



Peer Review on “Work-Life Balance: promoting gender equality in informal long-term care provision”

Thematic Discussion Paper

Online, 3-4 December 2020

DG Employment, Social Affairs and Inclusion



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1 Introduction

1.1 The Thematic Paper

This Thematic Paper aims to complement the host country Discussion Paper (on Germany) and place its topic within the European Union (EU) context. Section 1 presents a brief summary of the host country paper. The broader policy context regarding employment, long-term care (LTC) and work-care reconciliation and work-life balance in the EU is then outlined (Section 2); here relevant reports of the European Social Policy Network (ESPN) and other European and international sources are drawn upon. Section 3 provides examples of approaches taken to address work-life balance in EU Member States, and considers their impact on promoting gender equality in the provision of LTC. The examples chosen include measures to encourage a more equitable distribution of care; company-level work-care reconciliation policies; and initiatives that aim to build support for carers into national LTC infrastructure. A summary of common challenges and good practices (Section 4) follows, and the paper's conclusions are summarised in Section 5.

1.2 Main points from the host country Discussion Paper

The host country discussion paper 'Work-life balance: promoting gender equality in long-term care provision' highlighted the following points. In Germany:

- A growing number of people require, or will require, LTC;
- The LTC system is heavily dependent on almost five million (mostly female) family carers - among them, about 65% are people of working age;
- Increasingly, carers are people in paid work; many experience pressures, linked to incoherent policies, that cause them to cut their hours or quit their jobs, with damaging consequences for their incomes, careers and pensions;
- The 'Gender Care Gap' is not closing¹.

These points regarding Germany are also applicable widely across the EU. Rising demand for LTC and its link with trends in population ageing is well established in most EU Member States, and has been widely discussed (European Commission, 2020; Eurostat, 2020a; Glendinning, 2018; OECD, 2020). LTC systems in Member States, and elsewhere, rely heavily on unpaid carers and on female labour (Colombo et al., 2011; Eurofound, 2018; ILO, 2018; Zigarette, 2018); OECD, 2020). There is also a notable gender care gap EU-wide (European Commission, 2017a), with damaging individual and societal consequences (Eurofound, 2016) - albeit a gap that targeted policy measures could potentially narrow (European Commission, 2015; Eurofound, 2015; Naldini et al., 2016). The discussion paper on Germany also describes legislative and other actions taken there in recent years to tackle and deepen understanding of these issues. Of particular note:

- Germany has enacted significant legislation on reconciling paid work and LTC: the Caregiver Leave Act, 2008; the Family Caregiver Leave Act, 2012; and the Act to Improve Reconciliation of Family Care and Work, 2015.
- An Independent Advisory Board on Work-Care Reconciliation (IAB-WCR) was set up in 2015. It commissioned new studies to fill gaps in evidence, including on the impact of the new laws, and published a 'first' report in 2019 (IAB-WCR, 2019).

¹ The Gender Care Gap is the difference between time spent on unpaid care work by women and by men, and has implications for the time available for other activities, including paid work (Federal Ministry for Family, Senior Citizens, Women and Youth, 2020).

The IAB-WCR's recommendations relevant to this Thematic Report include the need for:

- Better public awareness of the situation and needs of family carers who work;
- LTC to be seen as a societal responsibility;
- Support for carers, so they need not leave their jobs (temporarily or permanently);
- Measures to promote gender equality in reconciling work and care, including:
 - (for government) abolishing negative incentives in social and taxation law; and
 - (for employers) taking a more pro-active approach in work-care reconciliation.

2 Policy context

Here the broader employment, LTC and work-care reconciliation policy context in the EU is presented drawing on cited sources and European Social Policy Network² (ESPN) reports.

2.1 European Pillar of Social Rights

The European Pillar of Social Rights is a major policy framework proclaimed in 2017, and aims to deliver 'new and more effective rights for citizens' in three areas: equal opportunities and access to the labour market; fair working conditions; and social protection and inclusion. Designed 'to ensure convergence towards better working and living conditions' (European Commission, 2018a:7) its text includes an emphasis (in Principle 18, Long-term care) on everyone's right to 'affordable long-term care services of good quality, in particular home-care and community-based services' (European Commission, 2017b).

Indeed, many of the principles of the European Pillar of Social Rights relate directly to the achievement of work-life balance and of gender equality in the provision of long-term care, notably: Principle 2, Gender equality; Principle 4, Active support to employment; Principle 5, Secure and adaptable employment; Principle 8, Social dialogue and involvement of workers; Principle 9, Work-life balance; Principle 10, Healthy, safe and well-adapted work environment and data protection; Principle 12, Social Protection; Principle 14, Minimum income; Principle 17, Inclusion of people with disabilities; and Principle 18, Long-term care. Each was associated with specific EU-level initiatives for 2014-19, including those on work-life balance; access to social protection; transparent and predictable working conditions; social dialogue; coordination of social security systems; allocation of the ESF social inclusion funds; and with the European Accessibility Act (European Commission, 2019a).

Aiming to achieve convergence EU-wide in good working and living conditions, the Pillar of Social Rights calls for actions in the form of 'inclusive and growth-friendly social protection schemes, fairer tax-benefit systems and labour market institutions that effectively combine flexibility and security'. The European Commission (EC)

²The *European Social Policy Network* (ESPN) of EU Member State experts produced two series of reports on topics relevant to the present paper, each covering 35 countries: 'Work-life balance measures for persons of working age with dependent relatives' (2016), and 'Challenges in long-term care' (2018). They present the state of the art on these topics when written. Accompanying synthesis reports (Bourget et al., 2016; Spasova et al., 2018) set out conclusions and recommendations. The reports are available to readers interested in particular countries and /or more detailed information here: <https://ec.europa.eu/social/main.jsp?catId=1135&langId=en>.

promotes a 'more dynamic and inclusive labour market and reformed welfare systems' to mitigate the social and public financial risks related to population ageing' (European Commission, 2018a:7). Achieving policy goals, it explains, will involve: tackling segmentation in the labour market; using fiscal and policy incentives to 'broaden' women's participation in the labour market; and improving access to welfare services, including services for LTC.

The European Pillar of Social Rights was jointly proclaimed by the European Parliament, Council and European Commission and forms a key backdrop for the policy issues considered in this paper. The responsibility to deliver on its 20 rights and principles is jointly held by the EU institutions, Member States, social partners and other stakeholders. Its principles align closely with the United Nations (UN) Sustainable Development Goals (SDGs)³, to which the EU is strongly committed (European Commission, 2017b). The SDGs on Good Health and Wellbeing (SDG3), Gender Equality (SDG5) and Decent Work and Economic Growth (SDG8) are especially relevant - particularly SDG Target 5.4: 'Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate' (International Labour Organization, 2017). They are also intrinsic to the UN's wider call for universal social protection:

'(so) people (can) enjoy income security and have effective access to health and other social services, and are empowered to take advantage of economic opportunities. By raising household incomes, such policies play a key role in boosting domestic demand, supporting structural transformation of national economies, promoting decent work, and fostering inclusive and sustainable growth.'
(International Labour Organization 2017:1)

In support of progress monitoring, the European Pillar of Social Rights is accompanied by a Social Scorecard tracking the performance of all EU countries in 12 areas across three social dimensions.

2.2 Directive on work-life balance for parents and carers

While many of the tools necessary for delivering on the European Pillar of Social Rights are held by Member States, the European Commission has taken a number of concrete initiatives to put the recognised rights and principles into practice (European Commission, 2019a).

Noteworthy among them is the Directive on work-life balance for parents and carers⁴, adopted in June 2019 by the European Parliament and Council. It provides (Article 1) for 'individual rights related to (...) carers' leave; and flexible working arrangements for workers who are (...) carers.' With respect to LTC, it states:

'Work-life balance policies should contribute to the achievement of gender equality by promoting the participation of women in the labour market, the equal sharing of caring responsibilities between men and women, and the closing of the gender gaps in earnings and pay. Such policies should take into account demographic changes including the effects of an ageing population.'
(EU 2019/1158)

The directive must be transposed into national legislation by 2022, and consequently will directly affect relevant policy frameworks in all Member States. It proposes

³ The UN adopted the 2030 Agenda for Sustainable Development and its 17 SDGs in 2015 (Eurostat, 2020b).

⁴ Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers, Official Journal of the European Union, L 188/80, 12.07.2019.

measures intended to increase possibilities for men to take up parental and caring responsibilities, thereby reducing the gender care gap and improving opportunities for women to participate in the labour market. It aims to support citizens' working conditions by enabling carers supporting older, ill or disabled relatives to take time off from paid work, and to increase women's employment rate, earnings and career progression. Closing the gender pay, pension and care gaps is intended not only to reduce women's exposure to poverty, but also to support business by increasing the talent pool available on the labour market, and helping them to retain workers, reduce employee absence and enhance employee motivation and productivity (European Commission, 2019b).

2.3 Long-term care provision

LTC provision for people who need support in daily life because of illness, disability or frailty in old age relies, throughout the EU, on a combination of informal care and formal care services. In all EU Member States, the paid and unpaid work of LTC is (to a greater or lesser extent) a gendered phenomenon. Provision of LTC comprises two main elements:

- Informal care provided by families, neighbours and friends; usually unpaid, mainly provided by women, this can support a person living in, or outside, a carer's household.
- Formal care services: provided by a paid (and overwhelmingly female) workforce, these are delivered in private households (home care or home-based care); institutions (residential care); and local communities (day/community services). Paid LTC work includes publicly-funded, market and not-for-profit services. In some Member States, services are also sometimes purchased on the grey market (e.g. by families employing foreign 'live-in' workers to care for older relatives).

Growing numbers of EU citizens require LTC, but its affordability is an issue for many (Muir, 2017; Hashiguchi and Llana-Nozal, 2020). Demand for LTC is rising, in a situation likely to continue - both because Europe's population is ageing, and because its health services are increasingly skilled in prolonging life for people with illness, injuries or disability (Eurofound, 2018; Glendinning, 2018). In 2018, the EU had 5.2 million paid personal care workers (Eurofound/EC-JRC, 2019: 75) and unofficial estimates (required because official / national data are patchy) suggest there are about 70 million informal carers (Eurocarers, 2020b). To meet future demand, it is thought the paid and unpaid segments of the EU's LTC workforce will need to expand (Spasova et al., 2018: 4). Many reports note both that unpaid carers will need compensation (for opportunity costs incurred) and greater support, and that recruitment and retention of care workers must improve (International Labour Organization, 2017; Muir, 2017; OECD, 2020a, 2020b).

In a 2018 report on 'Challenges in long-term care', Spasova et al. note that in EU Member States 'LTC is labour-intensive, relying heavily on informal care'; there were, however, 'significant differences between (and within) countries' in how it is organised, delivered and financed, and in how resources for it are generated. These authors also found wide variation in how the informal care of family members is supplemented by 'formal, publicly provided care' (Spasova et al., 2018: 4). Based on 35 country reports by national experts, their synthesis report explains that despite much variation and complexity, and notable monitoring difficulties, all EU Member States are confronted with similar challenges in LTC: 'access and adequacy', 'quality', employment (where difficulties particularly affect women) and 'financial sustainability'.

They observe a general move towards the 'prioritisation of home-based care', but note problematic 'interinstitutional and territorial fragmentation' in national LTC systems. In the period 2008-2018, most of the 35 countries studied implemented LTC reforms, focusing on: 'moves away from residential care toward home care and community care'; efforts to 'enhance financial sustainability' in LTC; and improving access and affordability, 'including by improving the status of informal carers' (Spasova et al., 2018: 6-8). Almost all countries, including those with universal healthcare systems, required users of LTC services (or their families) to make out-of-pocket payments; most (with some exceptions) funded their state-provided services from general taxation. The authors note, however, that despite heavy reliance on informal care, few countries provided cash benefits payable directly to carers, although many had developed care leave schemes of some kind that aimed to help family carers combine unpaid care with paid employment.

In some countries, beneficiaries may choose between cash, formal care or a combination of both, but this option is not offered everywhere. Sometimes a choice must be made between a personal assistant or a monthly allowance. Germany and a few other countries fund their schemes through mandatory contributions, and the systems in Luxembourg and Belgium/Flanders are funded by a mix of contributions and taxes. In some cases, LTC services are provided (at home or in an institutional setting) as part of health services, for example by nurses or physiotherapists (often, although not always, free-of-charge). This may include personal care, help with taking medication, rehabilitation or preventative support. LTC, by contrast, is often provided by locally administered social services; here home care can include help with bathing, dressing, eating or cooking, and may be provided as part of a professional service or by an individual (sometimes appointed by the person needing help). Such support may include subsidised food services, alert or alarm systems; aids and appliances; home adaptations; counselling, advice or befriending; and tele-assistance. Countries usually also offer some form of semi-residential care and / or supported housing, and a range of fully residential services. Arrangements for assessment, determination of eligibility and priority, and support in choosing suitable or preferred services and forms of support, are highly variable; in some cases support is means-tested or co-payments are required.

Care leave from paid work, ranging from a few days to manage an unplanned caring crisis, to longer periods to assist someone at the end of life, is also available in some Member States. In some, this leave is a legal entitlement; in others it relies on employer approval or discretion. In a few countries, the carer continues to receive salary during the leave, although elsewhere the leave is unpaid or supported by limited financial compensation.

The authors of the ESPN synthesis report conclude by calling for use of EU funds to support effective implementation of Principle 18 of the European Pillar of Social Rights, and make a set of recommendations for actions at Member State level:

- Development of formal home care and community-based care – the importance is noted of accessibility/affordability; focusing on prevention/rehabilitation; integration of health and social services; and investing in training for people providing LTC care;
- Residential care facilities - an 'appropriate policy mix' is needed, offering varied options and avoiding policies that reduce residential services without providing sufficient home-based support. Better, evidence based, planning of LTC places is also required;

- Cash benefits – these, they say, should be conditional on proof of being spent on care, and the workers they are used to employ should have formal employment contracts;
- Informal carers - carers, they state, need better information, training and counselling; more respite care; checks on their ability / willingness to care; and improved rights and support (e.g. to share caring; better social protection and LTC services; improved entitlements to take leave from paid work). The need to create a sustainable work-life balance for middle-aged workers with dependent relatives is particularly emphasised;
- Financial sustainability of LTC - robust evidence is needed to enable better planning, more effective, cost-efficient measures, and stronger prevention strategies;
- Enhancing quality of care - 'stricter' standards, applicable to home care as well as to residential services, are needed.

(Spasova et al., 2018: 10-11)

2.3.1 Informal care

Informal carers provide care, within or outside their own household, to persons with support needs in daily life due to disability, ill health, or other difficulties in later life⁵. The need for care can arise unexpectedly and may increase over time, both in terms of the frequency and the intensity of care tasks. Providing care is often mentally, physically and emotionally demanding for the carer. Care may be willingly provided to a close person who needs support, and can be beneficial for the carer's wellbeing and self-esteem, although this cannot be assumed. Compared with non-carers, however, carers are more likely to have poorer wellbeing, to suffer from mental health problems, and to have lower employment rates and work fewer hours (Colombo et al., 2011; Verbakel, 2014). Many studies have found poorer health, finances and connections to others among carers; these effects are variously related to caring within the household; caring over a long period; and caring intensively, for long hours each week (Carmichael and Ercolani, 2016; Vlachantoni et al., 2016; BIRTHA and Holm, 2017; Kaschowitz and Brandt, 2017; Keating and Eales, 2017; Keating et al., 2019). Without support, providing long hours of care, over a prolonged period - especially if the carer has to give up paid work and feels isolated or unsupported - is often stressful and exhausting, damaging to health and wellbeing, and a source of financial strain (Triantafyllou et al., 2010; Kröger and Yeandle, 2013).

Studies confirm that unpaid care is highly gendered in all countries, with women the main providers of care to family members with support needs, and involved, more often than men, in supporting a neighbour or friend in need (Crepaldi et al., 2009; Spasova et al., 2018). Some men provide significant care, often giving long weekly hours of care to a co-resident partner or spouse, or providing substantial support to an elderly parent or disabled son or daughter, although their role is currently under-researched (Collins, 2014; Greenwood and Smith, 2015).

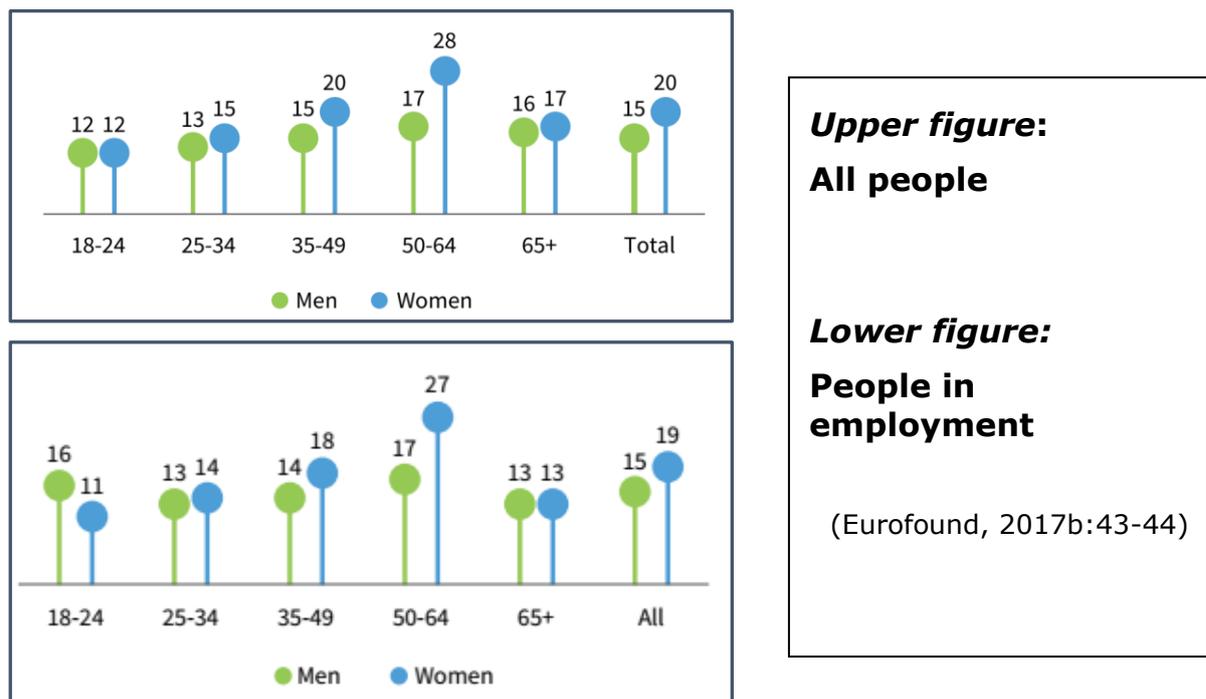
The European Quality of Life Survey (EQLS) measured the incidence in 2016 of caring for disabled or infirm relatives / friends at least once a week among European men and women aged 18+. Figure 1 shows data for people in different age bands, for all people (upper figure) and for all people in employment (lower figure), confirming a notable gender gap. Overall, 20% of women and 15% of men provided such care, and gender differences varied by age: the largest gender gap was observed among people

⁵ At older ages (75+ or 85+ years) difficulties in walking, seeing and hearing, and chronic morbidity, become increasingly common (Eurostat, 2020a).

aged 50-64. Among young adults (18-24) a clear gender gap is evident among those in employment (16% women, 11% men), although this is not seen in the overall population of that age.

These EQLS data provide a simple snapshot of unpaid caring in 2016. Other studies have analysed the lifetime chance of caring, based on longitudinal panel data. Zhang and Bennett (2019), for example, show (for the UK) that providing this type of unpaid care is an experience most citizens have at some point in their life course, and a more prominent feature for women than men among people of working age. Analyses of the provision of unpaid care elsewhere also find notable gender differences (e.g. Independent Advisory Board on Work-Care Reconciliation, 2019).

Figure 1. Caring for disabled or infirm relatives / friends



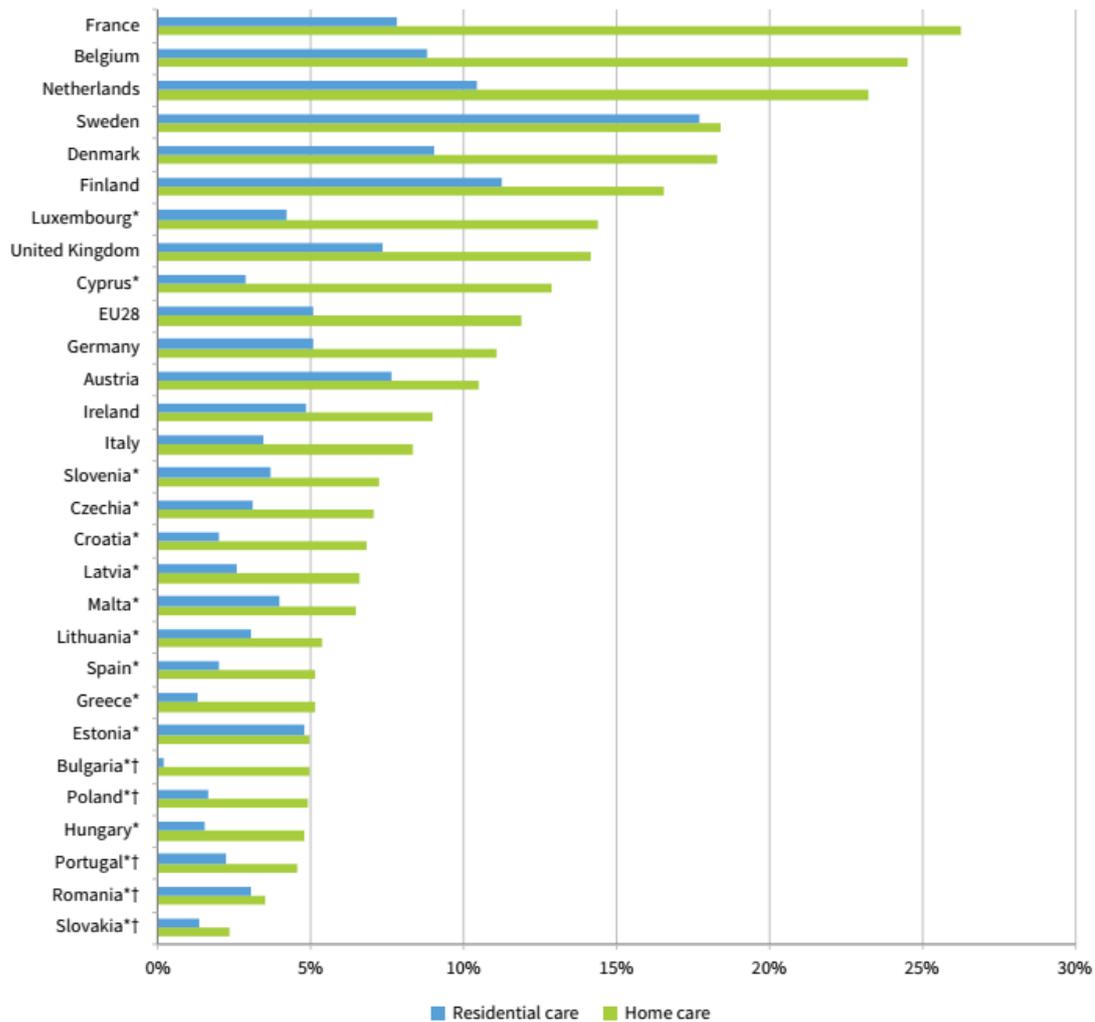
Latest EU data show gender gaps in caring are below the EU average in some Member States (DK, SE, NL, FR, SI, FI), but well above this in others (e.g. CY, IE, EE, ES, CZ, PL) (Eurostat, 2020: 115, Fig. 5.8). It is evident, too, that the share of the population aged 20-64 in the EU-27 who are 'economically inactive' due to caring responsibilities has been rising. Between 2014 and 2019, it increased from 28.1% to 32.2% for women and from 3.4% to 4.5% for men (Eurostat, 2020b:115, Fig. 5.8).

2.3.2 Formal care

There is variation in the development, availability and use of formal LTC services between EU Member States. There is greater use of formal LTC in the Nordic states and Western Europe than elsewhere in the EU, but all countries report its existence and acknowledge its importance (Eurofound, 2019a). The extent to which LTC services are provided free-of-charge or charged for (in client fees, or by requiring relatives to cover some costs) varies, both between countries and by type of service (OECD, 2020a, 2020b). Recent studies show that in some (e.g. Bulgaria, Cyprus, Greece, Latvia) affordability is a major problem, whereas in others (Denmark, Finland, Sweden) this issue is a rather minor concern (Eurofound, 2019: 35).

In its report on *Quality of health and care services in the EU* (2019) Eurofound observed that in the EU, nearly one-third of users of formal LTC used these services free of charge; others paid for them, either in full or in part. Within LTC, home care services were used free of charge by 41% of people, and nursing care at home was more likely than home help or personal care to be available free of charge. Most people had to pay for residential care services, but where they were used free of charge, this was mostly by people organising their own care; when relatives accessed such services they were more likely to pay for them.

Figure 2. Use of LTC services (by respondents themselves and/or by someone close to them, EU28



Notes: Percentage of each type of service used by type of service user. 'Someone close' is reported by respondents. Countries marked with an asterisk have an unweighted count for residential care users below 50. Countries marked with a cross have an unweighted count for home care users below 50. Regarding rates of informal care provision, see the EQLS results in European Commission (2018c).
Source: EQLS 2016 (Q68)

(Source: Eurofound, 2019)

The availability of LTC services offered free of charge varied greatly between countries; such services were used most by people on lower incomes (Eurofound 2019a, Fig. 9, p.32). In the EU28, over a third of LTC service users reported some difficulty accessing LTC services because of cost (28% finding this 'a little difficult', and 9% 'very difficult'). Cost was more of a problem for those accessing residential than home care services, and for more people living in rural than in urban areas.

The main characteristics of paid LTC work are well known (Eurofound, 2020d) In EU and OECD countries⁶ most formal LTC workers are low paid, and have working conditions and training or progression opportunities that are poor compared to those in other sectors (OECD, 2020). LTC workers are overwhelmingly female; many are also older workers, or workers with migrant backgrounds. Paid work in LTC often involves 'unsocial hours' and is frequently part-time and / or precarious. Staff turnover in LTC is high, and employers find recruitment and retention of staff challenging. Such conditions of work are known to compromise work-life balance and to be bad for workers' health and wellbeing:

(Jobs with) emotional demands and psychosocial risks are growing in importance ... (This is) significantly related to exhaustion and, in turn, reduced health and well-being. With the growing need for LTC in ageing societies, these demands are likely to increase further and ... require particular attention. (Eurofound, 2019: 2)

The OECD also emphasises that 'further policy effort' is needed to recruit and retain LTC workers, especially in countries where numbers are low. It notes that France, Italy, Portugal, Greece and some central European countries (Slovak Republic, Poland) have 'waiting lists for access to care and insufficient capacity to meet needs' (OECD, 2020: 16-17).

2.4 Employment: gender equality, working conditions, quality of life

Despite efforts over many years in policy on paid employment and the labour market, gender divisions remain a persistent feature in most employment sectors. Progress has been made, notably in employment rates for women, which reached a record 67.3% in 2019 (Eurostat, 2020b: 158). Most of the 20 largest occupations in the EU still show marked gender disparity in employment, however, with concentration of female employment highest, at almost 90% (European Working Conditions Survey 2015), among personal care workers (Eurofound, 2020b:17).

Advocating further reforms to promote gender equality in employment in 2018, the EC highlighted the importance of inclusiveness, providing security to all workers, and striking 'the right balance between flexibility and security on the labour market'. It called for an emphasis on LTC and other services and action 'to foster participation by non-standard workers and the self-employed in social security schemes'. Such measures, it argued, could improve 'opportunities for women to enter or stay in employment'. Member States should also strengthen 'links with social care' (European Commission, 2018a:11-12).

In its most recent report on gender equality, Eurofound presented seven policy pointers as guides to action for Member States (2020b:78-9):

- Continuing to fight gender segregation
- Taking steps to ensure job quality for all
- Addressing gender stereotypes
- Tackling the improvement of working conditions
- Looking at the range of inequalities associated with gender and pay

⁶ Analysis cited (OECD, 2020) is based on EU-LFS data for the following EU countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, the Slovak Republic, Slovenia, Spain, Sweden and the United Kingdom.

- Continuing to monitor working conditions with a 'gender lens'
- Continuing to assess the impact of working conditions on health and well-being.

Focusing particularly on jobs in the care sector (broadly defined), its report concluded:

'occupations related to care (...) - all female-dominated - stand out because of their relatively poor position in many job quality dimensions. They also have higher-than-average exposure to physical risks. ... These care-related occupations also entail greater-than-average exposure to emotional demands and a higher likelihood of reporting exposure to adverse social behaviour (this is especially true for male personal care workers). (Eurofound, 2020b: 82)

Working conditions and their impact on workers' quality of life have been the focus of many recent reports (Chung, 2017; Eurofound 2017a, 2017b, 2019b; ILO, 2018, Mandl et al., 2018). Eurofound reported that 'new methods of production, as well as new forms of work organisation, have resulted in the development of a much more flexible organisation of working time' (Eurofound, 2017c). Nevertheless, in 2015 the EU norm remained a 5-day working week for most workers, although (growing) minorities of men (11%) and women (22%) worked on fewer days. Average weekly hours varied considerably, by country and between women and men, with women's working hours in Germany and the Netherlands notably shorter; a fifth (20.5%) of all EU employment was in part-time work (up from 17.7% in 2005).

Relatively few employees in 2015 had the 'autonomy to determine working hours by themselves', although 20% could work flexitime and 10% could choose from available fixed schedules. Employees in southern and eastern Europe had less flexible schedules than workers elsewhere, often with no control over working time. The Eurofound report noted that 'long working hours were negatively associated with work-life balance'. 'Good working conditions' and 'high predictability of working time and/or job autonomy' offered good prospects for work-life balance (2017c: 43); workers who reported problems with work-life balance often also reported concerns about health, sleep and safety at work.

A later report (Eurofound, 2019b) further elaborated the link between working conditions and workers' health and wellbeing. Factors associated with wellbeing benefits included: job control; engagement and motivation; supervisor support; job security; and adequate pay. Exposure to physical risks and social demands at work had a 'direct' effect on wellbeing and health. Long working hours contributed to exhaustion, and emotional demands at work, experienced most by women, damaged worker wellbeing. It was crucial 'in the context of ageing societies and service-dominated economies', to address such risks, as people working 'long days, nights, weekends and irregular or unpredictable hours' faced the greatest physical risks and the most emotional and social demands.

Quality of life is affected not only by working conditions, but also by the circumstances in which LTC is provided: sharing of informal LTC between women and men is thus a salient factor in how individual women and men experience this. The issue is addressed in many reports (Colombo et al., 2011; Eurofound, 2018; Glendinning, 2018; ILO, 2017; Muir, 2017; OECD, 2020). A decade ago, 'Help wanted?' (Colombo et al., 2011) provided an initial major assessment of who informal carers are, and of the help they provide and need. Glendinning (2018) contributed additional insight on the potential for technology to support carers to reconcile work and care, and an outline of policy measures. The OECD produced its most recent findings on this topic in 2020 (Hashiguchi and LLena-Nozal, 2020; OECD 2020a, 2020b).

2.5 Reconciliation of work and care

The ESPN synthesis report on 'Work-life balance measures for persons of working age with dependent relatives' (Bouget et al., 2016) concluded: 'the work-life balance of those caring for a dependent person ... is a relatively new issue on the agenda of policymakers' (Bouget, et al., 2016:11). Three main social policy arrangements relevant to work-care reconciliation were considered: leave schemes, cash benefits and benefits in kind. Each was described and assessed in the country reports, where issues of coverage, take-up and impact on unpaid carers' wellbeing and employment situation were examined. The authors of the 2016 synthesis report found that, while provisions for children and adults with disabilities existed in all 35 countries, 'LTC arrangements tailored to frail elderly people' were 'less developed' (Bouget et al., 2016: 8-9), with much variation between countries in the types of policy arrangements offered. The countries could be divided into:

- 20 that offered 'developed and mature support schemes for carers' (either through 'relatively universal and comprehensive LTC support schemes for carers [seen in 5 countries]' or 'provisions mainly to the dependent person and specific support to the carer' [seen in 15 countries]); and
- 15 that were heavy reliant on a 'familistic model', where support schemes for carers were 'underdeveloped'.

Work-life balance, the experts found, was better for carers in countries where arrangements for part-time working and flexible working time had emerged. Analysis of the 35 countries' LTC systems raised particular concerns about 'fragmentation of benefits and service provision'. In the countries studied, three reform trends were observed:

- more comprehensive schemes;
- deinstitutionalisation of care;
- enshrining (of) specific provisions in national LTC strategies that take account of carers' work-life balance (Bouget et al., 2016:10).

The authors concluded that 'the work-life balance of the carer – mostly a working age woman – is a problematic issue which is rarely recognised as such'. They also found a widespread lack of well-developed public in-home services that was:

'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.'
(Bouget et al., 2016: 11)

Their recommendations (set out on pages 11-14 of the synthesis report) stress the importance of having 'employment and social policies in place (that allow) people with dependent relatives to balance work and care' (Bouget et al., 2016: 11).

The OECD observes that more informal care exists in countries with a lack of formal care; expects carers' roles and responsibilities to become more complex and demanding' (2020b:147); and notes that in Europe: 'informal care tends to be a substitute for formal home care and paid domestic help' (OECD 2020b: 146). The ILO, responding to the ambitions of the UN SDGs, explained:

'those who decide to provide care informally to family members and others also need to be supported. (...) a growing share of the workforce must balance caregiving with paid employment. Combining these two roles currently presents a challenge (...) often resulting in a higher degree of work-family conflict than for

(other) workers. ... Combining paid work with family care (implies) the availability of support mechanisms ranging from cash to in-kind benefits for caregivers, and should include rights to leave and social protection.' (ILO, 2017: 115)

Thus, as Eurofound later pointed out: 'Work-life balance relates to several aspects of a person's social life. The set of relevant policy fields is exceptionally broad, ranging from working time flexibility to support instruments, including fiscal regimes, infrastructure and services such as childcare and long-term care' (Eurofound, 2017b).

The European Commission has produced an overview of policies and initiatives in EU Member States that support family-friendly workplaces (European Commission, 2018b). Among the options identified are the following which can work well for carers:

- Flexitime: this enables workers to build up their hours, by starting work early or late, so that they can later take time off as needed to support their caring needs.
- Compressed hours: here workers continue to be employed full-time, but work their hours over a 4-day week. This can help siblings share the support of a parent, or parents to assist an adult child with disabilities.
- Commissioned outcome: this offers the worker maximum flexibility, with no fixed hours, but the responsibility to deliver on agreed outcomes within specified dates.
- Mobile working: workers may work from their own home or from any other convenient location. This, for example, can benefit care of a relative at the end of life, which may require the carer to spend time at their relative's, rather than their own, home.
- Annual hours: this approach gives the worker an agreed number of hours over a year, which can be delivered flexibly to accommodate caring needs.

Some recent studies have also highlighted the role of remote and digital working, especially in the context (even before Europe was hit by restrictions consequent on the COVID-19 pandemic in 2020) of growth in employment of this type (Eurofound 2020c; UNICEF/ILO 2020). The Eurofound report assesses relevant developments, including EU regulations on telework and ICT-based mobile work, as well as policy issues. It finds both good practices and emerging concerns, as although developments in ICT have driven big changes in working life, including flexible working practices, they can also lead to increased 'work intensification, competition and work-on-demand'. Their report aims to provide a reference point for policymakers and others on future initiatives regarding digitalisation, working time and work-life balance (Eurofound 2020c).

Employers' responses to the issues which arose for their employees who have caring responsibilities in 2020, during the COVID-19 pandemic, are beginning to be reported too. Advice on 'key steps employers can take' to offer good, and family-friendly, workplace practices has been drawn together by several international NGOs (International Labour Organization, 2020), and in the UK, members of Employers for Carers (see also Section 3.1) have reflected on their experiences during this time as employers and human resources professionals already committed to supporting their workforces to achieve good work-life balance and to manage work and care (Employers for Carers 2020).

3 National approaches

Section 3 presents examples of approaches designed to address work-life balance that may be of interest in other countries⁷. Although most do not explicitly tackle gender inequality in informal LTC, this is likely to be among their potential impacts. They include:

- Collaborative actions
- Company-level work-care reconciliation policies
- Initiatives that aim to build support for carers into national LTC infrastructure.

3.1 Collaborative actions

In this subsection we describe two examples of collaborative actions: steps taken by employers working with a civil society organisation (CSO) and a workplace standard scheme developed with academic researchers.

Employers working with a CSO

Employers for Carers (EfC) began as a small group of employers linked to an EU-funded project, Action for Carers and Employment, led by CSO Carers UK, with the participation of CSOs in Austria, Estonia and Italy, in 2002-07 (Yeandle and Starr, 2007). Subsequently, EfC became an employers' membership forum, supported by Carers UK organisationally and through its specialist knowledge, with a mission to ensure employers have support to retain and to manage their employees with caring responsibilities.

By 2020, EfC had over 215 public, private and voluntary sector employer members, covering some 3.5 million employees. Members can access specialist resources and practical advice for their staff with employee wellbeing responsibilities (e.g. human resources and diversity and inclusion teams; line managers). Resources include case studies, model policies, toolkits, opinion pieces, policy news, essential guides, and e-Learning modules, hosted on EfC's digital platform and accessible to all employees of member organisations (www.efcdigital.org). Members can also opt for membership of 'EfC Plus', request bespoke consultancy advice, and access a Digital Resource for Carers that guides working carers through online support available 'anytime, anywhere'. EfC launched its own benchmarking scheme, Carer Confident, in 2019 to assist employers to build a supportive, inclusive workplace for staff who are carers and inspire others to do the same.

Benchmarking and standards schemes

A variety of schemes exist to promote good human resources practice in support for working carers, including Carer Positive (Scotland), with more than 200 organisations (2020) employing over 442,000 staff (<http://www.carerpositive.org/>); Carer Confident (England & Wales, see above); and in Canada, Carer-inclusive and accommodating organizations (CIAO), Standard B701-17.

Developed by the Canadian Standards Association (CSA) Group, CIAO provides a framework to support employers help employees manage work and care. It aims to mitigate and ideally prevent the negative impacts combining work and care can

⁷ Readers interested in a specific country may wish to refer to relevant ESPN country reports (on challenges in LTC [2016] and work-life balance measures for persons of working age with dependent relatives [2018] (see Appendix 1). For other examples of innovative approaches, see Eurofound (2015); and Yeandle (2017:22-40), which describes how selected organisations (members of *Employers for Carers*) have developed their approach.

involve, and is under discussion as a potential International Standards Organisation (ISO) standard. The CSA Group developed CIAO in partnership with researchers at McMaster University and a technical committee of labour, employer, government and academic experts. It offers an 'evidence-based, professionally verified framework for workplaces in Canada to support their employees who provide informal caregiving' (Beckett, 2019). Following public review, CIAO was identified as a useful educational tool for employers and released (2017) via the CSA website. It provides case examples and stories to show employers how the standards can be implemented in their workplace, and options that organisations can select to suit their specific context.

3.2 Company-level work-care reconciliation policies

Examples here relate to progress in supporting working carers within organisations and are drawn from case studies in the European Observatory of Working Life⁸.

Awareness raising that engages male employees

A work-life balance project at Dublin Bus (Ireland, 3,500 employees) found an 'inclusive' approach revealed a higher than expected demand for work-family balance measures among male employees, and that flexibility could be introduced, even in occupations where this seems difficult. The company used an external consultancy to gather the views of managers, supervisors and trade unions and surveyed its workforce using specially trained employees, who conducted 1:1 interviews among staff in operational (including drivers), maintenance and administrative roles to produce a systematic overview of employee needs and experiences. New working practices were adopted, leading some staff to job share by working alternate weeks, and using their 'week off' for caring. Better retention and lower replacement costs (especially as experienced drivers were highly valued and new drivers had higher accident rates) were seen as key benefits.

Working time flexibility that supports working carers

Labamoro, a small family-owned laboratory in Portugal (15 employees), benefitted from offering workers with care responsibilities additional flexibility. They implemented three types of measures:

- establishing three daily schedule options, from which employees could choose, to suit their own needs;
- granting staff who cared for a disabled child or a dependent adult the right to reduce their daily working time by 1.5 hours per day, without loss of pay;
- enabling workers to choose between the company's three work sites, enabling them to select this, as they preferred, for proximity to their own home, their relative's home, or to a LTC service provider.

The company used a professional evaluation system to monitor the effectiveness of working practices, and found that supporting employees to enact familial responsibilities enhanced both motivation and staff retention.

Work and family audit: impact on carers of a certification process

In Austria, Wirtschaftskammer Österreich (WKÖ, Austria's Federal Economic Chamber, 900 employees) reported that it was stimulated to introduce new guideline documents for managers, supervisors and employees through its participation in an external audit process designed to help organisations take stock of their 'family orientation' and take steps to improve it. The Austrian 'work and family audit certification process', based

⁸ <https://www.eurofound.europa.eu/observatories/eurwork/case-studies/workers-with-care-responsibilities>

on a similar initiative developed in Germany, is in essence a consulting instrument that supports employers to assess the 'family orientation' of their company and then take measures to improve it. The audit assesses the company's work-family balance, and a plan is agreed to make progress (on their own terms) over three years. At this stage a second assessment reviews achievements against plans, and agrees future steps, supported by the award of a certificate. The audit instrument adapts an idea originally devised to support working parents to the specific needs of working carers. The process raised awareness of the needs of working carers at WKÖ, which chose to survey its staff, finding a higher number than anticipated were informal carers and that 10% of employees expected to have caring responsibilities within the next two years. It developed guidelines for staff (on responding to requests from employees who are carers) and for employees (to make them aware of available options, measures and procedures, including independent counselling and advice, as well as options for flexible working time and leave).

Time credits and training modules for working carers

In France, EDF (180,000 staff, 45% female) is part of EDF Group, whose activities include power generation, distribution, transmission, supply and trading. It has a national headquarters and offices nationwide. In its South-West region, new supports for working carers were introduced following an inclusive consultation, set up on an initiative of the commercial director, with employee representatives, health and safety experts, managers and working carers. Guidance was issued to all staff, drawing attention to challenges in reconciling work with caring, employees' statutory rights, and available support. An online database of websites that support working carers was established, and arrangements were agreed with service providers offering household, shopping and appointment-making services that working carers could access. A system was also established (with all staff required to contribute), creating a 'bank' of additional hours worked (credit hours available during the year). This was made available for working carers, its sole beneficiaries, to draw upon as required to meet their caring responsibilities. New management training, and health and wellbeing training for working carers was also developed. EDF considers its approach helped build stronger social cohesion and solidarity within the company, and reduced absence.

3.3 Building support for carers into national LTC infrastructure

As noted in a recent review of access to care services (Eurofound, 2020a), carer support is a relatively undeveloped area of policy and practice. In LTC, the main focus has been, and continues to be, on the person in need of support; by comparison, the support needs of their informal carers tend to be unrecognised or neglected. Much of the limited support available for informal care is, in fact, provided by voluntary and charitable organisations, while legislation on informal carers' rights to support is comparatively rare (and even where it exists, often poorly implemented)⁹. Bouget et al. (2016) distinguished countries with 'developed and mature' and 'underdeveloped' support. In the former category, Denmark, Finland, Sweden, Iceland and Norway placed an emphasis on individual autonomy, and offered carers support through a combination of short-term leave from paid work, various cash benefits for carers in specific circumstances, and 'in kind' carers' benefits; they also provided publicly-

⁹ Here the case of England, which in 2014 legislated nationally for carers to have the right to an assessment of their own needs as carers and to (means-tested) support, is of interest. Despite this apparently promising development, a lack of funding/other problems in England's LTC system (delivered through local authorities), resulted in no increase, and in some areas a fall, in the number of carers receiving direct support.

funded home care services and institutional care. Another 15 countries provided cash benefits, often payable to the person assessed as needing support, that could be used to purchase care or household services. In countries with underdeveloped support, although some institutional and other services existed, eligibility was strict and home care services scarce, with some cultural resistance to use such support.

Direct payments to carers

In some countries and in certain circumstances, carers (e.g. in Finland and Sweden) can enter into a contract with their local municipality, becoming recognised as the carer of the person they support in return for an allowance, benefits (e.g. membership of employee insurance schemes) and entitlements to days off, with alternative care provided or paid for. These entitlements appeal to carers willing to care full-time, but are rarely used by carers who wish to remain in their usual paid job. Elsewhere (e.g. England), one-off or regular direct payments can be made by local authorities to carers, to meet needs identified in a carer's assessment (which may include their wish to remain in paid work), although this rarely happens in practice (Yeandle and Wigfield, 2011; Yeandle and Buckner, 2017).

Support programmes on working and caring via NGOs

In some European countries (e.g. Italy, Netherlands, Finland, Sweden, United Kingdom) NGOs offer support programmes for working carers and/or to carers who wish to combine work and care, often in programmes with temporary or insecure funding (Formby and Yeandle, 2005; Institute for Employment Studies, 2014; Nationellt kompetenscentrum anhöriga [NKA], n.d.). A few services target male informal carers, whose involvement in support programmes tends to be low. Support may be enabled by public funding, but this is often in response to initiatives of charities or CSOs.

Respite and other emerging support services

More promising developments, perhaps, are seen in the evolution of respite services, as discussed in Eurofound's recent report (2020a, Chapter 8). This indicates a promising direction of travel, and that a wider range of countries are recognising the potential of using LTC services to achieve desired outcomes, including better work-life balance for older workers and fairer sharing of care responsibilities between women and men. The authors report that, 'By the end of 2019, respite care featured in the policy discourse in nearly all Member States, and an increasing number of countries have recently adopted new legislation that formally recognises the status of informal carers and outlines their rights and access to services such as respite care' (Eurofound, 2020a: 59). Of particular interest, it is observed that alternative forms of respite care are emerging, including 'respatiality' (services combining hospitality and care support), 'customised holidays' (based on a Belgian scheme in which informal care associations and the Red Cross access health insurance funds to provide specialised breaks) and 'initiatives to extend access to a range of leisure and arts activities to allow carers and those they care for to participate together' (p61). Temporary respite is one of the most widely requested supports mentioned by carers in surveys, as the report notes. Carers also appear to benefit from helplines, online forums, and ICT-based information and advisory services.

4 Discussion and learning

Early in this report, attention was drawn to the recommendations of Germany's Independent Advisory Board on Work-Care Reconciliation:

- Better public awareness of the situation and needs of family carers who work;
- Long-term care to be seen as a societal responsibility;
- Support for carers, so they need not leave their jobs (temporarily or permanently);
- Measures to promote gender equality in reconciling work and care.

In this final section we reflect briefly on common challenges and good practices in relation to these recommendations.

4.1 Common challenges

In all EU Member States, combining paid work and providing informal care is a growing phenomenon. Yet even in countries with developed LTC systems, it remains a rather hidden issue. Across their life course, combining work and care will be a major concern for most citizens, yet governments, employers, managers and representatives are still paying limited attention to it. There is much still to do in all countries to raise public awareness.

LTC is seen as a societal responsibility in some Member States, notably the Nordic countries, but elsewhere, for many citizens, policymakers and politicians, it remains a matter for families, primarily women, to resolve. LTC has a key role to play in achieving crucial policy goals – gender equality, adequate social protection, and fair, well-functioning employment systems. Giving greater priority to LTC and its benefits is also a shared EU challenge.

Quitting paid work to provide care occurs more often in countries where policy instruments (e.g. care leave, flexible working) are less-developed, and where LTC in the home is hard to access. Reducing working hours has consequences for lifetime earnings and pensions, but is a more common response everywhere among women than men. As no country has yet fully addressed this, support to combine work and care is also a shared challenge.

The distribution of care, paid and unpaid, is strongly gendered everywhere. Some men are carers, and this can be a rather hidden phenomenon, but the data are clear: women provide most care and most care is unrewarded, often with damaging health, economic and wellbeing effects.

4.2 Good practice

Examples of good practices can be found in most countries. Employers, trade unions, LTC providers / workers, and some governments (at all levels) have devised schemes, practices that facilitate a fairer gender distribution of care, flexible working options, and schemes to protect carers' incomes, health and wellbeing. Some are described in this report and many examples are available in the works cited¹⁰. There is much still to do, however. The widespread adoption and scale-up of good practices is hindered by several factors: the lack of a policy framework that supports and incentivises the adoption of innovative models and practices; insufficient resources dedicated to financing carer-friendly initiatives; and an over-reliance on top-down reform and innovation approaches in LTC in which care users, families and communities have little power in decision-making processes and the design of services. The spread and

¹⁰ These include: Eurocarers (2020a); Eurofound, 2018, 2019b; European Commission, 2018b, 2019a; Institute for Employment Studies, 2014; Mandl et al., 2018; Yeandle, 2017 and the European Observatory of Working Life, available at: <https://www.eurofound.europa.eu/observatories/eurwork>.

uptake of good practice in this area should now be tackled with urgency and commitment.

5 Concluding points

An evolving evidence base, and strong policy directions at EU level and in many EU Member States, suggest that a focus on improving work-life balance can be effective in promoting gender equality in informal LTC care. It is a policy field that affects employment and the labour market, families and local communities, systems of social protection and local administration, and the complex mix of public, private and not-for-profit formal services that provide the support millions of EU citizens need to manage daily activities.

The personal, familial, economic and societal benefits of pursuing this policy agenda with energy and commitment are potentially very large. Providing care, many carers say, can be both a privilege and a source of satisfaction and pride. Often a selfless gift to others they care for deeply, for some carers it will be their final contribution to that person's life. Yet care is also often hidden and taken-for-granted. It can involve great emotional strain, exhausting physical demands and often impoverishes the carer. It is a vital, but historically disregarded, feature of everyday life that is, perhaps, finally coming out of the shadows.

The European Pillar of Social Rights and the Directive on work-life balance for parents and carers set all Member States the challenge of finding new ways of supporting the vital contribution informal carers make. These call for adaptation of previous arrangements for employment, for more flexible, responsive and extensive systems of LTC, and for an openness to change that has the potential to improve living and working conditions for all EU citizens. Further experimentation and innovation will be required to achieve these goals, but there are many valuable examples and some inspiring initiatives to draw upon and to learn from.

Care came under a brighter spotlight in 2020, as Europe battled a pandemic that caught many unaware. It had been a growing challenge for individuals and families for decades, and had risen up the agenda of most human resources professionals. Effective policies to support informal care can yield major economic gains. Establishing gender-equitable arrangements for care offers a crucial opportunity to create a better, fairer Europe.

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7 Annexes

ESPN: WLB-LTC reports 2016		ESPN: LTC reports 2018
Work-life balance measures for persons of working age with dependent relatives		Challenges in long-term care
Author(s)		
Synthesis report	Denis Bouget, Slavina Spasova and Bart Vanhercke	Spasova, S., Baeten, R., Coster, S., Ghailani, D. Peña-Casas, R. and Venhercke, B.
Country reports		
AT Austria	Marcel Fink	Marcel Fink (in cooperation with Katarina Valkova)
BE Belgium	Frederic De Wispelaere and Jozef Pacolet	Jozef Pacolet & Frederic De Wispelaere
BG Bulgaria	Lidia Georgieva, Boyan Zahariev, George Bogdanov	George Bogdanov and Lidiya Georgieva
CH Switzerland	Philipp Trein	Philipp Trein
CY Cyprus	Panos Pashardes and Christos Koutsampelas	Theodorou, M., Kantaris, M. and C. Koutsampelas
CZ Czechia	Robert Jahoda, Ivan Malý, Tomáš Sirovátka	Ivan Malý
DE Germany	Gerhard Bäcker	Thomas Gerlinger
DK Denmark	Jon Kvist	Jon Kvist
EE Estonia	Andres Võrk, Gerli Paat-Ahi, Helen Biin	Gerli Paat-Ahi, Märt Masso
EL Greece	Ziomas D., Sakellis I., Spyropoulou N., Bouzas N.	Ziomas D., Konstantinidou D., Vezyrgianni K., Capella A.
ES Spain	Rodríguez-Cabrero, Arriba, Marbán, et al.	Rodríguez-Cabrero, J.-M. Codorniu et al.
FI Finland	Laura Kalliomaa-Puha & Olli Kangas	Laura Kalliomaa-Puha & Olli Kangas
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IT Italy	Jessoula M., Pavolini E. and Strati F.	J. Matteo, P. Emmanuele, R. Michele with M. Natili
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LU Luxembourg	Jozef Pacolet and Frederic De Wispelaere	Jozef Pacolet & Frederic De Wispelaere
LV Latvia	Feliciana Rajevska	Feliciana Rajevska
(cont.)	Work-life balance measures for persons of working age with dependent relatives	Challenges in long-term care
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