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

Portugal

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CESIS – Centro de Estudos para a Intervenção Social
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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.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

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Summary / Highlights

Traditional informal care continues to play a major role in Portugal. Article 1874 of the Civil Code establishes that parents and children have the mutual obligation of providing help and assistance and, in fact, it is still largely expected that the family, and especially women, take primary responsibility regarding care. Measures addressing not only parents but also grandparents, for instance, are indicative of the role attributed to families. The publication of a "memorandum for the future" on the establishment of a Strategy for the Protection of the Elderly and the government's intention to prepare specific legislation for the protection of caregivers of elderly people are, to some extent, manifestations of the wish to promote family care.

It should be emphasised that long-term care in Portugal has evolved in the last few decades. An important landmark regards the implementation after 2007 of the National Network for Integrated Continuous Care (RNCCI), of which long-term care is one of the branches. In parallel, there has been an increase in services such as residential homes, home support and activity centres both for the elderly (day centres) and for the disabled (centres of occupational activities). Cash benefits are also available, in some cases associated with care leaves.

However, there is a significant difference in terms of work-life balance measures depending on whether the dependent relative is a child, a disabled adult or an elderly person.

Two types of leaves and corresponding benefits are available for parents (and in some cases grandparents) to provide care to their disabled or chronically-ill (grand)children: care leave and care benefit; supplementary care leave and benefit to care for disabled or chronically ill children. Working part-time, reducing working hours by five hours per week and/or more flexible hours are also available to facilitate care of descendants with longer-term care needs. There is also a means-tested education allowance.

When care does not regard a descendant, however, the situation is different. No leave is available in these cases and cash benefits are subject to means-testing and are not granted to those earning more than EUR 600/month.

A potential impact on the possible efficacy of the measures may arise from informal pressure from employers. No specific studies could be found regarding the take-up of most of these measures. However, if the take-up of parental benefits by men is used as a proxy, such pressures certainly exist.

In addition to leaves and benefits, a set of co-paid services are made available by Social Security to dependent people and their families, allowing for respite from care, as well as counselling and psychological support, etc..

The set of measures available is not deemed to have particular employment effects. The amounts involved are low, making (full) exit from the labour market unattractive. Existing data seems to confirm this. Care reasons are nearly residual as explanations for part-time work or for inactives not entering into the labour market. In many cases, the low amounts and strict conditionality also increase vulnerability to poverty and to social exclusion if care responsibilities require leaving the labour market. However, there is a lack of up-to-date evidence-based studies to confirm the anticipated negative effects on the well-being of carers and the cared for.

Thus, an overall assessment of the long-term care regime and of the measures in place is essential. Hopefully, this endeavour will be partially taken on board within the scope of the aforementioned government's intention to prepare specific legislation for the protection of caregivers of elderly people. However, these carers are only a part of all working age people with dependent relatives. Hence, it would be crucial to develop similar initiatives or a wider initiative that would include carers of people of all ages, valuing the status of informal carer, considering gender impacts and establishing rights and guarantees for those caring for a dependent relative.

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

Long-term care is one of the branches of the National Network for Integrated Continuous Care (RNCCI), created in 2006 and implemented after 2007. The RNCCI provides convalescence care, post-acute rehabilitation services, medium and long-term care, home care and palliative care. The programme was set-up jointly by the Ministries of Health and Social Solidarity (Mendes, 2014).

The provision of long-term care is connected to dependency associated (or not) to the ageing process. It aims at providing humanized, qualified and comprehensive care in due time, adapted to individual ageing diversity by the creation of proximity services throughout the territory. These principles are emphasised in the RNCCI legislation[1], as is the promotion of more equity in accessing care. Thus, the axial strategies defined for the implementation of RNCCI are a strong coordination between different levels of the health services and between these and the local and regional social services. Non-profit organisations and the private sector are also important partners in the programme.

The programme aimed to respond to increasing social and demographic challenges, e.g. the ageing of the Portuguese population, the heterogeneous nature of the social situation of the elderly, the prevalence of chronic disabling illnesses, and the decreasing availability of "traditional" family carers. Both the health and the social security systems had to be necessarily engaged in responding to such challenges.

The RNCCI provides three main types of health and social support care services which should constitute a continuum of formal care taking place in different types of units: institutional care services (convalescence, medium-term care, long-term care and palliative care units); hospital services (intra-hospital palliative care support teams and specialised patient discharge teams); home care services (integrated continued care teams and community teams for palliative support care).

Table 1. Portfolio of RNCCI institutional care services (2013-2015)

Typology of institutional care services	Number of beds (31-12-2013)	Number of beds (31-12-2014)	Number of beds (31.12.2015)
Convalescence units (UC)	860	860	764
Medium term care units (UMDR)	1,895	2,021	2,306
Long-term care units (ULDM)	3,692	4,094	4,411
Palliative care units (UCP)	195	185	278
Total	6,642	7,160	7,759

Source: ACSS- RNCCI monitoring Report for 2014 available at: http://www.acss.min-saude.pt/ and ACSS monthly data available at http://www.acss.min-saude.pt/DepartamentoseUnidades/DepartamentoGest%C3%A3oRedeServi%C3%A7RecursosemSa%C3%BAde/CuidadosContinuadosIntegrados/IndicadoresMensais/tabid/1170/language/pt-PT/Default.aspx .

The integrated continued care teams (ECCI) are based on and operate under the responsibility of the local health centres (ACES) and provide home-based health and

[1] For further details on the legislative framework, see Decree-law nº 101/2006, of 6th June and Dispatch nº 19040/2006, of 19th June, available at: https://www.adse.pt/document/Decreto_Lei_101_2006.pdf and http://www.arslvt.min-saude.pt/uploads/document/file/1362/upload-pdf-legislacao-11-2006-Despacho_n_19040_2006_de_3_Agosto.pdf (accessed 09/06/20015)

social care to dependent or convalescent people, whose situation does not require institutional care. In 2015, this service provided for a total of 6,289 places.

In any case, and despite the positive evolution of institutional and the decreasing availability of traditional care, this continues to represent a very important pillar. It should be noted that recent news stories[2] report the intention of the government to prepare specific legislation for the protection of caregivers to elderly people. This would include e.g. flexible working schedules and tax benefits and, according to the coordinator of the field of long-term care within the Reform of the National Health Service, the aim is that "more and more elderly live as long as possible at home with the support of their families". Legislation would also include the creation of the status of 'informal carer', establishing rights and guarantees for those caring for an elderly dependent family member.

1.2 Description of carers' leaves

A set of articles of the Portuguese Labour Code establishes the conditions under which workers are entitled to take time off work for providing care to children. The carer leaves are developed and administered at the national level. In every case, eligibility depends on sharing same household. If both parents live with the child then only one of them will be entitled to the leave and only if the other parent is also working. The Labour Code extends the rights granted to the biological parents to foster parents, tutors and guardians, as well as to the spouse or partner of any of the aforementioned as long as s/he cohabits with the disabled/chronically ill child.

Absence from work due to Supplementary Care Leave and the right to be absent from work to provide care to children or grandchildren does not lead to the loss of any rights, except for the salary, and is considered as actual work done.

Article 49 establishes the right for each parent to take up to 30 days per year off work, or during the whole hospitalisation period (however, both parents cannot use this right simultaneously), in order to provide pressing and indispensable assistance in case of illness or accident to a child under the age of 12 or without age limit to a disabled or chronically ill child (**Absence for the Care of a Child –** *Falta para Assistência a Filho*). For children aged 12 or more, the maximum number of days is reduced to 15. Adult children must share the household with their parents in order for the article to apply. Article 50 establishes these same rights for grandparents in the case they replace parents in providing pressing and indispensable assistance to their grandchildren.

The worker may also be entitled to the **Child Care Leave** (*Licença para Assistência a Filho*). The leave may be taken consecutively or in interspersed periods up to a maximum of two years or up to three years if regarding a third or subsequent child. If the child is disabled or chronically ill the leave has a maximum period of four years.

Article 54 establishes that the parents of disabled or chronically ill children up to 1 year of age are entitled to a **reduction of five hours per week** in their working schedule or to other special working conditions in order to provide care. The reduction does not imply the loss of established rights except for retribution. However, retribution may be kept unchanged if the sum of hours not worked are taken in lieu of vacation days, up to the annual limit.

Article 55 establishes that the parents of children under 12, or of disabled or chronically ill children of any age, sharing the same household, are entitled to **work part-time** for a period of up to two years or up to three years for a third or subsequent child. If the child is disabled or chronically ill the leave has a maximum period of four years.

[2] «Cuidar de idosos em casa vai valer horários flexíveis e outros apoios», in *Económico* 8/02/2016 , available at: http://economico.sapo.pt/noticias/cuidar-de-idosos-em-casa-vai-valer-horarios-flexiveis-e-outros-apoios_242032.html.

Article 56 establishes that the parents of children under 12, or of disabled or chronically ill children of any age, sharing the same household, are entitled to **flexible working hours**. Each daily period should not last less than one third of the regular daily working period or more than 10 working hours. The worker may work up to six consecutive hours and should fulfil the corresponding regular working period in every four-week period. The employer may refuse the request for part-time work or to flexible working hours on the grounds of overriding demands regarding the company's functioning or if it impossible to replace the worker deemed as indispensable.

1.3 Description of carers' cash benefits

1.3.1 Benefits for carers

The '**Benefit to care for disabled or chronically ill children**' (*Subsídio para assistência a filho com deficiência ou doença crónica)* is granted when a parent is prevented from working because of the need to take care of a child (biologic, adopted or stepchild), as long as s/he lives in the same household. The disability or chronic illness of the child must be duly certified by a physician. The benefit is granted for a period up to six months. However, it may be extended up to a limit of four years as long as the beneficiary requests it at least 10 working days before the end of the leave.

The payment level represents 65% of the reference wage of the six months preceding the second month before the event up to a maximum monthly rate of two times the Social Support Index (*Indexante de Apoios Sociais* – IAS), i.e. EUR 838.44 in 2016. The minimum amount of the benefit, in 2016, corresponds to EUR 11.18 per day (80% of 1/30 of the IAS).

Both employees and the self-employed are entitled to the leave as long as they have been working and have made contributions to Social Security for at least six months. The beneficiary must present the medical certification proving the need for assistance, as well as documents proving that the other parent is working and has not requested the same leave or does not have the possibility to provide assistance. The leave period counts towards the record of contributions to Social Security, for which it is assumed that income is the same as the reference wage. However, the amounts received as benefit are not considered for the calculation of personal income tax (ISS, 2015c).

The '**Child Assistance Allowance**' (*Subsídio para assistência a filho*) and the '**Grandchild Assistance Allowance**' (*Subsídio para assistência a neto*) consist of cash supports aimed at replacing income loss resulting from using the aforementioned 'Absence for the Care of a Child' and 'Absence for the Care of a Grandchild'. There are two sub-types of allowance: for the birth of a (grand)child and for care reasons. In the former case, the allowance corresponds to 100% of the reference wage. In the latter, it corresponds to 65% of the reference wage. In 2016, the minimum amount of the benefit corresponds to EUR 11.18 per day (80% of 1/30 of the IAS). The leave period counts towards the record of contributions to Social Security, for which it is assumed that income is the same as the reference wage. However, the amounts received as benefit are not considered for the calculation of personal income tax (ISS, 2015a; 2015b).

Disabled children and young persons under 24 years of age are entitled to the '**Special Education Allowance**' (*Subsídio por frequência de estabelecimento de ensino especial*). The allowance is granted to the caregiver to meet the expenses of attending private education institutions, whether for special or regular education, or attending a crèche or private pre-school education institutions, or to meet the expenses of specialist individual support outside an institution. No record of contributions is needed in order to be eligible for this allowance.

The amount of the Special Education Allowance paid varies according to the monthly fees paid to the institution, household income, the number of household members and the cost of housing. For attendance at a special education institution, the allowance amount is equal to the monthly fees set by the government for special education institutions

minus the family contribution (this amount varies from family to family and depends on their savings). In other cases, the allowance amount is equal to the difference between the cost and the family contribution. The amounts received do not have to be declared for taxation purposes (ISS, 2015d).

The Disability Supplement (*Bonificação por deficiência*) is a supplement to the disabled children's Child Allowance. It aims at compensating the families of disabled children and young people up to the age of 24 for the additional charges resulting from disability. The child must live in the same household as the beneficiary. In cases in which the beneficiary has made social security contributions, contributions are required for the first 12 of the previous 14 months (this condition does not apply to pensioners). In cases in which the person on whom the disabled child or young person is dependent does not make social security contributions or contributions to any other social insurance scheme, there must be a situation of financial need.

This is considered to be the case when i) the gross monthly income of the disabled child or young person is lower or equal to EUR 167.68 and the total household income is lower or equal to EUR 628.83; or ii) the household income per person is lower or equal to EUR 125.76 and the household is in a situation of risk or of serious social dysfunction – to be determined by the social action services – due to income loss or to an outstanding increase of expenses. The amounts received do not have to be declared for taxation purposes (ISS, 2015g).

The monthly amount of the benefit varies from EUR 59.48 for children up to the age of 14 to EUR 86.52 for children between 14 and 18 and EUR 115.96 for young people aged between 18 and 24. Lone parent families are entitled to receive an additional 20%.

1.3.2 Benefits for dependent persons

A person requiring the permanent assistance of a third person to perform the essential activities of daily living may be entitled to the '**Dependency Supplement**' (*Complemento por Dependência*). This benefit may be granted to i) recipients of an invalidity pension; ii) recipients of old-age or survivor's pensions under the general social security scheme; iii) to pensioners under the non-contributory scheme; and to iv) non-pensioners with reduced mobility caused by predefined chronic illnesses: hereditary paramyloidosis, Machado-Joseph disease, AIDS (Human Immunodeficiency Virus, HIV), multiple sclerosis, cancer, amyotrophic lateral sclerosis, Parkinson's disease, or Alzheimer's disease.

The amount of the benefit varies according to the level of dependency recognised by the Social Security services. The first degree of dependency is attributed to persons who are unable to perform autonomously tasks related to feeding or to mobility or to looking after personal hygiene and who are receiving pensions of EUR 600 or less per month. In 2016, its monthly amount is EUR 101.17 under the general social security scheme and EUR 91.05 under the other schemes.

The second degree of dependency is attributed to persons who, in addition to meeting the above criteria for the first degree of dependency, are bedbound or have been diagnosed with severe dementia. In these cases, the monthly amount, in 2016, is EUR 182.11 under the general social security scheme and EUR 171.99 under the other schemes.

The supplement may be paid as long as the dependency situation exists and the beneficiary is receiving the pension that entitles him/her to the supplement. The amounts received do not have to be declared for taxation purposes (ISS, 2015e).

The '**Attendance Allowance**' (*Subsídio por assistência de terceira pessoa*) is granted to disabled persons who need permanent care from a third party. In 2016, its amount stands at EUR 88.37 per month and does not have to be declared for taxation purposes.

In order to be eligible the disabled person must: i) be in a state of dependency owing to their disability and they must need permanent care from the other person for at least six

hours a day; ii) live under the care of the beneficiary, from whom they must be descended; iii) not be engaged in any occupation that requires pay-related social security contributions or contributions to another similar entity; iv) receive the child benefit plus a disability supplement, or a monthly life annuity.

Living under the care of the beneficiary implies living in the same household and implies that, in 2016, the disabled person's monthly income is lower than EUR 197.55 (47.123% of the IAS) or lower than EUR 395.10 (94.246% of the IAS) if the disabled person is married. Additionally, the care cannot be provided by healthcare or social care establishments.

In cases in which the person on whom the disabled child or young person is dependent has made social security contributions, contributions are required for the first 12 of the last 14 months (this condition does not apply to pensioners). In cases in which the person on whom the disabled child or young person is dependent does not make social security contributions or contributions to any other social insurance scheme, there must be a situation of financial need.

This is considered to be the case when i) the gross monthly income of the disabled child or young person is lower or equal to EUR 167.68 and the total household income is lower or equal to EUR 628.83; or ii) the household income per person is lower or equal to EUR 125.76 and the household is in a situation of risk or of serious social dysfunction – to be determined by the social action services) – due to income loss or to an outstanding increase of expenses (due to illness, accident, unemployment, disability or rehabilitation) (ISS, 2015f).

1.3.3 Tax benefits

None of the aforementioned cash benefits has to be declared for taxation purposes. Tax deductions exist when care takers share the household with caregivers but the focus of many of these deductions lies on the sharing of the household rather than on the provision of care.

One of the few exceptions, even though belonging to the same household is still a condition, regards the possibility of a tax deduction for accompanying expenses (EUR 1,900 in 2016) for every taxable person or dependent whose duly certified permanent incapacity is at least 90%. Additionally, there is a tax deduction for each disabled taxable person (EUR 1,900 in 2016) and for each disabled dependent (EUR 712.50 in 2016).

Another exception is the possibility to deduct up to 30% of the education and rehabilitation expenses of disabled dependents and up to 25% of the payments for life insurances and to mutual insurances up to 15% of the taxable income. 10% of the gross income from work or pensions is tax free, up to the limit of EUR 2,500 per category.

Tax deductions for family members who do not share the same household are equal if the person is living in his/her home or in residential care. Taxpayers may deduct 25% of the costs of residential homes for the elderly or for disabled people, with home support services or other support services, up to a global maximum of EUR 403.75 but only if the family member's income is no higher than the monthly minimum wage.

1.4 Description of carers' benefits in kind

There is a set of services made available or supported by Social Security to dependent people and their families. Users are expected to co-pay for these services, based on means-testing (ISS, 2014a, 2014b).

Besides providing services to the person with disability or impairment, the **Centres for Welcoming, Follow-up and Social Rehabilitation** (*Centro de atendimento, acompanhamento e reabilitação social*) also support their families and/or caregivers, aiming to provide answers to the problems presented. It may also consist of actions aiming at building the capacity of the caregivers.

The **Self-help groups** are small groups promoted by Social Security and organised and composed by people facing similar challenges and aiming at finding possible solutions through information and experience sharing. One of the target groups regards people with disability or impairment and their families.

Centres for vacations and leisure (*Centro de férias e lazer*) represent a social answer that aims at providing people with disability or impairment and their families with the possibility to take a break from their daily routines, aiming at restoring physical and psychological balance.

Conviviality Centres/Day Centres provide the elderly population with social, recreational and cultural activities, as well as meals.

Home Support Services ensure care and services such as meals, personal hygiene, home hygiene, laundry and ironing, etc. According to Social Security, these services may also train and raise the awareness of care providers regarding care provision.

Early intervention services are directed at disabled children up to the age of 6 (especially up to the age of 3) and focused on the child and their families' needs. They aim to provide families with information, helping them access existing support and making them more capable of using their and the community's resources for dealing with the problems associated with disability.

Residential homes provide temporary accommodation to children from the age of 6 when the support they need (e.g. attending a special education school) is away from their home or when their family situation recommends it.

Centres of Occupational Activities provide the severely disabled aged 16 or more with care services, as well as with occupational activities.

Transportation services ensuring access to healthcare and rehabilitation services may also be made available although with some territorial restrictions. Additionally, several municipalities take responsibility for ensuring transportation services for their residents.

Some municipalities and/or entities or projects also provide **specific services at the local level**. This is the case, for instance, of projects to support carers of patients e.g. with Alzheimer and with consequences from cerebrovascular accidents in several municipalities. Support is granted mainly through psycho-therapeutic groups. Another example is the telephone help line for relatives of patients with Alzheimer, under the responsibility of the Portuguese Alzheimer Association, in place since mid-2014. There are also **services provided within the scope of the National Network for Integrated Continuous Care (RNCCI) (see table 1, above)**. Table 2, below, presents available figures regarding some of the services provided or supported by Social Security.

Table 2. Number of units and number of places of services provided or supported by Social Security in Mainland Portugal (2014)

Type of service	Number of units	Number of places
Centres for Welcoming, Follow-up and Social Rehabilitation	30(e)	5,850(e)
Conviviality Centres / Day Centres	2,048	64,705
Home Support Services (elderly)	2,650	104,551
Home Support Services (disabled)	35(e)	1,100(e)
Early intervention services	110(e)	9,500(e)
Residential homes	265	6,103
Centres of Occupational Activities	386	14,402

(e) Estimation on the basis of the graphs made available on-line. Concrete figures may be provided by the Ministry of Solidarity, Employment and Social Security only upon formal request and authorisation.

Source: GEP/MTSS, Carta Social, available at: http://www.cartasocial.pt/elementos_quantitativos.php?img=0 and http://www.cartasocial.pt/pdf/csocial2014.pdf

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

2.1 Assessment of individual measures

2.1.1 Carers' leaves

There are considerable rights allocated to the caring of children, which is not the case for the care of dependent ascendants. Workers are entitled to require a supplementary parental leave and to be absent from work in order to care for children in case of illness and/or hospitalisation. Additional protection is granted when children are disabled or have a chronic illness. No evidence-based data is available regarding the impacts of carers' leaves on the quality of life of carers and the cared-for.

A major impact on the possible efficacy of the measures may arise from informal pressure from employers. No specific studies could be found regarding the usage of these measures. However, data and studies on the usage of parental benefits have been showing that men use their rights less due to implicit or even explicit pressures. Data from the Institute of Social Security shows that, in December 2015, only 11,595 men benefited from Parental Benefits, compared to 26,744 women. In any case, the fact that grandparents can replace parents for the provision of care is undoubtedly important for a better balance between working and caring, limiting possible negative employment effects.

The possibilities to reduce working time by five hours per week, to work part-time and to have flexible working hours promote conciliation without the need to leave the labour market. In the first two situations, however, the usage of the measure implies loss of retribution (or the loss of vacation days in the case of the reduction of working time). In the context of the Portuguese labour market, this can be extremely difficult to consider. In the third quarter of 2015, the number of employed workers earning up to EUR 600/month amounted to almost 1.2 million, representing nearly one out of three workers in Portugal. In the same period, more than 60% of employed workers earned up to EUR 900 per month.

The possibility of working flexible hours allows the worker to not lose income. However, the well-being of the carer will certainly be affected. Additionally, it should be emphasised that flexibility and/or resorting to part-time work is not dissociable from stereotypical gender roles. As put by Casaca & Perista, "the increase of part-time work in Europe has been associated to a restoration of sexual segregation in the labour market. This reinforces the accessory role of men in the family sphere, the amplification of unpaid work developed by women, the pay gap between women and men, the lower chances for professional progression and to professional training, the reproduction of gender stereotypes and the discrimination they (re)produce" (Casaca & Perista, 2014: 36-37).

2.1.2 Carers' cash benefits

The **Child Assistance Allowance** and the **Grandchild Assistance Allowance** cover all employees with a record of at least six months of remunerations but exclude working parents with very short-term contracts and the self-employed.

Gender differentiation is evident in this respect. In 2014, only 7,883 men benefited from the Benefit for the Care of a Child, compared to 64,832 women.

As far as employment effects are concerned, both the timeframe and the amounts involved are not deemed to represent an obstacle or an incentive to re-enter the labour market. In either case, the benefit is granted for a maximum period of 30 days and it represents, in net terms, approximately the same amount the worker would be entitled to in terms of wage.

The **Benefit to Care for Disabled or Chronically Ill Children** also excludes workers with very short-term contracts but includes the self-employed. Its long duration – up to four years – associated with the fact that the amount received is tax free and equals 65% of the reference salary, although building up social security contributions may somehow result in work disincentives. However, the establishment of a maximum ceiling of EUR 838.44/month lowers the aforementioned proportion for workers with higher salaries thus discouraging lingering beyond the period effectively needed for care.

As for the **Dependency Supplement**, the **Attendance Allowance** and the **Special Education Allowance**, they consist of supplementary cash benefits and the amounts received are rather low. Thus, it seems very unlikely that someone considers leaving the labour market to become a caregiver because of the income s/he may obtain. The main intention of these benefits is to contribute for the expenses incurred because of care.

The Attendance Allowance and the Special Education Allowance regard descendants of the beneficiary only. The former is attributed only when care is not provided by healthcare or social care establishments and when the person needs care for at least six hours per day. It is not believable that the amount of the benefit, set at EUR 88.37 per month is enough to pay for the care needed.

As for the Special Education Allowance, its intent is to meet the expenses of private education institutions. This benefit has clearer employment effects as it may allow the ascendants of people with disability to remain in the labour market as their offspring receive the care needed for at least part of the time they are working depending, of course, on working and schooling schedules.

The dependency supplement may regard homecare or institutional care. In any case, the low amounts of the benefit (maximum of EUR 181.38/month) seem to be more easily (partially) covering homecare services than covering institutional care or replacing income loss of a caregiver. Additionally, it should be emphasised that only those dependent people whose income is below EUR 600/month are eligible for the dependency supplement. Thus, a good part of the population will not be eligible and will need to deal with chronic illness/disability and dependency without this State support.

2.1.3 Carers' benefits in kind

The benefits in kind made available to caretakers and caregivers are undoubtedly important, providing support services that certainly allow for a better conciliation between professional and caring responsibilities. Services such as the Centres of Occupational Activities (CAO), the Conviviality Centres/Day Centres and the Home Support Services (SAD) provide institutional care during regular working time allowing family members to remain in the labour market while respite services such as the Centres for vacations and leisure allow for a break from caring duties.

However, there is a lack of data and evidence-based studies to support, or not, such generic conclusions. One exception regards the data produced and disseminated through the Ministry of Work, Solidarity and Social Security's 'Social Charter (*Carta Social*).

The latest available report, regarding 2014 (GEP/MSESS, 2015) allows for some assessment of the coverage and take-up of benefits, as well as on possible impacts on employment and well-being. It should be emphasised, however, that benefits are organised by categories: people with disabilities, elderly people and children. Thus, matching with the scope of the current report is not perfect. Additionally, the latter category regards 'regular' childcare only and, hence, will not be analysed here.

Since 2000 the services for people with disabilities increased by 68% (350 new services), especially with regards the CAO and the Residential Homes. There was also an increase of over 19,000 in the number of places available (+104%).

Even if all the districts have services for their population, there is considerable regional disparity. In the inland districts services are scarcer. The coastal districts of Braga, Porto, Aveiro, Coimbra, Lisboa and Setúbal concentrate 60% of all services.

From 2006 to 2014, in mainland Portugal, the coverage rate of the CAO, SAD and Residential Homes services increased by 40%, from 2.7% to 3.8%.[3] Regional disparities also exist here. However, due to population imbalances, higher coverage rates are registered in the inland districts. As for take-up for the entire set of services for people with disabilities, the average rate in 2014 was 92%.

The 'Carta Social' also indicates that, in 2014, 98% of the 386 CAO (with capacity for 14,402 users) were closed during the weekends and that 70% closed for vacations. Most CAO opened between 8am and 9am and closed between 5pm and 6pm. Only 23% opened before 8am and only 28% closed after 5.30pm (7% after 6pm) which the report highlights as "possibly creating some difficulties with regards to conciliation between work and family life in the case of the users living with relatives" (GEP/MSESS, 2015: 30).

The coverage rate of services to the elderly population increased from 11.1% in 2006 to 12.7% in 2014. The increase in the number of elderly people has been mitigating, to some extent, the impact of the increase in the number of places available. Coverage rate is higher in inland municipalities than in coastal area municipalities. Take-up rates have been decreasing in the last decade. In 2014, the overall take-up rate stood at 78%. Differentiating between services, take-up rate was 81% for Conviviality Centres, 74% for Home Support Services (SAD) and 66% for Day Centres. The highest take-up rate regarded Residential Homes (91.5%).

Most of the elderly users of this service and of the SAD were, to some extent, dependent (80% and 61%, respectively), while in the Day Centres dependency characterised 46% of the users.

The 'Carta Social' also reports data regarding the services specifically directed to dependent elderly, noting that nearly half (46%) had a very high degree of dependency, 33% were dependent and 21% were partially dependent.

The latest annual monitoring report of the RNCCI (ACSS, 2015), regarding 2014, highlights an increase of 7.8%, between 2013 and 2014, in the number of beds available. The decreasing trend in the waiting time between referral to the RNCCI and actual admission to care is also mentioned as a significant positive evolution for all levels of care, except for palliative care in the Alentejo region and for rehabilitation care in the North and the Algarve regions.

By the end of 2014, the different care typologies within institutional services attained high use rates: 96% for long-term care, 93% for rehabilitation care and 90% for palliative care; 844 users were on a waiting list (ACSS, 2015).

The recently released 2015 report of the Portuguese Observatory of the Health Systems (OPSS) estimates that in 2011[4] there were around 110,000 people dependent on homecare. Among these, around 48,400 were dependent bed-bound people,[5] The authors argue that the comparison between these estimates and the number of existing vacancies both in the residential units of the RNCCI and the homecare services (ECCI) shows a clear gap between the available offer and the existing needs, estimating that the existing vacancies of the network represent less than 30% of the present needs (OPSS, 2015).

The same report considers that overall, the data available indicates a positive quantitative evolution, but still a serious under-supply of demand, particularly with regards to the under-utilisation of home based long-term care services, the actual

[3] Rate calculated regarding the total population.

[4] Estimates based on Census data regarding a total of nearly 3.9 million households.

[5] For methodological details regarding the estimates provided, please refer to the report, available at: http://www.aenfermagemeasleis.pt/wp/wp-content/uploads/2015/06/OPSS-Relat%C3%B3rio-de-Primavera-2015-16-06-2015.pdf

implementation of mental health integrated continuous care and the effective integration of health and social care support within the network.

The profile of the patients using the services of the RNCCI presented the following main characteristics: i) women represented 55,7% of the users and men 44,4%; among those aged over 80 years old, 64.7% were women; ii) 84,5% of the users were aged 65 years or more, of which 47% were aged 80 years or more; iii) RNCCI users presented a high dependency level for daily life activities; iv) most RNCCI users also received other types of social support (ACSS, 2015).

Specifically with regards to support for carers, the monitoring report highlights that, during 2014, 56% of the carers were deemed as needing specific training regarding the provision of care and that 951 hours of training were performed.

2.2 Assessment of overall package of measures and interactions between measures

The field of conciliation between working and personal life for people with dependent relatives has shown recent signs of possible change with the publication, in October 2015, of a government's "memorandum for the future" regarding the establishment of a Strategy for the Protection of the Elderly (Ministério da Justiça, 2015).

This document stresses that "due support should be guaranteed to elderly people so that they can exert their rights, including the right to choose the person they want to be cared by. The elderly people should also be allowed to define the management of their life in the event of suffering in the future, of impairment preventing them from ensuring this management by themselves" (Ministério da Justiça, 2015: 13).

This is another manifestation of the strength that traditional informal care continues to have in practice in Portugal. Article 1874 of the Civil Code states that parents and children have the mutual obligation of providing help and assistance and, in fact, it is still largely expected that the family, and especially women, take major responsibility regarding care. As aforementioned, on February 2016, the media echoed the government's intention to prepare specific legislation for the protection of caregivers to elderly people and the creation of the status of 'informal carer'. The characteristics of such policy will be crucial for assessing the extent to which the objectives laid down in the Strategy may be uphold as the current situation seems far from reaching the intention properly.

The package of measures made available to people with dependent relatives is not deemed to create particular disincentives regarding gainful employment. Generally speaking, the amounts associated with the benefits and the restrictions imposed, especially with regards to means-testing, make it nearly impossible for someone to consider lightly the possibility of leaving the labour market on a longer-term basis, to take responsibility for caring for a relative, especially an ascendant.

Therefore, keeping a full-time job while assuming care responsibilities seems to be the main solution for most people, even if this 'option' impacts negatively on their personal wellbeing. The latest results of the Labour Force Survey show that, in Portugal, in 2014, looking after children or incapacitated adults was the main reason for working part-time for only 3.3% of those aged 15 to 64, compared to 21.7% in the EU28.[6] Similarly, that was the main reason for 4.6% of the inactive population not seeking employment, compared to 9.6% in the EU28.

Historically, employment rates in Portugal are higher than the EU average, including the employment rate of women, considerably higher in Portugal than in other Southern European countries and higher than the EU average. As a consequence of the economic

[6] For Eurostat and Eurofound figures reported in this section, see Statistical Annex in Synthesis report on Work-life balance measures for persons of working age with dependent relatives.

and financial crisis and of the rise of unemployment, the gap with the EU28 decreased. Nonetheless, according to data from Eurostat's Labour Force Survey, in 2014 the employment rate of women aged 20 to 64 was 64.2 – compared to 63.4% in the EU28 – 7.1 p.p. lower than men's. For women aged 55 to 64, the employment rate was 42.1% - compared to 45.2% in the EU28 – 12.2 p.p. lower than men's.

The proportions of Portuguese women and men caring for children are fairly similar to EU28 averages, with the former higher than the latter. In 2010, 7.5% of Portuguese women aged 25 to 49 and 16.1% of those aged 50 to 64 had caring responsibilities of this type, compared to 3.8% and 7.6% of men, respectively. Even more striking though, is the fact that while two out of three women regularly took care of relatives or friends aged 15 or more and in need of care, only one out of three men did the same.

Data from Eurofound's European Quality of Life Survey (EQLS) indicate that, in 2012, more women were involved in caring for elderly or disabled relatives on a daily basis (9.4%) or several days a week (2.9%) than men (5.4% and 1.2%, respectively).

In fact, in Portugal, as in many other countries, caring has been primarily ensured by women. This has even led authors (e.g. Santos & Ferreira, 2002) to consider that rather than considering Portugal a welfare-society, it would be more accurate to consider Portugal as a society based on "welfare-women". In fact, as emphasised by Sílvia Portugal, "the discourse regarding elderly care shows how this is exclusively undertaken by women, how men easily attribute it to women, how women assume it as being their 'natural' responsibility and how they only conceive sharing it with other women" (Portugal, 2006: 457).

Keeping a full-time job while ensuring care may be even more difficult to manage as Portugal does not perform particularly well in the European context with regards to the flexibility of working time. According to EQLS2012, less than 30% of workers were able to accumulate hours for time off (sixth lowest figure in the EU28). Portuguese workers were also less able to take a day off at short notice when needed with women having higher difficulties in this respect[7]. 53.1% of women and 61.6% of men were able to do it compared to 59.4% and 67.3%, respectively, in the EU28.

Still according to EQLS2012, women more than men were less able to vary start and finish times – 27% compared to 40.1%. Resorting to another Eurofound instrument, the European Working Conditions Survey (EWCS), of 2015, the gender gap remains but the context seems to have become more rigid. According to this instrument, women more than men were less able to vary start and finish times – 32.5% compared to 45.2%.

The supposed lesser preponderance of employment effects deriving from care responsibilities is deemed to have, on the contrary, negative effects on the well-being of carers (and the cared for). However, there is a lack of up-to-date evidence-based studies to confirm such a state of affairs, regarding all different aspects of well-being. In any case, as mentioned above, it is unlikely that the cash benefits have a significant impact on poverty rates. According to the latest data issued by Statistics Portugal (INE), in 2014, the poverty rate of 'other inactive' people amounted to 31.7% which is significantly higher than the overall rate of 19.5%. It is also evident that social transfers (excluding pensions) impact less on the poverty rate in Portugal than in the context of the EU28: 7.2p.p compared to 8.9p.p.

As for the benefits in kind, they may indeed promote well-being both for the carers and for the cared for. However, the Well-Being Index issued by the INE according to which the domain 'Work-life balance' had a null evolution between 2011 and 2014, following a positive evolution between 2004 and 2008 should be mentioned. However, one central variable within this domain, the 'index of conciliation between work and family responsibilities' shows a steady decrease since 2007.

[7] This reflects the overall lower quality of women's employment. Data shows that the lower the quality, the harder for flexibility.

It should also be mentioned that some restrictions imposed on benefits may impact negatively on the inclusion of the cared for. For instance, a young disabled person receiving the Special Education Allowance may not undertake any professional activity included in a statutory social protection regime. Likewise, attending a Centre of Occupational Activities (CAO) is not allowed to those undertaking a professional activity.

2.3 Policy recommendations

The establishment of a Strategy for the Protection of the Elderly and the government's intention to prepare specific legislation for the protection of caregivers of elderly people is an important development in the field of work-life balance measures for persons of working age with dependent relatives.

It is advisable that these developments bear in mind two important aspects. The first regards a prevailing problem in Portugal that is also applicable to this field: the lack of a process of systematic monitoring and evaluation of public policies allowing for its assessment.

The second regards the access to and the amounts of cash benefits. It can be argued that these do not aim at being compensatory measures but rather are aimed at helping those most vulnerable to cope with long-term care expenses. In any case, the low thresholds combined with the expenses usually associated with long-term care in case of chronic illness or disability seem to challenge the validity of such a concept and to undermine the real impacts of the measures.

With this in mind and drawing on the analysis undertaken in the previous sections, the following recommendations in the field of work-life balance measures for persons of working age with dependent relatives are deemed to be of utmost importance:

- Careful monitoring of the evolution of the government's intentions to prepare specific legislation for the protection of caregivers of elderly people;
- Extending the focus of the aforementioned legislation to caregivers of children and of the adult population in need of care;
- Recognising the status of informal carer;
- Establishing less strict definitions of the relationships between the carer and the cared for;
- Developing a process of systematic monitoring and evaluation of public policies in the field, including ex-ante assessments;
- Granting tax benefits to those taking responsibility for caring for their relatives;
- Considering the time spent on care of those (partially) leaving the labour market, for the purpose of building up social security contributions, e.g. for pensions;
- Connecting the flexibility in the definition of working schedules (e.g. starting and finishing times, establishment of bank of hours, concentrated working schedule) and the incentive for tele-working with the expressed interest and actual caring needs of the jobholder, bearing in mind possible gender impacts resulting from this endeavour;
- Reinforcing the legal entitlement of some measures;
- Revising the amounts of the cash benefits;
- Revising entitlement to benefits, especially cash benefits, ensuring a closer linkage to the dependency condition rather than focusing excessively on means-testing criteria.

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