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DG Employment, Social Affairs and Inclusion

Synthesis report

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

Germany, 24-25 September 2018



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1 Introduction

1.1 Background and purpose of the Peer Review

In Europe, the bulk of long-term care services is provided by informal carers or family carers, often unpaid family members or friends, supporting people of all ages with a wide range of needs arising from disability, illness or other life situations. In order to compare measures to reconcile work and care obligations for informal carers, a Peer Review on 'Improving reconciliation of work and long-term care' took place in Berlin, Germany, over the 24th and 25th September 2018.

The Peer Review offered the opportunity for a two-day discussion on Germany's - policy and legislative measures that help reconcile long-term care and work commitments for informal carers; it also enabled the sharing of policy approaches and practices of those Member States represented.

The Peer Review was hosted by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. In addition to German participants, government representatives and independent experts attended from the Czech Republic, Estonia, France, Ireland, Portugal, Slovenia and Romania; the European Commission and the network COFACE Families Europe (COFACE) were also represented at the Peer Review.

The Peer Review combined discussions around presentations on the thematic area and the varying care leave situations across Europe, with working group sessions where participants could collaboratively explore successes and challenges regarding care leave arrangements across those Member States represented.

1.2 European policy context

Policies that help foster work-life balance have long been prioritised by the EU. In addition to primary legislation, the Directives on Equal Treatment and Parental Leave (Bouget et al, 2017) provide an important foundation upon which to develop policies and legislation that adequately protect those with care responsibilities. Gender equality commitments have helped drive progress in the reconciliation of family and work commitments (European Commission, 2018).

The demographic and social changes that are being experienced across Europe provide important context to more recent policy developments at EU level. More specifically, the implications of an ageing population and accompanying decreased participation in the labour market are driving factors behind EU policies aimed at reconciling long-term care and work commitments.

The European Pillar of Social Rights (EPSR), proclaimed in 2017, is the European framework in place to help strengthen the EU's commitment to its social dimension. The EPSR consists of 20 social rights of every EU citizen across three categories: equal opportunities and access to the labour market; fair working conditions; and social protection and inclusion. Two of these principles¹, which are closely related, are geared at protecting informal carers with long-term care commitments. The first, 'work-life balance', allows all EU citizens the right to 'suitable leave, flexible working arrangements and access to care services'. It further stipulates that both women and men enjoy equal access to leave arrangements. The second relevant social right, 'long-term care', provides that everyone has the right to 'affordable long-term care services of good quality': these include both home-care and community-based services.

Delivering on the principles and rights defined in the EPSR is a joint responsibility of Member States, EU institutions, social partners and other stakeholders. The EPSR is

¹ Across the areas of fair working conditions and social protection and inclusion.

accompanied by a 'social scoreboard' to monitor the implementation of the Pillar by tracking trends and performances across EU countries feeding into the European Semester policy coordination process. References to caring responsibilities are included in the European Semesters' Country Specific Recommendations and the Country Reports include references to carers' leave arrangements.

After the Commission's withdrawal of its proposal to revise the Pregnant Workers Directive in 2015, and also in the context of the EPSR, further steps are being taken at EU level in the area of work-life balance policies. The Commission has put forward a Proposal for a Directive on work-life balance for parents and carers². The proposal foresees the introduction of an entitlement for working carers to take at least 5 days of leave a year, compensated at the level at which sick pay is paid. Further, it would allow all parents of children up to the age of 12, and carers, to request reduced and/ or flexible working hours, and flexibility in their place of work.

The negotiations process is ongoing: the European Parliament has suggested amending the Commission proposal so that carers' leave is paid above the level of sick pay (instead, at least 78% of the worker's wage), and that employers that refuse flexible working arrangements must do so on grounds that it would 'seriously disrupt the proper functioning of the establishment, or seriously and negatively impact on the business of the employer'³. The Council of the European Union has also contested the provisions of the proposal. In particular, it suggested to remove the references to minimum EU standards on the length and the level of compensation of carers' leave⁵.

2 The German approach to reconciliation of care and work

As in the rest of Europe, there are a growing number of people in need of long-term care in Germany, most of whom are cared for by relatives, and at home. Data from 2015 revealed that 2.9 million people in Germany needed long-term care, and 73% of them were being cared for at home. Regarding carer demographics, over 70% of caregivers are female (Pflegerreport, 2017) and 50% are aged between 45 and 65. Further, estimates suggest that around 50% of family carers work over 36 hours a week.

The Caregiver Leave Act (Pflegezeitgesetz, 2008) and Family Caregiver Leave Act (Familienpflegezeitgesetz, 2012) were further enhanced in 2015 under the Law on the 'better reconciliation of family, work and long-term care' (Gesetz zur besseren Vereinbarkeit von Familie, Pflege und Beruf). These together provide the legal framework for Germany's care leave policies. As such, these policies comprise three 'pillars':

- 1) The Carer's Grant: this is provided when an applicant's close family member⁶ needs sudden care support at short notice. The recipient of the grant is entitled

² European Commission (2017), Proposal for a Directive of the European Parliament and of the Council on work-life balance for parents and carers and repealing Council Directive 2010/18/EU.

³ The Commission would require only that employers justify any refusal.

⁴ European Parliament, 2018, 'Report on the proposal for a directive of the European Parliament and of the Council on work-life balance for parents and carers and repealing Council Directive 2010/18/EU'. (COM(2017)0253 – C8-0137/2017 – 2017/0085(COD)).

⁵ Council of the European Union, 2018, 'Proposal for a Directive of the European Parliament and of the Council on work-life balance for parents and carers and repealing Council Directive 2010/18/EU – General Approach'. 10291/18.

⁶ Close relative includes parents, grandparents, parents-in-law, step-parents, spouses, life partners, partners in a civil partnership, cohabiting partners, siblings, siblings-in-law, children, adopted or foster children, adopted or foster children of the spouse or life partner, stepchildren and grandchildren.

to a wage compensation benefit (around 90% of their gross income) that is limited to a duration of ten working days.

- 2) Caregiver Leave: this allows working caregivers the right to total or partial release from their employment for up to six months to care for a close relative in need of long-term care at home. Caregivers are also entitled to an interest-free loan to help support their loss of income during this time.
- 3) Family Caregiver Leave: this allows working caregivers the right to partial release from their employment for up to 24 months, with the requirement that they work at least 15 hours a week. As with the Caregiver Leave, an interest-free loan is available.

The Law on the 'better reconciliation of family, care and occupation' also broadened the concept of 'close relatives', by including step-parents, partners in a civil partnership, as well as spouses of siblings and siblings of the spouse, life partners of siblings and siblings of the life partners. There has been, however, a wider political discussion about the concept of family and if this could include friends or neighbours.

The passing of the Family Caregiver Leave Act necessitated the establishment of an independent advisory board on reconciling work commitments and long-term care (*Unabhängiger Beirat für die Vereinbarkeit von Pflege und Beruf*). This board consists of 21 representatives of welfare organisations, interest groups, senior citizen's organisations, statutory and private long-term care insurances, trade unions and associations of employers, and representatives of the federal states (*Bundesländer*) and the municipalities (*Kommunen*). The main objectives of the Board are to monitor how the regulations are implemented, and how efficient they are, to stimulate more discussion on the topic, and to deliver a report every four years to the Federal Ministry. The first report will be delivered on 1st June 2019.

According to the "Mikrozensus 2017" survey it is estimated that about 82,000 carers made use of the Caregiver and the Family Caregiver leave in 2017. The take up of the interest-free loan to accompany Caregiver Leave or Family Caregiver Leave has been limited: there have been 1008 applications and 801 approvals since its introduction in January 2015. Due to the low take-up of loans other compensation models, such as for example 'budget models', 'wage compensation models' or models offering a fixed amount of working time per month, can be taken into consideration.

In addition to these three provisions, a caregiver can receive partial or complete release from work for up to six months to provide long-term care for a child; this is even possible if the care is provided in a residential setting, not at home. In the case of one's close relative entering the last phase of their life, caregivers are permitted to partial or complete release from work for up to three months. The Family Caregiver Act foresees a partial release from work for a child in need of long-term care.

The size of the caregiver's company will affect the specific leave arrangements available to them. The Carer's Grant is available to all caregivers irrespective of the size of their company; however, one is not legally entitled to Caregiver Leave if the caregiver's company employs 15 or fewer people. A caregiver is not entitled to the Family Caregiver Leave Act if their employer has 25 employees or fewer (including those employees undergoing vocational training).

3 The challenges and needs of informal carers

Currently, about 80% of all care work in Europe fall on informal carers. Family carers, who are mostly women aged between 35 and 64, often have multiple caring responsibilities, for example for their own children, but also for an elderly parent.

As the COFACE Families Europe's study "Who cares?"⁷ on the challenges and needs of family carers with over 1,000 respondents from 16 European countries reveals, one out of three carers provides very high intensive care (56 hours/week), which may lead to complete withdrawal from the labour market and thus also reduced or no payment of pension contributions resulting in a higher risk of poverty in old age. In Germany, for instance, three-quarters of the 2.8 million family carers are women. In France, 57% of informal carers are female. This figure increases to 82%, when caring for a disabled child. Women may thus be at greater at risk of poverty later in their lives; the critical threshold being 20 hours and more of caring responsibilities per week.

Providing informal care can have negative impacts on female labour market participation, in particular, given that more women than men assume responsibility for providing informal care. In Estonia, 30 000 women have caring responsibilities in comparison to 14 000 men. Women in general are underrepresented in the labour market: currently, there is an 11% gender gap in labour market participation across the EU. 50% of the carers have a paid job, albeit often part time. Indeed, flexibility of care arrangement may be a trap for women, who get caught up in flexible and part-time arrangements in the long run.

73% of informal carers across Europe do not receive any financial compensation for their caring role, and almost two-thirds do not access any kind of benefits. If benefits are taken up, women tend to opt for this option as their income is less compared to their partner or spouse. One out of three respondents to the COFACE study find it difficult to make ends meet and 43% of family carers develop a health problem. In addition, family carers are prone to isolation and social exclusion as a result to their caring role.

Although the need for training and support for family carers is high, these services are only insufficiently available: Only 1.3% of family carers receive regular psychological support and only one in six has access to respite care at their place of living. Only 11% of family carers participating in the study by COFACE reported availability of sufficient support service. Two-thirds have never been offered the opportunity to take part in any training or skills development.

Testimonies from family carers highlight the impact of the caring role on the professional and personal life:

'Combining work with family care is very complicated. There is a rejection, and total incomprehension for the situation you are suffering from.' (Spain, female, aged 35-44)

'The biggest challenge we face is the constant fear of getting sick and not having anyone to replace me.' (Portugal, female, aged 35-44)

'You cannot imagine the sacrifices that we make, we even sold our house to be able to pay for the assistive devices that were not reimbursed.' (France, male, aged 55-64)

4 Measures to reconcile family care and paid work

Across the EU, there are national differences how long-term care is defined, funded and organised and some countries rely more heavily on informal carers than others. Especially the availability, affordability and quality of formal care service has a huge impact on the ability of carers to remain in work.

To improve the situation of informal carers, certain aspects have been identified to better support them, including: financial remuneration of care work, flexible work arrangements and the right to part-time work, carer's leave, coverage of social

⁷ Available here: <http://www.coface-eu.org/disability/study-who-cares-in-europe/>

security (pension credits) for care time, training in caring and staying healthy, better access to information and simplified administrative procedures, and, finally, better access to community-based services as well as respite care to allow for breaks in caring.

Three categories of measures directed to informal carers to reconcile family care and paid work commitments were discussed in depth during the Peer Review: care leave arrangements, workplace arrangements and assistive technology. They are outlined below, in the context of both the current situation across peer countries, and potential challenges that emerged during discussions amongst participants.

4.1 Leave arrangements

Leave arrangements available to informal carers differ widely across Member States. In terms of eligibility, there are variations as to who qualifies as a caregiver or care receiver (and of the significance of their relationship), and what qualifies as care. This has both qualitative and quantitative implications for data availability and comparability. The lack of a definition of 'informal carers' in legislations was raised by Estonia and Romania. It was also emphasised that the assessment of care needs highly impacts on family carers. It is, for example, crucial if cognitive impairments are considered when assessing care needs and thus granting support.

Depending on the care needs, the duration for which care leave is available also varies: from 3 working days to 24 months, across Member States. Participants noted that caregiving is not always a continuous process – it's duration is mostly unpredictable and acute events can lead to real crises. Ideally, leave arrangements thus need to accommodate sufficient levels of flexibility.

In terms of financial support, short-term leave arrangements are often compensated, while long-term leave arrangements are not paid for. A paid short-term absence from work to organise care for a family member or take care of a close relative in sudden need, such as in Germany, seems to be a viable solution for employers and employees. Especially long-term leave arrangements might be a way forward to stay attached to the labour market because it provides people with the guarantee to be able to return to their job as leave is over. However, next to the question of income compensation, the need for long-term care might often last longer than the regulated leave arrangements and or may occur more sporadically. Especially in southern and central European countries there is extensive dependence on family care-giving and carers face difficulties to remain in paid work due to a lack of long-term leave arrangements and formal support services.

Most countries do have carer-specific employment protection as well as working time flexibility during leave arrangements.

An overview of the leave arrangements available to informal carers across those Member States represented at the Peer Review, regarding their eligibility criteria, the duration for which they are available, the financial support they provide, and their flexibility, are presented below.

Table 1. Features of leave arrangements across participating Member States

MS	Eligibility	Duration	Financial support	Flexibility
EE	Leave to care for an adult with a profound disability			
	Care recipient must be a relative in ascending or descending line; brother, sister, half-brother or sister; spouse or registered partner; guardian.	5 working days of paid leave.	In accordance with the minimum wage that has been established by the Employments Contracts Act.	Depending on municipality.
	Child leave for a disabled child			
	The caregiver is the parent of a disabled child.	Between 3-6 days leave depending on the age of the child.	Payment is based on care giver's average wages.	In addition to standard child leave, care giver is entitled to 1 day of leave per month until the child is 18 years old.
FR	The Health Insurance Act			
	The need to provide care for a child or family member. Care giver must be insured.	The care giver is entitled to the grant for between 7 – 60 days dependent on the age of the child/ disabled person receiving care.	Short-term benefits for temporary incapacity of work	Depending on municipality.
FR	Adaption of Society to Aging			
	Family caregivers include relatives of the dependent care receiver; this does not need to be a relative.	Financial assistance is paid over the course of a year. The right to respite can be activated when the ceiling of the assistance plan for the beneficiary of the personalised autonomy allowance (APA) is reached. The right to respite can then be financed up to a maximum of €500 per year to finance solutions to replace carers.	Maximum assistance of €500 per year and/ or help to finance temporary accommodation, day care or additional home support.	Leave can be split or transformed into a period of part-time work, subject to agreement of employer. Leave is also available to caregivers of dependents living in institutions.
DE	Carer's Grant			
	Care recipient must be in an acute care	Up to 10 working days.	Carer's Grant is paid at 90% of gross	Payable for up to 10 working days per care

MS	Eligibility	Duration	Financial support	Flexibility
	situation. Eligible for parents, grandparents, parents-in-law, siblings, etc ⁸ ; not friends, neighbours, aunts or uncles.		salary.	recipient.
	Caregiver Leave			
	Care recipient must be in need of long-term care. Eligible for parents, grandparents, parents-in-law, siblings, etc ⁹ ; not friends, neighbours, aunts or uncles.	Up to 6 months (with no interruption). Complete or partial release from work for up to 6 months to care for a child in need of long-term care also outside the household.	Interest free-loan.	Partial or complete release from work for up to 6 months. (or 3 months for the last phase of life)
	Family Caregiver Leave			
	Care recipient must be in need of long-term care. Eligible for parents, grandparents, parents-in-law, siblings, etc ¹⁰ ; not friends, neighbours, aunts or uncles.	Up to 24 months (with no interruption). Partial release from work for up to 24 months to care for a close relative in need of long-term care or child in need of long-term care. (also outside the household)	Interest free-loan.	Partial release from work for up to 24 months.
During the last phase of life of a close relative, employees are allowed to take time off partly or completely for up to three months.				
IE	Carer's Benefit			
	Care recipient must be assessed as in need of long-term care (also in the future) of 16 hours weekly. Relationship to care recipient not specified.	A maximum of 104 weeks.	Non-means tested income replacement support scheme: €215 a week.	Recipient can work (up to 15 hours) provided the income is less than a weekly income limit set by the Department for Social Protection.
	Carer's Allowance			
	Available to people on a low income who wish to provide full time care to a person needing support because of age, disability, physical or	Indefinite period.	Means tested income replacement. support scheme: €214 a week; recipient may also qualify for free household	Recipient can work up to 15 hours.

⁸ See footnote 4 for full list.

⁹ See footnote 4 for full list.

¹⁰ See footnote 4 for full list.

MS	Eligibility	Duration	Financial support	Flexibility
	mental illness. Relationship to care recipient is not specified.		benefits (if co-resident with the person being caring for) and a Free Travel Pass.	
	Domiciliary Care Allowance			
	Available to a caregiver of a child under 16 with a severe disability. Relationship to care recipient is not specified.	Indefinite period.	Non-means tested monthly payment of €309.50.	
Absence for the Care of a Child				
PT	Care recipient must be close family: by first degree, or second degree if holding parental responsibilities.	Up to 30 days per year for the parents, depending on age of child. In the public sector this is paid (in addition to 15 days unpaid); in the private sector this consists of 15 days unpaid. If child is under 12, parents entitled to up to 30 days.	Payment at 65% of caregiver's wage	Entitled to flexible working hours
	Carers of a disabled child			
	Care recipient must be close family: by first degree, or second degree if holding parental responsibilities.	Parents of a disabled or chronically ill child – up to 6 months, extendable to four years.	Payment at 65% of caregiver's wage	Parents of a disabled or chronically ill child under age of 12 can reduce their work schedule by 5 hours per week; once parental leave has been used, parents can work part-time or under flexible hours, regardless of age of child.
Carers of the severely disabled				
RO	Dependent people with severe disabilities have a right to a personal assistant with formal employment status. Personal assistants can be (and mostly are) family members. As an alternative, there is the carer indemnity to the family.		A personal assistant received RON 1,313/month in 2015. The carer indemnity was RON 956/month in 2015.	Personal assistants have 20 days of annual leave granted. There is no leave provision for the carer indemnity.
	Carers of children with disabilities			
	Parents, the payment depends on the previous income.	Until the child turns 3, with the possibility to opt for another four years, up to the child's seventh birthday.	85% of the average net income earned during the last 12 months of employment (but not less than 600 RON/month, and not higher than 3,400 RON/month). After three years, it is around RON 450/month until the child	Reduced working hours (four hours a day) until the child turns 18. Annual leave is maximum 45 calendar days, with a possible extension to 90 days under special medical circumstances.

MS	Eligibility	Duration	Financial support	Flexibility
			turns 7.	
	Sick leave to care for a family member			
SI	Insured persons are entitled to take leave to care for family members (children, spouses, other relatives) in the case of illness.	Depending on the health condition of the relative.	Means-tested financial aid for those without income, or with income below the minimum wage. Non-means-tested Assistance and Attendance Allowance.	

Peer Country Papers from the Peer Review on "Improving reconciliation of work and long-term care". Germany, 24-25 September 2018.
Discussions at the Peer Review on "Improving reconciliation of work and long-term care". Germany, 24-25 September 2018.
Bouget, D., Spasova, S. and Vanhercke, B. (2016)

4.2 Arrangements at the work place

Next to the organisation of welfare and long-term care systems, national labour market policies impact on the ability of family carers to remain or regain employment. While the right to flexible and part-time working exist across a range of countries, the ability to reconcile work and care depends hugely on the amount and type of care needed and work arrangements at the work place.

In addition to leave arrangements, workplace flexibility is a vital way to enable informal carers to reconcile work and care commitments. Presently, there are a broad range of approaches to work place arrangements across Member States. They include the potential for flexible leave (such as spreading out or condensing work hours, or sharing them with a colleague) and the right to request part-time work.

A variety of work arrangements across Member States were discussed. In Estonia, the Ministry of Social Affairs has put forward proposals to the Employment Contracts Act (2018) that would make work arrangements more flexible (Tarum, 2018). These proposals, although not directly referring to care giving needs, could offer the potential to help reconcile the work and care commitments of carers by allowing employee requests to work part-time or along a more flexible schedule. If accepted, they would ensure that employment contracts specify a minimum and maximum set of working hours (to be defined between employee and employer at the commencement of employment) and to allow for the existence of a 'independent decision-making employee', who has a different working schedule to their colleagues (Tarum, 2018). In France, adoptions made to the Labour Code were cited as one way in which employers are now able to help carers in their responsibilities; the adoptions relaxed rules regarding working offsite company premises (Diallo & Froudiere, 2018).

Additionally, some work places have fostered a carer friendly workplace environment to try and accommodate the various needs of care givers, while flexible retirement and support to (re)enter the labour market after a period of absence to undertake care duties are another way in which employers can help reconcile the work and care commitments of their employees. There are several individual employers that have developed good practices to help their employees to reconcile work and care:

- In Ireland, two notable examples were presented, evidencing how employers can help assist carers in returning to the labour market after a period spent in caring: the 'ReturnIn' programme run by LinkedIn, and the 'Second Impact Initiative' offered by a local organisation in County Leitrim (Cahill, 2018). 'ReturnIn' will create 10 jobs that are available to care givers (of children or another family member), and in addition to the position, LinkedIn will offer additional training and monitoring as part of the scheme to ensure that the carers' transition back into the workplace is organised smoothly (O'Brien, 2018)¹¹. A representative of the organisation said the reasons behind its implementation were down to needing to recruit skilled workers, a desire to assemble a diverse team, and to help overcome economic barriers faced by carers and carers returning to work (O'Brien, 2018).
- The UK initiative UK for Carers is a group of over 100 employers committed to working carers and is backed-up by the specialist knowledge of Carers UK. Their key purpose is to ensure that employers get support to retain and manage employees with caring responsibilities. Carers UK provide practical advice for employers seeking to develop carer friendly policy and practice, i.e. to retain skilled workers, to promote the business benefits of supporting carers

¹¹ <https://www.irishtimes.com/business/work/linkedin-creates-10-jobs-for-career-break-returns-1.3376507>

in the workplace and to influence government. The general aim is to create a corporate and employment culture which supports carers in and into work.

- The Estonian award for family friendly employers has been established to create competition among companies in terms of raising awareness for a family-friendly corporate culture. While the contest provides welcome publicity to the winners it has been underlined that such an award needs to consider all caring responsibilities more equally.
- The German 'Care Box' (Pflegekoffer) that provides practical guidance for employers and employees.

An overview of current legislation in place regarding flexible working conditions across those participating Member States is presented in the table below.

Table 2. Overview of current legislation on flexible working conditions across participating Member States

MS	Flexibility in working schedule	Flexibility in place of work	Reduced working hours
CZ	Yes – conditional; linked to parenthood. Available for workers with children up to 15 years of age. Further rights can be agreed with employers. Employer may refuse for serious operational or business reasons. No compensation. Employees who take care of a child younger than one year may not be required by the employer to work overtime.	No – unless specified in collective agreement. Act No 262/2006 Coll., Labour Code, as amended, section 317 enables the use of other forms of work organisation by employees not working in the employer's workplaces, but there are no special rights for parents or carers.	Yes- conditional; linked to parenthood. Entitlement to request flexible working hours for pregnant women or parents with children up to the age of 15 years. Employer may refuse for serious operational or business reasons. No statutory compensation for reduced working hours. Employees who take care of a child younger than one year may not be required by the employer to work overtime.
DE	No – unless specified in collective agreement or works agreement. Working patterns and the location of the working time during the week are subject to collective or work council agreements as are working hours (start and end times of work, breaks, location and distribution, changes in weekly working time, holidays and flexible work)	No – unless specified in collective agreement or works agreement	Yes – conditional. The right is not associated with parental leave and is open to all employees. An employee may request a reduction in working time when returning to work under Section 8 of the Part-time and Fixed-term Employment Act. However, reductions in working time after parental leave are not covered by law. Request for reduced working hours can be made by any worker in companies of more than 15 employees and that the employee(s) have worked for more than six months. In addition, it has to be ensured that reductions in working time are not causing a considerable impairment to the company. Change is permanent. No right to return to previous hours. No compensation for reduced working hours. Discrimination prohibited. Parental leave can be used flexibly (reduced hours) with an automatic right to return. Employees can reduce their hours for up to three years after the birth of a child while retaining the legal right to return to full-time work afterwards. No financial compensation.
EE	Yes – procedural ¹² ; linked to parenthood. No financial compensation.	No	Yes – procedural; linked to parenthood. No financial compensation.

¹² Procedural rights describes the mechanism for the enforcement of legal rights.

FR	No, but many collective agreements provide access to flexible working schedules.	No	Yes – procedural; not linked to parenthood. Not just restricted to parents. Right to request reduced hours. Employers may not grant such requests.
IE	No – only by agreement between employer and employee.	No – unless specified in collective agreement	Yes – procedural; linked to return from parental leave.
PT	Yes – conditional ¹³ ; linked to parenthood. Flexible schedules can be requested by workers with children under 12.	Yes – conditional; linked to parenthood.	Yes – conditional; linked to parenthood. Employees are entitled to submit a request to switch from full-time to part-time work and vice-versa. Employers must consider requests from employees but may deny them. No compensation provided.
RO	No	No	No – unless specified in a collective agreement.
SI	No	Yes- procedural; linked to parenthood.	Yes – procedural; linked to parenthood. Right to request available to parents of children under 3. No financial compensation.

ICF, 2017, 'Study on the costs and benefits of possible EU measures to facilitate work-life balance for parents and care givers'.

(Re-) integration into the labour market

Many informal carers would like to (re-)integrate into the labour market after longer periods of caring for a relative. There is thus a need for training, the recognition of skills obtained while caring and support when returning back to work. One way to reconcile work and caring responsibilities is to raise awareness amongst employers on the needs of employees that are also family carers. The German Federal Ministry for Families, Seniors, Women and Youth, together with the umbrella organisations of the German industry (BDA, DIHK and ZDH) and the German Federation of Trade Unions (DGB), has established a network and a programme called Erfolgsfaktor Familie (Success Factor Family) with the aim to encourage employers to create family-friendly environments in their businesses and to facilitate the reconciliation of work, family life and caring responsibilities. Currently, the network has almost 7,000 members.

One of the tools used by the experts working to raise awareness amongst employers as well as employees is the Persona-Method: it allows participants to put themselves into the situation of family carers as to better imagine the difficulties they may face in living up to their caring responsibilities while maintaining employment, and this in various situation. Some examples are showcased below:

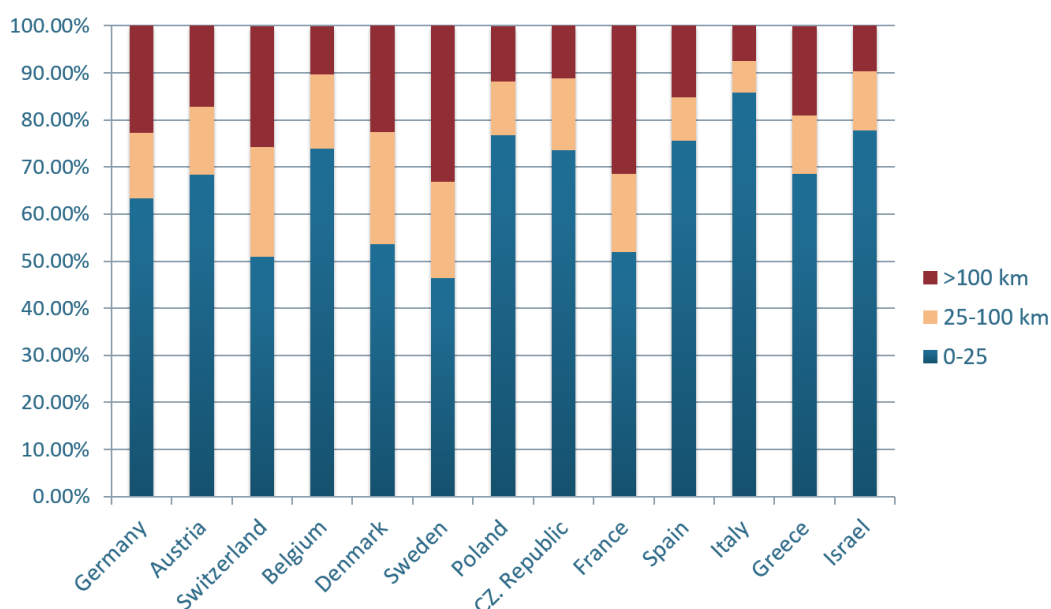
¹³ Conditional right to be subject to a justification or a condition.

4.3 Distance care giving and assistive technology

Distant care giving

The high number of care recipients who are supported at home by informal carers, coupled with the fact that around 70% of informal carers in Germany are still active in the labour market (Statistisches Bundesamt, 2014), is a specific feature characterising the context of care giving as a traditionally female activity as unpaid work in the family. This tradition has been challenged by changing family structures, increased female labour market participation and rising mobility resulting in increasing geographic distance between family members. For instance, the Survey of Health, Ageing and Retirement in Europe (SHARE) revealed that 15-30% of Europeans lived over 100 kilometres away from their mother (Franke et al, 2018). A rising area of concern is therefore what has been labelled as 'long-distance care giving' or being a 'carer at a distance'.

Living Distance to the own mother (SHARE, Wave 6, 2015)



Source: Franke et al., 2018

Defining what constitutes 'long-distance', and what constitutes 'care' is important to understand the needs of distance carers. Academic suggestions on what constitutes geographical distance range from a minimum of 16 to 96 kilometres (10 to 60 miles), while time spent travelling may range from a minimum of 30 minutes to over 2 hours, or even a full day trip (Franke, 2018). The broad variety of definitions certainly presents a challenge for related research. However, as care tasks of distance care givers are mainly characterised by management, monitoring and emotional support, rather than by hands-on care, a broader, more encompassing definition of care is appropriate. The 'Distance Caregiving' project, funded by the German Federal Ministry of Education and Research, therefore focuses on what the caregivers themselves recognise as a burden, and what the individual comprehends as 'distance', rather than presenting a set of predefined terms.

The 'Distance Caregiving' project was implemented in 2016 as a 3-year project. Its key-objectives are to explore the challenges facing distance carers, and the implications this has for their wellbeing, their family relationships and social networks. Another objective is to identify labour market and healthcare strategies to help foster

the carer's workplace continuity. The average age of the distance carers included in the study was 49 and the average distance they lived from the care recipient was 326 km (this equates to a four-hour journey on average). 43% worked full-time, 50% were part-time workers and 7% were retired. The number of hours spent caregiving were on average 39 per month for all those in the sample, but 26 hours on average for those working full time. Distance carers were found to typically enjoy a high socio-economic status (Franke, 2018).

The identified health implications for distance carers are mixed. Distance carers report better sleeping patterns and opportunities for leisure activities and 'private retreat' than family carers living close to or with the person in need of care. However, they also revealed high levels of stress as well as feelings of guilt and anxiety, including issues relating to the time and money involved in distance caring (Franke, 2018). The distance from the care recipient means that local networks upon which the carer can rely for support are hugely important. From the perspective of the employer, the implications of having employees with distance care duties include a higher rate of absenteeism and sick leave, reduced working time, and a lack of concentration and productivity.

Distance caregiving is an important, though rather neglected component of a broader debate on improving the reconciliation of work, family and care commitments (Franke, 2018). Technology can play an important role in the context of distance caregiving, though there is scope for further improvement (see below). Similarly, the fact that long-term care needs may occur sporadically and responsibilities don't end once a care recipient enters a nursing home must be considered when attempting to understand the nature and implications of distance care.

Assistive technology

There are a broad range of assistive technologies which can help reconcile work and care commitments; while some have been utilised by both care givers and care recipients for some time, others have emerged only more recently. Assistive technologies, as defined by the World Health Organisation, refer to the 'systems and services related to the delivery of assistive products and services', which aim to 'maintain or improve an individual's functioning and independence, thereby promoting their well-being'.¹⁴

Assistive technologies can be broadly categorised into two groups: those that support care-giving duties and reduce the need for help; and those that support care givers in employment (Glendinning, 2018).

There are a variety of assistive technologies that have the potential to offer support to care giving duties which could benefit both the care recipient and care giver. These include ICT-based services (instant messaging support; healthcare apps; diary apps), sensor technologies (intelligent washing machines and driers; virtual, intelligent speech recognition systems; medication dispensers), robotics (emotional and social robots; robotic kitchens) and video games (tutorials; serious games) (Klein, 2018). It is assumed that these technologies can assist an array of care activities, from nursing care services and assistance and meal provision, to medical-therapeutic treatments and emotional support.

¹⁴ <http://www.who.int/news-room/fact-sheets/detail/assistive-technology>

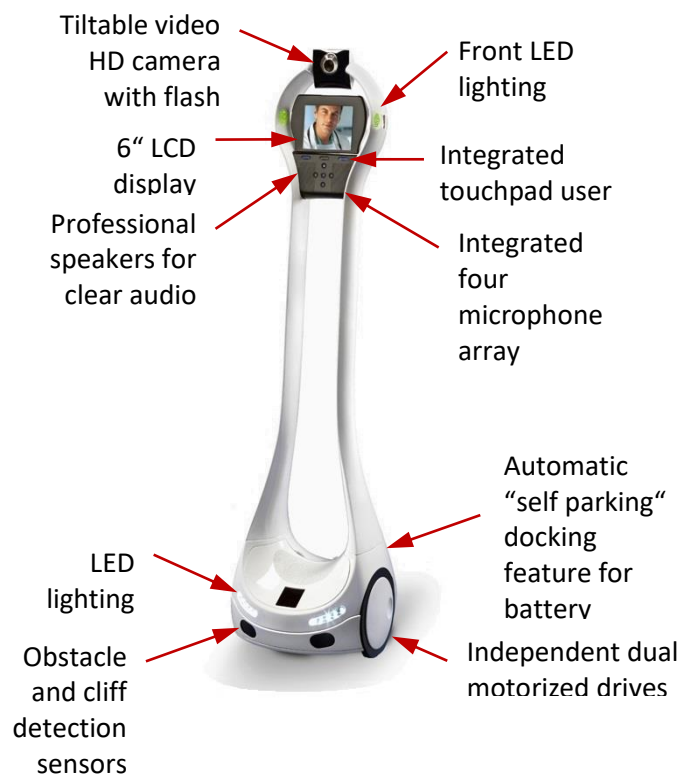


Three scenarios were presented that aimed to explore the different ways in which assistive technology may support the provision of care. The first outlined a situation in which the daughter of a care recipient with epilepsy reconciled some of her work and care commitments using an internet protocol (IP) camera. Having IP cameras located around her mother's house meant that the daughter could check from work on her mother's welfare,

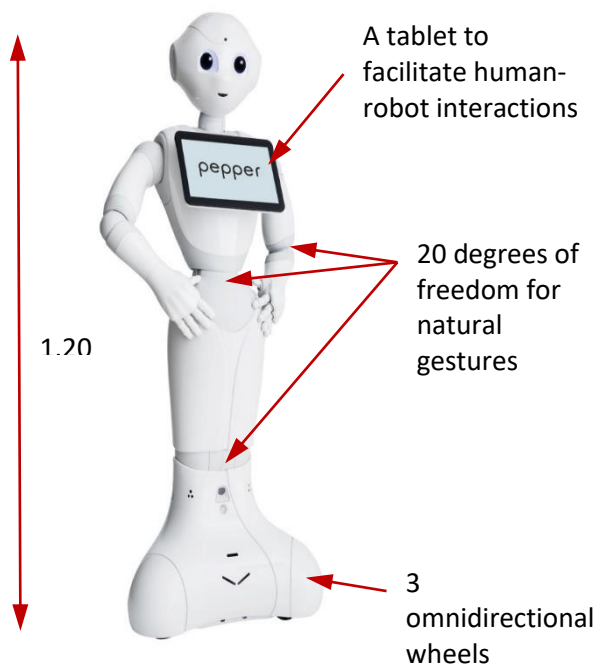
Source: Klein, B., 2018

thus benefiting both the mother's safety and the daughter's anxiety. Potential limitations lay in the fact that this situation would require self-discipline on the daughter's part to regularly check on her mother, and in the acceptance of a rather reduced privacy on the part of the mother.

A second scenario presented an older man living on his own, at a considerable distance from both his son and his family, and his doctor, and facing a range of health impediments that further confound his isolation. A proposed solution to this scenario was the use of a telepresence robot, with an integrated HD camera, LCD display and motorised drive, to enable the care recipient to communicate with his family and interact with them: this could help maintain familial closeness and help limit the care recipient's isolation and his son's anxieties around his father's welfare. Limitations to the proposed solution included the reliance of the interactions on internet connection, and the costs of the technology.



Source: Klein, B., 2018



The third scenario considered an older woman beginning to face mild cognitive impairment, whose children live far away but want to support her as much as possible. A semi-humanoid robot, Pepper, was then demonstrated to the Peer Review participants. The use of such a robot in the scenario presented was intended to provide an interesting programme of activities to stimulate the care recipient and support daily activities, while also reassuring the informal carer and helping provide information on the care recipient. Challenges in the robotic intervention for mild cognitive impairment included the need to maintain a robot, reliance on internet connection and the necessary costs involved.

Peer Review participants raised concerns. These included whether such technology would be accepted by older care recipients, especially those with cognitive impairments, while the fact that the robot presented had a child-like voice was seen as problematic for potentially infantilising

Source: Klein, B., 2018

older care recipients. Other challenges relate to the issue of data protection, especially in the context of new technologies the risks of which have not yet been fully gauged. Further, it has been highlighted that research into the effects of tele-care (home security, virtual visiting, etc.) seems to have focused on people with dementia and their carers (Glendinning, 2018), with still a large gap in evidence-based research in many other areas. While some evidence of the improvement to carer's morale and anxiety has been identified in studies on the provision of tele-care, a notable reduction to the physical demands of caregiving, or improvements to the quality of life of caregivers, has yet to be discerned (Glendinning, 2018). It is widely agreed that there is a need for more research across a range of areas related to assistive technology (Klein, 2018).

5 Conclusion

In addition to the possibilities for participants to respond to presentations made over the two days, the Peer Review offered the opportunity for more direct peer-to-peer collaboration through different working group sessions. These were broadly aligned with the topics discussed throughout the Peer Review: the types of leave arrangements that can help informal carers balance work and care obligations, successful flexible work arrangements and how assistive technology can be used to balance work and care obligations.

When discussing leave arrangements, it is important to underline that care is mostly provided long-term for months or years, and its end point is not foreseeable as, for instance, with child care. The need for care is in many cases also sporadic and not linear. In addition, care responsibilities often include a gender bias; as it is women who have typically availed of care leave arrangements. It was anticipated that women will continue to do so at a far higher rate than men unless policies include provisions to counteract these gender-related aspects. As men earn more on average than women, offering greater financial support as part of a care leave arrangement might

be a way to meet this potential loss of income when a family member needs to, chooses to or is obliged to perform care commitments. Additionally, some informal carers are not even aware that they perform this role. This presents a significant challenge: if informal carers are unaware that they are carers, they will not avail of services that may be supportive of their situation. Given the lack of data about carers, estimates are often based on administrative data obtained by targeted service provision which, again, ends up in underestimated numbers as many carers do not even know about these services.

Work arrangements vary not only from country to country but also from employer to employer. Good practices and potential solutions have been established by some employers that strive to ensure flexible work arrangements: workplace flexibility can be enabled, for instance, by permitting teleworking, 'flexitime' and shift swapping between employees. Showcasing good practices of employers, as well as peer support, might be a way to engage more employers in measures to reconcile work and care obligations of their employers.

The Peer Review offered the opportunity to get acquainted with **recent developments in the fields of artificial intelligence and robotics**, and other assistive technologies to support the provision of long-term and long-distance care. There are several benefits of assistive technologies, especially when considering the increasing need for long-distance care giving. However, there are also concerns about acceptance, ethical issues and data protection. Most participants agreed that, while assistive technology can help support care giving duties, it cannot replace the hands-on quality care that is offered by a human: be it a family member, a neighbour or a professional carer.

6 Recommendations from the Peer Review

Although this Peer Review discussed measures targeted directly towards informal carers, their possibilities to balance work and care obligations depends hugely on national long-term care systems and labour market policies.

The range of specific measures that support informal carers can be categorised by those that are direct (supporting and improving informal care provision/delivery) and those that are indirect (improving the context of informal care). Direct measures include leave and flexible working arrangements entitlements, education and training to informal carers to enable that they stay in, or can re-enter, the labour market (this could include to formally recognise skills honed through caregiving). They also include providing information to caregivers, care receivers, and employers about the rights of all stakeholders concerned. Indirect measures include increasing financial support and ensuring that carers' rights receive legal recognition. Overall, discussing direct and indirect measures highlighted the following recommendations from this Peer Review:

- There is a need for cultural change in society and at the workplace via an open dialogue about care and ageing issues, addressing stigma in caring for a relative in need of care. Ageing and care obligations need to be addressed in a wider societal dialogue. This will help to make carers, employers and the wider public more aware of existing measures that help to balance work and care, but also to start a dialogue on further improvements.
- More information and data are needed about the take up of care leave.
- A holistic approach to care that considers a range of individual needs of the carer and the person in need of care is necessary. This includes flexible and long-term leave arrangements and work arrangements, income support and also emotional support for carers and care receivers, such as psychological support, befriending opportunities, respite care or peer support can support families.

- Employers should provide comprehensive information on existing care leave provisions, the type of support available to their employees, and on their rights and entitlements.
- Employers could develop an infrastructure that supports the everyday needs of carers, such as through day-care service provision for working parents, or psychological service provision to deal with the emotional burden of caregiving. Social partners and other relevant stakeholders, such as non-governmental organisations or municipalities, could be consulted to help negotiate workplace protection schemes for caregivers.
- Ensuring the statutory payment of pension and social security contributions was seen as an additional good practice by select social security systems, as well as the possibility to transfer holiday entitlements between colleagues. This could be further incentivised by legal or collective bargaining regulations.
- As long-distance care giving might increase in many countries, assistive technology has the potential to support people in need of long-term care and their families. In addition, technological progress and increased digital skills may also support a more widespread use of assistive technology at work and at home. However, this cannot compensate for human support and help.

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