



Peer Review on “Improving reconciliation of work and long-term care”

Germany, 24-25 September 2018

Peer Country Comments Paper - Ireland

Juggling Paid Work and Unpaid Care: Learning through cross-national comparisons

DG Employment, Social Affairs and Inclusion



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1 Introduction

This paper has been prepared for the Peer Review on "Improving reconciliation of work and long-term care". It provides a comparative assessment of the policy example of the Host Country and the situation in Ireland. The content of the paper is based on the independent expert's views and does not necessarily represent the views of the author's affiliated institutions. For information on the host country policy example, please refer to the Host Country Discussion Paper.

2 Situation in the peer country

Ireland with a population of 4.7 million people (CSO, 2016) is a small country in comparison to Germany. Yet many of the societal cultural and fiscal challenges currently confronting Germany are also today being witnessed in Ireland. These include population ageing, a decline in fertility rates and family size, an increase in the labour market participation of women, growing numbers of migrant care workers (Walsh & Shutes, 2013) and fiscal constraints including cuts to health and social care budgets (O'Shea et al, 2017). Like in Germany, ageing demographics in Ireland along with other economic, cultural and social phenomena have resulted in increased demands for health care services including long-term care (Wren et al, 2017). Unlike Germany, there is no compulsory long-term care social insurance system in place in Ireland to support the needs of the frail dependent or aged and in line with the principle of subsidiarity, the primary responsibility for this vulnerable group of people rests with family members (Timonen et al, 2012).

Accordingly there is heavy reliance in Ireland on family members, especially women, to provide the main bulk of community based care. For example, it is estimated that 89.5% of both personal care and household tasks are provided by family caregivers (Care Alliance, Ireland, 2015). Reliance on family caregivers is probably accentuated by the fact that Irish people have no legislative right to home-based community care services- interventions described by some as inadequate and fragmented (Donnelly et al, 2016). This is ironic given the Irish government's long-standing and formal commitment to community care policy (Inter-Departmental Committee, 1968; Ruddle, et al, 1997) and given how Irish people are entitled to long-term residential care.¹ Like in other countries including Germany, Irish people want to provide informal care services to their family members but they also want financial recognition for the work they do (O'Shea, 2003).

In Ireland the cost of informal family care can be financed by the family exclusively, or by a combination of the family absorbing some costs and the State partially subsidising other costs (Timonen, 2006) through the Carer's Allowance, Carer's Benefit, Domiciliary Care Allowance and Carer Support Grants (for full description of these income supports see page 4). The only cash-in-kind benefit available in Ireland is for home care packages, but unlike countries like Germany, Austria, the Netherlands and the UK, the subsidy for home care package is paid directly to the formal care provider and not to the care recipient or informal family caregiver (Timonen, Convery and Cahill, 2006).

According to the most recent Irish Census, 195,263 people (4.1% of the population) identified themselves as carers and were providing unpaid assistance to others (CSO, 2016). These figures reflect an increase of 8,151 (4.4%) on the 2011 figure of 187,112. In 2016, women accounted for 118,151 of these caregivers (60.5%) whilst men accounted for 77,112 (39.5%). There were 3,800 children under 15 years engaged in providing care to others, accounting for 1.9 per cent of all carers. There

¹ It should be noted that home care services in Ireland have recently undergone extensive review (the Institute of Public Health, 2018) with proposals forwarded that a new statutory scheme for home care be introduced. This policy reform will take time to implement and will require the careful teasing out of different models of payments for care (the Institute of Public Health, 2018).

were 1,776 carers aged 85, reflecting a 34.7% increase in this age cohort since 2011 (CSO, 2016). Like Germany, close to two thirds of these carers were of working age and most (57%) were caring whilst also employed in the labour market (CSO, 2016). Not surprisingly rates of labour market participation decline with increasing hours of care. For example female carers who in the 2016 Census reported 1 to 14 hours of unpaid care per week had a 67% labour force participation compared to a 39% labour force participation for female carers reporting 43 hours or more (Family Carer Alliance, 2017b). Regrettably the Irish Census collects no data on the hours spent by informal caregivers in the paid labour market and there is no data available in Ireland on the extent to which these informal caregivers are part-time or full time employees.

The 195,263 carers provided 6,608,515 hours of care weekly, providing an average of 38.7 hours of unpaid care per carer. This reflects an increase on the 38.3 average hours care recorded in 2011 and a rise of 321,005 hours of total unpaid care (CSO, 2016). Women provided almost two thirds (65.9%) of all care hours. As might be expected, data show that as the demands (hours spent daily) of care increase, informal caregivers in Ireland are less likely to be employed in the labour market (Family Carer's Ireland, 2017b). This loss of human capital has broader economic ramifications for a country like Ireland reliant on a vibrant workforce. There are compelling reasons for governments to strive to enable family caregivers to continue to work outside the home (see for example Hoff et al, 2014; Henwood, Larkin and Milne, 2017). Likewise there are important reasons for employers to promote carer - friendly workplaces by facilitating flexible working hours, flexible leave and by introducing measures to encourage family carers to return to work after time off spent caring (See Thematic Discussion Paper of Peer Review on 'Improving reconciliation of work and long-term care', 24-25 September 2018, Germany)

3 Assessment of the policy measure

Overview: It is difficult to compare Irish and German social policy initiatives for the provision of long-term care and the protection of informal caregivers of working age given that the two countries are so fundamentally different. Since 1995, the German system is based on a statutory requirement that all citizens must have long-term care social insurance (Robertson, Gregory and Jabbal, 2014). This mandatory requirement, provides universal coverage for the long-term care needs of people of all ages based on their dependency levels and covers a portion of home care and residential care costs (Schulz, 2010). There is predictable access to home care benefits in kind, or home care cash benefits or a mixture of both (Nadash et al, 2018). In terms of cash benefits the main beneficiary is the care-receiver and it is at that person's discretion to buy in services or alternatively reward/remunerate a family member, friend or neighbour that provides such services. Policy reforms under discussion in this paper reflect additional measures introduced more recently by the German government to enable and protect family members to reconcile work and care roles. The German system seeks to facilitate informal caregivers who are employed in the labour market; it encourages consumer choice in services and settings and favours home care over residential care (Wetzstein, Rommel and Lange, 2015).

In contrast the Irish policy approach to long-term care provision and the protection of informal caregivers is based on the Anglo-Saxon system reflecting a more residual rather than universal approach to welfare where the market rewards those who work and the State only helps those most in need generally through means-tested benefits. As stated payments for care are not made directly to the care-receiver but to the informal caregiver deemed to be providing full time care. As an example, eligibility for the Carer's Benefit is not based on relationship to care-receiver but on that person's dependency level after medical assessment. Payments to carers represent income support for loss of earnings rather than payments for care and the amount paid does not reflect the market value of caregiving work (Hanly and Sheerin, 2017). So like the German approach, Irish social policy also seeks to facilitate informal caregivers who

are employed in the labour market and favours home care over residential care. However unlike in Germany, Irish informal caregivers if they satisfy the eligibility criteria can receive some form of reimbursement for the opportunity costs of caring, either through the Carer's Benefit, Carer's Allowance or Domiciliary Carer's Allowance (see page 4).

German Policy measure

Based on the host country's discussion paper, three different laws (now merged) exist in Germany to support family members to reconcile work and informal care roles. These are (i) the Caregiver Leave Act otherwise known as 'Pflegezeitgesetz' first implemented in 2008, (ii) the Family Caregiver Leave Act 'Familienpflegezeitgesetz' introduced in 2012 and the more recent (iii) Law (2015) on the Better Reconciliation of Family Work and Long-Term Care, known as 'Gesetz zur besseren Vereinbarkeit von Familie, Pflege und Beruf'. The Family Caregiver Leave Act has also established an Independent Advisory Board; tasked to monitor the implementation and efficacy of the new regulations and to further discuss questions relating to the reconciliation of work and long-term care. The three acts and their merger have led to five different employment leave schemes and the potential for but it should be stressed no guarantee of income compensation for informal caregivers. These are:

1. **Sudden** need for *short-term release* - employee can take up to 10 days off work and receive a caregiver's grant. The latter is a wage compensation support grant paid by all employers irrespective of company size. It represents 80% of the person's normal income.
2. **Elective** need for *more prolonged release* - employee can take up to 6 months off work (Caregiver Leave) and is eligible to apply for an interest free loan to offset loss of earnings. Leave is not granted to caregivers employed in small-scale companies, i.e. companies employing 15 or fewer staff.
3. **Elective** need for *extended work release* - employee can take up to 24 months (Family Caregiver Leave) and is eligible to apply for an interest free loan to offset the loss of earnings. Leave is not granted to caregivers employed in companies with 25 or fewer staff. The employee retains the right to work a minimum of 15 hours weekly.
4. **Elective** need for *more prolonged release for child support* - employee can take up to 6 months off work to enable them care for a child requiring long-term-care even if that care is being provided in an institution.
5. **Elective** need for *short term release for terminally ill close relative* - employee can take up to 3 months off work if close first degree relative (as specified) is terminally ill.

An evaluation in Germany of this recent policy reform (INTERVAL, 2017) reflects broad acceptance of the legislative changes. Its success is based on the fact that a little over half of those recently surveyed, reported that the new legislation could help reconcile work and care roles. In a different poll, most people claimed they might avail of such leave arrangements and most believed the Family Caregiver Leave was both useful and reasonable (KANTAR EMNID, 2015). Despite these findings and the fact that estimates suggest there are 4.7 million informal caregivers in Germany (Wetzstein, Rommel and Lange, 2015), 2.8 million of whom are employed in the labour market, based on a 2016 survey, only 70,000 Germans availed of Caregiver's Leave over a recent 20-month period. Likewise as few as between 9,000 to 13,000 German working caregivers are said to avail of the Caregiver's Grant scheme annually. The total numbers of caregivers receiving financial support through an interest free loan (738 people approved over 43 months) are also extraordinarily low.

Irish Policy Measure

Ireland is generally categorized as a liberal welfare state (Timonen et al, 2012). Compared with Germany, it has a long history of supporting informal caregivers to exempt themselves from paid work, to care for dependent relatives or others deemed in need of long-term care. However like Germany the numbers of Irish full time caregivers availing of these respective schemes (see page 4) also remain low (Family Caregivers Ireland, 2017a). Current policy measures aimed at supporting informal caregivers in Ireland consist of formal home-based care support to the care-recipient and direct income supports to caregivers (Hanly and Sheerin, 2017). For caregivers deemed eligible, income supports are underpinned by one single piece of legislation - the Carer's Leave Act 2001. This Act entitles people in paid employment to take unpaid leave to provide full time care to a dependent from a period of between 13 weeks to 104 weeks (Care Alliance Ireland, 2017). Those who avail of this leave, along with other full time informal caregivers, may be eligible for one of four different income support schemes. These are:

1. Carer's Benefit (2001)- this is a non-means tested income replacement support scheme linked to the above-mentioned Carer's Leave Act (2001). It pays the employee €215 weekly. Criteria for eligibility include *age* (over 16 and under 66 years), *employment record and hours of employment* (must have at least one year's service and have worked in the labour market for a minimum of sixteen hours, at least two months in previous six months). The Carer's Benefit can be claimed for a maximum of 104 weeks, following which time the caregiver may be eligible to claim the Carer's Allowance ((Hanly and Sheerin, 2017). A person receiving the Carer's Benefit is permitted to work up to fifteen hours weekly, provided his/her earnings do not exceed £332.50 weekly. In July 2018, a total of 2,692 people (1.3% of all informal caregivers) were recipients of the Carer's Benefit. This compares with figures recorded in 2001 where the number of recipients of the Carer's Benefit was 425 (Care Alliance Ireland, 2017).
2. Carer's Allowance- this is a means tested income replacement support scheme available to people on low income who wish to provide full time care to a person who needs support because of age, disability or illness (including mental illness). It pays €214 weekly but unlike the Carer's Benefit a person who qualifies for Carer's Allowance may also qualify for free household benefits (if co-resident with the person being caring for) and a Free Travel Pass. Since 2007, a half carer's allowance is also available to people in receipt of another social welfare entitlement (Hanly and Sheehin 2017). In July 2018, a total of 77,424 people (about 40% of all informal caregivers) were recipients of the Carer's Allowance. This compares with figures recorded in 2001 where the number of recipients of the Carer's Allowance was 18,785 (Care Alliance Ireland, 2017).
3. Domiciliary Care Allowance- this is a non-means tested monthly payment of €309.50 paid to a caregiver for a child aged under 16 with a severe disability. The disabled child must need ongoing care and attention, substantially over and above the care and attention usually required by a child of the same age. Payment is not based on disability type but on the resulting physical or mental impairment. In July 2018, a total of 37,431 families (19% of all informal caregivers) were in receipt of the Domiciliary Care Allowance.
4. Carer's Support Grant- previously known as respite support grant - this non-means-tested grant of €1700 per annum is available to full time carers who may or may not be recipients of either the Carer's Benefit, Carer's Allowance or Domiciliary Care Allowance. The grant is no longer tied to respite support services and informal caregivers can exercise discretion regarding how they

wish to use the grant. In July 2018, the numbers in receipt of carers support grant were 122,000, about two thirds of all informal caregivers.

In summary, state payments to caregivers who stop paid work to care in Ireland are used to help defray the opportunity costs of caring. Although noted to be progressive and generous in their provision, take up of several of these payment schemes are low (Family Carers Ireland, 2017a). Similarities between Ireland and Germany are found in the Irish Carer's Leave Act and the German Family Carer's Leave Act, insofar as in both jurisdictions, caregivers are allowed a maximum of 2 years off work (104 weeks) to provide full time care. Differences include the fact that in Ireland the Caregiver Leave Act is generally linked to other direct income supports whilst in Germany no guaranteed income support is paid to informal caregivers. Differences include the fact that in Ireland there is a broader range of income supports available to caregivers who need to take time off work to care; some like the Carer's Allowance are means-tested and others like the Carer's Benefit, Domiciliary Care Allowance and Carer Support Grant are universal.

Examples of two initiatives in Ireland which have specifically targeted former carers by facilitating their return to the paid labour market after prolonged periods spent delivering home care services are 'ReturnIn' (see <https://www.irishtimes.com/business/work/linkedin-creates-10-jobs-for-career-break-returnees-1.3376507>) and 'the Second Impact Initiative' in Co Leitrim (see <http://www.rte.ie/radio1/the-business/programmes/2016/0917/817210-the-business-saturday-17-september-2016/>). These companies (one of which is international and the other family run) have a policy of hiring people including carers who have had prolonged periods of absence from the paid labour market. For a helpful account of how 'the Second Impact Initiative' benefitted one family caregiver – listen to the Podcast with Nancy Devlin.

4 Assessment of success factors and transferability

In this section I attempt to address the question of whether the recently introduced policy reforms in Germany for working caregivers could be transferred to Ireland. At the outset, it needs to be re-iterated that major differences exist between the two countries in terms of population size and density, country size, family structure, numbers of informal caregivers, and the provision and financing of long-term care services.

Regarding scenario 1- i.e. sudden need for short duration leave from work (10 days) with entitlement to a Carer's Grant- this policy reform would not work in Ireland since in its current format it is inconsistent with eligibility criteria for other Irish income supports such as Sickness Benefit where a requirement exists that payment to the recipient is withheld for the first 6 days of illness. To make the policy measure suitable for Ireland, the timeframe would need to change to 16 days with payment occurring from day 7 onwards.

Regarding scenario 2 and 3- i.e. elective need for more prolonged duration leave from work (up to 6 months)- (Caregiver Leave), or up to 24 months (Family Caregiver Leave) and be eligible to apply for an interest free loan - these policy reforms would not benefit Irish caregivers who can actually already take leave of up to 24 months and receive income support for their loss of earnings either through the Carer's Benefit Carer's Allowance or Domiciliary Care Allowance. To make the policy measure suitable for Ireland – a Carer's Benefit or Allowance would be required as opposed to an interest free loan.

Regarding scenario 4- i.e. elective need for workforce release of up to six months *for child support* even if the child is in institutional care- this policy reform would not benefit Irish informal caregivers of profoundly disabled children since they are already entitled to a Domiciliary Care Allowance if the child is under the age of 16 and to a

Carer's Benefit (if they need to take time off work to care). The issue of the child's residence may have some application to Ireland since one of the eligibility criteria for the Domiciliary Care Allowance in Ireland is that the child must be at least 5 days co-resident with the parent. To make this policy measure suitable for Ireland, a monthly payment would need to be made to the informal caregiver.

Regarding scenario 5- i.e. elective need for *short term release for terminally ill close relative* -employee can take up to 3 months off work if close first degree relative (as specified) is terminally ill – this policy reform would be of no benefit to Irish caregivers who can already exempt themselves from work under the Carer's Leave Act and receive income supports through the Carer's Benefit or Carer's Allowance or Domiciliary Care Allowance.

Family Carers Ireland (2017a) notes that the Irish Caregivers Leave Act has not been reviewed since its inception. They also note that Irish employers may be reluctant to embrace flexible working time for employees with full time care responsibilities. Consequently establishing an 'Independent Advisory Board' comprising different interest groups to oversee policy roll out in the area of reconciling work and long term care roles would be beneficial in Ireland.

5 Questions

- Who provides the interest free loan in Germany, the employer or the State?
- What is the maximum amount of money available through the interest free loan scheme?
- What proportion of the carer's salary is paid by the Carer's Grant for 10 days off work and who pays for this?
- Is the interest free loan available for short duration child support?
- Is the interest free loan available to people responsible for caring for a terminally ill first degree relative?

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Annex 1 Summary table

The main points covered by the paper are summarised below.

Situation in the peer country

- The Irish population is rapidly ageing –ageing along with other social, economic and cultural factors, including women’s changing roles in Irish society are placing increased demands on long-term care services.
- Irish Government policy favours home based care over residential care but Irish people have no statutory right to formal home care supports- this places a heavy reliance on family members, especially women to provide informal care services.
- Based on the most recent Census (2016) most Irish informal carers are women many of whom are middle aged and work in the paid labour market.
- Policies to support carers to take time off work to care have been in place in Ireland since 2001. These policy initiatives are considered progressive and generous in their provision but are not intended as payments for care but rather income supports.
- However there is low take up of Carer’s Leave and Carer’s Benefit and an absence of information available on employers’ attitudes to these policy initiatives.

Assessment of the policy measure

- The German approach to the provision of long-term care services and the economic and social protection of informal carers is very different to Ireland: it is based on a universal model of welfare and linked to a mandatory requirement that long term care social insurance contributions are made over a lifetime.
- German policy reforms for working carers appear progressive, however to make them more attractive and to heighten take up, they should be linked to more realistic guaranteed income supports.
- The short-term duration – 10-day release from paid work with a Caregiver Grant - and the more long-term workforce release to support a sick child or terminally ill first degree relative appear particularly useful.
- The establishment of an Advisory Board comprising different interest groups to oversee and monitor the roll out of this policy reform is most important.
- There is a compelling need for valid and reliable data to be collected on the take up of these new policy initiatives.

Assessment of success factors and transferability

- Based on preliminary data available on take up – the evidence remains weak that these German policy reforms have been successful.
- Aspects of several of the German policy reforms have potential to be applied to Ireland especially the short term workforce release & the establishment of an independent Advisory Board to oversee how policy reforms are being implemented.

- It is highly unlikely that Irish informal caregivers (mostly women) who need to take prolonged time off work to care would be eligible to apply for interest free bank loans.

Questions

- Who was sampled in relation to the INTERVAL survey undertaken on attitudes to policy reform?
- How is success and failure measured in terms of this policy reform?
- Is the Carer's Grant pay-related (linked with employee's weekly salary)?

Annex 2 Example of relevant practice

Short summary of a relevant policy practice/example, key fields indicated below (max. 1 page)

Name of the practice:	Carers Benefit
Year of implementation:	2001
Coordinating authority:	Department of Employment Affairs and Social Protection
Objectives:	To provide income support to informal caregivers during an extended period of leave (up to 24 months) from the workforce to enable them provide care services
Main activities:	Non-means tested income replacement support scheme linked to Carers Leave Act (2001). Pays €215 weekly Can be claimed for a maximum of 104 weeks, Recipient can work in the paid labour market for maximum period of 15 hours weekly and provided earnings are not in excess of £332.50 weekly
Results so far:	2018: 2692 informal caregivers (1.3%) of carers availed of Benefit

