ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Greece

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European Social Policy Network (ESPN)

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The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

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Summary/Highlights

In Greece, long-term care has remained for years an underdeveloped public policy area and continues to be a 'family affair'. State support for non-self-sufficient older people and disabled people includes limited direct provision of institutional care, coverage of some care needs through social insurance and local authority programmes, and very limited support for informal family caring via tax reductions.

In general, although there is a variety of care structures and programmes concerning the provision of long-term care services, these do not operate under a rationalised, well- organised and institutionalised body. Moreover, the care services provided are of limited coverage and thus their supply falls well short of the demand for such services, being inadequate to meet the ever rising needs in this area.

Accelerating population ageing, combined with a lack of decent institutions for disabled people and lack of essential support services for people in need, leave families without assistance in their efforts to protect their dependants and ensure for them a life with dignity. The current crisis in Greece has rendered the family even more important than in the past, given the shrinking of private resources and the cutbacks in public benefits and services. It appears that the family will continue, even if unwillingly, to be the primary institution delivering long-term care in Greece.

Despite this, the country still lacks work-life balance measures to support family carers. In fact, Greece is considered to be among the four European Union (EU) countries in which it is most difficult to combine work and care. The few existing relevant measures for family carers, which consist mainly of short-term leave schemes and a reduction of working time, can hardly be considered as adequate work-life balance measures. Other benefits and support services for family carers, such as cash benefits and benefits-in–kind, are almost non-existent. In general, existing work-life balance measures are both limited in scope and uncoordinated. As such, they are able to have hardly any impact on the well-being of either the carer or the cared for.

Caring duties for dependent relatives are undertaken mostly by the women of the family, who often withdraw from the labour market for this reason or are discouraged from looking for work at an early stage, as employment opportunities are low and public support for long-term care is very limited. The lack of flexible working arrangements, together with the very restricted extent of leave schemes, undoubtedly have a bearing upon the low employment rates presented by those women who care for their dependent relatives.

There is an imperative need to take concrete action to implement a major reform of the overall long-term care system, which remains grossly inadequate to meet the ever rising needs in this area. This reform should be combined with drastic changes in efforts to reconcile family carers' responsibilities with working life. The latter should entail targeted active employment measures, along with specific working conditions, designed to facilitate carers' entrance into the labour market and to sustain them in it.

1 Description of main features of work-life balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

In Greece, long-term care (including prevention and rehabilitation services) has, for years now, been an underdeveloped public policy area, given that there are no comprehensive formal long-term care services guaranteeing universal coverage. Long-term care is based on a mixed system comprising informal and formal care, with primary responsibility for the financial and practical support of dependants placed firmly on the family. Greece (together with Italy) belongs to the family-based care regime model with limited public responsibilities and limited formal service provision, and with a central role being played by kinship networks (Lamura et al., 2008b, p.754).

State support for non-self-sufficient older people and disabled people (children and adults) includes limited direct provision of institutional care, coverage of some care needs through social insurance, and very limited support for informal caring via tax reductions. Support is also provided by regional and local authorities through open care services, namely day-care centres for the support of disabled people, day-care centres for the elderly, and the 'Help at Home' services. Social insurance funds provide old-age and disability pensions and allowances, as well as health care services, to people with disabilities and people needing long-term health care. The latter services are provided in public institutions and hospitals through the National Organisation for the Provision of Health Services (EOPYY), while a number of private clinics contracted with EOPYY provide also long-term health care (mostly to terminally ill people).

Residential care for disabled adults and children, and indigent lonely aged people in need of care is provided by the state through 12 regional 'social care units'[1] which are legal entities of public law operating under the authority of the Ministry of Labour, Social Security and Social Solidarity. These units consist currently of 42 'care centres' offering a variety of services: 20 chronic illness nursing homes for disabled adults, 12 social protection centres for children, 6 rehabilitation centres for disabled people and 4 centres for the protection of the elderly. There are definite indications that a number of them operate inefficiently and suffer from serious shortcomings, to the detriment of patients/inmates.

Available data show that in 2011 there were 95 centres providing (in and out-patient) care services to 13,377 patients, while in 2013 there were only 42 centres providing services to 11,863 beneficiaries-patients[2]. In 2013, about 2,400 people were employed in total in these centres (compared to 3,300 in 2011). The vast majority of these centres provide residential care as well as out-patient care services. All these residential care centres are financed by the state budget and per diem fees paid by social insurance organisations.

There are also 485 community residential institutions for mentally ill people, which provide accommodation, care and protection services (sheltered boarding houses and apartments, sheltered workshops etc.) to about 3,600 beneficiaries[3]. They are operated by public and non-profit organisations, and financed by the state and social insurance funds. In these institutions, there are about 2,000 beds in sheltered boarding houses (or hostels) for elderly people with mental health problems which can

[1] Law 4109/2013 provides for the establishment of one 'social care unit' in each of the 13 regions. Up to now, social care units have been established in 12 regions and include various types of nursing homes, rehabilitation centres for disabled people (adults and children) and centres for the protection of children and elderly people.

[2] ELSTAT, Social Protection Institutions/ Social Care Units, 2007-2013, found at: http://www.statistics.gr/en/statistics/-/publication/SHE27/-

[3] Data obtained from the Ministry of Health.

be counted as long-term care beds. In addition, there are 338 beds in public psychiatric hospitals, which can be used for long-term care for chronically mentally ill persons[4].

Long-term care of frail, incapacitated (mostly lonely and indigent) elderly people is also provided by approximately 270 care homes (residential and nursing care facilities) run by private and non-profit organisations. However, reliable data regarding the actual number of these homes and their capacity are not available. According to estimations, non-profit and for-profit residential care homes for the elderly have a total capacity of about 15,000 beds. Over half of the care homes are situated in the Greater Athens Area, and in the vast majority are run by private (for-profit) enterprises, with the remainder by the Church, charitable organisations and local authorities. Non-profit care homes are partly subsidised by the state, and partly funded by donations (together with per diem fees paid by social insurance organisation in the case of those entitled to social insurance). The for-profit residential homes are paid for privately by the people in care and their families: the occupancy of these, between 2010-2012, has significantly fallen from 100% to about 80%[5].

Since the beginning of the 2000s, largely thanks to EU co-funding, there has been a significant increase in long-term care services that provide social support and care for the elderly and the disabled at home and in the community. These consist of semi-residential day-care centres for the elderly, day centres for the support of disabled people, day-care centres for children with disabilities, and the 'Help at Home' programme, which are all run by local authorities.

In particular, semi-residential day-care for the elderly is provided by the 76 Day Care Centres for the Elderly (KIFI)[6]. They undertake the day-care of elderly people who cannot care for themselves, have serious economic and health problems, and whose family members cannot look after them because of their work. In the majority of cases they are operated by municipal enterprises or joint municipal enterprise partnerships, and cooperate with local social and health services. Since their establishment they have been funded mostly by EU resources. At present, they accommodate about 1,600 elderly people (and have a staff of about 300 employees).

As with day-care centres, the 'Help at Home' programme (introduced in 1998) has so far been operated by municipal enterprises and has been mostly funded by EU resources. Although this programme was initially launched in 1998 in a limited number of municipalities, since 2001 the programme has been expanding all over Greece with the financial support of the European Social Fund. At present, there are about 860 "Help at Home" schemes, financed by national resources, providing services to about 73,000 beneficiaries. Employment generated by the schemes amounts to about 3,680 people (social workers, nurses, physiotherapists and home helps), the majority of whom are on fixed-term contracts[7]. The schemes provide nursing care, social care services and domestic assistance to elderly (and/or disabled) people who live alone and face severe limitations (mobility problems etc.) in their everyday activities.

There are also 44 day centres for the engagement of disabled children in creative activities, which provide a wide range of activities to disabled children on a daily basis. These centres are run by local authorities. Moreover, there are three groups of rehabilitation centres providing out-patient services (Centres for Further Therapy and

[4] Data obtained from the Ministry of Health.

[5] Information obtained from representatives of the Greek Health Care Homes Association, who participated in a National Workshop held on March 28, 2012, in the context of PESIS Project. We can safely assume that this fall in occupancy has been further exacerbated since then.

[6] There are also Open Protection Centres for the Elderly (KAPI) operated by municipal enterprises and non-profit entities. However, these have primarily a recreational function (the prevention and medical care services provided are of a limited range).

[7] Information on KIFI and 'Home Help' programmes was obtained from the Central Union of Municipalities of Greece (KEDE). According to KEDE, there are wage arrears of for over nine months for long-term care workers in 'Home Help' municipal schemes.

Rehabilitation of the Disabled; Centres for Physical and Medical Rehabilitation, and the so-called KEKYKAMEA - Centres for Education, Training and Social Support to Disabled Persons)[8], which are now operating under the National Health System (ESY).

In general, there is a variety of care structures and programmes concerning the provision of long-term care services in Greece. However, in addition to the fact that these do not operate under a rationalised, well- organised and institutionalised body, the provision of care services is of limited coverage and thus it falls well short of demand for such services, being inadequate to meet the ever-rising needs in this area.

As a result, the family continues to play a crucial role in covering care needs, in spite of the fact that the structure of the Greek family has changed considerably over the years. Long-term care in Greece is considered to be a typical example of a welfare model that 'expects' solutions to be provided by the family. The substitution of significant functions of the welfare state by the family is a feature of all Mediterranean States of the European Union. In this context, it is worth noting that, according to the SHARE survey (First Wave, 2004) 71.23% of people in Greece aged 75 and over stated that they had almost everyday contact with either a daughter or son, 25.87% stated that they had a frequent contact, and only 2.41% declared that they rarely had contact with them.

Informal care (provided by family carers and paid carers) is estimated to cover the lion's share of the need for long-term care by the Greek population, making up for the weakness and inadequacies of the Greek health and social care system. The shortage of formal support services, combined with greater longevity and increasing needs for care, smaller family size, the geographical and social dispersion of families and women working increasingly outside the home have forced Greek families to find their own solutions to the provision of care. The main solution for those with adequate incomes is the use of privately employed, live-in migrant care workers (Kagialaris et al, 2010).

Overall, however, the current economic crisis has resulted in an increase of the number of family members who take care of their dependent relatives. Despite this, Greece still lacks work-life balance measures to support family carers. In fact, Greece is considered to be among the four EU countries in which it is most difficult to combine work and care (Eurofound, 2015).

1.2 Description of carers' leave

It should be highlighted from the outset that none of the relevant laws concerning work-life balance includes a definition of the 'family carer' as a distinct category. Instead, the first work-life balance law in Greece (L.1483/1984[9]) provided an indirect definition of carers by describing four categories of dependent relative (Ntalaka, 2014):

- children up to 16 years old,
- children more than 16 years old who suffer from a serious or long-term illness or disability
- husbands/wives who suffer from a serious or long-term illness or disability and are unable to care of themselves; and
- parents or non-married brothers/sisters who suffer from a serious or long-term illness or disability, are unable to care of themselves, and whose annual income does not exceed that of an unskilled worker (whose monthly income equals to 25 times the minimum daily wage).

[8] Rehabilitation is also provided in private centres. There is variation between social insurance funds in the extent to which they cover costs in private rehabilitation centres.

[9] Greek Law N.1483/1984 on "Protecting and facilitating employees with family responsibilities – Ammendments and improvements of Labour Laws" (FEK 153 A', 8.10.1984).

This law (L. 1483/84) includes specific provisions for work-life balance in the private sector, relating to short periods of leave and a small reduction in working hours for family members who care for dependent relatives. Since then, a series of laws and presidential decrees have been issued in order to extend these provisions to civil servants, local authority employees and part-time workers, as well as to introduce further relevant arrangements, particularly as regards maternity and parental leave etc. (Ntalaka, 2014).

As regards the arrangements for the carers who work in the private sector, time-off for the care of dependent family members is provided on the following occasions (Kazassi, 2015):

- Unpaid leave for carers to help with dependent family members' sickness: up to six days per year of unpaid leave to care for dependent family members (e.g. a disabled spouse, as well as disabled parents or unmarried sisters if their annual income is less than the basic income of an unskilled worker) in the case of serious illness.
- Unpaid leave (applying only to enterprises with more than 50 employees) for parents of disabled children: one hour per day at the parent's request.
- Paid leave for parents whose children (up to 18 years of age) need regular transfusion or dialysis or suffer from cancer or need a transplant: up to ten days per year leave, funded by the employer.

It should be noted that parents with a disabled child are not entitled to additional parental leave, but are eligible for carer's leave (see above). Nevertheless, priority is given to requests from parents of children with a disability or long-term illness (Kazassi, 2015).

As regards the public sector (Presidential Decree 193/88[10]), time off for civil servants for the care of dependent family members is granted as follows:

- Up to 22 days per year of paid leave for employees whose children or spouses need regular transfusion or periodic therapy or whose children suffer from severe mental disability or Down's syndrome.
- Paid leave for employees with children or spouses with a disability: one hour of reduced working time per day.

As it is the case in the private sector, parents with a disabled child who are working in the public sector are not entitled to additional parental leave, but are eligible for a leave to care for dependants (see above).

Overall, it may be said that these leave and working arrangements can hardly be considered as adequate work-life balance interventions to support family carers in cases where dependent relatives need long-term care.

1.3 Description of carers' cash benefits

In Greece, the family has the primary responsibility for the financial support of its dependent members, although obligations for the provision of practical care are frequently unclear (Triantafylou et al., 2010). There are no care allowances and Greece is also one of the countries with the lowest level of service coverage[11]. It comes as no surprise therefore, that Greece has been identified as a country that *"represents the extreme case of familialism by default in this field, since it relies*

[10] Presidential Decree on "Expanding the provisions of Law 1483/84 in the Public sector employees, the employees of the Public Entity Bodies and the employees of the Local Administration" (FEK 84, A', 6.5.1988).

[11] Hard evidence to justify this is not readily available.

heavily on the availability of family, and particularly women's, solidarity" (Saraceno, 2011, p.387).

In other words, there are no benefits such as cash, pension credits/rights or allowances to compensate informal family carers for their work. Family carers can only benefit from some income tax relief, which can be claimed by them for supporting a disabled or older relative (first degree of kinship).

As to the financial support provided directly to disabled people (including elderly people) with care needs, this is considered rather minimal and of limited coverage. In particular, there are two cash benefits[12] that are granted to cover caring needs and are funded by the social insurance funds. The first one is the 'total invalidity benefit', which is granted to invalidity pensioners and to old-age pensioners who are blind, provided that their condition requires constant supervision and support from a third person (total invalidity). In order to be eligible for this kind of benefit, pensioners must have a medical assessment by the Centre for Certifying Invalidity (KEPA) certifying that their disability is of 80% or more and that they need assistance from another person. The amount of the total invalidity benefit is equal to 50% of the pension received and cannot be more than EUR 660.80 per month. The second benefit is the 'non-institutional care benefit' which is provided to insured persons and pensioners receiving invalidity, old-age or survivor's pensions, as well as to the members of their families (including disabled children) who suffer from specific diseases, on the condition that they do not receive the total invalidity benefit. The monthly amount of the non-institutional care benefit is equal to 20 times the daily minimum wage of the unskilled worker, that is a total amount of EUR 523.60 (20 x EUR 26.18 daily wage).

Apart from the two disability benefits described above, the state, through the local authorities, provides financial support in the form of 'welfare benefit' to disabled persons who are not or indirectly insured and are not eligible to receiving any of the other two benefits. The benefit amount depends on the kind of disability and aims to cover the basic needs of disabled people.

1.4 Description of carers' benefits in kind

It should be stated from the outset that Greece has no tradition in designing and implementing public policies that entail the provision of in-kind benefits to the general population, let alone to the family carers of dependent members. By and large, family carers in Greece are viewed by the state primarily as a resource and are hardly considered to have their own needs for support.

The availability of support services for family carers in Greece has been identified as low or non-existent (Lamura et al., 2008). In particular, services that are identified as non-existent or with low availability are the following: care centres, information and counselling, respite care services, weekend breaks, formal and standardised assessment of the carers' needs, and integrated planning of care, in addition to monetary transfers (care allowances, etc.) as mentioned in the previous section. Indeed, the only support services available for carers are those provided by a small number of non-government organisations (NGOs), operating mainly in Athens and other big cities, offering – among other things - information, psychological support and group training to family carers of Alzheimer's disease patients (Triantafylou et al., 2010), and to a lesser extent to family carers of blind persons, cancer patients and patients with arthritis[13]. It is rather evident that the capacity of such services can hardly meet carers' needs all over Greece, although no actual hard data is available to support this.

[12] http://ec.europa.eu/social/main.jsp?catId=1112&langId=el&intPageId=2581

[13] For more information see: Sakellariou E., National Report for young carers who belong to certain national and minority groups, pp. 18-22, October 2015, http://www.care2work.org/resources/intellectual-outputs/

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

It is considered necessary to point out right from the outset that it is hardly possible to provide a proper assessment of the effectiveness of work-life balance measures for family carers, given that the measures taken in Greece in this respect are of very limited scope, being confined only to a few institutional arrangements regarding short periods of leave and reductions in working hours. In addition, no data are available to assess their effectiveness regarding coverage and take-up, or the employment effects for carers. Nevertheless, an attempt is made to assess the situation based on anecdotal evidence and sparse information.

2.1 Assessment of individual measures

Before embarking on an assessment of the work-life measures set out in section 1, a presentation of the characteristics of the labour market situation of family carers in Greece is considered useful.

EU Labour Force Survey (LFS) data (Ad hoc module 2010) show that in Greece the majority of people who regularly take care of relatives/friends aged 15 or more in need of care are women (62.7%), slightly above the EU-28 rate of 60.2%. Out of the total number of regular carers, more than half are in the 25-49 age category. With regard to educational levels, in Greece 49.3% of the women regularly caring have a low educational level (against 32.4% for EU-28), while 16.3% are of a high educational level (against 23.3% in EU-28).

When examining the working status of carers in Greece, according to LFS Ad-hoc survey data for 2010, just over half of the women aged 25-49 who care for dependent family members are in employment (52.5% against 65.1% in EU-28), while 38.5% are inactive (against 26.9% in EU-28). On the other hand, the vast majority of men aged 25-49 who care for a dependent family member are in employment (90.5% as against 81.7% in EU-28) and only 3.1% are inactive (against 9.3% in EU-28). It is interesting to note, that more than half of the women aged 50-64 are inactive (57.4% as against 45.9% in EU-28), partly because of the earlier retirement age of women in Greece in the past and their traditional role as housewives[14]. In contrast, the great majority of men aged 50-64 who care for a dependant are still in employment (67.9% as against 61.8% in EU-28).

The data presented above reveal that a significant number of women who care for their relatives, especially those in the productive 25-49 age group are deprived of their right to work. In Greece, care of older people is culturally and institutionally 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 for long-term care is very limited (Eurofound, 2015). The lack of flexible working arrangements together with the very restricted nature of leave schemes, may also have a bearing upon the labour market situation of women who care for their dependent relatives.

Indeed, Greece has been traditionally characterised by a labour market in which a significant difference exists between men and women's employment rates. However, the gap between the employment rates of men and women aged 20-64 fell from 24.2 percentage points in 2010 to 18.3 in 2014[15]. This was not the result of policies and measures to increase the participation of women into the labour market, but rather the result of the dramatic decrease in the employment rate of men, due to the

[14] Until 2010, there was a favourable institutional framework in place in Greece for the early retirement of especially women civil servants with minors or disabled children. Regardless of their age, they were entitled to a pension if they had a record of 25 years of social insurance contributions. Data relating to the number of new pensioners reflect this favourable provision. For example, in 2004 30.4% of new female pensioners of the public sector were below 50 and 18.1% were between 51 and 55 years old (KEPE, 2014).

[15] Eurostat, LFS Database, [Code: t2020_10] & own calculations.

economic crisis. The employment rate of men aged 20-64 declined sharply from 76% in 2010 to 62.6% in 2014 (a decline of 13.4 points), while in the case of women the decline was just 7.5 points (from 51.8% in 2010 to 44.3% in 2014).

As stated previously, prior to the crisis, many families attempted to solve the problem of caring for disabled and elderly family members in need by using female immigrant labour. As this has become more and more problematic, people in employment have found it difficult to reconcile work with caring responsibilities. In addition, exceptionally high unemployment rates make policies to promote employment, ineffective. Although the government's policy of fiscal consolidation creates many barriers to taking initiatives in this area, public employment services could include in their policy framework active measures aimed at promoting employment for women carers. Existing policy measures to support carers' employment are of limited value and insufficient.

2.1.1 Carers' leave

As already mentioned in section 1, the existing leave and working arrangements can hardly be considered as appropriate work-life balance interventions to support family carers in cases when there is a need for the long-term care of dependent relatives. The legal framework for parental leave in Greece is rather generous, especially as regards employees working in the public sector, but when it comes to other carers of dependent family members, the leave and working time arrangements in force are very limited and rather ineffective.

This is confirmed by European Quality of Life Survey 2012 data[16], which show that Greece performs badly when it comes to provisions for adjusting working time to specific family needs. According to these data, in Greece, the majority of employed women (71.4% as against 59.7% of employed men) are not able to vary their start and finish times. This finding may partly explain why most women have to quit their jobs when they have to take care of dependent relatives. With regard to age, it seems that those aged 35-49 have a marginally better chance to vary the start and finish of working time (37.9%) than those aged 25-34 (36.7%) and those aged 50-64 (34.1%). However, the vast majority (88.8%) of those aged 18-24 have no ability at all to vary working times. Greece is the worst country in the EU (apart from Ireland) in terms of the ability to vary working times for those employed aged 18-24 (only 11.2% as against 37.2% in EU-28).

According to an indicator proposed by Eurofound, that ranks EU countries by the generosity level of legal entitlements for the reconciliation of work and care, Greece has the fourth lowest score in respect of support for working carers (Eurofound, 2015, p.38).

2.1.2 Carers' cash benefits

There are no cash benefits or allowances that are provided directly to family carers and thus it is hardly possible to make an assessment of their effectiveness. However, it should be pointed out that there are two cash benefits that are granted directly to disabled and elderly people to cover specific caring needs. These are used by the recipients to cover certain expenses related to the illness or invalidity they suffer from. These could also include expenses for caring. Yet, there are no available data as to the actual purposes that these benefits are used for and, thus, their impact on the well-being of the family carer cannot be examined. Nevertheless, EUROFAMCARE survey data show that financial support has been identified as the first priority area of need by the vast majority of family carers in Greece (Triantafillou et al, 2006).

[16] European Foundation for the Improvement of Living and Working Conditions. (2014). *European Quality of Life Survey, 2011-2012*. [data collection]. *2nd Edition.* UK Data Service. SN: 7316, http://dx.doi.org/10.5255/UKDA-SN-7316-2.

Moreover, the lack of formal public support for carers, and the financial barriers preventing many of them from accessing services, appear to be particularly challenging, thus representing a threat to both carers' current well-being and their future income in older age (Triantafillou et al, 2006, p.100).

2.1.3 Carers' benefits in kind

As mentioned in section 1, the only in-kind benefit for family carers consists of the provision of information, psychological support and group training. These services are not provided or funded by the state. They are run by a small number of associations established by relatives of persons who suffer from specific illnesses (such as Alzheimer's disease). As such, both their coverage and the range of services provided are very limited, rendering their effect on the total population of family carers rather negligible.

It is worth noting, that the main needs identified by family carers in Greece are the following: psychological support, communication, financial support, education and information on caring for family members in need (Sakellariou, 2015).

2.2 Assessment of overall package of measures and interactions between measures

As the preceding analysis shows, Greece continues to lack a clearly formulated long-term care policy and policies for the support of informal family carers. The overall system of caring for the disabled and elderly in need is both inadequate and ineffective, failing, thus, to provide them with real choices in care provision. Moreover, no interactions can be identified between the formal system and the informal care area, let alone between the few measures taken to support work-life balance for the family carers (mentioned in section 1).

Indeed, the issues of informal family carers and their interaction with long-term care services remain remarkably low on the public agenda in Greece. As it has been argued, *"this is surprising considering the immediate involvement of most families for longer or shorter periods of time in the provision of informal care to dependent relatives. The issue focuses more on the 'moral obligation' towards people in need, rather than on how to provide a sophisticated and well-organised alternative model of care. As a result the needs and the rights of both dependent older people and their carers are being neglected, as well as any kind of financial or other type of support to them"* (Kagialaris et al, 2010). Moreover, no initiatives have been taken so far by the state to remedy this situation and introduce measures to reform the whole structure of the long-term care regime, which would entail − among other things − an integrated package of targeted work-life balance measures for the support of informal family carers.

2.3 Policy recommendations

As has been emphasised in this report, long-term care in Greece has never been given the right attention by governments and policy-makers alike, being a rather neglected policy area. There is, thus, a need to take concrete action for the elaboration and implementation of a comprehensive long-term care policy, which is long awaited. This need becomes even more imperative in the context of population ageing and the negative impacts of the financial crisis/ economic recession (e.g. cuts in public spending, deterioration of population health status, increasing hardship among households etc.).

Consequently, long-term care policy should be coordinated with the development of support services in the community, such as "help at home" programme for the elderly and the disabled, day-centres of creative activities for children (including disabled children), day-care centres for the elderly etc. To this end, a major reform should be undertaken of the long-term care system along with drastic changes aimed at promoting the reconciliation of caring responsibilities with working life.

As regards increasing the employability of family carers, what is needed is targeted active employment measures along with specific working conditions in order, on the one hand, to facilitate carers' entrance into employment and, on the other hand, to make it easier to combine work and care responsibilities.

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