

PDF hosted at the Radboud Repository of the Radboud University Nijmegen

The following full text is a publisher's version.

For additional information about this publication click this link.

<http://hdl.handle.net/2066/87081>

Please be advised that this information was generated on 2020-12-04 and may be subject to change.



Eurofound

Company initiatives for workers with care responsibilities for disabled children or adults

Working paper

[Click for contents](#)

Authors: Kevin Cullen (Work Research Centre, WRC) and Karsten Gareis (empirica), with the contribution of Pascale Peters (Radboud University Nijmegen), Paula Byrne (University of Liverpool), Sonja Mueller (empirica), Ciaran Dolphin (WRC), Sarah Delaney (WRC) and Stefan Lilischkis (empirica)

Eurofound project: Company initiatives for workers with care responsibilities for disabled children or adults

Contents

Introduction	1
Policy context	2
Carers and employment: the available evidence	13
Company-level measures to support working carers	29
What next to support working carers at the company level?	55
Annex: Country groups and codes	57

Introduction

This report is one of the outputs from a study on ‘Company initiatives for workers with care responsibilities’. The overall focus of the study is on company (employer) initiatives to support the needs of workers who have (informal) care responsibilities, including parents caring for children with disabilities and informal carers of adults who need care because of disability, illness or old age. This report presents an overview of the context and field of practice in this area. It is intended to serve both as a standalone output and as a companion document to help contextualise a series of detailed case studies of company-level initiatives in four countries (Germany, Ireland, the Netherlands and the United Kingdom (UK)) which are being prepared as part of the study.¹

The interactions between employment and caring are becoming increasingly important in the face of demographic ageing in Europe. Sustainability of long-term care systems requires an extensive contribution from informal carers, while labour market requirements and contemporary lifestyles and aspirations encourage increased participation of women (the traditional providers of the larger share of informal care) in the labour force. Already, a sizeable proportion of the workforce (both men and women) must balance their paid employment with caring responsibilities, and vice versa, and this looks set to increase considerably over the coming years. An added factor is the expectation of a longer working life as retirement ages seem set to rise across the EU. A multipronged approach is needed to address the challenges in this area, including:

- suitably organised community and homecare services to support dependent persons and their working carers;
- income support and other flexicurity measures;
- rights and regulations in the employment field;
- practical measures that can be implemented by employers.

Company-level measures are the main topic of the study and of this report.

Structure of the report

The report first presents a summary and discussion of some key aspects of how the working and caring issue is currently addressed in policy, social dialogue (that is, industrial relations) and civil society at EU level.

This is followed by an overview of the labour market and workforce situation of carers in Europe, and summarises evidence from research on the experiences and needs of working carers.

The report goes on to present an overview of company-level measures for working carers. A conceptual framework for systematically presenting the range of different types of measure is elaborated, along with illustrations of the variety of approaches and measures that have been implemented in actual company-level practice in the countries covered by the study.

The final chapter presents some conclusions and implications for future policy and practice.

¹ The case studies will be available soon.

Policy context

Informal carers (predominantly family members) have always provided the bulk of care for children with disabilities and for those who require help because of illness, disability or old age. This continues to be the case today.

In the main, informal caring is provided by those in close kinship relationship to the person in need of care, with the main groups of informal carers being people caring for their ageing parents/parents-in-law, older people caring for a spouse/partner, and non-elderly adults caring for a spouse/partner or children who have a long-term illness or disability. To a lesser extent, informal care is also provided in the context of other familial relationships such as siblings, grandchild–grandparent or sometimes more distant relationships, as well as by friends and neighbours.

Apart from being a natural expression of human relationships and reciprocity, informal care also has a fundamental socioeconomic importance in terms of enabling public expenditure on long-term care to be kept at sustainable levels.² Without the flexibility that informal care provides, the quality of life and possibilities for dignified and relatively independent living in a normal home setting in the community would be much reduced for those who need care and support in their daily lives.

A changing carer agenda

Despite this, the role and contribution of informal carers in society has generally tended not to be very visible or given sufficient recognition, either in the public policy context or in the wider processes and institutions of social and economic life. The growth of the carers' movement in civil society in some countries has helped to increase the general visibility of the carer issue in those countries and prompted more attention in public policy. However, the situation in this regard remains very variable across EU Member States. Considerable attention has been given to the informal caring issue in some countries, but in many, policy recognition has been limited and often negligible.

Historically, in those countries where the informal caring issue began to become visible, much of the focus of policy and research, and in the activities of carer organisations, tended to concentrate on so-called 'full-time' carers. These carers, through choice or necessity, dedicate so much time and effort to caring as to preclude participation in paid employment, at least for the duration of the caring episode. Caring tended to be seen predominantly as a woman's role and, in many countries, particularly those where labour market participation rates of women were low, the issue of combining working and caring received little attention. Even in countries where participation rates of women were higher, the issue of working carers tended not to receive much direct attention.

Until recently, the main focus was on understanding the experiences and needs of such full-time carers, and developing policy and practical support to help them to continue to care while maintaining a good quality of life. There was some acknowledgement of the fundamental importance of informal care in long-term care and of the need to provide support to carers in order to mitigate threats to the sustainability of their caring inputs. In parallel, there was also a growing

² The European Commission '2009 Ageing Report' provides estimates of the substantial costs that would be associated with even a 1% shift from informal to formal care across Europe. (European Commission, Economic and Financial Affairs Directorate-General, '2009 Ageing Report: Economic and budgetary projections for the EU27 Member States (2008–2060)', *European Economy*, Issue 2, Luxembourg, Publications Office of the European Union, 2009, available online at http://ec.europa.eu/economy_finance/publications/publication14992_en.pdf).

awareness of the threats to carers' own health and well-being that caring can pose. Policy responses to the interlinked issues of sustaining informal care and addressing carers' needs included provision of financial support (through various forms of carer payments under social protection schemes), respite and other forms of carer support services, rights to needs assessments, and a variety of other measures. However, across Europe the response remains rather patchy.

The growth in women's labour market participation over the last decades has resulted in a situation where many more carers now combine paid employment with care responsibilities, or would like to if they could. There has also been a growing if more limited awareness that working and caring is not just an issue for women, but affects many men in the workforce as well. Reflecting these developments, there has been increased reference to the working carer issue in work–family reconciliation policy and also in industrial relations and human resources (HR) circles – although nothing like the attention that the issue of working parents has achieved.³ Mirroring the perspectives in regard to 'full-time' carers, a dual focus can again be detected here. There has been concern to address issues of sustainability of labour supply (by tapping into groups such as carers who traditionally have had lower participation rates, particularly carers in the older working age groups) as well as issues around the productivity and the retention of workers. There has also been concern to address the career, health and well-being, and other problems that combining working and caring can pose for those who are affected.

In an ideal world, the approaches to support carers in their caring roles and those to support workers who are carers would be joined up and coordinated, but there seems to be little evidence of any widespread progress in this respect. In fact, it has been argued that there are problematic contradictions between labour market, income support and long-term care policies in many countries. These may often force carers into difficult and unwanted positions. At one extreme would be full-time caring without any participation in paid employment and often with a major loss of income as a result. At the other extreme would be juggling full-time working and very substantial caring with little or no support, with associated risks to health and well-being, and reduced quality of working experience and quality of life (and probably also quality of support for the dependent person).

With demographic ageing set to increase dramatically the numbers of people needing care while at the same time reducing the numbers of those of working age available to provide family care, there will be a need to develop policies and provisions that better facilitate the combination of working and caring.

From the carer support side, there will be an increased need for:

- services (home care, day care and other support measures that enable carers to have a life beyond caring) to be provided in sufficient quantity to enable carers to go to work;
- services to be organised to suit the schedules of working carers;
- financial support to be provided in ways that do not completely preclude participation in paid employment.

³ Larsen, T.P., European Working Conditions Observatory (EWCO), *Work–life balance policies benefit working parents*, Dublin, European Foundation for the Improvement of Living and Working Conditions (Eurofound), 2008, available online at <http://www.eurofound.europa.eu/ewco/2008/06/DK0806059L.htm>.

From the labour market side, there will be a need for:

- focused policy responses that address the specific work–family reconciliation needs that arise for working carers;
- employers to implement practical measures to address the needs of their workforce in regard to working and caring.

European policy

The issue of informal care has relevance in a number of fields of EU policy. It has gained increasing visibility and attention in recent years, although generally not in a very concrete or operational manner. It is recognised as an issue related to areas of EU competence even if various aspects may be subject, to a greater or lesser degree, to subsidiarity considerations.

For example, the overarching *Europe 2020: A strategy for smart, sustainable and inclusive growth* makes reference to the working and caring issue. The Communication from the Commission⁴ notes the importance of access to childcare facilities and care for other dependants in the context of the priority ‘Inclusive growth – a high-employment economy delivering economic, social and territorial cohesion’.

The remainder of this section provides an overview of how working and caring has been addressed in various aspects of European policy.

Data on carers

One important prerequisite for informed policymaking is reliable data on the circumstances, experiences, needs and preferences of carers. Data on the labour market situation of carers are of particular interest and the key data source in the European policy context would be expected to be the Labour Force Survey (LFS). However, the main LFS survey does not currently differentiate between informal caring and childcare, and is thus of limited value for informing policy in this field. The ad hoc LFS module in 2005 on work–family reconciliation⁵ did attempt to gather such differentiated data from across the Member States, but this has not been repeated and only a limited amount of analysis of the dataset from the 2005 survey has so far been published by Eurostat.⁶

Apart from the LFS, a number of other sources can provide some EU-wide data on carers including the European Community Household Panel (ECHP)/Statistics on Income and Living Conditions (SILC) surveys and surveys conducted by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) on themes such as working time preferences and quality of life. However, these do not yet seem to have been subject to extensive analysis in relation to the carer theme.

⁴ European Commission, *Europe 2020: A strategy for smart, sustainable and inclusive growth*, COM(2010) 2020, Brussels, European Commission, 2010, available online at http://ec.europa.eu/eu2020/index_en.htm.

⁵ Eurostat, *Reconciliation between work and family life: final report to the 2005 LFS ad hoc module*, Luxembourg, Publications Office of the European Union, 2007, available online at http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-07-011/EN/KS-RA-07-011-EN.PDF.

⁶ Eurostat, *Reconciliation between work, private and family life in the European Union*, Luxembourg, Publications Office of the European Union, 2009, available online at http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-78-09-908/EN/KS-78-09-908-EN.PDF.

Employment and employment-related policy

The only reference to working carers in existing European legislation in the employment field appears to be the mention of parents of children with disabilities or long-term illness in the recently published Directive implementing the revised Framework Agreement on Parental Leave⁷ as agreed by the social partners in June 2009. The scope is limited to such parent carers and does not extend to the broader spectrum of informal carers, and even for parent carers, the approach can be considered to be quite a ‘soft’ one. Apart from its general parental leave provisions, the preamble to the agreement notes the importance of taking into account the special needs of parents of children with disabilities or long-term illness and another clause encourages Member States and national social partners to consider measures to address the particular needs of this group.⁸ Other provisions are relevant for (parent) carers as well as for parents in general, including rights on return after leave (for example to request flexible working) and encouragement of workers and employers to maintain contact during their leave and to make arrangements for suitable reintegration measures after it ends. The new agreement also maintains provisions for emergency (*force majeure*) leave for urgent family reasons,⁹ which is of course relevant for working carers although they are not specifically mentioned.

Apart from this, there are a number of directives in the employment field that have some relevance for the caring/employment issue.

The Part-time Work Directive¹⁰ implements the agreement on part-time work as negotiated by the social partners in 1997, which provides for the removal of discrimination against part-time workers as well as aiming to improve the quality of part-time work. It is also more generally intended to facilitate the development of part-time work on a voluntary basis and to contribute to the flexible organisation of working time in a manner that takes into account the needs of employers and workers. As part-time work can be an important solution for working carers, the Directive has a direct relevance for them. Carers are not specifically addressed but are covered in the same way as any other worker.

The Directive on the organisation of working time¹¹ has a less direct and more proxy relevance by illustrating how EU legislation can be directed towards the organisation of working time to protect the health and safety of workers. The

⁷ Council Directive 2010/18/EU of 8 March 2010 implementing the revised Framework Agreement on parental leave concluded by BUSINESSEUROPE, UEAPME, CEEP and ETUC and repealing Directive 96/34/EC, *Official Journal of the European Union*, L68, 2010, pp. 13–18, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:068:0013:0020:EN:PDF>.

⁸ Annex Framework Agreement on Parental Leave (revised), Clause 3.3: ‘Member States and/or social partners should assess the need to adjust the conditions for access and modalities of application of parental leave to the needs of parents of children with a disability or a long-term illness.’

⁹ Annex Framework Agreement on Parental Leave (revised), Clause 7.1: ‘Member States and/or social partners shall take the necessary measures to entitle workers to time off from work, in accordance with national legislation, collective agreements and/or practice, on grounds of force majeure for urgent family reasons in cases of sickness or accident making the immediate presence of the worker indispensable.’ Clause 7.2: ‘Member States and/or social partners may specify the conditions of access and detailed rules for applying clause 7.1 and limit this entitlement to a certain amount of time per year and/or per case.’

¹⁰ Council Directive 97/81/EC of 15 December 1997 concerning the Framework Agreement on part-time work concluded by UNICE, CEEP and the ETUC – Annex: Framework agreement on part-time work, *Official Journal of the European Union*, L14, 1998, pp. 9–14, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31997L0081:EN:HTML>.

¹¹ Directive 2000/34/EC of the European Parliament and of the Council of 22 June 2000 amending Council Directive 93/104/EC concerning certain aspects of the organisation of working time to cover sectors and activities excluded from that Directive, *Official Journal of the European Union*, L195, 2000, pp. 41–45, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0034:EN:HTML>.

approach could possibly, by extension, be brought to bear at some point in relation to vulnerable groups such as working carers if they were deemed to be at a particular health and safety risk (for example, because of stress of the dual role under particular types of work organisation). The Directive on maternity leave¹² and the Framework Directive on parental leave¹³ also have a proxy relevance for carers in that, in principle, they provide blueprints that could also be implemented in an appropriate manner in order to support working carers.

The possibility of introducing leave measures to cover carers more generally has in fact been put on the agenda by the European Commission, being first raised within the context of a broader consideration of possible extension of the EU acquis in the field of labour law launched in a Green Paper¹⁴ published in 2006. The employment issues arising for people with caring responsibilities were mentioned in the Green Paper and were subsequently followed up in a two-stage consultation with social partners (2006 and 2007) and Member States and non-governmental organisations (NGOs) (2007 and 2008) on the extension of the current framework agreement/directive, or other possible legislative or non-legislative measures in the area of reconciliation. The positions of the stakeholders are discussed further below in the section on ‘social dialogue’.

In this context, the Commission gave direct consideration to the possibility of extending the current leave provisions (under the Parental Leave Directive) to include a right to ‘filial’ leave (leave to care for a dependent family member). This possibility was included as an option within the Commission’s formal Impact Assessment,¹⁵ the results of which were positive towards an extension to include filial leave (possibly one month, unpaid). In the event (as mentioned above), the revised framework agreement between the social partners on parental leave (and the directive to implement this) does not make specific reference to, or provisions for, filial leave – although it does give some attention to parents of children with disabilities or long-term illness.

Apart from directives, the Employment Guidelines provide the main operational instrument for EU-level influence on Member State employment policies. The existing guidelines¹⁶ refer to ‘better reconciliation of work and private life and the provision of accessible and affordable childcare facilities and care for other dependants’ (Guideline 18). However,

¹² Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding, *Official Journal of the European Union*, L348, 1992, pp. 1–8, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0085:en:html>.

¹³ Council Directive 2010/18/EU of 8 March 2010 implementing the revised Framework Agreement on parental leave concluded by BUSINESSEUROPE, UEAPME, CEEP and ETUC and repealing Directive 96/34/EC, *Official Journal of the European Union*, L68, 2010, pp. 13–18, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:068:0013:0020:EN:PDF>.

¹⁴ European Commission, *Green Paper: Modernising labour law to meet the challenges of the 21st century*, COM(2006) 708 final, Brussels, European Commission, 2006, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0708:FIN:EN:PDF>.

¹⁵ European Commission, *Commission Staff Working Document accompanying the Proposal for a Directive of the European Parliament and of the Council amending Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding. Impact Assessment Report*, SEC(2008) 2596, Brussels, European Commission, 2008, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SEC:2008:2596:FIN:EN:PDF>.

¹⁶ Council Decision of 15 July 2008 on guidelines for the employment policies of the Member States (2008/618/EC), *Official Journal of the European Union*, L198, 2008, pp. 47–54, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:198:0047:0054:EN:PDF>.

suitable monitoring indicators on the carer (as opposed to childcare) dimension do not yet seem to have been put in place. The proposed new integrated guidelines¹⁷ mention that ‘work–life balance policies with the provision of affordable care and innovation in work organisation should be geared to raising employment rates, particularly among youth, older workers and women’ (Guideline 7).

The working and caring theme has also been picked up to some degree in EU flexicurity policy,¹⁸ with reference to the roles that both income protection and work flexibility can play. Although the issue does not seem to have been operationally addressed in any substantial or concerted manner at EU level as of yet, some Member States have implemented measures in this field.¹⁹

The theme has also been addressed in work–family reconciliation and work–life balance policy, for example in the Communication of 2008²⁰ where, in addition to a major focus on childcare, there is also considerable mention of care for other dependants. While some examples of approaches are provided (filial and other forms of carer leave, care services, and flexible working arrangements including teleworking), again it seems that the issue has not been operationally addressed in a manner that would support a concerted practical effort across the Member States.

EU policy on demographic and workforce ageing has also been cognisant of the likely substantial increase in the numbers of people who are combining work and care, although specific measures to address the caring dimension have not so far been apparent among the more general initiatives to encourage and support older workers.

Financial policy for an ageing Europe

The financial importance of the informal caring theme is given quite prominent attention in the *2009 Ageing Report*, a joint report prepared by the European Commission’s Directorate for Economic and Financial Affairs and the Economic Policy Committee. This analysis showed how shifts between informal and formal care provision can have substantial implications for public long-term care expenditure and included consideration of how labour market trends might contribute to such shifts. However, the role that labour-side measures (supporting working carers) could play in terms of moderating the need for such shifts from informal to formal care in the first place seems not yet to have received much direct attention in this context.

¹⁷ European Commission, Proposal for a Council Decision on guidelines for the employment policies of the Member States. Part II of the Europe 2020 Integrated Guidelines, COM(2010) 193 final, Brussels, European Commission, 2010, available online at http://ec.europa.eu/eu2020/pdf/COMM_PDF_COM_2010_0193_F_EN_PROPOSITION_DE_DECISION.pdf.

¹⁸ Directorate-General for Employment, Social Affairs and Equal Opportunities Unit D.2, *Towards Common Principles of Flexicurity: More and better jobs through flexibility and security*, Luxembourg, Publications Office of the European Union, 2007, available online at <http://ec.europa.eu/social/BlobServlet?docId=2756&langId=en>.

¹⁹ Some countries have addressed this issue specifically in relation to carers, for example, in the statutory provision of a specific social insurance payment for carers who take time out to care such as carers’ benefit in Ireland.

²⁰ European Commission, *A better work–life balance: stronger support for reconciling professional, private and family life*, COM(2008) 635 final, Brussels, European Commission, 2008, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0635:FIN:EN:PDF>.

Gender policy

EU gender policy refers explicitly to the issue of caring and employment.²¹ The lack of equality between men and women in terms of taking up responsibilities for the care of dependants and the differences in the types of employment-related solutions that tend to be used by men and women have been identified as important sources of gender inequality and contributors to the higher inactivity rates of women. The gender equality roadmap mentions more flexible working arrangements, better (social) care services and fairer sharing between men and women as key requirements in this regard. This is partially taken up in the Council agreement in March 2006,²² with specific reference being made to the need to improve (social) care services to support work–life balance.

In relation to gender policy, it can also be mentioned that the Opinion of the EU’s Advisory Committee on Equal Opportunities for Men and Women of 3 July 2008²³ noted that carer’s leave should be introduced to:

- enable men and women to meet the care needs of family members or other dependants who have a disability or who need care as older people;
- address the diversity of caring situations required to meet these caring needs – in particular supporting models where caring is shared between family members and in ensuring a flexibility in the leave available;
- introduce a payment for carer’s leave that guarantees an adequate compensation for loss of income, with payment to be made through social insurance or other statutory payments;
- ensure that any person taking up carer’s leave should not be disadvantaged as regards social benefits and should be guaranteed the right to return to their former work position.

The Opinion also recommends:

- introducing a requirement on employers to make a reasonable accommodation for people with caring responsibilities in terms of flexible working arrangements without causing a disproportionate burden on the employer;
- further developing the guidelines for the Member States National Reform Programmes to better address reconciliation of work and family life and statutory entitlements, including peer review, programmes to support employers, Member States’ labour market initiatives to ensure no disadvantage to women or men who avail of statutory leave entitlements;
- reviewing the Barcelona targets for childcare infrastructure and develop targets relevant to the care infrastructure required by older people.

²¹ European Commission, Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on a Roadmap for equality between women and men 2006–2010, COM(2006) 92 final, Brussels, European Commission, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0092:FIN:EN:PDF>.

²² Brussels European Council, 23/24 March 2006, Presidency Conclusions.

²³ Advisory Committee on Equal Opportunities for Women and Men, *Opinion on the introduction of new forms of leave (paternity leave, adoption leave and ‘filial’ leave)*, 3 July 2008.

Equality/anti-discrimination policy

EU equality/anti-discrimination policy does not currently give explicit attention to carers or to caring either in the Employment Equality Directive²⁴ or in the proposed Equal Treatment Directive.²⁵ However, as discussed further in the penultimate chapter of this report, the European Court has recently ruled that EU law protecting employees against discrimination at work due to disability also applies to their carers.²⁶ In at least one Member State (Ireland), equality legislation also explicitly covers family carers. Further examination of the relevance and potential contribution of EU equality/anti-discrimination policy to the caring/employment issue would therefore seem warranted.

Health, long-term care policy

The issue of informal caring has also been taken up in the context of the Open Method of Coordination (OMC) on Social Protection and Social Inclusion. In this regard, the *Joint Report on Social Protection and Social Inclusion 2009*²⁷ noted some effort on the part of Member States to provide public services supporting carers (such as in-kind benefits, financial payments to carers, respite care, counselling and training, needs assessment), but concluded that there is still much diversity and often limited public provision/support across Member States. However, neither the Joint Report nor the individual national reports suggest that the link between work–family reconciliation and provision of (social) care services has been given much direct attention by Member States.

EU health policy does not seem to have focused much attention on health issues for informal carers, although there has been reference in some contexts such as the recent Communication on Alzheimer’s disease and other dementias.²⁸ The available evidence suggests a need for greater recognition of the health dimensions of working and caring, taking into account both the possible downsides (combining working and caring may impose substantial strains on carers, sometimes to the detriment of their health) and positive aspects of working and caring (having a job might often be better for carer health and well-being than not having one, because of the opportunity for social contact, relief from the caring role, enhanced self-esteem and other benefits of going out to work).

²⁴ Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, *Official Journal of the European Union*, L303, 2000, pp. 16–22, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0078:en:HTML>.

²⁵ European Commission, *Proposal for a Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation*, COM(2008) 426 final, Brussels, European Commission, 2008, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0426:FIN:EN:PDF>.

²⁶ <http://curia.europa.eu/jurisp/cgi-bin/form.pl?lang=EN&Submit=rechercher&numaff=C-303/06>.

²⁷ Council of the European Union, *Joint Report on Social Protection and Social Inclusion 2009*, 7503/09, SOC 187, ECOFIN 192, FSTR 37, EDUC 51, SAN 51, Brussels, Council of the European Union, 2009, available online at <http://ec.europa.eu/social/main.jsp?catId=757&langId=en>.

²⁸ European Commission, *Communication from the Commission to the European Parliament and the Council on a European initiative on Alzheimer’s disease and other dementias*, COM (2009) 380 final, Brussels, European Commission, 2009, available online at http://ec.europa.eu/health/ph_information/dissemination/documents/com2009_380_en.pdf.

Social protection and pensions policy

In addition to the key role for social protection in providing flexicurity for carers of working age (for example, through income support for carers while taking time out from work to care), the particular needs of informal carers in relation to pension systems have also begun to receive attention. The recent European Green Paper on Pensions,²⁹ for example, raises the possibility of more Member States providing crediting (for pension purposes) of involuntary employment breaks in situations such as when caring for frail dependants.

ICT and Information Society policy

Carers are also given some reference in EU policies and initiatives on information and communication technologies (ICT) and the Information Society, particularly in relation to addressing the needs of an ageing society.³⁰ They are identified as a relevant group for attention within EU-funded RTD (research, technology development and demonstration activities) programmes as well as in large-scale pilot projects with regions under the Competitiveness and Innovation Programme.

Social dialogue

Social dialogue between employers and trade unions is an important mechanism for policy formulation in the field of employment in Europe. At EU level, this is most concretely implemented through framework agreements between the social partners, which may or may not be then implemented via EU directives. At Member State level, social dialogue and associated collective agreements at sectoral or company level can also play an important role and these are discussed further in the penultimate chapter of this report.

As mentioned earlier, there have not yet been any EU-level agreements or associated directives specifically focusing on the needs of working carers as such, although the revised framework agreement on parental leave does give some attention to the particular needs of parents of children with disabilities or long-term illness. More generally, the framework directive on part-time working and the framework agreement on teleworking (not implemented via a directive) also have some relevance, as the evidence presented in the next chapter suggests that both part-time working and teleworking are important components of the range of solutions that can be of value for working carers.

The European social partners recently made an assessment of progress in relation to work–family reconciliation and outlined their views on how best to further promote this field in Europe.³¹ Their assessment notes that although flexible working arrangements, leave arrangements and care facilities are the three main categories of instrument used by Member States to achieve work–life balance, in practice the extent to which these are used and the interrelationships between them vary greatly between European countries.

²⁹ European Commission, *Green Paper: towards adequate, sustainable and safe European pension systems*, COM(2010)365 final, Brussels, European Commission, 2010, available online at <http://ec.europa.eu/social/BlobServlet?docId=5551&langId=en>.

³⁰ European Commission, *Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions. Ageing Well in the Information Society. An i2010 Initiative. Action plan on information and communication technologies and aging*, COM(2007) 332 final, Brussels, European Commission, 2007, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0332:FIN:EN:PDF>.

³¹ ETUC, BusinessEurope, CEEP and UEAPME, *Progress report: Reconciliation of professional, private and family life*, Brussels, 2008, available online at http://www.etuc.org/IMG/pdf_2008-00393-E.pdf.

In their report, the social partners agree that regulation and organisation of working time can allow workers (men and women) to combine a mainstream job with the demands arising from issues such as caring for children or other dependent family members. They also note that specific flexible working time arrangements (such as adapted schedules) and possibilities to reduce or extend one's working time (such as reversible part-time work) could complement a general family-friendly working time organisation. The social partners state that they will assess if, and in what form, innovative and adaptable working arrangements for women and men can be promoted.

They also note that, while the development of care infrastructures (including those for dependent people) is primarily the responsibility of public authorities, they recognise the complementary role that social partners at all relevant levels can play and commit to giving their full support to the realisation of this goal. To further strengthen this issue and to ensure more concerted action at EU level, the social partners also called on the EU to extend the existing focus on childcare in the EU's 'Lisbon Strategy' by adding a new target on care services for dependants.

In 2006, the European Commission launched a consultation of the social partners on the need for, and the possible direction of, Community action on reconciliation of professional, private and family life.³² Although all responses acknowledged the importance of reconciliation and the majority of organisations considered that further action is needed in this area, views differed on what needs to be done and at what level. Most organisations, including both trade unions and employers, stressed the importance of adequate childcare facilities and facilities for the care of elderly people and other dependants, and referred to the central role of the state in this area. On the employment regulation side, the trade unions were in favour of improving existing legislation relating to reconciliation, including that leave for the care of elderly persons or other dependants be considered in the context of revision of the Parental Leave Directive. Employer organisations thought the existing EU legislation was adequate and should not be extended.

The second stage consultation invited the views of the social partners on a range of possible legislative and non-legislative measures. A joint response by the trade unions and employers announced the setting up of a joint working group to:

- evaluate the (then) current framework agreement on parental leave to include examination of other forms of leave (including filial leave);
- assess if there was a need for any joint action.

As mentioned above, the finally agreed framework agreement (revised) of 18 June 2009 covers only parents and not other carers.³³

Civil society

In addition to the industrial relations process, the perspective of civil society also has an important contribution to make to policy formulation in the field of working and caring. This issue is on the agenda of several NGOs at EU level working in the interests of older people, families and women, as well as organisations campaigning for patients and people living with specific conditions.

³² European Commission, *Communication from the Commission. First-stage consultation of European social partners on the reconciliation of professional, private and family life*, SEC(2006) 1245, Brussels, European Commission, 2006.

³³ BUSINESSEUROPE, UEAPME, CEEP and ETUC, *Framework agreement on parental leave (revised)*, 18 June 2009, Brussels, 2009, available online at http://www.etuc.org/IMG/pdf_Framework_agreement_parental_leave_revised__18062009.pdf.

Eurocarers³⁴ is the main European-level organisation representing informal carers in Europe. It has repeatedly highlighted the importance of giving specific recognition and attention to the employment-related needs of carers in all EU policy measures of relevance, in particular that their scope be extended beyond the current tendency to focus only on parents and childcare. The organisation's position seems to be well captured in the excerpt below from its response to the Green Paper on modernising labour law.

Excerpt from Eurocarers' response to the Green Paper on labour law on priorities for a meaningful labour law reform agenda

- Individuals should be in a position to have genuine choices in relation to take up caring, paid employment or a combination of the two. This means that there should be support for working carers if they choose to combine work and care. In cases where the caring responsibilities become too heavy, financial compensation should be available to compensate for lost income and social security rights.
- Measures to facilitate returning to the labour market should be put in place.
- Occupational health services should take account of the (impact of the) caring situation of the employee when assessing health and health needs.
- Enhanced and practical options for reconciliation of work and family life/care responsibilities and access to these options should be developed in order for carers to maintain an adequate work–life balance, such as flexible hours, part-time work, care leave, ad hoc day-care facilities, promotion and development of ICT for telework and telecare.
- Flexicurity, that is flexibility combined with (social) security, is indispensable for carers, if they are to continue to provide care. Carers' issues should be considered an integral and crucial part of the EU and national flexicurity debates and policy development.
- There should be legal provisions to safeguard pensions and social protection for carers leaving paid employment in order to care, to provide benefits to carers in relation to the time dedicated to care for dependent relatives (for example, paid leave).
- An infrastructure of care should be put in place to support carers in paid employment and those wanting to return to work, such as available, high quality and reliable formal care services; address and prevent shortages of formal caregivers; develop and extend services that support carers, such as flexible homecare services and respite care schemes; promote the development and use of telecare support systems.
- An EU-level debate should be held, with the aim of exploring issues in relation to recognising caring as work, requiring an appropriate level of remuneration.

³⁴ European Association Working for Carers (<http://www.eurocarers.org>).

Eurocarers and other civil society organisations also responded to the Commission’s consultation on filial leave. As reported in the Commission’s Impact Assessment report,³⁵ Eurocarers, the European Women’s Lobby (EWL), the Platform of European Social NGOs (Social Platform) and the Confederation of Family Organisations in the European Union (COFACE) were all in favour of the introduction of leave provisions for carers.

Summary and conclusions

Overall it seems that, although the caring/employment theme is increasingly mentioned in EU policy documents in various fields, it has so far been given a lot less attention than the issue of working parents. European carer organisations and other civil society organisations have called for a more specific focus on working carers as an important grouping with distinctive needs.

Even though it is receiving mention in the policy context, little in the way of a concerted, operational approach on the topic of working carers can be detected at EU level to date. One exception is the consideration that was given to the possibility of extending the current parental leave provisions through the addition of ‘filial’ (or carer) leave.

An expanded, sustained and concrete effort will be required to address adequately the range of needs of working carers and types of solutions that they need. In addition, the cross-cutting nature of the working and caring issue requires development of greater coherence. A joined-up policy approach across the labour market, social protection, health, long-term care and other relevant policy fields is needed to ensure that policies are complementary rather than contradictory.

The topic of working and caring has also been given some attention in social dialogue processes. European trade union and employer bodies have consulted on the issue, especially in the context of the development of the revised framework agreement on parental leave which now makes specific reference to parents of children with disabilities or long-term illness – albeit in a fairly soft manner. Further efforts by the social partners are likely to be needed if an effective framework is to be put in place to encourage and ensure provision of the broader range of support needed across the spectrum of working carers, including but not limited to, parents of children with disability or long-term illness.

Carers and employment: the available evidence

This chapter looks at the available evidence relating to carers and employment. The main focus is on gaining an understanding of the needs of carers in relation to combining caring and working, and the solutions that are relevant to meeting these needs. The first section presents some data on the labour market situation of carers in Europe. The second provides an overview of some of the key evidence on the actual experiences and needs of working carers.

Carers and the labour market

This section looks first at participation patterns of carers in the labour market and then at the extent of caring among those in employment.

³⁵ European Commission, *Commission Staff Working Document accompanying the Proposal for a Directive of the European Parliament and of the Council amending Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding. Impact Assessment Report*, SEC(2008) 2596, Brussels, European Commission, 2008, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SEC:2008:2596:FIN:EN:PDF>.

Labour market participation of carers

Historically, there has been a generally held view that carers, especially female carers, have considerably lower employment rates than non-carers, although the extent of the gap may sometimes have been overestimated because of limitations in the available data and analysis. More recent data for various countries suggest that the pattern of historically lower participation rates of carers may have fallen substantially in line with the higher participation rates of women more generally. Nevertheless, some degree of negative link between caring and the likelihood of being in employment does still seem to exist in most EU countries, although with differences in the extent to which this can be detected across countries and by age and marital status.³⁶ More generally, some sources suggest that there may be considerably lower labour market participation rates in many countries for some sub-groups of carers.³⁷

In addition, there has been some uncertainty as to the extent to which the observed lower employment rates are always the direct result of carers having to withdraw from employment because of caring responsibilities. In some cases, caring responsibilities may have led a previously working carer to withdraw temporarily or permanently from the workforce; in other cases, a person may have been outside the workforce when the caring responsibility arose and there might be a tendency for those outside the workforce for other reasons (for example, women who have interrupted their working lives to care for their children) to be more likely to accept caring responsibilities, especially intensive caring responsibilities. There is evidence that both of these factors may be involved in cases where lower employment rates of carers are observed.³⁸

There is also evidence that withdrawal from the labour market by carers (even temporarily) often has negative impacts on future labour force participation including a sometimes low likelihood of returning at all, negative impacts on career trajectory and lower earnings.³⁹

The nature and intensity of caring responsibilities can be expected to influence decisions to participate in the labour force and there is evidence to suggest that those caring for 20 hours or more a week are more likely to experience detrimental effects on their employment prospects.⁴⁰ In addition, it seems likely that perceived opportunity costs would be an important factor in decisions about taking on a caring role and/or withdrawal (or staying withdrawn) from the workforce.

³⁶ Viitanen, T., *Informal elderly care and women's labour force participation across Europe*, ENEPRI Research Report No. 13, Brussels, European Network of Economic Policy Research Initiatives, 2005, available online at <http://www.enepri.org/files/Reviser/enepri-tarja.pdf>.

³⁷ For example, in Germany: Schneekloth, U. and Wahl, H. (eds.), *Möglichkeiten und Grenzen selbständiger Lebensführung in privaten Haushalten (MuG III)*, Munich, Bundesministerium für Familie, Senioren, Frauen und Jugend, 2005; and in other Member States: Lamura, G., Döhner, H. and Kofahl, C. (eds.), *Family carers of older people in Europe: a six-country comparative study*, Hamburg, LIT, 2008.

³⁸ Lilly, M., Laporte, A. and Coyle, P., Labor market work and home care's unpaid caregivers: a systematic review of labor force participation rates, predictors of labor market withdrawal, and hours of work, *The Milbank Quarterly*, Vol. 85, No. 4, 2007, pp. 641–690.

³⁹ Ibid.

⁴⁰ Department of Work and Pensions, *Pension reform fact sheet – new Carers Credit*, London, Department of Work and Pensions, 2006, available online at <http://www.dwp.gov.uk/docs/fs-carers-credit.pdf>.

All other things being equal, those for whom the financial implications are lower and/or who have a lower intrinsic attachment to their work and career might be expected to be more likely to withdraw or stay withdrawn. National contextual factors can be expected to have an important impact in this regard including:

- ways in which social protection systems affect financial opportunity costs;
- labour market processes affecting the impacts of withdrawal on careers or on the ease of returning to work after withdrawal;
- societal norms exerting an influence in regard to who should care and how they should care.

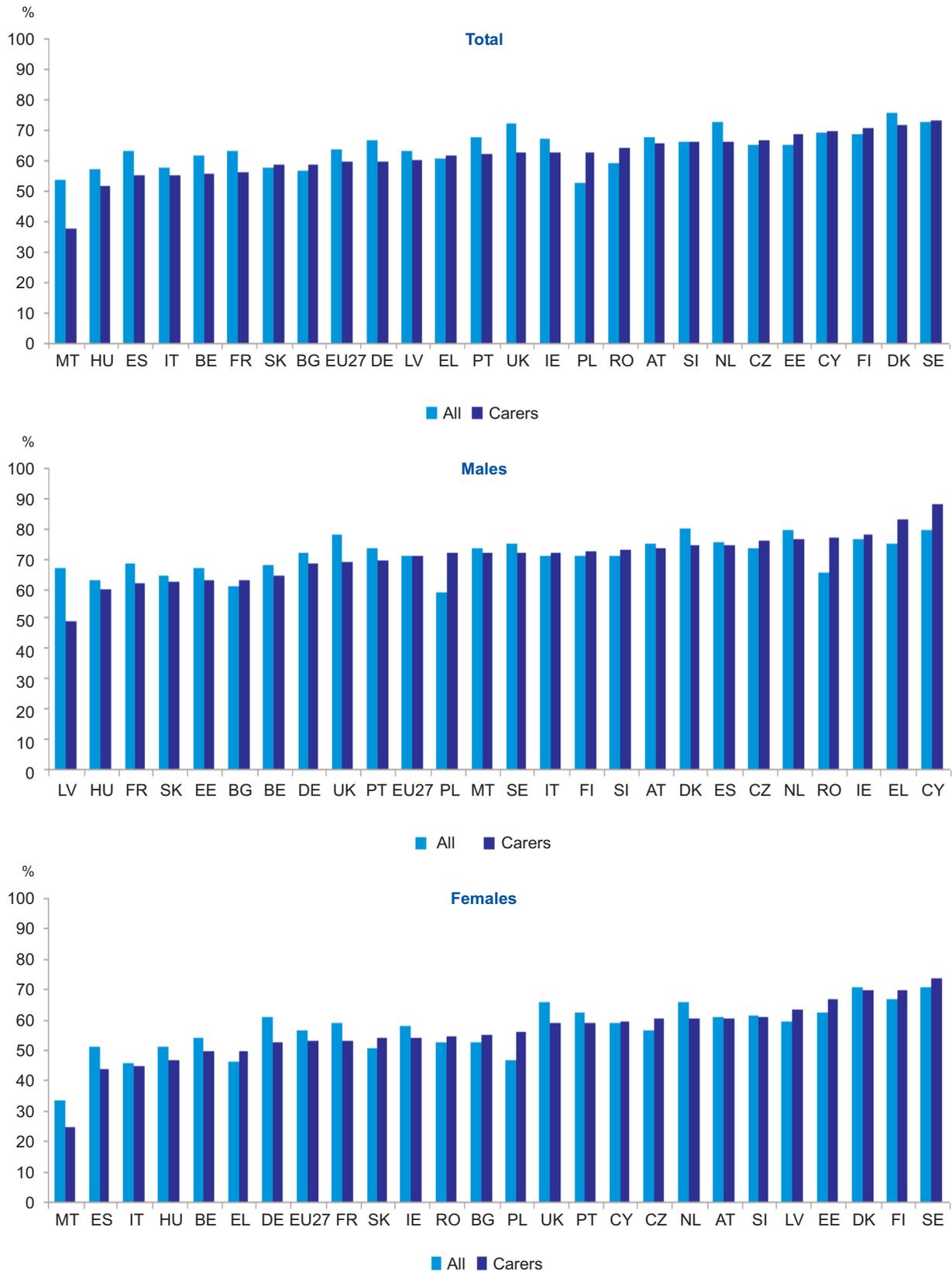
Ideally, public policy would aim to maximise people's degrees of freedom with regard to caring and employment decisions. This would mean facilitating a spectrum of preferences/needs that may arise across the broad range of carers and caring circumstances. Some carers may wish or need to withdraw from employment temporarily (or even permanently in some cases) in order to provide care, and others may wish or need to remain working while they are providing care.

Although some carers temporarily or permanently leave their employment or withdraw from the labour market, a majority of carers of working age in Europe today are, in fact, in employment – even if rates of employment vary across countries. Data from the 2005 LFS ad hoc module show an EU27 employment rate of 59.2% for carers of working age (people regularly taking care of ill, disabled or elderly relatives/friends aged 15 years or more in need of care), ranging from a low of 37.8% in Malta to a high of 72.7% in Sweden (Figure 1). For the EU27 as a whole, the employment rates of carers are a little lower than those of the working age population overall, with the gap tending to be more prominent for female carers than for male carers. When patterns for different age groups are examined, the gap is a little wider (though still relatively small) for those in the 25–49 age bracket and especially for women.

These patterns in the LFS data are for all carers combined and the data do not enable a breakdown by intensity of caring. Evidence from other sources suggests that employment rates may be considerably lower among those carers who provide longer hours of caring. For example, data from the 2001 Census in the UK show that, while employment rates for both female and male carers of working age overall were slightly lower than those of the population of working age, they were substantially lower among female and male carers who cared for 20 or more hours per week (comprising more than a quarter of carers of working age) and even lower again for those caring for 50 or more hours per week.⁴¹

⁴¹ Data from the UK Census 2001 cited in: Yeandle, S. and Fry, G., *The potential of ICT in supporting domiciliary care in England*, EUR 24150 EN, Luxembourg, Publications Office of the European Union, 2010, available online at <http://ftp.jrc.es/EURdoc/JRC56438.pdf>.

Figure 1: Employment rates of carers and all of working age in Europe, 2005

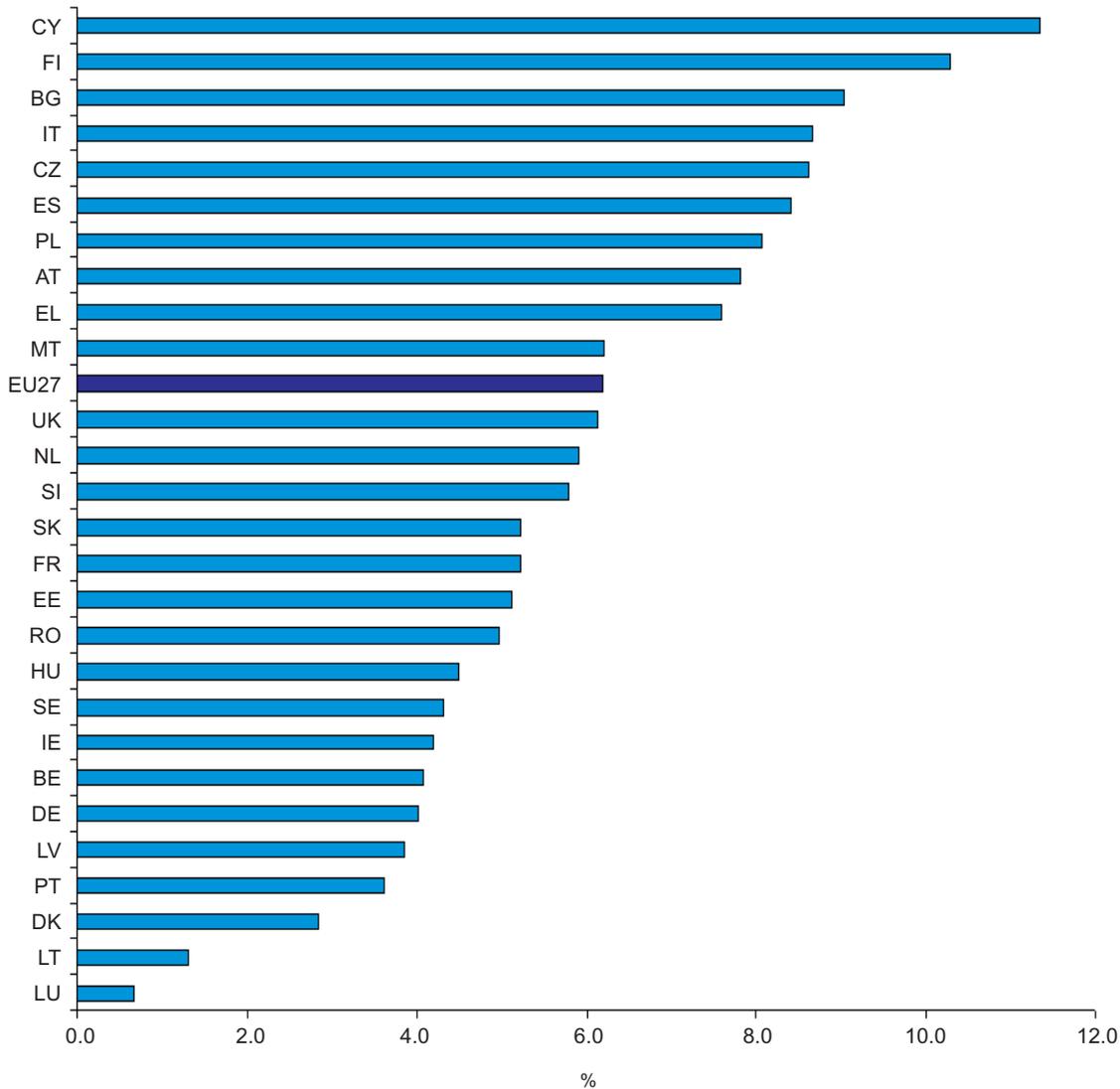


Note: See Annex for a list of country codes.
Source: Eurostat LFS 2005 ad hoc module

Carers in the workforce

The data from the LFS ad hoc module of 2005 suggest that about 6% of the workforce is caring regularly for a relative aged 15 years or more – ranging from less than 1% in Luxembourg to more than 11% in Cyprus (Figure 2).⁴²

Figure 2: *Share of employed people caring regularly for a relative aged 15 years or more, 2005*



Source: Eurostat LFS 2005 ad hoc module

If carers of children with disabilities or long-term illness were included, these numbers would be expected to increase. In addition, the results of other surveys have suggested a somewhat higher prevalence of caring among the workforce. For example, the working time preferences survey carried out by Eurofound in 1998⁴³ found that about 10% of the

⁴² As reported, for example, in: Hessel, P. and Keck, W., *How caring for an adult person affects employment?*, EQUALSOC project group, 2009, available online at http://www.equalsoc.org/uploaded_files/regular/Hessel-Keck-elderly-care-and-employment.pdf.

⁴³ Bielenski, H., Bosch, G. and Wagner, A., Eurofound, *Working time preferences in sixteen European countries*, Luxembourg, Publications Office of the European Union, 2002, available online at <http://www.eurofound.europa.eu/pubdocs/2002/07/en/1/ef0207en.pdf>.

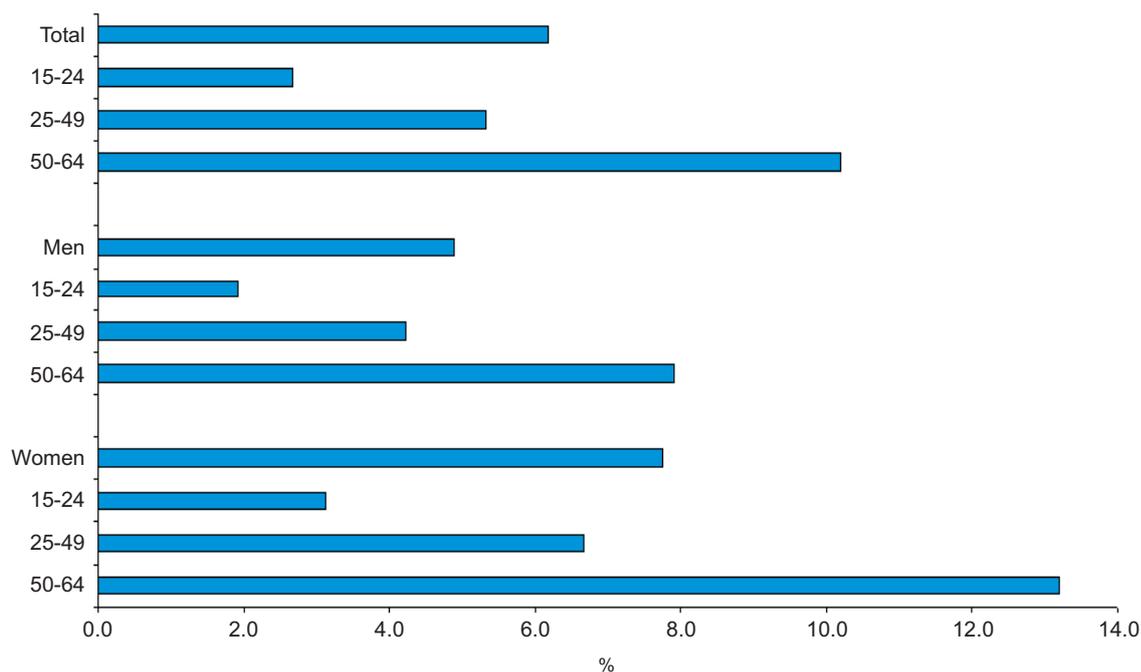
workforce were carers (‘apart from children: personally looking after any person during the daytime because they are ill, disabled or elderly’) and Eurofound’s second European Quality of Life Survey⁴⁴ found levels of caring several times a week (for ‘elderly/disabled relatives’) among those in employment to be 11% for women and 6% for men. Definitional or methodological differences most likely underlie this variability.

Working carers are to be found across all sectors of the workforce, even though there may be some differences in terms of over/underrepresentation across different sectors and occupational levels linked to differences in gender profiles, opportunity costs and possibilities for work–family flexibilities.

Regardless of the precise prevalence overall, the available evidence indicates a higher prevalence of caring among the female workforce, with working women up to 1.6 times more likely to be carers than working men. But because of the higher employment rates of men leading to more men in the workforce, the Eurostat data suggest that men make up about 44% of carers in the workforce as a whole. There is some evidence suggesting that working female carers are more likely to have intensive caregiving responsibilities than working male carers. Nevertheless, there are also many working male carers who have intensive caring responsibilities.

Analysis of the available evidence also indicates that prevalence of caring among the workforce rises with age, with the highest prevalence among the 50–64 age group (Figure 3).

Figure 3: *Employed people caring regularly for a relative aged 15 years or more, by sex and age group in EU27, 2005*

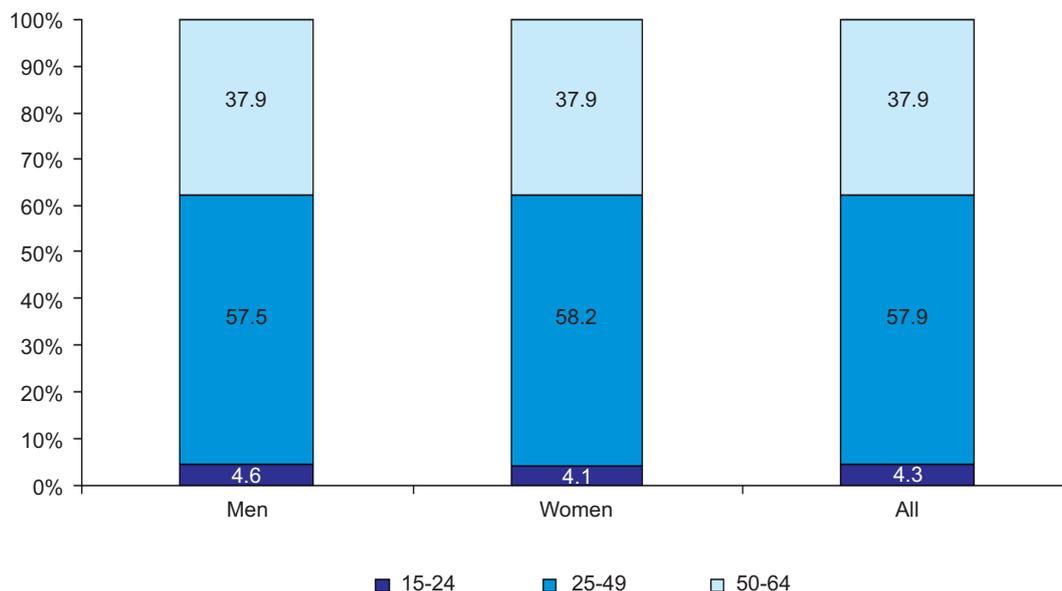


Source: Eurostat LFS 2005 ad hoc module

In terms of the actual age profile of the working carer population, data from the Eurostat ad hoc module of 2005 suggest that at present more than half of working carers are in the 25–49 age range and more than one-third are in the 50–64 age range (Figure 4).

⁴⁴ European Quality of Life Survey 2007, available online at <http://www.eurofound.europa.eu/areas/qualityoflife/eqls/2007/>.

Figure 4: Age profile of working carers in EU27, 2005



Source: Eurostat LFS 2005 ad hoc module

Employment-related experiences and needs of working carers

In this section, the focus is on developing an evidence-based overview of the main types of issues that can arise for working carers and the types of employer-level response that would be relevant to addressing these issues. To date, the published research in this field has tended to be dominated by United States (US) and to a lesser degree UK sources, although there is emerging research literature from other countries such as Germany,⁴⁵ Finland⁴⁶ and Belgium.⁴⁷

As caring responsibilities can in principle arise for anyone, caring for people at all ages from young children to great-grandparents, carers are a very heterogeneous group comprising women and men across the spectrum of age groups, income levels, educational attainment and occupational groupings. They also vary widely in the nature and amount of care they provide as well as in the support they have from other family members, from formal care services and in the employment context. The interactions between caring and employment are influenced by all of these factors so it is difficult to make sweeping generalisations about employment-related impacts and outcomes.

⁴⁵ For example, Keck, W. and Saraceno, C., *Balancing elderly care and employment in Germany*, Berlin, Wissenschaftszentrum Berlin für Sozialforschung, 2009.

⁴⁶ For example, Leinonen, A., 'Tutkittavana työssäkäynnin ja omaishoivan yhdistäminen: keskiarvoja, kokemuksia ja käsitteellistämisen tarpeita' [Research on combining caring and working: numbers, experiences and need of conceptualisations], *Gerontologia*, Vol. 23, No. 1, 2009, pp. 14–22.

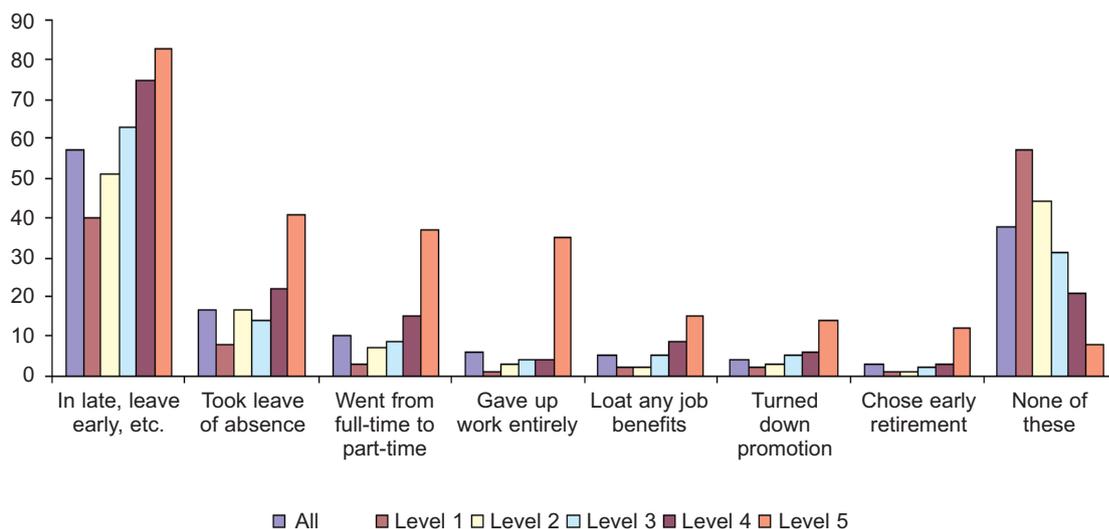
⁴⁷ For example, Wilmots, B., *Combinatie langer werken en mantelzorg: Bevraging bij HR-managers en werkende mantelzorgers*, Hasselt, University Hasselt, 2007, available online at <https://doclib.uhasselt.be/dspace/bitstream/1942/1852/1/wilmots.pdf>.

Spectrum of needs and impacts

As carers are a very heterogeneous group, the needs and impacts arising from caring and working can vary widely. To illustrate this, Figure 5 presents data on the spectrum of work adjustments reported in a representative national survey of caregivers conducted in the US in 2004.⁴⁸

This study allowed analysis of patterns across carers with different levels of caring intensity (in terms of weekly hours and amount/type of caring tasks that are done). The results showed that the most intensive caregivers were much more likely to report more dramatic adjustments such as giving up work entirely or moving to part-time working. Although the frequency of reporting other adjustments also increased with intensity of caring, the data show that many carers in the lower intensity categories did report having to make various adjustments such as coming in late to work, leaving early or taking leave of absence. Thus, while the needs of carers with intensive caring responsibilities warrant particular attention, measures to support working carers also need to address the perhaps less dramatic but nevertheless important impacts that may arise for carers with less intensive caring responsibilities.

Figure 5: *Work adjustments reported by carers in the US, by level of caregiving intensity, 2004 %*



Source: *National Caregivers Alliance and AARP, 2004*

More generally, there has been a tendency for the focus of research in this field to be mainly on carers of older people. Some work has also specifically addressed carers of children with disabilities or long-term illness, and it has been argued that their situation has its own difficult challenges which are not the same either as normal parenting or caring for an older person.

Such ‘parent carers’ may face a lifetime of caring and have other children as well, and are therefore often in a situation where consideration of leave or downsizing may not be possible because of the need to support a young family, with the added costs associated with the illness/disability as well. Surveys of parent carers in the UK indicate that the majority report some kind of adverse impact on their employment, with tiredness and stress being among the most difficult

⁴⁸ National Caregivers Alliance and AARP, *Caregiving in the U.S.*, National Alliance for Caregiving and AARP, 2004, available online at <http://www.caregiving.org/data/04finalreport.pdf>.

aspects of combining work and care, and having to take time off work also often a problem.^{49,50} The particular needs of carers of non-elderly adults with disabilities or long-term illness (for example, caring for an incapacitated spouse/partner) seem so far to have received relatively limited research attention.

The available evidence also suggests that labour force adjustments may commonly be made in the first three months of caregiving and then remain fairly stable thereafter (although this may be specific to women), even after caregiving ends.⁵¹ This is important as it suggests a need for timely intervention (to prevent unnecessary or disadvantageous forms of withdrawal), as well as measures to reduce the likelihood of negative longer term, post-caring impacts.

Gender issues are important in this regard, with the evidence suggesting that women are considerably more likely than men to take up the more disadvantageous options (such as leave or part-time working) as well as being more likely to avail of most forms of work–family flexibility/adjustment in the workplace.

Overall, three basic options/outcomes for carers can be identified:

- withdrawal from work (temporary or permanent);
- downshifting (hours reduction);
- combining full-time working and caring.

The following sections look more closely at the needs and issues for working carers organised around four themes:

- temporary withdrawal through long-term leave;
- part-time working;
- work flexibility;
- other forms of support for carers in the workplace.

Long-term leave

The focus here is on long-term leave provided at the company level – that is, leave for periods of a few months to a few years that enables working carers to take time out to care while still having a job to return to when the leave period is over. As detailed in the next chapter, some Member States have statutory or sectoral provisions that give employees the right to take long-term leave for family or other reasons (such as career breaks), less frequently making specific reference to caring as a reason for long-term leave or being specifically oriented towards carers as such.

⁴⁹ Contact a Family, *Flexible enough? Employment patterns in families with disabled children*, London, Contact a Family, 2004, available online at <http://www.cafamily.org.uk/pdfs/FlexibleEnough.pdf>; Contact a Family, *Relationships between parents who have a disabled child: A survey of over 2,000 parents in the UK*, London, Contact a Family, 2004, available online at <http://www.cafamily.org.uk/pdfs/relationshipsurvey.pdf>.

⁵⁰ Stiell, B., Shipton, L. and Yeandle, S., *Caring for sick or disabled children: Parents' experiences of combining work and care*, Report for Carers UK and Contact a Family from Centre for Social Inclusion, Sheffield Hallam University, London, Carers UK and Contact a Family, 2006, available online at <http://www.carersuk.org/Professionals/ResearchLibrary/Employmentandcaring/1207231101>.

⁵¹ Lilly, M., Laporte, A. and Coyle, P., Labor market work and home care's unpaid caregivers: a systematic review of labor force participation rates, predictors of labor market withdrawal, and hours of work, *The Milbank Quarterly*, Vol. 85, No. 4, 2007, pp. 641–690.

There seems to be no systematic data on the extent to which carers across Europe are interested in or actually avail themselves of long-term leave for caring purposes. Evidence from countries where such leave is available on a statutory basis (such as Ireland) suggests that it tends to be taken up by a relatively small minority of working carers. This may be a reflection of a preference by the majority (but not all) working carers to seek other options (such as part-time working or other work adjustments) or of the downsides that can be associated with long-term leave, including income loss (long-term leave is typically unpaid) and concerns about negative impacts on career.

Even if it may often not be a preferable solution for carers, long-term leave is nevertheless an important component of the range of options that need to be available at the company level to working carers. Employers can contribute by ensuring that any statutory/sectoral provisions are readily available to carers as well as by making long-term care leave available on their own initiative where there is no supra-company requirement to provide this. They can also provide carer-friendly leave arrangements over and above their minimum statutory requirements, including provision of financial support during the leave period. Employer measures aiming to minimise career impacts and other potential downsides of long-term leave are also very relevant, as well as measures to maintain contact with carers who are on leave and to facilitate the return to work of carers when their caring responsibilities cease or settle down to manageable levels.

Part-time working

Many carers may prefer the less radical option of part-time working rather than taking complete leave.

The previously mentioned Eurofound 1998 survey of working time preferences in 16 countries provides data and insight on the issue of part-time working and caring in Europe. Although the data are relatively old, some of the patterns provide useful pointers for the current study.

The data show that, across the countries surveyed (the former 15 EU Member States (EU15) prior to enlargement and Norway), just under one in four (23%) working carers were working part time, with women (38%) much more likely to be working part time than men (9%). Among the workforce as a whole, for both women and men, carers were just slightly more likely to be working part time than non-carers.

Just over half of carers who were currently working part time stated that they were not interested in full-time working. Wanting or needing enough time to care was the most commonly mentioned reason (64%), although carers commonly cited other reasons as well (including wanting/needing time to spend with children, and wanting time for oneself and own activities). This is important because it reminds us that carers are not just 'carers', but also have other dimensions to their lives including childcare and their own personal lives.

The fact that almost half of carers would be interested in full-time working suggests that, while part-time working is an important option for carers, there may also be a considerable number of carers (as there are non-carers) who are 'involuntary' part-timers and who need support to enable them to achieve full-time working.

Turning to carers working full time, just under one in three (31%) expressed a preference for changing to part-time working, with this being somewhat but not dramatically more likely among women (36%) than men (29%). About half of those who would prefer to change to part-time hours would like this as a permanent arrangement, with most of the others only wanting it for a given period. Among men, in particular, carers were considerably more likely to be interested in changing to part-time work than non-carers. This suggests that the possibility for part-time working for male carers may be an issue that deserves more attention.

Wanting time for oneself and one's own activities was cited most frequently (70%) as a reason carers gave for wanting to change from full-time to part-time work, followed by reducing the strain resulting from full-time working (62%) and

then by more time for caring (50%). This again raises the point that working carers need to be supported to have a life of their own (not just to enable them to do more caring) and to reduce the strain of balancing working with other aspects of their lives (including caring), just as non-carers do. For some, part-time working can be a solution that helps to address all these aspects.

The survey also covered carers who were not working but who were ‘attached’ to the labour force in the sense of wanting to return to work at some point. Close to half of such carers expressed a preference for part-time working options, suggesting that the possibility for part-time working may be an especially important issue in the context of measures to support return to work for carers.

Overall, it is clear that part-time working is an important option that needs to be available for working carers and therefore measures at company level to facilitate access to this are very relevant. In addition, measures to protect against the possible downsides of part-time working also need consideration, including the associated income reduction as well as the possible negative impacts on career that may arise.

Term-time working and job sharing

Term-time working and job sharing are forms of part-time working or hours reduction that warrant mention as types of working time flexibility which may be particularly useful for carers in some circumstances.

Term-time working is mainly of relevance for working carers of disabled or chronically ill children, although shorter working years of various forms may be of relevance for some carers under particular circumstances. The UK research found this to be one of the most sought after types of flexibility for parent carers, although it was not very commonly available and some carers reported being unsuccessful in applying for it.

The flexibilities offered by job sharing may also be conducive to meeting the needs of working carers and their employers in certain circumstances.

Flexibilities and adjustments

Overall, the majority of working carers across Europe combine caring with more or less full-time working. For them (and also for part-time workers in some cases) a variety of challenges can arise in relation to balancing (or more commonly juggling) working and caring.

Although there has been some research on the experiences of such working carers, overall the extent of attention to this field has been quite limited. Some useful efforts have been made to synthesise the results of the available published research,⁵² but there have not apparently been any systematic reviews giving careful attention to the robustness of the research methodologies employed and hence to the robustness of the resultant evidence base. Overall, there is a need for considerably more research to enhance understanding of the range of practical challenges being experienced across the spectrum of working carers and of the most effective ways in which these are being, or could be, met.

⁵² For example, Pickard, L., *Caring for older people and employment: A review of the literature prepared for the Audit Commission*, London, Audit Commission, 2004, available online at <http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/LitReview01final.pdf>.

Despite these limitations, there is nevertheless already enough evidence to enable us to begin to identify some of the main types of needs and issues that arise for working carers, as well as the types of company-level measures that are relevant for addressing these needs. The following sections identify some of the main themes that can be discerned in this regard.

Short-term and emergency leave

One of the characteristics of caring is that care ‘crises’ of various forms can arise unpredictably and need to be attended to by the carer. Thus like working parents, but sometimes perhaps more so, working carers may need to have the possibility of taking time off work at short notice to address an emergency. This may be an ongoing requirement over a number of years of caring.

Another consideration relates to the time period when a caring responsibility first emerges or when the caring needs change dramatically. In such cases, working carers may desire or need the option to take leave for sufficient time to put suitable arrangements in place. This is at the core of the concept of short-term ‘filial’ leave (for example, one month) tabled by the European Commission in its Impact Assessment on the possibility of extending the current leave provisions (under the Parental Leave Directive) as discussed in the previous chapter.

There is little systematic evidence available on the extent to which working carers use or would like to be able to use such emergency or short-term leave, though estimates from the US suggest that such provisions may be of relevance for quite substantial numbers of working carers.⁵³

As discussed further in the next chapter, many Member States have statutorily defined emergency and short-term family leave provisions – though these vary and are often not oriented towards carers in particular. It seems that difficulties in accessing and using such provisions can be an issue. However, the UK research on working parent carers cited earlier found that carers were often confused by differences in terminology and unsure of their legal entitlements (as parent carers) to different forms of leave, or of their employer’s policies or practices in this area. Although requests for leave were sometimes denied, it was more commonly offered as unpaid leave which most could not afford to accept except in extremis. Decisions were seemingly often taken at the discretion of managers, and being dependent on how understanding and accommodating they were.

Employers have an important role to play both in making such leave easily available and in providing carer-friendly leave above any minimum established in regulations. At the employer level, both formal policies and informal flexibility by managers/supervisors are relevant in relation to emergency and short-term leave for carers; there can be pros and cons to both depending on the situation and needs (formal policies can guarantee access but may involve rigidities that are not always helpful on a case-by-case basis). In addition, the evidence from the research literature suggests that the understanding and attitudes of managers and colleagues are important if carers are to be properly supported in this area.

Flexitime

As evidenced from the general literature and research on carers, the option to have flexibility in one’s working times is one of the most important needs of working carers. A variety of different forms of flexitime can be helpful in this regard, including flexibility in starting and finishing times, hours banking, compressed working weeks, annualised hours, shift swapping, self-rostering, staggered hours, job sharing and flexible holidays.

⁵³ MetLife, *The MetLife caregiving cost study: productivity losses to US business*, Westport (CT), MetLife Mature Market Institute and Bethesda (MD), National Alliance for Caregiving, 2006, available online at <http://www.caregiving.org/data/Caregiver%20Cost%20Study.pdf>.

The UK research on parent carers found that flexitime and associated provisions such as time off in lieu are important and generally seen as being very helpful (for example they could be used to fit in appointments or to leave early without having to ask permission), sometimes being available in a formalised manner and sometimes provided through a trust system. However some jobs make flexitime difficult because of activities which are highly time- or client-dependent, and part-time workers may not always have as much access to flexibility. Some carers felt that there can be downsides in terms of impacts on promotion prospects or other aspects of their work experience and careers. ‘Banked time’ was sometimes seen as an insurance against emergencies as well as proof, if needed, that all hours are put in even if the carer must leave early sometimes – in this way, carers were reassured they could take time off when needed.

These types of flexibilities are seldom covered in employment legislation/regulations and are generally arranged at sectoral or employer level. Employers therefore have a key role to play in making available the necessary flexibilities for working carers, as well as in implementing measures to ensure that any potential downsides are minimised.

Accessibility at work

The available research also indicates that interruptions at work (for example having to take/make phone calls about caring or even to leave the workplace to address an urgent issue) are another common experience of carers. US research found that 52% of female and 34% of male carers reported experiencing workday interruptions as a result of caregiving.⁵⁴

Provisions at the employer level, whether enshrined in a formal policy or, more commonly, accommodated informally at managerial/supervisory levels, are most relevant for meeting these types of needs of carers. Access to a telephone and the possibility of dealing with care-related matters on the phone are one important aspect. More elaborate technological support may also have relevance such as enabling working carers to be contacted by social alarm services during working hours or even the use of web cams at work, so that working carers can monitor the well-being of the cared-for person at home.

Flexiplace (teleworking) – working from home

The Eurofound survey of 1998 provides data on the issue of carers and working from home. Again, although the data are relatively old, some of the patterns provide useful pointers for the current study.

At that time, about one in seven working carers (14%) were currently working mainly from home and a further one in five (22%) were working from home sometimes, with carers being somewhat more likely to be working mainly from home than non-carers. In addition, about one in three carers not currently working from home expressed an interest in working either mainly or partially from home.

Overall, the results suggest that teleworking (at least occasionally) may be of relevance and interest for a considerable proportion of carers, although the data suggest that combining work and family may not necessarily be the main driver of such preferences in many cases. This is instructive given that going out to work (and away from the caring situation for a while) is important for many carers.

⁵⁴ Ibid.

As regards carers and teleworking, there has traditionally been a widely voiced view that teleworking is *not* an appropriate solution for people with childcare or caring responsibilities because of difficulties in managing the dual role simultaneously and in the same place. As a result, it seems that there may sometimes have been a tendency for organisations not to support the use of telework to assist employees with dependant-care responsibilities, with standard practice (at least in the US) often having been to exclude this option in telework programmes.⁵⁵ However, research by the US federal administration on parents and carer teleworkers concluded that telework can effectively assist employees with their dependant care situations, mainly by providing flexibility in employees' daily schedules, eliminating long commutes and enabling employees to be more available to their dependants.⁵⁶

Access to teleworking is generally something that is organised at the employer level, although the social partners have implemented a framework agreement on teleworking at EU level that aims to protect teleworkers in relation to health and safety, working conditions and other relevant aspects. The available evidence suggests that teleworking can be a useful and sought after company-level measure for some working carers, even if it may not always be feasible/appropriate.

Other support for carers

In addition to the practical work adjustments and arrangements discussed above, there are a variety of other carer issues and needs that may also be addressed at company level.

Carer health and well-being

The available evidence and research suggests that stress/health problems can arise in relation to caring and working, even if there can also be many benefits from being in paid work (as opposed to not working) for carer well-being. For example, research in the UK suggests that the competing demands of caring and work may be more likely to impact on the carer's health than on their work.⁵⁷ In addition, working parent carers report high levels of stress, anxiety and depression, with counselling services often mentioned as important.⁵⁸

Data from Eurofound's European Quality of Life Survey (2007) suggest that caring for elderly or disabled relatives on a daily basis is as demanding as caring for children every day: in both cases, 20% of female carers report feeling pressure both at home and at work.⁵⁹

⁵⁵ GSA, *Is standard practice best practice? Emerging perspective on telework and dependent care*, Washington DC, US General Services Administration, 2006 <http://www.gsa.gov/graphics/ogp/teleworkdepcarefinalfullwebversionreport.doc>.

⁵⁶ Ibid.

⁵⁷ Phillips, J., Bernard, M. and Chittenden, M., *Juggling work and care: the experiences of working carers of older adults*, Bristol, The Policy Press, 2002.

⁵⁸ Stiehl, B., Shipton, L. and Yeandle, S., *Caring for sick or disabled children: Parents' experiences of combining work and care*, Report for Carers UK and Contact a Family from Centre for Social Inclusion, Sheffield Hallam University, London, Carers UK and Contact a Family, 2006, available online at <http://www.carersuk.org/Professionals/ResearchLibrary/Employmentandcaring/1207231101>.

⁵⁹ Kotowska, I.E., Matysiak, A., Styrc, M., Pailhé, A., Solaz, A. and Vignoli, D., Eurofound, *Family life and work: Second European Quality of Life survey*, Luxembourg, Publications Office of the European Union, 2010, available online at <http://www.eurofound.europa.eu/pubdocs/2010/02/en/1/EF1002EN.pdf>.

Employers can address these aspects by giving attention to working carer issues in health and safety, occupational health and other workplace health promotion efforts.

Understanding and supportive managers and colleagues

Carers commonly report problems because of lack of understanding and the attitudes of managers and colleagues. Negative attitudes can increase stress for carers and also make them less likely to seek or avail themselves of the necessary flexibilities.

The previously mentioned UK research on parent carers found that many carers had not asked their employer for work flexibility (even though UK legislation gives them a right to request this), with only a minority of those who had not asked saying that they did not want to work more flexibly. Among the others, barriers included thinking that their employer would not let them, worrying about the impact on their career or promotion, or worrying about the reaction of work colleagues. In other research, carers reported that the fact that a company had carer-friendly policies made little difference if their own individual manager or colleagues were not supportive.⁶⁰ These experiences may make carers reluctant to self-identify and seek needed flexibilities and other support, even with a carer-friendly employer.

Employers can address these types of issues through targeted measures to raise awareness and understanding of working carers across all levels of the organisation, as well as through general efforts to promote a carer-friendly culture.

Help with caring role

The focus in the analysis above has been mainly on work-side accommodations and adjustments that can be helpful for working carers. Working carers may also have needs on the caring side that could be usefully supported in various ways at the company level.

Based on available evidence, it seems that US companies (especially larger companies) have tended to be forerunners in this area. Some evidence on the prevalence of provision across US companies is provided by the regular employer benefits surveys conducted by the Society for Human Resource Management (SHRM). The results of its 2009 survey⁶¹ show that dependant-care flexible spending accounts (allowing employees to set aside pre-tax income that can later be reimbursed for dependant-care expenses) are provided by many US companies, sometimes but not always for dependant-care. Eldercare referral services were also quite commonly provided (11% of companies). Other benefits provided by much smaller numbers of companies include:

- subsidised eldercare costs;
- geriatric counselling;
- access to back-up eldercare services for an unexpected event;

⁶⁰ Stiehl, B., Shipton, L and Yeandle, S., *Caring for sick or disabled children: parents' experiences of combining work and care*, Report for Carers UK and Contact a Family from Centre for Social Inclusion, Sheffield Hallam University, London, Carers UK and Contact a Family, 2006, available online at <http://www.carersuk.org/Professionals/ResearchLibrary/Employmentandcaring/1207231101>.

⁶¹ Society for Human Resource Management, *2009 Employee benefits survey report*, Alexandria (VA), SHRM, 2009, available online at <http://www.shrm.org/Research/SurveyFindings/Articles/Pages/2009EmployeeBenefitsSurveyReport.aspx>.

- eldercare assisted living assessments;
- eldercare in-home assessments;
- on-site eldercare fairs to provide an opportunity for employees to meet directly with eldercare experts and providers.

Company-level support in these areas is also beginning to become more visible in Europe, at least in the types of forerunner employers covered in the case studies for this study (see the next chapter for more details).

The following list is a summary of some of the main types of support that can be identified:

- financial support towards care costs (such as insurance, tax benefits, direct subsidy, advance of end-of-service allowance);
- information (about caring and available care services);
- counselling on dealing with caring issues;
- support for carer self-help groups/networking;
- sourcing/referral services to help carers find care services;
- contracting of care services that staff can avail of;
- direct provision of care services (on or off site).

Liaison with, or lobbying of, external actors such as care services or schools has also been suggested as a possible role for employers.

Summary and conclusions

The majority of carers of working age in Europe are currently in employment, some part-time but more full-time workers. They are a very heterogeneous group in terms of the intensity of their caring responsibilities and the ways that this interacts with their work situation. For the majority it seems that the preferred or necessary solution is to continue to work full time while they are caring; company-level measures to provide carer-friendly work flexibilities are the key requirements for them. For others, the possibility of reducing their working hours and, for some, temporary withdrawal through long-term leave may be the preferred or only viable solution. Access to these possibilities at the company level and measures to minimise the potential downsides are key requirements in these cases. More generally, companies can additionally provide a variety of other carer-focused support including:

- attention to carer health and well-being as an occupational health issue;
- promotion of a carer-friendly culture;
- providing help for carers in their caring role.

There are also substantial numbers of carers of working age who are currently outside the workforce. For them, measures that facilitate return to work are needed including possibilities of finding suitable working arrangements such as part-time working, as well as a positive receptivity towards current or ex-carers in recruitment practices.

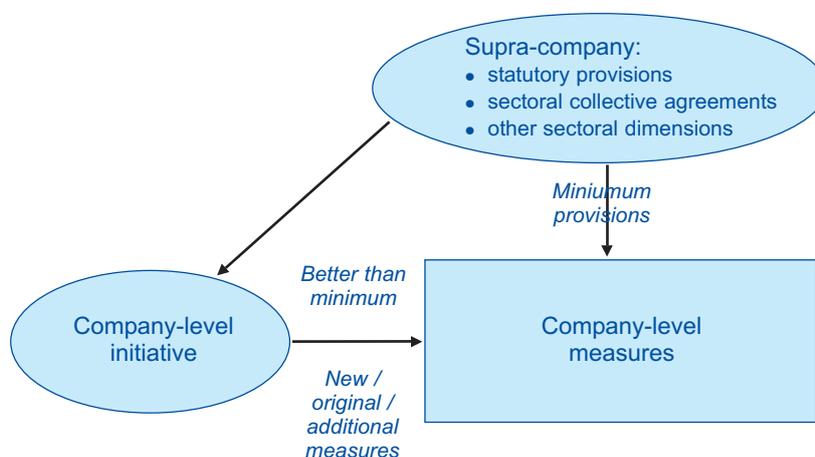
Company-level measures to support working carers

This chapter presents a conceptual/analytic framework for classification of company-level measures to support working carers, consolidating the main findings and insights from the data and evidence presented in the previous chapter. The different types of measures are then illustrated through examples drawn mainly from the case studies conducted in four countries (Germany, Ireland, the Netherlands and the UK) for the purposes of this study.⁶²

Origination of company-level measures

Before looking directly at company-level measures, it is first useful to consider the national and sectoral (supra-company) contexts within which company-level initiatives for working carers occur. The schematic diagram in Figure 6 presents a basic overall framework, indicating the levels at which company-level initiatives may ultimately originate.

Figure 6: Levels of origination of company-level measures



As illustrated in Figure 6, one category of measures involves what may be considered to be ‘minimum’ provisions, simply implementing requirements that are imposed at the supra-company level. This may include:

- statutory provisions for working carers (legislation giving carers rights and/or employers obligations to make provisions);
- sectoral-level collective agreements that cover working carer issues or other features of the sectoral context (such as agreed or standard employer practice in a particular sector on the provision of measures that may have relevance for working carers).

Such minimum provisions deriving from the supra-company context are not the main focus of interest in company-level measures within the scope of this study, though examples of active efforts to implement and encourage/facilitate take-up of existing minimum provisions are occasionally referred to in some of the case study examples later in the chapter.

⁶² The case studies will be available soon.

For the purposes of this study, the main interest at the company level is in measures that are better than any minimum defined in applicable supra-company regulations or agreements. This may include measures that are linked to, but improve upon in some manner, the applicable minimum requirements imposed at supra-company level as well as new/original/additional initiatives developed by companies themselves.

In addition, the focus is on measures that are addressed directly at working carers or that explicitly include working carers among their target group, as opposed to more generic family-friendly provisions or those that target working parents.

Supra-company context

As mentioned above, it is useful to give some attention to the supra-company context within which company-level measures emerge even if the main focus of the current study is on company-level measures. The context may provide important framing conditions or influence the types of company-level measures that emerge in any given country or sector. In this section, the main attention is given to the supra-company context in the four selected countries (Germany, Ireland, the Netherlands and the UK), though a brief overview discussion of the situation across the EU countries more generally is provided where relevant.

In general, wider family-friendly provisions that do not explicitly target carers seem to be a lot more commonplace than carer-specific provisions, both in legislative provisions across the Member States and in sectoral-level provisions and agreements in the work–family balance area.⁶³ In addition, there seems to be a tendency for provisions for working parents to be more formalised than provisions for working carers.

Statutory provisions

As discussed previously, there is currently no EU-level labour legislation that directly and concretely addresses working carers as such, and thus there is no real harmonising of statutory provisions for working carers across Member States. Where statutory provisions for working carers do exist in the Member States, in general the main focus to date has tended to be on leave-related provisions, with legislative coverage of flexible working arrangements or other issues for working carers being much less common.

Carer's leave

The provisions on emergency leave for urgent family reasons in the EU Directive implementing the framework agreement on parental leave have relevance for carers. This directive has been in place for a number of years and all Member States have some form of statutory provision in this regard, though conditions can vary considerably. Apart from this, any statutory provisions for other forms of short or longer term leave for carers originate mainly at Member State level.

⁶³ Larsen, T.P., EWCO, *Work–life balance policies benefit working parents*, Dublin, Eurofound, 2008, available online at <http://www.eurofound.europa.eu/ewco/2008/06/DK08060591.htm>.

Although there is no single comprehensive source of information on statutory leave provisions across the Member States for working carers, a useful overview can be gained from a number of existing sources.⁶⁴ The evidence from these sources suggests that leave provisions for working carers can vary considerably across the Member States, for example in terms of:

- the nature and duration of leave (emergency, short, long);
- whether leave is paid or unpaid;
- what types of caring/carers are targeted;
- the amount of discretion left to the employer.

The most common form of provision seems to be some form of right to emergency or short-term leave to care for a sick/disabled child. Explicit statutory rights to leave to care for adult or elderly dependants appear to be a lot less common. Short leave (for a few days) is commonly paid but not always; longer term leave is generally unpaid. Typically, the provisions for carers are made within more general legislative frameworks (for example, relating to parental leave) and legislation dedicated to carers is relatively uncommon.

The four countries targeted in this study illustrate a number of forms of statutory, carer-specific leave provisions (Examples 1 and 2)

Example 1: Carer's leave – Netherlands, Germany and UK

Netherlands: Work and Care Act (2001)

This provides a right to various forms of leave for working carers:

- emergency leave when immediate time off is needed (typically one day, paid);
- short-term carer's leave (up to twice the hours worked per week to a maximum of 10 days per year, at least 70% paid for);
- longer term care leave (maximum of six times the hours worked per week, unpaid).

Germany: Law on Care Time (2008) and planned legislation on provision for paid long-term leave

The current legislation provides the right to take 10 days leave to arrange care for a relative (usually unpaid, all companies) and the right to take long-term leave (unpaid, maximum six months) to care for a relative (only for those working in companies with 15 or more employees). Proposed legislation will introduce provision for payment during long-term leave, to be paid back by the employee on return to work.

⁶⁴ European Commission, *Commission Staff Working Document accompanying the Proposal for a Directive of the European Parliament and of the Council amending Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding*, SEC(2008) 2596, Brussels, European Commission, 2008, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SEC:2008:2596:FIN:EN:PDF>; Eurostat, *Reconciliation between work, private and family life in the European Union*, Luxembourg, Publications Office of the European Union, 2009, available online at http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-78-09-908/EN/KS-78-09-908-EN.PDF; country reports from the EUROFAMCARE project (<http://www.uke.de/extern/eurofamcare>).

UK: Employment Act (2002)

This legislation gives entitlement to each parent (carer) of children with disabilities aged under 18 years (if entitled to Disability Living Allowance), if they have at least one year's continuous service with their employer, to a total of 18 weeks (unpaid) leave until the child's 18th birthday to look after the disabled child. Leave can be taken in blocks of a week (and usually up to four weeks in a year), or blocks of a day if the leave is to care for a disabled child (again, usually up to a maximum of four weeks a year). Such parental leave can be postponed by employers if taking leave at the time requested would cause particular disruption to the business – for example, during a seasonal peak in work or if multiple requests for parental leave are made at the same time.

The Work and Care Act (2001) in the Netherlands provides for paid emergency and short-term leave, as well as unpaid longer-term leave to a maximum of about six weeks. Under separate provisions (*Levensloopregeling*), the possibility of saving for a career break offers scope for putting aside funds to provide income during caring if the need should arise.

The Law on Care Time (2008) in Germany currently provides a right to unpaid short-term leave (for employees of any company) and a right to unpaid longer term leave (maximum of six months) for those working in companies with 15 or more employees. At the time of writing (mid-2010), the German government was preparing a draft bill to address the issue of how to help working carers finance long-term leave, with the new legislation planned to come into force in summer 2011. This new and quite innovative legislation would allow family carers to take up to two years' care leave while receiving a salary of two thirds of their former pay. This would have to be paid for through a pay cut of one third in the subsequent period (up to a year) after returning to work. In this model, employers would not face any additional costs and the current proposal is that contingency insurance as a cover against the risk that the employee does not return to work would be paid for by the worker.

In the UK, as in other countries, there is a right to emergency leave for caring or other personal/family circumstances and also specific provisions for parents of children with disabilities under the broader parental leave provisions of the Employment Act 2002.

In Ireland, there is a strong focus on longer term leave, with the Carer's Leave Act (2001) giving a right to up to two years' leave for those who meet the employment history requirements (Example 2). This leave is not paid by the employer but the carer would often be eligible for Carer's Benefit, an employment-related social insurance payment payable to eligible carers who take time out from work to care for a dependant.

Example 2: Carer's leave and Carer's Benefit – Ireland

Carer's Leave Act (2001): This legislation gives employees a right to avail themselves of unpaid leave in order to provide full-time care and attention for a person in need of such care. To be eligible for the statutory right, the employee must have completed at least 12 months of continuous employment with the employer and must give at least six weeks notice. The maximum entitlement is to 104 weeks in respect of any one care recipient. Leave can be taken as one continuous period, or in one or more periods with the total duration not exceeding 104 weeks. The minimum statutory entitlement at the discretion of the employee is a 13-week block of leave and the employer may refuse, on reasonable grounds, to permit the employee to take such leave for any period less than 13 weeks. During absence on leave, the employee is regarded as still in employment for purposes of rights and obligations (apart from remuneration and limitations on annual leave and public holiday entitlements) and the employee is protected against dismissal and penalisation (unfair treatment, unfavourable change of employment).

Carer's Benefit: Carer's Benefit is a payment for people covered by employment-related social insurance who have recently left the workforce and are looking after certain people in need of full-time care and attention. To be eligible, the claimant must have been employed for eight weeks during the previous 26 weeks, have enough social insurance contributions and give up employment to care for somebody full time (this employment must have been for at least 16 hours a week or 32 hours a fortnight). Eligible persons can receive Carer's Benefit for a total of two years for each person they are caring for. It can be claimed for a continuous period of two years or in separate periods adding up to two years. The payment is at social security levels (€213 per week when caring for one person) rather than at employment income replacement levels. In 2008, a total of 2,249 people were paid Carer's Benefit compared with 43,569 receiving the Carer's Allowance – a means-tested social welfare payment to carers on low incomes, paid at the same level as Carer's Benefit.

Recipients of carer's leave or benefits may attend education/training or engage in voluntary/community work for up to 15 hours per week, or engage in limited self-employment at home, or engage in employment outside the home for up to 15 hours per week (both subject to upper income limits).

Flexible working arrangements

Apart from provisions arising from the implementation of the EU Part-time Working Directive, flexible working time arrangements in most European countries tend to be settled at the level of the company (or addressed in sectoral collective agreements) rather than through statutory provisions.⁶⁵ In a few Member States, national legislation strengthens employees' rights in relation to part-time working, and sometimes to other forms of flexible working. Most commonly, such provisions are implemented with a specific focus on working parents and carers are not explicitly referred to. However, a few countries have specified rights for parents of chronically ill or disabled children, and legislation in the UK and Germany provides working carers more broadly with a right to request flexible work (Example 3).

Example 3: Right to request flexible working arrangements – UK and Germany

UK: Work and Families Act (2006) and Employment Act (2002)

The legislation provides working carers with a right to apply for flexible working if they are an employee (but not a temporary agency worker or in the armed forces), have worked for their employer for a continuous 26 weeks before applying, and have not made another application to work flexibly under the right during the past 12 months. It covers (as well as parents who have a child under the age of six years) those who have or expect to have a disabled child under 18 years of age who receives Disability Living Allowance (DLA) and carers who care, or expect to be caring, for an adult who is a spouse, partner, civil partner or relative or who, although not related, lives at the same address. Under the law, the employer must seriously consider any application made and only reject it if there are good business reasons for doing so.

Germany: Law on Care Time (2008)

The legislation grants working carers the right to demand not only long-term leave but, alternatively a temporary reduction of working hours according to their needs, for a maximum period of six months. Eligibility is limited to those in companies with 15 or more employees.

⁶⁵ Plantenga, J. and Remery, C., *Reconciliation of work and private life: A comparative review of thirty European countries*, Brussels, EU Expert Group on Gender, Social Inclusion and Employment (EGGSIE), 2005, <http://www.cecot.es/harmonitzacio/documentacio/estudi%20CE.pdf>.

Other relevant provisions

Apart from rights in relation to leave or flexible working arrangements, some other forms of statutory provision may also have relevance for working carers. These include equality/anti-discrimination legislation and certain types of provision in the context of legislation on support for carers in their caregiving roles.

Employment equality legislation

All Member States have implemented (or should have implemented) the EU Employment Equality Directive.⁶⁶ This outlaws employment-related discrimination on a number of grounds including disability. Few countries directly include carers/caring within the scope of their equality/anti-discrimination legislation, although Ireland is an exception and the issue is also on the agenda in the UK (Example 4).

As noted in the UK case mentioned in Example 4, the European Court of Justice (ECJ) has ruled that the adverse treatment of a carer of a person with disabilities could constitute unlawful discrimination under the existing European disability (employment) discrimination legislation.⁶⁷ Protection against ‘associative’ discrimination would thus in principle be available for carers in all Members States that have implemented the EU Employment Equality Directive.

Example 4: Employment equality legislation – UK and Ireland

UK

The UK anti-discrimination legislation does not directly cover carers, although the currently tabled Equality Bill proposes to add carers/caring as an additional grouping/ground to be explicitly covered in the legislation. However, based on an ECJ ruling on a case taken by a UK mother of a child with a disability (the ‘Coleman’ case), the Disability Discrimination Act 1995 (as amended by regulations in 2003 to implement the EU Employment Equality Directive) has been deemed to provide protection against ‘associative’ discrimination in the sense that carers cannot be treated unfavourably in the workplace because they are caring for someone with a disability.

Ireland

In Ireland, the Employment Equality Acts 1998 and 2004 explicitly prohibit employment-related discrimination on various grounds including ‘family status’, which includes some carers (namely, resident ‘primary’ carers). However, there seem to have been few if any cases taken on this ground to date.

This issue is also on the agenda in the US where, although federal equality and anti-discrimination laws do not prohibit discrimination against caregivers as such, there are circumstances in which discrimination against caregivers might constitute unlawful disparate treatment.⁶⁸

⁶⁶ Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, *Official Journal of the European Union*, L303, 2000, pp. 16–22, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0078:en:HTML>.

⁶⁷ Judgment of the Court (Grand Chamber) of 17 July 2008 (reference for a preliminary ruling from the Employment Tribunal (United Kingdom)) – S. Coleman v Attridge Law and Steve Law, *Official Journal of the European Union*, C223, 2008, pp. 6–7, available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:223:0006:0007:EN:PDF>.

⁶⁸ Office of Legal Counsel, Title VII/EPA/ADEA Division, *Enforcement guidance: unlawful disparate treatment of workers with caregiving responsibilities*, Number 915.002, Washington DC, Office of Legal Counsel, 2007, available online at <http://www.eeoc.gov/policy/docs/caregiving.html>.

Carer support legislation

Although it is not the main focus of this study, the extent and nature of the support available to carers from community care services is of fundamental importance if they are to be able to combine employment and caring in a sustainable manner. Services provided for those who are cared for (older people, people with disabilities, or those who are chronically ill) have a central role to play and levels of provision vary widely across Member States. Provisions focusing on the needs of the cared-for person have been and remain the main focus of legislative measures across Europe. In addition, some countries have introduced specific statutory entitlements for carers in their own right.

In Germany, for example, additions to the Social Security Code in 2008 introduced local care services coordination offices (*Pflegestützpunkte*) and a right for carers to receive advice on care organisation at home. In the UK, carers have a statutory right to an assessment of their own needs and this includes a requirement that their work situation and aspirations be taken into account in the assessment of need for services (Example 5). There is also a duty on local authorities to ensure provision of sufficient childcare services to meet the needs of working carers, including provisions for children with disabilities.

Example 5: Carer support legislation – UK

Carers (Equal Opportunity) Act (2004)

In the UK, carers have a right to an assessment of their own needs by the local authority. The Carers (Equal Opportunity) Act, which came into force in 2005, requires that when a Carer's Assessment is being completed it must take into account:

- whether the carer works or wishes to work;
- any courses the carer is taking or wishes to take;
- any other leisure activities the carer undertakes or wishes to undertake.

Childcare Act (2006)

The Childcare Act (2006) places a responsibility on local authorities to ensure provision of sufficient childcare for working parents and states that authorities must have regard to the needs of parents in their area for the provision of childcare that is suitable for disabled children. In the case of parents of disabled children, it covers children up to the age of 18 years (otherwise only extends to age 14).

Sectoral collective agreements

The role of collective agreements in regard to work–family provisions varies considerably across Member States.⁶⁹ In some countries, such agreements play little or no role, whereas in others they are important as a mechanism for introducing family-friendly provisions (for workers in the sectors covered) that are better than the statutory minimum. Sometimes such agreements may be the only mechanism offering provisions of relevance in the country.

⁶⁹ Math, A. and Meilland, C., EIRO, *Family-related leave and industrial relations*, Dublin, Eurofound, 2004, available online at <http://www.eurofound.europa.eu/eiro/2004/03/study/tn0403101s.htm>.

More generally, there can be considerable variation across sectors in terms of the extent and nature of family-friendly provisions. In many countries, public sector employment conditions tend to be more family-friendly (and hence, in principle, more carer-friendly) in terms of leave, flexible working and other provisions. Larger employers may also be more progressive in these regards, especially in sectors with large white-collar workforces. In some countries, collective agreements on work–family issues cover various manufacturing sectors as well.

There is no comprehensive European-wide inventory on sectoral-level provisions for working carers, whether within collective agreements or other processes at sectoral level. However, as in the case of legislation/policy, it seems that specific provisions for working carers are a lot less common than provisions addressing working parents.⁷⁰

Nevertheless, examples can be found of sectoral-level collective agreements that do specifically include carers, particularly in Germany and the Netherlands. One such example is the chemical sector collective agreement in Germany (Example 6). In the Netherlands, there is a relevant sectoral collective agreement in the mental health care sector and a number of trade unions in other sectors apparently plan to bring the theme to the bargaining table.

Example 6: Collective agreement – Germany

Chemical sector agreement

In 2006, the Mining, Chemicals and Energy Industrial Union (IG BCE) together with the Employers' Association of the Chemical Industry (BAVC) issued a sectoral collective agreement focusing on equal opportunities and family-friendly human resources (HR) policies. In addition to working parents, the agreement also explicitly addresses employees with caring responsibilities for an (older) relative. The agreement asks employers to provide working carers with support in the following areas:

- flexible, family-friendly working hours;
- flexible options for work organisation;
- support in providing care to relatives;
- possibilities for keeping contact and for an early return during family leave;
- access to training during family leave, in spite of working time reduction;
- measures to sensitise supervisors.

In 2008, IG BCE and BAVC jointly published a brochure, *Care of Relatives*, with recommendations on how employers in the chemical industry can give effective support to working carers. Moreover, in 2009 they cooperated with the national initiative, 'Erfolgsfaktor Familie', to publish a report with descriptions of 'best practice in supporting reconciliation of work and family' from within the sector. This report features a number of company initiatives in the sector which explicitly focus not only on employees with young children, but on working carers as well. IG BCE and BAVC have themselves been actively involved in supporting activities at the company level, including financial support for a caregiving counselling service provided by one employer but which can be used by all employers in a region.

⁷⁰ Larsen, T.P., EWCO, *Work–life balance policies benefit working parents*, Dublin, Eurofound, 2008, available online at <http://www.eurofound.europa.eu/ewco/2008/06/DK08060591.htm>.

National or sectoral promotional initiatives

Other national or sectoral initiatives to promote company-level attention to working carers are also emerging.

In the Netherlands, the national Werk & Mantelzorg (Work & Volunteer) project⁷¹ focuses on encouraging and supporting company initiatives for working carers. It is promoted by the caregivers' NGO, in cooperation with a HR consulting company, and receives financial support from the Dutch government. One of the activities focuses on establishing alliances with specific employers so that they become official 'ambassadors' for the promotion of measures to address working carers by other Dutch employers. These ambassadors receive financial support for their efforts in this regard.

In the UK, the employer-driven 'Employers for Carers' initiative⁷² aims to provide support for employers to address issues in relation to employees who are working carers, with a particular focus on the business case for the employer.

Germany has a number of government-supported initiatives for fostering good company practices with regard to work–family balance. In recent years, these initiatives have increasingly put emphasis on the particular needs of working carers. Examples include Erfolgsfaktor Familie ('success factor family')⁷³ at the federal level and familie@unternehmen.NRW at the regional level (Nord Rhine-Westphalia). In addition, berufundfamilie, an audit instrument developed by the charitable Hertie Trust, has been of special importance for the development of company initiatives at the operative level. The audit is being used by many companies to explore their current standing and, more importantly, to design activities for continuous improvement, including tangible targets to be reached within a short timeframe. Since 2006, the audit has included an evaluation of provisions specific to working carers.

Company-level measures

This section presents an overall framework for identifying/classifying company-level measures for working carers. A challenge in developing such a framework is that the available evidence-base on what is actually being provided for working carers at the company level is generally quite limited and there have not yet been any comprehensive enterprise surveys on the topic in Europe.

One early effort to provide a European overview was conducted in the mid-1990s⁷⁴ and this developed a classificatory framework of measures that distinguished between policies (in relation to work organisation and working time), services (such as information, advice and referral, support groups) and benefits (for example, preferential rates for relevant long-term care insurance, cash compensation for time off for care).

⁷¹ <http://www.werkenmantelzorg.nl>.

⁷² <http://www.employersforcarers.org>.

⁷³ <http://www.erfolgsfaktor-familie.de>.

⁷⁴ Phillips, J., *Working and caring: developments at the workplace for family carers of disabled and older people*, EF9605, Dublin, Eurofound, 1996.

This section develops an expanded classification framework, drawing on the analysis of needs of working carers in the previous chapter and the insights into company-level measures gained through the case study element of the current study. Table 1 presents an overall framework, outlining the main dimensions and themes. More detailed differentiation of measures in the different categories is provided in subsequent sections, along with illustrations of the measures in practice drawn from actual case study examples.

The framework covers three main types of possible carer ‘solution’ to the work–care challenge:

- continuing to work full time and attempting to juggle caring responsibilities with this;
- downshifting to less than full-time employment in some form;
- taking complete time out from work for a reasonably long period in order to provide care.

Different types of employer-level measures which can support these objectives/outcomes are then mapped and grouped into a number of loosely organised categories. The framework includes both positive measures (such as leave, part-time working, flexibility) and a range of provisions that can help minimise potential downsides of such measures (such as income loss, career barriers, negative attitudes of colleagues). Measures facilitating work-related flexibility/flexicurity and employer supports addressing the caring side (such as information, counselling, and referral to care services) are also included.

Particular measures or types of support will be more or less relevant, useful and attractive for a given carer, depending on the requirements of their caring situation, their degree of career engagement, their capacity to absorb income reduction and other relevant factors.

In some companies there may be just one discrete measure (for example, better carer leave provision than the statutory minimum), whereas in others there may be a suite of measures provided within a more comprehensive, multipronged approach to address working carers’ needs.

The following sections elaborate upon and provide examples of the types of company-level measures or elements of measures outlined in the framework. The first section examines the individual elements in turn. The second section then looks in a more holistic manner at the ways in which such elements have been put together within the context of some particularly rich and multipronged approaches, as well as looking at examples based on either formal or informal approaches. Finally, attention is given to the more general motivations for initiatives in this field at the company level such as recognition of the business case, corporate social responsibility (CSR) or other drivers.

Table 1: Overall framework for identifying/classifying company-level measures

Objective/ outcome	Type of employer support			
	Flexibility/flexicurity		Other support/measures	
	Practical measures	Minimising financial or other downsides	Care-related support	Other measures
Support full-time working for carers	For example: <ul style="list-style-type: none"> Flexibility in working hours Teleworking Accessibility at work Short- and emergency care leave 	For example: <ul style="list-style-type: none"> Payment during leave Other measures to minimise financial or other downsides of flexibility (such as for career) 	For example: <ul style="list-style-type: none"> Information Referral, care brokerage Counselling Carer networks/ support groups Practical daily life support (home delivery of groceries, etc.) Use of phone/other technology Direct care provision Support for care costs 	For example: <ul style="list-style-type: none"> Addressing carers health and well-being in occupational health services Carer surveys/audits Awareness-raising, promotion of positive attitudes among managers, colleagues, etc. Lobbying/liaison with external stakeholders (such as other employers and care services)
Enable part-time working (downshifting) and caring	For example: <ul style="list-style-type: none"> Part-time work Term-time working or equivalent 	For example: <ul style="list-style-type: none"> Measures to minimise income loss associated with hours reduction Measures to minimise other downsides of part-time working (such as for career) 		
Enable complete/lengthy time off for carers	For example: <ul style="list-style-type: none"> Longer carer leave Option to accumulate (additional) leave Maintaining continuity while on leave 	For example: <ul style="list-style-type: none"> Paid leave or 'topping up' of social benefit payments while on leave Helping employees to save/self-provide income for leave periods Measures to minimise other downsides of leave (such as for career) 		

The presentation of company-level measures in the following sections is not intended to be exhaustive. Instead the aim is to provide an illustrative overview of practical examples of the range of types of measures currently being implemented in support of working carers in the countries targeted in this study.

Individual elements

Leave-related provisions

As noted above, leave-related measures are the most common form of provision for working carers at the supra-company level, variously addressing:

- long-term leave (a number of months);
- short-term leave (a few days to a few weeks);
- emergency leave (unplanned, immediate leave for one or a few days).

In this section, the focus is on company-level leave-related measures that offer more than the minimum as enshrined in legislation or collective agreements at the sectoral level. Measures to provide leave and facilitate the uptake, as well as measures to minimise any financial or other downsides of leave, are of relevance here. Positive company-level measures could include:

- provision of longer leave opportunities;
- more flexibility in who is covered and in how leave can be taken;
- possibility to accumulate (additional) leave in various ways (for instance, hours/leave banking, leave sharing/donating, exchange of bonus payments for leave).

Financial support could include provision of (more than the minimum) payment or part-payment during leave as well as measures to facilitate employees to save income (for example, in a tax efficient manner) or otherwise self-provide for income during leave.

Other important measures that may be especially relevant in relation to longer term leave include:

- encouraging continuity of contact with the employee while on leave (including participation in training);
- careful consideration of the possible downsides before leave is taken and exploration of other less dramatic options (such as flexible working) before opting for leave;
- facilitating early return to work if circumstances change or the leave does not work out for the employee;
- measures to ensure that those who take leave do not suffer unfair career or other disadvantages.

Some examples of measures of these types at the company level are provided in Example 7.

Example 7: Leave-related provisions

Extended eligibility and part-payment (insurance company, Netherlands)

This company has gone beyond the minimum Dutch statutory requirements (Work and Care Act 2001) on carer's leave in a number of ways. One aspect concerns the spectrum of carers covered: the company makes carer's leave available not just to carers of close family members but also in cases of care for friends, neighbours and other relatives. The conditions of longer term leave are also better than the statutory minimum, with the company providing part-payment (it pays for half of the number of leave hours taken) up to a maximum of one month's salary per long-term leave period.

Additional leave, with some part-payment (energy company, UK)

Even though the statutory provisions for carer's leave in the UK are limited, this company provides a range of leave-related measures for working carers. This includes:

- planned carer's leave which is usually short-term and generally known about in advance – it is paid for by 'matching', whereby the employee uses part of their annual holiday entitlement and this is matched by the employer (for example, a planned leave of five days would 'cost' the employee 2.5 days annual leave and the remaining 2.5 days are paid for by the employer);
- emergency leave for unexpected caring responsibilities is paid for by the employer;

- unpaid leave (also known as dependant leave) is available when employees have used all other options to maintain their caring responsibilities;
- paid dependant leave (if the dependant dies).

Additional leave days, ‘give and take’ on pay (pharmaceuticals/cosmetics company, Netherlands)

Again, this company has gone beyond the minimum Dutch statutory requirements (Work and Care Act 2001) on carer’s leave. Each employee is entitled to five extra care leave days per year in addition to the minimum in the national regulations. These can only be used for caring (not for extra holidays) and are fully paid by the company. It applies in caring situations involving admission to hospital of own children (up to 16 years old), illness of young children at home who cannot be looked after by others, and caregiving for close family members (final or acute care for bedridden persons who depend on the care of the employee). Some flexibility is possible if more than five days are needed; for example a ‘give and take’ approach might be provided where the cost of the extra care days is shared equally by the employer and employee.

Examination of downsides and help to return to work early (public sector employer, Ireland)

In addition to providing a range of paid and unpaid leave options, the organisation also gives attention to minimising other possible downsides of leave. Considerable time and effort are put into working out the implications for the employee (for example, in terms of pension and other entitlements). In addition, the organisation has found it important to facilitate the needs of carers who have taken leave but for whom things have not worked out as planned – the caring situation may change (for example, the person being cared for moves into residential care or dies) or carers may find that they cannot cope and need to go back to work for respite.

Contact during longer leave, support on return (energy company, UK)

Apart from shorter term leave provisions, the company’s carer policy states that a ‘career break’ may be appropriate where longer term caring responsibilities are involved. If a career break is approved, full support (including retraining where necessary) will be provided when the employee returns to work, as well as during the career break itself. The line manager will keep in touch with the employee and offer support wherever possible, although the employee may choose to contact their manager more frequently, should this be preferable. The employee will continue to receive all appropriate company communications unless they request not to receive them. A date to review the arrangements entered into will be agreed at the start of the career break.

Hours’ reduction

Many companies provide part-time working as an option for working carers, sometimes as a general option available to employees, sometimes as a specific option offered for work–family balance purposes and sometimes explicitly including working carers as a relevant target group.

Job-sharing is an approach that may suit in some circumstances. Of particular relevance for working carers are possibilities to customise one’s (part-time) hours to suit caring requirements, including access to specific work forms such as term-time working (for example, in the case of caring for a child with disabilities during school holidays). Measures that help to reduce the financial impacts or other possible downsides of part-time working (in terms of barriers to career progression, relations with colleagues or other such aspects) can also be expected to be of considerable value.

Some examples of relevant approaches are presented in Example 8.

Example 8: Hours reduction

Top-up to pay for carers' working part time (electrical goods company, Germany)

Under the 'family part-time model', employees have the opportunity to reduce working time by 50% while still receiving 65% of their salary. The scheme is seen as relevant for working carers, as well as parents with newborns and those seeking an early return to work. The 15% supplement is available for up to three years, with a possible extension to five years in individual cases. For the company, the goal is to facilitate employees in a way that encourages early return to work and maintains the connection with the company.

Spreading payments over a 'family phase' of reduced hours (insurance company, Germany)

Employees at this company can ask for what is called a 'family phase', comprising a period of leave followed by a period of part-time work. During the entire family phase, employees receive the salary equivalent to a part-time contract to be agreed upon. The long-term leave phase may be 3–12 months, followed by a period of part-time work of the same length during which employees have to work off the time they have been paid for but not worked during the previous months. For example, if the working carer takes leave of six months and asks to receive 30% of their salary during this time, they will have to work 60% in the following six months during which they will also only receive 30% of a full salary.

'Term-time' equivalent available to all, not just parents (public sector, Ireland)

The traditional 'term-time' provisions have been broadened to a 'shorter working year' scheme in order to introduce a more level playing field, since 'term-time' was only available to staff with school-age children. This can facilitate more flexible approaches to hours' reduction over a full-year period to fit with the particular requirements of working carers or other employees.

Work flexibility and other adjustments

Although leave and hours' reduction are important options for working carers, overall the majority of working carers seem to prefer or need to remain working full time. In this case, there are a variety of work flexibilities and other adjustments that can be helpful, with the option to customise to individual needs being especially relevant given the widely varying circumstances and requirements of carers. Such measures may also be implemented in conjunction with hours' reduction in some cases. Again, of relevance are both positive measures providing work adjustment possibilities as well as measures that minimise any downsides of work flexibilities/adjustment. The range of relevant measures includes various forms of flexitime, teleworking and accessibility/interruptability at work.

Flexitime

The full spectrum of options as regards flexibility in working time may be relevant for carers, depending on their needs and circumstances including:

- flexible starting and finishing times;
- staggered hours;
- self-rostering;
- compressed working weeks;
- annualised hours;

- working time accounts;
- shift swapping;
- flexible holidays.

Many of the cases in this study provide a broad range of flexible arrangements for working carers as well as for other employees. The importance of customising and tailoring to individual needs and circumstances was frequently emphasised in the case studies. More generally and also important were measures to ensure that:

- working carers are not inhibited from seeking flexible working arrangements;
- supervisors and colleagues do not have negative attitudes or reactions;
- seeking and taking up flexible working does not have a negative impact on career.

Some examples of company-level measures on these various aspects of flexitime are presented in Example 9.

Example 9: Flexitime

Wide variety of options through ‘pick and mix’ approach (public service, Ireland)

Experience in the organisation has confirmed that flexible working arrangements are an essential part of promoting equality in the workplace (particularly gender equality), including meeting the needs of working carers. A key success factor is to ensure that a wide and flexible range of options is available. It is reckoned that there are now more than 44 different patterns of flexible working being availed of by staff, with a ‘pick and mix’ approach being used to facilitate and encourage staff to balance their diverse care responsibilities.

Flexible rosters and ‘flexipooling’ (transport company, Netherlands)

Although this company does not explicitly target working carers, in practice it tries to find practical solutions for their problems. Flexible working schedules are available which can be very useful for working carers. For example, drivers can choose a working time schedule that fits with their needs (for example, to fit with their caring requirements) and, in principle, any workable variation in working hours schedules can be negotiated. In addition, the company uses a ‘flexipool’ of drivers who have chosen to work flexibly – they can indicate when they do not want to work but, for the rest of the time, they do not know their schedule in advance. This helps the company to respond to unforeseen events, including care-related emergencies at home.

Teamworking promotes transparency and understanding (energy company, UK)

A team-based approach to defining and agreeing roles and responsibilities has been implemented in the context of a flexible working programme covering three broad types of work:

- work which needs to be office based;
- work which can best be performed when mobile;
- work which would benefit from being home based.

Each team works out the logistic and technology needs for all team members and their respective preferred working practices, and a team charter is developed within the team to encourage a communicative and functioning working environment.

For working carers among the team, the approach enables their responsibilities for informal caregiving to become transparent to the entire team with the result that, in case of a need for care-related emergency leave for example, other team members are more likely to be willing to cover the workload left by the absent member. More generally, the approach encourages an atmosphere of cooperation between team members from which staff with care responsibilities can benefit considerably.

Teleworking

As discussed in the previous chapter, teleworking (partly or mainly from home, or from a neighbourhood centre) can be a useful option for some carers even if trying to work and care at the same time, in the same place, is not always either feasible or desirable. Some examples of companies providing teleworking as an option for working carers are provided in Example 10.

Example 10: Teleworking

Telecoms company (UK)

This company gives specific attention to supporting employees who are carers. One factor that facilitates this is the more general company policy of encouraging/enabling teleworking. Just over 11% of its workforce operates as teleworkers using a variety of ICT. Teleworking facilitates workers to deal with their caring needs (or parenting responsibilities) while also being able to work effectively – travel time and costs are avoided, and technology allows effective coordination and management of remote working.

Telecoms company (Ireland)

The company encourages and supports e-working among its employees, in part motivated by the fact that it is in the business of selling the technology that supports these forms of working ('we sell it, so do it'). Working carers are identified as one of the groups that can potentially benefit in terms of better managing work–life balance.

Energy company (UK)

The company policy on working carers states that, in some situations and particularly in relation to certain job types, employees may be able to work from home in order to accommodate their caring role while still working. As this may not be appropriate for all carers or for all jobs, requests for homeworking are evaluated by the employee's manager and the HR manager on an individual basis.

Energy company (Germany)

The employer has introduced mobile work and telework in the context of broader measures to shift from a culture of 'management by eyeball' to 'management by objectives'. The initiative is explicitly intended to support work–life balance for employees with care responsibilities.

Insurance company (Netherlands)

Employees have the option of working from home and it has been found that this can be of particular interest to working carers (if the nature of the job allows).

Pharmaceuticals/cosmetics company (Netherlands)

Employees can request from their supervisor the possibility for occasional teleworking/working from home, for example if care responsibilities make it difficult to commute to the central office. If employees work at home, this is communicated to colleagues by an announcement on the intranet.

Accessibility and interruptions at work

The possibility of addressing care-related matters at work if the need arises is another commonly mentioned issue for working carers. Company-level measures that can support this include allowing/facilitating phone access and use for care-related issues as well as the option for short interruptions during the day to attend to care tasks.

More advanced technological support may come to provide new possibilities in the future such as providing remote (tele)care from work (for example, keeping an eye from the work desk via a ‘granny cam’ or being linked in to a telecare monitoring service during working hours). Also of potential relevance would be the possibility of bringing a dependant to work (in an emergency, for example) or to a dedicated place close to work. Some examples of company-level measures to facilitate accessibility/interruptions at work are provided in Example 11.

Example 11: Accessibility/interruptions at work

Short interruptions during the workday to go home to care (social care provider, Netherlands)

Employees are allowed short work interruptions during the work day in order to go home to perform care tasks.

Use of phone, email and internet for caring during work (pharmaceutical company, Germany)

Company policy allows working carers to use phone, email and internet to deal with care issues during their working time.

Line managers can allow/facilitate phone use (energy company, UK)

Employees with caring responsibilities are encouraged to approach their line manager to agree access to a telephone at work in connection with their role as a carer. This should be agreed in advance and a confidential telephone may be made available, where appropriate. An employee who only has access to a company mobile phone should agree calls in advance with their manager.

Occupational health programmes

Measures to specifically address carer health and well-being, stress or other issues in occupational health and other health promotion efforts in the workplace are also of relevance. Example 12 details the provision of carer assessment by an organisation’s occupational health service in the UK.

Example 12: Occupational health services

Carer assessment (public health care provider, UK)

Working carers are offered ‘carers assessment’ which enables the occupational health service to assess the impact of caring on the employee and help to identify any areas that may need addressing. The organisation liaises and consults with local carer NGOs and can direct working carers to them if needs for support in relation to caring are identified.

Care-related support

Apart from measures directly addressing work–life reconciliation/balance issues from the work adjustment side, companies can also provide support for employees in relation to aspects of their caring role. Although traditionally it has been the view that US companies (especially larger companies) were more active in this respect, quite a number of

examples were found among the European cases identified for this study. Some of these are outlined in the following sections, grouped into four categories:

- information/counselling;
- training in caring for carers;
- sourcing of, or referral to, care services;
- organising/providing care.

Information/counselling

This type of measure was found in a number of the organisations covered by the study and some examples are provided in Example 13.

Example 13: Information/counselling

Employee-initiated carer support group (car manufacturer, Germany)

This is a ‘bottom-up’ initiative where an employee-initiated carer support group has been recognised by the company as an ‘employee resource group’ and allocated a budget. It provides information and consultation, and organises events. The information services includes an ‘emergency plan’ leaflet (giving basic information about what to do in the initial stages of caring) and an extensive collection of internet links on the company intranet (self-help groups, care services). It is felt important to have paper-based information as production workers do not have access to company email and the internet. Personal counselling to help cope with the physical and emotional strains of caring is provided by email, telephone or in person. Information events are also organised.

Company-provided advice for staff and their family (energy company, UK)

A carers’ network has been in place for a number of years, enabling working carers to link together through the company intranet and at events hosted by the company. An additional internet portal can be connected to from the company intranet (hosted for the employer by another company), where advice on health-related matters can be searched. There is a confidential helpline for all staff, with provision of specific advice for carers on financial assistance and support. Family members can also use the advice service. Counselling for carers can be made available through their line manager.

Company help desk and care agency (health insurer, Netherlands)

The company has established a help desk and a care agency to help staff deal with typical care-related questions. A number of employees have been trained to become internal care consultants who provide practical help to working carers. This includes help in dealing with psychological and emotional issues, for which mental coaching is provided. The organisation is also developing a toolkit for working carers to help them to face the challenges arising from informal care responsibilities. This was prompted by the results of an internal study which found that some working carers do not recognise themselves as such and that this obstructs them from asking for help or making use of available support.

Shared service (chemical sector employer, Germany)

The company operates a ‘service office for families’ which provides (anonymously) information and counselling on issues related to caregiving. All employees in the region can make use of the service and other employers in the region contribute to financing. The trade union played a vital role in the implementation phase, when it also provided financing.

Contract with external provider (pharmaceutical company, Germany)

This company has a contract with an external service provider to provide counselling and a range of other care-related support for working carers.

Cooperation with carer support NGO (local authority, Ireland)

A staff survey found that lack of information about care-related support was common among working carers. As a response, an NGO providing carer support services came to the workplace and put on a number of lunchtime information sessions.

Training in caring for carers

Examples of employers providing training in caring issues for working carers (and sometimes their partners as well) can also be found, as illustrated in Example 14.

Example 14: Training for carers

Training for carers, and for partners in the future (health insurance fund, cooperating with a pharmaceutical company and other employers in the region, Germany)

A five-part training course is provided twice a year to employees in a number of major companies in the region. The topics covered are:

- need of care/types of care;
- financial and legal issues;
- dementia;
- depression in old age – recognition and treatment;
- practical support in everyday care.

An additional module is planned on ‘care in partnership’, allowing employees to take partners to training sessions as well.

Employees can select which parts of the training they are interested in. Training is free of charge for employees of any of the companies participating in the regional alliance and conducted by an external trainer.

The training programme was initiated by a health insurance fund, a major employer in the region, but is now offered in cooperation with other companies. This allows economies of scale to be exploited, as each of the employers would not have enough participants on its own to offer cost-effective courses.

Sourcing of and referral to care services

The examples also include employers who support working carers through help with finding and referral to care services. Example 15 presents some illustrations of this.

Example 15: Sourcing of/referral to care services

Cooperation with local non-profit care provider (telecoms provider, Germany)

The company has entered into cooperation with a major (non-profit) provider of local welfare and care services in Germany. Representatives of the care provider were invited to the company's 'family week' to provide information about services offered locally to employees and their relatives, as well as about the general support structures in the German long-term care system. All employees now have access to the information and referral services of the care provider, and can use them anonymously. This includes an advisory service on benefits from the long-term care insurance, legal advice and provision of support in finding the best care arrangements in each individual case.

Use of external intermediation company (health insurance fund, Germany)

As part of the company's carer support service, an external company is contracted to help employees find specific care facilities if these are needed.

Contract with external provider (pharmaceutical company, Germany)

This company has a contract with an external service provider to provide counselling, placement in care homes and practical advice about issues related to caregiving.

Organising/providing care

Although organising or providing care may not generally be seen as part of an employer's responsibilities, nevertheless some examples of this type of support for working carers can be found (Example 16).

Example 16: Organising/providing care

Retiree and partners provide help with care (chemical sector company, Germany)

A network of five people (one retired former employee and four partners of employees) provides a support service to look after dependants of employees if emergencies arise. Insurance cover is provided by the company.

Intergenerational support network (pharmaceutical/cosmetics company, Germany)

The informal 'generation network' is made up of former employees and provides a range of practical services for current employees. This includes services relevant for working carers such as support with care and other domestic responsibilities in their home. Motivation for setting up the network was not only to provide practical help to employees seeking to reconcile work and family, but also to offer meaningful, voluntary engagement to retirees who want to keep contributing to the community.

Staff can use the company's care services without charge (social care provider, Netherlands)

This social care company provides its care services free of charge to its own (working carer) employees, independently of whether the person in question is a client of the organisation or not. It has also set up alliances with municipalities and other providers in the region to support working carers and to find solutions to practical problems.

Employees' dependants can get a place in a care home during the carer's vacation (rehabilitation provider, Germany)

The employer is itself a provider of rehabilitation services and has its own residential care facilities. It offers employees who are working carers the possibility for their cared-for dependants to have a temporary place in the provider's care home (for example, so that the employee can go on holiday).

Awareness and understanding of carers and their needs

Research has shown that this is an important issue for working carers, affecting the flexibilities that are available to them, their willingness to ask for them and their experiences when taking them up. Levels of understanding and attitudes of managers/supervisors and colleagues are important in this regard. Self-awareness among working carers themselves is also important if they are to recognise their situation and look for support. Example 17 presents some examples of practical measures in this area at the company level.

Example 17: Awareness, understanding and skills

Toolkits for managers and staff (health insurer, Netherlands)

This company provides training to line managers on the working and caring issue, including examples of good practice identified through internal research that examined the characteristics, needs and opportunities for support for a number of working carers. It is now developing a set of ‘toolkits’ on the topic in order to support different stakeholders in the organisation. A toolkit for line managers aims to increase their awareness and understanding, thereby helping them to recognise the presence of working carers in their teams and support the development of customised solutions for any problems they may have. In a similar vein, the company is developing a toolkit for employees to help them become aware of their own status as a working carer. The need for this was identified in the internal research which found that some working carers do not recognise their situation and this is a barrier to asking for help or making use of the various supports that are available. There are also plans to develop a toolkit for HR managers, safety, health and welfare managers, social workers and medical officers.

Direct dialogue with line managers (cosmetics and pharmaceuticals company, Germany)

The company provides continuous training to equip supervisors with the capability to manage employees in a way that fits with the company culture on reconciliation between work and care. Recently, the HR department introduced a new tool, a ‘diagnosis conversation’ to guide discussions between the company’s work/family team, a representative of the works council and each of the company’s line managers. The goal is to explore emerging challenges, but also to learn about the many different ways that challenges are dealt with at operative level. The findings are fed back into further development of work–life balance measures.

Targeting men (pharmaceutical company, Germany)

The company has developed information measures focusing on male employees. These are applied to promote awareness about what reconciliation of work and family care means in practice and how individual employees deal with the challenges it can pose, as well as more generally to address the taboo of discussing the topic among men.

Raising company-wide awareness of working carer policy (social care provider, Netherlands)

Internally, the working carer policy is communicated through the company’s personnel magazine and through posters, and once through the pay slip. An annual theme day centred on working conditions and care is being organised to further raise awareness and attract attention to the policy. Externally, the policy is promoted through the national working and care website and also in the company’s vacancy advertisements.

Work and care as a topic in continuing education (car manufacturer, Germany)

The topic of work and care has been included, as part of training in dignity at work, within the continuing education provided by the company.

Raising awareness and making caring visible (mental health organisation, UK)

In the context of a policy drive to ensure that all employees and managers are aware of caring and its impact, six workshops a year are held where issues around caring are highlighted and discussed. Carers are generally involved in the workshops to ensure that the audience can hear from, and engage first-hand with, current carers.

Other measures

In addition to the various themes addressed in the previous sections, a number of other types of company-level measures were also identified. These include:

- carer surveys/audits;
- cooperation with external stakeholders including lobbying/encouraging others.

Carer surveys/audits

A number of examples of this type of measure were found and some of these are shown in Example 18.

Example 18: Staff surveys/carer audits

Survey of working carers in cooperation with carer NGO (local authority, Ireland)

In cooperation with a carer NGO, this employer conducted an online survey of the workforce to:

- assess the prevalence of working and caring;
- profile the caring circumstances and responsibilities as well as the health of carers;
- assess the support available to carers (inside and outside of work), and the current and anticipated impact on work.

A key finding was that there is a common lack of awareness among working carers of the (community) support and services that can assist them and a majority would like more information on this. In response, the organisation facilitated the carer NGO to provide information sessions at the workplace for working carers.

Survey findings prompt company to initiate work and care policy (telecoms provider, Germany)

The company cooperated with a master's student in order to more closely investigate issues related to reconciliation of work and family. It came as a surprise to the company when the research revealed an unexpectedly high percentage (11%) of employees who are engaged in care for an older or disabled family member. This prompted the company to develop a policy on work and care, and to revise the annual workforce survey to include questions addressed at working carers.

Internal review to identify working carers and their needs (health insurer, Netherlands)

The company's long-term goal is to implement a working carer-friendly climate in which there is room for dialogue and where employees feel free to ask for, and obtain, customised solutions. To provide the basis for future initiatives, the company began an internal review with the aim of identifying:

- the number of working carers in the company;
- their characteristics, needs and preferences for support;
- what is already being done to help them reconcile work and care responsibilities.

Cooperation/engagement with external stakeholders, lobbying/encouraging others

Various forms of cooperation and engagement with external stakeholders can be relevant in relation to company-level approaches to the working and caring issue. Some examples of employers working together to provide joint services

such as training have been mentioned in other examples, as well as cooperation with external care service providers and NGOs. Lobbying and encouraging other employers to address the working carer issue is another activity that can be observed in some companies. Example 19 presents some cases of these types of activity in practice.

Example 19: Cooperating with and lobbying/encouraging others

‘Ambassador’ promoting carer-friendly employment (health insurance company, Netherlands)

This company has become an official ‘ambassador’ for the promotion of working carer-friendly employment in the Netherlands. Being an ambassador requires the working carer theme to be addressed both internally (in HR policies) and externally (through communication and networking about the topic).

Active involvement in ‘Employers for Carers’ organisation (telecoms company, UK)

By supporting the national Employers for Carers organisation (including providing its chair), this company has helped significantly to promote the working/caring agenda by highlighting and supporting the development of a service which is a ‘signposter’ and facilitator for other organisations, whether multinational or small and medium-sized enterprises (SMEs).

Participation in national initiatives for work–family balance (telecoms provider, Germany)

Germany has a number of well-known national initiatives for promoting measures to better reconcile work and family life. In recent years, most have taken up the issue of working carers as well. This telecoms provider is a member of one such government-supported national initiative, serving as an example in various brochures and guidebooks, and on websites. When it joined the initiative, the company made a declaration that it would put special effort into establishing a family-friendly culture as well as developing tangible measures to support reconciliation of work and family life.

Cooperation with a range of external stakeholders (chemical sector company, Germany)

This company is involved in a strong cooperative effort with the municipality, the trade union and the employers’ association to improve conditions for reconciliation between work and family (including caregiving) using a holistic approach.

Cross-cutting perspective

Following on from the more elemental perspective in the previous section, this section looks at company-level measures from a more cross-cutting perspective. One aspect concerns ways in which individual elements can be combined in more extensive, multidimensional approaches. Another aspect concerns the spectrum of approaches along the formal–informal dimension.

Extensive/multidimensional approaches

Two cases of extensive and multidimensional approaches are presented in Example 20, illustrating how some companies are providing a broad range of measures to support working carers.

Example 20: Extensive/multidimensional approaches

Insurance company (Netherlands)

This company was one of the first to be officially recognised in the Netherlands as being an employer who takes care of working carers. It achieved this recognition because it complies with national policies for working carers, develops tailor-made arrangements for working carers, and has created an organisational culture in which caring is acknowledged, discussed and accepted.

The company has an extensive policy for working carers that is formalised in a company-level collective agreement. The components include:

- part-time work;
- customised working hours;
- home-based teleworking;
- leave – longer than the minimum obligations, partly paid;
- a culture shift towards increased awareness of the need to support working carers;
- information provision (via intranet);
- coaching/training of line managers and managers.

Energy company (UK)

This company also provides an extensive range of support for working carers. Measures include:

- carers' network where individuals with caring responsibilities are able to link together through the intranet and through events hosted by the company;
- confidential helpline available to all company staff (offers specific advice for carers) – family members can also use it to seek advice; counselling for carers can also be made available through the line manager;
- information of relevance to working carers (such as caring allowances and care homes) is provided through a variety of channels including a link on the company intranet to a portal on health and related matters;
- line managers undergo training in diversity which includes issues concerning caring responsibilities;
- leave options include planned carer's leave (short-term) part-paid, paid emergency leave for unexpected caring responsibilities, unpaid leave (also known as dependant leave) when employees have used all other options to maintain their caring responsibilities, and paid dependant leave if the dependant dies;
- options for flexible working include career breaks, sabbaticals, part-time work and job sharing;
- carers can also use the phone at work for caring-related phone calls (in arrangement with their line manager).

Formal, informal and mixed approaches

Most of the cases covered in this study have formalised their policies and practices in relation to working carers to at least some degree (see Example 21) but, in a few cases, the approach remains an informal one (Example 22). In many cases, however, the approach involves some combination of formal and informal provisions. It was therefore felt that there were strong advantages to putting forward a concrete approach but leaving considerable room for more informal flexibility and customisation on a case-by-case basis (Example 23).

Example 21: Explicit/formal approaches

Social care provider (Netherlands)

This organisation has a formal working carer policy, with the topic given an explicit label which allows better communication and recognition. The formal policy bundles together various policies, arrangements and practices that existed before and adds a number of new dimensions. In the past, working carers' requests may not always have been granted and formalisation increases the organisation's obligations to take the needs of working carers into account. However, the approach also recognises that, in practice, individual problems demand a flexible use of formal regulations and search for customised solutions. In fact, it is felt that an open culture that allows more customised solutions can help avoid the necessity to use long-term leave arrangements.

Energy company (UK)

The company has a formal written policy on carers which states that:

- employees are actively encouraged to inform their line manager if they are caring for someone;
- issues raised between employees and their manager, or HR department, are dealt with in a confidential manner;
- there is a consistency of treatment between employees with caring responsibilities, while taking into account the individual needs and circumstances of each case;
- employees are not discriminated against or disadvantaged on the grounds of caring responsibilities;
- the company would like to ensure the policy is effective and therefore asks that employees give feedback about their caring needs and how the policy works in practice.

Specific provisions outlined in the policy include leave, flexible working arrangements and other accommodations for carers, as well as a career break scheme.

Example 22: Informal approaches

Transport company (Netherlands)

This company does not have a formally defined approach to support working carers but it has a general policy to provide attractive working conditions, including work-life balance, in order to better attract/retain staff and encourage staff loyalty. There is an unwritten policy and practice to solve problems at the lower levels and the culture encourages informal support and communication between supervisors and staff. This makes it easier for working carers to present their needs and negotiate the necessary flexibility to address these. It is felt that a formalised policy might limit possibilities for solving working carers' problems effectively.

Example 23: Combining the formal and informal

Insurance company (Netherlands)

This company has a formal policy on working carers that is inserted in the company-level collective agreement. The policy includes the minimal statutory requirements but also enlarges on these, for example, through an extended definition of carers and provision of part-payment for carer leave. However, the policy recommends 'not to agree everything in rigid rules, but empower individual manager and employee to take their mutual responsibilities'.

Motivations for company-level initiatives

Finally, it is useful to consider the motivation for companies to provide measures to support working carers. There is evidence to suggest that the costs to employers of not addressing the needs of working carers effectively can be very substantial, with estimates for the US suggesting figures of up to USD 33.6 billion (€26.4 billion as of 10 September 2010) per year.⁷⁵ In Europe, there is a slowly growing recognition of the business case for employers. In the UK, for example, the employer group, Employers for Carers, has been established to ensure that employers have the support to retain employees with caring responsibilities (Example 24).

Example 24: Recognition of the business case – Employers for Carers (UK)⁷⁶

Employers for Carers argues that employers need to support working carers and that, far from compromising business objectives, research shows that using a flexible working approach achieves impressive business results. According to its analysis, such a flexible approach:

- attracts and retains staff;
- reduces stress;
- reduces recruitment and training costs;
- increases productivity;
- reduces sick leave;
- improves service delivery;
- produces cost savings;
- improves people management and increases staff morale.

Employers for Carers also notes that:

- organisations that have introduced flexible working and special leave arrangements for carers have judged them a success;
- it makes business sense to care for carers.

One of our members (a large utility company with a multisite operation) calculated that supporting carers brought a benefit of £1 million a year. One of their directors said, 'With a caring emergency you are not dealing with an absence, you are potentially dealing with a vacancy if you don't respond appropriately. The cost of recruiting is incomparable to the cost of 2–3 days' emergency leave. Retaining carers through support or special leave arrangements represents a saving to the company of about £1 million per year.'

⁷⁵ MetLife, *The MetLife caregiving cost study: productivity losses to US business*, Westport (CT), MetLife Mature Market Institute, and Bethesda (MD), National Alliance for Caregiving, 2006, available online at <http://www.caregiving.org/data/Caregiver%20Cost%20Study.pdf>.

⁷⁶ <http://www.employersforcarers.org/BusinessCase>.

Employers for Carers has identified various examples of simple and effective employer actions to enable carers to balance their paid work with their caring responsibilities, including:

- flexible working practices;
- emergency leave;
- flexible leave;
- workplace support on caring issues;
- simple adjustments (for example, access to a private telephone or car parking close to the workplace to make access in and out of work quicker and easier).

It concludes that the evidence shows that these flexibilities can reduce staff turnover and absence thereby cutting employment costs, with employers finding that such provisions are rarely abused and increase loyalty and commitment.

It seems that only in a minority of the examples covered by this study was the business case the central driver motivating activities in support of working carers, although it was quite often mentioned as being a relevant and positive dimension (with absenteeism reduction and staff recruitment/retention benefits being most frequently mentioned in this context). More commonly, for many companies it seems that providing support for carers emerged as a natural component of an orientation towards work–family balance which had come to be embedded as part of the everyday process in the company. In some cases, the motivation derived at least in part from the nature of the company’s activities; for example, the issues of care and working carers can be more obvious for the insurance and care sectors. Finally, in some cases a broader anthroposocial or social responsibility philosophy or ethos seems to have been a key motivator, and in more than one case, the initiative was triggered or championed by a key individual with an interest in, or personal experience of, the working carer issue.

What next to support working carers at the company level?

Working carers are a heterogeneous grouping with varying needs, preferences and degrees of freedom in relation to balancing working and caring. A broad spectrum of company-level measures needs to be on offer to cater for this diversity and to enable carers (and companies) to arrive at the most suitable solution(s) for them. The analytic framework developed in the previous chapter outlines in a systematic manner some of the main types of measures. Efforts at company level could usefully aim to provide as complete a range of these measures as possible.

Range of measures available

The 20 case studies prepared for the purposes of this study reveal a broad and rich spectrum of company-level measures with examples of practically all of the different types of measure currently considered as good practice. Some types of provision (such as flexible working hours and various arrangements around leave for carers) occur quite frequently whereas others appear to be offered only by relatively few companies at present. The range of measures provided by individual companies also seems to vary widely. Some companies have extensive policies in place that encompass a number of measures, while others have so far implemented only more limited approaches.

The extent of formalisation of policy and practice with regard to working carers also varies across companies. Some companies have formal policies in place; others rely almost entirely on an informal approach. Many companies (particularly more advanced ones) seem to feel that a balance between formal provisions and informal flexibility is the best approach, allowing customisation and tailoring to particular circumstances as they arise.

Some variability can also be detected over what aspects of working carers' situations receive attention in the approaches of the companies featured in this study. Although most of the cases focus on accommodating carers' workplace needs to varying degrees, some focus equally or more on helping carers to address the caring side through information, counselling and sometimes even support in relation to accessing carer services. In a few cases, in fact, the focus is mainly on the caring side, for example in some companies operating in the welfare sector themselves (as insurers or care providers).

Measures currently limited to forerunner companies and countries

Although the cases covered by the study show a rich and varied set of measures being implemented at the company level to support working carers, it is important to remember that these have been identified and selected to be illustrative of good practice rather than to reflect the norm. In this regard, the companies concerned tend to be forerunners in their countries and the countries covered can be considered to be among the forerunners in Europe in terms of attention to the issue of working carers – even if some (Germany and the Netherlands) seem more advanced and active at the company level than others (Ireland and UK). More evaluation and information on the extent of actual take-up of these measures over time by working carers would also be useful. Nevertheless, the cases do show what can be and is being done by companies and provide useful lessons for others in the four countries covered by the study and across Europe in general.

Importance of the supra-company context (national and sectoral)

The national and sectoral ('supra company') context plays a vital role in encouraging and framing actions at the company level. In the four countries covered by the study, the national legislative context includes various statutory provisions for working carers, though the type and content of such legislation and provisions varies considerably. In all the countries there is legislation addressing leave for working carers, although in varying ways, and in two countries the issue of access to flexible working for working carers is covered by legislation. In some of the countries, employment equality/anti-discrimination legislation addresses or has been deemed to be relevant for working carers. In some, statutory provisions in relation to home and community care support not only address the person in need of care, but also the needs of the carers themselves, and in at least one country (UK), the work situation or aspirations of the carer are required to be taken into account.

Apart from legislation, other supra-company processes are also encouraging progress in some countries or sectors. Social dialogue processes in some countries such as Germany and the Netherlands have actively taken up the working carer issue leading to wider awareness and to the implementation of working carer provisions in some sectoral and company-level collective agreements. More general promotional efforts are also in operation in some countries, including one promoted by a carer NGO with government funding (Netherlands) and one promoted by an alliance of employers (UK).

Influence from existing EU-level measures

At EU level, there is currently little in the way of harmonising legislation or other measures that could be expected to drive a consistent and concerted approach to the working carer issue across the Member States. However, the national implementation of the Framework Directive on Parental Leave has provided the context for the introduction of specific measures for working carers, as well as parents, in some countries. In addition, a case taken to the ECJ (from the UK) resulted in a decision that the EU Employment Equality Directive covers carers by virtue of 'associative' discrimination.

What next?

Based on the available evidence, a number of important lines of action can be suggested to take forward the working carer agenda at company and other levels. Three main themes are outlined below.

Raising awareness and promoting good practice

Efforts to spread the message should focus not just on reaching companies (across all countries and sectors) but also on reaching policymakers and the social dialogue process at sectoral, national and EU levels. For all these parties, there are clear messages to be conveyed on the spectrum of measures needed and on how these can be – and sometimes already are being – implemented at the company level.

Ensuring wider and more consistent provision

While raising awareness among companies has a vital role to play in encouraging diffusion, on its own this is unlikely to be sufficient to ensure wide and consistent provision across all Member States and all companies, and available to all working carers. Labour legislation (at EU and Member State levels) as well as formalised provisions within the social dialogue processes (at EU, Member State and sectoral levels) both have a key role to play in this. There is a pressing need to examine how the current ‘acquis’ of provisions at these levels can be extended to increase the coverage of working carers and their particular needs.

Joined-up approaches between the employment and home/community care fields

Finally, company-level measures (and labour legislation more generally) cannot be expected to solve all the challenges faced by working carers. The role of home/community care services is also crucial, and these must be provided and organised in ways that better support working carers. The complex ways in which home/community care services interrelate with employer practices and national regulation need to be much better understood to make progress in this matter.

There is a need to move towards a more joined-up policy approach at EU and Member State levels, one that addresses the interlinkages of these fields and the growing importance of an integrated approach to address the challenges of demographic ageing.

There is also scope for more company-level activity in this regard as shown by the examples of cooperation with care providers and other external stakeholders in some of the case studies featured in this report.

Annex: Country groups and codes

Country groups

- EU15** 15 EU Member States prior to enlargement in 2004 (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom)
- NMS** 12 New Member States, 10 of which joined the EU in 2004 – sometimes referred to as the NMS10 (Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia) – and the remaining two in 2007 (Bulgaria and Romania)
- EU25** EU15 and NMS10
- EU27** 27 EU Member States

Country codes

AT	Austria	LV	Latvia
BE	Belgium	LT	Lithuania
BG	Bulgaria	LU	Luxembourg
CY	Cyprus	MT	Malta
CZ	Czech Republic	NL	Netherlands
DK	Denmark	PL	Poland
EE	Estonia	PT	Portugal
FI	Finland	RO	Romania
FR	France	SK	Slovakia
DE	Germany	SI	Slovenia
EL	Greece	ES	Spain
HU	Hungary	SE	Sweden
IE	Ireland	UK	United Kingdom
IT	Italy		