



Work-life balance measures for persons of working age with dependent relatives in Europe

A study of national policies
2016

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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.

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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Preface

In August 2015, the European Commission published a Roadmap for the initiative *A new start to address the challenges of work-life balance faced by working families*, which will replace the 2008 Commission's proposal to amend the Maternity Leave Directive. The objective for this new initiative is to modernise and adapt the current European Union (EU) legal and policy framework to allow parents with children and/or those with dependent relatives¹ to better balance caring and professional responsibilities, encourage a more equitable use of work-life balance policies between women and men, and strengthen gender equality in the labour market.

In its 2016 Work Programme², the European Commission has also announced a 'new start' initiative on work-life balance covering both legislative and non-legislative measures. The intention is to review the EU regulatory and policy landscape in this field with a view to better tackling the challenges of work-life balance for parents and people with caring responsibilities.

In this context, the Commission launched a consultation with the social partners³ in November 2015 on their views regarding possible improvements to EU legislation in the area of work-life balance, as well as a broad public consultation⁴ on other possible EU support measures. There appears to be a large variation between European countries in terms of the measures in place to support people with dependent relatives reconciling work and care: carer's leave schemes, cash benefits and in-kind support for caregivers and in general long-term care services to the dependent person (e.g. institutional care). There is also limited comparative EU-level analysis on the policies supporting people with dependent relatives⁵.

To support the Commission's analysis and to underpin the abovementioned 'new start' initiative, the European Social Policy Network (ESPN) was asked to take stock of the various measures in place to help working-age people with dependent relatives to balance work and caring responsibilities, and to assess their effectiveness. The present Synthesis Report draws on the national contributions prepared by the 35 ESPN Country Teams⁶. It was prepared by Denis Bouget, Slavina Spasova and Bart Vanhercke of the ESPN's Network Core Team⁷, with helpful comments and suggestions from the ESPN

¹ European Commission (2013), 'Long-term care in ageing societies – Challenges and Policy Options', Accompanying *Social Investment Package, Towards Social Investment for Growth and Cohesion – Including implementing the European Social fund 2014 - 2020*, Staff Working Document (2013) 41 final.

² See Annex 1 of the European Commission Work Programme 2016 ('*No time for business as usual*'), second new initiative listed on page 2: http://ec.europa.eu/atwork/pdf/cwp_2016_annex_i_en.pdf.

³ <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=2380>.

⁴ <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=2388&furtherNews=yes>.

⁵ Comparative EU analyses in this field include *inter alia* the following references. Naldini, M., Pavolini, E. and Solera, C. (2016), 'Female employment and elderly care: the role of care policies and culture in 21 European countries', *Work, Employment and Society*, published online before print February 15, 2016, 1-24. doi: 10.1177/0950017015625602. Eurofound (2015), *Working and caring: Reconciliation measures in times of demographic change*, Dublin: Eurofound. Lipszyc, B., Sail, E. and A. Xavier (2012), *Long-term care: need, use and expenditure in the EU-27*, European Economy, Economic Papers 469/2012, Brussels: European Commission. Ranci, C. and Pavolini, E. (eds.) (2012), *Reforms in Long-term Care Policies in Europe, Investigating Institutional Change and Social Impacts*, New York: Springer. Saraceno, C. and Keck, W. (2011), 'Towards an integrated approach for the analysis of gender equity in policies supporting paid work and care responsibilities', *Demographic Research*, 25(11), pp. 371-406. Colombo, F., Llena-Nozal, A., Mercier, J., Tjadens, F. (2011), 'Policies to Support Family Carers', in *Help Wanted?: Providing and Paying for Long-Term Care*, OECD Health Policy Studies, Paris: OECD Publishing.

⁶ For a presentation of the ESPN Network Core Team and the 35 ESPN Country Teams, see Annex 2. This ESPN Synthesis Report and the 35 ESPN national Reports can be downloaded from: <http://ec.europa.eu/social/main.jsp?catId=1135&intPagelD=3589>.

⁷ The three authors are from the European Social Observatory (Belgium).

Country Teams and from colleagues in the Network Management Team⁸. Comments and suggestions from the European Commission are also gratefully acknowledged.

Scope and ambition

This Synthesis Report is concerned with some of the key questions that arise regarding a) the work-life balance of working-age people – mainly women – who care for disabled and chronically ill dependent relatives, b) reconciling work and care obligations and c) maintaining the well-being of the carers and their families. The analysis focuses on carers of working age, whether or not they are actually working.

In view of the potentially very wide range of issues that could be considered, some clear choices have been made in terms of the scope of the analysis:

- First, a 'dependant' has been defined as any person (whatever her or his age) who is chronically ill, disabled and/or frail and who therefore requires caring services over a long period of time. The report furthermore focuses on dependent *family members*: children and adults with disabilities and the frail elderly.
- Second, long-term care (LTC) is defined as 'a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care' (European Commission and Social Protection Committee, 2014, page 11⁹).
- Third, the analysis focuses on the situation of the family carer. She/he is a working-age person who provides help to another person who is mainly a relative in need of LTC outside a professional or formal framework.

One key difference to many existing studies on LTC is that the Synthesis Report is specifically focused on the situation of the carers and on the social policy provisions (leave, carer allowances, respite support, etc.) which can help them to remain in the labour market by providing a better work-life balance, rather than on the situation of the person being cared for.

Research questions

The key question that has guided the analysis is: *To what extent can working-age people who are caring for dependent relatives balance work and caring responsibilities?*

More precisely, the 35 ESPN national reports provide answers to two sub-questions:

- i. What is the impact of the measures available in your country on enabling those carers who so wish to stay in the labour market, taking into account the different types of employment of the carers?
- ii. What is the impact of the measures available in your country on the well-being – including the risk of poverty or social exclusion resulting from caring obligations – of both the carers and the cared-for? This question includes a consideration of the availability of income protection in case the carer needs to take a leave of absence from work in order to care.

ESPN experts provided an overview of the types of measures (e.g. leave schemes, cash benefits, benefits in kind, LTC services and flexible working arrangements) available in their country to help working people with dependent relatives to remain in the labour market. In addition to the description of measures, they assessed whether the described measures are sufficient in terms of availability, affordability and quality, to provide

⁸ Hugh Frazer (Maynooth University, Ireland) and Eric Marlier (Luxembourg Institute of Socio-Economic Research (LISER)).

⁹ European Commission and Social Protection Committee (2014), *Adequate social protection for long-term care needs in an ageing society*, Luxembourg: Publications Office of the European Union, 251 p.

incentives for relatives to remain in the labour market or rather create incentives to leave the labour market.

When analysing the labour market effects of the various measures, a wide range of situations has to be considered, from staying in a job without any change to a complete exit from the labour market. When assessing effects on well-being, experts assessed the effects on the risk of poverty or social exclusion. This risk could for instance be reduced and social inclusion enhanced by care and carer allowances, income protection and in-kind support for LTC. Well-being also depends on whether expenses need to be paid by the carers/family members¹⁰. Finally, it is well known that informal care services to dependent people are mostly provided by women: mothers, spouses, middle-aged daughters or daughters-in-law. Many of them may not be able to find or stay in formal work. Consequently, informal carers, and especially women, have been found to be at higher risk of poverty (European Commission and Social Protection Committee, 2014).

The Synthesis Report's aim is to illustrate the main trends and elements in national LTC policies through a limited number of examples. In this respect, countries with similar developments are listed in brackets so that the reader can examine the national reports for more information. In producing their national reports, experts cite many different sources in support of their analysis. References to these are not included in this Synthesis Report. Readers wishing to follow up the original sources are again invited to consult the individual expert's national reports (see reference above).

To assist ESPN experts in making their assessments, data were compiled and selected in Annex 1, which provides comparative statistical information on several elements of the topic.

¹⁰ See, for instance, the Sixth European Working Conditions Survey regarding the connection between work and private life carried out on behalf of the *European Foundation for the Improvement of Living and Working Conditions* (Eurofound).

Summary, Conclusions and Recommendations

Summary

The present Synthesis Report addresses the work-life balance of carers of dependent persons by examining three main social policy arrangements: leave schemes, cash benefits and benefits in kind. To this end, the 35 ESPN Country Teams provided, first, a brief description of the main features of their national long-term care (LTC) systems and, secondly, an assessment of the implementation of the aforementioned policy arrangements. Particular attention was given to the coverage and take-up of benefits, the impact of work-life balance policies on the employment situation of caregivers and on the well-being of the carers (mostly female relatives) and cared-for persons.

It is important to state from the start that the provisions to the dependent person represent the cornerstone of all national LTC systems and too little attention has been paid to the role of the carer. The support arrangements for carers depend on four main features of national LTC systems: the scope of the LTC arrangements (whether or not provisions exist to improve the carer's work-life balance situation), the institutional settings (e.g. fragmentation between health and social assistance provisions), the level of governance (the state entity providing benefits and services) and the significance of previous and ongoing reforms.

The assessment of the effectiveness of support arrangements for carers is very challenging because of the lack of evidence available to support this assessment: data are often inaccurate or even missing. As a result of the scarce attention paid to the role of the carer in national LTC policies, very little is known about coverage, non-take-up and the impact of LTC benefits on well-being of the carers and cared for persons. Notwithstanding these limitations, the ESPN Country Teams managed to provide substantial evidence concerning the employment and well-being effects of a wide range of benefits.

A key finding is that all 35 countries under scrutiny provide more or less significant LTC provisions for children and adults with disabilities. By contrast, LTC arrangements tailored to frail elderly people are less developed. Unsurprisingly all of these provisions vary considerably – according to the age and the dependency level of the person – not only from country to country, but equally within the same country (spatial inequalities).

As importantly, national policies show a great deal of variation with regard to the three main social policy arrangements for carers: leave schemes, cash benefits and benefits in kind. A general trend is that long-term leave to care for children with disabilities is considered as 'extra leave time', in addition to the leave to care for healthy children (e.g. BG, CY, EE, EL, FR, HR, HU, PL, PT, RO, SI, SK)¹¹. Many countries indeed relax the eligibility criteria for families with children who are severely disabled. Generally, the rights of carers of dependent adults or elderly relatives are less developed than those of parents of children with disabilities.

Countries can be broadly classified into two main categories of support schemes for carers although these categories are not watertight and depend on other aspects such as the labour market settings.

The first broad category – **developed and mature support schemes for carers** – is characterised by specific arrangements targeted at carers, and/or provisions granted to the dependent person who uses them (de facto or sometimes subject to a legal obligation) to pay a carer. This 20-country category is composed of two subgroups.

- Countries with relatively universal and comprehensive LTC support schemes for carers (DK, SE, NO, IS, FI).

¹¹ For the countries' official abbreviations used in this report, see Annex 3.

These countries have a well-established, long-lasting tradition of LTC, regardless of the age of the dependent person: organising such care is seen as a public responsibility. Individual independence is a key feature of these policies, and there is no legal maintenance obligation between relatives¹² (except for spouses in Finland). Three main features characterise these systems. First of all, there is a mix between mostly short-term leaves, cash benefits and benefits in kind specifically targeted at the carer, and those geared to the dependant, as well as a broad supply of respite support (a short break from caring duties), except in Denmark. Secondly, in-home services (medical assistance, household services) are widespread, well-developed and accessible (easily accessible home care reduces the need for care provided informally). Such in-home care is preferred to institutional arrangements, except in Finland and Iceland. Thirdly, the generous LTC provisions in kind (both to the dependent person and to the carers) in the Nordic countries, together with the flexible structure of the labour market, often allow the carer to stay in employment during care obligations. The consequence on the carer's well-being is rather positive. It should be noted that the Finnish model deviates from that of the other Nordic countries, since women aged 25–45 years often have longer periods of absence from the labour market, due to the child home care allowance.

- Countries providing provisions mainly to the dependent person and specific support to the carer (AT, BE, CH, DE, ES, FR, IE, IT, LU, NL, PT, RO, SI, SK, UK).

Support arrangements vary considerably among the countries in this subgroup, but their LTC systems can be considered as targeted at support for the carer, usually relatives (in Switzerland, arrangements could widely vary across cantons). Almost all of these countries provide generous leave conditions. All of them provide specific cash benefits targeted at the cared-for person, who uses them (de facto or sometimes obliged by law) to buy in care. Institutional care (residential care, day care provided in institutions, etc.) is also well-developed. Some of these countries also have cash benefits targeted specifically at the carer (ES, FR, IE, NL, RO, SI, SK, UK). Benefits in kind are mainly granted to the cared-for person but are described by the experts as an important indirect support to the carer. For instance, in the 1990s, Germany, Luxembourg and Belgium (Flanders) introduced a LTC insurance scheme. In all three countries benefits are targeted at the dependent person but are specifically intended to provide support to the carer, most often a family member. The employment situation of carers in this subgroup is heterogeneous and depends strongly on the general structure of the labour market (employment in industry or services; opportunities for part-time jobs or not, etc.), familistic values and intergenerational solidarity.

It should be noted that the situation of Ireland and the United Kingdom in this subgroup is specific. Both countries have established comprehensive schemes targeted specifically at the carer. There is no legal obligation to care, and carers can be people outside the family circle. However, these schemes are subject to strict eligibility conditions concerning both the carer and the dependant (means-testing, caring needs and dependency assessment). Public in-home services and institutional care are not well developed (IE) or have been recently subject to significant cuts (UK).

The second broad category — **underdeveloped support schemes for carers** — follows the so-called 'familistic model', with few or no specific provisions allowing for the buying in of care. It includes 15 countries: BG, CY, CZ, EE, EL, HR, HU, LI, LT, LV, MK, MT, PL, RS, TR. Many of these countries provide benefits only to the dependant, and these have also been estimated by some experts as insufficient (e.g. LT, LV). Moreover, in these countries institutional care is underdeveloped or there is a cultural reluctance to use the care on offer. In some countries, several care structures and caring programmes exist but the administrative structures for managing them are underdeveloped (BG, EL, MT). Eligibility conditions are often strict and depend on the age and on the dependency

¹² In some countries (e.g. France, Germany, Italy, Portugal, Spain), there exists a reciprocal maintenance legal obligation in the direct line of ascent and descent.

assessment of the dependent person, on the family relationship and even on gender (MT). There is often a legal maintenance obligation. In most of these countries, carers remain outside the labour market despite the legal provisions on flexible hours and part-time work. In some countries, cash benefits are granted only to carers who are not in employment (e.g. MT, PL). In other countries, even when it is legally possible to stay in employment, this option is not taken up because of a lack of part-time and flexible work culture (HR) or general labour market arrangements. In this category of countries several barriers act as a strong disincentive to the employment of carers. These barriers include the lack of leave provisions, benefits in kind, in-home support and the overall labour market structure. They weaken the work-life balance, especially for female carers. Women are quasi-obliged to leave their paid employment for a long time, contributing even further to women's disadvantageous position in the labour market. Carers often face a rigid labour market with few part-time work opportunities.

The main conclusion of the ESPN experts on the work-life balance of caregivers is that it is better in countries which have developed various part-time work arrangements and flexible working time. In countries where part-time and flexible working schemes are (becoming) widespread, the leave available for LTC does not create significant disincentives to gainful employment (e.g. IE, NL, PT). The employment effect of cash benefits depends on a series of factors. First, it depends on the structure of the labour market, especially the degree of flexibility for part-time and flexible working hours. Secondly, the employment effect is more important for female employees than for men. Thirdly, it also depends on the traditional or legal obligations of care for dependent persons. Finally, it varies according to the availability of allowances granted not only to the carers but also to cared-for people.

Within the institutional settings of the LTC system, the fragmentation of benefits and service provision between branches of the social security system, especially between health and social assistance, is a key concern (e.g. CZ, LT, LV, PL, RO, SI, UK). This fragmentation indeed triggers serious inconsistencies in the organisation of services, inefficiency, high non-take-up of benefits and a lack of transparency.

The level of governance is another key determinant of the LTC system. In federal states (AT, BE, DE, CH), as well as in countries where important powers are devolved to the regions (ES, IT, UK), subnational entities are usually responsible for the distribution of LTC services; in some cases they are also responsible for assessing the level of cash and benefits in kind. In Switzerland the availability of the carer's support varies widely across cantons. In Nordic countries, municipalities play a significant role in checking eligibility conditions and providing cash or in-kind benefits. They often work in cooperation with civil society organisations. In some Eastern countries, experts point to serious discrepancies between the services provided both by regions and municipalities (e.g. CZ, EE, HR, LV, LT).

Experts put forward three main reform trends in LTC policies. First, some countries have implemented reforms since the 1980s to move towards more comprehensive schemes, in particular with regard to the ageing of the population (e.g. AT, DE, ES, FR, IE, LU, NL, PT). Secondly, there is a general trend towards deinstitutionalisation of care (e.g. DK, CZ, FI, LT, LV, RS, SE, SK). The third trend is towards taking account of the carer's work-life balance by enshrining specific provisions in national LTC strategies (e.g. CZ, EE, FR, IE, LV, UK).

National ESPN experts also highlight the impact of EU funding in improving LTC services and the work-life balance of carers (e.g. BG, EE, EL, PL, RS).

The national reports clearly state that when the allowances to the dependent persons and to the carers are relatively high and the household has a rather low income, they de-incentivise carers to take up employment, but they decrease the risk of poverty. When the allowances are low or very low, the experts consider that they do not have any impact on carer's employment, except for poor families where even low allowances could have a disincentive effect on the employment of carers.

Finally, recent economic reforms are characterised by fiscal consolidation measures: cuts in budgets are often another barrier to increased employment for women. These measures combined with a re-familialisation process (e.g. SE) have a tendency to lock women into their traditional homemaker roles.

Conclusions

The work-life balance of those caring for a dependent person (children and adults with disabilities, and the frail elderly) is a relatively new issue on the agenda of policymakers. This report sheds light on the three main provisions for carers (leave schemes, cash benefits and benefits in kind) within the institutional settings of national LTC systems and labour market determinants. It demonstrates that the work-life balance of the carer – mostly a working age woman – is a problematic issue which is rarely recognised as such. In the majority of countries, LTC policies are geared to the dependent person and overlook the carer's situation. Only a few countries – namely those with universal and comprehensive LTC systems – make the necessary arrangements to enable carers to remain in employment and preserve their work-life balance. Nevertheless, even in these favourable contexts, some recent policy reforms and political discourses accentuate deinstitutionalisation and the extension of community care without, however, promoting the development of public in-home services. This seems at odds with the convincing evidence that benefits provided to the cared-for person as well as to the carer are efficient in increasing the opportunities for female employment, notably by improving the work-life balance of the carer and reducing the gender employment gap. However, in many countries such policies remain underdeveloped.

It should be clearly stated that in many countries the situation of the cared-for person is also problematic because of unfair/burdensome administrative procedures for dependency assessment. Such procedures have a direct and negative influence on the work-life balance of the carer. New LTC policies targeted specifically at the carer should take into account the interplay between a broader set of care policies to disabled persons and employment policies geared to carers: these issues cannot be separated from each other. Political reflection on women's citizenship comprising their place on the labour market and their active participation in society in general is needed, especially in the light of revamped political discourse relegating women to their traditional family-care role.

Recommendations

The objective of striking a good work-life balance for people who have to care for dependent relatives cannot be reached by specific carer's benefits alone. The success of this objective indeed largely depends on the interplay between a broader set of social and employment policies. This balance very much depends on the pattern of family values in society and the gender distribution of economic activity, more precisely on employment and social policies in place allowing people with dependent relatives to balance work and care.

There are large differences between national LTC systems in terms of development of social protection, the amount of benefits, their degree of universality, their degree of maturity, and – crucially – differences in gender perception and the status of women in society. Recommendations to countries on the situation of carers should therefore differentiate at least between 'mature' and 'less mature' social protection systems. Today's mature systems are based on a 'first generation' of support schemes, implemented roughly before the nineties. These have recognised dependency of old people as a new social risk and tailored new types of social policies to support care for dependent persons. The second, younger generation of support schemes, was launched early this century, and therefore had to address this risk in a very different socio-economic context. These include ageing of the population, increasing women's labour force participation, labour market reforms, financial and economic crises and EU

enlargements. The recommendations below build upon those made by the ESPN Country Teams in their national reports.

Recommendations to countries with underdeveloped support schemes for carers

Countries which are characterised by a very low supply of LTC benefits should design a coherent, comprehensive and transparent LTC system through the following courses of action.

Building a strategy to develop all care benefits and services in a universal way:

1. Benefits should be defined regardless of the age of the dependent persons; this principle could avoid the piling up of different age-defined benefits, leading to overlaps and gaps in provision. This would equally guarantee a fairer distribution of benefits and would solve the problem of transition between benefits for different age groups (childhood, adulthood and old-age).
2. The reformed LTC systems should attempt to decrease organisational fragmentation. Reforms should attenuate the organisational divide between healthcare systems and social care services. Within the general organisation of the care benefits system, they should pay attention to the vertical (between levels of government) and horizontal (between policy areas) coordination between bodies in charge of the supply of benefits. The objective should be to simplify access to benefits.
3. Benefits in kind and services should be evenly distributed over the whole country in order to avoid high spatial inequalities.

Recommendations to countries with developed and mature support schemes for carers

The first generation of LTC policies focused primarily on the situation of the dependent person. Benefits and their administrative organisation were designed with one unique objective: the well-being of the dependent person. Today, the design of care benefits should also include the objectives of employment and well-being for the carer.

Designing care benefits that include the objectives of employment and well-being for the carer:

4. Reinforce benefits in kind for caregivers in order to decrease their psychological and health problems. Reforms should promote different types of respite schemes, training, counselling and other support.
5. Strike a new balance between the carer's status and the benefits to the cared-for person, by:
 - a) increasing the number of professional carers, improving their social and professional conditions for a better work-life balance, and developing their training schemes;
 - b) increasing the focus on the economic situation of informal carers; and
 - c) developing LTC policies that include both services to those being cared-for and the development of favourable employment conditions for carers.

Recommendations to all countries

An increased focus is needed on the employment of carers and on the well-being of family members. This can only be achieved by combining different policies.

Balancing the employment of carers and the well-being of family members:

6. Improve the provision of formal care services: increase supply and ensure fair spatial distribution, affordability and quality. This would be a win-win policy as it would contribute to increasing female labour demand (this sector is female dominated) and alleviating the risk of poverty.
7. Reconcile labour market and care leave. An analysis of the leave schemes in European countries shows that they can be an efficient way of retaining a job by allowing carers to maintain their attachment to the labour market.
 - a) In those countries with a labour market characterised by strong traditional barriers against reconciling work and family life¹³, instigate a broad reform of labour law and/or introduce fiscal incentives to improve voluntary part-time work in enterprises.
 - b) Introduce reforms which encourage both sides of industry to introduce leave schemes, part-time jobs and more flexible working hours for carers¹⁴ - such as collective agreements or legislation defining the rules for the payment of leave and tax incentives for the employment of caregivers. These reforms should:
 - set eligibility criteria and conditions (equal rules of payment) for leave, whatever the age group of the dependent person; and
 - include provision for more training sessions for caregivers.¹⁵
8. In countries which have created a LTC insurance scheme, the carer's leave should be automatically included in the compulsory insurance scheme.

Better designing carer's allowances

9. In countries which provide a wide range of allowances to the cared-for person as well as to carers, several types of cash benefits could be merged, with a view to improving the transparency of provision to families. Several other measures could lead to a better design of carer's allowances:
 - a) better checks on the use of carer's allowances should be introduced so as to reduce the demand for services in the grey labour market;
 - b) when the carer's allowance is very low, it should be increased so as to alleviate poverty for families. The national at-risk-of-poverty threshold calculated according to the agreed EU methodology could provide a possible national benchmark in this context¹⁶;
 - c) reforms should ensure that social security rights are maintained, whether or not an allowance is received.
10. Strengthen evidence-based policy-making regarding caring and carers through a well organised, coordinated and systematic collection of quality data on LTC, especially in countries where the system is underdeveloped. (See also Recommendation 14.)

Recommendations to the European Commission

11. Improve the legal definition of 'long-term care' in Europe, especially in the revision of the Regulation 883/2004 on the coordination of social security

¹³ For example, male-dominated labour supply, no culture of part-time and flexible working hours, reluctance among employers to facilitate it, etc.

¹⁴ Employers' organisations could find it advantageous to introduce part-time jobs and more flexible working hours for carers (e.g. with a view to avoiding absenteeism and heavy psychological burdens for employees).

¹⁵ This would improve the quality of care services to the dependent person (nutrition, ergonomics) while promoting the nursing and caring professions. In this way, a link would be maintained with opportunities on the labour market.

¹⁶ In each country, the at-risk-of-poverty threshold is set at 60% of the national median household equivalised disposable income. National reference budgets could also provide useful guidance in this context.

systems. It will be important to have a similar understanding of what Member States consider as 'LTC'.

12. Continue to provide support, including through the learning tools of EU cooperation in the field of social protection and social inclusion, to countries that need to design and develop strategies on LTC to dependent persons. Further promote the use of the European Social Fund (ESF) to stimulate these initiatives.
13. Promote the use of EU funding (notably the European Social Fund [ESF]) to develop professional services, especially in the least developed LTC systems in Europe.
14. Encourage Member States to better take into account the gender dimension in the implementation of LTC policies by a) gathering data on this issue (gendered statistics on leave and cash benefits take-up; polls on the well-being and employment status of carers, indicator of equal gender of labour division) and b) disseminating information on the situation of carers. Furthermore, in countries (mainly those with mature LTC systems) where reforms are characterised by new, familistic initiatives, the Commission could remind these national governments (social dialogue, European Semester) that they may fall short as regards a key European objective: gender equality. (See also Recommendation 13.)

1 OVERVIEW OF MAIN FEATURES OF THE WORK-LIFE BALANCE MEASURES FOR WORKING-AGE PEOPLE WITH DEPENDENT RELATIVES

This section provides an overall description of the long-term care systems in general (1.1) while providing a detailed account of carer's leave (1.2), cash benefits (1.3) and carer's benefits in kind (1.4).

1.1 Overall description of national LTC systems and support arrangements for carers

ESPN experts addressed the work-life balance (WLB) situation of the carers of dependent persons by examining three main social policy arrangements: *carer's leave*, *cash benefits* and benefits *in kind*. Furthermore, in order to be able to assess the actual role of these provisions, experts were asked to describe the main features of the national LTC systems. National reports highlighted four main features playing a significant role in national LTC systems: *the scope of the system* (whether or not provisions exist to improve the carer's WLB situation), *the institutional settings of the system* (e.g. fragmentation between health and social assistance provisions), *the level of governance* (the state entity providing benefits and services) and finally the key importance of *previous and ongoing reforms*. These different features are summarised in Table 1 below.

As regards the *scope of the system*, it can be claimed that the LTC policies targeted at the dependent person represent the cornerstone of national LTC systems, while little attention has been paid to the role of the carer. All 35 countries assessed provide more or less generous LTC provisions to children and adults with disabilities. However, LTC arrangements tailored to frail elderly people are less developed in most countries.

With regards to the work-life balance of the carers, experts highlighted that the overall design of the LTC system matters a great deal. Along with the carer's leave and cash benefits schemes, benefits in kind tailored to the dependant are of a great importance for the WLB of the carer. Moreover, the availability of care institutions (residential or semi-residential facilities) and in-home services play a significant role in this balance.

In this respect, countries can be classified into two main categories, although these are not watertight and depend on other aspects such as the labour market settings. The first broad category, *countries with developed and mature support schemes for carers*, is characterised by specific arrangements targeted at carers, and/or provisions granted to the dependent person who uses them (de facto or sometimes obliged by law) to pay a carer. The second category, *underdeveloped support schemes for carers*, follows the so-called 'familistic model', with few or no specific provisions for carers or cared for people.

1.1.1 Developed and mature support schemes for carers

Following the description of national LTC systems the first category – which provides support arrangements for carers and/or dependent persons – is divided into two subgroups of countries (see Table 1):

- Countries with relatively universal and comprehensive LTC arrangements (DK, FI, IS, NO, SE).

These countries have a well-established, long-lasting tradition of LTC, regardless of the age of the dependent person: organising such care is seen as a public responsibility. Individual autonomy is a key feature in these policies, and there is no maintenance obligation (except for spouses in FI). Three main elements underpin these systems. First of all, there is a mix between mostly short-term leave, cash benefits and benefits in kind specifically provided to the carer. Secondly, there is a well-developed public system of in-home care support (medical assistance, household services). Such in-home care is preferred to institutional arrangements except in Finland and Iceland. Thirdly, institutional care is available and represents a significant support for the WLB of the carer

(in particular day-care services). In addition, experts pointed to the importance of the flexible labour market structure, which allows carers to stay in employment while meeting their care obligations.

- Countries providing provisions mainly to the dependent person and specific support to the carer (AT, BE, CH, DE, ES, FR, IE, IT, LU, NL, PT, RO, SI, SK, UK).

Support arrangements for carers vary considerably among the countries in this subgroup (in CH wide variation across cantons). Almost all of these countries provide generous leave conditions. All of them provide specific cash benefits targeted at the cared-for person, who uses them (de facto or sometimes obliged by law) to buy in care. Institutional care (residential care, day care, etc.) is rather well-developed. Some of these countries also have cash benefits targeted specifically at the carer (ES, FR, IE, NL, RO, SI, SK, UK). Benefits in kind are mainly granted to the cared-for person but are described by the experts as an important indirect support to the carer.

The LTC arrangements of the countries in this cluster are underpinned by very different institutional settings and financing methods. For instance, in the 1990s Germany, Luxembourg and Belgium (Flanders) introduced a new LTC insurance scheme. The Belgian system is well-developed and provides generous benefit schemes to dependants, acting as indirect support to the carer (in particular the voucher service), as well as a wide range of residential and community care arrangements. France, Portugal and Spain have implemented several reforms to provide more opportunities to support carers, in particular those nursing frail elderly people. Finally, it is to be noted that only three Eastern Europe countries belong to this subgroup: Romania, Slovakia and Slovenia. Despite some reported issues as to how the system actually functions, these countries are characterised by generous leave conditions and a mix of benefits for the dependant and for the carer and rather well-established institutional care arrangements.

Unlike most of the other countries in this group, Ireland and the United Kingdom have established comprehensive schemes targeted specifically at the carer. There is no legal obligation to care, and carers can be people outside the family circle. However, these schemes are subject to strict eligibility conditions concerning both the carer and the dependant (means-testing, caring needs and dependency assessment). Specific cash (carer allowance) and benefits in kind are provided directly to the carer but are subject to strict eligibility conditions. Moreover, public in-home services and institutional care are not well developed. Leave is short and either unpaid (IE) or dependent on negotiation with the employer (UK). As for employment of carers, the Irish LTC arrangements are very restrictive and were originally tailored to full-time carers (mostly a female family member). In the UK, a high proportion of carers are obliged to give up work because of important shortcomings in provisions of leave and in substitute care services for disabled or older people that would allow carers to combine work and care-giving.

Table 1: Overall description of support schemes for carers

Developed and mature support schemes for carers		Underdeveloped support schemes for carers
Universal and Comprehensive LTC arrangements	Provisions mainly to the dependent person and specific support to the carer	'Familistic model': specific provisions (nearly) non-existent
DK, FI, IS, NO, SE	AT, BE, CH, DE, ES, FR, IE, IT, LU, NL, PT, RO, SI, SK, UK	BG, CY, CZ, EE, EL, HR, HU, LI, LT, LV, MK, MT, PL, RS, TR

1.1.2 Underdeveloped support schemes for carers

The second category of countries, characterised by underdeveloped schemes, follow the so-called 'familistic model', in which few or no specific provisions allow for the buying in of care (BG, CY, CZ, EE, EL, HR, HU, LI, LT, LV, MK, MT, PL, RS, TR). Many of these countries provide benefits only to the dependent person and some experts assess these benefits as insufficient (LT, LV, SK). Institutional care is underdeveloped in these systems, or there is a cultural reluctance to use the care available. In some countries, care structures and caring programmes exist but the administrative structures for managing them are underdeveloped (BG, EL, MT). Eligibility conditions are often strict and depend on the age and on the dependency assessment of the dependent person, on the family relationship and even on gender (MT). In most of these countries, carers remain outside the labour market despite the legal provisions on flexible hours and part-time work.

1.1.3 Institutional settings, governance and recent reforms

As regards the institutional settings of the LTC systems, a key feature is the fragmentation of benefit and service provision between branches of the social security system, especially between health and social assistance (e.g. BG, CZ, EE, RO, LT, LV, SI, UK). This fragmentation triggers serious inconsistencies in the organisation of services, inefficiency and a lack of transparency. For instance, in Romania there are two overlapping systems for assessing work capacity and functional skill for independent daily living (a disability and an invalidity system).

The level of governance is the third important issue addressed in the overall description of the system. In federal states (AT, BE, DE, CH) as well as in countries where important competencies are devolved to the regions (ES, IT, UK), sub-national entities are usually responsible for the distribution of LTC benefits; in some cases, they are also responsible for assessing the level of cash and benefits in kind. It is important to note that in Switzerland the availability of carer's support varies widely across cantons. In Nordic countries, municipalities play a significant role in checking against eligibility conditions and providing cash, benefits in kind and in-home services. They often work in cooperation with civil society organisations. In some Eastern countries there are serious discrepancies between the services provided both by regions and municipalities (e.g. CZ, EE, HR, LV, LT).

As a final point, experts have highlighted the key issue of reforms. In this respect, three main trends can be distinguished. First, some countries have implemented reforms since the 1980s (first generation reforms) to move towards more comprehensive schemes, in particular with regard to the ageing of the population (AT, DE, ES, FR, IE, NL, PT, UK). Secondly, there is a general trend towards deinstitutionalisation of care (e.g. CZ, DK, EE, FI, LT, LV, RS, SE). The third trend is towards taking account of the carer's work-life balance, at least by enshrining specific provisions in national LTC strategies. (e.g. CZ, EE, FR, IE, UK).

Some experts have highlighted the importance of EU funding in improving LTC services and the work-life balance of carers (e.g. BG, EE, EL, LT, LV, PL, RS).

1.2 Description of carer's leave

Almost all countries (except for LI) have adopted legislation on access to leave for carers of dependent persons. These legal arrangements vary considerably from country to country, and within one country they may vary with regard to duration, eligibility, benefit level and entitlement to social security rights. Leave conditions often depend on the age group of the cared-for person (children and adults with disabilities and frail elderly), the intensity and type of dependency (e.g. terminal stage of illness, degree of disability) and finally on the labour market arrangements available for the carers (collective agreements, discretion of the employer, private versus public sector provisions). For instance, in Malta only public sector employees are entitled to leave to care for

dependants, while in the private sector, leave is entirely a matter for the employer's discretion. In some countries (e.g. IT, NL), the self-employed are excluded from carer's leave provisions.

1.2.1 Eligibility conditions for carer's leave

Eligibility criteria for carer's leave can be divided into four main categories: a) the age groups of the cared-for person, b) the dependency assessment, c) the social insurance contributions period and d) the employment relationship of the carer.

The eligibility conditions for carer's leave vary widely, first of all, according to the *age group of the dependent person*. Carer's leave schemes for disabled children exist in almost all European countries. By contrast, only few countries provide leave for carers of frail elderly dependants (AT, DE, DK, FR, IS, IT, NO, SE).

All countries except for LI and SK have legislative provisions on carer's leave for those looking after children with disabilities. The upper age limit of a child is often eighteen, but sometimes it is lower (e.g. EE, LT, LV). Moreover, eligibility conditions (mostly concerning duration) sometimes vary according to the age of the child with disabilities (e.g. EL, HR). Many ESPN experts underline the more or less generous extension of maternity and parental leave (often by several years) for parents of disabled children (CY, FR, HR, PL, PT, RS, SI, SK).

Carer's leave schemes for caring for dependent adults or frail elderly persons vary substantially. A few countries do not provide any sort of leave scheme (LI, SK). In many countries (BE, EL, ES, FI, FR, HU, IE, IS, LU, NO, PL, PT, RO) there are different types or different spells of leave according to age groups. Only very few countries provide carer's leave schemes regardless of the age of the dependent person (AT, DE, DK, IE, IT, NL, SE, UK).

It should be also noted that in some countries, the carer is entitled to look after dependent persons outside the family circle (DK, IE, IS, NL, NO, SE, UK). With few exceptions, Southern and Eastern European welfare states score poorly on providing carer's leave to look after dependent adults and frail elderly persons. For instance, the majority of these countries provide leave only for carers of children with disabilities (CY, CZ, EE, HR, LT, LV, MT, MK, RS, SI, SK, TR). Leave for carers of dependent persons of different age groups is only available in a few Southern (EL, ES, IT) or Eastern (BG, HU, PL, RO) countries.

The second eligibility criterion for carer's leave is *the intensity and the type of dependency* of the cared-for person. Two main categories of dependency assessment are used. Many countries use disability scales, ranging from full health to severe disability (e.g. AT, EL, ES, FI, FR, HR, HU, IT, LT, LU, LV, NO, RO, RS, SI, SK, TR). When such measurement tools do not exist, the assessment is based on a medical examination and a medical certificate, depending on a doctor's decision (e.g. EE). In this respect, some experts suggest that the non-recognition of some forms of disability leads to some carers being excluded from all leave and benefits (e.g. BG, SI). It should be noted that many countries provide specific carer's leave when an individual is providing end-of-life support (AT, BE, DE, DK, FI, FR, LU, NO).

Eligibility for carer's leave also depends, thirdly, on the *carer's social insurance contributions period and/or her current employment relationship* (CZ, LI, MT, UK) i.e. the legal link between employers and employees. For instance, in the Netherlands employers must provide carer's leave (although there may be some restrictions with regard to the economic situation of the firm). At the opposite end of the spectrum, eligibility for carer's leave (in particular the issue of duration), is left up to the employer's discretion in LI, MT and RO (except for carers of children with disabilities).

Fourthly, in terms of employment relationship of the carer, self-employed people are excluded from carer's leave schemes in IT, NL and UK. They may, however, take carer's leave – just like employees – in HR, LU and SI. In Belgium, there are special provisions

for the self-employed which apply if their child or partner is in need of palliative care; this arrangement has been changed and expanded (including care for a disabled child aged below 25) since 2015. Some countries provide specific arrangements for unemployed carers where she/he has paid social insurance contributions during a legally required period (e.g. HR, SI).

1.2.2 Duration

With regard to duration of carer's leave, there are three main trends: a) countries providing both short-term and long-term leave; b) countries providing only short-term leave and c) leave schemes of unspecified (reasonable) duration.

Most of the countries provide both short-term and long-term leave schemes (AT, BE, DE, DK, ES, FI, FR, HR, HU, IE, IT, MT, NO, PT, RO, SE, SI, SK, TR). The duration of short-term leave varies from a couple of days to a couple of weeks (3-4 weeks). Short-term leave is often tailored to taking care of a sick person over a short period of time (whatever the sickness-related reason) and/or to enable the arrangement of formal care services. Long-term leave can vary from a month to several months or even more than a year (e.g. FI, IT, MT, PT). This is specifically meant to allow the carer to provide care for a dependent person and/ or take some time off simply to bond with them or provide emotional support. The period of leave can depend on public/private sector provisions (e.g. MT, NL, TR), collective agreements (e.g. DK, SE) or even on the employee's union affiliation (IS). Within this group of countries, the duration varies considerably according to the age group of the dependent person. Leave provisions for carers of dependent children are usually better developed than those concerning other age groups: e.g. HR (leave only for parents of dependent children), HU and RO. Moreover, even within this age group, duration often varies according to the age of the child (e.g. EL, FR, IT, NO, SI). In cases where a country provides leave for carers of both children and dependent adults, the duration is usually longer for the former.

In countries where only short-term leave schemes exist (e.g. BG, CZ, CY, EE, EL, LT, LV, LU, PL), these are usually geared to allowing care of a sick person whatever the sickness-related reason. Duration of these leave schemes varies most often from a couple of days to 2-3 weeks. Some of these countries provide leave only for carers of children (e.g. EE, LT, LV). In cases where leave is provided to carers of dependent adults, its duration is shorter than that allowed for children. For instance, in Estonia, leave of up to 14 calendar days is available for those taking care of a child of 12 years of age and of only half this time (7 calendar days) for those taking care of a dependent adult. In addition to paid short-term leave, parents of disabled children receive one additional free day a month.

In the third type of carer's leave provisions, duration is not specified (e.g. NL, SE, UK). For instance, in the UK the duration is left up to a negotiation with the employer. In the Netherlands, in addition to short-term leave and long-term leave provisions, there is also specific emergency leave, where employees receive a reasonable amount of time to meet urgent care circumstances.

1.2.3 Payment arrangements

Many countries provide both *paid and unpaid leave*. In Ireland and Hungary, leave is unpaid as a rule, but carers can qualify for a carer's benefit (see Section 1.3).

Methods of establishing payment during leave vary considerably between countries, and within the same country according to the type of leave. A general scheme usually establishes the payment during leave as a proportion of previous earnings, subject to various ceiling conditions. The percentage generally varies between 70 and 80%. Some countries provide generous short-time carer's leave on full pay, i.e. 100% of the gross salary of previous months or years (e.g. ES, IT, LU, SI). Besides this general scheme, a few countries apply a flat rate amount: BE (787 euros per month in 2015, approximately 35% of the net average earnings of a single person), DK (at least 2,000 euros per month in 2016, approximately 70% of the net average earnings of a single person), HR (276

euros per month in 2016, approximately 40% of the net average earnings of a single person). In the UK, time off for care-related emergencies is paid at the employer's discretion.

In some countries, the amount provided during certain types of leave is calculated on the basis of sickness benefits (e.g. DK, PL). In Denmark, the allowance provided to employees is 1.5 times the sickness benefit. The upper limit of payment is often earmarked and depends on previous earnings, on a legally established threshold which can be linked to inflation or on the amount of other (most often sickness) benefits (e.g. DK, NO). In Austria, the rate of care leave benefits is income-related and basically equal to the rate of unemployment benefits.

1.2.4 Social security rights

Leave provisions generally allow the carer to continue building up social security rights (e.g. AT, BE, BG, CY, CZ, DE, EE, FI, FR, HR, IE, IT, LT, LV, MK, NL, NO, PL, RO, RS, SE, SI, UK). These provisions can vary according to the type of leave (paid or unpaid) and its duration. In many cases both pension and health insurance are covered for the carer and sometimes preferential terms for self-insurance are provided in occupational schemes (e.g. AT).

1.2.5 Flexibility of leave and flexible working arrangements

Flexibility of carer's leave

Flexibility of carer's leave consists of piecemeal schemes that allow the carer to take the leave in spells over a long period of time (e.g. IT, NL, NO, TR), and/or to share it between carers (e.g. DK, FR, NO). Piecemeal arrangements can consist in taking some days or hours off over a couple of months or splitting the leave into weeks and/or months. For instance, in Italy carers are entitled to take three working days per month, on a piecemeal hourly basis. In the Netherlands, the carer can take up to a maximum of six weeks (six times the weekly working hours) and this can be spread over the year. Furthermore, this can be repeated each (following) year.

Flexible working arrangements

The majority of the countries provide flexible working time arrangements for carers of dependent persons (AT, BE, DE, DK, FR, HR, IT, LT, LV, MK, NL, NO, PL, RO, SE, SI, TR, UK). In a few countries, flexible working hours are a matter for the employer's discretion: this is the case in LI and MT (in the private sector). In Serbia flexible working hours and part-time arrangements were only recently introduced and employers have not fully adapted to these yet. In Lithuania flexible working hours apply when the carer of a disabled child is a single parent.

Most countries have established various part-time work arrangements (AT, BE, DE, DK, HR, IT, FR, LT, MK, NO, NL, RO, SE, SI, TR, UK). Hourly payment and duration arrangements are different for each case. For instance, in Macedonia part-time working hours of carers are considered as full working hours. In Croatia all employees and the self-employed have a limited or an unlimited right to work half-time. Carers can continue to benefit from this unlimited right to work half-time even after their child with severe disabilities has turned 18, as there is no upper age limit.

In some countries (IE, LI, MT), flexible arrangements are restricted or depend completely on the employer's discretion. For instance, in Ireland the carer's leave cannot be taken on a part-time basis. Likewise, in Liechtenstein no legal entitlement exists for carer's leave vis-à-vis the employer, and the leave cannot be taken on a part-time basis. In Malta, except for the public sector, part-time arrangements depend on concessions from employers.

In all European countries job protection is guaranteed during carer's leave. Liechtenstein is a key exception though: it does not provide any protection of the carer's employment

contract. The payment of a salary and job protection depend entirely on a decision by the employer.

1.3 Description of carer's cash benefits

Cash benefits for caring can be divided into three main types: a carer's allowance, which is directly provided to the carer if she or he applies for it: this is for example the case in HU, IE, MT, NO, PL, RO, SI (only to carers of disabled children), SK and the UK; a care allowance granted to the dependent person for whom it is an earmarked benefit¹⁷: e.g. in ES, PT and SI (only to adult beneficiaries of care allowance); and finally a care allowance to a dependent person who may buy in services of carers from the labour market, or who can use it to 'pay' a relative who becomes the carer (all countries, except for HU). The former two types of allowance are subject to various legal rules applicable to the carer status.

1.3.1 Eligibility for carer's cash benefits

Eligibility criteria for a carer's allowance directly provided to the carer are mostly as follows: the age of the dependent person (children and adults with disabilities, and frail elderly persons) and sometimes the age of the carer (IE), the dependency assessment (e.g. HU, NO, RO, SK, UK), the carer's earnings (e.g. IE, UK), the insurance period (e.g. AT, IE, NO) and employment relationship, the legal residence of the carer (e.g. IE, SK), gender (MT) and civil status (single/couple: MT, MK).

These conditions vary widely from country to country and between different benefits within the same country. For instance, in Ireland different conditions concerning the age of the carer, her/his previous earnings and her/his place of residence apply to the two carer's cash benefits: the carer's allowance on the one hand, and the carer's benefit on the other. In the UK, the carer's allowance is also means-tested but does not depend on the place of residence of the carer.

In many countries, the age and the dependency assessment of the dependent person are the main elements in applications, along with specific eligibility conditions concerning the carer (e.g. HU, IS, RO, NO, PL, SK, UK). As regards the employment relationship, in many countries it is possible to combine carer responsibilities with another job (e.g. AT, DE, DK, HR, HU, IS, LV, NO, SE, SI, SK, UK).

Eligibility criteria for a care allowance for a dependent person, who uses it (de facto or sometimes obliged by law) *to pay a carer*, most often include: age of the dependent person (adults with disabilities, and frail elderly persons), dependency assessment, household income of the dependent person, family relationship carer-dependent person and finally the qualifications of the carer. Many countries provide this type of cash benefits: ES, FR, LU, LT, LV, PT, RO, SE, SI (only to dependent adults), SK. Some illustrations are provided in Box 1. It should be mentioned that only a few countries provide specific carer's cash benefits for those caring for frail elderly persons (e.g. BE, FR). For instance, in Belgium there is an allowance for assistance to the elderly (AAE). In France, a Personal Autonomy Allowance (APA) can be granted to a frail elderly person to pay for carer's services.

¹⁷ PT (Attendance Allowance' - *Subsídio por assistência de terceira pessoa*); ES (Monetary benefit for care in the family setting and support for non-professional carers; Monetary benefit for personal assistance; Monetary benefit linked to contracting a service); IT (*Indennità di accompagnamento* (attendance allowance – IA)).

Box 1: Cash benefits to a dependent person, to pay a carer: illustrations

In Portugal the attendance allowance is granted to disabled persons who need permanent care from a third party. The eligibility conditions focus mainly on the dependency assessment and on the income of the cared-for persons. The caregiver must live in the same household as the cared-for person.

In Sweden, the attendance allowance is granted directly to the dependent person, to be used to pay a family member. Eligibility is usually based on the assessed level of dependency or time spent in caregiving, reflected in terms of weekly hours of help needed.

In Spain, there are three cash benefits targeted at dependent persons to pay a carer who can be a professional or a family member. These benefits also depend on the dependency assessment of the cared-for person.

In Slovenia the benefit granted to a person with a disability to hire a home care assistant depends on the dependency assessment. Moreover, in order to be eligible the carer has to either live with the cared-for person or be her/his relative. She/he has the right to work part-time.

All countries provide various cash benefits to adults with disabilities, which can be used at the discretion of the beneficiary to buy in services of carers on the formal or informal labour market. For instance, in Germany, the recipient of the cash benefit is, by law, the cared-for person and not the carer. She/he can freely dispose of the care allowance, but 'it is intended that he or she transfers the amount to the family-care-giver' (IT national report). In Italy, the attendance allowance (IA) is a universal benefit accessible to people with disabilities, regardless of their age. It is paid directly to the cared-for person, but the Italian report suggests that the legislation is not sufficiently transparent as to who is the actual beneficiary: the cared-for person or the carer.

In Austria, a universal 'long-term care cash benefit' is granted to the dependent person. The benefit should especially be used to buy formal care services or to provide reimbursement for informal care giving. However, this benefit is not subject to legal verification.

Moreover, within a country, the implementation of eligibility criteria varies across levels of governance responsible for evaluating whether carers are eligible (e.g. BE, CH, DK, EE, ES, SE).

1.3.2 Payment arrangements

As regards payment arrangements, methods vary a great deal between countries, and within the same country according to the type of benefit. The main elements for establishing the level of a carer's allowance provided directly to the carer are a) the age and the degree of dependency of the cared-for person, b) the carer's previous earnings, c) the employment relationship and d) social insurance period. Carer's allowances can be means-tested or universal. In this respect, there can be a variety of payment arrangements within the same country (e.g. FR, IE, NO, SE). For example, in Ireland the carer's allowance is means-tested but the insurance-based carer's benefit is not.

The amount of the carer's direct allowance can be established as a percentage of another type of benefit (e.g. AT, SE) or of previous earnings, or may be a flat-rate amount (e.g. NO, PL).

1.3.3 Duration

The duration of receipt of cash benefits varies between several months and an unlimited period of time (e.g. MT). The duration mainly depends on the age group and the degree of dependency. For instance, Iceland has a carer's benefit payable for up to 6 months if a working parent stops working, considered as a long-term parental allowance. In the UK, the carer's allowance can be paid indefinitely so long as the carer and the cared-for person continue to satisfy eligibility requirements.

1.3.4 Tax credits, tax incentives and tax reductions

Taxation of carer's cash benefits varies widely. There is a trend to tax allowances directly provided to the carer (e.g. HU, NL, NO, PL, SE, UK) while the cash benefits to a dependent person who uses them (de facto or sometimes obliged by law) to pay a carer are exempt from taxes (e.g. CY, DE, IT, NO, PT). It should be specified that in Cyprus, allowances are given in the context of the strictly means-tested Guaranteed Minimum Income (GMI) scheme, and only persons with an annual income above 19,500 EUR have an obligation to pay taxes. Thus these allowances are de facto, but not de jure, non-taxable. For instance, in Norway the attendance benefit is not taxable while the attendance allowance and carer's wage are.

All countries (except for CY) provide tax credits, tax incentives or tax reductions to the dependent persons and their family. These usually take the form of exemption from property tax, tax deduction for buying equipment, and child tax credits which can be subject to an income ceiling (e.g. ES).

1.3.5 Social security contributions

In all countries except for Turkey, carer's benefits provide the right to build up social security contributions. These are most often pensions and health insurance rights and can vary according to the kind of benefit. Some countries have preferential conditions for carer's benefits (e.g. AT, DE, ES, HR). Only in Turkey is payment of the carer's cash benefit considered as a social benefit without any social security contributions for the carer. They must pay these on their own initiative.

1.4 Description of carer's benefits in kind

Only very few countries provide a well-developed scheme of benefits in kind *specifically for carers* (DK, IE, IS, NO, SK, SE, UK). Such a scheme may include respite care (a short break from caring duties), training, counselling, information (hotline, internet sites) and psychological support¹⁸.

In over slightly half of countries (AT, BE, DE, EE, FI, FR, HR, HU, IT, LI, LT, LU, LV, NL, PL, PT, RO, RS, SE, SI), ESPN experts describe benefits in kind granted to the dependent person as 'indirect benefits' (often respite) for the carer and/or the cared for. Benefits in kind granted to the cared for person are: respite care (for instance, temporary stay in a residential home), household help, medical services, logistics, and technological innovations to increase her/his functional capacity. Finally, in a few countries there are almost no benefits in kind targeted at the carer, and only a few for the dependent person (BG, CZ, EL, TR). Several experts (AT, BE, CH, CZ, DK, EE, EL, NL, RO, UK) claim that the type, the amount and the availability of benefits in kind may vary considerably from one state entity to another: federal entities, administrative institutions and regions/municipalities.

1.4.1 Eligibility

The most common eligibility criteria for statutory benefits in kind for carers are the following: age, degree of dependency of the cared-for person, the family relationship and (in NO) the proof of need of respite support. Criteria regarding the dependent person are: age, degree of dependency of the cared-for person and the type and level of help needed. It is interesting to notice that legislation in England (2014 Care and Support Act) gives carers the same rights to assessments of their needs as the rights of disabled/older people. With regards to the age group, in almost all countries benefits in kind for parents of disabled children are the most widespread, while far fewer are available for the care of frail elderly persons.

¹⁸ Some experts consider leave arrangements as a benefit in kind for carers. In this Synthesis Report, these have already been analysed in Section 2.1.1 on 'Leave'.

1.4.2 Respite care

Only very few countries provide respite support for the carer (DK, IE, IS, NO, SE, SK, UK). This often takes the form of a short break from caring duties, during which time inpatient or (semi-) outpatient professional care is provided to the cared-for person. Moreover, in-home services are an important respite support for carers. For instance, in Belgium, along with inpatient services, there is a service voucher scheme intended as indirect respite support, in particular for female carers. In Sweden, the services targeted at cared-for persons are understood as 'indirect care' provided to the carer: home-help, institutional care, day care, short-term respite care, housing adaptation, safety alarms. Unlike direct support, indirect support is only accessible after a needs assessment. Direct and indirect support complements and sometimes overlaps with each other.

In the majority of countries, respite care (inpatient, and (semi-) outpatient provisions) are provided to the dependent person. In several countries, its purpose is to support the family caregivers through professional care (AT, BE, DE, EE, ES, FI, FR, HR, IT, LI, LT, LU, LV, NL, PT, RO, SE, SI). However, generosity of these benefits in kind often varies according to age group. The institutional care system plays an important role in FI, IT, RO, RS and MK.

1.4.3 Counselling, training and psychological support

The majority of countries provide various types of training, counselling and psychological support for carers. However, the quality and the availability of this vary widely, from not available (CZ) and very rare (BG, EL, LV, LT) to well-developed (e.g. DE, IS, NO, SE, SI, SK). In many countries, experts pointed to the role played by voluntary organisations in providing training, counselling and psychological support to carers (e.g. CH, CZ, DE, DK, EE, EL, LT, LV, UK).

1.4.4 Other benefits in kind

Having access to information on the available benefits is a valuable resource for carers (AT, DE, FI, IT, LV, NO, SE, SI, UK). This can take the form of hotlines, targeted internet sites and exchange forums, informal networks of carers, etc. Some experts regret the lack of information on benefits in kind available (e.g. EL, CZ, FR). The Danish report underlines the importance of innovative welfare technology in increasing self-reliance and autonomy, thus acting as an indirect support for carers. In Estonia welfare technologies are also perceived as an important in-home support and are mainly financed by the state.

2 ANALYSIS OF THE EFFECTIVENESS OF SPECIFIC WORK-LIFE BALANCE MEASURES

The effectiveness of work-life balance (WLB) measures for working-age people who care for dependent relatives can be assessed, first, by two indicators: coverage and take-up of leaves, cash benefits and benefits in kind. Secondly, it can be assessed by looking at the impact of the WLB measures on the carer's employment situation, and on the well-being of the members of the family (both the cared-for and carer).

According to many national experts, the effectiveness of WLB measures for carers is difficult to evaluate. Data are often missing, especially as regards coverage and take-up. This lack is generally explained by the traditional objective of LTC policies, the improvement of the socio-economic condition of the cared-for person (health services, care allowances, caring services, housing arrangements, etc.). Consequently, the dependent person very often remains the key statistical unit used in the evaluation of the policies and little attention is paid to the carer's situation (e.g. CY, SE).

On the other hand, LTC services are a greatly expanding employment sector (e.g. DE), and new studies of employment in the personal services sector focus more on the situation of caregivers, mainly women, who are caring for dependent family members. Within this context of scarce knowledge, ESPN experts provided information on the impact of leave schemes, cash benefits and benefits in kind on the employment and the WLB of carers, as well as on the well-being of family members. The assessment is based on quantitative and qualitative analysis; sometimes experts use proxy variables (DK), causal analysis, econometric methods (CY), simulations (CZ), or typologies (IT).

2.1 Assessing the effectiveness of leave schemes

Almost all European countries have legislation on carer's leave which often distinguishes between three categories of dependent persons: children with disabilities, adults with disabilities and frail elderly dependants. Long-term leave to care for children with disabilities usually becomes additional leave time which can be added to the leave for healthy children. In this case, many countries relax the eligibility criteria for family with children who are severely disabled (e.g. CY, FR, HR, PL, PT, RS, SI, SK, see Section 1.2.1). Generally, the rights of carers of disabled adults or frail old people are less developed than those of parents of children with disabilities.

2.1.1 Coverage and take-up

Detailed evidence on coverage is scarce. First, some countries simply do not have any leave scheme: CZ, LI, LV (except for sickness benefit for a child in care) and SK. Secondly, data are missing in many other countries (e.g. DK, FI, FR, HR, HU, IE, IS, RS, UK). Many countries do not have any publicly available figures on the number of carers, or very little data on measures for working age people. Some national reports use the statistical annex provided in this report (Annex 1) to ascertain the rank of their country or to compare it to the EU average.

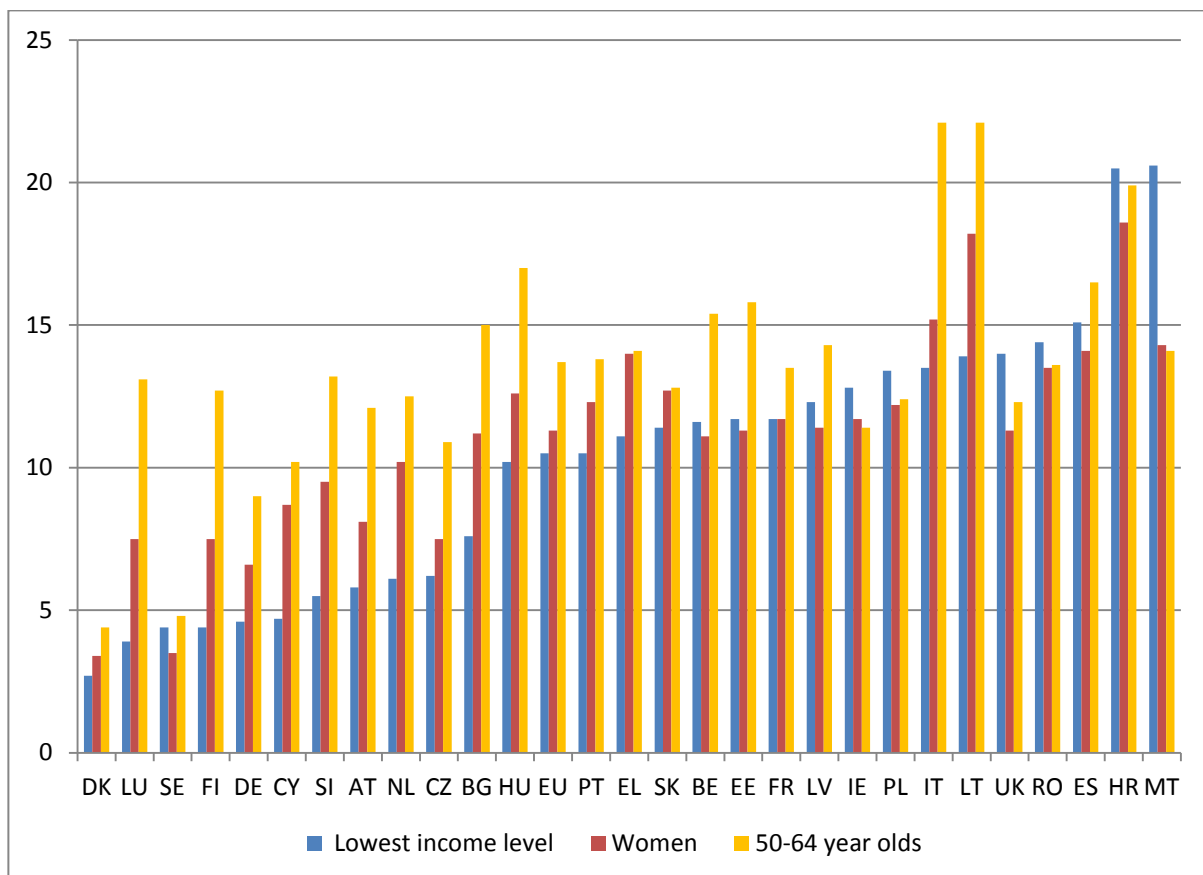
Some countries do provide direct information on coverage and take-up. In Italy, coverage and take-up rates of carer's leave and carer's cash benefits are relatively high. In 2014, 38,865 cases of longer leave (up to 2 years of paid leave) were financed. In Spain there were 283,000 carers in 2014, i.e. 10% of all part-time workers, and 39,611 cases of leave granted. In Poland, child-raising leave is not very popular, although it is likely to be more widespread among parents of children in need of LTC. In Sweden some 15,700 persons used care leave in 2015 and approximately two thirds of all care of older people living in the community is provided by informal caregivers. In the Netherlands, the right to grant care leave is a legal obligation for employers. In that sense, all employees can take care leave. However, of all informal caregivers (also those providing care to people outside the family circle) merely 5% take unpaid leave, and 7% take paid

leave. This is probably due to readily available opportunities to work part-time in the Netherlands.

For other countries, indirect information on coverage and take-up is provided by the fact that care is given mainly by women, either full-time (complete absence from the labour market) or part-time: Croatia has ‘one of the smallest proportions of part-time workers in the European Union’ (HR national report), because there is no culture of part-time work. In Cyprus, 13.9% of women aged 25-64 who worked in part-time employment stated that they chose part-time work in order to look after children or incapacitated adults.

According to Eurofound’s 2012 European Quality of Life Survey, in 2010, 7.4% of women were involved in daily caring for their elderly or disabled relatives. This percentage is very low in Nordic countries, the Netherlands and Germany (1.3-4%), while Romania, Croatia, Spain, Portugal and Lithuania have high percentages (10.5-14.5%) (detailed data in Annex 1). Figure 1 largely confirms the results of the analysis of the ESPN national experts and shows the huge difference between a group of EU Member States characterised by a low frequency of people who are often involved in caring for their elderly or disabled relatives (CY, CZ, DE, DK, FI, LU, and SE) on the one hand, and another group of countries (ES, HR, IT, LT, MT) characterised by a high relative frequency of people involved in intensive caring.

Figure 1: Percentage of people frequently involved in caring for their elderly or disabled relatives (2012, EU Member States)



Source: See Annex 1.

Reading note: On average, for the EU as a whole, 10.5% of low-income respondents declare that they frequently (i.e. ‘every day’ or ‘several days a week’) care for their elderly or disabled relatives. The proportion of frequent carers among women is 11.3% and among the 50-64 year olds 13.7%.

Data on the take-up or non-take-up of care leave are often unavailable. This is, for example, the case in DE (absence of a reporting obligation), IE, NO, SK and the UK. When the data on take-up are available, the experts note that it is rather low. In the Netherlands, only 5% of all caregivers take unpaid leave, and 7% take paid leave. Non-take-up is frequently due to non-payment of leave (ES, FR) or to a decision by the administration (TR).

2.1.2 Employment effects

In spite of insufficient information on the situation of carers, the national reports provide a lot of information on the effect of carer's leave on their labour market position. Several factors facilitate mobility between care leave and a job.

Countries can be divided into three groups, according to the structure of the labour market, eligibility for a carer's allowance or wage or equivalent, and the supply of benefits in kind (Section 2.3) as well as the rules, and regarding part-time work.

In some European countries (e.g. CY, CZ, HR, HU, MT, PL), there are strong barriers related to the structure of the labour market that act as a strong disincentive to the employment of carers, such as poor development of the service sector and of female employment in general. These weaken the work-life balance, especially for female carers.

The level of the carer's allowance also affects employment on the labour market. A significant carer's allowance (or salary) may greatly affect the behaviour of workers. We note a significant move from the previous job to a 'new' one in the family (see Section 2.2.3). One could consider the family as a new monetary economic sector, in which non-paid care gradually becomes paid care. All in all, it is clear from the national reports that the work-life balance of carers of dependent relatives is easier in countries which have developed various part-time work and flexible working arrangements. Importantly, in countries where part-time and flexible working schemes are or are becoming usual, the leave available for LTC does not create significant disincentives to gainful employment (IE, NL, PT). In Belgium, most people take a part-time career break rather than a full-time career break. In Italy, practically all carers have open-ended working contracts, and there are only a few workers with fixed-term contracts. In Malta, carers who work in the public sector can benefit from an impressive list of Family Friendly Measures (FFM). In Germany, the obligation to repay the loan is still a strong barrier to reducing working hours or claiming care leave. The Portuguese report also notes the role of grandparents, who contribute to a better balance between working and caring, limiting possible negative employment effects. In a similar vein, elderly people in Croatia often offer financial and psychological support to their children and provide care to their grandchildren.

It should finally be noted that the effects of leave schemes – but also of allowances and benefits in kind (see Section 3 for further discussion) – on the well-being of caregivers and of the dependent persons in the family are quite impossible to assess for two reasons: first, very few countries provide data on adequacy and, second, when information is available, assessments can rarely identify the proper effect of each carer benefit.

2.2 Assessing the effectiveness of cash benefits for carers

There are two main functions of cash benefits. The first is to offset the costs of extra services required by dependent persons, which may vary depending on the type and the intensity of their dependency or disability. The second is to replace earnings lost because of care responsibilities. Therefore, besides the direct allowance for carers, the care allowance for the dependant is often considered as an indirect wage or a 'routed wage' for the carer (e.g. IT, RO, SK). This reflects the conviction that caregivers can benefit from the financial help received directly by the disabled dependent person.

2.2.1 Coverage and take-up of cash benefits

Coverage of cash benefits seems to be high when allowances are considered as universal: e.g. DK, IS, IT (Indennità di accompagnamento), NO (carer's wage) and SE. However, in Ireland and the United Kingdom the coverage is lower due to strict eligibility conditions for the carer and the cared-for person (double conditionality). Furthermore, in Poland, there is a high coverage rate for cash benefits related to care, mainly due to the 'nursing supplement', which is a benefit provided to (almost) all individuals above 75 years of age.

The number of beneficiaries (both carers and dependants) of cash benefits is increasing in several European countries: this is for example the case in BE (allowance for assistance to the elderly), IT (Indennità di accompagnamento), LV (the family state benefit for a child with disabilities), RO (the child-raising indemnity) and SE (childcare allowances). This upward trend is the combined result of several factors: the change in the nature of dependency needs (IT), the scarcity of services which puts pressure on families to ask for some types of cash provision (IT), a doctrinal policy change in favour of 'staying at home' or 'ageing in place' (SE) for dependent persons, and the process of deinstitutionalisation (e.g. DK, HR, HU, PL, SE). However, due to budgetary constraints, new reforms are tending also to slow down this expanding trend and to restrict the number of recipients of care allowances to the most severely disabled persons. Consequently, these reforms are weakening the socio-economic status of female employees for two reasons. Women who care for non-severely disabled persons now have to cope with a loss of income, due to the absence of a care allowance. Furthermore, caring for severely disabled persons, they are obliged to give up their paid employment in enterprises or organisations.

There are very few data available on the take-up of cash benefits (e.g. IS, UK). High take-up seems to be the exception (IS, *Umönnunarbætur*). In the Czech Republic, there are data on the allowance for cared-for persons, but no evidence on how often they use it for purchase of professional care. In many countries, experts consider that the non-take-up of allowances is high, for various reasons. When a strict carer's allowance exists, non-take-up is explained by the double eligibility condition (e.g. IE, UK); by discretionary local authority decisions (e.g. FI); by means-tested schemes: e.g. in FR, IE (carer's allowance), NO, SE, UK (carer's allowance); and finally by spatial exclusion (CH), or a grey labour market (HR, TR).

2.2.2 Employment effects

The employment effect of cash benefits depends on a series of factors. First, it depends on the structure of the labour market, especially the degree of flexibility for part-time and flexible working arrangements. Secondly, the employment effect is greater for female employees than for men. Thirdly, it depends on the culture of care and the traditional or legal obligation of care for dependent persons. Fourthly, the employment effect depends not only on the allowances to the carers but also on the allowances to the cared-for persons.

However, diverse the schemes, the ESPN experts generally conclude that the employment effect of cash benefits is limited because the allowances are (very) low (e.g. CZ, EE, FR, HU, IE, LI, LT, LV, MK, NL, NO, PL, PT, RO, UK). The employment effect of cash benefits seems to be strongly linked to the income of both the carer and cared-for person, as well as to the level of their benefits.

While allowances are low, parents of children with disabilities in Slovenia have several options/instruments that help them reconcile family and work obligations and remain in the labour market. The most important is that they have a right to work part-time, and have social security contributions based on the proportional part of the minimum wage paid from the state budget for the hours not worked. However, they are not guaranteed a return to full-time work. Some carer allowances and policies may create a significant disincentive effect for the employment of caregiver relatives: this is for example the case

in CZ (lack of services and low level of care allowance to secure professional care), DE (strong increase in the care allowance), RS and UK. Even relatively low allowances may create disincentive employment effects when granted to a poor family, as for example in ES, HU, NO, MT and PT (disabled child allowance).

Finally, one cash benefit may engender contradictory employment effects. For example, in Poland, the employment effect of the nursing benefit is ambiguous.

2.3 Assessing the effectiveness of benefits in kind for carers

The availability of benefits in kind for the cared-for person is very important for family caregivers. As discussed in Section 1.1, Nordic countries have implemented a model of generous benefits in kind to dependent people (in-home services and residential homes) which are particularly effective in improving the work-life balance of women and employment in general. Some countries have created a system of vouchers: in Belgium, the service voucher scheme has become a very popular initiative.

National policies and reforms are characterised by a general move towards non-increase or even a reduction in the number of beds in residential homes, with these being supposedly replaced by in-home services (e.g. DK, SE). However, this reduction creates or intensifies bed shortages, higher non-take-up and pressure on at-home services. This shift obviously has consequences on the employment rate, skills, and degree of pressure on the potential carers in the families.

2.3.1 Coverage and take-up of benefits in kind for carers

Benefits in kind for family caregivers are often underdeveloped, discontinuous and sometimes completely absent (CZ, EL, HU, LI, MK, TR). Only a few countries have developed a substantial scheme of services for carers, but paradoxically these services are sometimes under-used, as is the case in FI (reluctance of dependants) and FR.

When they exist, the most frequent benefits in kind for carers in European countries are respite support, training as well as counselling and information services. Respite services (full-time day care, respite care within institutions, etc.) are often underdeveloped: this is the case in CZ, EL, ES, HR,RO, SK, SI (short supply, faults in the design of services), IT (not widespread in the country), LT (only available in some municipalities), MT (only day-care for children). In the UK, a survey of carers found that 64% had never accessed any other support or services such as respite breaks or counselling (apart from family and friends). In France, efforts have been made in recent years to allow moments of respite but these remain underutilised.

Training, information and counselling services are other types of benefit in kind for carers: CH, EL (underdeveloped and shortage), ES, PT (high demand), RO. In Romania, fewer than half of the personal assistants have undergone training during the last two years (2010), as the law foresees (according to a survey regarding carers of severely physically disabled children and youth). The underdevelopment or the shortage of services and the high demand entails a lack of suitable services (EE) and waiting lists (RS).

When benefits exist in a country, the supply can be very unequal because the system is run by regional or local governments: the latter leads to regional disparities (North/South in Italy), urban/rural disparities (DE, SI) and disparities in municipal policies (NL). Spatial inequality tends to be even greater than the inequality of cash benefit provision. Sometimes the lack of public provision of services is partly compensated for by Non-Governmental Organisations, as is the case in CZ (self-help associations), EL and SI.

Sometimes opposite trends are apparent. Some countries have increased the supply of services: DE (outpatient flat-sharing communities), FR and PT). Others have cut budgets: DK and UK (England). One consequence is that austerity measures are increasing the burdens falling on unpaid family caregivers.

2.3.2 Employment effects of benefits in kind

Theoretically, support to family caregivers from professionals in everyday care and in special situations (substitute care, short-term care, day-and night-care) can remove obstacles for carers to enter/remain in the labour market.

Countries which have a long tradition of local services to dependent persons, such as the Nordic countries, point to the intensive creation of jobs, the potential reduction of situations where family members are obliged to leave the labour market, and finally the increase in the individual autonomy of family members: 'It could be argued that public LTC for older people is not only a cost, it is also a precondition for women's labour force participation, and thereby a precondition of a broader tax base to finance public welfare services' (SE national report). In a similar vein the Spanish expert underlines that state services for those with disabilities and work-life balance measures play an important role in incentivising carers (particularly mothers) to remain in active employment.

In countries where home care services are underdeveloped or being reduced through public spending restrictions (SE, UK), the national experts note that dependants are often faced with a choice between two options: to live in residential homes, or to stay at home with the help of a member of the family. Finally, the scarcity of home care services for dependants indirectly contributes to family members leaving their job. The negative employment effects are also due to spatial disparity, which provides a stronger disincentive, since a family member is more or less obliged to become a carer.

3 OVERALL INTERACTIONS BETWEEN LONG-TERM CARE POLICIES, ALLOWANCES AND SERVICES

The overall interactions between LTC policies, allowances and services have direct effects (via benefits for the carer) and indirect effects (via benefits to the cared-for person) on the WLB of relatives who are caring for a dependent member of the family. The consequences depend on a large number of elements. There are domino or cascade effects (choices, alternatives, tensions, shortage, etc.) of any reform on all the other elements of the general LTC system, and thus on the employment and well-being of family caregivers. We discuss several of these in turn.

Organisation of LTC

For more than a decade, a general movement towards deinstitutionalisation, coupled with well-developed in-home care services for dependent people (children and the elderly), has been promoted as a 'win-win' policy. It is assumed that there will be an increase in the well-being of the dependent persons and an expected lower cost of home care services, to offset the closure of residential homes or centres for disabled persons. However, the success of such a reform needs an extensive and comprehensive set of services for caring at home. In the Nordic countries (DK, IS, NO, SE) and some others (FR), this deinstitutionalisation policy has guaranteed the well-being of persons and the work life balance of women: 'High employment results in more taxes that in turn contribute to the financing of work-life measures. Vice versa work-life measures and policies mean that more carers are able to work thus increase employment' (DK national report). In contrast, experts in other countries point to several shortcomings in LTC services: waiting lists to enter a residential home (e.g. CZ, EE, MK, MT, PL, RS, SI), the underdevelopment of in-home care (e.g. CH, CZ, LT, MK, PL, SI); cuts in public expenditure on LTC services (UK) or a glaring lack of investment (e.g. IE, RO, SI, TR) for dependent persons, as well as inconsistencies or inadequacy in the general LTC system (e.g. HR, HU, RS), or a lack of coordination (e.g. CH, LT). All of these engender a strong disincentive effect on employment, which affects especially women, who are constrained to reduce or to leave their job.

Changes in the demand for LTC

Experts also note the rapid growth of needs, mainly due to the strong increase in the number of very old people (80+). Given this ageing society phenomenon, combined with the move away from residential care toward in-home services, home care services should be increased more quickly than the demographic trend, as explained by the Slovakian expert. In order to deal with this difficulty, some countries are developing new residential homes. For instance, in Denmark a new type of private accommodation has recently been rolled out: a mix between housing for the elderly and ordinary rental accommodation with associated permanent staff. Another socio-demographic phenomenon also plays a key role in the work-life balance: housing arrangements (size of housing, medical beds, toilets, etc.) and co-residence between the carer and the severely disabled person (e.g. IT, PL).

The gender issue

There is a huge difference between the Nordic countries, in which caring for an older family member is not a legal or social obligation, and some Southern countries, where it is an obligation especially for women (e.g. CY, MT, TR). Moreover, ESPN experts insist on the high sensitivity of women in employment to the new reforms in LTC for dependent people. Experts note that women are less and less prone to withdraw from their job (e.g. FR, MT, PT). Furthermore, within the working life cycle, one age group is particularly sensitive to these obligations and changes: people 45-65 years old, sometimes called the 'sandwich generation'. An econometric study in Cyprus concludes that there is a strong and negative effect on female employment, except (perhaps paradoxically) for those caring for very old people, where the effect seems statistically insignificant. Several

experts also consider the employment rate of these women as an indirect indicator or a proxy variable of the general changes in LTC policies (DK, LU).

Skills for caring

Caring for dependent persons at home is often considered as an unskilled job which affects the employment of female lower educated workers (NL). Furthermore, there is a segment of the grey or black labour market in which unskilled workers and certain migrants are supplying the work force ('work for cash'). This leads to an official or apparent work-life balance of women in the family, combined with low paid work of an unskilled person at home. For example, given the econometric regression in Cyprus, 'Live-in domestic workers have a strong positive and statistically significant effect on female employment' (CY national report).

The structure of the labour market

The choice between working in a job and caring for a family member also depends on the structure of the labour market. When the labour market is open to the development of part-time and flexible working hours, reconciling a job and caring at home is feasible, especially for women (with the extreme and exceptional example of the Netherlands, where the female part-time rate represents more than half of female employment). In contrast, in countries where this opportunity is rare or difficult, such as in Greece, Croatia (culture), in Lithuania (employer attitudes), Romania or Serbia, experts consider that the structure itself pushes female workers out of the labour market.

Impact of care allowances on employment

The impact of care allowances on employment varies considerably according to the following factors: the level of allowances, the carer's (family) income, the structure of the labour market (female/male, grey labour market, etc.), the availability of public or private services. When the allowances are relatively high (e.g. DE, LT), they increase people's options and this leads to more people choosing not to take up or continue in employment. In this case, women under pressure to care for a dependent family member will compare their wage on the labour market to the carer's allowance, and more generally to family income resources. When the cash benefit is low, some ESPN experts (e.g. CH, IT, PT) conclude that it is too low to have a substantial effect on the choice of a relative to move from their job to caring for a dependent family member. However, others point to the specific segment of the labour market with unskilled workers, low pay and undeclared work. In this case, even a low allowance may have a disincentive effect (e.g. BE, IE, SK, UK).

Impact of benefits for carers on well-being

As discussed in Section 2.1, few countries provide data on the well-being of caregivers or of the cared-for persons. When information is available, the impact of benefits for caregivers on their well-being (and on that of the recipients of care) is assessed through three indicators: a) the income poverty of the family, b) the increase or decrease in the purchasing power of the family due to the disability of the cared-for person and c) the subjective well-being (often health) of the caregivers.

The risk of poverty or impoverishment is affected to a greater or lesser degree by the accumulation of different types of income in the family. Sometimes, the combination of care allowances or part-time employment with part-time care leave reduces the risk of poverty (e.g. BE, CZ), while in other countries, the allowances are so low that no substantial change in the family income can plausibly be expected (e.g. HR, IT, PL, SK). When unpaid leave is not compensated for by any allowance, the consequence is some impoverishment of the household (e.g. EL, FR).

In terms of purchasing power, care allowances do not always offset the extra costs resulting from the situation of dependence (e.g. the cost of care and private services). They therefore contribute to a deterioration in the well-being of carers and of the cared-

for person: this is amongst others the case in AT (full-time formal inpatient care), CH, CZ, ES, HR, SK and the UK.

The conclusion from very little available information is that a significant proportion of caregivers experience a good balance between work and informal care (IE, NL), while others point to subjective difficulties. Caregivers often complain about the negative effects of psychological stress (e.g. AT, EL, ES, UK), overworking and the burden of responsibility (IE, NL, UK) or burnout (TR). Consequently, the well-being of carers and the persons they care for is highly dependent on the availability and accessibility of services for dependent persons and also for their caregivers, especially respite support.

Budgetary constraints

Some experts (e.g. SE, UK) note that cuts in budgets resulting from economic austerity measures combined with a re-familialisation process may lock women into their traditional homemaker roles.

Overall, ESPN experts consider that the best way to reach the objective of a fair work life balance for people caring for dependent relatives in the family is to design and to implement a broad-based, comprehensive and coordinated policy of services to those receiving care.

ANNEX 1. Statistical annex**Employment rates of men and women aged 20-64**

	Women			Men			% point difference (Men-women)		
	2010	2012	2014	2010	2012	2014	2010	2012	2014
EU28	62.1	62.4	63.4	75.1	74.6	75.0	13.0	12.2	11.6
EU15	63.2	63.5	64.3	76.1	75.3	75.3	12.9	11.8	11.0
BE	61.6	61.7	62.9	73.5	72.7	71.6	11.9	11.0	8.7
BG	60.8	60.2	62.0	68.6	65.8	68.1	7.8	5.6	6.1
CZ	60.9	62.5	64.7	79.6	80.2	82.2	18.7	17.7	17.5
DK	73.0	72.2	72.2	78.6	78.6	79.5	5.6	6.4	7.3
DE	69.6	71.6	73.1	80.1	82.1	82.2	10.5	10.5	9.1
EE	65.9	69.4	70.6	67.8	75.1	78.3	1.9	5.7	7.7
IE	60.2	59.4	61.2	69.1	68.1	73.0	8.9	8.7	11.8
EL	51.8	45.2	44.3	76.0	65.0	62.6	24.2	19.8	18.3
ES	56.3	54.6	54.8	69.2	64.6	65.0	12.9	10.0	10.2
FR	64.9	65.1	65.7	74.0	73.9	73.3	9.1	8.8	7.6
HR	56.4	52.6	54.2	67.9	63.7	64.2	11.5	11.1	10.0
IT	49.5	50.5	50.3	72.7	71.5	69.7	23.2	21.0	19.4
CY	68.8	64.8	63.9	81.7	76.1	71.6	12.9	11.3	7.7
LV	64.5	66.4	68.5	64.0	70.0	73.1	-0.5	3.6	4.6
LT	65.0	67.9	70.6	63.5	69.1	73.1	-1.5	1.2	2.5
LU	62.0	64.1	65.5	79.2	78.5	78.4	17.2	14.4	12.9
HU	54.6	56.2	60.2	65.5	67.3	73.5	10.9	11.1	13.3
MT	41.6	46.6	52.0	78.2	79.2	80.4	36.6	32.6	28.4
NL	70.8	71.0	69.7	82.8	82.3	81.1	12.0	11.3	11.4
AT	68.8	69.6	70.1	79.0	79.3	78.3	10.2	9.7	8.2
PL	57.3	57.5	59.4	71.3	72.0	73.6	14.0	14.5	14.2
PT	65.6	63.0	64.2	75.4	69.8	71.3	9.8	6.8	7.1
RO	56.5	56.7	57.3	73.1	72.8	74.0	16.6	16.1	16.7
SI	66.5	64.6	63.6	74.0	71.8	71.6	7.5	7.2	8.0
SK	57.4	57.3	58.6	71.9	72.8	73.2	14.5	15.5	14.6
FI	71.5	72.5	72.1	74.5	75.5	74.0	3.0	3.0	1.9
SE	75.0	76.8	77.6	81.1	81.9	82.2	6.1	5.1	4.6
UK	67.9	68.4	70.6	79.3	80.0	81.9	11.4	11.6	11.3
IS	77.6	79.1	80.5	83.1	84.4	86.5	5.5	5.3	6.0
NO	76.9	77.3	77.1	82.1	82.4	81.9	5.2	5.1	4.8
CH	74.6	76.0	77.4	87.6	87.9	87.1	13.0	11.9	9.7
MK	37.5	38.7	40.8	58.4	57.5	61.6	20.9	18.8	20.8
TR	28.0	30.9	31.6	72.7	75.0	75.0	44.7	44.1	43.4

Source: Eurostat. LFS

Employment rates of men and women aged 55-64

	Women			Men			% point difference (Men-women)		
	2010	2012	2014	2010	2012	2014	2010	2012	2014
EU28	38.5	41.7	45.2	54.5	56.2	58.8	16.0	14.5	13.6
EU15	40.9	44.2	47.8	56.2	57.8	60.2	15.3	13.6	12.4
BE	29.2	33.1	37.0	45.6	46.0	48.4	16.4	12.9	11.4
BG	39.2	41.3	46.0	51.3	50.8	54.5	12.1	9.5	8.5
CZ	35.5	39.0	43.8	58.4	60.3	64.8	22.9	21.3	21.0
DK	53.6	55.8	57.6	63.3	65.9	68.9	9.7	10.1	11.3
DE	50.5	54.9	60.0	65.0	68.6	71.4	14.5	13.7	11.4
EE	55.3	61.5	63.1	51.9	59.2	65.1	-3.4	-2.3	2.0
IE	42.1	42.7	44.7	58.2	55.8	61.4	16.1	13.1	16.7
EL	29.1	26.1	25.0	56.5	47.7	44.0	27.4	21.6	19.0
ES	33.1	36.0	37.8	54.5	52.1	51.2	21.4	16.1	13.4
FR	37.3	41.6	45.2	42.3	47.5	48.8	5.0	5.9	3.6
HR	28.5	27.7	27.3	50.5	48.0	45.8	22.0	20.3	18.5
IT	26.1	30.8	36.6	47.6	50.4	56.5	21.5	19.6	19.9
CY	42.5	38.2	36.9	70.5	63.5	57.1	28.0	25.3	20.2
LV	48.4	52.5	56.4	46.9	53.2	56.3	-1.5	0.7	-0.1
LT	45.5	48.5	54.3	52.1	55.9	58.8	6.6	7.4	4.5
LU	31.3	34.3	35.0	47.7	47.4	49.8	16.4	13.1	14.8
HU	29.4	31.7	35.2	38.6	41.4	49.6	9.2	9.7	14.4
MT	14.1	16.3	19.9	50.0	53.1	55.7	35.9	36.8	35.8
NL	42.8	48.3	50.4	64.5	66.9	69.4	21.7	18.6	19.0
AT	33.0	33.5	36.4	49.9	50.2	54.3	16.9	16.7	17.9
PL	24.2	29.2	32.9	45.2	49.3	53.1	21.0	20.1	20.2
PT	43.8	42.0	42.1	55.8	51.6	54.3	12.0	9.6	12.2
RO	32.6	33.1	34.2	49.9	51.2	53.2	17.3	18.1	19.0
SI	24.5	25.0	29.0	45.5	40.7	41.8	21.0	15.7	12.8
SK	28.7	33.6	37.2	54.0	53.6	53.1	25.3	20.0	15.9
FI	56.9	59.7	61.4	55.6	56.6	56.8	-1.3	-3.1	-4.6
SE	66.9	69.6	71.5	74.0	76.3	76.5	7.1	6.7	5.0
UK	49.5	51.0	54.4	65.1	65.4	67.8	15.6	14.4	13.4
IS	76.4	75.0	80.1	83.2	83.1	87.1	6.8	8.1	7.0
NO	65.0	66.9	68.5	72.2	74.8	75.8	7.2	7.9	7.3
CH	58.5	61.5	64.4	77.6	79.5	78.7	19.1	18.0	14.3
MK	22.4	24.5	27.1	46.7	46.6	50.3	24.3	22.1	23.2
TR	17.1	18.0	17.5	42.7	46.3	45.6	25.6	28.3	28.1

Source: Eurostat. LFS

Proportion of men and women who are taking care of children (and relatives or aged 15 or more)

	25-49						50-64					
	Men and women		Women		Men		Men and women		Women		Men	
	Not caring	Caring	Not caring	Caring	Not caring	Caring	Not caring	Caring	Not caring	Caring	Not caring	Caring
EU28	94.5	5.5	93.0	7.0	96.0	4.0	88.6	11.4	85.8	14.2	91.4	8.6
EU15	94.6	5.4	93.0	7.0	96.2	3.8	87.6	12.4	84.4	15.6	90.8	9.2
BE	96.9	3.1	96.4	3.6	97.4	2.6	94.1	5.9	93.2	6.8	94.9	5.1
BG	91.3	8.7	90.3	9.7	92.1	7.9	86.8	13.2	85.9	14.1	87.7	12.3
CZ	95.9	4.1	94.9	5.1	96.8	3.2	90.1	9.9	88.0	12.0	92.2	7.8
DK	98.0	2.0	97.1	2.9	98.8	1.2	95.5	4.5	94.0	6.0	97.0	3.0
DE	98.2	1.8	97.6	2.4	98.8	1.2	94.9	5.1	93.4	6.6	96.4	3.6
EE	96.0	4.0	95.0	5.0	97.1	2.9	90.5	9.5	88.6	11.4	92.9	7.1
IE	94.6	5.4	93.2	6.8	96.0	4.0	90.0	10.0	87.8	12.2	92.1	7.9
ES	93.2	6.8	91.1	8.9	95.2	4.8	84.1	15.9	79.6	20.4	88.8	11.2
EL	94.8	5.2	92.9	7.1	96.7	3.3	91.0	9.0	87.5	12.5	94.3	5.7
FR	95.2	4.8	93.8	6.2	96.5	3.5	84.8	15.2	81.7	18.3	87.9	12.1
HR	93.2	6.8	91.5	8.5	94.9	5.1	91.2	8.8	90.3	9.7	92.2	7.8
IT	92.8	7.2	90.6	9.4	95.0	5.0	84.5	15.5	80.4	19.6	88.5	11.5
CY	87.6	12.4	84.9	15.1	90.6	9.4	69.8	30.2	62.7	37.3	76.6	23.4
LV	95.8	4.2	94.6	5.4	97.0	3.0	90.3	9.7	88.2	11.8	92.9	7.1
LT	99.4	0.6	98.8	1.2			97.3	2.7	96.7	3.3	97.9	2.1
LU	94.7	5.3	93.4	6.6	96.1	3.9	89.4	10.6	85.5	14.5	92.9	7.1
MT	94.1	5.9	91.4	8.6	96.6	3.4	89.6	10.4	87.1	12.9	92.0	8.0
HU	95.0	5.0	93.9	6.1	96.1	3.9	90.7	9.3	89.0	11.0	92.5	7.5
NL	90.9	9.1	87.9	12.1	93.8	6.2	80.3	19.7	73.5	26.5	86.7	13.3
AT	92.3	7.7	90.4	9.6	94.2	5.8	86.5	13.5	82.5	17.5	90.3	9.7
PL	96.4	3.6	95.4	4.6	97.3	2.7	92.8	7.2	90.9	9.1	94.7	5.3
PT	94.4	5.6	92.5	7.5	96.2	3.8	88.1	11.9	83.9	16.1	92.4	7.6
RO	90.6	9.4	88.9	11.1	92.3	7.7	92.4	7.6	93.5	6.5	91.1	8.9
SI	90.0	10.0	88.5	11.5	91.5	8.5	84.5	15.5	81.9	18.1	87.1	12.9
SK	95.1	4.9	93.8	6.2	96.3	3.7	92.0	8.0	90.1	9.9	94.1	5.9
FI	90.4	9.6	88.8	11.2	91.9	8.1	81.7	18.3	78.9	21.1	84.5	15.5
SE	97.6	2.4	96.8	3.2	98.5	1.5	94.2	5.8	92.8	7.2	95.6	4.4
UK	93.7	6.3	91.9	8.1	95.4	4.6	85.4	14.6	81.9	18.1	88.8	11.2
IS	71.4	28.6	67.3	32.7	75.6	24.4	49.9	50.1	39.0	61.0	59.8	40.2
NO	97.4	2.6	96.8	3.2	97.9	2.1	91.7	8.3	89.1	10.9	94.2	5.8
MK	87.8	12.2	86.0	14.0	89.5	10.5	85.6	14.4	82.7	17.3	88.2	11.8

Source: LFS ad hoc module. 2010: Reconciliation between work and family life

Note: Missing data and unreliable data (because the number of observations is too small) are in blank

**The person regularly takes care of relatives/
friends aged 15 or more in need of care**

	% of the total	
	Women	Men
EU28	60.2	39.8
EU15	60.8	39.2
BE	57.0	43.0
BG	52.7	47.3
CZ	59.4	40.6
DK	72.8	27.2
DE	64.8	35.2
EE	68.5	31.5
IE	58.6	41.4
EL	62.7	37.3
ES	62.4	37.6
HR	59.3	40.7
FR	58.5	41.5
IT	60.7	39.3
CY	58.9	41.1
LT	72.6	27.4
LV	64.6	35.4
LU	60.2	39.8
MT	66.7	33.3
HU	59.8	40.2
NL	63.5	36.5
AT	62.0	38.0
PL	60.9	39.1
PT	66.0	34.0
RO	56.0	44.0
SI	55.4	44.6
SK	62.2	37.8
FI	57.4	42.6
SE	60.5	39.5
UK	58.8	41.2
IS	54.0	46.0
NO	62.9	37.1
MK	51.6	48.4

Source: LFS ad hoc module. 2010: Reconciliation between work and family life

Men and women regularly taking care of relatives/friends aged 15 or more in need of care, 2010

	% breakdown by education level						% breakdown by age					
	Regularly caring			Not regularly caring			Regularly caring			Not regularly caring		
	Low	Medium	High	Low	Medium	High	15-24	25-49	50-64	15-24	25-49	50-64
EU28	31.4	45.8	22.8	30.5	46.7	22.8	4.6	47.8	47.6	18.6	54.2	27.2
EU15	35.2	40.2	24.6	33.1	42.4	24.5	4.6	45.5	49.9	18.1	54.9	27.0
BE	28.9	39.6	31.5	32.1	37.2	30.8	1.7	51.1	47.2	19.0	52.2	28.8
BG	19.9	59.9	20.1	25.4	54.9	19.7	5.7	57.6	36.8	19.2	54.9	25.9
CZ	11.5	75.8	12.6	14.3	70.8	14.9	4.2	43.0	52.8	18.6	53.5	27.9
DK	22.2	41.8	36.0	31.9	40.7	27.5		42.5	57.5	19.1	51.9	29.0
DE	7.2	67.0	25.8	21.0	56.8	22.2		35.6	64.4	18.3	51.1	30.6
EE		62.6	37.4	18.6	51.7	29.7		46.0	54.0	21.6	52.3	26.1
IE	28.5	39.2	32.3	30.3	36.7	33.0	3.9	56.4	39.7	21.0	57.1	21.9
EL	49.3	33.8	16.9	37.3	41.1	21.6	1.6	57.0	41.3	15.9	57.4	26.7
ES	50.7	20.8	28.4	47.7	24.1	28.2	4.3	49.0	46.7	15.1	60.4	24.5
HR	24.5	63.0	12.5	26.0	57.6	16.4		51.0	49.0	20.5	43.8	35.8
FR	28.3	45.5	26.2	30.0	42.2	27.8	3.1	38.3	58.7	19.7	53.6	26.7
IT	41.9	43.3	14.8	46.1	40.7	13.1	3.9	49.5	46.6	16.3	57.8	25.9
CY	22.4	42.3	35.3	29.1	37.9	33.0	3.9	52.5	43.6	20.7	59.1	20.1
LT		90.6	9.4	18.3	54.8	26.9		13.8	86.2	21.6	53.5	24.9
LV		66.5	33.5	19.5	58.1	22.5		53.6	46.4	21.8	51.9	26.3
LU	21.2	56.4	22.4	25.4	41.3	33.2		55.8	44.2	14.0	60.9	25.1
MT								47.4	52.6	21.5	49.2	29.3
HU	23.4	61.0	15.6	23.9	58.6	17.5	3.3	50.3	46.4	18.5	53.0	28.6
NL	25.2	41.8	33.0	31.6	40.1	28.4	5.2	44.8	50.1	20.5	52.9	26.6
AT	20.0	62.0	18.0	23.5	60.5	16.0	0.9	58.3	40.8	18.9	55.7	25.3
PL	12.4	70.2	17.4	18.3	62.5	19.3	4.1	47.0	48.9	20.6	50.8	28.6
PT	82.4	10.2	7.4	65.9	19.6	14.6	2.3	51.6	46.1	17.1	57.3	25.6
RO	20.7	67.5	11.9	30.8	57.3	11.8	2.1	77.1	20.8	20.7	52.3	27.0
SI	16.5	63.8	19.7	20.8	58.6	20.6	6.2	53.8	40.0	17.5	54.9	27.6
SK	7.7	77.7	14.6	16.6	68.6	14.8	2.1	56.9	41.1	21.0	53.3	25.7
FI	18.6	44.6	36.7	23.2	45.4	31.3	4.1	42.6	53.3	19.5	49.5	31.0
SE	19.5	47.8	32.7	23.0	48.1	28.9	3.1	39.9	57.0	20.8	50.7	28.5
UK	31.6	40.0	28.4	25.8	42.6	31.6	5.8	45.6	48.6	19.5	55.0	25.5
IS	36.7	29.1	34.1	41.4	33.1	25.4	8.4	57.5	34.0	23.7	57.5	18.8
NO	16.5	47.0	36.6	25.2	43.4	31.4	1.8	35.0	63.2	20.3	52.1	27.5
MK	27.4	54.4	18.1	36.2	50.2	13.5	6.4	66.8	26.8	24.4	54.2	21.4

Source: LFS ad hoc module, 2010: Reconciliation between work and family life

Note: Missing data and unreliable data (because the number of observations is too small) are in blank.

Women regularly taking care of relatives/friends aged 15 or more in need of care, 2010

	% breakdown by education level						% breakdown by age					
	Regularly caring			Not regularly caring			Regularly caring			Not regularly caring		
	Low	Medium	High	Low	Medium	High	15-24	25-49	50-64	15-24	25-49	50-64
EU28	32.4	44.3	23.3	30.4	45.4	24.1	4.2	48.8	47.0	18.5	54.1	27.4
EU15	36.0	39.2	24.8	32.8	41.8	25.4	4.2	46.9	49.0	18.1	54.9	26.9
BE	28.2	41.1	30.8	31.4	35.8	32.7	1.7	50.7	47.6	19.0	52.4	28.6
BG	18.8	54.2	27.0	24.9	50.7	24.4	5.6	57.3	37.1	18.8	54.0	27.2
CZ	14.4	74.5	11.1	16.5	68.7	14.8	4.5	43.0	52.5	18.5	53.2	28.3
DK	26.6	36.4	37.0	31.2	38.7	30.1		45.8	54.2	19.1	52.1	28.8
DE	9.5	65.9	24.5	22.7	57.2	20.1		35.7	64.3	18.3	50.1	31.5
EE		55.1	44.9	15.4	47.0	37.7		44.5	55.5	20.8	51.6	27.6
IE	24.1	40.3	35.6	27.3	36.1	36.6	3.5	58.2	38.2	21.3	57.3	21.4
EL	49.3	34.4	16.3	34.4	42.9	22.7	2.3	56.8	41.0	16.4	57.4	26.3
ES	51.2	21.0	27.8	45.2	24.5	30.3	4.2	48.6	47.2	15.2	60.0	24.8
HR	28.5	56.7	14.8	30.1	51.9	18.0		54.9	45.1	19.5	43.6	36.9
FR	29.5	42.9	27.6	30.6	40.2	29.2	2.0	42.8	55.2	19.4	54.3	26.3
IT	41.4	42.6	16.0	44.1	40.9	15.0	3.7	50.8	45.5	16.2	58.3	25.5
CY	22.0	42.8	35.3	29.1	35.1	35.8	5.0	55.0	40.0	21.6	60.8	17.6
LT		86.4	13.6	16.4	51.5	32.1		17.3	82.7	20.9	51.2	27.9
LV		63.3	36.7	15.7	55.7	28.6		53.8	46.2	20.8	52.4	26.8
LU	26.7	57.4	15.9	27.6	41.9	30.5		58.0	42.0	14.2	62.1	23.7
MT				58.0	27.1	14.9		48.0	52.0	21.5	49.0	29.5
HU	26.4	56.9	16.7	25.5	54.4	20.0	3.3	49.9	46.9	18.1	52.1	29.8
NL	26.9	44.3	28.8	32.2	40.3	27.5	4.5	45.9	49.6	21.2	53.9	25.0
AT	24.7	58.1	17.2	26.6	58.9	14.5	1.4	58.5	40.1	19.3	56.2	24.5
PL	12.0	68.4	19.6	17.6	59.3	23.0	3.7	47.0	49.4	20.3	50.5	29.2
PT	81.2	9.8	9.0	61.7	20.0	18.3	2.8	51.8	45.4	16.8	57.6	25.6
RO	24.1	64.8	11.0	33.7	54.3	12.0	2.7	78.1	19.1	20.4	51.5	28.1
SI	16.5	60.6	22.9	22.0	52.4	25.6	5.8	53.8	40.4	16.9	55.5	27.6
SK	9.6	76.5	13.9	17.7	65.8	16.6	2.9	55.8	41.3	20.8	52.8	26.3
FI	15.3	42.2	42.5	21.0	42.4	36.6	4.0	43.8	52.2	19.8	49.7	30.5
SE	18.4	45.2	36.4	22.8	43.5	33.7	3.3	41.7	55.0	20.7	50.7	28.6
UK	34.0	37.0	29.0	26.7	40.3	33.0	5.6	47.4	47.1	19.4	55.5	25.1
IS	31.9	25.6	42.5	41.4	28.4	30.3	5.9	59.0	35.1	24.2	60.1	15.7
NO	17.5	42.6	39.9	24.4	40.2	35.3	2.2	35.6	62.2	20.3	52.7	27.0
MK	37.6	44.3	18.2	41.1	44.5	14.3	5.9	69.6	24.5	24.6	54.6	20.8

Source: LFS ad hoc module, 2010: Reconciliation between work and family life

Note: Missing data and unreliable data (because the number of observations is too small) are in blank.

Men regularly taking care of relatives/friends aged 15 or more in need of care, 2010

	% breakdown by education level						% breakdown by age					
	Regularly caring			Not regularly caring			Regularly caring			Not regularly caring		
	Low	Medium	High	Low	Medium	High	15-24	25-49	50-64	15-24	25-49	50-64
EU28	29.9	48.0	22.0	30.6	47.8	21.6	5.3	46.1	48.6	18.7	54.3	27.1
EU15	34.0	41.6	24.4	33.4	43.1	23.6	5.3	43.4	51.3	18.1	54.8	27.1
BE	29.8	37.6	32.6	32.7	38.4	28.9	1.7	51.7	46.6	19.0	52.0	29.0
BG	21.2	66.2	12.6	25.9	58.9	15.2	5.7	57.9	36.4	19.6	55.8	24.5
CZ	7.3	77.8	14.9	12.3	72.7	15.0	3.7	43.0	53.3	18.8	53.7	27.5
DK	7.1	60.4	32.6	32.5	42.6	25.0		32.4	67.6	19.2	51.6	29.2
DE	2.7	69.2	28.1	19.5	56.4	24.1		35.3	64.7	18.3	51.9	29.7
EE		80.8	19.2	21.9	56.8	21.3		49.7	50.3	22.4	53.0	24.5
IE	34.8	37.5	27.6	33.2	37.3	29.5	4.4	53.8	41.8	20.7	56.9	22.4
EL	49.1	32.8	18.1	40.0	39.4	20.7	0.5	57.5	42.0	15.5	57.4	27.1
ES	50.0	20.6	29.4	49.9	23.8	26.3	4.5	49.6	45.9	15.0	60.8	24.2
HR	18.4	72.6	9.0	22.0	63.3	14.7		44.9	55.1	21.4	43.9	34.7
FR	26.5	49.3	24.2	29.5	44.1	26.4	4.6	31.7	63.7	20.0	52.9	27.2
IT	42.6	44.5	12.9	48.0	40.6	11.4	4.2	47.5	48.2	16.4	57.3	26.3
CY	23.1	41.7	35.3	29.0	40.7	30.3	2.4	48.8	48.8	19.9	57.5	22.6
LT				20.3	58.3	21.4				22.8	52.6	24.5
LV		72.5	27.5	23.4	60.4	16.2		53.0	47.0	22.4	54.6	23.0
LU	12.7	54.9	32.4	23.4	40.8	35.8		52.5	47.5	13.8	59.8	26.4
MT				56.8	29.0	14.3		46.2	53.8	21.5	49.3	29.2
HU	18.9	67.1	14.0	22.3	62.7	15.0	3.3	50.9	45.7	18.8	53.8	27.4
NL	22.3	37.5	40.2	31.0	39.9	29.1	6.3	42.9	50.8	20.0	52.0	28.0
AT	12.2	68.5	19.4	20.5	62.0	17.5		58.0	42.0	18.6	55.3	26.1
PL	13.1	72.9	13.9	18.9	65.5	15.6	4.8	47.0	48.2	20.8	51.2	28.1
PT	84.9	11.0	4.1	69.8	19.2	11.1	1.4	51.2	47.4	17.4	56.9	25.6
RO	16.2	70.8	12.9	28.0	60.3	11.7	1.2	75.8	23.0	21.0	53.1	25.9
SI	16.6	67.7	15.6	19.7	64.2	16.1	6.8	53.8	39.4	18.1	54.4	27.5
SK	4.7	79.6	15.7	15.6	71.2	13.2	0.7	58.6	40.7	21.1	53.8	25.1
FI	23.1	47.9	29.0	25.3	48.3	26.4	4.2	41.0	54.8	19.2	49.4	31.4
SE	21.1	51.9	27.0	23.2	52.5	24.3	2.7	37.2	60.1	20.9	50.7	28.4
UK	28.2	44.2	27.6	25.0	44.6	30.4	6.1	43.2	50.7	19.5	54.7	25.8
IS	42.4	33.4	24.2	41.5	37.0	21.5	11.5	55.8	32.7	23.3	55.4	21.3
NO	14.8	54.4	30.8	25.9	46.4	27.7	1.1	34.1	64.8	20.3	51.6	28.1
MK	16.6	65.3	18.1	31.9	55.4	12.8	6.9	63.8	29.2	24.1	53.8	22.0

Source: LFS ad hoc module, 2010: Reconciliation between work and family life

Note: Missing data and unreliable data (because the number of observations is too small) are in blank.

Proportion of men and women who are taking care of children (relatives and aged 15 and more) by employment status, 2010

	Women						Men						Men and women					
	Caring			Not caring			Caring			Not caring			Caring			Not caring		
	Empl.	Un-empl.	Inact.	Empl.	Un-empl.	Inact.	Empl.	Un-empl.	Inact.	Empl.	Un-empl.	Inact.	Empl.	Un-empl.	Inact.	Empl.	Un-empl.	Inact.
	25-49																	
EU28	65.1	8.0	26.9	72.8	7.1	20.1	81.7	9.1	9.3	84.6	8.0	7.4	71.1	8.4	20.5	78.9	7.6	13.5
EU15	64.1	8.4	27.5	72.8	7.1	20.1	81.0	9.4	9.6	84.8	8.0	7.2	70.0	8.7	21.2	79.0	7.6	13.4
BE			27.9	76.4	5.7	17.9	0.0			85.8	7.0	7.1	82.6		17.4	81.2	6.4	12.4
BG	70.2	7.8	22.0	75.0	6.6	18.4	77.2	11.0	11.8	78.9	8.4	12.7	73.3	9.2	17.4	77.0	7.5	15.5
CZ	79.5	4.9	15.7	71.6	6.3	22.1	89.6	5.7	4.7	91.1	4.9	3.9	83.5	5.2	11.3	81.7	5.6	12.8
DK	72.1		27.9	80.7	4.8	14.5	76.3		23.7	84.7	7.4	7.9	73.2		26.8	82.7	6.1	11.1
DE	79.1		20.9	77.5	5.2	17.3	85.2		14.8	86.8	6.8	6.5	81.4		18.6	82.4	6.0	11.6
EE				73.8	10.1	16.1				77.9	15.5	6.7				75.8	12.8	11.4
IE	57.4	5.8	36.8	67.0	6.6	26.4	71.3	13.9	14.8	76.0	14.9	9.1	62.5	8.8	28.7	71.6	10.8	17.6
ES	54.9	16.8	28.3	65.4	15.7	18.9	73.2	20.0	6.8	75.9	17.2	6.9	61.5	17.9	20.5	70.8	16.5	12.7
EL	52.5	9.0	38.5	65.6	11.7	22.7	90.5	6.4	3.1	86.5	8.8	4.6	65.0	8.2	26.8	76.5	10.2	13.3
FR	85.3		14.7	78.4	6.5	15.1	93.0		7.0	87.5	6.7	5.7	87.8		12.2	83.0	6.6	10.4
HR	61.2	9.9	28.9	69.6	9.7	20.7	81.9		18.1	75.5	8.8	15.7	68.2	6.5	25.2	72.5	9.3	18.2
IT	53.9	8.3	37.8	60.9	6.0	33.1	84.1	8.2	7.7	83.6	6.1	10.2	64.5	8.3	27.2	72.6	6.1	21.3
CY	72.1	5.7	22.3	79.7	4.2	16.1	89.9	7.8	2.3	88.6	5.2	6.2	78.5	6.4	15.1	84.1	4.7	11.3
LV				72.9	13.2	13.9				73.1	17.7	9.3				73.0	15.5	11.6
LT				77.0	11.5	11.5				69.7	19.3	11.0				73.4	15.4	11.2
LU	75.0		25.0	75.2	4.1	20.7	94.3		5.7	92.8	3.1	4.1	82.8		17.2	84.2	3.6	12.2
MT				55.5		44.5	95.2		4.8	89.2	6.2	4.6	33.3		66.7	73.5	3.3	23.2
HU	53.5	7.9	38.6	68.2	7.4	24.4	71.3	9.8	18.8	79.9	9.7	10.4	60.4	8.7	30.9	74.1	8.6	17.3

NL	78.2	4.1	17.7	81.3	2.8	16.0	85.8	3.8	10.4	91.1	3.3	5.6	80.8	4.0	15.2	86.4	3.0	10.6
AT	79.3		20.7	81.6	2.8	15.6	89.8		10.2	89.7	3.8	6.5	83.1		16.9	85.7	3.3	11.0
PL	70.7	5.4	23.9	74.0	7.1	18.9	79.6	8.5	11.9	84.7	7.3	8.0	74.1	6.6	19.3	79.5	7.2	13.3
PT	73.7	10.1	16.2	76.8	11.0	12.2	85.4		14.6	84.4	8.6	7.1	77.6	6.8	15.6	80.7	9.8	9.6
RO	70.4	4.7	24.9	72.2	4.5	23.3	92.0	4.9	3.1	87.4	6.1	6.6	79.3	4.8	15.9	80.0	5.3	14.7
SK	67.5	9.9	22.7	69.9	11.0	19.1	73.4	18.9	7.7	82.1	11.9	6.0	69.7	13.3	17.0	76.2	11.4	12.4
SI	81.9	7.1	11.0	85.6	5.6	8.9	84.4	7.1	8.6	86.4	6.7	6.9	83.0	7.1	9.9	86.0	6.2	7.8
FI	81.4	5.6	13.0	78.4	5.4	16.2	83.5	6.0	10.5	85.8	6.6	7.7	82.3	5.8	12.0	82.2	6.0	11.8
SE	83.1		16.9	81.6	5.8	12.7	92.4		7.6	87.9	6.0	6.1	86.3		13.7	84.8	5.9	9.3
UK	64.9	4.5	30.6	75.3	4.4	20.3	72.9	8.9	18.1	86.6	6.0	7.4	67.9	6.1	26.0	81.1	5.2	13.6
IS	91.7		8.3	74.2	7.0	18.8	0.0			87.6	6.5	5.9	95.0		5.0	81.3	6.7	11.9
NO	82.3		17.7	82.6	2.3	15.1	86.9		13.1	87.8	3.0	9.2	84.1		15.9	85.2	2.6	12.1
MK	41.1	21.7	37.2	46.6	23.1	30.2	71.1	28.9		65.6	27.3	7.1	53.7	24.8	21.6	56.6	25.3	18.1
50-64																		
EU28	48.1	3.0	49.0	50.5	3.6	45.9	61.8	4.6	33.6	65.0	5.2	29.8	53.2	3.6	43.2	58.0	4.4	37.7
EU15	48.6	3.0	48.4	52.5	3.6	43.9	62.0	4.6	33.4	66.8	5.2	28.0	53.5	3.6	42.9	59.9	4.4	35.7
BE	40.9		59.1	41.7	3.2	55.2	63.0		37.0	60.7	3.3	36.0	49.7		50.3	51.5	3.2	45.3
BG	50.7		49.3	49.4	4.5	46.1	61.1		38.9	58.6	5.4	36.0	55.1		44.9	53.8	4.9	41.2
CZ	52.1	2.5	45.5	50.3	3.9	45.8	69.4	4.0	26.6	67.7	4.5	27.9	58.8	3.1	38.2	59.1	4.2	36.7
DK	73.0		27.0	63.5	2.5	34.0	66.7		33.3	69.7	5.7	24.6	70.9		29.1	66.7	4.2	29.1
DE	59.7		40.3	59.5	4.4	36.1	71.4		28.6	71.7	6.1	22.2	63.8		36.2	65.7	5.3	29.1
EE	66.0		34.0	62.9	8.9	28.2				60.2	13.2	26.6	74.2		25.8	61.7	10.9	27.5
IE	51.0		49.0	51.9	2.9	45.2	63.3	8.5	28.1	64.5	8.3	27.2	55.9	3.4	40.7	58.5	5.7	35.8

ES	42.8	6.2	51.0	41.6	7.5	50.9	62.8	10.7	26.4	62.9	10.6	26.5	49.7	7.7	42.6	52.5	9.1	38.4
EL	39.0	3.2	57.8	39.0	3.6	57.4	67.9	6.5	25.6	68.7	4.7	26.6	48.3	4.3	47.4	54.6	4.2	41.2
FR	49.6		50.4	53.7	3.5	42.7	60.2		39.8	57.4	4.1	38.5	53.5		46.5	55.6	3.8	40.5
HR	50.2		49.8	39.6	3.7	56.8	69.3		30.7	55.9	4.7	39.4	58.7		41.3	47.4	4.2	48.4
IT	39.6	1.2	59.2	38.0	1.4	60.6	60.7	2.6	36.7	62.7	2.5	34.8	47.5	1.7	50.8	51.0	2.0	47.0
CY	55.3		44.7	55.7	2.4	41.9	83.3		16.7	79.0	2.9	18.2	66.4		33.6	68.9	2.7	28.4
LV	70.1		29.9	58.4	9.9	31.8				58.8	16.5	24.8	78.5		21.5	58.6	12.9	28.5
LT	47.3		52.7	56.0	8.9	35.1				60.2	13.0	26.8	47.3		52.7	57.9	10.8	31.3
LU	33.3		66.7	47.8	1.9	50.3	64.3		35.7	65.6	1.6	32.8	44.3		55.7	57.5	1.7	40.8
MT				19.9		80.1				65.1		34.9				43.5		56.5
HU	34.4	4.9	60.7	45.3	3.6	51.0	44.9	5.6	49.5	52.4	4.9	42.7	38.4	5.1	56.5	48.7	4.2	47.0
NL	54.8	2.4	42.9	55.5	2.1	42.4	66.6	3.1	30.3	74.4	2.8	22.8	58.9	2.6	38.5	66.0	2.5	31.5
AT	48.4		51.6	51.2	1.7	47.1	62.1		37.9	67.0	2.1	30.8	53.1		46.9	59.6	1.9	38.5
PL	41.1	2.1	56.8	40.8	3.2	56.0	59.9	3.9	36.3	56.0	5.0	39.0	47.8	2.7	49.5	48.4	4.1	47.5
PT	52.2		47.8	54.5	4.1	41.4	70.1		29.9	66.3	6.4	27.2	57.3		42.7	60.6	5.3	34.0
RO	47.0		53.0	43.6	1.4	55.0	74.1		25.9	61.6	3.3	35.1	58.9		41.1	52.3	2.3	45.3
SK	44.1	5.5	50.4	46.1	6.3	47.6	59.2	10.7	30.1	64.1	7.1	28.8	49.6	7.4	43.1	55.1	6.7	38.2
SI	46.8		53.2	42.5	2.5	55.0	60.1		39.9	57.7	3.3	38.9	52.4		47.6	50.5	2.9	46.6
FI	69.6	2.5	27.8	66.7	3.9	29.4	69.0	2.6	28.4	63.3	5.4	31.3	69.4	2.6	28.1	64.9	4.7	30.4
SE	74.8		25.2	73.3	3.6	23.2	82.9		17.1	78.9	4.7	16.4	77.9		22.1	76.1	4.2	19.7

UK	53.5	1.7	44.9	59.7	2.0	38.3	61.9	4.9	33.1	72.4	4.5	23.1	56.8	2.9	40.3	66.4	3.3	30.3
IS	89.8		10.2	76.6		23.4				85.8		14.2	94.0		6.0	82.4		17.6
NO	79.5		20.5	70.5	0.8	28.7	82.2		17.8	77.3	1.5	21.2	80.5		19.5	74.0	1.2	24.8
MK	47.8		52.2	30.4	12.0	57.6	59.8	22.3	17.9	57.0	18.1	24.9	53.5	10.5	36.1	44.8	15.3	39.9

Source: LFS ad hoc module, 2010: Reconciliation between work and family life

Note: Missing data and unreliable data (because the number of observations is too small) are in blank. Empl: Employed; Unempl: Unemployed and Inact: Inactive

Men and women who are able to vary start and finish times

	Total		Women		Men	
	Yes	No	Yes	No	Yes	No
EU			40.1	59.9	45.5	54.5
BE	53.5	46.5	49.4	50.6	57.2	42.8
BG	27.7	72.3	22.5	77.5	32.8	67.2
CZ	30.5	69.5	26.2	73.8	34.1	65.9
DK	64.7	35.3	59.9	40.1	69.2	30.8
DE	44.1	55.9	42.0	58.0	45.9	54.1
EE	35.9	64.1	29.9	70.1	42.0	58.0
IE	43.7	56.3	33.2	66.8	53.6	46.4
EL	35.5	64.5	28.6	71.4	40.3	59.7
ES	37.3	62.7	35.4	64.6	38.9	61.1
HR	24.0	76.0	22.2	77.8	25.6	74.4
FR	47.1	52.9	47.0	53.0	47.2	52.8
IT	40.6	59.4	32.1	67.9	46.5	53.5
CY	32.0	68.0	27.9	72.1	34.8	65.2
LT	37.1	62.9	33.3	66.7	40.8	59.2
LU	31.0	69.0	24.9	75.1	37.4	62.6
LV	47.1	52.9	44.1	55.9	49.7	50.3
MT	31.7	68.3	30.7	69.3	32.3	67.7
HU	18.2	81.8	19.9	80.1	16.6	83.4
NL	55.4	44.6	54.0	46.0	56.6	43.4
AT	39.4	60.6	34.4	65.6	43.8	56.2
PL	32.5	67.5	32.6	67.4	32.3	67.7
PT	34.2	65.8	27.0	73.0	40.1	59.9
RO	30.2	69.8	24.0	76.0	35.0	65.0
SI	27.6	72.4	28.4	71.6	27.0	73.0
SK	29.1	70.9	27.7	72.3	30.3	69.7
FI	64.2	35.8	60.5	39.5	68.0	32.0
SE	62.5	37.5	55.6	44.4	68.9	31.1
UK	55.9	44.1	52.9	47.1	58.8	41.2

Source: European Quality of Life Survey 2012

Men and women who are able to vary start and finish times by age

as % of total in each age group

	18-24		25-34		35-49		50-64		65+	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	37.2	62.8	42.3	57.7	42.8	57.2	45.0	55.0	71.5	28.5
BE	38.6	61.4	57.9	42.1	54.6	45.4	50.7	49.3		
BG	26.2	73.8	27.8	72.2	30.6	69.4	23.9	76.1	28.3	71.7
CZ	22.4	77.6	35.8	64.2	27.9	72.1	30.5	69.5	57.0	43.0
DK	34.5	65.5	66.0	34.0	69.8	30.2	61.8	38.2	55.9	44.1
DE	31.4	68.6	46.1	53.9	42.4	57.6	48.0	52.0	45.0	55.0
EE	26.5	73.5	33.5	66.5	42.8	57.2	32.6	67.4	33.6	66.4
IE	11.2	88.8	40.0	60.0	45.0	55.0	54.1	45.9	68.0	32.0
EL	11.2	88.8	36.7	63.3	37.9	62.1	34.1	65.9		
ES	41.1	58.9	35.5	64.5	35.3	64.7	43.0	57.0		
HR	13.6	86.4	21.7	78.3	25.5	74.5	27.0	73.0		
FR	37.8	62.2	49.5	50.5	47.0	53.0	47.7	52.3	68.3	31.7
IT	37.4	62.6	33.8	66.2	42.4	57.6	41.6	58.4	80.4	19.6
CY	29.5	70.5	33.6	66.4	29.6	70.4	35.0	65.0		
LT	54.7	45.3	43.0	57.0	33.6	66.4	30.9	69.1	78.9	21.1
LU	29.8	70.2	40.4	59.6	26.1	73.9	26.0	74.0	71.9	28.1
LV	38.7	61.3	37.6	62.4	50.2	49.8	55.9	44.1		
MT	26.0	74.0	32.5	67.5	27.9	72.1	37.9	62.1	68.6	31.4
HU	5.9	94.1	14.7	85.3	20.8	79.2	20.6	79.4	48.9	51.1
NL	38.9	61.1	53.2	46.8	58.5	41.5	56.1	43.9	81.5	18.5
AT	23.3	76.7	36.6	63.4	40.6	59.4	45.3	54.7	83.6	16.4
PL	29.1	70.9	32.7	67.3	31.4	68.6	35.6	64.4	63.8	36.2
PT	28.3	71.7	35.2	64.8	36.8	63.2	28.6	71.4	58.7	41.3
RO	35.3	64.7	36.3	63.7	27.7	72.3	22.4	77.6		
SI	28.8	71.2	23.5	76.5	25.1	74.9	39.8	60.2		
SK	21.1	78.9	23.0	77.0	37.3	62.7	21.5	78.5	78.6	21.4
FI	69.3	30.7	64.3	35.7	62.1	37.9	66.0	34.0	64.4	35.6
SE	44.0	56.0	65.9	34.1	63.1	36.9	62.8	37.2	78.5	21.5
UK	57.4	42.6	55.4	44.6	55.3	44.7	55.0	45.0	82.2	17.8

Source: European Quality of Life Survey 2012

Men and women who are able to vary start and finish times by income level

as % of total in each income level group

	Low		2nd level		3rd level		High		Low	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	38.1	61.9	35.5	64.5	38.1	61.9	52.4	47.6	38.1	61.9
BE	49.5	50.5	39.2	60.8	51.8	48.2	62.1	37.9	49.5	50.5
BG	15.6	84.4	29.7	70.3	26.2	73.8	28.0	72.0	15.6	84.4
CZ	28.0	72.0	28.6	71.4	21.8	78.2	37.8	62.2	28.0	72.0
DK	53.4	46.6	60.5	39.5	65.9	34.1	71.0	29.0	53.4	46.6
DE	30.6	69.4	34.2	65.8	36.2	63.8	56.0	44.0	30.6	69.4
EE	27.7	72.3	28.3	71.7	29.4	70.6	40.1	59.9	27.7	72.3
IE	51.1	48.9	43.7	56.3	44.4	55.6	42.8	57.2	51.1	48.9
EL	35.9	64.1	37.7	62.3	38.9	61.1	31.4	68.6	35.9	64.1
ES	37.2	62.8	34.4	65.6	29.1	70.9	41.5	58.5	37.2	62.8
HR	19.9	80.1	16.4	83.6	20.6	79.4	28.7	71.3	19.9	80.1
FR	41.6	58.4	32.9	67.1	46.5	53.5	61.0	39.0	41.6	58.4
IT	25.4	74.6	30.2	69.8	29.1	70.9	52.5	47.5	25.4	74.6
CY	24.4	75.6	40.7	59.3	24.4	75.6	27.2	72.8	24.4	75.6
LT	30.4	69.6	22.2	77.8	33.3	66.7	44.5	55.5	30.4	69.6
LU	26.6	73.4	25.6	74.4	29.7	70.3	32.1	67.9	26.6	73.4
LV	28.0	72.0	40.0	60.0	54.3	45.7	58.6	41.4	28.0	72.0
MT	39.5	60.5	27.6	72.4	24.5	75.5	29.1	70.9	39.5	60.5
HU	15.1	84.9	18.5	81.5	9.5	90.5	23.0	77.0	15.1	84.9
NL	53.9	46.1	51.3	48.7	44.3	55.7	70.7	29.3	53.9	46.1
AT	35.6	64.4	25.3	74.7	42.1	57.9	40.6	59.4	35.6	64.4
PL	35.0	65.0	24.3	75.7	28.3	71.7	35.4	64.6	35.0	65.0
PT	39.5	60.5	31.5	68.5	26.6	73.4	41.8	58.2	39.5	60.5
RO	29.9	70.1	32.0	68.0	24.2	75.8	33.7	66.3	29.9	70.1
SI	9.6	90.4	19.3	80.7	16.7	83.3	40.0	60.0	9.6	90.4
SK	12.2	87.8	22.1	77.9	21.2	78.8	38.5	61.5	12.2	87.8
FI	61.4	38.6	62.4	37.6	61.3	38.7	73.5	26.5	61.4	38.6
SE	41.9	58.1	59.4	40.6	62.4	37.6	79.3	20.7	41.9	58.1
UK	67.8	32.2	44.7	55.3	46.3	53.7	65.7	34.3	67.8	32.2

Source: European Quality of Life Survey 2012

**Men and women who can
accumulate hours for time off**

	Total	
	Yes	No
BE	51.6	48.4
BG	30.7	69.3
CZ	53.7	46.3
DK	64.7	35.3
DE	51.3	48.7
EE	34.7	65.3
IE	44.5	55.5
EL	25.7	74.3
ES	24.5	75.5
HR	32.6	67.4
FR	40.7	59.3
IT	42.1	57.9
CY	25.6	74.4
LT	20.4	79.6
LU	19.4	80.6
LV	47.8	52.2
MT	32.5	67.5
HU	38.8	61.2
NL	58.1	41.9
AT	56.9	43.1
PL	54.6	45.4
PT	29.9	70.1
RO	43.4	56.6
SI	70.3	29.7
SK	44.2	55.8
FI	49.2	50.8
SE	71.1	28.9
UK	45.9	54.1

Source: European Quality of Life Survey 2012

**Men and women who can accumulate hours for time off
by age**

as % of total in each age group

	18-24		25-34		35-49		50-64		65+	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	47.8	52.2	45.6	54.4	43.4	56.6	44.7	55.3	56.1	43.9
BE	43.2	56.8	61.3	38.7	48.4	51.6	48.3	51.7		
BG	10.5	89.5	41.9	58.1	32.5	67.5	24.6	75.4		
CZ	45.5	54.5	58.5	41.5	50.7	49.3	56.1	43.9	53.7	46.3
DK	12.4	87.6	56.8	43.2	72.5	27.5	68.3	31.7	36.1	63.9
DE	48.3	51.7	52.3	47.7	51.5	48.5	51.0	49.0	53.5	46.5
EE	46.6	53.4	44.9	55.1	34.2	65.8	20.3	79.7	34.5	65.5
IE	38.6	61.4	39.1	60.9	45.5	54.5	50.1	49.9	57.2	42.8
EL	14.8	85.2	38.4	61.6	23.2	76.8	16.1	83.9	59.8	40.2
ES	20.6	79.4	24.8	75.2	24.3	75.7	25.9	74.1		
HR	40.1	59.9	34.8	65.2	31.4	68.6	30.5	69.5		
FR	49.2	50.8	41.9	58.1	39.9	60.1	38.1	61.9	45.6	54.4
IT	39.7	60.3	40.6	59.4	40.7	59.3	46.3	53.7	62.4	37.6
CY	33.5	66.5	25.4	74.6	25.3	74.7	23.6	76.4		
LT	26.4	73.6	25.1	74.9	18.9	81.1	16.1	83.9	47.9	52.1
LU	34.7	65.3	20.2	79.8	17.9	82.1	13.1	86.9	57.5	42.5
LV	55.3	44.7	42.8	57.2	47.5	52.5	52.8	47.2	55.2	44.8
MT	30.6	69.4	26.1	73.9	38.8	61.2	31.4	68.6	36.9	63.1
HU	25.5	74.5	43.8	56.2	39.2	60.8	35.4	64.6		
NL	82.2	17.8	61.9	38.1	57.4	42.6	50.3	49.7	30.6	69.4
AT	54.0	46.0	66.6	33.4	52.4	47.6	55.6	44.4	62.8	37.2
PL	53.9	46.1	54.8	45.2	53.2	46.8	56.9	43.1		
PT	40.5	59.5	29.3	70.7	30.5	69.5	25.1	74.9	60.7	39.3
RO	45.0	55.0	44.7	55.3	45.5	54.5	34.0	66.0		
SI	64.2	35.8	74.6	25.4	69.0	31.0	68.5	31.5		
SK	44.3	55.7	34.2	65.8	47.3	52.7	50.4	49.6	49.6	50.4
FI	32.4	67.6	52.3	47.7	47.5	52.5	53.6	46.4	17.3	82.7
SE	46.2	53.8	68.0	32.0	73.4	26.6	75.9	24.1	70.9	29.1
UK	66.4	33.6	46.0	54.0	41.4	58.6	44.5	55.5	62.3	37.7

Source: European Quality of Life Survey 2012

Men and women who can accumulate hours for time off by income level

as % of total in each income level group

	Low		2nd level		3rd level		High		Low	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	39.8	60.2	43.3	56.7	45.7	54.3	49.4	50.6	39.8	60.2
BE	49.4	50.6	45.8	54.2	58.2	41.8	50.0	50.0	49.4	50.6
BG	21.4	78.6	34.1	65.9	26.2	73.8	31.5	68.5	21.4	78.6
CZ	51.8	48.2	53.6	46.4	54.7	45.3	55.0	45.0	51.8	48.2
DK	43.5	56.5	60.4	39.6	69.6	30.4	66.8	33.2	43.5	56.5
DE	43.2	56.8	47.8	52.2	52.6	47.4	55.9	44.1	43.2	56.8
EE	31.4	68.6	32.7	67.3	35.6	64.4	35.7	64.3	31.4	68.6
IE	51.4	48.6	42.8	57.2	40.7	59.3	43.7	56.3	51.4	48.6
EL	24.2	75.8	32.7	67.3	26.4	73.6	25.3	74.7	24.2	75.8
ES	21.2	78.8	23.8	76.2	25.5	74.5	31.2	68.8	21.2	78.8
HR	31.5	68.5	36.6	63.4	28.1	71.9	36.8	63.2	31.5	68.5
FR	34.2	65.8	35.8	64.2	47.9	52.1	41.4	58.6	34.2	65.8
IT	28.1	71.9	37.0	63.0	36.9	63.1	59.1	40.9	28.1	71.9
CY	18.3	81.7	27.5	72.5	29.0	71.0	29.8	70.2	18.3	81.7
LT	9.4	90.6	12.3	87.7	17.8	82.2	25.8	74.2	9.4	90.6
LU	18.7	81.3	18.6	81.4	19.2	80.8	16.9	83.1	18.7	81.3
LV	32.6	67.4	42.2	57.8	55.7	44.3	49.0	51.0	32.6	67.4
MT	35.4	64.6	34.5	65.5	35.1	64.9	34.2	65.8	35.4	64.6
HU	54.4	45.6	43.4	56.6	29.7	70.3	42.5	57.5	54.4	45.6
NL	53.2	46.8	63.7	36.3	62.5	37.5	55.3	44.7	53.2	46.8
AT	54.8	45.2	50.9	49.1	66.5	33.5	55.8	44.2	54.8	45.2
PL	53.7	46.3	51.3	48.7	52.8	47.2	58.9	41.1	53.7	46.3
PT	27.1	72.9	33.6	66.4	25.5	74.5	31.7	68.3	27.1	72.9
RO	40.7	59.3	33.4	66.6	38.3	61.7	48.4	51.6	40.7	59.3
SI	47.0	53.0	77.1	22.9	75.6	24.4	69.5	30.5	47.0	53.0
SK	18.6	81.4	43.8	56.2	41.5	58.5	51.1	48.9	18.6	81.4
FI	45.3	54.7	44.2	55.8	52.1	47.9	56.3	43.7	45.3	54.7
SE	59.4	40.6	71.8	28.2	72.5	27.5	76.2	23.8	59.4	40.6
UK	54.9	45.1	47.7	52.3	41.0	59.0	47.7	52.3	54.9	45.1

Source: European Quality of Life Survey 2012

Men and women who are able to take a day off at short notice when needed

	Total		Women		Men	
	Yes	No	Yes	No	Yes	No
EU			59.4	40.6	67.3	32.7
BE	75.8	24.2	71.4	28.6	79.9	20.1
BG	80.2	19.8	82.1	17.9	78.3	21.7
CZ	70.9	29.1	65.9	34.1	75.1	24.9
DK	77.2	22.8	76.3	23.7	78.0	22.0
DE	44.1	55.9	42.7	57.3	45.4	54.6
EE	68.3	31.7	63.7	36.3	73.1	26.9
IE	76.2	23.8	73.0	27.0	79.1	20.9
EL	64.7	35.3	65.1	34.9	64.4	35.6
ES	72.7	27.3	66.8	33.2	77.6	22.4
HR	74.9	25.1	74.5	25.5	75.2	24.8
FR	73.6	26.4	67.5	32.5	79.3	20.7
IT	68.5	31.5	63.1	36.9	72.4	27.6
CY	71.2	28.8	73.2	26.8	69.9	30.1
LT	53.6	46.4	42.8	57.2	64.2	35.8
LU	31.6	68.4	24.5	75.5	38.7	61.3
LV	63.8	36.2	60.0	40.0	67.2	32.8
MT	73.3	26.7	72.4	27.6	73.9	26.1
HU	44.5	55.5	40.5	59.5	48.1	51.9
NL	84.0	16.0	80.5	19.5	87.0	13.0
AT	46.8	53.2	39.0	61.0	53.6	46.4
PL	44.0	56.0	43.8	56.2	44.2	55.8
PT	57.8	42.2	53.1	46.9	61.6	38.4
RO	54.8	45.2	49.3	50.7	59.1	40.9
SI	67.2	32.8	67.5	32.5	66.9	33.1
SK	46.1	53.9	41.9	58.1	49.7	50.3
FI	63.9	36.1	52.7	47.3	75.1	24.9
SE	76.8	23.2	68.8	31.2	84.6	15.4
UK	74.9	25.1	68.5	31.5	81.0	19.0

Source: European Quality of Life Survey 2012

Men and women who are able to take a day off at short notice when needed by age

as % of total in each age group

	18-24		25-34		35-49		50-64		65+	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EU	62.0	38.0	63.2	36.8	62.9	37.1	65.4	34.6	78.1	21.9
BE	58.3	41.7	77.9	22.1	79.0	21.0	73.2	26.8		
BG	79.4	20.6	78.4	21.6	76.6	23.4	87.1	12.9		
CZ	53.0	47.0	71.2	28.8	67.3	32.7	80.6	19.4		
DK	38.8	61.2	83.5	16.5	79.7	20.3	75.6	24.4	59.6	40.4
DE	35.6	64.4	40.9	59.1	43.7	56.3	49.0	51.0	52.4	47.6
EE	49.9	50.1	72.6	27.4	72.3	27.7	65.0	35.0	60.4	39.6
IE	63.6	36.4	71.2	28.8	78.5	21.5	80.8	19.2	92.5	7.5
EL	69.2	30.8	74.7	25.3	58.9	41.1	64.0	36.0	59.8	40.2
ES	81.5	18.5	67.3	32.7	72.8	27.2	76.5	23.5		
HR	72.0	28.0	75.0	25.0	73.7	26.3	77.2	22.8		
FR	71.2	28.8	74.4	25.6	72.2	27.8	76.4	23.6	68.3	31.7
IT	61.8	38.2	66.5	33.5	69.0	31.0	69.5	30.5	88.8	11.2
CY	55.2	44.8	69.4	30.6	78.0	22.0	67.5	32.5		
LT	58.1	41.9	60.6	39.4	54.6	45.4	44.0	56.0	49.7	50.3
LU	21.0	79.0	39.6	60.4	30.9	69.1	25.6	74.4	52.2	47.8
LV	52.4	47.6	62.2	37.8	65.0	35.0	67.2	32.8		
MT	75.2	24.8	69.3	30.7	72.7	27.3	76.9	23.1	83.7	16.3
HU	54.1	45.9	48.4	51.6	44.4	55.6	35.8	64.2		
NL	91.5	8.5	86.0	14.0	83.0	17.0	81.6	18.4		
AT	39.6	60.4	44.0	56.0	47.0	53.0	51.2	48.8	83.6	16.4
PL	37.5	62.5	47.8	52.2	41.8	58.2	45.5	54.5	63.8	36.2
PT	66.2	33.8	55.8	44.2	58.1	41.9	55.8	44.2		
RO	51.2	48.8	65.9	34.1	51.0	49.0	48.1	51.9		
SI	41.8	58.2	73.7	26.3	61.4	38.6	76.3	23.7		
SK	29.6	70.4	40.4	59.6	50.0	50.0	49.6	50.4	49.6	50.4
FI	51.1	48.9	66.1	33.9	59.4	40.6	70.2	29.8	84.4	15.6
SE	84.6	15.4	75.7	24.3	75.9	24.1	77.0	23.0	78.5	21.5
UK	85.5	14.5	73.2	26.8	74.2	25.8	72.9	27.1	84.5	15.5

Source: European Quality of Life Survey 2012

Men and women who are able to take a day off at short notice when needed by income level

	Low		2nd level		3rd level		High	
	Yes	No	Yes	No	Yes	No	Yes	No
EU	58.1	41.9	61.9	38.1	62.7	37.3	67.2	32.8
BE	71.3	28.7	69.8	30.2	77.3	22.7	78.5	21.5
BG	89.3	10.7	77.3	22.7	85.7	14.3	78.7	21.3
CZ	70.8	29.2	69.0	31.0	65.1	34.9	72.3	27.7
DK	82.0	18.0	79.2	20.8	72.3	27.7	81.9	18.1
DE	35.1	64.9	42.6	57.4	34.9	65.1	50.5	49.5
EE	64.9	35.1	55.9	44.1	64.9	35.1	74.1	25.9
IE	78.0	22.0	68.4	31.6	77.1	22.9	75.7	24.3
EL	54.4	45.6	68.0	32.0	69.5	30.5	65.9	34.1
ES	65.7	34.3	83.8	16.2	72.2	27.8	73.6	26.4
HR	77.1	22.9	72.1	27.9	75.2	24.8	80.0	20.0
FR	63.1	36.9	68.5	31.5	78.6	21.4	78.8	21.2
IT	56.8	43.2	70.3	29.7	63.1	36.9	71.6	28.4
CY	77.2	22.8	77.3	22.7	64.9	35.1	70.7	29.3
LT	43.7	56.3	45.0	55.0	47.4	52.6	62.7	37.3
LU	23.0	77.0	28.0	72.0	30.1	69.9	35.9	64.1
LV	39.7	60.3	68.9	31.1	66.1	33.9	69.4	30.6
MT	67.8	32.2	56.8	43.2	61.7	38.3	80.2	19.8
HU	39.2	60.8	48.0	52.0	46.0	54.0	43.2	56.8
NL	83.2	16.8	86.7	13.3	83.0	17.0	87.9	12.1
AT	64.8	35.2	38.8	61.2	48.1	51.9	43.3	56.7
PL	43.2	56.8	41.5	58.5	32.4	67.6	51.4	48.6
PT	55.0	45.0	55.9	44.1	59.1	40.9	65.0	35.0
RO	50.3	49.7	49.3	50.7	55.4	44.6	57.5	42.5
SI	56.1	43.9	60.1	39.9	67.8	32.2	73.9	26.1
SK	35.1	64.9	46.9	53.1	46.5	53.5	49.5	50.5
FI	59.8	40.2	55.5	44.5	62.7	37.3	69.8	30.2
SE	74.3	25.7	73.3	26.7	80.7	19.3	81.9	18.1
UK	76.2	23.8	70.1	29.9	75.2	24.8	79.7	20.3

Source: European Quality of Life Survey 2012

How often are you involved in caring for your elderly or disabled relatives?

	Women					Men				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	7.4	3.9	4.6	10.8	73.3	4.2	3.3	4.4	10.2	78.0
BE	5.5	5.6	5.8	12.5	70.6	3.8	3.1	5.4	9.7	78.1
BG	8.6	2.6	2.0	10.9	75.9	5.3	2.3	4.7	14.3	73.4
CZ	4.5	3.0	5.2	14.4	72.9	3.8	3.6	5.1	12.1	75.4
DK	1.3	2.1	4.2	12.9	79.4	1.3	1.0	3.0	10.8	84.0
DE	3.9	2.7	2.3	8.3	82.7	2.1	1.9	2.5	7.0	86.5
EE	8.9	2.4	3.0	9.3	76.4	4.0	3.4	2.3	10.1	80.1
IE	8.0	3.7	7.3	13.2	67.9	6.1	3.3	6.0	10.2	74.4
EL	11.7	2.3	2.0	6.3	77.7	3.6	1.7	1.6	4.0	89.1
ES	10.9	3.2	3.3	9.8	72.7	5.2	3.2	3.6	7.8	80.2
HR	14.5	4.1	3.2	6.1	72.1	8.5	4.1	2.5	6.5	78.4
FR	6.4	5.3	7.0	13.5	67.7	4.1	4.8	6.9	16.0	68.2
IT	9.3	5.9	5.5	10.2	69.1	5.3	5.3	5.0	10.3	74.2
CY	6.4	2.3	2.2	5.0	84.1	1.5	1.5	1.4	7.7	87.8
LT	10.7	7.5	5.4	17.4	59.0	4.9	6.0	6.3	15.1	67.7
LV	7.7	3.7	3.8	11.3	73.5	4.5	5.5	4.0	9.4	76.7
LU	4.3	3.2	4.6	7.1	80.8	4.4	3.6	2.9	9.3	79.8
MT	8.6	5.7	3.2	7.9	74.6	4.7	1.0	3.9	6.6	83.8
HU	8.2	4.4	6.1	9.5	71.8	4.6	4.8	3.7	9.6	77.3
NL	3.6	6.6	6.7	15.2	67.9	2.3	2.2	4.9	15.8	74.8
AT	5.4	2.7	4.2	13.2	74.5	2.0	1.9	1.9	7.7	86.6
PL	9.0	3.2	3.8	8.2	75.8	5.2	3.8	3.3	5.7	82.0
PT	9.4	2.9	2.6	6.7	78.4	5.4	1.2	3.3	7.2	82.9
RO	10.5	3.0	2.3	11.5	72.6	4.8	2.8	3.2	9.9	79.3
SI	5.4	4.1	3.9	8.4	78.1	3.8	3.7	4.4	9.1	79.0
SK	9.6	3.1	1.7	13.2	72.3	2.4	3.6	3.6	12.7	77.8
FI	3.5	4.0	8.5	30.6	53.3	3.1	3.0	8.2	29.9	55.7
SE	1.7	1.8	4.6	19.1	72.8	1.6	2.2	4.6	20.5	71.1
UK	7.8	3.5	6.5	10.4	71.8	5.6	3.0	6.1	9.4	75.8

Source: European Quality of Life Survey 2012

How often are you involved in caring for your elderly or disabled relatives?

Men and women as % of total in each income level

	1. Lowest					2. 2nd					3. 3rd					4. Highest				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	6.9	3.6	3.8	8.3	77.4	6.4	3.4	4.6	9.5	76.0	4.9	3.8	4.6	11.5	75.2	4.3	3.7	5.1	13.2	73.8
BE	5.9	5.7	3.9	11.4	73.0	5.6	4.3	6.0	10.1	73.9	5.0	4.1	4.2	11.5	75.2	4.4	5.3	9.5	16.4	64.5
BG	6.4	1.2	1.6	7.8	83.1	8.4	0.3	2.5	6.6	82.3	8.8	5.5	2.7	9.9	73.1	5.0	1.7	4.4	17.1	71.9
CZ	4.0	2.2	4.5	9.3	79.9	3.9	1.4	5.8	10.1	78.9	6.3	2.8	6.0	8.8	76.1	6.3	5.2	5.0	18.3	65.2
DK	1.7	1.0	6.0	9.0	82.3	0.2	1.9	2.4	11.1	84.5	1.2	2.2	5.0	11.8	79.8	0.3	0.8	2.3	16.1	80.5
DE	2.1	2.5	3.6	6.5	85.4	3.9	2.1	2.3	6.3	85.5	3.2	2.5	1.5	8.3	84.4	2.5	2.3	3.2	7.4	84.6
EE	7.9	3.8	1.3	6.7	80.2	7.2	1.9	3.7	5.3	81.9	10.2	4.0	0.7	10.5	74.6	4.3	2.3	2.8	11.8	78.8
IE	9.4	3.4	5.8	7.5	73.9	8.0	5.9	3.6	7.4	75.1	6.3	3.3	8.9	12.8	68.8	4.0	3.0	8.7	17.9	66.4
EL	8.3	2.8	2.4	3.4	83.1	13.1	1.2	0.7	5.6	79.3	6.4	1.5	1.5	5.4	85.2	8.9	2.9	3.2	3.0	82.0
ES	10.2	4.9	3.6	5.9	75.4	5.9	1.9	3.1	7.8	81.3	6.3	4.9	1.7	9.3	77.8	5.9	2.3	3.2	10.0	78.6
HR	18.4	2.1	1.8	6.3	71.4	11.2	4.7	3.1	7.4	73.6	11.4	4.3	5.8	9.0	69.5	9.1	5.8	2.7	6.8	75.7
FR	7.2	4.5	4.1	12.4	71.8	5.5	6.2	7.8	12.0	68.5	4.0	5.4	7.8	14.3	68.5	3.7	5.7	8.1	19.6	62.9
IT	8.7	4.8	4.5	8.8	73.3	7.8	4.3	7.3	10.4	70.2	6.4	5.2	5.1	12.7	70.6	5.8	7.1	4.6	12.8	69.7
CY	3.4	1.3	2.3	6.7	86.4	4.4	1.8	0.9	6.0	86.8	2.6	0.4	2.1	9.8	85.0	1.3	2.1	0.8	5.1	90.7
LT	10.1	3.8	5.4	12.3	68.4	8.7	4.0	5.8	12.1	69.4	9.5	7.8	6.3	15.8	60.6	7.7	10.8	6.6	20.6	54.2
LV	7.7	4.6	1.4	7.4	78.9	5.5	2.7	2.1	9.9	79.9	6.8	5.1	5.0	9.4	73.6	3.4	5.5	5.4	16.1	69.6
LU	2.1	1.8	1.4	10.8	84.0	5.5	2.6	5.4	6.7	79.7	1.1	2.5	4.2	6.8	85.4	7.3	4.3	4.5	10.5	73.4
MT	16.2	4.4	3.8	7.2	68.4	6.2	4.8	2.0	3.7	83.2	5.6	3.7	5.2	7.4	78.0	4.9	0.9	2.6	5.9	85.6
HU	6.9	3.3	4.4	9.6	75.7	8.8	7.6	3.8	6.4	73.4	3.3	6.5	4.7	12.8	72.7	7.1	1.4	5.0	13.3	73.1
NL	2.5	3.6	5.6	14.1	74.1	4.0	4.7	6.4	19.4	65.5	2.6	4.1	5.2	16.6	71.5	2.7	5.0	6.4	17.5	68.4
AT	4.4	1.4	1.0	5.9	87.4	1.9	2.4	1.4	11.9	82.4	5.3	2.5	5.0	13.2	73.9	2.7	3.3	6.6	10.4	77.0
PL	9.7	3.7	3.5	4.6	78.5	9.1	2.8	2.3	6.4	79.4	6.2	4.2	3.9	7.7	78.0	5.6	3.3	4.6	8.0	78.5
PT	9.1	1.4	1.5	11.9	76.1	10.7	1.4	5.7	6.6	75.6	6.1	1.5	2.2	2.7	87.5	7.6	1.6	2.9	8.9	79.0

RO	11.0	3.4	1.3	8.8	75.4	11.2	2.9	3.8	6.9	75.3	5.9	1.1	3.6	10.9	78.5	4.9	2.9	2.4	15.3	74.5
SI	2.4	3.1	2.8	7.0	84.8	6.1	3.1	5.2	6.0	79.6	4.8	6.3	2.8	9.5	76.6	4.5	1.2	3.9	11.1	79.3
SK	8.1	3.3	2.7	7.8	78.1	9.6	3.0	1.9	13.9	71.7	6.8	3.3	1.6	15.1	73.2	2.1	2.9	4.6	15.9	74.5
FI	2.4	2.0	6.6	27.6	61.4	4.1	5.0	8.2	36.7	46.0	2.6	4.5	7.5	33.0	52.4	3.9	1.7	12.6	32.6	49.1
SE	1.3	3.1	2.5	13.8	79.3	3.5	1.4	4.6	19.1	71.4	0.4	1.4	4.8	24.0	69.4	1.8	2.5	5.8	27.2	62.7
UK	10.1	3.9	5.1	4.7	76.1	6.7	3.5	5.3	8.6	75.9	5.0	2.8	7.1	11.3	73.8	3.1	2.3	6.5	14.9	73.1

Source: European Quality of Life Survey 2012

How often are you involved in caring for your elderly or disabled relatives?

Men and women as % of total in each age group

	18-24					25-34					35-49				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	2.7	3.1	4.5	10.0	79.7	3.8	2.4	3.3	11.0	79.5	6.9	4.4	5.4	13.7	69.7
BE	1.3	1.2	3.7	11.1	82.7	1.3	2.6	4.6	11.4	80.1	6.1	5.8	6.7	16.9	64.5
BG	6.5	0.0	3.0	17.1	73.4	5.9	3.1	1.0	6.7	83.2	4.5	3.9	3.6	22.8	65.2
CZ	1.0	3.2	4.0	12.6	79.2	2.3	1.2	2.4	21.1	73.0	3.7	3.1	7.4	13.7	72.1
DK	2.5	0.0	5.6	7.7	84.1	0.0	0.7	3.7	12.3	83.3	0.9	2.3	3.9	13.7	79.2
DE	1.7	2.7	2.3	8.6	84.7	0.7	1.4	2.5	9.2	86.1	3.4	2.2	2.2	8.9	83.3
EE	1.6	3.5	2.6	13.1	79.2	5.7	1.0	3.1	7.6	82.6	7.1	3.4	4.4	14.3	70.9
IE	5.0	1.3	8.6	12.8	72.3	2.9	1.0	8.0	13.6	74.6	10.0	7.0	4.8	13.9	64.3
EL	1.8	0.0	0.0	5.5	92.7	4.7	0.5	1.8	3.8	89.2	9.4	2.7	1.8	6.3	79.9
ES	1.8	2.5	6.3	3.3	86.1	3.0	2.1	2.7	8.7	83.5	9.6	5.2	2.4	10.5	72.4
HR	1.5	4.7	3.7	6.2	84.0	7.1	5.6	1.5	3.5	82.3	16.9	6.5	4.8	10.0	61.9
FR	5.9	4.7	4.3	6.3	78.9	6.6	3.6	3.5	13.9	72.4	5.7	5.9	11.5	24.3	52.6
IT	1.4	3.3	4.8	14.2	76.2	2.5	2.9	5.9	10.5	78.2	9.6	6.4	4.7	12.2	67.2
CY	1.3	0.0	3.6	3.9	91.2	4.4	0.7	2.0	3.2	89.7	4.0	2.8	1.3	8.5	83.4
LT	4.7	2.7	7.2	23.6	61.9	2.9	6.5	5.4	19.8	65.5	12.6	11.1	8.5	20.1	47.8
LV	3.2	4.1	4.1	14.5	74.2	4.7	5.0	4.2	10.2	75.9	6.8	8.2	4.7	13.4	67.0
LU	4.0	3.9	1.7	6.0	84.4	2.8	2.3	4.7	7.8	82.3	2.5	3.7	4.4	11.1	78.3
MT	4.7	2.0	0.7	9.5	83.1	2.3	0.6	0.7	5.1	91.4	5.7	4.8	7.0	10.1	72.4
HU	2.8	3.9	6.4	12.3	74.6	5.7	6.3	5.2	7.1	75.7	8.5	4.0	6.3	13.8	67.4
NL	1.3	1.6	3.9	12.7	80.6	2.2	4.6	0.5	20.1	72.5	2.1	3.8	8.2	18.9	67.0
AT	2.7	0.0	1.8	1.1	94.4	1.3	0.0	1.2	9.4	88.2	2.4	3.9	4.5	10.1	79.0
PL	2.1	4.9	2.9	5.6	84.5	5.9	2.7	1.9	7.0	82.5	10.2	4.7	5.0	11.3	68.9
PT	2.9	1.6	4.1	5.5	85.8	3.2	2.2	2.4	6.1	86.1	8.4	2.5	3.4	7.0	78.7
RO	3.0	0.6	2.2	11.6	82.6	5.6	2.3	4.4	10.4	77.3	11.2	4.8	2.5	14.9	66.6
SI	1.7	2.3	4.1	8.4	83.6	1.8	2.2	1.6	10.3	84.2	5.7	5.6	7.7	10.5	70.6
SK	7.2	3.8	0.0	21.5	67.6	1.9	3.0	2.6	9.9	82.5	8.8	2.9	3.6	13.9	70.8
FI	0.0	2.6	5.7	38.6	53.1	2.1	1.0	3.3	43.8	49.8	3.4	2.8	9.4	34.4	50.0
SE	0.8	0.0	4.5	21.7	73.0	0.6	1.4	1.6	24.0	72.4	1.8	2.7	3.9	18.9	72.7
UK	3.4	5.3	9.8	12.0	69.5	6.4	2.0	4.1	11.1	76.4	6.5	3.3	8.0	12.1	70.2

Source: European Quality of Life Survey 2012

Men and women as % of total in each age group

	50-64					65+				
	Every day	Several days a week	Once or twice a week	Less often	Never	Every day	Several days a week	Once or twice a week	Less often	Never
EU	8.3	5.4	6.2	11.6	68.5	5.0	2.0	2.3	5.2	85.5
BE	8.2	7.2	7.2	9.9	67.5	3.4	2.5	4.2	5.3	84.6
BG	11.9	3.1	7.2	12.5	65.4	5.8	0.9	0.7	3.8	88.8
CZ	6.5	4.4	7.1	12.6	69.6	5.6	4.2	3.2	6.5	80.4
DK	1.7	2.7	3.8	15.6	76.2	1.6	0.7	2.0	7.3	88.4
DE	4.6	4.4	4.1	9.6	77.4	3.1	1.0	0.9	3.3	91.7
EE	11.3	4.5	1.7	8.5	74.1	5.4	1.7	1.5	5.4	86.1
IE	7.6	3.8	11.3	11.0	66.2	7.7	1.0	1.1	5.7	84.5
EL	9.7	4.4	3.7	7.1	75.1	8.6	1.0	1.0	3.1	86.3
ES	12.8	3.7	5.2	12.6	65.7	8.7	1.2	2.7	5.3	82.1
HR	17.0	2.9	2.7	6.8	70.6	7.1	1.3	1.0	2.7	87.8
FR	6.1	7.4	9.3	17.0	60.2	2.6	2.6	2.2	4.2	88.4
IT	12.9	9.2	7.2	10.0	60.6	4.7	3.7	3.8	6.5	81.3
CY	7.1	3.1	2.4	8.1	79.2	1.9	2.3	0.0	6.7	89.1
LT	12.6	9.5	6.1	12.7	59.1	3.0	1.2	1.3	7.5	87.0
LV	10.9	3.4	4.5	7.7	73.5	4.0	1.3	1.9	7.9	84.9
LU	7.3	5.8	4.6	9.6	72.6	5.6	0.6	1.9	2.8	89.0
MT	9.5	4.6	5.7	7.0	73.2	9.4	3.8	1.1	4.5	81.2
HU	10.0	7.0	5.7	7.9	69.4	2.4	1.4	1.7	6.2	88.3
NL	5.1	7.4	8.4	15.5	63.7	3.0	3.3	4.3	9.4	80.1
AT	7.8	4.3	5.2	18.7	64.1	3.8	1.0	1.0	7.1	87.1
PL	8.9	3.5	4.4	5.9	77.3	6.0	1.3	2.6	3.8	86.4
PT	11.7	2.1	2.6	10.7	73.0	8.4	1.9	2.4	4.1	83.1
RO	10.2	3.4	3.4	10.6	72.5	5.4	1.8	0.9	4.4	87.5
SI	7.1	6.1	4.3	9.2	73.3	4.1	1.3	1.6	4.9	88.1
SK	7.9	4.9	3.1	12.3	71.8	3.1	2.0	1.9	9.6	83.4
FI	6.5	6.2	14.6	27.6	45.0	2.2	3.6	5.0	15.6	73.7
SE	1.0	3.8	8.3	24.4	62.5	3.1	1.0	4.0	12.6	79.4
UK	7.6	4.7	7.8	10.1	69.9	8.2	1.9	2.5	4.8	82.7

Source: European Quality of Life Survey 2012

Do you have fixed starting and finishing times in your work?

	Total		Women		Men	
	Yes	No	Yes	No	Yes	No
EU			33.7	66.3	43.6	56.4
BE	41.3	58.7	36.9	63.1	45.2	54.8
BG	22.5	77.5	15.4	84.6	29.4	70.6
CZ	42.6	57.4	34.7	65.3	49.4	50.6
DK	45.4	54.6	45.3	54.7	45.4	54.6
DE	38.1	61.9	33.0	67.0	42.8	57.2
EE	36.1	63.9	32.1	67.9	40.5	59.5
IE	45.5	54.5	35.5	64.5	54.3	45.7
EL	39.7	60.3	32.3	67.7	45.3	54.7
ES	31.1	68.9	25.1	74.9	36.3	63.7
HR	33.4	66.6	27.0	73.0	39.3	60.7
FR	41.0	59.0	36.8	63.2	45.0	55.0
IT	39.7	60.3	30.7	69.3	47.3	52.7
CY	30.4	69.6	27.8	72.2	32.9	67.1
LT	30.2	69.8	24.4	75.6	36.6	63.4
LU	35.5	64.5	33.3	66.7	39.8	60.2
LV	36.7	63.3	29.6	70.4	42.0	58.0
MT	25.0	75.0	21.7	78.3	27.2	72.8
HU	35.3	64.7	31.7	68.3	39.1	60.9
NL	52.5	47.5	52.8	47.2	52.3	47.7
AT	50.6	49.4	44.6	55.4	56.9	43.1
PL	28.0	72.0	21.5	78.5	34.6	65.4
PT	38.6	61.4	32.5	67.5	45.2	54.8
RO	37.1	62.9	32.6	67.4	41.2	58.8
SI	40.0	60.0	36.6	63.4	43.1	56.9
SK	28.7	71.3	18.6	81.4	37.9	62.1
FI	56.4	43.6	54.3	45.7	58.5	41.5
SE	43.6	56.4	40.6	59.4	46.5	53.5
UK	42.1	57.9	38.8	61.2	45.0	55.0

Source: European Working Conditions Survey. 2015

Do you have fixed starting and finishing times in your work?

as % of total in each age group

	<35		25-49		50+	
	Yes	No	Yes	No	Yes	No
EU	37.0	63.0	37.5	62.5	42.4	57.6
BE	41.1	58.9	39.9	60.1	43.5	56.5
BG	20.5	79.5	23.1	76.9	23.2	76.8
CZ	42.5	57.5	43.1	56.9	41.3	58.7
DK	45.2	54.8	51.9	48.1	39.6	60.4
DE	35.0	65.0	37.4	62.6	41.4	58.6
EE	32.2	67.8	39.0	61.0	37.3	62.7
IE	41.9	58.1	47.9	52.1	45.7	54.3
EL	36.1	63.9	38.1	61.9	46.2	53.8
ES	31.0	69.0	31.7	68.3	30.5	69.5
HR	27.2	72.8	33.1	66.9	39.6	60.4
FR	40.5	59.5	42.8	57.2	39.0	61.0
IT	39.3	60.7	35.1	64.9	45.5	54.5
CY	32.8	67.2	28.3	71.7	27.9	72.1
LT	27.1	72.9	30.8	69.2	31.8	68.2
LU	33.5	66.5	36.9	63.1	40.1	59.9
LV	34.5	65.5	31.2	68.8	40.0	60.0
MT	28.8	71.2	22.9	77.1	21.8	78.2
HU	33.2	66.8	34.2	65.8	38.0	62.0
NL	55.0	45.0	49.3	50.7	53.1	46.9
AT	43.9	56.1	49.4	50.6	59.6	40.4
PL	24.8	75.2	27.4	72.6	33.5	66.5
PT	36.2	63.8	31.2	68.8	47.0	53.0
RO	34.4	65.6	33.8	66.2	45.5	54.5
SI	40.4	59.6	37.7	62.3	42.8	57.2
SK	30.1	69.9	26.5	73.5	29.7	70.3
FI	56.2	43.8	57.6	42.4	55.3	44.7
SE	40.3	59.7	43.8	56.2	46.2	53.8
UK	38.2	61.8	39.3	60.7	49.4	50.6

Source: European Working Conditions Survey, 2015

ANNEX 2: PRESENTATION OF THE EUROPEAN SOCIAL POLICY NETWORK (ESPN)

A. ESPN Network Management Team and Network Core Team

The European Social Policy Network (ESPN) is managed jointly by the Luxembourg Institute of Socio-Economic Research (LISER) and the independent research company APPLICA, in close association with the European Social Observatory.

The ESPN Network Management Team is responsible for the overall supervision and coordination of the ESPN. It consists of five members:

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The ESPN Network Core Team provides high level expertise and inputs on specific aspects of the ESPN's work. It consists of 14 experts:

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ANNEX 3: COUNTRIES' OFFICIAL ABBREVIATIONS

A. EU countries

EU countries prior to 2004, 2007 and 2013 Enlargements (EU-15)		EU countries that joined in 2004, 2007 or 2013	
BE	Belgium	2004 Enlargement	
DK	Denmark	CZ	Czech Republic
DE	Germany	EE	Estonia
IE	Ireland	CY	Cyprus
EL	Greece	LV	Latvia
ES	Spain	LT	Lithuania
FR	France	HU	Hungary
IT	Italy	MT	Malta
LU	Luxembourg	PL	Poland
NL	The Netherlands	SI	Slovenia
AT	Austria	SK	Slovakia
PT	Portugal	2007 Enlargement	
FI	Finland	BG	Bulgaria
SE	Sweden	RO	Romania
UK	United Kingdom	2013 Enlargement	
		HR	Croatia

In EU averages, countries are weighted by their population sizes.

B. Non-EU countries covered by the ESPN

Former Yugoslav Republic of Macedonia (MK), Iceland (IS), Liechtenstein (LI), Norway (NO), Serbia (RS), Switzerland (CH), Turkey (TR).

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