



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





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**Project:** Company initiatives for workers with care responsibilities for disabled children or adults



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# Country codes

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



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# Executive summary

## Introduction

This report presents the results of Eurofound's work on company initiatives for workers with care responsibilities for disabled children or adults. The research focused on initiatives that employers can take to support the needs of workers who have (informal) care responsibilities, including parents caring for children with disabilities and carers of adults who need care because of disability, illness or old age.

The main part of the research involved identifying and describing case studies of 'companies' (which refers to public or private sector employers) that have implemented approaches to support working carers. The EU and Member State policy and social dialogue contexts were also examined, as were literature and statistical data on the theme of caring and employment.

## Policy context

From a policy perspective, the interactions between employment and caring are becoming more important in Europe, with an increasing number of older people needing care in addition to the many children and non-elderly adults with disabilities or long-term illnesses who receive informal care. Sustainability of long-term care systems requires an extensive contribution from informal carers, while labour market requirements and contemporary lifestyles and aspirations encourage increased participation of women in the labour force.

Where working carers are unsupported it is likely that something will have to give – they may be unable to contribute optimally in the workplace, they may be less able to provide the amount and quality of care that they would like to, or they may overstrain themselves in the effort to do both. Indeed, many carers of working age may find it difficult to engage in paid employment at all. This can have negative financial implications for them in the short term and in the longer term because of enduring consequences of temporary or permanent withdrawal from the labour market.

## Key findings

Some of the key types of company-level measures to support working carers are:

- leave-related provisions;
- hours-reduction possibilities;
- work flexibility and work adjustment;
- awareness-raising and skills development among managers and the workforce;
- occupational health and wellbeing measures;
- care-related supports, such as information, counselling and practical support with the caring role.

More than 50 case studies of company initiatives for working carers were prepared from across the 11 participating countries – Austria, Belgium, Germany, Finland, France, Ireland, the Netherlands, Poland, Portugal, Slovenia and the UK. Key themes emerging from the cases include the following.

**Awareness-raising is often needed within companies** Levels of awareness in relation to the specific issue of working carers often seem to be a lot lower than in relation to working parents. Because of this, efforts to raise awareness of the working carer issue among managers, supervisors and staff are an important element in many of the cases.

**Companies are providing both work-related and care-related supports** Although approaches focusing on work-related measures (leave, hours reduction and work flexibility) are most common, many of the cases also provide examples of how employers are providing care-related support (such as information, counselling and concrete supports for costs of care or in finding care services).

**A combination of both targeted and universal approaches seems especially effective** Such approaches explicitly identify caring as an important work–family balance situation that may be experienced by employees. They ensure that carers are known and have access to relevant universal provisions for the workforce. They also provide specifically carer-oriented measures to cater for needs that cannot be met through more universal provisions. Many of the cases show how employers have recognised the ‘win–win’ outcomes for employer and employees in addressing the work–family balance needs of working carers.

**The pivotal role of line managers** The day-to-day resolution of working carers’ needs typically occurs through individual negotiation with line managers. Although initial resistance from line managers seems to be prevalent, the cases show how this can be overcome through efforts to raise awareness and to support and equip line managers to take account of the needs of working carers.

**An issue for both men and women** In addition to linking company-level approaches on working carers to policies relating to equality for women, such as addressing the fact that women are more likely to opt for long-term leave and/or to experience negative career implications, some of the cases indicate a growing recognition of work–care balance issues for men.

**Avoiding carers’ departure from employment/facilitating return to work** A number of cases show how employers have been motivated to provide measures for carers in order to help retain staff, as well as to avoid the need for staff to take long-term leave unless really necessary. Where long-term leave has been taken, companies are making efforts to maintain contact with those on leave and to facilitate their return to work. Some of the cases show how employers in tight labour markets wish to ensure that carers are not excluded in their recruitment efforts.

## **Policy pointers**

Ultimately, Member States and/or the social partners (through collective bargaining or other relevant mechanisms) must implement effective measures if working carers are to be widely and consistently supported. However, as the research found considerable divergence in policy and practice in this field across the countries covered, the EU and its institutions have an important role to play in encouraging wider and more consistent provisions across the Member States.

The report suggests a number of key areas of action.

**Strengthening EU-level policy provisions in this field** Existing policy references could be made more concrete and operational. A broad policy impact assessment could be conducted to inform future policy in the area. A coordinated and cross-cutting approach needs to be developed, integrating labour market, social protection, long-term care and other relevant policy fields.

**More attention by Member States and in social dialogue processes** Awareness-raising initiatives and exchange of good practice experiences could be promoted and supported.

**Initiatives directly targeting employers** The relevant stakeholders at EU and Member State level (including the social partners and other players such as human resources professional associations) could develop measures to raise awareness among employers across the Member States.

**Support research and strengthen the evidence base** A stronger evidence base is needed to inform policy and action in this field. EU and Member State-level support for research, the strengthening of EU-wide statistics, and the compilation of a comprehensive account of current Member State policies and activities on this issue would all be very useful.



# Introduction

This report presents a consolidation of the results of the work conducted over the two phases of the programme of work on company initiatives for workers with care responsibilities for disabled children or adults conducted by the European Foundation for the Improvement of Living and Working Conditions ('Eurofound'). The overall focus of the research was on company (that is, employer) initiatives to support the needs of workers who have (informal) care responsibilities, including parents caring for children with disabilities and informal carers of adults who need care because of disability, illness or old age. In this research, the focus was on these carers and not on the more general population of parents caring for young children.

The interactions between employment and caring are becoming increasingly important in the face of demographic ageing in Europe. The sustainability of long-term care systems requires an extensive contribution from informal carers, while labour market requirements and contemporary lifestyles and aspirations encourage increased participation of women (the traditional providers of the larger share of informal care) in the labour force. Already, a sizeable proportion of the population of working age (both men and women) face the challenge of reconciling paid employment with caring responsibilities, and this looks set to increase considerably over the coming years. An added factor is the expectation of a longer working life as retirement ages seem set to rise across the EU.

A multipronged approach is needed to address the challenges in this area, which should include the following:

- suitably organised long-term (community and homecare) care services to support dependent persons and their working carers;
- income support and other 'flexicurity' measures (flexicurity meaning flexibility combined with employment and social security);
- rights and regulations in the employment field;
- practical measures that can be implemented by employers at company level.

Company-level measures are the main topic of the study and of this report, with the term 'company' encompassing both public and private sector organisations.

## About the research

The research results reported here represent the output of a two-phase programme of work. Phase one took place between autumn 2009 and summer 2010 and phase two between autumn 2010 and spring 2011.

The core of the research work over the two phases focused on identifying and describing 50 case studies (from 11 Member States) of companies that have implemented approaches to support working carers among their workforces. The countries covered were Austria, Belgium, Germany, Finland, France, Ireland, the Netherlands, Poland, Portugal, Slovenia and the United Kingdom (UK). These include what may be considered to be forerunner countries in terms of company-level initiatives in this field (for example, Germany, the Netherlands, UK), as well as a mix of countries in other categories; they include older and newer Member States, different types of welfare regimes and different labour markets in terms of 'family-friendliness' and other relevant factors.

A number of additional activities were also carried out, including the development of an analytic/conceptual framework to guide the case study work, research on the national contexts in the

11 Member States, the generation of an annotated bibliography of research and policy documents on the working carer theme from across Europe, the preparation of an initial overview report on the theme during the first phase of the work, and two expert workshops.

## **Structure of the report**

The report is organised into four main sections.

Chapter 1 draws upon and updates material from the overview report prepared during phase one, in order to present some key aspects of the existing evidence/knowledge base in the field of enquiry, including the labour market and workforce situation of carers in Europe, as well as evidence from research on the experiences and needs of working carers.

Chapter 2 outlines how the working and caring issue is currently addressed in policy, social dialogue (that is, industrial relations) and civil society at EU level. It then goes on to present an overview of the national contexts for company-level measures for working carers in the 11 countries covered in the research. This includes statutory provisions, collective agreements and more general promotional initiatives that address the theme of working and caring.

Chapter 3 presents company-level measures in the 11 countries. The conceptual framework developed to guide and organise the work is outlined and discussed. Illustrations of company-level measures in action are provided, thematically organised according to the different approaches and the particular measures that may be in place at company level. An overall analysis and synthesis of the company-level cases studies, and the key themes emerging from these, is then provided.

Finally, conclusions and implications for future policy and practice are presented.



# Situation and needs of carers in relation to employment

This introduction looks at the situation and needs of carers in relation to employment. The main focus is on gaining an understanding of the needs of carers in regard to combining caring and working, and the solutions that are relevant to meeting these needs. Firstly, data are presented on the labour market situation of carers in Europe. This is followed by an overview of some of the key evidence and research findings on the actual experiences and needs of working carers.

## **Carers and the labour market**

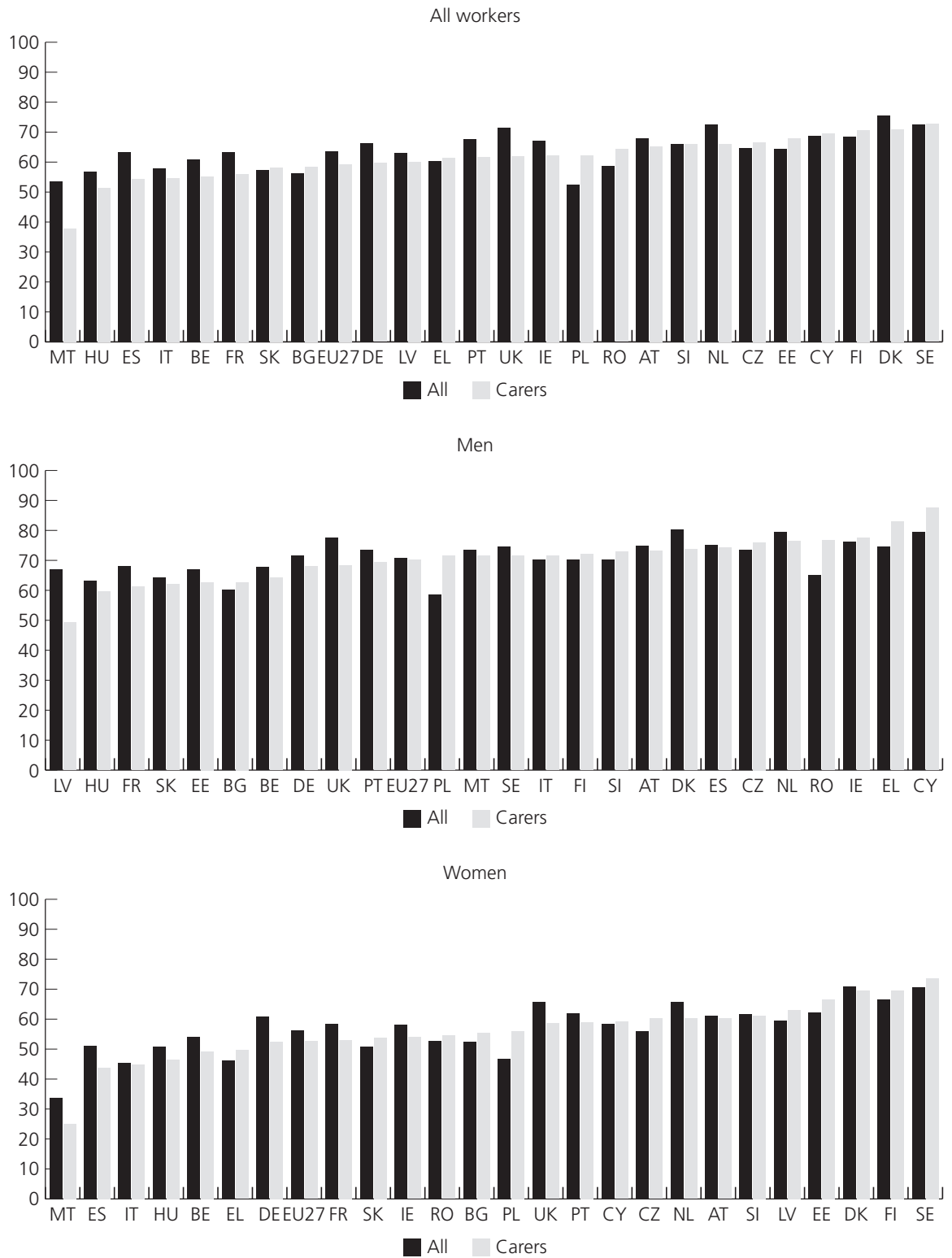
This section looks first at participation patterns of carers in the labour market and then at the extent of caring among those in employment.

### **Labour market participation of carers**

Although some carers temporarily or permanently leave their employment or withdraw from the labour market because of caring responsibilities, a majority of carers of working age in Europe today are in employment – although their rates of employment vary across countries. Data from the 2005 Labour Force Survey (LFS) ad hoc module show an employment rate in the EU27 of 59.2% for carers of working age. This ranges from a low of 37.8% in Malta to a high of 72.7% in Sweden (Figure 1). This survey defines carers as people regularly taking care of ill, disabled or elderly relatives/friends aged 15 years or more in need of care.

Based on the LFS data from 2005, for the EU27 as a whole, the employment rate of carers was 4.3% less than that of the general working age population, with the gap tending to be more prominent for female carers than for male carers. When patterns for different age groups are examined, the gap is a little wider for those in the 25–49-year age group and especially so for women. Data from other sources also show some degree of negative association between caring and the likelihood of being in employment in most EU countries, although with differences in the extent to which this can be detected across countries and by age and marital status (Viitanen, 2005).

Figure 1: Employment rates of carers and all employees in Europe, 2005, by gender (%)



Note: Figures are for those of working age in selected European countries. Lithuania and Luxembourg are not included because the data are unreliable, according to Eurostat.

Source: Eurostat LFS 2005 ad hoc module

The LFS data presented above relate to all carers and this data source does not provide a breakdown by intensity of caring. However, other sources indicate that there can be considerably lower labour market participation rates for some sub-groups of carers, especially those who provide longer hours of caring (see, for Germany: Schneekloth and Wahl, 2005; for the UK: Yeandle and Fry, 2010; for other Member States: Lamura et al, 2008). There is evidence to suggest that those spending 20 hours or more a week caring are more likely to experience negative employment impacts (Department of Work and Pensions, 2006; Crespo, 2006).

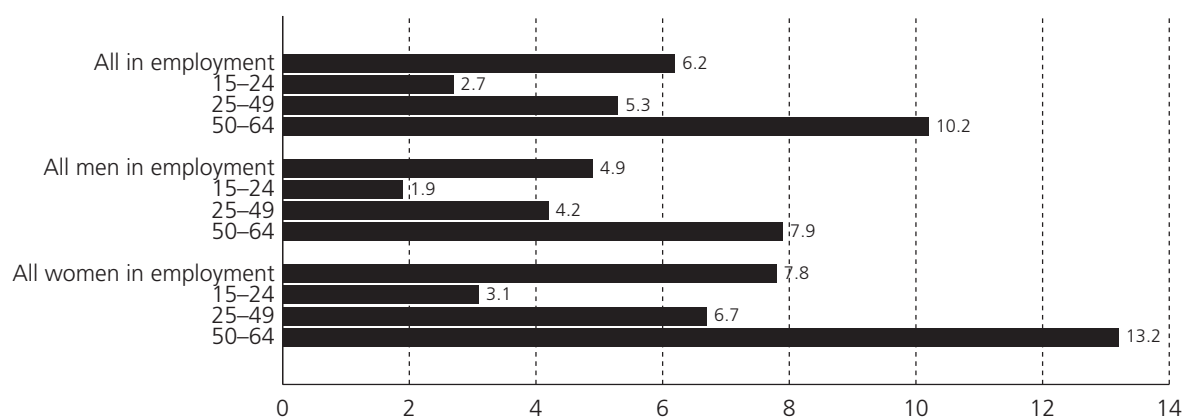
One project (EUROFAMCARE) involving surveys of carers in a number of European countries found that about one in seven of the surveyed working carers reported having had to reduce working hours because of caring. Amongst non-working carers, 1 in 10 reported that they could not work at all because of caring while 1 in 12 said that they had to give up work because of caring (Lamura et al, 2008). Analysis of the SHARE dataset, based on surveys of those aged 50 years and over in 11 European countries, found that informal care provision can have substantial opportunity costs in terms of reduced labour-market attachment among this age group (Bolin et al, 2008).

### Carers in the workforce

The data from the LFS ad hoc module of 2005 suggest that a little over 6% of the workforce at that time were caring regularly for a relative aged 15 years or more. The figures ranged from less than 1% in Luxembourg to over 11% in Cyprus. This would equate to about 13.5 million working carers among the total EU workforce of almost 218 million in 2009. If carers of children with disabilities or long-term illness were included, these numbers would be expected to increase. In addition, the results of other surveys (Bielenski et al, 2002; Anderson et al, 2009) have suggested a somewhat higher prevalence of caring among the workforce, perhaps up to 10%.

Regardless of the precise prevalence, the available evidence indicates a greater extent of caring among the female workforce, with working women up to 1.6 times more likely to be carers than working men. Nevertheless, the LFS data suggest that men make up about 44% of carers in the workforce as a whole. This is because the higher employment rates of men mean that there are more men than women in the workforce. Analysis of the available evidence also indicates that the prevalence of caring among the workforce rises with age, with the greatest prevalence among workers aged between 50 and 64 years, especially among women in this age group (Figure 2).

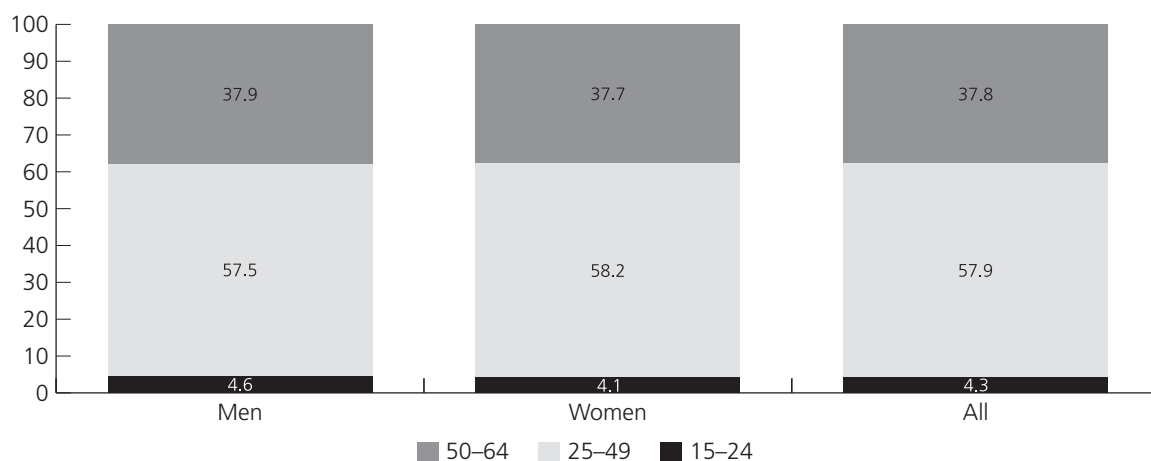
**Figure 2: Proportion of employed people caring regularly for a relative aged 15 years or more, by gender and age group in EU27, 2005 (%)**



Source: Eurostat LFS 2005 ad hoc module

In terms of the actual age profile of the working carer population, data from the Eurostat ad hoc module of 2005 suggest that at present more than half of working carers are in the 25–49 years age range and more than one-third are in the 50–64 years age range (Figure 3).

**Figure 3: Age profile of working carers in EU27, 2005 (%)**



Source: Eurostat LFS 2005 ad hoc module

### Employment-related experiences and needs of working carers

This section presents an evidence-based overview of the main issues that can arise for working carers and employer-level responses that would help address them. To date, the published research in this field has tended to be dominated by United States (US) and to a lesser degree UK sources, although there is an emerging research literature from a number of European countries. Nonetheless, there is currently a lack of robust, EU-wide data based on representative surveys of the working population.

Overall, the focus of research in this field has tended to be on carers of older people. However, studies that have specifically addressed carers of children with disabilities or long-term illness (such as Contact a Family, 2004a, 2004b; Stiell et al, 2006) have argued that their situation may present especially difficult challenges (such ‘parent carers’ may face a lifetime of caring, may be caring for other children as well, and are likely to be in a situation where consideration of leave or downsizing may be financially unaffordable). The particular needs of carers of non-elderly adults with disabilities or long-term illness (for example, caring for an incapacitated spouse/partner) also seem to have received little research attention and this is an area that warrants more focused consideration.

### Heterogeneity of working carers and work-related impacts

As caring responsibilities can in principle arise for anyone, and can involve caring for people of all ages from young children to great-grandparents, working carers are a very heterogeneous group. They comprise women and men across the spectrum of age groups, income levels, educational attainment and occupational groupings. A broad range of caring tasks may be conducted. An EU-wide survey (European Commission, 2007c) identified a range of tasks that those providing informal long-term care engaged in: visiting regularly to keep company (49%), doing shopping (42%), cleaning and household maintenance (34%), help with mobility (33%), cooking and preparing meals (32%), taking care of finances and everyday administrative tasks (30%), help with dressing (27%), help in bathing

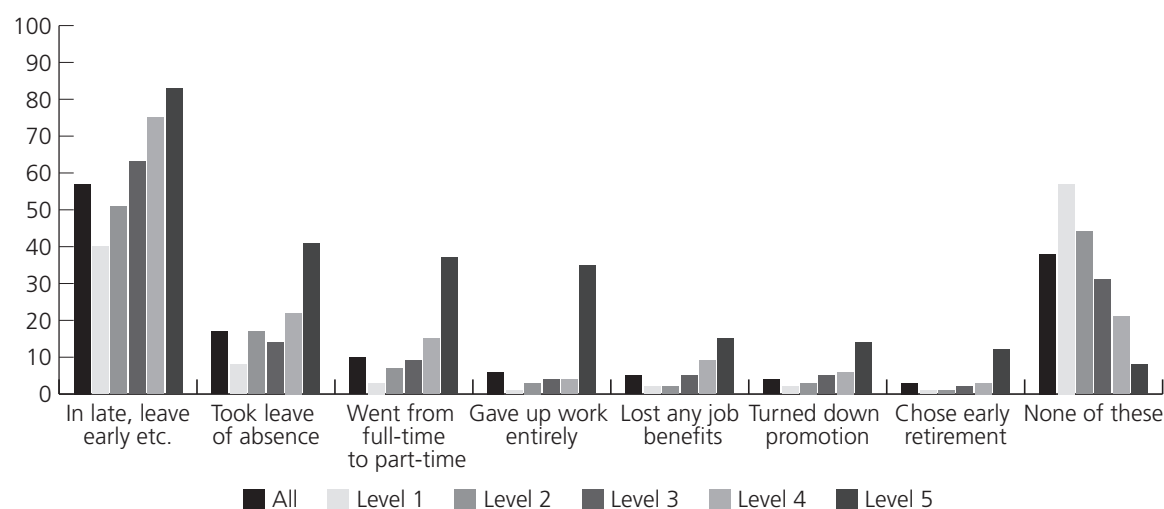
or showering (24%), help with feeding (23%), organising professional care (21%), help with using the toilet (21%).

Working carers vary widely in the nature and amount of care they provide as well as in the support they have from other family members, formal care services and in the employment context. The interactions between caring and employment are influenced by all of these factors so it is difficult to make sweeping generalisations about employment-related impacts and outcomes.

There currently seems to be no EU-wide data available on levels of care provided by carers in the workforce. However, evidence from Member States where such data are available gives an indication of the variations in caring intensity among working carers. In terms of hours of care per week provided by working carers, data from the Irish census (Central Statistical Office Ireland, 2011) and the UK census (Buckner and Yeandle, 2006) suggest that the majority of working carers provide between one and 20 hours of care per week, with 20% or more caring for 20+ hours per week and many of these providing 50+ hours per week.

Figure 4 presents data on the spectrum of work adjustments reported in a representative national survey of caregivers conducted in the US in 2004 (National Alliance for Caregiving and AARP, 2004). This allowed the analysis of patterns across carers with different levels of caring intensity (in terms of weekly hours and amount/type of caring tasks). The results show that the more intensively engaged caregivers are much more likely to make more dramatic adjustments, such as moving to part-time working or giving up work entirely.

**Figure 4: Work adjustments reported by carers in the US, 2004 (%)**



Source: National Caregivers Alliance and AARP, 2004

The available evidence also suggests that labour force adjustments may commonly be made in the first three months of caregiving and then remain fairly stable thereafter (although this may be specific to women). They may even remain after caregiving ends (Lilly et al, 2007). This is important as it suggests a need for timely intervention (to prevent unnecessary or disadvantageous forms of withdrawal), as well as measures to reduce the likelihood of negative longer term, post-caring impacts. Gender issues are important in this regard, with evidence suggesting that women are considerably more likely than men to take up the more disadvantageous options, such as leave or part-time working

(Ludecke and Mních, 2009). Without adequate ‘flexicurity’ provisions, even temporary withdrawal from the workforce due to caring can have long-term negative career and financial implications for carers. Some countries have begun to give more focused attention to supporting the return to work for carers who may have difficulties in getting back into employment (Department of Health (UK), 2008).

Apart from gender differences, some research from Europe (for example, Belgium – see Van Woensel, 2009) has found that lower-skilled workers are more likely to use leave (time credit) or part-time working as solutions, whereas the higher-skilled workers tend to use flexible working arrangements. Differential opportunity costs in terms of income foregone may be a relevant factor here.

### **Challenges and impacts of work–care balancing**

As already noted, a majority of carers of working age in Europe do not withdraw from employment. For them, the main challenges arise around balancing (or juggling) working and caring duties on a day-to-day basis.

Although there has been some research on the experiences of such working carers, overall work in this field has been quite limited. Some useful efforts have been made to synthesise the results of the available published research (see Pickard, 2004), but there has been no systematic review of the research methodologies employed and hence the robustness of the resultant evidence base. Overall, there is a need for considerably more research to enhance understanding of the range of practical challenges faced across the spectrum of working carers and of the most effective ways in which these are being, or could be, met.

Despite these limitations, enough evidence exists to enable us to identify some of the main needs and issues that arise for working carers, as well as company-level measures that play a role in addressing these needs. This evidence suggests that combining working and caring roles can be a substantial practical challenge for many carers. It can also result in negative outcomes in terms of career, stress, health and wellbeing. Some of the findings from previous research in the Member States regarding these challenges and impacts are presented briefly below.

In France, a survey of carers found that most could combine working and caring roles, although the vast majority reported some difficulties (BVA, 2010). These included lack of time (39%), stress (21%), tiredness (19%), feeling guilty when going to work (7%) and earning less because of the situation (3%). In the Netherlands, a study found that the majority of carers there also believe the combination of work and care to be feasible, although almost one-third (30%) consider it to be difficult (De Boer et al, 2009). Negative impacts reported included lack of time (40%), overload (17%), personal health being affected (15%) and feeling depressed, especially when caring for spouses or children (15%). Another Dutch study found that one-half of working carers reported that they encounter problems at work, often leading to physical and psychological overload and stress (Woning, 2010). In Italy, a survey of working carers of people with Alzheimer’s disease found the most commonly reported impacts were feeling more tired than usual, frustration at not being able to perform as well as usual, problems at work due to frequent absences, having to give up chances of promotion or career progression and having to stay home from work due to caring duties (CENSIS, 2007). In the UK, surveys of parents caring for children with disabilities indicate that the majority report some kind of adverse impact on their employment, with tiredness and stress being among the most difficult aspects of combining work and care, and with many having to take time off work (Contact a Family, 2004a, 2004b). More generally, research from the UK suggests that informal care may sometimes be associated with negative wage differentials (Carmichael and Charles, 1998; Heitmueller and Inglis 2007).

### **Solutions and supports for carers**

Overall, carers who seek to reconcile work with informal care have three basic work-related options: temporary withdrawal from work in order to concentrate on caring; downshifting (hours reduction); and combining full-time working and caring. The following sections look more closely at needs and potential solutions/supports for working carers, organised around a number of key themes:

- leave arrangements;
- hours reduction;
- work adjustments and flexibility in work practices;
- carer health and wellbeing/occupational health services;
- awareness/understanding of supervisors and colleagues;
- care-related supports.

The business case for company-level measures for working carers is also briefly examined.

### **Leave arrangements**

#### ***Long-term leave***

Long-term leave means a period of leave ranging from a few months to a few years. This enables working carers to take time out to care while still having a job to return to when the leave period is over. There seem to be no systematic data on the extent to which carers across Europe are interested in or actually avail themselves of long-term leave for caring purposes. However, evidence from countries where such leave is available on a statutory basis (such as Ireland) suggests that it tends to be taken up by a relatively small minority of working carers. This may be a reflection of a preference by the majority of working carers to seek other options (such as part-time working or other work adjustments); it may also reflect the downsides of long-term leave, including income loss (long-term leave is typically unpaid) and concerns about negative impacts on one's career.

Even if long-term leave often may not be the preferred option for many carers, it may nevertheless be the most suitable option for some, especially in cases of high caring intensity and in countries and regions where support services for home-based or community care are insufficient. Therefore, long-term leave is one important component of the range of options that need to be available to working carers at the company level. Company-level measures to minimise any potential down-sides of leave are also important, such as cushioning the financial impact where possible and making efforts to avoid any negative impacts on the carer's career. Providing continuity of contact during leave, such as participation in training, and other measures to facilitate re-integration after long-term leave, are also important.

#### ***Short-term and emergency leave***

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

At certain points, such as when a caring responsibility first emerges or when the caring needs change dramatically, working carers may want or need to take sufficient leave to put suitable arrangements in place. This is at the core of the concept of short-term 'filial' leave (of one month, for example), which the European Commission has actively considered in its impact assessment on possibilities

for extending the provisions of the parental leave directive (this aspect is discussed further in the section on EU policy later in this report).

There is little systematic evidence available on the extent to which working carers use or would like to be able to use such emergency or short-term leave, though estimates from the US suggest that such provisions may be of use to a substantial number of working carers (MetLife, 2006).

As discussed further in the next chapter, many Member States have statutorily defined emergency and short-term family leave provisions, though these vary and are often not oriented towards carers in particular. There is also evidence that difficulty in accessing and using such provisions can be an issue (Contact a Family, 2004a, 2004b).

Employers have an important role to play both in making such leave easily available and in providing carer-friendly leave above any minimum level established in regulations. They also have a responsibility regarding measures to minimise the potential downsides of availing of these types of leave, such as loss of income and negative impacts on the carer's career.

### **Hours reduction**

#### ***Part-time working***

Many carers may prefer the less radical option of adopting reversible part-time working rather than taking leave completely. Although recent EU-wide data do not seem to be readily available, data for the former EU15 (plus Norway), from a survey conducted in 1998 (Bielenski et al, 2002), found that just under one in four working carers (23%) were working part time, with wide variations across participating Member States. Women were much more likely to be working part-time than men (38% of women as against 9% of men). Among the workforce as a whole, for both women and men, carers were just slightly more likely to be working part time than were non-carers.

Although some carers were working part time mainly because of their caring commitments, often caring was just one of a number of reasons reported for working part time (other reasons including wanting or needing time to spend with children, and wanting time for oneself and one's own activities). It is important to note this: it reminds us that carers are not just 'carers', but have other dimensions to their lives including their own personal lives, and often childcare as well.

Just over one-half of the carers who were currently working on a part-time basis stated that they were not interested in full-time employment. Wanting or needing enough time to care was the most commonly mentioned reason for this (64%), although carers often cited other reasons as well (including wanting/needing time to spend with children, and wanting time for oneself and one's own activities). The fact that almost one-half of carers who were working part time were interested in full-time employment suggests that, while part-time working is an important option for carers, there may also be a considerable number of carers (and non-carers) who are 'involuntary' part-timers and who need support to enable them to gain full-time employment.

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



Wanting time for oneself and one's own activities was the most frequently cited reason for wanting to change from full-time to part-time work (given by 70% of carers), followed by reducing the strain resulting from full-time working (62%) and by more time for caring (50%). This raises the point that working carers need to be supported to have a life of their own (not just to enable them to do more caring) and to reduce the strain of balancing work with other aspects of their lives (including caring). For some, part-time employment could help to address all these aspects.

The findings that a proportion of working carers would like to increase their working hours and another group would like to reduce them are also borne out in more recent data on working carers in the 25–49 years age group (Eurostat, 2009).

Finally, the 1998 survey (Bielenski et al, 2002) covered carers who were not working but who were 'attached' to the labour force in the sense of wanting to return to work at some point. Close to one-half of such carers expressed a preference for part-time working options, suggesting that the possibility for part-time working may be an especially important issue in the context of measures to support return to work for carers.

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

### ***Term-time working and job sharing***

Term-time working and job sharing are forms of part-time working or hours reduction that may be particularly useful for carers in some circumstances. Term-time working is mainly relevant to working carers of disabled or chronically ill children, although shorter working years of various forms may also be useful for carers under other circumstances. A UK-based study of parent carers of disabled children found this to be one of the most sought after types of flexibility (Stiell et al, 2006), but it was not very commonly available and some carers reported being unsuccessful in applying for it. The flexibility offered by job sharing may also be conducive to meeting the needs of working carers and their employers in certain circumstances.

### **Work adjustment and work flexibility**

Overall, a majority of working carers across Europe combine caring with more or less full-time work and research suggests (see for Germany Böttcher et al, 2009) that available options for working part time or taking long-term leave may not be especially relevant for many working carers. Work adjustments, work flexibility and other ways of accommodating the needs of working carers seem to be the most sought after options. Research from Austria (Haller et al, 2004) found that, apart from support from other family members, the most commonly reported needs of working carers were flexible working hours, dependable working hours and understanding from supervisors and colleagues. French research on working carers found that although many had benefited from work schedule flexibility, almost two-thirds wished for improved arrangements such as better paid part-time work and more flexible work arrangements (BVA, 2010).

Despite the still relatively limited amount of European research in this area, enough evidence exists to enable the identification of some of the main types of needs and issues that arise for working carers, as well as the types of company-level measures that are relevant for addressing these needs.

The following sections identify some of the forms of work flexibility and other accommodations/adjustments that may be most helpful for those who are trying to balance (or more commonly juggle) working and caring.

### ***Flexitime***

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

The UK-based study of parent carers (Stiell et al, 2006) found that flexitime and associated provisions such as time in lieu are important and generally seen as being very helpful (for example, they could be used to fit in appointments or to leave early without having to ask for permission). Sometimes these are available in a formalised manner and are sometimes provided through a trust system. However, some jobs make flexitime difficult because of activities that are highly time- or client-dependent and part-time workers may not always have as much access to flexibility. Some carers felt that there can be downsides in terms of impacts on promotion prospects or other aspects of their work experience and careers. 'Banked time' was sometimes seen as an insurance against emergencies as well as proof, if needed, that all hours are put in even if the carer must leave early sometimes – in this way, carers were reassured that they could take time off when needed.

These types of flexibilities are seldom covered in employment legislation/regulations and are generally arranged at sectoral or employer level. Employers therefore have a key role to play in making available the necessary flexibility for working carers, as well as in implementing measures to ensure that any potential downsides are minimised. Supportive attitudes and practices at supervisor or line manager level are important in ensuring that flexibilities are readily available when needed.

### ***Accessibility at work***

The available research also indicates that interruptions at work, such as having to take/make phone calls about caring or even to leave the workplace to address an urgent issue, are also commonly experienced by carers. German research suggests that worrying about the dependant (while the carer is at work) is an important issue for working carers (Keck and Saraceno, 2009). US research found that 52% of female and 34% of male carers reported experiencing workday interruptions as a result of caregiving (MetLife, 2006). Provisions at employer level, whether enshrined in a formal policy or, more commonly, accommodated informally at managerial or supervisory levels, are most relevant for meeting these types of needs. Access to a telephone to deal with care-related matters is one important provision. More elaborate technological support may also be important, such as enabling working carers to be contacted by social alarm services (that is, services providing remote monitoring of the safety and wellbeing of vulnerable older people) during working hours or even the use of webcams at work so that working carers can monitor the wellbeing of the person being cared for in their home. It might also be helpful, in an emergency for example, to allow the carer to bring a dependant to their workplace, or to a dedicated space close by.

### ***Teleworking – working from home***

The Eurofound survey of 1998 (Bielenski et al, 2002) provides data on the issue of carers and working from home. Again, although the data are relatively old, some of the patterns provide useful pointers for the current study. At that time, about one in seven working carers (14%) were working mainly

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

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

A traditionally held and quite widely voiced view has been that teleworking is *not* an appropriate solution for people with childcare or caring responsibilities because of difficulties in managing the dual role simultaneously and/or in the same place. As a result, it seems that there may sometimes have been a tendency for organisations not to support the use of telework to assist employees with dependant-care responsibilities, with standard practice (at least in the US) often having been to exclude this option in telework programmes (GSA, 2006). However, more recent research by the US federal administration on parents and carer teleworkers concluded that telework can effectively assist employees with their dependant-care situations, mainly by providing flexibility in employees' daily schedules, eliminating long commutes and enabling employees to be more available to their dependants (GSA, 2006).

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

### **Understanding and supportive managers and colleagues**

Carers commonly report problems due to a lack of awareness and understanding among managers and colleagues, as well as unhelpful attitudes. Negative attitudes can increase stress for carers and also make them less likely to seek or make use of the necessary flexibility.

The previously mentioned UK research on parent carers (Contact a Family, 2004a, 2004b) found that many carers had not asked their employer for flexibility in their working time (even though UK legislation gives them the right to do so), with only a minority of those who had not asked saying that they did not want to work more flexibly. Among the others, the reasons they didn't ask included thinking that their employer would not let them, worrying about the impact on their career or promotion, or worrying about the reaction of work colleagues. In other research, carers reported that the fact that a company had carer-friendly policies made little difference if their own individual manager or colleagues were not supportive (Stiell et al, 2006). These experiences may make carers reluctant to self-identify and seek the necessary flexibility and other supports, even with a carer-friendly employer.

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

### **Carer health and wellbeing**

The available evidence and research suggests that stress and health problems can arise in relation to caring and working, even if being in paid employment can also bring many benefits to carers'

wellbeing. For example, research in the UK suggests that the competing demands of caring and work may be more likely to impact on the carer's health than on their work (Phillips et al, 2002). In addition, working parent carers report high levels of stress, anxiety and depression, with counselling services often mentioned as important (Stiell et al, 2006). Research from other countries (such as France and the Netherlands) also suggests that stress and negative health impacts may be experienced by substantial numbers of working carers (BVA, 2010; De Boer et al, 2009).

Company-level measures to support better work-life balance and to reduce pressure on working carers can help to prevent stress and negative health outcomes for working carers. In addition, employers can address these aspects through health and safety, occupational health and other workplace health promotion efforts.

### **Help with the caring role**

The focus of this report so far has been mainly on work-related adjustments that can be helpful for working carers. Another way in which employers can make an important contribution to carers is by addressing needs that arise in relation to workers' caring role. In general, it seems that US companies (especially larger ones) have tended to be forerunners in this area. Some evidence on the prevalence of provision across US companies is provided by the regular employer benefits surveys conducted by the Society for Human Resource Management (SHRM). The results of its 2009 survey show that flexible spending accounts (allowing employees to set aside pre-tax income that can later be reimbursed for dependant-care expenses) are provided by many US companies, sometimes but not always covering the costs of eldercare (costs arising from homecare or residential care services for an ageing parent) (SHRM, 2009). Eldercare referral services were also quite commonly provided (in 11% of companies surveyed). Other benefits provided by (much smaller numbers of) companies include: subsidised eldercare costs; geriatric counselling; access to back-up eldercare services for an unexpected event; eldercare assisted living assessments; eldercare in-home assessments; and on-site eldercare fairs to provide an opportunity for employees to meet directly with eldercare experts and providers.

Company-level support in these areas is also becoming more visible in Europe, at least in the types of forerunner employers covered in the case studies for this study (see Chapter 3 for more details). The following list summarises some of the main types of support that can be identified:

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

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

### The business case for employers

Finally, there is evidence to suggest that the costs to employers of not effectively addressing the needs of working carers can be very substantial. Estimates for the US have suggested annual aggregate costs of USD 30 billion or more ( 20.8 billion as of 17 August 2011) (MetLife, 2006). In the UK, the employer group 'Employers for Carers' has argued that employers need to support working carers and that, far from compromising business objectives, research shows that using a flexible working approach achieves impressive business results (Employers for Carers, 2010). According to their analysis, such a flexible approach achieves the following: it attracts and retains staff; reduces stress; reduces recruitment and training costs; increases productivity; reduces sick leave; improves service delivery; produces cost savings; improves people management; and increases staff morale. They also note that organisations that have introduced flexible working and special leave arrangements for carers have judged them a success and that, overall, it makes business sense to care for carers. The potential scale of the business case is illustrated in the following quote from the organisation's website.

*With a caring emergency you are not dealing with an absence, you are potentially dealing with a vacancy if you don't respond appropriately. The cost of recruiting is incomparable to the cost of 2–3 days emergency leave. Retaining carers through support or special leave arrangements represents a saving to the company of about £1 million per year.<sup>1</sup>*

Employers for Carers identify various examples of simple and effective employer actions to enable carers to balance their paid work with their caring responsibilities; these include: flexible working practices; emergency leave; flexible leave; workplace support on caring issues; simple adjustments (for example, access to a private telephone or car parking space close to the workplace to make access into and out of work quicker and easier). Overall, they conclude that the evidence shows that such flexibility can reduce staff turnover and absence, thereby cutting employment costs, with employers finding that such provisions are rarely abused and increase loyalty and commitment.

The company cases prepared for this study (discussed in later chapters) show that the positive business case for employers has also been recognised by employers in other European countries who are becoming active in this field.

### Summary and conclusions

The majority of carers of working age in Europe are currently in employment, some part time but the majority full time. They are a very heterogeneous group in terms of the intensity of their caring responsibilities and the ways in which these interact with their work situation.

For the majority, it seems that the preferred or necessary solution is to continue to work full time while they are caring. Company-level measures to provide carer-friendly work flexibility are a key requirement for this, as are attention to carer health and wellbeing as an occupational health issue and, more generally, the promotion of a carer-friendly culture. For other carers, the possibility of (reversibly) reducing their working hours and, for some, withdrawing temporarily through long-term leave may be the preferred or only viable solution. Access to these possibilities at company level and to measures that minimise the potential downsides of this withdrawal are key requirements in these cases. Worker-centric flexibility in working arrangements is central to supporting working carers and needs to be provided in ways that offer real choice for working carers.

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<sup>1</sup> This equates to around 1.12 million as of 29 August 2011.

Employers can also make an important contribution by helping working carers in their caring role. For example, employers can provide information on caring and care services, access to counselling and other support services, as well as help with the financial costs and with sourcing quality and affordable care services.

There are also many carers of working age who are currently outside the workforce. For them, measures that facilitate return to work are needed, including the availability of suitable working arrangements such as part-time employment, as well as a receptive attitude towards current or former carers in recruitment practices.

# European and national contexts for company-level measures

This chapter presents an overview of the European and national contexts for company-level measures. It addresses public policy, social dialogue processes and the perspective of civil society. The policy and social dialogue environments, in particular, can exert a key influence on activities at the company level. They are relevant for understanding the context within which company-level measures come to be initiated and the forms that they take, as well as being important levels of action for promoting more and better attention to the working carer issue at the company level.

## European level

This section provides a brief overview of some of the key aspects of EU-level policy, social dialogue and civil society attention to the carers/employment topic.

### EU policy

The issue of informal care has relevance in a number of fields of EU policy and has gained increasing visibility and attention in recent years, although generally not in a very concrete or operational manner. It is recognised as an important issue for achieving sustainable competitiveness in Europe, for example, in *Europe 2020: A strategy for smart, sustainable and inclusive growth* (European Commission, 2010a).

The overview report prepared in the first phase of the current study provides a more detailed presentation and discussion on EU policy as it relates to this field, also noting the need for better data on this topic to inform EU policy and action. The following sections provide a brief overview of some of the more relevant dimensions of this policy context.

### Employment policy

The only reference to working carers in existing European legislation regarding employment appears to be the mention of parents of children with disabilities or long-term illness in the recently published parental leave directive (Council of the European Union, 2010). Apart from its general parental leave provisions, the preamble to the agreement notes the importance of taking into account the special needs of parents of children with disabilities or long-term illness and another clause encourages Member States and national social partners to consider measures to address the particular needs of this group.<sup>2</sup> The scope is limited to parents who are carers and does not extend to the broader spectrum of informal carers; even for parent carers, the approach can be considered to be quite a 'soft' one.

The possibility of introducing leave measures to cover carers more generally has in fact been put on the agenda by the European Commission. This was first raised within the context of a broader consideration of possible extension of the EU acquis in the field of labour law, launched in a Green Paper published in 2006 (European Commission, 2006a). The employment issues arising for people with caring responsibilities were mentioned in the Green Paper and were subsequently followed up in the consultation processes. In this context, the Commission gave direct consideration to the possibility of extending the current leave provisions (under the parental leave directive) to include a right to 'filial' leave (leave to care for a dependent family member). This possibility was included as an option within the Commission's formal Impact Assessment (European Commission, 2008a),

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<sup>2</sup> The Annex to the Framework Agreement on Parental Leave (revised) says in Clause 3.3: 'Member States and/or social partners should assess the need to adjust the conditions for access and modalities of application of parental leave to the needs of parents of children with a disability or a long-term illness' (Council of the European Union, 2010).

the results of which supported an extension to include filial leave (possibly one month, unpaid). In fact (as mentioned above), the revised framework agreement between the social partners on parental leave (and the Directive to implement this) does not make specific reference to, or provisions for, filial leave, although it does give some attention to parents of children with disabilities or long-term illness. Nevertheless, the issue is still on the EU agenda and has been included as an item for dedicated impact assessment in the Commission's indicative roadmap work programme for 2011 (European Commission, 2011).

Apart from directives, the employment guidelines provide the main operational instrument for EU-level influence on Member State employment policies. The guidelines, agreed in 2008 (Council of the EU, 2008), refer to 'better reconciliation of work and private life and the provision of accessible and affordable childcare facilities and care for other dependants' (Guideline 18). However, suitable monitoring indicators on the carer (as opposed to childcare) dimension do not yet seem to have been put in place. The proposed new integrated guidelines (European Commission, 2010b) mentioned that 'work-life balance policies with the provision of affordable care and innovation in work organisation should be geared to raising employment rates, particularly among youth, older workers and women' (Guideline 7).

The working and caring theme has also been picked up to some degree in EU flexicurity policy (European Commission, 2007a) which makes reference to the roles that both income protection and work flexibility can play. Although the issue does not seem to have been addressed in any operationally concerted manner at EU level as of yet, some Member States have implemented measures in this field. Certain countries have addressed this issue specifically in relation to carers, in the statutory provision of a specific social insurance payment for carers who take time out to care; an example is carers' benefit in Ireland.

The theme has also been addressed in work-family reconciliation and work-life balance policy, for example in the communication of 2008 (European Commission, 2008b) where, in addition to a major focus on childcare, there is also extensive mention of care for other dependants. While some examples of approaches are provided (filial and other forms of carer leave, care services, and flexible working arrangements including teleworking), again it seems that the issue has not so far been addressed in a manner that would be likely to facilitate a concerted and practical effort across the Member States.

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

### ***Other policy fields***

A higher proportion of women take up responsibilities for the care of dependants than men. Differences have also been found in terms of the types of employment-related solutions that tend to be used by men and women, and both these factors have been identified as important sources of gender inequality and contributors to the higher inactivity rates of women in the labour market (European Commission, 2006b). The EU's gender equality roadmap mentions more flexible working arrangements, better (social) care services and fairer sharing between men and women as key requirements in this regard. This is partially taken up in the Council agreement in March 2006 (Council of the European Union, 2006), with specific reference being made to the need to improve



(social) care services to support work–life balance. The opinion of the EU’s Advisory Committee on Equal Opportunities for Men and Women of 3 July 2008 (European Commission, 2008c) noted that carer’s leave should be introduced, along with other measures, such as: flexible working; further development of the work–family reconciliation theme in the guidelines for the Member States’ national reform programmes; and the development of targets relevant to the care infrastructure required by older people (in addition to those already established for childcare). Most recently, as mentioned above, the theme of filial leave has been specifically targeted for impact assessment in the Commission’s work programme for 2011, with the main stated objective being ‘to achieve a better sharing of family and care responsibilities among women and men and thereby contribute to gender equality in the labour market’ (European Commission, 2011).

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

EU equality/anti-discrimination policy does not currently give explicit attention to carers or to caring, either in the Employment Equality Directive (Council of the European Union, 2000) or in the proposed Equal Treatment Directive (European Commission, 2008d). However, and as discussed later in the section on the Member State contexts, a case in the UK led to the European Court ruling that EU law protecting employees against discrimination at work due to disability also applies to their carers (ECJ, 2008). This was a factor in the recent extension of the scope of the UK equality legislation to include carers. In at least one other Member State (Ireland), equality legislation also explicitly covers family carers. Further examination of the relevance and potential contribution of EU equality/anti-discrimination policy to the issue of caring and employment would therefore seem warranted.

The issue of informal caring has also been taken up in the context of the open method of coordination (OMC) regarding social protection and social inclusion. In this regard, the *Joint Report on Social Protection and Social Inclusion 2009* (Council of the European Union, 2009) acknowledged some effort on the part of Member States to provide public services supporting carers (such as in-kind benefits, financial payments to carers, respite care, counselling and training, and needs assessment), but concluded that there is still a lot of diversity between Member States, and often limited public provision and support. Moreover, neither the joint report nor the individual national reports suggest that the link between work–family reconciliation and provision of (social) care services has been given much direct attention by Member States.

EU health policy does not seem to have focused much attention on health issues for informal carers, although there has been reference in some contexts such as the recent Communication on Alzheimer’s disease and other dementias (European Commission, 2009b). The available evidence suggests a need for greater recognition of the health dimensions of working and caring, taking into account both the possible downsides (combining working and caring may impose substantial strains on carers, sometimes to the detriment of their health) and positive aspects of working and caring (having a job might be better for carers’ health and wellbeing than not having one, because of the

opportunity for social contact, relief from the caring role, enhanced self-esteem and other benefits of going out to work).

In addition to the central role of social protection in providing flexicurity for carers of working age (for example, through income support for carers while taking time out from work to care), the particular needs of informal carers in relation to pension systems have also begun to receive attention. The recent European Green Paper on Pensions (European Commission, 2010c), for example, raises the possibility of more Member States crediting involuntary employment breaks for pension purposes when citizens are caring for frail dependants, for example.

Carers are also referred to in EU policies and initiatives on information and communication technologies (ICT) and the information society, particularly in relation to addressing the needs of an ageing society (European Commission, 2007b). They are identified as a relevant group for attention within EU-funded research, technology development and demonstration activities programmes as well as in large-scale pilot projects with regions under the competitiveness and innovation programme.

### **Social dialogue**

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

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

The European social partners made an assessment of progress in relation to work–family reconciliation and outlined their views on how best to further promote this in Europe (ETUC et al, 2008). Their assessment notes that although flexible working arrangements, leave provisions and care facilities are the three main categories of instrument used by Member States to achieve work–life balance, in practice the extent to which these are used and the interrelationships between them vary greatly across European countries.

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

They also recognise that, while developing care infrastructure (including that for dependent people) is primarily the responsibility of public authorities, social partners at all levels can play

a complementary role to this. The social partners commit to giving their full support to realising this goal. To further strengthen this issue and to ensure more concerted action at EU level, the social partners also called on the EU to extend the existing focus on childcare in the EU's Lisbon Strategy by adding a new target on care services for dependants.

In 2006, the European Commission launched a consultation of the social partners regarding the need for, and the possible direction of, community action in relation to reconciling professional, private and family life (European Commission, 2006c). Although all responses acknowledged the importance of this reconciliation and the majority of organisations considered that further action is needed in this area, views differed on what needs to be done and at what level. The second-stage consultation invited the views of the social partners on a range of possible legislative and non-legislative measures. A joint response by the trade unions and employers announced the setting up of a joint working group to evaluate the (then) current framework agreement on parental leave, to include examination of other forms of leave (including filial leave), and to assess if there was a need for any joint action. As mentioned above, the (revised) framework agreement of 18 June 2009 that emerged from this process covers only parents and not other carers (BUSINESSEUROPE et al, 2009).

Overall, it appears that there has not yet been a strong and concerted effort by social partners on the issue of working carers at EU level. However, some concrete steps have been taken at national and/or sectoral levels in some Member States. These are presented later in this report.

### **Civil society**

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

Eurocarers, the European Association Working for Carers, is the main European-level organisation representing informal carers in Europe. It has repeatedly highlighted the importance of specifically recognising the employment-related needs of carers in all relevant EU policy measures. In particular, it calls for their scope to be extended beyond the current tendency to focus only on parents and childcare. The organisation's position is indicated below, from its response to the Green Paper on modernising labour law.

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

Individuals should be in a position to have genuine choices in relation to taking up caring, paid employment or a combination of the two. This means that there should be support for working carers if they choose to combine work and care. In cases where the caring responsibilities become too heavy, financial compensation should be available to compensate for lost income and social security rights.

Measures to facilitate returning to the labour market should be put in place.

Occupational health services should take account of the (impact of the) caring situation of the employee when assessing health and health needs.

Enhanced and practical options for reconciliation of work and family life/care responsibilities and access to these options should be developed in order for carers to maintain an adequate work-life balance, such as flexible hours, part-time work, care leave, ad hoc day-care facilities, promotion and development of ICT for telework and telecare.

Flexicurity, that is flexibility combined with (social) security, is indispensable for carers, if they are to continue to provide care. Carers' issues should be considered an integral and crucial part of the EU and national flexicurity debates and policy development.

There should be legal provisions to safeguard pensions and social protection for carers leaving paid employment in order to care, and to provide benefits to carers in relation to the time dedicated to care for dependent relatives (for example, paid leave).

An infrastructure of care should be put in place to: support carers in paid employment and those wanting to return to work, such as available, high quality and reliable formal care services; address and prevent shortages of formal caregivers; develop and extend services that support carers, such as flexible homecare services and respite care schemes; promote the development and use of telecare support systems.

An EU-level debate should be held, with the aim of exploring issues in relation to recognising caring as work, requiring an appropriate level of remuneration.

Source: Eurocarers (2007)

Eurocarers and other civil society organisations also responded to the Commission's consultation on filial leave. According to the Commission's impact assessment report (European Commission, 2008a), Eurocarers, the European Women's Lobby (EWL), the Platform of European Social NGOs (Social Platform) and the Confederation of Family Organisations in the European Union (COFACE) were all in favour of the introduction of leave provisions for carers.

## **Member State level**

In order to contextualise the company-level measures presented later in the report, it is useful to examine the statutory provisions, industrial relations and other relevant features of the national environments in the countries within which these cases have emerged. This is because the context

may provide important framing conditions or influence the types of company-level measures that emerge in any given country or sector. In this section, the main attention is given to the supra-company context in the 11 countries covered in the case study work (Austria, Belgium, Germany, Finland, France, Ireland, the Netherlands, Poland, Portugal, Slovenia and the UK). However, where relevant, a brief discussion of the situation across the EU more generally is also provided.

In general, provisions for working parents and/or wider family-friendly provisions that do not explicitly target carers seem to be a lot more common than carer-specific measures, both in legislative provisions across the Member States and in sectoral-level provisions and agreements in the work-family balance area (Eurofound EWCO, 2008).

### **Statutory provisions**

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

### ***Carers' leave***

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

Although there is no single comprehensive source of information on the situation across the Member States, a useful overview can be gained from a number of existing sources (European Commission, 2008a). The evidence from these sources suggests that leave provisions for working carers can vary considerably: in terms of the nature and duration of leave (emergency, short, long); whether leave is paid or unpaid; what types of caring/carers are targeted; and the amount of discretion left to the employer.

Short leave (for a few days) is usually paid, while longer-term leave is generally unpaid. Apart from rights to emergency leave for family reasons, the most common explicit form of provision for carers seems to be in relation to rights to leave to care for a sick or disabled child. This form of support enhances more general rights to parental leave and is generally included within the legislation on this. Leave to care for persons with a terminal illness is also available in a number of countries. Explicit statutory rights to leave to care for adult or elderly dependants appear to be less common, although they are increasing. In some countries, more general legislative frameworks (for example, more broadly focused time credit or career break approaches) provide options for carers even if they are not specifically designed for them.

Examples of leave specifically for working carers and/or of relevance to them are presented below.

In **Austria**, short-term leave of one week per year is available to employees who are responsible for providing care to a relative living in the same household, but only if nobody else is available to do so. The leave is paid and can be flexibly used (on a daily or hourly basis). An extension of two weeks per year is possible where the dependant is a child (up to the age of 12), or under certain aggravating

conditions. Employees also have the right to longer-term family leave (unpaid) of up to three months, renewable once.

In **Belgium**, there is a specific right in the public sector to a 'career break for giving medical assistance' which can only be refused on the grounds of essential operational requirements. Employees in the private sector have a right to a 'time credit' for similar reasons. More generally, the time credit system (in the private sector) and the career break system (in the public sector) enable employees to take partial or full leave for family or other personal reasons, although these entitlements are not specifically oriented towards caring. Options available to both full-time and part-time employees include full leave or half-time leave of between three months and one year and a reduction of up to one-fifth of working time over a period of between six months and five years. Participating employees receive a fixed monthly sum from the state, the amount of which depends on job tenure, the option chosen, and age (workers aged 50 or over receive a higher payment and leave options are not limited in time).

In **Germany**, the Law on Care Time (2008) provides a right to up to 10 days unpaid short-term leave (for employees of any company) in order to arrange care for a relative, as well as a right to unpaid longer-term leave (at a maximum of six months) for those working in companies with 15 or more employees. New legislation to help working carers finance long-term leave is planned and expected to come into force in summer 2011. This would allow family carers to take up to two years' care leave while receiving a salary of two-thirds of their former pay. This leave would have to be paid for through a pay cut of one-third of the carer's salary for a period of up to one year, when they return to work.

In **Finland**, the parent of a disabled child or a child with a long-term illness in need of particular care and support may be granted partial childcare leave until the child turns 18 (for other families the possibility is available until the end of the second school year). Partial childcare leave is intended to facilitate combining work and family life by reducing the time spent at work, and is financially supported by the state (in the case of disabled or long-term ill children, until the end of the child's third year at school). It can be implemented by reducing the daily or weekly working hours, subject to agreement between employer and employee. In Finland, there is also the 'job alternation leave' option which, although not specifically addressed to carers, could be used by them. It is available for those with an employment history of 10 years, for a duration of between 90 and 359 days; during this period the employer must find a substitute from the unemployment registry. The employee on leave is compensated at 70% of the unemployment allowance (this rises to 80% if they have an employment history of at least 25 years). In addition, new legislation was passed in early 2011 (197/2011, Amendment to Employment Contracts Act) giving carers a right to unpaid leave to care for a family member, as well as the right to return to the position they held at work prior to the caring episode. The law states that the employer has to try and organise the work so that the leave is possible. The duration and other terms of the leave are to be agreed between the employer and the employee.

In **France**, family care leave (*le congé de soutien familial*) was introduced following the passing of Act No. 2006-1640 in 2006. This gives employees with a history of two or more years' continuous employment with an employer an entitlement to unpaid leave if they are carers of a disabled relative or dependent older relative. The leave can be for a period of three months, renewable for a maximum total of one year over the entire career. There is another leave option called family solidarity leave (*le congé de solidarité familiale*) which is available to employees to care for a relative with a life threatening or terminal illness. In practice, however, it seems that the most widespread way to deal with care-

related pressures in France may be through the flexible use of 'RTT days'. These are accumulated leave entitlements based on the working hours reduction (*réduction du temps de travail*) legislation. Up to 24 days leave per year can be accumulated under this system.

In **Ireland**, the Carer's Leave Act (2001) gives a right to up to two years' leave for those who have completed at least 12 months of continuous employment with the employer. Leave can be taken as one continuous period or in one or more periods with the total duration not exceeding 104 weeks. This leave is not paid by the employer but the carer would often be eligible for carer's benefit, an employment-related social insurance payment. Recipients of carer's leave or benefits can engage in some forms of work. They may: attend education or training; engage in voluntary or community work for up to 15 hours per week; engage in limited self-employment at home; or engage in employment outside the home for up to 15 hours per week (the last two both being subject to upper income limits).

In the **Netherlands**, the Work and Care Act (2001) provides a right to various forms of leave for working carers. It covers emergency leave, for when immediate time off is needed; this is typically for one day and is paid. It also covers short-term carer's leave, which allows leave of up to twice the hours worked per week to a maximum of 10 days per year (contiguous or dispersed), at least 70% of which is paid. Finally, it provides for longer-term care leave, which comprises a maximum of six times the hours worked per week (contiguous or dispersed) and is unpaid except for whatever part-time hours may be worked. The Lifespan Leave-saving plan (*Levensloopregeling*) provides the possibility of (tax efficient) saving for a career break and therefore offers scope for putting aside funds to provide income during caring if the need should arise. Every year, employees can save a maximum of 12% of their gross income up to a maximum of 210% of their gross annual salary. Funds not used for leave purposes can be added to pension funds.

In **Poland**, employees who provide care for another member of the family (a child aged 14 years or older and disabled or elderly dependants of any age) have a right to take short-term leave of up to two weeks per year, with financial compensation at 80% of the average monthly wage over the previous 12 months. Additional provisions are made for parents of sick or disabled children, allowing parents taking care of disabled children to take up to three years' unpaid leave until the child reaches 18 years. For parents of disabled or sick children (under 14 years of age) there is a right to short-term leave of up to 60 days per year, partly paid through an attendance allowance.

In **Portugal**, parents have a right to up to 30 days' leave per year to assist a child up to the age of 12 in case of illness or accident, and a similar provision is in place without age limit in cases where the child has a disability or chronic illness. The social security pays 65% of the base salary. There is also a right to longer-term leave (up to six months) for parents of disabled children, renewable up to a total limit of four years (compared to two years for parents in general). In addition to provisions for carers of children with disabilities or chronic illness, employees also have a right to up to 15 days' leave per year to assist relatives in case of accident or illness, and up to 30 days if the relative has a disability or long-term illness (this right applies only if the relative is a spouse or living in consensual union). Caring for elderly dependants is not covered under these arrangements. In each of the cases the social security pays 65% of the base salary.

In **Slovenia**, the Health Care and Health Insurance Act entitles employees to short-term leave including compensation payment (80% of average monthly wage) for a maximum of seven days for caring for a close family member who lives in the same household. In exceptional cases, an extension of up to 15 working days is possible if the health condition of the close family member requires this.

If the person cared for is a child with a disability, there is no age limit and paid leave is granted for up to 15 days. The medical board may extend the duration of the right to wage compensation to up to 30 working days for the care of children aged seven years or younger, or of older children with mental or physical disabilities. They may also extend the right to up to 14 days for the care of other close family members. The Parental Protection and Family Benefits Act gives working parents of children needing special care the right to childcare leave of 90 days (for children under 18 months of age).

In the **UK**, there are specific provisions for parents of children with disabilities under the broader parental leave provisions of the Employment Act 2002. This legislation entitles parent carers of children with disabilities to a total of 18 weeks unpaid leave. A number of conditions apply: the carer must have at least one year's continuous service with their employer and the child must be under 18 years of age (the entitlement ceasing on the child's 18th birthday). Leave can be taken in blocks of as little as one day, or up to one week in length, and usually up to a maximum of four weeks per year. Such parental leave can be postponed by employers if taking leave at the time requested would cause particular disruption to the business.

### **Flexible (and part-time) working arrangements**

Apart from provisions arising from the implementation of the EU Part-time Working Directive, flexible working time arrangements in most European countries tend to be settled at the level of the company (or addressed in sectoral collective agreements) rather than through statutory provisions (Plantenga and Remery, 2005). In a few Member States, national legislation strengthens employees' rights in relation to part-time working, and sometimes to other forms of flexible working. Most commonly, such provisions are implemented with a specific focus on working parents and no explicit reference is made to carers. However, a few countries have specified rights for parents of chronically ill or disabled children, and some have specific provisions targeting working carers more generally.

Some examples of specific provisions for working carers and/or more general provisions that may have relevance for them are presented below.

In **Finland**, the Working Hours Act (2005) states that where an employee wishes, for social or health reasons, to work less than the regular working hours, the employer must seek to arrange work so that the employee can work part time.

In **Germany**, the Law on Care Time (2008) grants working carers a right to long-term leave or, alternatively, a temporary reduction of working hours according to their needs, for a maximum period of six months. Eligibility is limited to those in companies with 15 or more employees.

In the **Netherlands**, the *Wet aanpassing arbeidshuur* (2000) law gives employees (in organisations with 10 or more employees) the right to seek adjustments of their working hours (for example, switching to part-time work) and employers cannot refuse unless there are pressing business reasons.

In **Portugal**, workers with children up to the age of 12 (and above this age limit if the child has a disability or chronic illness) have a right to part-time and flexible work. In addition, workers with children with a disability or chronic illness aged up to one year have a right to a reduction of five working hours per week. Public sector employees benefit from enhanced provisions.

In **Slovenia**, the Parental Protection and Family Benefits Act gives a right to part-time work for one of the parents who cares for and nurses a child with a physical or mental disability until the child reaches 18 years of age. The employer provides payment for hours worked and the state provides social security contributions towards the difference on the basis of a proportion of the minimum



wage. There is also a more general right to part-time work where one of the parents cares for a child of up to three years of age. Since 2007, a right to part-time work has been in place in cases where one of the parents cares for two children until the younger child is six years old.

In the **UK**, the Work and Families Act (2006) and Employment Act (2002) provide working carers with a right to apply for flexible working. This applies to parents of children aged under six years. It also applies to carers who have or expect to have a disabled child under 18 years of age who receives Disability Living Allowance and carers who care, or expect to be caring, for an adult who is a spouse, partner, civil partner or relative or who, although not related, lives at the same address. Under the law, the employer must seriously consider any application made and only reject it if there are good business reasons for doing so.

### **Other relevant provisions**

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

### ***Employment equality legislation***

All Member States have implemented (or should have implemented) the EU Employment Equality Directive (Council of the European Union, 2000). This outlaws employment-related discrimination on a number of grounds, including disability. Few countries directly include carers or caring within the scope of their equality and anti-discrimination legislation, although Ireland is an exception and the issue has also recently been addressed in the UK.

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

In the **UK**, and based on a European Court of Justice (ECJ) ruling on a case taken by a UK mother of a child with a disability (the ‘Coleman’ case), the Disability Discrimination Act 1995 (as amended by regulations in 2003 to implement the EU Employment Equality Directive) was deemed to provide protection against ‘associative’ discrimination. This means that carers cannot be treated unfavourably in the workplace because they are caring for someone with a disability. At least partially in response to this, recently introduced UK legislation (Equality Act, 2010) includes protection of working carers both within employment equality provisions and in relation to access to services.

More generally, the ECJ ruling indicates that the adverse treatment of a carer of a person with disabilities could constitute unlawful discrimination under the existing European disability (employment) discrimination legislation (ECJ, 2008). Protection against ‘associative’ discrimination would thus in principle be available for carers in all Member States that have implemented the EU Employment Equality Directive.

This issue is also on the agenda in the US where, although federal equality and anti-discrimination laws do not prohibit discrimination against caregivers as such, there are circumstances in which discrimination against caregivers might constitute unlawful disparate treatment (Office of Legal Counsel, 2007).

### ***Carer support legislation***

Although it is not the main focus of this study, the extent and nature of the support available to carers from home and community care services is of fundamental importance if carers are to be able to combine employment and caring in a sustainable manner. This point applies both to services targeted at those who are cared for (older people, children and adults with disabilities, or those who are chronically ill) and to services that focus on carers' own needs. In general, provisions focusing on the needs of the cared-for person have been and remain the main focus of legislative measures across Europe, with levels of service and service accessibility varying widely across Member States. In addition, some countries have introduced specific statutory entitlements for carers in their own right. Examples from the countries covered in the study include the Carers (Equal Opportunity) Act (2004) and Childcare Act (2006) in the UK and the Law on Personal Services and Social Cohesion of 2006 in France.

In the UK, carers have a right to an assessment of their own needs by the local authority. The Carers (Equal Opportunity) Act, which came into force in 2005, stipulates that when a carer's assessment is being completed it must take into account whether the carer works or wishes to work, any courses the carer is taking or wishes to take, and any other leisure activities the carer undertakes or wishes to undertake. In addition, the Childcare Act (2006) places a responsibility on local authorities to ensure provision of sufficient childcare for working parents and states that authorities must have regard to the needs of parents in their area in the provision of childcare that is suitable for disabled children. In the case of parents of disabled children, it covers children up to the age of 18 years; otherwise the act only extends to children aged up to 14 years.

In France, the Law on Personal Services and Social Cohesion introduced the '*chèque emploi service universel*' (CESU) which came into force in 2006. CESUs can be purchased by individuals and be used to pay directly for services required by an individual, including home help for older people or disabled people. They can be co-financed by employers in much the same way as luncheon vouchers or holiday vouchers. Employers are entitled to a tax deduction of 25% of their costs. It is also possible for other organisations to finance the CESU, such as pension funds and insurance companies.

### **Social dialogue and collective agreements**

The role of social dialogue and collective agreements in regard to work–family provisions varies considerably across Member States (Math and Meilland, 2004). In some countries, it plays little or no role, while in others it is an important mechanism for introducing family-friendly provisions (for workers in the sectors covered) that are better than the minimum statutory entitlements. Sometimes such agreements may be the only mechanism offering provisions of relevance in the country.

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

There is no comprehensive European-wide inventory of sectoral-level provisions for working carers although, similar to the situation regarding legislation and policy, it seems that specific provisions for working carers are much less common than measures that address working parents (Eurofound EWCO, 2008). Nevertheless, examples can be found of sectoral-level collective agreements as well as broader social dialogue approaches that do address the specific theme of working carers.

In **Austria**, statutory provisions on leave may sometimes be improved in collective labour agreements at industry or company levels, being more commonly found in service sectors employing well-qualified women. These are generally oriented towards parents and childcare, but can also be applied to eldercare. Such agreements generally include: extended periods of fully paid care leave; unpaid caring sabbaticals that are followed by guaranteed re-employment; and individual adjustments, such as the right to temporary part-time work or flexible hours and work location. More generally, trade unions have recently started to put more emphasis on the specific needs of working carers, and are in the process of developing an appropriate response for future negotiations with employers. The Federal Executive Board of the Austrian Federation of Trade Unions (Österreichischer Gewerkschaftsbund, ÖGB) issued a main motion in summer 2009 requesting the introduction of a statutory right to care leave and part-time work if informal care is provided to a dependant (ÖGB, 2009). The same demands have been voiced by the Austrian organisation representing the interests of elderly people (Österreichischer Seniorenbund), which has requested that equal rights are given regardless of whether family care is provided to a child, a disabled person, or an elderly dependant (Österreichischer Seniorenbund, 2009).

In **Belgium**, attention to this area in collective bargaining seems to have been limited to date. However, some agreements do include provisions that go beyond the requirements of the legislation. For example, unpaid 'leave for compelling reasons' can be provided for more than 10 days per year in some sectors (currently, 21 sectoral agreements) and even partly paid in some cases (five days paid leave in seven sectoral agreements, mainly in the healthcare and non-profit sectors). The National Labour Council is currently conducting a consultation on the preparation of a new national agreement or new legislation, which will include carer and other leave provisions.

In **Finland**, sectoral agreements generally supplement the statutory provisions on family-related leave, although so far the focus on working carers seems to have been limited. Local and workplace bargaining has increased in recent years, especially in matters concerning pay and remuneration, though bargaining for flexible working hours remains the main subject. Many workplaces are still content to apply the framework provided by legislation and collective agreements (AKAVA, 2008). Numerous sectoral collective agreements provide for increased compensation for employees on maternity leave and almost all agreements provide for pay during leave to care for a sick child, which the law defines as a form of unpaid leave. In addition, some collective agreements include the topic of telework as a means to reconcile work and family responsibilities.

In **Germany**, some collective agreements on themes such as flexible working arrangements have explicitly included the issue of reconciliation of work and caring for elderly or disabled dependants. For example, in 2006 the Industrial Union for Mining, Chemistry and Energy (Industriegewerkschaft Bergbau, Chemie, Energie, IG BCE), together with the German Federation of Chemicals Employers' Associations (Bundesarbeitgeberverband Chemie, BAVC) issued an agreement on equal opportunities and family friendly human resources (HR) policies, focusing not only on improving the situation of parents but also that of employees with caring responsibilities for an (older) relative (BAVC, 2008). More generally, the German Federation of Trade Unions (Deutscher Gewerkschaftsbund, DGB) has put reconciliation of work and care on its agenda in recent years, including calls for new regulation which is better attuned to the specific demands of working carers. DGB has also asked works council representatives to become active in representing the interests of working carers (DGB, 2008).

**Example: Chemical sector collective agreement and related activities – Germany**

In 2006, IG BCE, together with BAVC, issued a sectoral collective agreement focusing on equal opportunities and family-friendly HR policies. In addition to working parents, the agreement also explicitly addresses employees with caring responsibilities for an (older) relative. The agreement asks employers to provide working carers with support in the following areas:

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

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

In the **Netherlands**, a number of collective labour agreements (CLAs) address the working carer issue, as summarised in a recent report (Werk & Mantelzorg, 2010a). Sectors include insurance, municipalities and other public agencies. Aspects addressed include improved leave arrangements and a definition of working carers that is broader than that provided in the national legislation, as well as more general mention of the importance of addressing the needs of working carers. More generally, a covenant has been signed by the unions (FNV, CNV and MHP) and the promotional initiative 'Werk & Mantelzorg', which means 'work and volunteer', stating that they agree to promote the support of working carer policies at various levels (Werk & Mantelzorg, 2010b). This includes giving attention to the issue in national debates, bringing the issue to the bargaining table, implementing working carer measures in HR policies, trying to stimulate working carer friendly policies within public and private organisations, and supporting their lower-level stakeholders, such as works councils and their members regarding work and care issues.

In **Slovenia**, some collective agreements offer additional days of paid leave (up to five days) for workers who care for a disabled person. Some also state that the employer shall arrange working times for a worker who cares for a disabled person to enable the worker to take care of that person. In addition, some collective agreements also provide for longer-term leave. For example, the collective agreement for health care and social security activities in Slovenia provides for additional options of absence from work in cases where an employee does not have the right to wage compensation for caring for a family member in compliance with regulations on health insurance, namely on the basis

of a medical certificate. It grants employees the right to unpaid leave of up to 30 days per year to care for a family member, provided that their absence will not essentially interfere with the working process. The employee may be absent from work without wage compensation for more than 30 days in a calendar year if work arrangements allow for this.

### Promotional initiatives

Other national or sectoral initiatives to promote company-level attention to working carers are also emerging in a number of countries.

In **Austria**, the family and work audit (*audit berufundfamilie*) is based on the initiative of the same name developed in Germany. This acts as a consulting instrument, which allows employers to assess the extent to which they support their employees' work–family balance, conduct a cost–benefit analysis, and take specific measures to improve their level of support. The *berufundfamilie* certificate is widely used by Austrian employers for public relations purposes (being referred to in job advertisements). Although the audit was traditionally targeted towards working parents, in recent years the audit instruments themselves, as well as the measures implemented in participating companies, have been extended to the specific needs of working carers.

In **France**, employers have up to now treated the issue of work and care reconciliation as a matter of corporate social responsibility. Three initiatives have led in this field: the Novartis Foundation, Crédit Agricole and Macif. The equality label (*Label Egalité*) was introduced in 2005 by a number of French policy stakeholder organisations (including the Ministry of Labour, Social Relations, Family and Social Solidarity) with an interest in promoting gender equality at work in both companies and public institutions. The label rewards bodies that are resolutely committed to gender equality at work. The promotion of initiatives for reconciling work and informal care has become a focus of the programme in recent months.

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

In the **Netherlands**, the already-mentioned national *Werk & Mantelzorg* project focuses on encouraging and supporting company initiatives for working carers. It is promoted by Mezzo, a non-governmental organisation (NGO) for caregivers, in cooperation with a HR consulting company, and receives financial support from the Dutch government. One of the project's activities focuses on establishing alliances with specific employers so that they become official 'ambassadors' for the promotion of measures by other Dutch employers to assist working carers. The ambassadors receive financial support for their efforts in this regard.

In **Slovenia**, the family-friendly enterprise certificate (*Certifikat Družini prijazno podjetje*) certification scheme is in place. Companies, public sector bodies and non-profit organisations with at least 10 employees can apply for it, if they are committed to implementing family-friendly principles in the workplace. The audit scheme methodology is based on that developed by the German initiative

*berufundfamilie*, adapted to the specifics of the Slovenian economic and legislative framework. It is administered by Ekvilib Institute, an independent non-profit organisation, which is a major player in the field of corporate social responsibility in the country, under the auspices of the Slovenian Ministry of Labour, Family and Social Affairs. The certification process requires companies to agree to adopt at least six measures from a catalogue of work–family reconciliation measures (three are mandatory and at least three more are elective), such as flexible working times, company childcare services, job sharing, adoption leave, part-time work and assistance to care for a disabled family member.

In the **UK**, the employer-driven ‘Employers for Carers’ initiative aims to provide support for employers regarding employees who are working carers, with a particular focus on the business case for the employer.

## **Summary and conclusions**

In EU-level policy, it seems that although the caring/employment theme is increasingly being mentioned in policy documents in various fields, so far it has received a lot less attention than the issue of working parents. European carer organisations and other civil society organisations have called for a more specific focus on working carers as an important group with distinctive needs. While it is being mentioned in the policy context, little in the way of a concerted, practical approach to the topic of working carers can be detected at EU level to date. One exception is the consideration that was given to the possibility of extending the current parental leave provisions through the addition of ‘filial’ (or carer) leave; this aspect is currently being addressed under the Commission’s work programme roadmap.

The topic of working and caring has also been given some attention in social dialogue processes. European trade union and employer bodies have been consulted on the issue, especially in the context of developing the revised framework agreement on parental leave. This makes specific reference to parents of children with disabilities or long-term illness, albeit in a fairly reserved manner. The social partners have also called for improved provision of care services for dependent persons in the Member States in order to support work–family reconciliation, and the trade unions have advocated extending the European legislative *acquis* to include filial leave.

At Member State level, statutory provisions referring explicitly to working carers and their particular needs tend to be under-developed. Employment law in some countries has been placing greater focus on working carers, especially around provision of leave. However, the situation is quite variable across Member States.

In a few countries, the working carer issue has begun to feature quite strongly in the national and sectoral social dialogue contexts. Direct coverage in collective agreements has started to emerge in some countries (such as Austria, Germany, the Netherlands and Slovenia). The issue has also received growing attention from the trade union movement in some countries (Austria, Germany and the Netherlands), including efforts to raise awareness and support action at the lower levels of the union movement (works councils) and research on the working carer issue among the membership (for example in the Netherlands), as well as more general promotional efforts. Employer organisations have also engaged in promotional and other initiatives in some countries. More generally, various promotional initiatives on this issue have been introduced in a number of Member States, involving ministries, social partners, NGOs and other relevant stakeholders.

# Company-level measures: results from the case studies

This chapter presents the results of the case study part of the work. The conceptual/analytic framework for identifying and classifying company-level measures is first presented. Concrete illustrations of the different types of measures included in the cases are then provided, showing how companies are implementing these in their policies and day-to-day HR practices. Some key emerging themes from across the cases are then identified and discussed.

## Conceptual/analytic framework

This section presents the overall framework that was developed for the purposes of identifying and classifying company-level measures for working carers. The limitations of the available evidence base on what is actually being provided for working carers at the company level present a challenge to developing such a framework, particularly as there have not yet been any comprehensive enterprise surveys on the topic in Europe. One early effort to provide a European overview was conducted in the mid-1990s (Phillips, 1996) and this led to the development of a classificatory framework of measures, which distinguishes between policies (in relation to work organisation and working time), services (such as information, advice and referral, and support groups) and benefits (for example, preferential rates for relevant long-term care insurance and cash compensation for time off for care).

An expanded classification framework has been developed in the current study. This draws on the evidence-based analysis of needs of working carers as presented earlier in this report, as well as the insights into company-level measures gained through the case-study work.

Table 1 presents an overall framework, outlining the main dimensions and themes. More detailed differentiation of measures in the different categories is provided in subsequent sections, along with illustrations of measures in practice, drawn from actual case study examples.

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

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

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

The relevance, usefulness and attractiveness of particular measures or types of support to a given carer will depend on the requirements of their caring situation, their degree of career engagement, their capacity to absorb income reduction and other relevant factors.

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

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

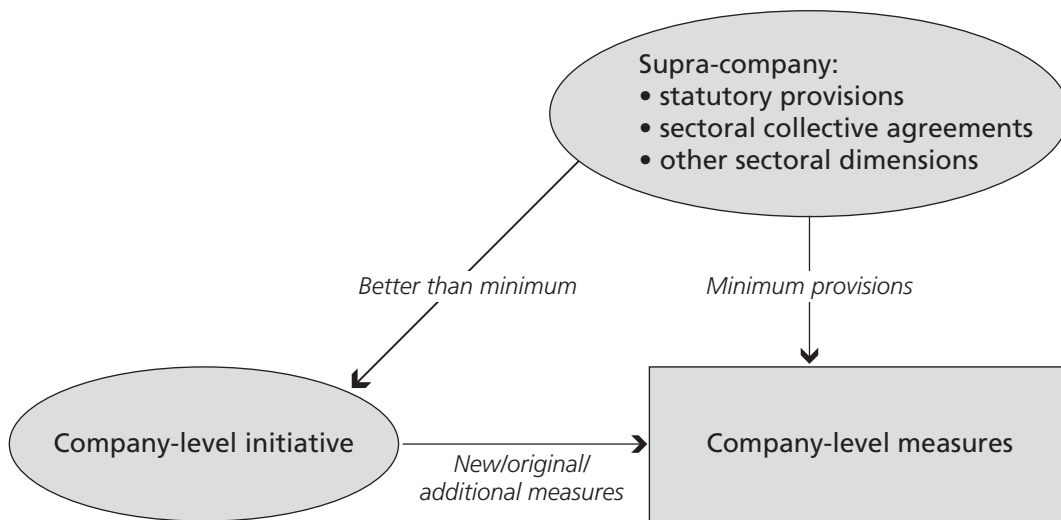
Objective/ outcome	Type of employer support			
	Flexibility/flexicurity		Other support/measures	
	Practical measures	Minimising financial or other disadvantages	Care-related support	Other measures
Support full-time working for carers	Flexibility in working hours Teleworking Accessibility at work Short-term and emergency care leave	Payment during emergency leave or short periods of leave Other measures to minimise financial or other downsides of flexibility (such as for career)	Information; Referral, care brokerage Counselling Carer networks/ support group; Practical daily life support (home delivery of groceries, etc.) Use of phone/other technology Direct care provision Support for care costs	Awareness-raising, promotion of positive attitudes and skills among managers and co-workers Addressing carers health and wellbeing in occupational health services Carer surveys/audits Lobbying/liaison with external stakeholders (such as other employers and care services).
Enable part-time working (downshifting) and caring	Part-time work Term-time working or equivalent (The various flexibilities/ adjustments outlined above for full-time workers, where required, also apply here).	Measures to minimise income loss associated with hours reduction' Measures to minimise other downsides of part-time working (such as for career).		
Enable complete/ lengthy time off work for carers	Longer carer leave Option to accumulate (additional) leave Maintaining continuity while on leave	Paid leave or 'topping up' of social benefit payments while on leave Helping employees to save/ self-provide income for leave periods Measures to minimise other downsides of leave (such as for career).		

Note: The measures and their possible disadvantages are examples; in practice, others may arise.

Finally, it is useful to consider the national and sectoral (supra-company) contexts within which company-level initiatives for working carers occur. The schematic diagram in Figure 5 presents a framework for this, indicating the levels at which company-level initiatives may ultimately originate. As illustrated in the figure, one category of measures includes what may be considered 'minimum' provisions, which simply involves implementing requirements that are imposed at the supra-company level. This may include: statutory provisions for working carers (legislation giving carers rights and/or assigning obligations to employers to make provisions); sectoral-level collective agreements that cover working carer issues; or other features of the sectoral context (such as agreed or standard employer practice in a particular sector on the provision of measures that may have relevance for working carers).



Figure 5: Origins of company-level measures



Minimum provisions deriving from the supra-company context were not the main focus of interest for this study, though examples of active efforts to implement, encourage or facilitate the take-up of existing minimum provisions are occasionally referred to in some of the case study examples.

For the purposes of this study, the main focus at the company level was on measures that mark an improvement to minimum requirements defined in applicable supra-company regulations or agreements. This would include measures that are linked to, but improve upon in some manner, the applicable minimum requirements imposed at supra-company level as well as new, original, or additional initiatives developed by companies themselves.

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

### Overview of the cases

As part of the research, more than 50 case studies of measures being provided for working carers at the company level were prepared from across the 11 countries covered in the study. As shown in Table 2, the cases cover a broad range of services and manufacturing sectors. In general, there are more white-collar than blue-collar occupations featured, although in some sectors – such as transport and manufacturing – blue-collar employment predominates. There is a good mix of public and private sector employers, as well as some NGOs or other not-for-profit organisations.

The majority of cases are large companies, including a number of multinationals, although there are also some small to medium-sized enterprises (SMEs), as well as a few micro enterprises.

**Table 2: Sectors covered by the cases**

Austria	<ul style="list-style-type: none"> <li>• Mobile telecoms</li> <li>• Retail banking (x2)</li> <li>• University</li> </ul>	<ul style="list-style-type: none"> <li>• Regional business development organisation</li> <li>• Real estate management</li> </ul>
Belgium	<ul style="list-style-type: none"> <li>• Non-profit mutual insurance</li> <li>• Professional business services</li> <li>• Holding / cooperative society</li> </ul>	
Germany	<ul style="list-style-type: none"> <li>• Health insurance fund</li> <li>• Car manufacturer</li> <li>• Cosmetics and pharmaceuticals company</li> </ul>	<ul style="list-style-type: none"> <li>• Regional public authority</li> <li>• Mobile telecoms</li> </ul>
Finland	<ul style="list-style-type: none"> <li>• Travel services provider</li> <li>• Public official's office</li> <li>• Transport and logistics</li> </ul>	
France	<ul style="list-style-type: none"> <li>• Energy provider</li> <li>• Pharmaceutical company</li> </ul>	
Ireland	<ul style="list-style-type: none"> <li>• Telecoms company</li> <li>• Municipality</li> <li>• Public administration</li> </ul>	<ul style="list-style-type: none"> <li>• Urban transport provider</li> <li>• Computer products manufacturer</li> </ul>
Netherlands	<ul style="list-style-type: none"> <li>• Insurance company</li> <li>• Public transport company</li> <li>• Welfare service provider (x3)</li> </ul>	<ul style="list-style-type: none"> <li>• Cosmetics manufacturer</li> <li>• Health insurer</li> </ul>
Poland	<ul style="list-style-type: none"> <li>• Public officials office</li> <li>• Hospital</li> <li>• Municipality</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmaceutical company</li> <li>• Banking</li> </ul>
Portugal	<ul style="list-style-type: none"> <li>• Printing/publishing company</li> <li>• Pharmaceutical laboratory</li> <li>• Insurance company</li> </ul>	<ul style="list-style-type: none"> <li>• Public sector (housing)</li> <li>• Public sector (social services)</li> </ul>
Slovenia	<ul style="list-style-type: none"> <li>• Retail company</li> <li>• Insurance company</li> <li>• Holding company (various businesses)</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmaceutical company</li> <li>• Electricity provider</li> </ul>
UK	<ul style="list-style-type: none"> <li>• Telecoms company</li> <li>• Trade union organisation</li> <li>• Public care provider</li> </ul>	<ul style="list-style-type: none"> <li>• Energy provider</li> <li>• Law firm</li> </ul>

### Thematic presentation of company-level measures from the cases

The following sections elaborate upon and provide concrete examples from the cases of the different types of company-level measures outlined in the conceptual/analytic framework. The presentation is thematically organised around the main elements identified in the framework, as listed below:

- leave-related measures;
- hours reduction;
- work flexibility and adjustments/accommodations;
- care-related supports;
- occupational health and wellbeing measures;
- awareness-raising and skills development;
- cooperation with external entities.

Some cross-cutting perspectives are also outlined, including examples of extensive or multi-dimensional approaches and how companies vary in terms of formal or informal policies for working carers.

### Leave-related measures

As discussed in the earlier section on national contexts, leave-related measures are the most common form of provision for working carers at the supra-company level. These may address:

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

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

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

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

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

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

Some examples of measures of these types at the company level are given below.

### Examples: Leave-related provisions

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

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

#### **Additional leave days, 'give and take' on pay** (cosmetics manufacturer, Netherlands)

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

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

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

#### **Continuity of contact through participation in training** (regional public authority, Germany)

During longer-term care leave, employees are invited to participate in training programmes or to enrol in further education courses. The objective is to maintain a close link with the employee who is on leave, in order to ease re-integration and to reduce the likelihood of non-return. The positive feedback received from employees who have been on longer-term leave confirms that these efforts are much appreciated, and have strengthened their commitment to the employer.

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

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

**Continuity of contact and support for reintegration after leave (telecoms company, Austria)**

This company has recognised that successful re-entry after a period of leave can be considerably aided by preparatory initiatives taken before the leave commences. Written guidelines are being prepared to support this, addressing both the workers and line managers. A full-time position for a person in charge of 'leave and reintegration' has been created. Continuity of contact during leave is also encouraged, including the possibility to be kept informed of what is happening in their unit while on leave.

**Paid leave for employees not covered by statutory provisions (electricity provider, Slovenia)**

Employees are entitled to an additional five days per year of paid leave if they need time off for addressing family-related needs that are not covered by other existing provisions (such as parental leave and sick leave). Employees can use these five days for accompanying a sick child to hospital (for children up to 15 years of age) or for staying with him/her in hospital, or for caring for or nursing another family member, such as a spouse or partner, or parent. Eligibility for this measure is given on the basis of a written certificate by a doctor or specialist confirming that the family member requires care.

**Hours reduction**

Many companies provide working carers with the option of part-time work. This may be in the context of part-time working options available to all employees or may be offered specifically for work-family balance purposes. Sometimes working carers are explicitly identified as a target group. Job-sharing is an approach that may suit in some circumstances.

The opportunity to customise working hours to suit caring requirements, for example by term-time working (for those caring for a child with disabilities during school holidays), are of particular relevance to working carers. Measures that help to reduce the financial impacts or other possible downsides of part-time working (barriers to career progression, relations with colleagues, etc.) could also be valuable. Some examples of relevant approaches are presented below.

### Examples: Hours reduction

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

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

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

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

#### **Reduced working hours for working carers** (pharmaceutical laboratory, Portugal)

The company grants workers with care responsibilities for disabled children or adult dependants the right to a reduction of daily working hours. Their working time can be reduced by an hour and a half per day, without any loss of remuneration.

#### **Shorter working time for older employees** (non-profit mutual insurance, Belgium)

By collective agreement, employees between 52 and 60 years are entitled to additional paid days off, ranging from one and a half days to seven days per month, depending on age and seniority. This measure was introduced to help improve older workers' work-life balance, and notably to support employees who in their free time are engaged in caregiving to a dependent elderly person (parent or spouse). The objective behind this measure is to keep rates of early retirement low, and to limit the proportion of employees who radically reduce their working hours once they approach retirement age.

### **Work flexibility**

Although leave and a reduction in working hours are important options for working carers, a majority of working carers seem to prefer or need to remain working full time. Various types of work flexibility can help them do this. The option to customise working conditions to individual needs is especially relevant, given the widely varying circumstances and requirements of carers. Such measures may also be helpful for many working carers who are employed part time. As in the case of leave and part-time working, measures that provide work flexibility and those that minimise any potential downsides of these are both relevant. The range of relevant measures includes various forms of flexitime, teleworking and the degree to which carers can access company facilities when required, and take short breaks from work to attend to caring responsibilities.

### *Flexitime*

The full spectrum of options as regards flexibility in working time may be relevant for carers, depending on their needs and circumstances. They include: flexible starting and finishing times; staggered hours; self-rostering; compressed working weeks; annualised hours; working time accounts; shift swapping; and flexible holidays.

Many of the companies in this study provide a broad range of flexible arrangements for working carers as well as for other employees. The importance of customising and tailoring arrangements to individual needs and circumstances was frequently emphasised in the case studies. Other important measures ensure a number of positive outcomes:

working carers are not inhibited from seeking flexible working arrangements;

- supervisors and colleagues do not have negative attitudes or reactions;
- seeking and taking up flexible working does not have a negative impact on a carer's career.

Examples of company-level measures regarding these aspects of flexitime are presented below.

### Examples: Flexitime

#### **Wide variety of options through 'pick and mix' approach (public service, Ireland)**

This organisation has learned through experience that flexible working arrangements are an essential part of promoting equality in the workplace (particularly gender equality); this includes meeting the needs of working carers. A key success factor is ensuring that a wide and flexible range of options is available. It is reckoned that there are now more than 44 different patterns of flexible working in use by staff, with a 'pick and mix' approach being used to facilitate and encourage staff to balance their diverse care responsibilities.

#### **Flexible rosters and 'flexipooling' (transport company, Netherlands)**

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

#### **Team working promotes transparency and understanding (energy company, UK)**

A team-based approach to defining and agreeing roles and responsibilities has been implemented in the context of a flexible working programme covering three broad types of work: work that needs to be office-based; work that can best be performed when mobile; and work that would benefit from being home-based. Each team works out the logistic and technological needs for all team members and their respective preferred working practices, and a team charter is developed to encourage a communicative and functioning working environment. For working carers among the team, the approach enables their responsibilities for informal caregiving to become transparent to the entire team. As a result, when a need arises (for example, for care-related emergency leave), other team members are more likely to be willing to cover the workload left by the absent member. More generally, the approach encourages an atmosphere of cooperation between team members from which staff with care responsibilities can benefit considerably.



**Weekend Plus** (insurance company, Portugal)

The company has a number of flexibility options that can be helpful for working carers. For example, employees have the possibility to work for only three hours on either Mondays or Fridays as long as they work for a total of at least 35 hours per week, not exceeding eight hours of work in any day. Moreover, employees who have a commuting distance of 50 kilometres or more can concentrate their work during the week, starting the working week later than usual on Monday (by noon at the latest), and finishing earlier on Friday (13:00 at the earliest). This allows them to avoid commuting at peak traffic hours on both Monday and Friday, thereby giving more time for family commitments.

**Teleworking**

As discussed in an earlier chapter, teleworking can be a useful option for some carers, even if working and care at the same time and in the same place is not always feasible or desirable. Some examples of companies providing teleworking as an option for working carers are given below.

**Examples: Teleworking**

**Telecoms company (UK)**

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

**Telecoms company (Ireland)**

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

**Energy company (UK)**

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

**Energy company (Germany)**

The employer has introduced mobile work and telework in the context of broader measures to shift from a culture of 'management by eyeball' to 'management by objectives', whereby employees are made responsible for reaching certain targets without receiving detailed instruction on how to reach them. The initiative is explicitly intended to support work–life balance for employees with care responsibilities.

**Insurance company (Netherlands)**

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

**Pharmaceuticals/cosmetics company (Netherlands)**

Employees can request permission for occasional teleworking in certain situations – for example, if care responsibilities make it difficult to commute to the central office. If employees work at home, this is communicated to colleagues by an announcement on the intranet.

**Public official's office (Finland)**

Since 2000, the organisation has offered employees the option of remote working, mainly in the form of teleworking from home. Currently 15 employees (out of 250) make regular use of this opportunity, some of whom use it for reconciling their job with caring responsibilities.

**Telecoms company (Austria)**

Working carers have the opportunity to telework from remote locations, such as from home. Home-based telework is already being practised informally by many employees, especially to increase personal flexibility by combining work with private responsibilities. A formal 'mobile working' scheme will be launched in 2011 as one of a number of work-life balance measures that target employees with reconciliation needs. This will include providing an information package to all line managers, in addition to a number of introductory events. In the medium term, the plan is to assess all job positions as to their general suitability for mobile working.

***Using company facilities and taking breaks at work***

Another issue that was commonly mentioned was that of working carers addressing care-related matters at work, should the need arise. Company-level measures that can support this include facilitating phone use for care-related issues as well as the option of taking short breaks during the day to attend to care tasks. More advanced technological support may come to provide new possibilities in the future such as providing remote (tele)care from work (for example, keeping an eye from the work desk via a 'granny cam' or being linked in to a telecare monitoring service during working hours). Some examples of company-level measures to facilitate accessibility and short breaks at work are discussed below.

**Examples: Using company facilities and taking short breaks at work**

**Short breaks during the working day to go home to provide care** (social care provider, Netherlands)

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

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

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

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

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

**Preferred choice of working site for working carers** (pharmaceutical laboratory, Portugal)

Working carers are given priority when choosing the site where they would prefer to work that best fits with their caring responsibilities. The company has three sites in the city and workers may want to choose between them in order to be located as close as possible to their home, a relative's home, or a service provider such as a day-care centre.

**Care-related support**

Apart from adjusting aspects of work organisation to address work–life reconciliation issues, companies can also provide support for employees more directly in relation to aspects of their caring role. Although traditionally it has been the view that US companies (especially larger companies) have been more active in this respect, quite a number of examples were found among the European cases identified in this study. Some of these are outlined in the following sections, grouped into the following categories:

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

***Information/counselling***

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

### Examples: Information/counselling

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

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

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

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

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

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

#### **Shared service** (health insurance fund, Germany)

The company operates a 'service office for families' which provides, on an anonymous basis, information and counselling on issues related to caregiving. All employees in the region can make use of the service. Other employers in the region contribute to financing it. The trade union played a vital role in the implementation phase, and provided funding for the service at that stage.

**Information portal on work and care issues** (retail bank, Austria)

In addition to the existing information portal for working parents with young children, this company has set up a dedicated portal targeted at working carers. The aim is to enable employees to find information that they need quickly and efficiently. This can be vitally important in the period immediately after a close relative suddenly becomes dependent on care.

**Contract with external provider** (telecoms provider, Austria)

A framework contract has been signed with an external (commercial) provider of employee counselling services. Enquiries frequently deal with issues concerning work–life balance and how to manage situations of family crisis. The service is free for employees as well as their family, and operates anonymously: the contractor does not ask for the name of the enquirer, and information provided back to the employer is strictly anonymous.

**Cooperation with NGO for carers** (local authority, Ireland)

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

**Guide for informal carers distributed to all employees** (pharmaceutical company, France)

The company published a guide for informal carers in the form of a leaflet and distributed it to all employees in 2009. This document includes advice about how working carers within the company can deal with reconciliation-related challenges, using the concept of a ‘care lifecycle’. It also explains the various support measures that are available to employees. Issues discussed include: how to disclose a caring situation to co-workers or supervisor; where to get information and advice; the rights of working carers in the company (regarding statutory rights, for example); how working time arrangements can be adapted; leave options available to employees; how to reorganise daily life to fit in care responsibilities; day-to-day supports and services available; sources of financial support for care costs.

**Online portal dedicated to work–care reconciliation** (university, Austria)

The university has set up UniCare, an online portal explicitly targeted at university employees who are privately engaged in family care. The development of the portal was directly informed by an in-house research project, which explored the main needs and requirements of employees with work–care reconciliation needs.

***Training in caring for carers***

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

#### Examples: Training for carers

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

A five-part training course was initiated by a health insurance fund, a major employer in the region. It is now offered twice a year, in cooperation with other companies, to employees in a number of major companies in the region. This allows economies of scale to be exploited, as each of the employers would not have enough participants on their own to offer cost-effective courses. The topics covered are: need for care/types of care; financial and legal issues; dementia; recognition and treatment of depression in old age; practical support in everyday care. An additional module is planned on 'care in partnership', which employees' partners can also attend. Employees can select which parts of the training they are interested in.

**Training seminars on care** (savings bank, Austria)

The company offers a series of seminars on care for elderly or disabled dependants in the family. This is available to both employees and their partners free of charge.

**Multimedia applications provide training to informal carers** (pharmaceutical company, France)

This company has developed two multimedia applications, which contain practical advice to help working carers address typical difficulties. 'The Virtual House' provides information on how to reorganise the home, while 'Menus and Health' presents nutrition advice and information on diets adapted to certain common medical conditions. Both applications are accessible via the company's intranet.

#### *Financial support*

The cases include a number of companies that provide financial support towards the costs of care, as discussed below.

#### Examples: Financial support for care costs

**Regular subsidy to workers with disabled children** (social housing provider, Portugal)

This employer provides a regular monthly additional allowance to workers who have disabled children. The payment is made across all staff levels and contractual arrangements, and is independent of the disability, degree of incapacity or age of the child. The objective of the financial support is to compensate for the additional educational and health expenses as well as to encourage workers to continue in employment.

**Support for exceptional care-related costs** (printing/publishing company, Portugal)

This company has provided financial support for staff who need to accompany family members overseas for medical treatment, and extended the legal provisions for leave without any loss of remuneration.

**Financial support to carers of children with long-standing illness or disability (bank, Poland)**

This initiative uses a provision in Polish tax regulations that allows employees to donate 1% of their income tax bill to a registered public benefit organisation (OPP), without increasing the overall size of their tax bill. In their tax declarations, workers in Poland can indicate the organisation that should receive the donation, and for what purpose; if they do not state any beneficiary, no donation is made. The bank operates a scheme that enables employees to donate their 1% to colleagues whose children suffer from a long-standing illness or disability. To benefit from the scheme, carers of eligible children need to apply to the employer asking to be listed among the beneficiaries to whom taxpayers can donate their 1% share. The bank engages in comprehensive internal communication activities to encourage employees to take part in the initiative, either as donors or as beneficiaries.

**Financial support for a wider range of caring situations (public authority, Poland)**

The Employee Social Benefit Fund is used to provide non-repayable and repayable financial supports to employees with a low household income for various situations of hardship or need, including for housing purposes. Its scope has been broadened to include family carers of disabled or sick persons of any age, in recognition that not only carers of disabled children but also carers of adult persons with a disability or long-standing illness may need support.

**Financial support for a stay in a rehabilitation centre for disabled children (hospital, Poland)**

The employer offers financial assistance in the form of co-funding for a stay in a rehabilitation centre for disabled children and their guardians. Usually, 50% of the cost of such measures is subsidised by a state fund, with the remaining cost to be borne by the parents or guardians of the children. For its employees, the hospital offers to cover 50% of their share, in other words 25% of the total cost. All employees can apply for the co-funding, regardless of their position and function. The criterion is that the child has been formally qualified as eligible for a rehabilitation stay. This assistance has been offered since 2005, and every year several employees receive co-funding.

***Sourcing of and referral to care services***

The cases also include employers who support working carers by helping them find services they need, and in the referral process to care services. Some examples are given below.

**Examples: Sourcing of/referral to care services**

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

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

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

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

**Contract with external provider** (pharmaceutical company, Germany)

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

***Organising and providing care***

Although organising or providing care may not generally be seen as part of an employer's responsibilities, some examples of this type of support for working carers were found, as discussed below.



### Examples: Organising and providing care

#### **Cooperation agreement with providers of assistance services** (electricity company, France)

The company offers working carers a range of targeted assistance services for easing their daily caring work. For this purpose, the company has signed agreements with a number of service providers who help with daily activities such as running errands, making appointments with the doctor, dry-cleaning and so forth.

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

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

#### **Intergenerational support network** (pharmaceutical/cosmetics company, Germany)

The informal 'generation network' is made up of former employees and provides a range of practical services for current employees. This includes services relevant to working carers, such as support with care and other domestic responsibilities in their home. In setting up the network, the aim was both to provide practical help to employees seeking to reconcile work and family and to offer meaningful, voluntary engagement to retirees who want to keep contributing to the community. The company actively supports the network by taking responsibility for its organisation (group meetings are chaired by the work-life balance manager of the company) and by helping with practical solutions and material support whenever needed.

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

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

#### **Low-cost schooling for employees with disabled children** (social services provider, Portugal)

The organisation has a network of crèches, kindergartens and schools. All its employees can make use of these services and the infrastructure of the institution at favourable prices or for free. In addition to this, employees' children who have any kind of disability or incapacity can benefit from occupational and language therapy and special education at the token price of €5 per month. School equipment and food (lunch and snacks) are paid for by the organisation.

### **Raising awareness and skills**

Initiatives aimed at raising awareness and understanding of working carers and their needs among co-workers and line managers, as well as developing line managers' skills in this area comprise another important set of measures at the company level. Surveys of staff and the implementation of

externally managed audit programmes to examine the company's 'carer-friendliness' can also play a useful role.

### ***Awareness and understanding***

So far, the issue of working carers has received a lot less attention than that of working parents in the context of company-level initiatives in terms of work–family balance; furthermore, the issues around working carers seem to be much less visible and understood in companies.

The available evidence suggests that awareness-raising activities targeted at managers and co-workers are likely to have an important role to play in supporting working carers. Awareness on the part of working carers of their own situation is also important, so that they can look for support. Lack of awareness may mean that carers are unaware of the possibilities that are available to them and so may not take them up. Quite a number of the cases in this study included measures aimed at awareness-raising and increased understanding; some examples of practical measures in this area at the company level are given below.

#### **Examples: Awareness and understanding**

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

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

##### **Toolkits for staff (health insurer, Netherlands)**

This company is developing a toolkit for employees to help them become aware of their own status as a working carer. The need for this was identified from internal research which found that some working carers do not recognise their situation and that this is a barrier to asking for help or making use of the various supports that are available.

##### **Company guidelines on work–care reconciliation (business development organisation, Austria)**

This organisation has developed and distributed two guideline documents dealing with the issue of work–care reconciliation. One guide, for employees, provides information about options and measures available for working carers, and about the procedures in the organisation for those who want to access these. Another guide aims to prepare line managers and supervisors to deal adequately with requests from employees seeking solutions to work–care balance issues. Publication of the guidelines is being accompanied by a number of events to enable discussions of the issue and to raise awareness about the need to support working carers. Communication is also conducted through various other channels, such as the employee magazine. The guidelines will also be mainstreamed by integrating them into manager training.

**Targeting men** (pharmaceutical company, Germany)

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

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

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

**Using visual arts as a trigger for raising awareness** (telecoms provider, Germany)

The idea behind the initiative was to approach the topic of work–life balance in an innovative manner by using visual arts in order to make the views, emotions, thoughts and different life situations of employees both visible and understandable for others. The initiative started in 2009 with a number of art workshops at which employees, particularly staff with managerial responsibility, were invited to collaborate with a number of renowned artists to express their opinions and feelings about reconciliation matters, using the tools of the visual arts. At the end of the project, results were presented to other employees at a major event. The initiative has been very successful in raising awareness and in kick-starting an internal debate about the needs of working carers.

**Obtaining buy-in from line managers** (Regional public authority, Germany)

Discussions with supervisors indicated that many were not in favour of allowing greater flexibility for employees, such as the option to work less than 50% of a full-time position. One reason was that supervisors feared that the greater flexibility would make it impossible to guarantee minimum levels of service provision to clients. In addition, knowledge of issues related to caregiving tended to be very limited among those who have not themselves experienced this situation in their own lives.

In response, training programmes were introduced to raise awareness among supervisors about the issue of work–life balance, including work–care reconciliation. Some procedural incentives were also introduced to make it attractive for supervisors to employ workers on fewer than 20 working hours per week. Moreover, the chief administrative officer (CAO) intervened personally by inviting reluctant managers to personally explain why granting more flexibility would be unfeasible. These activities were very successful in overcoming attitudinal obstacles.

**‘Citizenship leave’ gives first-hand experience in caregiving** (non-profit mutual, Belgium)

The company’s collective agreement stipulates that any employee has the right to take five days of paid leave per year called ‘citizenship leave’, in order to accompany a group of persons in need of care or assistance during leisure activities organised by a public welfare organisation. For instance, employees can use citizenship leave for volunteering to assist people with disabilities or long-standing illnesses during a holiday camp, in collaboration with professional carers from a welfare association. Currently, negotiations are underway to increase the number of days’ leave for this purpose from five to ten days per year.

**Employee guide on work–care reconciliation** (electricity provider, France)

The company has published an employee guide on work–care reconciliation and distributed it to all employees. There were two main objectives in doing so. One was to raise awareness among managers, co-workers and working carers themselves by drawing attention to the challenges related to reconciling work and care and by highlighting the importance of showing solidarity towards workers with such responsibilities. The other objective was to provide practical information to working carers (and to employees who expect to be faced with the situation in the future) about their rights and the services that can help them in addressing care-related challenges.

***Training of line managers***

In addition to awareness and understanding, the actual skills for dealing with working carers’ issues are also important, especially at line manager level. Some examples of what companies are doing in this area are given below.

**Examples: Training of line managers**

**Toolkits for line managers and staff** (health insurer, Netherlands)

This company provides training to line managers on the working and caring issue, including examples of good practice identified through internal research that examined the characteristics, needs and opportunities for support of working carers. It is now developing a set of ‘toolkits’ on the topic in order to support different stakeholders in the organisation. A toolkit for line managers aims to increase their awareness and understanding, thereby helping them to recognise the presence of working carers in their teams and support the development of customised solutions for any problems they may have. In a similar vein, the company is developing a toolkit for employees to help them become aware of their own status as a working carer. There are also plans to develop a toolkit for HR managers, safety, health and welfare managers, social workers and medical officers.

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

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

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

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

**Training for managers within the company and beyond** (pharmaceutical company, France)

With the support of a professional training organisation, the company has developed a specific training module for teaching managers. The module aims to help develop a positive attitude towards working carers among their staff, and to provide the skills needed for effectively supporting them. Originally developed for internal use only, the training module has since been made available to other companies as well and the company occasionally provides inter-company training programmes.

**Carer surveys**

Internal surveys of employees and supervisors have also been used by some employers to find out more about the nature and extent of the situation regarding working carers in their companies. Surveys have also been used as mechanisms for increasing awareness and as sources of information to guide the development of support for working carers. Some examples of this type of measure are discussed below.

**Examples: Staff surveys**

**Survey of working carers in cooperation with an NGO for carers** (local authority, Ireland)

In cooperation with an **NGO providing carer support services**, this employer conducted an online survey of the workforce. This aimed to: assess the prevalence of working and caring; profile the caring circumstances, the responsibilities and the health of carers; assess the support available to carers (inside and outside of work); and assess the current and anticipated impact on work. It was found that there was widespread lack of awareness among working carers about the (community) support and services that could assist them and that a majority would like more information on this. In response, the organisation helped the NGO to provide information sessions at the workplace for working carers.

**Survey findings prompt initiation of work and care policy** (telecoms provider, Germany)

The company cooperated with a student conducting a master's degree in order to more closely investigate issues related to reconciliation of work and family. The company was surprised when the research revealed that an unexpectedly high proportion (11%) of employees were engaged in care for an older or disabled family member. This prompted the company to develop a policy on work and care, and to revise the annual workforce survey to include questions addressed to working carers.

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

The company's long-term goal is to implement a working carer-friendly climate in which there is room for dialogue and where employees feel free to ask for, and obtain, customised solutions. To provide the basis for future initiatives, the company began an internal review with the aim of identifying the number of working carers in the company, their characteristics, needs and preferences for support, and what is already being done to help them reconcile work and care responsibilities.

**Employee survey on work-care reconciliation** (pharmaceutical company, France)

The company launched an internal survey on the issue of working carers, to which 600 employees responded. The results revealed that more than 40% of employees had been engaged in informal care during the previous five years, and 15% as a main carer (24% in the age group 50+). Overall, 40% of working carers reported that care has had an impact on their professional life. On the basis of these survey results, the company decided to launch a set of measures to provide more effective support to its own working carers. A major practical outcome was the publication of a guide for informal carers, which was distributed to all employees.

**Staff survey triggers measures to support working carers** (university, Austria)

The issue of work-care reconciliation was first included in the standard employee survey in the summer of 2009. The results indicated that about 20% of employees were engaged in one way or another in caregiving to adult dependants. These findings led to the initiation of a one-year, self-funded research project to explore the compatibility of informal eldercare with paid work in the Austrian context, taking as an example of an employer the university itself. Results were discussed at a public workshop organised at the university. As a first concrete outcome, an online information portal on work-care reconciliation was launched in early 2011 and further initiatives are planned.

***Audits of carer-friendliness***

Audits of carer-friendliness that use approaches and certification systems developed by external entities have also played a role in raising awareness and driving the implementation of measures for working carers in a number of companies. The 'family-friendliness' audit systems in use in Germany, Austria and Slovenia have been particularly relevant in this regard.

### Occupational health programmes

Other relevant measures include those that aim to specifically promote carer health and wellbeing, and to address stress and other such issues through occupational health services and/or other health promotion efforts in the workplace. Below are examples of such measures in practice.

#### Examples: Occupational health services

##### **Carer assessment** (public health care provider, UK)

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

##### **Health and wellbeing training for working carers** (electricity provider, France)

Working carers can benefit from access to a module of health and wellbeing training, to be prescribed by the company doctor. The training module was developed by a private sector healthcare company, initially for its own internal use, but has since been made available to other companies within the context of intercompany training programmes.

### Cooperation with external entities

Various forms of cooperation and engagement with external stakeholders can be relevant in relation to company-level approaches to the working and caring issue. One example is the implementation of carer-friendly audit and certification systems. Others include employers working together to provide joint services such as training, and cooperation with external care service providers and NGOs, both of which have already been mentioned under other themes. Lobbying and encouraging other employers to address the working carer issue is another activity that can be observed in some companies. Some examples are discussed below.

#### Examples: Cooperating with and lobbying/encouraging others

##### **'Ambassador' promoting carer-friendly employment** (health insurance company, Netherlands)

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

##### **Active involvement in 'Employers for Carers' organisation** (telecoms company, UK)

Through supporting the national Employers for Carers organisation (including providing its chair), this company has helped significantly to promote the working/caring agenda by highlighting and supporting the development of a service that acts as a 'sign-poster' and facilitator for other organisations, whether multinational or small and medium-sized enterprises (SMEs).

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

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

**Pilot site for the development of a national audit instrument** (insurance company, Slovenia)

In 2006, this company agreed to become a pilot company for testing and refining the Family Friendly Enterprise Certification instrument in Slovenia. The certification methodology is based on the European Work and Family Audit, initially developed by the German initiative *berufundfamilie* in the 1990s. In collaboration with various partners from Slovenia, the original methodology was adapted to the specifics of the Slovenian economic and legislative framework. The certification process requires companies to agree to adopt a number of measures from a catalogue of work–family reconciliation measures, such as flexible working times, company childcare services, job sharing, adoption leave, part-time work and assistance to care for a disabled or frail family member.

**Collaboration in developing an audit instrument for universities** (university, Austria)

The Austrian university and family (*hochschuleundfamilie*) audit, while drawing on the experience of a similar audit system that has been in operation in Germany since 2001, is an independent development by a provider of work–family balance related consulting services in Austria. It is taking place in close cooperation with five universities, which are currently piloting the certification scheme before it will be offered as a formal service to the remaining universities in Austria. The audit instrument explicitly covers work–care reconciliation issues and how they are addressed within the university (in its role as employer).

**Cross-cutting perspective**

Following on from the more elemental perspective in the previous section, this section looks at company-level measures from a more cross-cutting perspective. One aspect concerns ways in which individual elements can be combined in more extensive, multidimensional approaches. It also considers the spectrum of formal and informal approaches that have been developed.

***Extensive and multidimensional approaches***

Two cases of extensive and multidimensional approaches are presented below to show how some companies are providing a broad range of measures to support working carers.



### Examples: Extensive and multidimensional approaches

#### Insurance company (Netherlands)

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

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

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

#### Energy company (UK)

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

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

### ***Formal, informal and mixed approaches***

Most of the cases covered in this study have formalised their policies and practices in relation to working carers to at least some degree although, in a few cases, the approach remains an informal one. In many cases, however, the approach involves some combination of formal and informal provisions. It was commonly felt that there were substantial advantages to formalising some aspects of company policy on working carers but leaving considerable room for more informal flexibility and customisation on a case-by-case basis. Some illustrations of these various approaches are presented below.

#### **Examples: Formal approaches**

##### **Energy company (UK)**

This company has a formal written policy on carers; it states that:

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

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

##### **Social care provider (Netherlands)**

This organisation has a formal working carer policy and the topic is given an explicit label, which facilitates better communication and recognition. The formal policy bundles together various policies, arrangements and practices that already existed and adds a number of new dimensions. One benefit of formalisation is that it clarifies the obligations within the organisation to take the needs of working carers into account; in the past, working carers' requests may not always have been granted, even though it would have been implicitly part of the organisation's policy to have done so. This approach also recognises that, in practice, individual problems demand flexible use of formal regulations and a search for customised solutions. It is felt that an open culture that allows more customised solutions can help avoid the need for long-term leave arrangements.

##### **Energy company (UK)**

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

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

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

#### **Examples: Informal approaches**

##### **Transport company (Netherlands)**

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

##### **Pharmaceutical company (Poland)**

This company has approached the issue of supporting working carers on a case-by-case basis. Tailored support has been granted to four working carers; in each case, suitable solutions were individually agreed upon, based on a case-by-case analysis of needs and what the employer was able to offer. The needs of the carers varied and they were employed in very different job positions (in manual work and in management). In two of the cases the managing board decided to grant financial support, on a one-off basis, as financial hardship appeared to be the main challenge. In the other cases, some organisational changes were made to better adapt the working arrangement to the needs of the working carer. In addition, the company took measures to enable 'leave on demand' when needed, this being a typical challenge which working carers face. When one employee needed to accompany her disabled child on a three-week rehabilitation stay, this was made possible even though the duration was considerably longer than that provided for in labour law.

### Examples: Combining the formal and informal

#### Insurance company (Netherlands)

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

#### Regional public authority (Germany)

This organisation has a formal policy on reconciliation in place, which guarantees working carers access to a range of options regarding work flexibility, care leave, etc. The policy has been developed in the context of the authority's participation in the government-supported audit scheme *berufundfamilie*. In practice, tailored solutions also play an important role and supervisors and the HR department are instructed to seek solutions that effectively address the carer's needs, even if these are not specifically foreseen in the national legislation or in the formal internal policy. One example of this involved the provision of additional leave for a working carer who had already taken time off, when the person he had been caring for died.

### *Themes and issues emerging from the cases*

As can be seen from the previous section, the case studies reveal a broad and rich spectrum of company-level measures, involving examples of practically all of the different types of measures identified in the conceptual/analytic framework and currently considered as good practice. The range of actual measures provided by individual companies varies considerably. Some companies have extensive policies in place that encompass a number of measures, while others have so far implemented more limited options for carers.

The extent to which policy and practice regarding working carers have been formalised also varies across companies. Some companies have formal policies in place; others rely almost entirely on an informal approach. Many companies (particularly the more advanced or experienced ones in this field) seem to feel that a balance between formal provisions and informal flexibility is the best approach, allowing customisation and tailoring to particular circumstances as they arise. Formal provisions may be important for ensuring consistency across the workforce regarding access to carer-friendly solutions, as well as for raising awareness and a common understanding of the need to support work-care reconciliation. Informal approaches can complement these provisions by allowing room to customise solutions on a case-by-case basis.

The following sections identify and discuss some additional themes and issues emerging from across the cases.

#### **Awareness-raising is often needed within companies**

At the moment, levels of awareness and knowledge at the company level in relation to the specific issue of working carers often seem to be a lot lower than in relation to working parents. Because of this, efforts to raise awareness of the working carer issue among managers, supervisors and staff

within the company are an important element of the approach in many of the cases. In addition, in a number of the cases, measures have been implemented in order to gain a better appreciation and understanding of the nature and extent of the working carer issue within the company – for example, through employee surveys and by including the theme in audits of ‘family friendliness’.

### **Companies are providing both work-related and care-related support**

Approaches that focus on work-related measures (for example, leave provisions, hours reduction and work flexibility and accommodations) and on care-related supports (such as information, counselling and concrete supports for the costs of care or in finding care services) are both strongly represented among the cases. For about three-quarters of the cases, measures either principally address work-related issues or they tackle both work and care factors. The remaining quarter focus on care-related issues. Although caution is needed in extracting and extrapolating patterns across countries from a case study exercise of this nature, some potentially interesting issues can be highlighted. In regards to measures that focus on work-related issues, leave provisions for working carers are prominent in many of the countries (Austria, Germany, Ireland, Netherlands and the UK) but less so in others (Poland, Portugal and Slovenia). More generally, most approaches across all the cases involve some level of provision for shorter working hours and/or work flexibility, although quite often this was part of a wider company policy available to all staff, not just carers. In regards to company-level measures that aim to support the caring roles of staff, examples of concrete support to help carers access care services are especially visible among the German cases. In addition, support for the financial costs of care was quite prominent among the Polish and Portuguese cases, even if the actual financial sum provided was typically quite low and often targeted at those with a low household income.

### **Targeted or universal approaches?**

As noted above, some arrangements that can benefit working carers (especially part-time working and flexible working arrangements) seem to be commonly offered as one aspect of more general provisions across the company workforce. This leads to the question of whether targeted approaches (specifically directed towards carers as a defined group within the workforce and, possibly, only available to them) or more universal approaches (available to the wider workforce, which carers may take advantage of as required, just like any other worker) are most appropriate. Although the carer theme was visible in company policies and measures regarding work–family balance in all of the selected cases, variation did occur in the extent to which such supports were universally available or provided in a targeted manner. Some companies have implemented substantial, specific projects and initiatives that focus directly on working carers; some have extended the range of what they normally provide in order to cater for the particular needs of carers; some have responded in a more reactive manner to caring needs as they arise, while others mainly prefer to adopt a more universal approach that is flexible enough to deal with whatever needs arise, whether from carers or other groups.

One reason for a more universal approach would be to avoid stigmatisation of carers (caring can sometimes carry – or be perceived to carry – a certain stigma or be seen as a taboo subject) as well as potential disgruntlement among non-carers. More concretely, arguments for specifically targeting carers derive in particular from the recognition that caring typically poses its own unique work–family reconciliation challenges, which are different from those of working parents, for example. Lack of a comprehensive infrastructure of non-family care services in most countries is one important distinguishing factor (the pre-school and school systems provide the equivalent in the case of working parents) as well as the costs of such services where they must be sourced privately. Another difference concerns the sometimes greater unpredictability regarding the way that caring needs can arise and the responses they require.

Importantly, there are also substantial differences in the extent of both recognition of and supports for working carers as opposed to working parents at all levels, including statutory provisions in labour law, social dialogue and normative employer (HR) practices. The situation of working parents, for example, is currently dealt with more comprehensively at all of these levels across the Member States.

Overall, it would seem that a combined approach may be most effective in addressing the needs of working carers and promoting greater awareness of the particular issues they face. Such an approach would explicitly identify caring as an important work–family balance situation that employees may experience. It would ensure that working carers are visible and have access to relevant provisions that are made universally available to the workforce. It would also imply the provision of specifically carer-oriented measures to cater for needs that cannot be met through more universal provisions.

### **Reasons for employers to take the initiative**

The promoters of the cases reported a range of different reasons for taking the initiative to address the needs of working carers in their companies. Most commonly, for many of the companies it seems that providing support for carers has emerged as a natural extension of existing policies and practices on work–family balance, which are now embedded in everyday processes in the company. Now that the carer issue is becoming more visible and discussed (in some countries at least), these companies have begun to add carers (as a target group) and carer-oriented measures to their work–life balance agendas. In a number of cases, surveys of the workforce and/or exit interviews uncovered hitherto unrecognised or underestimated work–life balance issues for working carers.

Many employers have also recognised the business case for the company in addressing carers' needs, including outcomes such as reducing absenteeism, attracting and retaining staff, and better motivation of staff. In some cases, creating a generally better corporate image was also a motivator. Some companies have recognised that the working carer issue is one that will grow in line with workforce and demographic ageing, and are keen to start addressing this now.

A number of the cases show how employers are explicitly recognising the 'win–win' potential that exists for employer and employees in addressing the work–family needs of working carers (as well as other groups), and some have formally presented their policies as ones that aim to simultaneously address business and employee needs.

In some cases, the motivation derives at least in part from the nature of the company's activities; for example, the issues of care and working carers can be more obvious for the insurance and care sectors. In addition, in some cases a broader human-centred ethos or philosophy of social responsibility seems to have been a key motivator. In more than one case, the initiative was championed by a key individual (sometimes at top management level) with an interest in, or personal experience of, the working carer issue. In some cases, particularly in some small companies, the initiative was triggered in response to individual situations that arose for a member of staff.

Finally, wider (external) promotional programmes have been an important stimulus for company-level initiatives in a number of countries (examples include the *berufundfamilie* work–family balance audit programme, first introduced in Germany and now also in Austria and Slovenia, and the *Werk & Mantelzorg* initiative in the Netherlands). Alongside this, more ad hoc initiatives, including in some cases involvement with carer organisations, were cited in a few cases. It appears that the success of such initiatives may be enhanced as a result of their being endorsed (and sometimes also financially supported) by the national government and the social partners.

### Role of the social partners

A number of cases also demonstrate the importance of cooperation between the social partners in promoting and supporting initiatives for working carers, and the promoters of some of the cases emphasised this aspect. In certain cases, the initiatives for working carers have been joint projects or have involved close cooperation with works councils or other employee representative mechanisms. This is especially visible in cases from the Netherlands as well as in some cases from Germany, France, Poland, Portugal and Slovenia. Some illustrations of joint approaches are presented below. Consultation with unions is also mentioned in some of the initiatives from the other countries. In addition, more formal company- or sectoral-level collective agreements have played a role in some cases, including ones from Austria, Germany, the Netherlands and Slovenia.

#### Examples: Joint initiatives between employers and works councils

##### Care provider (Netherlands)

The company established a taskforce comprising the working conditions coordinator, a representative from HR, and a works council representative, with the goal of developing an overarching company policy on working carers.

##### Cosmetics manufacturer (Germany)

A new instrument called diagnosis conversation (*Diagnosegespräch*) is used to help guide discussions between the work/family team, a representative of the works council and the company's supervisors, with the goal of exploring emerging challenges in areas such as work–family balance and how to deal with them. This has proved very effective in raising awareness and sharing knowledge about needs and how they have been effectively addressed.

##### Hospital (Poland)

The social committee of the hospital decided to make financial support available to those employees who provide care to disabled children or seriously ill family members. The committee includes members of the works council, representatives from management, human resources and other departments.

##### Holding company (Slovenia)

This company has set up a joint initiative between HR and works council representatives to promote work–family balance measures. The works council participates as part of the implementation team.

### Central role of line managers

One of the more striking themes emerging from the cases concerns the central role of line managers in addressing the needs of working carers. In most companies, carers' needs – in terms of work flexibility or other practical work adjustments – are resolved through negotiation with line managers. Line managers may also be central in enabling carers to reduce their working hours or gain access to leave provisions, especially where these are available on a more discretionary basis. Many of the cases have given specific attention to this aspect, both through empowering line managers to provide the necessary flexibility (when required by staff and when compatible with operational requirements) and, importantly,

through efforts to raise awareness among line managers and otherwise support them in taking account of the needs of working carers. As outlined in earlier sections, some of the cases show good examples of training and guidance materials or toolkits for line managers, as well as efforts to monitor consistency of approach and decision-making across line managers throughout the company.

### **Covering the spectrum of carers, including carers of children with disabilities**

Some concern has been expressed that the current preoccupation with the dramatic demographic ageing underway in Europe might lead to a tendency for the working carer issue to be seen as solely or primarily relating to the needs of workers who are caring for older people. As noted above, the needs of carers – whether they are looking after children (regardless of age) or their own spouses/partners – also need to be made visible and to be given attention in company-level initiatives. In practice, as regards coverage of different caring situations, there is quite a mix of statutory provisions across the countries addressed in this study, with some adopting a broad concept and definition of caring situations and others giving more attention to carers of children with disabilities.

The cases in this study suggest that the ageing issue has quite commonly been an important driver for company-level initiatives. However, definitions of ‘carers’ in the companies covered are generally quite broad and, explicitly or implicitly, tend to include the full spectrum of carers, including those caring for older people, adults and children with disabilities, long-term illness or other forms of dependency. In some cases, the main focus is on supports for children with disabilities; an example here is the provision of financial support towards the costs of care in cases from Portugal and Poland. A few cases give specific mention to carers of spouses/partners with disabilities or long-term illness and a few specifically mention carers of adult children with disabilities. Often the focus is on caring where there is a familial relationship with the person cared for, sometimes restricted to close family and/or co-resident family members. In at least one case, however, the scope of caring situations covered explicitly goes beyond the family to include caring for neighbours and friends.

In general, it would seem important to ensure that the full spectrum of carers, especially those caring for elderly dependants, for children with disabilities or long-term illness (including adult children) and for spouses/partners with disabilities or long-term illness, are covered and clearly visible in statutory provisions, collective agreements and company-level approaches.

### **Gender issues**

The cases also show company-level recognition of gender issues in relation to working and caring. There is evidence of companies linking their approaches towards working carers to policies regarding equality for women. These may include measures that address the fact that women carers are more likely to take long-term leave and to experience negative impacts on their career. Other cases indicate a recognition of work–care balance issues for men as well. Many working men are carers and in some of the cases, workforce surveys uncovered a greater need for and interest in carer-friendly measures among men than had previously been recognised, prompting efforts to ensure that men are also actively included in company-level approaches and measures. The experiences in some of the cases also suggest that male carers may be more likely than female carers to experience a lack of understanding among their colleagues in the workplace if they openly voice the need for improved reconciliation of their work and caring duties. Some companies are responding to this by targeting awareness-raising initiatives at men.

### **Supporting self-help initiatives in the workforce**

Some of the companies featured in the case studies have supported the emergence and ongoing operation of self-help initiatives among the workforce, on occasion including retired workers as well



as current employees. Networks of working carers within the same company have been established in a number of the cases, enabling people to learn from others who are in similar situations and who may have found practical solutions to their work–care reconciliation needs. Some employers have fostered this type of networking – for example, by offering the use of company infrastructure (such as using the intranet for a discussion forum), by allowing workers to exchange emails about the matter during their paid working hours, and by organising meetings and workshops during regular working hours. In at least one case, retired former employees have retained a link with the company and cooperate with current employees to provide practical homecare support to working carers on a voluntary basis, with the company providing the necessary insurance.

### **Liaison between employers and care services**

Labour-side measures are just one part of the equation in the development of supports for working carers. Home and community care services also have a fundamental contribution to make, although the available evidence indicates wide variability in the extent and nature of provision across the Member States. In addition, the organisation of care services is often not oriented towards the situation and requirements of working carers.

Although this is apparently not very common to date, some of the cases show how employers have taken the initiative to engage with care service providers in various ways; some illustrations of this were provided in earlier sections. Examples include bringing in care providers to inform the workforce about their services, establishing links with care providers to give the workforce more effective access to their services, using intermediation services to help employees find specific care facilities if these are needed, and engaging with care providers and other players in promotional initiatives at local and regional level.

### **Avoiding the need to leave employment / facilitating return to work of carers**

As discussed above, company-level approaches to the working carer issue should ideally aim to minimise the need for working carers to take the more dramatic options such as longer-term leave or even complete withdrawal from the labour force (whether temporary or permanent).

In a number of cases, retaining staff emerged as a specific motivation for providing company-level measures for carers. More generally, a number of the cases suggest that long-term leave, while an important option, is often not the preferred solution for either employees or employers as it typically brings costs (financial and otherwise) for both parties. Some of the cases explicitly refer to other means, particularly customised work flexibilities and adjustments, that help carers avoid resorting to long-term leave.

In addition, employers can have a role to play in facilitating working carers in returning to work. Where long-term leave has been taken, a number of the cases show how companies are making efforts to maintain contact with those on leave and to facilitate their return to work at the appropriate time – for example, by offering participation in training activities, circulating newsletters about the company or work team, enabling networking with other colleagues who are on leave, encouraging participation in staff outings, or even employing them to a limited extent in countries where this is possible. And in a few cases, a faster return to work than initially planned has been facilitated in situations where carers found that the long-term leave was not working out for them.

Finally, a few of the cases indicate an explicit willingness on the part of employers to recruit carers, even carers who have been out of the workforce because of their caring duties. This may be driven by recruitment challenges in tight labour markets. Other factors could be the desire to recruit the best people

and not be limited by potential recruits' domestic situations, or a more socially responsible orientation on the part of employers. In some cases, it has been noted that job applicants were aware of the company's carer-friendly policies and that this was a factor in their interest in working for the company.

### **Take-up, effectiveness and impacts of company-level measures**

To date, few of the cases have conducted formal assessments of the effectiveness and impacts of their company-level measures for working carers, such as cost–benefit assessments: this type of formal assessment does not seem to be a major preoccupation among the employers. Some reported that the initiatives were clearly worthwhile, with the benefits apparent to everyone.

Costs associated with the measures were rarely if ever highlighted. One reason for this may be that many of the measures are low cost; another is that only a relatively low proportion of the workforce (perhaps 10% or so on average) are carers at any one time. This is reflected in the levels of usage of the measures; where data were available in the companies, it seems that the measures are being used and are appreciated by carers, but not by especially large numbers of workers in any given year. This is partly because a workforce does not tend to contain overwhelmingly large numbers of carers at any one time and partly because not all carers in the workforce feel the need to make themselves visible and to use the formal measures on offer. In some companies, it was felt that many carers were making use of informally available flexibility and that this was quite adequate for them.

Overall, in those cases where staff could be interviewed, the promoting employers, employee representatives and working carers gave a generally strongly positive assessment of the measures. Many of the promoters reported that employees seemed to be satisfied with and appreciated the measures implemented for carers. In addition, those involved in awareness-raising reported a much greater level of recognition of the caring issue and more openness to talk about and address the issue among both employees and managers. More concretely, quite a number of the cases gave examples of instances where company-led measures had been helpful for carers among their workforce.

Benefits were not confined to carers; in many cases, employers also reported them. Although detailed data on carers were not commonly available, many employers believed that measures for working carers, among a wider set of work–family balance measures, had contributed to concrete business benefits, such as: reduced absenteeism; lower staff turnover; increased motivation; greater commitment to the organisation and improved job satisfaction. Some employer representatives noted that providing support for working carers can have a positive influence on job motivation and employee loyalty among employees in general, who realise that they will not be left alone if they themselves are faced by a care crisis in their family.

As noted earlier, another stated benefit was the way in which flexible opportunities can obviate the need for carers to take long-term leave (a benefit to both the carer and employer). Experience from many of the cases suggests that working carers generally prefer to make flexible arrangements and take less dramatic decisions (although some carers did avail of leave arrangements in cases where this was the only viable option for them).

In some cases it was reported that having carer-friendly measures had been helpful for recruitment in tight labour markets and/or for particular skills, as they contributed to the perception of the organisation as a 'good' employer. More generally, improved corporate image was reported as a benefit in a number of cases; outcomes included an enhanced profile arising from winning of HR awards, the completion of family-friendly audits and so on. This was seen as useful not just for recruitment but also for a positive corporate image among customers.

## Conclusions

The research and statistical evidence base reviewed in this report indicates the importance of ensuring that working carers are adequately supported in achieving a sustainable work–family balance and that carers who wish to return to work are enabled to do so. In addition, civil society organisations operating in this area increasingly highlight it as an important theme arising from the stated needs and experiences of their members. Without adequate support, many working carers will continue to experience excessive strain from juggling the two roles, with negative implications for their health, their quality of working life, their family and personal lives and their careers. In cases where working carers are unsupported, it is likely that something will have to give. They may be unable to contribute optimally in the workplace, they may be less able to provide the desired amount and quality of care, or they may overstrain themselves in the effort to perform both roles. In addition, many carers of working age may experience difficulties in engaging in paid employment, with negative financial implications in the short term and – often – in the longer term because of the enduring consequences of temporary or permanent withdrawal from the labour market.

The issue of work–family balance for carers is important both for employment policy (for example, in relation to increasing employment rates as well as improving working conditions) and for long-term care policy (for example, in relation to sustaining the essential contribution of informal care). The focus of this study has been on measures relating to the labour market; however, measures that address the provision of long-term care are also essential, in order to ensure that sufficient care services are in place and that these are organised in ways that support the needs of working carers. A coordinated approach across these policy fields is necessary if the twin goals of high employment rates and sustaining the contribution of informal carers to long-term care are to be simultaneously achieved. The issue is also important in other policy fields, including gender equality (and employment equality policy more generally) and social protection policy. Trends such as demographic ageing and pressures and incentives to increase employment rates mean that the working carer issue will increase in importance for policymakers, employers and workers over the coming years.

While demographic ageing and the resultant increased need for long-term care for older people has been receiving an increasing level of policy attention, it is important that recognition is given to the full spectrum of caring situations. As well as eldercare, this includes caring for children (and adult children) with disabilities or long-term illness, and caring for spouses/partners with disabilities or long-term illness. The challenges faced by carers in these situations can be especially difficult.

Both public policymakers and the social partners have pivotal roles to play in developing the carer-friendly policy and regulatory environment that is needed to underpin effective measures in this field. At the practical level of the workplace, individual employers have a crucial role to play; this level of action has been the main focus of the current study.

### Current efforts by employers

Working carers comprise a heterogeneous group with varying needs, preferences and degrees of freedom in relation to balancing working and caring. A broad spectrum of company-level measures needs to be on offer to cater for this diversity and to enable carers (and companies) to achieve the most suitable solutions for them.

The analytic framework presented earlier outlines in a systematic manner some of the main types of measures that are relevant at the company level. As illustrated in the previous chapter, the company-level cases prepared for this study provide examples of measures that employers have implemented

in all of these areas. These measures have been implemented by public and private sector employers, across a broad range of industry sectors, and include supports that address both employment and work issues and the provision of care.

Regarding employment, key measures include the provision of leave entitlements, the option to reduce working hours if needed or desired and, in particular, flexible working arrangements. Worker-centric flexibility in working arrangements is central to supporting working carers and needs to be provided in ways that offer real choice to working carers. In order for such measures to be beneficial to carers, they need to be organised in ways that fit with the particular needs of carers. As needs vary widely between carers and can change over time for an individual carer, there should be a facility to customise these types of provisions on a case-by-case basis, as far as is practicable. Many of the cases show how companies are successfully doing this. In addition, these arrangements need to be provided in ways that eliminate or minimise any potential downsides, such as major loss of income, impacts on career or negative implications for working relationships. Giving visibility and attention to the needs of working carers in occupational health and wellbeing services is another important contribution. A number of the cases show how companies have made positive efforts in this regard.

While solutions focusing on matters of employment are crucial, employers can also provide working carers with help regarding their caring role. The cases show how a number of companies have introduced supports in this area, including information, counselling, training, help with sourcing care services, financial support towards the costs of care and sometimes even involvement in direct care service provision. In addition, some cases show how employers can engage with external care provider services with a view to promoting more worker-friendly care services.

As the cases show, the working carer issue is beginning to be seen as an integral part of progressive human resources (HR) policy in many of these companies and links well with gender equality and wider diversity policies. Importantly, the strong business case for employers is increasingly being recognised, in terms of improved recruitment possibilities, better staff retention, lower staff turnover, lower absenteeism rates, increased job satisfaction, greater commitment to the organisation, greater productivity, and, more generally, improved corporate image. Moreover, company representatives interviewed were of the view that work–care reconciliation is not just a temporary fad in the HR field but is an issue that is bound to increase in relevance due to the demographic and labour market trends in Europe.

### **Good practice needs to become more widespread and mainstreamed**

Examples of employer support for working carers can be found in the cases prepared for this study. However, it needs to be remembered that these come from a relatively small number of leading companies and, in the case of the more developed and/or comprehensive approaches, from companies based in countries with advanced approaches to this issue (for example, Austria, Germany, the Netherlands and the UK). In addition, the national situations in the 11 countries vary considerably as regards the existence and form of provisions for working carers in employment law and/or collective agreements or other arrangements in the social dialogue context. For this reason, the minimum or baseline situation against which to identify good practice (defined in this study as a company level-initiative that goes beyond the minimum laid down in employment law or collective agreements) varies across countries. At the moment, what might be considered to be good practice in one country may be less noteworthy in another. These factors highlight how explicit attention to

the needs of working carers is still far from the norm and generally seems to be very uncommon at the company level.

Company initiatives taken in this field are relatively recent. More information on the effectiveness and extent of take-up of the measures by working carers over time should become available in the future. Although this is still an emerging issue, the cases show what can and is being done by companies to support working carers. They provide useful lessons, both for companies in the countries covered by the study and across Europe more generally. Based on the results of this study, a number of important lines of action can be suggested to progress the working carer agenda at company and other levels.

### ***Increasing recognition, raising awareness and promoting good practice***

Given that, generally, only limited attention has paid to the working carer issue at company level to date, there is a clear need for efforts to raise awareness and promote good examples of existing practice in this field. The value of such approaches can be seen in the success of such measures as the work–family balance audit programmes in Germany, Austria and, increasingly, Slovenia, in promoting attention to the working carer issue.

There is also a need to address the extent to which the recognition given to carers – in particular, working carers – in policy terms and by stakeholders varies across countries. The evidence from this study suggests that those countries where recognition is greater and awareness-raising and promotional initiatives have been implemented (for example Austria, Germany, the Netherlands and then UK) tend to contain the richer examples of good practice.

Efforts to spread the message should therefore focus on reaching companies (across all countries and sectors), policymakers, social partners and other relevant actors (such as NGOs for carers) at sectoral, national and EU levels. For all these parties, there are clear messages to be conveyed regarding the spectrum of measures needed and on how these can be – and sometimes already are being – implemented at the company level. EU-wide initiatives such as the forthcoming European Year for Active Ageing 2012 provide useful opportunities for dissemination.

### ***Ensuring wider and more consistent provision***

While raising awareness has a vital role to play in disseminating good practice at company level, on its own this is unlikely to ensure wide and consistent provision of measures across all Member States and companies, available to all working carers. Both labour legislation (at EU and Member State levels) and formalised provisions within the social dialogue processes (at EU, Member State and sectoral levels) have key roles to play in achieving this. There is a need to examine how the current acquis of provisions at these levels can be extended to increase the coverage of working carers and their particular needs.

There is also a role for regional initiatives in this field. Some of the cases show examples of local cooperation between groups of employers as well as between employers and other stakeholders at local and regional level. There may be scope for more widespread development of such cooperative initiatives to provide economies of scale – for example, through joint provision of services, where the levels of individual usage by a given company's workforce would be too low for service sustainability or to enable small and medium-sized enterprises to take advantage of services that they would be unable to provide on their own. Regional and local governance across Europe as well as other regional or local stakeholder groupings could play an important role in this.

In addition, at company level, training on the working carer issue for HR and occupational health professionals and, especially, for line managers has an important role to play. The cases described in this study provide useful examples of initiatives that have been taken by some employers in this area. EU- and national-level sectoral organisations from such fields as HR and training could play an important role in supporting the wider diffusion of good practice.

### ***Joined-up approaches by the employment and care domains***

In reality, company-level measures (and labour-side measures more generally) cannot be expected to solve all of the challenges faced by working carers. The role of home and community care services is also crucial, and these must be provided and organised in ways that better support working carers. There is a need to move towards a more joined-up policy approach at EU and Member State levels, one that addresses the interlinkages between these fields and the growing importance of an integrated approach to address the challenges of demographic ageing. There is also scope for more company-level activity in this regard, as shown by the examples of cooperation with care providers and other external stakeholders in some of the case studies featured in this report. Activity at regional and local level also has great relevance here, as home and community care services are typically organised locally rather than nationally. Significant synergies could be achieved if employers joined together on a local level with a view to increasing awareness, developing support instruments, sharing information and so on.

### ***Strengthening the evidence base through research and better statistics***

Although quite a lot is now known about some of the key requirements of working carers, the available research and evidence base in this field is still underdeveloped. This is the case at both European and Member State level. There is considerable scope for further efforts in this regard; the following sections elaborate on this point.

### ***Actions to strengthen the position of working carers***

The EU and its institutions have an important role to play in addressing the issue of working carers in Europe. In particular, the EU level of action is important for encouraging wider and more consistent provisions in this field across the Member States. This can be done through legislative mechanisms as well as through other approaches such as the open method of coordination (OMC). Various other EU-level support and promotional activities could also play an important role.

Although EU-level measures have a significant role to play, ultimately Member States and/or the social partners (through collective bargaining or other relevant mechanisms) must implement effective measures on a national level, if working carers are to be adequately supported.

### ***Strengthen existing policy***

As detailed earlier in this report, considerable variation occurs across the Member States regarding the extent of policy attention that is given to working carers, and in the implementation of relevant statutory and/or social dialogue provisions. Given that some countries have more developed policies than others, Member States could usefully examine provisions from other countries as potential models for their own country. The information generated in this study for 11 countries presents a starting point but, as discussed below, a focused effort to prepare a detailed EU-wide inventory would be especially useful.

An EU-level initiative is likely to play an important role in achieving consistently good practice across the Member States. However, although the caring/employment theme is increasingly mentioned in EU

policy documents, to date little in the way of a concerted, operational approach on the topic can be detected at this level. An expanded and sustained effort will be necessary if such efforts are to drive effective action in this field across the Member States. A starting point would be to strengthen existing policy and make it more concrete. This might include reinforcing and implementing the existing references to the working carer theme in such areas as employment policy (for example, employment guidelines, flexicurity, work–family reconciliation, older workers) and gender equality (such as access to and use of different types of work–family balance solutions as a gender equality issue).

Employment guidelines provide a particularly powerful mechanism for influencing activity at Member State level. Greater visibility and operational attention in these guidelines to the theme of support for working carers could be very useful in advancing this agenda across the EU.

The social partners also have a central role to play in developing and supporting measures to address the needs of working carers. At Member State level, the evidence gathered for the 11 countries covered in this study suggests that the issue is emerging quite strongly on the social dialogue agenda in some countries but in others it is receiving far less attention. Awareness-raising and promotional initiatives by the EU-level social partners would be useful in encouraging wider attention to the issue across the Member States, drawing on existing good practice examples from those countries that have made the most progress.

The topic of working and caring has in fact been given some attention in social dialogue processes at European level, especially in the context of developing the revised framework agreement on parental leave. This now makes specific reference to parents of children with disabilities or long-term illness, albeit in a fairly reserved manner. Further efforts by the social partners would help put in place a framework at EU level that would encourage the consistent provision of the broader range of support that is needed across the spectrum of working carers, including parents of children with disabilities or long-term illness.

### ***Develop a coordinated and cross-cutting policy approach***

The cross-cutting nature of the working and caring issue requires the development of greater policy coordination and coherence. A joined-up policy approach is needed across a range of policy fields (including those of the labour market, social protection, long-term care) in order to ensure that policies are complementary and to reconcile potentially contradictory concerns. An example of the latter would be maintaining levels of informal care at the same time as encouraging greater labour force contributions from informal carers. There are a number of immediately obvious places to begin to address cross-cutting issues. These include:

- employment policy, in cases of cross-cutting issues arising where the guidelines make reference to the role of care services for dependants in supporting the achievement of employment policy goals;
- the OMC on social protection and social inclusion, where more attention could be given to the role of (social) care services in supporting work–family reconciliation and how efforts in this area could be enhanced;
- ageing policy, where greater attention to how labour-side measures to support working carers might help in efforts to maintain a sustainable balance between formal and informal care;
- gender policy, through greater attention to the cross-cutting links between labour-related measures to support working carers, better social care arrangements, and fairer sharing of care responsibilities between men and women.

### ***Conduct a broad policy impact assessment***

While existing policy references might usefully be strengthened, it could also be that more formal policy impact assessment is warranted in this field. This would help in the systematic examination of the multiple dimensions of the theme of working carers, its relation to the issues of subsidiarity and proportionality, and whether and how it might be addressed along the spectrum of EU-level instruments (from 'hard' legislation measures through to 'softer' promotional steps and other initiatives).

As mentioned above, one aspect of the working care theme, namely short-term 'filial' leave, has already been included within the scope of a Commission impact assessment on the wider issue of possible extension of the parental leave directive. This is now to be further elaborated under the Commission's work programme roadmap for 2011. Many other elements could, however, also be considered for possible inclusion in a package of policy supports for working carers. Examples include wider provisions in relation to leave, possible provisions on part-time working and flexible working, employment equality provisions for carers, specific attention within gender equality measures, and implementing quantitative and/or qualitative targets for the dimension of care for dependants in the employment guidelines. A broadly scoped impact assessment exercise in this area might be an effective way to systematically identify and tease out the possibilities for reinforced or new EU policy measures in this field. This could also include an assessment of the consequence of inaction on the costs of long-term care, employment rates, developments in relation to retirement age, and so on.

### ***Raise awareness and promote informed dialogue***

Given the limited attention to the working carer theme in many countries, all stakeholders could usefully develop measures to raise awareness and encourage informed dialogue in this field. In addition to efforts to get the issue onto the agenda more often, there is a need to raise awareness of the range of solutions that should be on offer for working carers and on how these can be effectively addressed at company level, as illustrated in the cases prepared in this study.

Member States could make efforts to place the topic more clearly on the policy and stakeholder agendas in their countries, including the necessary cross-cutting perspective across employment, care and other relevant fields. Wider promotional initiatives targeting employers and other relevant stakeholders at national level would also have considerable value; already, there are useful examples of this to draw upon from some countries.

EU-level awareness-raising and promotional efforts in this field would be helpful in encouraging mutual learning and take-up of good practice across the Member States and stakeholder groupings in Europe. The PROGRESS programme might be one useful vehicle for this, as well as other fora that reach the Member States, social partners and other relevant stakeholders. Regional policy also has a role in this field and relevant mechanisms and programmes could be used to reach regional and local levels across Europe.

The social partners have a key role to play in awareness-raising and promoting informed dialogue. As indicated earlier, a range of initiatives in the social dialogue field have emerged in some Member States. To build on this, focused initiatives might be developed by the social partners at European level, with a view to collating existing good practice and implementing awareness and information campaigns.

Other policy fields and stakeholders also need to be reached and influenced, including (social) care services and civil society organisations in the informal carer field.



### ***Support research and strengthen evidence base***

There is an important contribution to be made at EU and Member State level through supporting research and strengthening the statistical and other components of the EU evidence base on the theme of working carers. This issue could also be addressed by the social partners through their own research efforts, some examples of which have already been mentioned in previous chapters. Both aspects are currently underdeveloped and a stronger evidence base is needed to inform policy and to promote action.

In relation to improving the evidence base, certain approaches in some Member States might merit wider application across the EU. For example, some countries (Ireland and the UK) include carers as a category in their national census, allowing population statistics to be compiled. Some countries or regions, such as the Flemish region in Belgium, have conducted a detailed analysis of the working carer data from the EU Labour Force Survey (LFS). Other countries, such as the Netherlands, have supported large-scale/representative surveys of carers that have addressed the working carer theme.

Some suggestions for increasing attention in this area at both EU and Member State level include:

- enhanced EU statistics on the theme of carers and employment;
- preparation of inventories of relevant statutory provisions and other measures from across the Member States;
- support for focused thematic research on key issues.

There is scope for considerable enhancement of EU statistics on the working carers theme. This could be addressed in regular EU-wide surveys (especially the LFS, but also others such as EU-SILC and surveys by Eurofound) as well as through one-off or occasional ad hoc surveys, such as special Eurobarometer surveys. The ad hoc LFS module on work–family reconciliation of 2005 was a useful first effort in this regard, although a fuller analysis of the data from the working carer perspective would be valuable. For the regular surveys, there would be considerable value in:

- developing a clearer and more differentiated means of identifying carers, as well as a consistency and harmonisation of definitions across surveys;
- including more focused indicators on work–family reconciliation issues for carers;
- conducting more focused and detailed analysis of available data from existing datasets, regarding carers' perspectives on work and family reconciliation.

Apart from surveys of the workforce or general population, surveys of employers on the working carer theme (on what they provide, attitudes, barriers, what would support them, and so on) would also yield very useful information. Regular or occasional surveys would be valuable in this regard.

Improvement of the evidence base on what is taking place at Member State level would be useful; currently there are no comprehensive inventories on the situation in a number of relevant areas. There would be considerable value in supporting a dedicated investigation and documentation of the situation across the Member States as regards:

- national (statutory) provisions in labour legislation that specifically pertain to working carers;
- social dialogue provisions and activity directly addressing working carers;
- if and to what extent care services arrangements take into account the needs of working carers.

A lot could also be gained from thematic studies that examine specific issues in depth. Just some examples of relevant topics for attention would include:

- the needs of particular groups of carers, such as those caring for children with disabilities, or for adult spouses/partners;
- possibilities relating to flexicurity for carers – for example, ways to provide income protection when on leave or to cushion the financial impact of reducing working hours, as well as the possible downsides of work adjustments made by working carers, in relation to gender equality, career prospects and relationships at work;
- a cost–benefit analysis or business case for employers.

These statistical and research themes could, at least in part, be taken up within the scope of existing mechanisms, such as the Social Platform on Research for Families and Family Policies operated under the auspices of the European Commission’s Directorate General for Research.

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