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Carers@Work

The Reconciliation of Work and Care in Europe

-The Social Policy Context-

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Executive Summary

- The reconciliation of work and care for an older person is highly relevant for ageing societies in Europe, which means that social policy makers will need to sufficiently recognise future care needs and translate this issue into action.
- To enable a successful combination of work and care, family carers need more action towards creating accessible and reliable low-treshold care services, professionalization of care work as well as societal support in terms of voluntary work ("welfare-mix").
- Social policy should promote optimal, clear and supportive care service provision and consider more integrated networks, which connect insurances, committees and other bodies involved in family care.
- Cash benefits should be transferred via personalised schemes.
- Care assessments should be designed to consider both the carers' and the care recipients' view.
- To avoid the lack of professional carers in the future, social policy should amend the context for care work positions, e.g. regarding payment and negative images.
- As employing a migrant care worker acts as one of the most effective strategies, social policy should promote legal options for using this solution.
- There is still a lack of knowledge about private households as an area of employment of migrant care workers. Thus, domestic care workers need specific action with regard to social security and job security.
- Social policy is asked to improve obligations for alternative forms of housing, which bear the possibility to allow elderly "ageing in place" and acts as a relief for family carers.
- Regarding the situation in the workplace, working carers need more policy action towards reconciliation-measures, e.g. work time flexibility, job-sharing, telework, or a translated right to re-employment after care leave.
- Social policy is asked to increase efforts for promoting self-interest groups and social initiatives for working carers, e.g. for providing emotional support, information or training.
- The topic of reconciliation work and care and ageing within the family needs more general attention in the society, among all generations, and both sexes.
- Furthermore, there is still a lack of research on the reconciliation of work and care, e.g. regarding longitudinal studies, different stages of care, the respite function of work, and evaluation studies of existing measures and instruments in companies.

1. Introduction

Europe is facing far-reaching consequences due to demographic changes in the light of ageing societies, low birth rates and migration. Thus, the reconciliation of work and eldercare is highly relevant for European societies, since it affects both the labour market with regard to ageing workforces and family relations in terms of increasing care obligations for older relatives. With regard to agenda setting, the following aspects can be cited as reasons for an increased focus from social policy-makers on this issue:

- Because of well-known demographic, social and medical reasons the number of older people is increasing, with those 80 years and older the most rapidly ageing group.
- In the recent years, the birth rates in most European countries have declined rapidly (e.g., Italy or post-socialist countries), which leads to a declining number of potential caregivers – accompanied by an increased life expectancy. Moreover, family formations have been changing over the last decades. New family formations due to divorces and remarriages among the older population indicate that children may have the care responsibility for a greater number of parents or even lone relatives without the availability of spouses to assist with care.
- Changes in age structure affect the future working environment since it translates into an ageing and thereby shrinking workforce. First efforts to solve this problems consider the idea of “active ageing” (European Commission, 2002; Walker, 2006) and a raising supply of women in the labour market. As women still act as the main resource for family care, the need of enabling the reconciliation of work and care becomes visible.
- Recent trends on the labour market require a high grade of mobility. Thus, more workers are likely to live in greater distance from their nuclear family, which means a reduced availability of carers living nearby to support their older relatives. Consequently, migration is another important trend which has to be acknowledged by policymakers.
- The debate on raising costs for care services has re-oriented welfare policy towards a more pluralistic form of “welfare mix” and an increased promotion of informal family care. Even when accompanied by cash benefits, welfare states reduce expenditure by advertising “ageing in place” and thus shift the responsibility to families for bearing the bulk of care. However, informal care

carries the risk of impairments on health and wellbeing of the care giver, which – in turn – can spill over to the workplace.

- Moreover, the division of labour and roles within the family lead to the provision of equal "work-life balance" for men and women. Reconciliation of work and care should also be considered with regard to equal opportunity policies between working and non-working carers. Thus, carers who are disadvantaged due to other circumstances (e.g., single carers, low economic status) need particular attention in regard to social protection and social inclusion.

In summary, a nationwide reconciliation of employment and family care would contribute to both supporting the competitiveness and productivity of an ageing workforce and guaranteeing the provision of care at times of rising numbers of older people, which is also linked with "social capital" (Putnam, 1995) or "intergenerational solidarity" (European Commission, 2005a).

This report aims to give a short overview about the social policy context in the four different European countries involved in the "Carers@Work"-project: Germany, Italy, Poland and the UK. In addition, recent social policy action on the EU-level will be highlighted in terms of different legislation on topic-related fields. Thus, this paper looks at care regime's characteristics of Germany, Italy, Poland and the UK, the implementation of social policy measures as well as the European policy regarding the reconciliation of work and care. The last part presents some conclusions and thus recommendations for European social policy-makers.

2. Four different care regimes

The care regime literature partly emerged as a response to the attempts to create typologies of national welfare approaches which aim to compare, characterise and explain different welfare concepts, such as for example, Esping-Andersen's (1990) work on modern developed capitalist countries in which he distinguishes between social democratic, liberal and corporatist-statist welfare regimes. This approach has been critiqued for failing to address the issue of unpaid work within the home adequately (see also Pfau-Effinger, 2005), prompting the refinement of these typologies to create "care regimes".

Even when the aspect of care obligations for older relatives has been treated with more attention over the years, “elder-care” is still not equally addressed as “child-care” in the research of different welfare state regimes (Bettio & Platenga, 2004; Keck & Saraceno, 2009; Simonazzi, 2008). Most studies on “care regimes" therefore subsume both care tasks under the same label of “care”-obligations in general, e.g. in the European Community Houselhol Panel/ ECHP (Bettio & Platenga, 2004), which neglects the different existing social policy framework for child care and elder care support (Anderson, 2003; Leitner, 2007). However, several further studies developed typologies of care regimes by focussing on different aspects, e.g. female labour market participation, accessibility and quality of institutional and ambulant care services, level of care responsibility for families, share of care tasks between both sexes, and cash-for-care benefits (Pommer et al., 2007).

Hochschild gives an example for an ideal care regime typology of four models in the light of *gender inequality* (quoted after Leitner, 2007: 5). The first type “the traditional model” represents a couple-concept, in which the male spouse acts like the male breadwinner while the non-working female spouse is responsible for providing family care. According to Leitner, especially conservative countries in southern Europe still practice the first model while western European countries show a trend to the “post-modern model”. This second type demonstrates a modified concept of the first type: both spouses are employed but women are double burdened by still bearing the traditional bulk of care. In the third “cold-modern model” the family is not considerably involved in the provision of help as care is primary delivered by professional services. Finally, the “warm-modern model” indicates a concept of equally share of family care tasks between both sexes and professional services (“care-mix”). This warm-modern type, which is treated from the author as a model of good-practice, is particularly linked to care provision in Scandinavian countries (see also Gornick & Meyers, 2004).

Another typology was developed by Bettio and Plantenga (2004) who argue the level of care in EU nations varies according to cultural and political legacies and how care is organised reflects cultural attitudes about the family. Care provision, in some nations is considered to be more appropriate within the private sphere of the family and therefore the state has a minimal role whilst in others, care is provided by the state or market. Bettio and Plantenga addressed the level of adult involvement in care activities for children and elderly people in Italy, Greece, Spain, Ireland, the Netherlands, the United Kingdom, Finland, Denmark, France, Portugal, Austria, Germany, Sweden, and Belgium and identified five clusters:

1) *Greece, Italy, Spain, Portugal and Ireland*: these nations scored low on the index of formal care and high on the index of informal care, placing care within the sphere of the family;

2) *The UK and the Netherlands:* in these countries, informal care is highly relevant but policy makes some distinction between the levels of support offered to those caring for either children or elderly people.

3) *Austria and Germany*: these two rely on informal care; economical consequences of care provision are partly protected through social benefits from the social security system;

4) *Belgium and France*: the focus in these countries is on formal elder care;

5) *Denmark, Sweden and Finland:* these Nordic countries are characterised by moderate to high levels of universal formal services.

Based on these categories, Bettio and Plantenga (2004) found several implications in terms of social and economic outcomes. The cluster containing Greece, Italy, Spain, Portugal, and Ireland impedes the creation of care work jobs and corresponding increase of women in paid employment, which is particularly pronounced among those with low-skills whose employment would not allow for the purchase of care services. The authors also note the link between care responsibility and fertility, though they acknowledge the picture is more complex.

This two examples for care regime typologies suggest a general north-south-divide among European countries in terms of family responsibility, self-labelling of caregivers, care arrangements, systems of support and accessibility of care services, and possibilities to stay employed while providing care for an older relative (Kilpeläinen, 2005; Lamura et al., 2006; Pommer et al., 2007). The following section aims to outline the care regime-characteristics of the countries involved in the project "Carers@Work": Germany, Italy, Poland and the UK. To illustrate national care policies for informal caregivers this section also contains a short overview on the current national social policy regarding the different dimensions of reconciliation work and care.

2.1 Germany

In the forthcoming decades, Germany will undergo huge demographic changes as a result of increased life expectancy, huge cohorts of ageing “babyboomers” who will retire over the next twenty years, and low birth rates have created. Compared with other European countries, childlessness is typical among high-qualified women, whilst mothers have a low participation in paid (full time) employment. According to Esping-Andersen’s (1990) typology of Western welfare states, Germany as a paternalistic state with high level of intervention shows typical characteristics of continental-conservatives welfare regimes (Allmedinger & Ludwig-Mayerhofer, 2000; Bäcker et al., 2010; Lessenich, 2003). Thus, Germany tends to practice a modified "male-breadwinner-model", with both spouses working, while women consider reducing working time to provide family care (Bovenberg, 2005; Kümmerling, 2009; Simonazzi, 2008). In this context, the specific tax system (from which couples with unequal wages benefit most), cash-for care payments and high costs for care facilities, can be seen as the main obstacles for an equal share of caring tasks and for making the combination of work and family less attractive (Bäcker et al., 2010). However, due to diverse state models in the past differences in the female labour market participation can be found in West and East Germany as well as increasing rates of female workers among younger cohorts.

Care obligations in Germany are not legally but implicitly bestowed upon the family of the person in need of care – mostly to the female family members (Simonazzi, 2008), which means 70% of the informal carers are women (Schneekloth & Wahl, 2003). Thus, three quarters of all people in need of care are supported at home by their relatives (Dienel, 2007; Pommer et al., 2007). But even when basic care needs have so far been mostly covered by the family, many changes in family patterns (higher divorce rates, growing geographical mobility, patchwork families, split households) may affect the fragile framework of implicit assumption of family care (Kümmerling, 2009). Furthermore, Germany is facing a shortage of high qualified care workers as jobs in this sector are often negatively characterised by precarious employment, and exhausting care tasks (Kümmerling, 2009). Thus, another trend which becomes more relevant in Germany is the strategy of employing migrant care workers. It can be assumed that between 60,000 and 70,000 care workers – mostly from Eastern Europe – are illegally working in private households (Mudulu, 2005).

With Germany’s long tradition of social security systems – back to the 19th century – the provision of care service is characterised by a dominance of insurance-based

cash-for care payments, and a variation of different actors in this field (Hegelich & Meyer, 2008; Kaufmann, 2003). Thus, the health care and long-term care insurances, the local authorities (for elderly with very low income) and different social service actors play an important role in the provision of care. Regarding this complex network of support and financial benefit, carers criticize this system as confusing, untransparent, and too expensive, which leads to a polarisation of caregivers into those who can afford external help, and others with very limited financial possibilities (Meyer, 2004). In addition, there is a lack of care services both for children and older persons in general, which impairs the situation for employed caregivers. These aspects mentioned above may have also an influence on the labour market supply of care givers. According to Schneekloth and Wahl (2005), six out of 10 carers are of working age yet only four in 10 are still active in the labour market. Based on his second analysis of the European Community Household Panel (ECHP) Viitanen (2005) found that:

> *"Informal caregiving is found to have a significant, negative impact on the probability of employment only in Germany."*

The balance between work and elder care obligations and therefore specific measures and instruments at the workplace to enable the combination of both tasks, are not at the top of employers' agenda. Family care, which is mostly associated with help for a child, is considered to be a private issue. However, many (especially large) companies and also the public sector tend to offer different instruments, e.g. flexible working time, homework etc. even when partly as a kind of "promotion strategy" to attract high qualified workers (Kümmerling, 2009).

Social and Health Care Policy

Due to its federal state concept and specific traditions in the social security system, the federal state and local authorities play an important role in the provision and organisation of care policies according to the principle of subsidiarity (Lamura et al., 2006; Pommer et al., 2007). In 1995 Germany introduced a new pillar in the social insurance system to cover the risks of people become substantially dependent (six months at least). By implementing this contribution-financed *Long-Term Care Insurance* the government aimed to maintain the older person's autonomy and to discharge tax based welfare benefits for older people with lower income. Thus, this concept assigns priority to the provision of care by close relatives, which also accommodates the preference of older people staying at home as long as possible

and economical reasons for doing so (Bäcker et al., 2008; Meyer, 2004). The long-term care insurance is both obligatory for people who have a general or private health insurance and is financed through a tax of the gross wage which is shared between employees and their employers. However, while the health insurance acts as a fully comprehensive scheme, benefits from the long-term care insurance are limited – and therefore often criticised as too low. This benefit is used for any kind of assistance and is paid directly to the care recipient. Thus, the care receiver can choose a care arrangement, e.g. help by a family member, care services or nursing homes and further lump-sum transfer and/or in-kind transfer. Payments depend on the three different levels of dependency, which are orientated towards somatic performances regarding ADL and particular amounts of care chores (14 hours/week for level I). The medical review board has the main responsibility for this categorisation. To ensure the quality of informal care, the medical review board practice particular inspections in the care receiver's home. However, carers often criticise the neglect of further aspects of help in this definition, e.g. observation, attention, and emotional support. As an outcome of this permanent disaffection, the government provides with the *Complementary Nursing Act* of 2002 an extra-amount for people with high need of supervision, which can be used to purchase professional services. The responsibility for a sufficient and adequate care infrastructure in the whole country is taken by the federal government, governments of the states and local authorities.

The LTCI- scheme embraces the following care tasks:

- Personal hygiene as washing, bathing, toileting;
- Assistance with nutrition;
- Mobility assistance;
- Household chores as shopping, cooking, cleaning and laundry;
- Professional help as respite care, day and night care;
- Various aids (nursing or technical aids etc.)
- Reconstruction of the home

Given the wide range of different sources of care benefits (social contributions, private funds) and responsibilities (federal government, governments of the states, local authorities, agencies, non-profit institutions) it is hardly surprising that a lot of carers complain difficulties to gain care services and information on care in general.

In 2008 the government tackled a *Long-Term Care Reform* and introduced *Long-Term Care Support Centres* (Pflegestützpunkte) as a pilot project to tie local care insurances and long-term care insurances in the form of a "one-stop-shop" for family carers. These centres were supposed to support family carers concerning information, coordination and organisation of care based on tied expertise. However, further findings regarding this pilot are still unclear.

Regarding the equality of women and men, several laws have been introduced to highlight the principle of partnership between spouses (Gleichberechtigungsgesetz in 1957; Reform des Ehe- und Familienrechts in 1976). After decades of neglect after World War II, population policies received more attention on the political agenda, e.g. concerning a *Parent Money* (Elterngeld). As more couples required the possibilities for child care outside the family, in 1996 the state introduced a law, which granted a half-day place in kindergartens for children above three years. However, an adequate provision of child care facilities in terms of covering as many regions as possible is still missing. Thus, to promote professional work within the households, the *Law for Tax Relief to Promote Economic Growth and Employment* (Gesetz zur steuerlichen Förderung von Wachstum und Beschäftigung) from 2006 aimed to facilitate the employment of domestic helpers, e.g. of care workers for the support of older relatives. Due to the visible demographic change in Germany, social policy is increasingly aware of new solutions for coping with an ageing society. Proposals regarding an increasing longevity include an increasing statutory retirement age, measures to prevent early retirement and promotion of private old age provision (Bäcker et al., 2008). It can be summarised that little attention has been paid on the reconciliation of work and care in health and social policy. However, some action has been driven towards employment-related legislation in this context.

Employment-related Policy

The reconciliation of work and care is implicitly linked to legislation introduced within the last decades – mostly concerning flexible working conditions and working time reduction. In general, working time arrangements in Germany depend on the three levels of legislation, collective bargaining, and by individual arrangements between employer and employee.

Employment-related policy after World War II started in 1952 (renewed in 2003) with the Introduction of the *Law for Protecting Employed Mothers* (Mutterschutzgesetz) as an act to protect the life of the mother and her baby during pregnancy and for eight

weeks after birth giving. This legislation deals with the protection and safety of the workplace and income of the employee. However, a lot of agreements concerning the balance between job and care have been negotiated on the sectoral and company level with frequent links to a low-level framework.

Since the mid-1980s working time flexibility and in the latter working time reduction play an important role in German collective bargaining and cover almost all collective bargaining districts (Demetriades et al., 2006). One of the most important legislation concerns the *Working Time Act* (Arbeitszeitgesetz) from 1994 as a regulation on the "lower-level" in the line with the European Directive on Working Time (Demetriades et al., 2006). This act replaced the former *Working Time Decree* (Arbeitszeitordnung) which was first introduced in 1938 and offered more options for working time related negotiations between trade unions and employers (O' Reilly & Bothfeld, 2003).

Specific working time arrangements are marked by gender differences, which label part time typical for female employment, while working full time is still male dominated. With the intention to prevent discrimination and disadvantages against part-time workers, the state launched in 2000 (renewed 2003) a *Legal Framework Concerning Part-Time* (Teilzeitgesetz). Also the *General Equal Treatment Act* (Allgemeines Gleichbehandlungsgesetz) from August 2006 aims to avoid all explicit and implicit kinds of discrimination on the workplace.

Since the reform of the *Work Council Constitution Act* (Betriebsverfassungsgesetz) from 2001, representatives from work councils are also obliged to promote the "reconciliation of work and family life". However, trade unions and employers differ in the preference of collective or more informal agreements on the company level. Controversial objects are especially the expansion of flexible working conditions, regular working days and the extension of opening hours in the retail sector. In addition, various regulations are limited with regard to financial difficulties (O'Reilly & Bothfeld, 2003). As a consequence of an increasing number of agreed deviations from agreed collectively agreements various models of flexible work arrangements emerged from this negotiation between the social partners. The first sectoral agreement on *Working Life Time Accounts* (Lebenszeitkonten) was signed in October 2000 in the steel industry. In 2001 the German IG Metall (one of the largest trade unions) discussed the reconciliation of work and family in the context of their large *Debate on the Future* (Zukunftsdebatte) and in the same year the government and the employer's organisations underlined the importance of equal opportunities policy by signing up an agreement in the private sector regarding the implementation and promotion of family-friendly measures and instruments to increase the rate share

of women in management positions, flexible arrangements during parental leave etc. However, as denoted before this act provides employers the possibility to refuse on "internal company reasons", which highlights political actions in this area more as "suggestions" for employers to enable the combination of work and care. Under the patronage of the Ministry of Family Affairs and the Ministry of Economics and supported by the employers' association, the Hertie-foundation launched in 1999 the initiative *Audit Work & Family* (Audit berufundfamilie). This audit certifies outstanding family friendly companies as well as universities (since 2002). However, there is still a lack of life-course-policies in the workplace, and flexible working time or telework are often limited to higher educated employees, workers in the public sector or in larger companies (Meyer, 2004).

With regard to care leave options, in July 2008 the government introduced the *Nursing Care Time Act* (Pflegezeitgesetz), which entitles family carers to take a temporary exemption from work for supporting their close relatives in need of long-term care according to the LTCI. Thus, family carers have two options: a) a ten day-leave from the organisation to provide care in case of unforeseen crises or b) a leave up to six months for long-term care of close relatives (minimum care level one according to the long-term care insurance). However, as both alternatives only grant an unpaid leave, only few working carers enquired this leave-option. After the last election the new Minister of Family Affairs has driven the topic reconciling work and care high on the political agenda. Thus, the Ministry launched a *New Proposal on the Nurse Care Time Act* ("Familienpflegezeit"), which aims to create a modified care leave legislation. According to this new proposal, full-time working carers are entitled to reduce their working hours for two years from 100% to 50% by earning 75% of their wages. After two years the employees have to work fulltime again but still get paid only 75% of their wages until their "account" is balanced. Even when care organisations and related interest groups honoured the fact of paying attention to the topic of reconciliation work and care itself, this proposal also experienced a lot of criticism from different sides. From the employers' perspective this proposal bears the risk of higher costs for the companies. Other actors criticised the reduced income for working carers, highlighted that care is a "juggling act" with unforeseen crises and mentioned problems regarding high levels of care or disadvantages for "long-distance-carers". In addition, feminist critics fear the hardening of traditional gender roles. Recently, this proposal is subjected to a revision process.

In summary, German social policy action is aware of the increasing relevance of care in an ageing society in so far incorporated in some legislation. But even when some

employment related policy also addresses the need of working and caring relatives, explicitly legislation regarding the reconciliation of work and elder care is largely missing. As social policy tends to drive care responsibilities back to the families, working carers are confronted with a lack of professional care services.

2.2 Italy

Italy's demographic future is marked by one of the lowest birthrates worldwide, a rising number of ageing individuals in need of care accompanied by an increasing female population in the labour force, and a rise in divorces and single parent families (Bettio, Simonazzi & Villa, 2004; Simoni & Trifiletti, 2005; Tomassini & Lamura, 2009). According to Giannakouris (2008) there exists no equivalent in the European Union. Compared with Northern European countries, Italian families indicate care as an absolute family issue (Crespo, 2006; Haberkern & Szydlik, 2008; Kröger, 2003; Leitner, 2007; Pommer et al., 2007) and family members are often considered the most important and, at times, the only providers of care for older people, filling in the gaps of a welfare system based primarily on money transfers, on lacking social and health services and information about support services (Brandt et al., 2009; Di Nicola, 2003; Lamura et al., 2006; Tesauro, 2008; Zechner, 2005). State and local bodies are only involved when there no family resource is available.

Similar to other Mediterranean countries, Italy is still marked by a paternalistic tradition – three quarters of all caregivers are female (Quattrini et al., 2006; Simonazzi, 2008). In addition to the demographic trends described above, multifaceted aspects of care are often worsened by the simultaneous presence of other subjects within the same household, such as children aged 0-3 and adult children forced to live at home because of the unstable labour market, for whom in many regions no professional services are available, thus again loading on their families' shoulders the provision of the required support. Due to the engagement of several interest groups, the issue of reconciling work and care recently received increased attention.

State benefits for working carers are mostly limited to cash-for-care payments. These financial amounts made available by the state and local care allowances seems however too low to ensure adequate support to meet the needs of dependent older people. Whereas in Germany where higher economic supports to carers might end up "trapping" them out of the labour market (Lundsggard, 2005), this appears not to

be the case in Italy. Services specifically addressing the needs of family carers of older people are very seldom, and only present in some of the more advanced regions of the Northern part of the country (Tesauro, 2008). Thus, the employment of migrant care workers has become a systematic (live-in) solution for Italian families to tackle the burden of long-term care, when these cannot be properly met neither by traditional home and residential care services, nor by family care only. According to EUROFAMCARE 13% of all Italian households have turned to migrant care workers to provide care for their frail older family member compared with 1% in other European countries (Lamura et al., 2006, 2007a, 2007b; OECD, 2008).

All trends summarized above contribute to make today's Italian care regime more similar to the American model, consisting of "low cost" access to care based on migrant workers willing to endure disadvantaged conditions of work, as long as they can more or less gradually gain some citizenship rights (Roit, 2007). Under such circumstances, the main strategy for reconciling care and work is based on the employment of a paid home care worker, using institutionalization as a last resort. Over the last two decades, indeed, the number of older people in nursing homes has been steadily decreasing in relation to the total older population.

Social and Health Care Policy

Similar to Germany, the Italian welfare system also highlights the role of social allowances instead of tax-based benefits. In addition, many local and regional administrations provide own care allowances, often on top of the State-granted ones. The fact that so many Italian families are relying on monetary care allowances is reflected by the EUROFAMCARE findings showing that, when Italian caregivers were asked to indicate their preference for support measures to sustain their caregiving activity, the most common request was for economical support (38%), followed by external help outside of the family (21%), a part-time job (17%), a paid leave of absence (15%) or even a non-paid one (8%) (Quattrini et al., 2006). Recently, Italy discussed the introduction of a long-term care insurance but limited financial resources prevented concrete political action so far (Polverini et al., 2004).

Older people over 65 years old and those suffering from an officially recognised chronic and disabling disease have free access to the National Health Service (Alzheimer Europe, 2009). Local Councils finance home care services for people, which is free for elderly with very limited financial resources. In this context, care services embrace integrated "Home Care" (with social and health importance),

integrated “Home Care Sevices” to keep elderly at home as long as possible, semi-residential “Day Centres”, and “Nursing homes” (ibid.).

According to Nesti et al. (2003), “at least until the 1990s, Italy had no clear concept of the problems inherent to elderly people with care needs, nor was it clear which services were required to maintain their health.” In 1992 first action began with *Health Care Decree no 502/ 1992* and the national welfare plan *Objective: Ageing Persons*, which deal with the relevance of new social policy concepts regarding ageing societies (Alzheimer Europe, 2009). In respect to the role of family carers, in the *Health Plan 1998-2000* the government underlined the importance of the (female) carers’ health status (Polverini et al., 2004). Concerning care and assistance of dependent elderly Italy developed in 2000 a legal *Framework for Creating a Social Service System* (law no. 328/2000), which lead over to the *Guidance and Coordination Related to Health and Social Integration Act* of 2001. *Law n°328* was considered as a reform of social services to promote ageing in place, which accommodates mostly to the wishes of older people. In 2001, a *National Plan of Interventions and Social Services* was presented to promote the supply of social services for dependent older people. However, the *White Book on Welfare*, launched in 2003, mentioned the still inadequate attention and support of dependent people with chronic conditions and their families. In the latter, the *National Health Plan 2003-2005* refers to the importance of integrated networks of social and medical services for people in need of help and highlighted the responsibility of families:

> *“The elderly person lives better at home and within the family network. However, the family often has economic or logistic difficulties in assisting the OP in need of care at home. It is therefore necessary to support the family in this task” (Health Plan 2003-2005: 18).*

However, concrete action is still missing by the present government (Polverini et al., 2004).

To compensate the pool of informal carers, *Law n°342* from 2001 provides a deduction from the taxable income up to 1550 Euro per year when households hire private carers. Public incentives also include the provision of a State care allowance of 472 Euros per month for severely disabled persons, whose use is free and therefore easily employed to hire migrant care workers. Furthermore, fiscal incentives (allowing up to 480 Euros of savings per year) are provided in terms of a deduction of 19% of the care costs (such as those deriving from hiring private care staff) borne by the cared-for person’s family as well as by his/her children’s family. Although

available figures are actually to be considered only as estimates, due to the fact that a large number of families employ migrant care workers without a regular contract, the available data still allow us to observe with clarity that, especially after the acceleration occurred in 2002 following a national legalization campaign, foreign migrants now represent the overwhelming majority of home care workers in Italy, whose overall number has increased by almost four times in the last decade.

Precisely this aspect of paid care workers characterized by considerable irregularity can be interpreted as an adaptation "from the bottom" of the traditional system of family care, and not driven from – almost inexistent – normative or political intervention.

Employment-related Policy

Italy has been facing important changes in the labour market and the traditional full-time employment system. Thus, two-thirds of all new created jobs in Italy are characterised by atypical factors, e.g. part-time or fixed-term employment (Demetriades et al., 2006). Several agreements addressed possibilities for flexible working time or working accounts as for example the *National Collective Agreement for the Italian Commerce Sector* (signed 1999), and the *National Collective Agreement in the Bank Industry* (signed 1999). In 2000, the government implemented a *Regulation on Part-Time Work* according to the EU Directive (Demetriades et al., 2006). In addition, agreements on the company level (e.g. in 2004 at Vodafone Omnitel) or on the local level (like in Milan 2003) had been introduced (Demetriades et al., 2006).

There is only little legislation upon instruments and measures to reconcile work and elder care. Italian employers are not obliged to support the work-life-balance of their workers and even employees consider care obligations as a private issue, which has not to be mentioned at the workplace. One of the first actions was the introduction of the EU *Directive on Parental Leave* in 1999 (ibidem). In fact, opportunities are often limited to employees working in the civil service (Polverini et al., 2004). However, the following laws have been introduced in Italy to promote better reconciliation between paid work and family care:

- *Law no. 104 / 1992*: workers are entitled to three paid leave days per month, so that they can assist disabled relatives up to the third degree (spouses, children, parents, brothers and sisters, grandfather-grandchild, uncle-nephew);

- *Law no. 335 / 1995*: of the 36 days (3 days per month multiplied by 12 months) of paid leave granted by law 104 / 1992 above (see previous point), 25 are also recognized in terms of social contributions for pension benefits (leaving 11 days are not covered for pension purposes;
- *Law no. 53 / 2000:* employees are entitled to a three days paid leave per year in case of serious illness occurring to a relative up to the second degree (spouses, children, parents, brothers and sisters, grandparents-grandchildren). Furthermore, both public and private employees may take up to two years of unpaid care leave (even split into shorter periods) to assist their dependent relatives, this time however not being counted for pension purposes. This law introduced also a series of financial incentives to promote the adoption of further measures to promote a better work-care reconciliation at local and company level.

Regarding the aspects mentioned above, Italian social policy action puts strong emphasis on private strategies to balance work and care obligations, filling the gap of an adequate care infrastructure. In the lack of an LTCI, family carers have to tackle the economical burden of care, even when entitled to take limited paid care leaves from work.

2.3 Poland

In the near future Poland will experience a dramatic increase of older people in the population, as is the case in other European countries. Given the recent trends of a low birthrate, constant emigration and an increasing longevity, Poland is facing an increasing need of care provision in many forms – especially in rural areas (Bovenberg, 2005; Cerami & Vanhuysse, 2009; CSO, 2003; Szweda-Lewandowska, 2008). As a consequence of World War II, a particular feminisation of ageing is notable, which leads over to an increasing demand for care from their children (Kotowska et al., 2005). Moreover, due to the low participation of 50-plus workers in the labour market accompanied by an increasing statutory retirement age, older people are in a higher risk of social exclusion and poverty in old age (so far retirement and pension benefits are an important resource especially in unemployed families). These aspects linked with the disintegration of the multi-generational households and the increasing number of single senior households will bring tremendous changes to the provision of care (Szweda-Lewandowska, 2008). Poland's demographic problems are being slowly identified by the public authorities and somehow incorporated in the social policies and programs. Asking the question,

to which type of welfare regime Poland after the transition belongs to, Bohle and Greskovits (2007) place Poland in the scheme of embedded neo-liberal welfare state, where:

> *"selective and limited inclusion parallels, and occurs at the expense of and exclusion of the remaining social actors by disarticulating and neutralizing their capacity for collective action….(and)…this dual logic is complemented by an unequal distribution of resources, where benefits are only extended to allied sectors of business and labour" (Bohle & Greskovits, 2007:454).*

Poland, in comparison with western European countries has much rigid normative rules as far as family is concerned (Simonazzi, 2008). The traditional patterns of family roles were underlined by all of the researchers as one of the main obstacles to the full development of partnership-based families. Polish society with its traditional family model considers care of a dependant older persons to be an obligation of a society and of primary importance to the wellbeing of seniors. Family carers are not represented in organised interest groups and less visible on the political agenda. Only family care of people with Alzheimer's disease gets help from several NGOs.

In general relatives indicate a high willingness to take their older parents into their household, whereas most Polish people would not put their parents into a care institution (Kotowska et al., 2005: 29, see also Mestheanos & Triantafillou, 2005). In addition, the professional institutions are not yet well prepared in terms of quality and quantity for elderly care (Styrc, 2007: 339). There is still a lack of accessible, affordable institutional care service – in particular in rural areas, which makes the family and their members as the main suppliers of care (Lamura et al., 2006; Synak, 2000). Most of the time, women are more burdened with care obligations, and it is largely them who resign or leave temporarily from work in order to take care of children or other dependant members of the family.

The flexibility of working arrangements is developing in Poland rather slowly, and at the moment there are mostly foreign companies which implement such reconciliation practices. Specific to Poland as a traditionally religious society is also the role of the church and religious organisations, which are considered as one of the most important institutions in the care process. This is mainly performed by local parishes and takes on form on in-kind help (such as food and clothes supplies), but can also be observed in the form of care at home of the seniors (Kustra, 2007; Perek-Białas, 2003). Also the sector of non-governmental organisations is well established in Poland, and provides possibilities for potential carers outside the family.

Social and Health Care Policy

Governmental programmes which take into consideration the demographic changes of the Polish society and the future social and economic consequences of it, are mostly focused on increasing the employment activity of 50-plus group. Thus, most of the researchers and demographers point out that there is still not enough well suited social policies directed at improvement of quality of life of older people (Szatur-Jaworska, 2000). One of the results of the expert study of Kotowska et al. (2005) was the conclusion drawn by a board of experts, who chose priority areas in the public policy area regarding older people. Their first priority (out of 14) was the "increase in quality of care for older people (institutional, home, community, and medical)".

After the political transitions, Poland changed the old communist system of state health care benefits to a state policy, which limit financial help only to people with extremely low economical resources. Benefits can be divided into age-based grants and benefits based on the disability-level (Błędowski, 2004). Social care centres also provide small financial support to family carers of very poor elderly, which should avoid giving up working in looking for other financial sources (Błędowski, 2004).

Social policy emerges mostly from the county level as the state provides a basic framework for care policy. Local actions depend on the local budget and the engagement of the local government but include possibilities to undertake initiatives according to local social needs (Błędowski, 2002). The *New Act on Social Care* (the first one was established in 1923) does not refer explicitly the topic of elder care, but granted social assistance for people and families with specific disabilities (Alzheimer Europe, 2009). However, it includes the right to *receive care* in article 17. This article underlines the responsibility of family members as the primary source of caregiving ("Care services can be also received by people, who need help, which family cannot provide."). Thus, children are legally responsible to take care of their frail parents. According to the *Act on Family, Nursing and Parental Benefits* (article 14, point 3), people over the age of 75 years, who are not living in an institution, get a general right to nursing benefits. However, these benefits are too low to cover the costs of care service entirely and have more the character of financial assistance.

In Poland, there are four types of social insurance systems provided by the state or local governments, which help the long-term caregivers in their caring duties (Więckowska, 2008): health insurance (e.g. geriatric hospitals), system of welfare care (social care houses, nursing homes), pension system, and retirement pension

system. These offer both financial and in-kind type of support. However, the scarcity of the available benefits is very serious. According to the current law, there is only one type of special allowance directed at older people - the attendance allowance (Bień et al., 2004: 40). There is until now no allowance, benefit or tax relief allocated for the care givers. However, in the law on social care and insurance there is an option that the person who decided to care for the older person (and quit the job) could count on being insured by the State (Article 42 of the *Social Care Act* of 2004). Ideas of introducing a new social contribution for care basing on German experience in this area and functioning of a National Care Fund (Fundusz Ubezpieczenia Pielęgnacyjnego) have not been noticeable pursued since the change of the government (Błędowski, 2008).

Social care centres run by the local authorities, community health care workers and several NGOs support frail elderly with different care tasks, e.g. laundry, transport, day care centres, managing and promoting social inclusion. Even when an increasing demand in Poland becomes more and more visible, adverse the supply of care centres decreased within the last years – especially in the rural areas – which puts family not only from the ethical but also from the practical point of view to the main source of care giving.

Employment-related Policy

According to Demetriades et al. (2006) one of the most important measures concerning work-life balance are regulations in the *National Budget 2002*, which cut the benefit for early retirement. However, Poland shows a lack of specific policy action regarding working carers, e.g. there exists no regulations concerning working time reduction (Błędowski, 2004). There is only one legal regulation, which allows the right to a two-week-leave for family carers of disabled people (regardless of their age) and which is limited to contracted employers by excluding the self-employed. In addition, social assistance or help granted to the elderly can also be granted to the family carer. Other regulations highlight the role of voluntary work. Thus, working carers, which report themselves as voluntary workers and provide care to at least one more person in need of care, are allowed to apply for public administration health and accident insurance. This provision is based on the *Act on the Organisations of Public Benefits and Voluntary Organisations* (Dz.U. 03.96.873), which has been actually created to promote voluntary work but which can also be used by family carers (ibidem).

2.4 United Kingdom

Compared with the other partner countries, the demographic change in the UK appears quite moderate. A relatively high birth-rate and constant immigration has lead to a less population shrinkage and ageing. For Price (2006), the social policies adopted by the Conservative Government from 1979 to 1997 have placed the nation in the 'liberal' category with the "male breadwinner/ female part-time care" model of welfare both in terms of the division of labour within households and policy. The family, therefore is considered within the private sphere and the market and the state in do not provide a significant amount of care so as to avoid 'crowding out' the family. Yeandle (1999) argues that though the the UK was moving towards a "dual breadwinner/ dual carer" model in the 1960s and 1970s, the continued lack of state-provided care in actuality meant it exemplified a "dual-earner/ marketized-female-domestic-economy" model.

Similar to the German situation, families in the UK are divided into those who can afford to purchase care on the market and those who cannot. However, the UK was one of the pioneers in terms of financial benefit for informal carers (Barkholdt & Lasch, 2006; Daly & Rake, 2007; Keefe, Glendinning & Fancey, 2008). The UK has a long tradition of voluntary work and a strong political influence of carers' organisations as for example "Carers UK" (Lamura et al., 2006). Informal carers were supported via home services, which sometimes lack quality (Lamura et al., 2006; Maly & Rake, 2007; Simonazzi, 2008). Similar to other types of liberal welfare states, companies and employers take an important part in questions of reconciliation policy (Barkholdt, 2007). Thus, companies offer a lot of instruments to enable the combination of work and care as flexible working time arrangements, home work or job-sharing. In addition, all employees have the right to get free time in case of emergency (Reichert, 2007). However, the long hours culture in the UK prevents individuals from combining work and care easily and thus it is argued firms need to adhere more strictly with the EU's Working Time (Crompton et al., 2002; Himmelweit & Land, 2008).

Social and Health Care Policy

In the UK, state support concentrates on a level of intervention and support to enable the independency and control for older people, e.g. to stay at their homes as long as possible (see *White Paper "Caring for People*" from 1989). As such, in the UK, the state can provide care and various mobility aids, but these are means- or needs-tested. It is increasingly common that the practical care the state provides is contracted out to agencies in the private sector. In addition, day care centres are also funded by the state and therefore only require a very small amount of money for meals and activities for the visitors.

The policy focus on independence emerged with the 1993 the *National Health Service and Community Care Act 1990* which developed the framework for implementing the objectives set out in the White Paper, e.g. assessment and social care needs. In addition, local governments got the opportunity to concentrate efforts on community needs rather than residential care. Thus the Department of Social Security transferred the responsibility for care fees to the local authorities, which lead over to a growing number of different care services for older households in need of help (Alzheimer Europe, 2009). This act was modified by the *Health and Social Care Act of 2001*.

This devolved support comes in the form of 'direct payments', available from local authorities which can be used to pay for services and equipment only (as opposed to the council organising care for the individual, the individual purchases their own care using these funds). These payments can be allocated on behalf of an individual with dementia, but cannot be used to pay a family member for care. The amount depends on a needs-assessment (and the allocation of 'hours' people need also varies between local authorities).

In terms of central state-provided support, benefits are also available to the cared-for individual including Disability Living Allowance for individuals with a mental or physical disability under the age of 65 and Attendance Allowance for those over this age. The benefit amount can be used entirely, partially or not at all to cover the costs of care. Disability Living Allowance includes two elements – mobility and care. The amount the individual receives for the two elements will depend on how severe the care need is. For those over the age of 65, Attendance Allowance contains only one element and can be paid at either a lower or higher rate, depending upon the level of need. Carers can also receive Carers' Allowance but the level is very low (in 2010, it was £53.90 per week) and only allows the carer to earn up to £100 per week. They

also have to be caring for at least 35 hours per week and the person they cared for had to be in receipt of the middle and higher rates of Disability Living Allowance or Attendance Allowance. Thus this benefit requires the assessment of the cared-for's abilities and needs, which often they are reluctant to undertake.

Carers are, however, also entitled to a Carer's Assessment to establish their own needs and provide advice on benefit eligibility and assistance. The Community Care Act was the beginning of a new recognition of family carers needs, but it was not until *Carers (Recognition and Services) Act* that carers had any statutory rights. The *Carers (Recognition and Services) Act* (1995) gave people who provide 'substantial care on a regular basis' the right to *request* an assessment from social services, as opposed to the right to actually receive assistance. Thus those requiring assistance with care were constructed by policy as a marginal concern – local authorities were not entitled to support family carers. This aspect has been taken up again in the *Carers and Disabled Children Act 2000.* Carers' Assessments give carers (above 16 years old, not necessarily a relative) the right to discuss their own needs with respect to the care situation, regardless of whether the carer lives in the same household or not. Based on this assessment, social services decide what has to be provided to both the carer. Family cares can also utilise their own direct payments to purchase services to meet their own personal needs, but cannot use them to secure additional support for the person they care for. For example, they would be able to use their own direct payments to pay for domestic help for themselves or a holiday; however if the cared-for individual requires additional support, they have to cover the costs of this through their own benefits (i.e. their own allocated direct payments, or Disability Living Allowance/ Attendance Allowance). Family carers of people suffering from dementia have the possibility to get a respite care support, when they need a break from the care situation (Nolan et al. 2004). Typically, care provision embraces a variation of different services, e.g. home care, day care centres, respite care (for people with dementia), and night sitting services.

With regard to quality of care provision, the new *National Service Framework (NSF*) from 2001 set national standards (limited to England) for general elder care (at home or institutions). The NSF comprised four main themes (Nolan et al., 2004):

- Respect for the individual by focussing on person-centred care and the elimination of old age discrimination.
- Intermediate care – a new 'layer' of care to prevent unnecessary hospital admission, support early discharge, and reduce / delay long-term residential care.
- Providing evidence-based specialist care, with a particular emphasis on stroke, falls and mental health in older people.

- Promoting an active, healthy life in older age.

The NSF was implemented as a 10 year programme of reform to contribute the current discussion about poor care provision and a shift away to more positive images of the old age

Employment-related Policy

The UK's place as a liberal nation in terms of policies for the reconciliation of work and family life prior to 1997 was partly due to the traditionally voluntaristic approach to employment regulations. Indeed, the need to persuade as opposed to dictate to employers is reflected in subsequent documents (particularly *Caring about carers: A National Strategy for Carers* [DoH, 1999]), where the 'business case' for policies to reconcile work and care was heavily emphasised. However, it was nonetheless an area of concern with Tony Blair's first speech as Prime Minister and the 1998 White Paper *'Fairness at Work'* (DTI) both making reference to the reconciliation of work and family life. Within the first few years in office, New Labour expanded childcare provision and introduced parental care leave as part of this policy strategy. Thus when 'family-friendly' policies appeared on the policy agenda in the UK, the focus of the New Labour government was on the provision of assistance for those with childcare responsibilities, as opposed to care for other dependents. From 1999, some progress was made with regard to care for those other than children. The 1999 *Employment Relations Act* ruled that *"*[a]*n employee is entitled to be permitted by his employer to take a reasonable amount of time off during the employee's working hours, where it is reasonable for him to do so, in order to deal with a domestic incident"*, with 'domestic incident' referring to an event which *"(a) occurs in the home of the employee, or (b) affects a member of the employee's family or a person who relies on the employee for assistance"* (Employment Relations Act, Part II, Schedule 4, section 57). In addition, there was also the right to request time off for dependents in order to:

a. "to provide assistance on an occasion when a dependant falls ill, gives birth or is injured or assaulted,
b. to make arrangements for the provision of care for a dependant who is ill or injured,
c. in consequence of the death of a dependant,
d. because of the unexpected disruption or termination of arrangements for the care of a dependant, or

e. to deal with an incident which involves a child of the employee and which occurs unexpectedly in a period during which an educational establishment which the child attends is responsible for him".

In these instances, "a dependent" would refer to *"a spouse, a child, a parent, a person who lives in the same household as the employee, otherwise than by reason of being his employee, tenant, lodger or boarder"* (Employment Relations Act, Part II, Schedule 4, section 57). However, this only includes care of individuals within the household and as highlighted women tend to take on caring for those in the wider community to a greater extent than men. The discourse shifted in 2000 away from 'family-friendly' policies to the promotion of a 'work-life balance' with the launch of the document *Work Life Balance: Changing Patterns in a Changing World* (DfEE, 2000). To promote the idea of work Life Balance in practice, the UK government installed a fund of £10.5 million, which was supposed to be taken for information, consultancy and support for the companies (Nolan et al., 2004). However, Lewis and Campbell (2008: 524) argue *"at the policy level, its use was more a matter of strategic framing than substantive change"* and more relevant to the direction the government wished to channel employers. This policy document represents the move away from the conception of policies for the reconciliation of work and life as simply a concern of families and therefore primarily women; the scope was expanded to include men and leisure time (Lewis and Campbell, 2008: 531). Again, the onus of this document was on persuading employers of the business argument for introducing or improving policies that would allow employees to reconcile work and family life. It was suggested that firms could alter when employees work (such as part time, job sharing, V-time [working part time for certain periods then moving back to regular hours], term-time working, flexi-time, compressed working hours, shift-swapping, self-rostering), where they work (home working), and complete breaks from work (sabbaticals, carers' leave, career breaks). Some agreements concerning the work time reduction (e.g. at Peugeot's Ryton plant in 2000, the 35-hours demand of the three biggest teaching trade unions) or telework (in 1998 at the Unity Trust Bank) have been signed up and contribute to the increasing rate of "non-typical" job-positions (Demetriades et al., 2006).

Recently, the *Caring (Equal Opportunities) Act* from 2004 underlines the carers' situation by focusing their health, information about their rights on training, employment and work opportunities as well as life-long learning for carers. This ruled

for example that local authorities in their assessment of carers' needs must take into account whether they were working or in education or wished to work or enter education. This represents a shift away from the assumption that care should be provided by the family, irrespective of the effect this would have on the carer. The move from 'family-friendly' to 'policies for work-life balance', Lewis and Campbell (2008) also suggest tied in with New Labour's third major policy initiative in the area: the right for individuals to request flexible working hours, led by the Department of Trade and Industry. This policy was introduced in 2002 for those with children under five (or under 18 if the child was disabled), then expanded to include the care for dependent adults in 2007. However, the *Employment Rights Act* (1996) outlined eight grounds upon which the employer could refuse the request for flexible working:

- "Burden of additional costs.
- Detrimental effect on ability to meet customer demand.
- Inability to reorganise work among existing staff.
- Inability to recruit additional staff.
- Detrimental impact on quality.
- Detrimental impact on performance.
- Insufficiency of work during the periods the employee proposes to work.
- Planned structural changes" (Employment Rights Act, 1996, Section 80[G][1][b]).

However, measures to enable the reconciliation of work and care like flexi-time, job-sharing or home work are more widespread in the public sector.

As of October 2010, carers have the right not to be directly discriminated against or harassed because they are caring for someone who is disabled under the Equality Act. This applies both to employment, but also to access to goods and services.

3. European policy promoting the reconciliation of work and care

Concerning the above mentioned basic characteristics of the four care regimes and specific social policy action regarding the reconciliation of work and care in Germany, Italy, Poland and the UK, this chapter refers to the following questions:

- *How is the EU social policy aware of the raising importance of the reconciliation of work and care?*

- *In which way are "working carers" perceived on the European social policy agenda?*

To answer these questions this chapter puts examines the topic-related European legislation and social dialogue. Based on EU documents, e.g. Treaties, Directives, Green Papers and Guidelines, this chapter highlights some key aspects of employment-related strategies, work-life balance policy, gender policy, action on social inclusion, and health and long-term care policy respectively the EU legislation system. Table 1 refers to the analysed documents:

Table 1: Analysed EU-documents

Treaties	Treaties are agreed on voluntarily and democratically basis by all Member States and contain the rules and procedures for EU decision-making. Thus, Treaties determine which legislative procedure must be followed.
Decisions	Decisions are launched by Council or Commission. Unlike Directives, Decisions are directly binding on the person or entity to which it is addressed, as they may be addressed to member states or individuals.
Regulations	Regulations are binding as they become immediately enforceable as law in all Member States the moment they come into force. Unlike Directives, Regulations don't need to be transposed into national law and they also do not require any implementing measures.
Directives	Directives require Member State governments to achieve particular results. Even if Directions give a timetable with a deadline for the implementation, forms and methods are left to the Member States. If a Member State government fails to pass the required national legislation, or if the national legislation does not adequately comply with the requirements of the Directive, the Commission may initiate legal action in the European Court of Justice. Moreover, Member States could be liable to take the financial responsibility, when the implementation failed by its provision into practice.
Communications	Communications are proposed to set out action plans by the Commission. Furthermore, Communications may include concrete proposals for legislation.
Guidelines	Guidelines proposed by the Commission and approved by the Council, present common priorities to the Member States on topic-oriented national policies (e.g. employment).
Green Paper	Green Papers are usually used to launch a consultation process by communicating Commission policy orientations for debate. Therefore, Green Papers intend ideas and question on specific issues for stimulating the discussion process. The Commission will generally prepare a subsequent proposal. Usually, Green Papers are followed by White Papers.
White Paper	White Papers are tied whit Green Papers, in which the Commission present a decided Commission policy or approach on a particular issue. They are chiefly intended as statements of Commission policy, rather than a consultation or starting point for debate. If positively adopted by the Council, White Papers can be translated into topic-oriented action programmes.

3.1 European Legislation

With regard to the existing knowledge on working carers based on academic research, not much explicit attention has been paid to the topic by European policymakers. This applies especially to particular wishes and needs of workers with care obligations for older relatives and different dimensions of family forms. However, some aspects regarding the reconciliation of work and care are implicitly contained in basic EU legislation and subsumed by aspects, as for example prohibition of discrimination on the basis of family responsibilities, fair working conditions, flexicurity and gender equality. These aspects are important topics in, e.g. the *Charter of Fundamental Rights of the European Union* since the late 1980s (revised in 2000/C 364/01 and 2007/C 303/01; articles 23, 33, 34), in the *European Social Charter* (adopted in 1961 and revised in 1996), and recently in the *Treaty of Lisbon* (2007/C 306/01). Furthermore, the acknowledgement of reconciliation is tied with EU financial instruments like the European Social Fund: The *Regulation on the European Social Fund* states the importance of research, i.e. measures for the reconciliation of work and care "for dependent persons" and care services (see Regulation No. 1784/1999 and No. 1081/2006). Alongside the ESF, the EU established in 2007 a *programme on employment and social solidarity (PROGRESS)* to contribute to the achievements of the Lisbon Strategy by financing the implementation of particular objects (Decision No. 1672/2006/EC from the European Parliament and the Council, 2006). The five fields of activity are: employment, social protection and inclusion, working conditions, diversity and combating discrimination, and equality between women and men. As the issue of reconciliation work and care encompasses other topics like gender equality, employment and work-life balance, the following remarks present a summary of various social policy actions in this context.

Health-Care Policy

As demonstrated by academic research, working carers are often under strain as a result of the constant challenge to reconcile their roles as employees and family carers. At the same time, the needs of working carers are not explicitly mentioned or sufficiently recognised in current policies on health and long-term care. However, the *Communication for Modernising social protections for the development of high-quality, accessible and sustainable health care and long-term care* (COM(2004)304

final) refers the connection between demographic ageing, increasing female workforce and greater family mobility and provides:

> *"The response to the needs of this population group will include developing a wide range of services, including care at home, which will be chosen by ever more people, and specialised institutions, as well as closer coordination between care providers often working in isolation (intensive care, primary care and social services)" (ibidem: 6).*

So far, EU health-care policy neglects the importance of health and wellbeing of working carers, who are vulnerable in the consequence of constant strains to balance work and care obligations.

Employment-related Strategies and Policies

EU policies mentioned an improved reconciliation of family and working life as an important key for labour supply and economic growth, and acknowledge the links between working conditions and private life. In 2003, the Commission published for example a *Communication for the improving of quality in work* (COM(2003)728 final), which mentioned "flexible work arrangements and adequate care services for children and other dependants as essential to ensure the full participation of women and men on the labour market".

In this context, the EU changed it's policy on atypical work during the 1990s by setting up the *Maastricht Treaty* (Demetriades et al., 2006). Whilst some years before, the EU aimed to restrict atypical types of work (e.g., telework, part time), later it became labelled as a response to the priorities of workers on more work flexibility. In December 1994, the European Council confirmed the EU's commitment to the promotion of employment and agreed to the *Essen Strategy:* One of the five key objectives there is "the promotion of access to the world of work for specific target groups (young people, long-term unemployed, women)", which indeed affects groups of working carers (European Council, 1994). In 2000, the EU leaders set out the *Lisbon Strategy* (re-launched in 2005), with the aim of modernising European economies for the EU to become the most competitive knowledge-based economy in the world in the context of demographic change (European Parliament et al., 2007). To reach the goals "growth, competitiveness, employment, social protection, solidarity and equal opportunity" in Europe, the EU has taken different actions to face these developments. In its attempt to "build a forward-looking social policy" and "an active society for all" the European Commission explicitly acknowledged that the

achievement of these goals depends greatly on the extended participation of women in the labour market which therefore requires the reconciliation of employment and family life. Recently, the need for attention to elder care obligations for enabling labour market inclusion has been taken up by the Communication *Europe 2020* (COM(2010)2020). This strategy is intended to be an answer to the consequences of the current economic crisis and aims to show "how the EU can come out stronger from the crisis and how it can be turned into a smart, sustainable and inclusive economy delivering high levels of employment, productivity and social cohesion". Therefore, *Europe 2020* put emphasis on "stronger social policy coordination."

The Commission's report *Employment in Europe 2009* (European Commission, 2009a) gives an overview about the current situation of the European labour market and pays particular attention to informal carers in its chapter regarding jobs in long-term care. Compared with other documents, this report highlights explicitly the needs of working carers and endorses the approach of a "welfare-mix" to achieve the goals of qualitative care and strong female labour participation. As a more concrete social policy action, the *Employment Guidelines,* proposed by the Commission and approved by the Council, present common priorities to the Member States national employment policies and are set for a three year period. The current *Employment Guidelines* (SOC 361 ECOFIN 231 EDUC 164) also intend aspects of lifecycle approaches to work as well as "[…]the provision of accessible and affordable childcare facilities and care for other dependants" in guideline 18. Regarding the principle of "active ageing" the Member States are asked to supply labour participation of elderly by providing a better integration in the labour market.

Working conditions are basic elements for the facilitation of balancing work and care. In this context, the EU launched some legislation on working conditions, which may also affect the employment situation of working carers. The *Directive on the organisation of working time* from 1993 (93/104/EC) encompasses basic elements of flexibility in the workplace, e.g. maximum weekly working hours, patterns of work and options for annual leave. This Directive has been amended by *Directive 2000/34/EC* of the European Parliament and of the Council in June 2000. Recently, the *Directive on the organisation of working time 2003/88/EC* from 2003 also embraces certain aspects of working time conditions and consolidates the former basic Council *Directive 93/104/EC* and *Directive 2000/34/EC*. This Directive intends indicators for minimum general safety and health requirements for the organisation of working time and deals with periods of daily rest, breaks, weekly rest, annual leave, and aspects of night- and shift work. At this stage, the Directive gives an emphasis to workers, who

are more vulnerable for health problems and safety risks – which can be seen as particular dimensions of the reconciliation problematic. In September 2004, the Commission launched a *Proposal for a Directive amending Directive 2003/88/EC* (COM(2004)607 final), but after five years of negotiation the Conciliation Committee finally decided in April 2009 (15 votes for 'No', five abstentions) that it was not possible to reach an agreement on the proposed Directive on working time due to crucial points such as the opt-out scheme, on-call time and multiple contracts for workers covered by more than one employment contract. This was the first time that no agreement had been reached at the conciliation stage since the entry into force of the Amsterdam Treaty which significantly extended the scope of the co-decision procedure. However, on 24 March 2010 the Commission launched a C*ommunication for reviewing the working time directive* as first-stage consultation of the social partners (COM(2010)106 final).

The *Part-time work Directive* (97/81/EC), which is based on a framework agreement negotiated by the EU social partners in 1997 under the terms of the Maastricht Treaty's social protocol and agreement, aims to facilitate flexible working conditions and to improve the quality of part-timers. Basically, the Directive faces the general principle of non-discrimination against workers, which prefer to reduce their working hours, e.g. due to family obligations. Under this Directive, part time workers are also entitled (on a pro rata basis) to the same contractual entitlements as full-time employees of the same employer (e.g., to benefits such as membership of occupational pension schemes, staff discounts, bonus schemes, and opportunities for training and promotion). Even if the implementation of this Directive does not directly address the group of working carers, this policy gives emphasis to the needs of employees to balance work and family life.

Work-life policy also picked up the issue of employees with care obligations and was one of the main key issues under the Portuguese and French Presidencies (Demetriades et al., 2006). Thus, the presidencies adopted a resolution and developed a set of indicators to facilitate the reconciliation of work and family obligations (e.g., flexible working schemes, various forms of leave options, and care-services opening-hours). In October 2008, the EU presented measures of reconciliation in the *Communication "A better work-life balance: stronger support for reconciling professional private and family life* (COM(2008)635 final). It is one of the few communications, which refers to different kinds of care besides help for a child and which provided approaches to facilitate the reconciliation of work and care (e.g.

form of carer leave, care services, flexible working arrangements, teleworking etc.). This legislation also presents the Commission's policy on funding principles:

> *"Lastly, the EU Cohesion Policy (in particular by means of the European Social Fund) will continue to co-finance initiatives at national and local levels to promote reconciliation, for example by providing support for care services for children and other dependants, for training and qualifications of care workers and for employers who offer their employees career breaks, childcare and other family support services." (COM (2008)635 final :9)*

Some other attention has been giving to working carers with regard to survey research. With the *Regulation No 20/2009* the Commission adopted the specifications of the 2010 ad hoc-module from the Labour force survey on reconciliation between work and family life. This *ad hoc-module* also includes questions to reasons for not-working linked with care to older dependants as well as questions regarding working conditions.

Other Topic-related Social Policy Actions

The importance of balancing work and elder care seems to be established more or less implicitly on the agenda, as presented in the number of documents, which do affect the aspects of demographic changes and ageing societies. For example, the Lisbon Strategy has been taken up in the *Communication "The Demographic Future of Europe – from Challenge to Opportunity"* (COM(2006)571), in which the Commission introduces it's views on the demographic challenge and the best ways for tackling, e.g. by improving conditions for families, facilitation of reconciliation and promoting employment. This Communication corresponds to the *Green Paper "Confronting Demographic Change: a new solidarity between the generations"*, launched in 2005 (see below), and aims to encourage Member States to systematically consider ageing population in all policies. In the latter, the *Communication "Promoting solidarity between the generations"* (COM(2007)0244 final) put its emphasis on the intergenerational solidarity and asked Member States to improve the reconciliation of work and care for older dependants. Moreover, this paper interlinked the improvement for more and better care services with the prevention of poverty. The implications for public long-term care expenditures of shifts between informal and formal care provision have been picked up in the *Ageing Report* from 2009 (European Commission 2009a), a joint report prepared by the

European Commission and the Economic Policy Committee. However, this report is limited due to questions about expenditures for pension, health, long-term care, social protection, and employment policies. More explicitly, the *Demography Report from 2008* (SEC(2008)2911) mentions working carers in the light of female workers in their 50s. Therefore, this report appeals to further attention on tax and benefits systems and to carers in the "sandwich-position" between obligations for elderly relatives as well as for grandchildren (ibidem: 11).

Even if employed family carers have been noted in current policies on equality and anti-discrimination, the aspect of elder care has not been sufficiently recognised when compared with child care, as for example in the *Annual report from the Commission to the equality between women and men* (COM(2009)77), which is limited to the combination of work and child care (European Commission, 2009d). However, the provision of equality between men and women has been a longstanding item on the EU agenda since the 1970s and later, e.g. in terms of the implementation of the policy of gender mainstreaming in the mid 1990. The Council *Directive of equal pay* (75/117/EEC) and the *Equal Treatment Directive* (76/207/EEC) aimed to foster the idea of equal pay for equal work and prohibition against direct or indirect gender discrimination – *Directive* (2002/73/EC) of the European Parliament and of the Council of 23 September 2002 amends Council Directive 76/207/EEC. In June 2000, the Council launched a *Resolution on the balanced participation of women and men in family and working life* (2000/C 218/02), which declares that measures have to be reinforced to encourage a balanced sharing of care obligations "for children, elderly, disabled and other depended persons (ibidem: 2). Moreover, it appeals to the Commission to be notified in the launch of the *Fifth Action Programme on Equal Opportunities for Women and Men 2001-2006 (see* Council Decision 2001/51/EC of 20 December 2000), which followed the *Fourth Medium-Term Community Action Programme 1996-2000,* COM (95) 381 final). The Action Programme aims at "encouraging a policy to reconcile family and working life for women and men" and pays attention to different forms of care obligations as well as to demands regarding working arrangements, transport, commuting patterns and local economies – in particular in rural areas. In addition, this Action Programme encourages Member States to contribute to the development of knowledge and practice in this field in terms of research and publications on this issue. The reconciliation of work and family life is also identified as one of the six priority areas for action in the *European Commission's roadmap for equality between women and men 2006-2010* (COM(2006) 92 final), which deals with approaches to provide more

flexible working arrangements, better social care services and fair sharing of family tasks. In the same year the launched *Directive on the implementation of principle of equal opportunities and equal treatment of men and women* (2006/54/EC) encourages Member States and social partners to continue on the issues of reconciliation by addressing flexible working arrangements, leave options as well as "accessible and affordable" care facilities for children and older persons.

Since the early 1990s, legislation pays particular attention to leave options, even when mostly focussing on childcare. Thus, the *Directive on Maternity Leave* (92/85/EEC) from 1992 regards improvements of pregnant/birth given or breastfeeding workers, whilst the framework *Parental Leave Directive* (96/34/EC) from June 1996 provides rights to a minimum of a three months unpaid leave for both parents in case of childbirth or adoption of a child and aims to protect the employment rights, when such leave is taken up. The *Parental Leave Directive* also identified different kinds of family-related leave and announced the right for workers to take time off "on grounds of force majeure for urgent family reasons in cases of sickness or accident making the immediate presence of the worker indispensable" including rights on return, which is also relevant for employees with elder care obligations. Furthermore, this legislation aims to encourage workers as well as employers to maintain contact during their leave by providing measures and instruments for re-integration in the workplace. From the beginning, suggestions about prolonging periods and extensions of the current provisions on parental leave have played an important role on the EU agenda. Therefore, the *Impact Assessment Report* from the Commission (SEC(2008)2526) considers other forms of family-related leave as adoption leave or paternity leave as well as "filial leave" with an option of a one month unpaid leave. This report also summarised the response of civil society - amongst others "Eurocarers". Their response outlines the need for extended filial leave obligations and flexible work arrangements as well as ad-hoc day care services. This procedure is still in progress. In addition, in March 2004 the European Court of Justice (ECJ) issued an important ruling, which may have particularly implications for working caregivers (Demetriades et al., 2006). Based on the case of a Spanish employee, the ECJ decided that workers should be able to take their annual leave during a period other than the period of (maternity) leave, including where the period of maternity leave coincides with the general period of annual leave fixed for the entire workforce by a collective agreement.

The *EU Social Policy Agenda 2000-2005* (COM(2000)379 final) and *2005-2010* (COM(2005)33 final), which focus on "A social Europe in the global economy: jobs

and opportunities for all", refer to gender equality, the reconciliation of work and family and the "access to good service and care" as important requirements to achieve the agenda's aims. With regard to (re-)integration of workless people into employment, the *Commission Recommendation of 3 October 2008* (C(2008)5737) applies to contribute gender equality and to protect vulnerable groups. Also the joint report from 2009 on *Social Protection and Social Inclusion 7503/09 SOC 187 ECOFIN 192 FSTR 37 EDUC 51 SAN 51* takes up questions to reconciliation and notes some effort on the Member States' part as in-kind benefits, financial help, respite care, counselling and training. Furthermore, this report alludes to the need for qualitative long-term care services to support informal carers.

3.2 White and Green Papers

As mentioned above, Green and White Papers are used to communicate the Commissions perspective on topics of current concern. In the European Commissions *"White Paper on Growth, Competitiveness and Employment"* (COM (93)700) the need to reconcile employment and family life and to strengthen equal opportunities between men and women in the labour market are considered as goals that had to be achieved in the near future. In 1994, the Commission launched a *"White Paper on European Social Policy"* (COM(94)333), which points out the importance of reconciliation as an fundamental element of achieving gender equal opportunities. The European Commission also acknowledged the need of combining work with care for older family members as an essential element of intergenerational solidarity in its Green Paper *"Confronting demographic change: a new solidarity between the generations"* from 2005 (COM (2005) 94 final). This paper underlines the aspect, that a successful reconciliation of work and care is also important to foster intra- and intergenerational relationships. Furthermore, the paper deals with questions about service structures for elder care as presented in the following enquiry:

> *"How can the availability of child care structures (crèches, nursery schools, etc.) and elderly care structures be improved by the public and private sectors? Can a reduced rate of VAT contribute to the development of care services?" (ibidem: 6)*

And furthermore:

> *"How do we arrive at a balanced distribution of care for the very old between families, social services and institutions? What can be done to help families? What can be done to support local care networks?" (ibidem: 10)*

The *Green Paper "Modernising labour law to meet the challenges of the 21st century"* from 2006 (COM(2006)708) deals with extensions on parental leave and was designed to launch a debate on the role of modern labour law in advancing flexicurity with regard to the Lisbon strategy. One passage, for example, refers to the questions:

> *"How could minimum requirements concerning the organization of working time be modified in order to provide greater flexibility for both employers and employees, while ensuring a high standard of protection of workers' health and safety? What aspects of the organization of working time should be tackled as a matter of priority by the Community?" (ibidem: 14)*

In this paper care obligations are also mentioned as an issue for working conditions. Considerations can be found to extend parental leave obligations by including "filial" leave possibilities.

3.3 European Social Dialogue

Social Partners as representatives from employers and trade unions also have competences in the European policy context. Since they had been involved in the mid-1980s, the European cross-industry social partners decided in their *Contribution to the Laeken European Council* on 7 December 2001, to develop a work programme to foster the social partners' autonomy. In its *Communication* of 26 June 2002, the Commission calls on the European social partners to advance their autonomous dialogue and to establish joint activities. In the later, joint multi-annual work programmes emphasise the implementation of the Lisbon Strategy by sharpening the focus of European social dialogue and enhancing their autonomy. Now, Social Partners are procedurally involved in the development of any Commission's initiative in the social policy field (Art. 138.2 and 138.3 EC), both in the direction and the content of a proposal and may decide on how they wish to implement their agreements and on autonomous agreements in all social policy fields – even those not falling under the competences of EU institutions as defined in Art 137 EC (Art. 139.1 EC). Therefore, Social Partners are allowed to negotiate agreements, which can be implemented later via EU Directive. The current "list of European social partner organisation" comprises 75 organisations and is divided into five groups:

- general cross-industry organisations (CEEP, ETUC, BusinessEurope);

- cross-industry organisations representing certain categories of workers or undertakings (Eurocadres, UEAPME, CEC);
- specific organisations (Eurochambres);
- sectoral organisations with no cross-industry affiliation (53 organisations);
- European trade union organisations (15 organisations).

However, the European Social Partners have not used their rights very extensively over the years due to the diametral interests when it comes to formulating joint agreements.

One of the first successful Directives agreed under this procedure was based on the *1995 Framework agreement on parental leave* of 3 June 1996 (96/34/EC). This framework agreement was the first one ever between EU Social Partners and has been revised in the framework agreement of 18 June 2009, which marked new provisions, e.g. new family structures. Secondly, in the signed draft *Framework agreement from on part-time working* (adopted by the Council on 15 December 1997), the partners launched a framework against the discrimination of part-timers. In addition, the *Framework agreement on Telework* from 2002, which is not implemented via Directive so far, affects working carers as telework can be seen as a strategy for better reconciliation by giving them greater autonomy in the organisation of working tasks. The framework includes collective rights for teleworkers as well aspects of health, safety and training. In this context, this framework had followed a European agreement signed by the employers' representative EuroCommerce and UNI-Europa Commerce representing trade union side on the working conditions of teleworkers. In the *joint report "Reconciliation of professional, private and family life"* the Social Partners recognised the complementary role they had, whilst the provision of care structure is under the responsibility of public authorities (ETUC, BUSINESSEUROPE, CEEP, UEAPME 2008). Furthermore, the Social Partners suggested the addition of a new target on the Lisbon goals regarding care services for dependants. The progress report had been consulted by the European Commission. This Commission report (SEC(2006)1245) outlined the acknowledgement of the Social Partners on reconciliation of work and care (also for older relatives), but makes different attitudes on the realisation visible. Whilst the trade union side stressed the extension of current leave policies, the employers indicated the current provisions as sufficient. However, the revised *Framework agreement on parental leave* from June 2009 includes also aspects of elder care responsibilities:

> *"Whereas family policies should contribute to the achievement of gender equality and be looked at in the context of demographic changes, the effects of an ageing population, closing the generation gap, promoting women's participation in the labour force and the sharing of care responsibilities between women and men" (BUSINESSEUROPE, UEAPME, CEEP, ETUC, 2009: 2)*

In 2004, the Social Partners launched a report which highlights the key initiatives with regard to the implementation of employment guidelines, e.g. gender equality and an increasing labour supply linked with active ageing (ETUC, BUSINESSEUROPE, CEEP, UEAPME 2004). In the analysis on "Key challenges facing European labour markets" from 2007 they made some recommendations concerning job quality, flexicurity and supportive environment for facilitating work-life balance (ETUC, BUSINESSEUROPE, CEEP, UEAPME 2007). In addition, the partners agreed to negotiate a *framework agreement* on 25 March 2010 which focuses on labour markets integration. Families are one of the different obstacles and the report outlined the provision of cooperation with the third sector to facilitate labour integration for some workers (ETUC, BUSINESSEUROPE, CEEP, UEAPME 2010).

4. Conclusion

It was the intention of this social policy paper to give a short overview of the four nations involved in the project "Carers@Work" in terms of their the national social policy contexts as well as social policy action at the EU-level concerning the reconciliation of work and care.

It is the question: if the social policy framework is merely supporting or general attitudes for care provision or if responsibilities derive from specific social policy action. Regarding the four different care regimes it seems that there are different assumptions about the responsibility of families, employers and the society in the care process. Whilst some countries emphasise the support from the employer's side (UK), other welfare states highlight the contributions from the society (Germany, in terms of cash benefits and the role of LTCI) and the family or other informal carers (Italy, Poland). Specific family policies are considered to reside to a greater or lesser extent under the principle of subsidiarity and hence remain the concern of the welfare

state. Thus, the logic of the four countries shows different patterns of care provision and principles of entitlement and contributions from the state. However, the families – and especially female family members – still bear the bulk of care in general.

In the recent years, the reconciliation of work and care has been taken up growing importance on the EU policy agenda. However, working carers are more or less involved as implicit issue, as subsumed under terms of gender equality, working conditions (e.g., part-time, types of leave) or social inclusion, even when concrete actions are not suitable attended. Even though informal care is highly relevant due socioeconomic aspects, intergenerational solidarity and ageing in place, the contribution of informal carers are not very perceived on the agenda of public policy. Especially the aspect of care responsibilities for working carers has not been given much attention in the past and the special needs of employed caregivers are often overlooked, because informal carers had often been seen as full-time carers, e.g. retired persons. Whilst policies on ageing dominate implications on older workers, little in the way of concrete actions to the address caring dimensions seem yet to have been implemented. In addition, different attitudes form political parties and Social Partners avoid joint work arrangements regarding working carers. Furthermore, as women tend to provide the bulk of care, this issue seemed to be negligible in the context of low female employment rates.

For the future, there will be both a need to develop policies and service provision to better facilitate the reconciliation of work and care and to address companies to enable working carers to continue their employment. However, the main problem will be the transition from the current to a reformed system of care provision which contribute both to the protection of persons in need of care and the needs of working carers. To enable a successful combination of work and care, family carers need more action towards accessible and reliable low threshold care services, professionalization of care work as well as societal support in terms of voluntary work ("welfare-mix"). Social policy should promote optimal, clear and supportive care service provision and consider more integrated networks, which connect insurances, committees and other bodies involved in family care, which also means personalised schemes regarding cash benefits. Also care assessments should be designed to consider both the carers' and the care receivers' view. To avoid the lack of professional carers in the future, social policy should amend the context for care work positions, e.g. regarding payment and negative images. As employing a migrant care worker acts as one of the most effective strategies, social policy should stimulate legal options and specific action towards more social security and stability for care

workers. To contribute to the idea of “ageing in place”, social policy is asked to improve obligations for alternative forms of housing. Regarding the situation on the workplace, working carers need more policy action towards reconciliation-measures, e.g. work time flexibility, job-sharing, telework, or a translated right to re-employment after care leave. In addition, social policy is asked to increase the general attention on this issue with special emphasise on intergenerational solidarity, equal gender opportunities social initiatives for working carers, e.g. for providing emotional support, information or trainings. Furthermore, there is still a lack of research on the reconciliation of work and care, e.g. regarding longitudinal studies, the household as an area of private employment, different stages of care, the respite function of work, and evaluation studies of existing measures and instruments in companies.

Providing policy makers with a scientifically rigorous evidence base would help them finding the most effective reconciliation measures for maximising productivity and economic growth. Demetriades et al. (2006), who analysed EIRO (European Industrial Relations Observatory online, a project by the European Foundation) articles on the reconciliation of work and care point out:

> *“The issue of the reconciliation of work and family has received increased attention in most of the EU15, and the influence of EC directives and the Employment Guidelines are obvious both in collective bargaining arrangements and in legislation[…]However, in most cases, schemes such as working time flexibility, part-time work, telework and flexible forms of work have not been introduced as part of family-friendly policies. Their impact as a potential tool to reconcile work and non-work responsibilities remains to be seen (ibidem: 67).*

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