Act 2006	Gives carers the right to request changes to their working patterns to better manage their caring. The request can cover changing hours, times or places of work.	Employees may be required to work within set times but outside of these 'core hours' have some flexibility in how they work their hours.	Employees with 26 weeks continuous employment at the date they make an application.	Spouse, partner (cohabiting), civil partner or relative, or live at the same address as the adult in need of care. 'Relative' includes parents, parent-in-law, adult child, adopted adult child, siblings (including those who are in-laws), uncles, aunts or grandparents and step-relatives.
A						
B						
C						
D						
...						
...						

Note: * These examples are taken from the Irish and UK case only as an example; please fill in below what is the legislation in your own country.

Please complete any additional and relevant information to these regulations below if needed, preceding the text block with the capital letter.

- A. ...
- B. ...

1.4. Are there major discrepancies between the entitlements of the above mentioned measures and the take-up rates?

How commonly are these measures used by workers who are entitled to use them? Is there any knowledge about how often workers do not claim their right to any of the above measures? Are there any measures, evaluations about the discrepancies between entitlements and their use? Please refer to each policy as listed in the table above.

2. Additional collective agreements that provide a framework for the reconciliation of work and care

[Correspondent:] Section 2.1 and 2.3 centre on agreements that go beyond the legal framework set out by national authorities and asked in the previous section. Identify and briefly describe such arrangements and if possible, include online references (links). Section 2.2. is addressing the whole of regulations on reconciliation measures at any level.

2.1. Sectoral agreements between social partners

These usually go beyond the statutory regulation providing a framework for the reconciliation of work and care. Are there any such agreements specific for the public sector in your <country>? Are there specific sectors of the private sector that provide a more tailored framework for the work and care reconciliation? Are any of these provisions directly motivated by 'demographic change'?

2.2 What are the social partners' opinions on reconciliation measures?

What is the position of the employers' associations on existing measures (such as referred to in sections 1 and 2, i.e. public policies and collective agreements)? What is the position of the trade unions on such policies? Are both actors aware of the need to assist workers here in the future? What changes are social partners thinking of to improve existing regulations? What proposals have social partners put forward for the future?

2.3. Are there any awareness campaigns relative to these topics to incentivise workers and employers to this future problem?

For each initiative, please clearly indicate:

- a) Are the trade union organisations involved?*
- b) What are the reasons which have led to these actions and campaigns?*
- c) What are the target groups (all employees, only certain groups, such as those just mentioned above or others to be specified)?*
- d) What are the strategies used (for instance direct campaigns and contacts with workers at workplaces, wide-public communication and information campaigns, web campaigns, and so on)?*
- e) What is the focus of such strategies (basically either collective bargaining or interest representation or service provision)?*

Total number of words for this section: 700

3. What financial arrangements (for public or collectively agreed policies) are provided to workers with care responsibilities?

[Correspondent:] This section should provide information on income compensation for carers and other arrangements regarding social benefits or income replacement. The compensations can stem from a public regulations or some other type of arrangement.

3.1 Do workers with care duties receive compensation for foregone earnings?

This compensation can either be directly paid to the account of the carer to compensate for earning losses or paid to the person in care to spend at her will on the care provider (private or public organism or to someone providing care in addition to having a job, our point of interest). Is there a particular fund through which this is organized, like the German Pflegeversicherung or a benefit like the Carer's allowance in the UK? Please refer only to benefits that care providers are entitled to, not vouchers that can be spent on in-kind services.

Total number of words for this section: 200

3.2 Are carers' social benefits preserved, even if they are on an extended leave to give care?

Does a worker who decides to give care to a relative and stops working for some time or take part-time get full coverage of social benefits, like health care, pension entitlements etc. during the period he or she provides care? What are the arrangements for part-time workers, what are the arrangements for those going on unpaid leave? Is the time spent giving care taken into account by the pension regime?

Total number of words for this section: 200

4. Do employers facilitate workplace arrangements and tasks for carers?

[Correspondent:] This question addresses company arrangements – employer's initiatives that complement other entitlements.

Are there any examples of bargaining agreements in your <country> that foresee a rearrangement of tasks and duties for workers to accommodate for their care duties outside work? One example would be job-sharing, job rotation in self-organized teams that would enable carers to interrupt their work in case of emergency. Another example would be jobs that allow interruptions without consequences for the workflow of the company. Could you also please identify company-level agreements such as e.g. access to training for working carers who change tasks or return full-time to work or any other measure that supports the return to work.

Total number of words for this section: 250

5. Legal protection for workers caring

Is there a legal protection against dismissal for workers having to reconcile work and care in your <country>? Is there an obligation for employers to find a solution together with the worker in question to find a mutually agreeable arrangement for the reconciliation of work and care? Do workers have the right to return to the same job they had once they return from an extended care period? Are these arrangements part of the national legislation or outcomes of negotiations between social partners?

Total number of words for this section: 250

6. Commentary by the NC

a). Please provide your own comments on the present state and recent trends in this policy area.

b). Please do also report if and in what sense social partners do suggest to change / improve existing regulations.

Total number of words for this section: 200

Insert name of author

As the average age of the European population and of the European workforce rises, more people of working age will have to combine employment with the provision of care, especially to elderly relatives. There are many actors and institutions involved in organising such care, and many institutional frameworks governing the issue of reconciling care and employment. This study shows the challenges involved in combining work and care, and what measures are available to working carers to allow them to balance these demands. Such measures may be contained in national labour legislation, collective agreements or company initiatives – or in a combination of the three. While a few EU Member States are much further along than others in terms of enabling people to combine working life with care, a great deal remains to be done in all countries to enable working carers to remain in the job market while meeting the demands of looking after a relative at home.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency, whose role is to provide knowledge in the area of social and work-related policies. Eurofound was established in 1975 by Council Regulation (EEC) No. 1365/75, to contribute to the planning and design of better living and working conditions in Europe.

