

## Chapter 8

# Towards new work-life balance policies for those caring for dependent relatives?

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### Introduction

Most long-term elderly care is still provided informally and on an unpaid basis, mostly by partners and children (OECD 2011, European Commission 2016a). As pointed out in the European Commission (2016a: 190-191) Joint Report on Health Care and Long-Term Care Systems and Fiscal Sustainability, family-provided long-term care is an ‘informal economic sector’ estimated to range between 50 and 90 % of the overall cost of formal long-term care (LTC) provision in EU countries (Triantafyllou *et al.* 2010, European Commission 2016a)<sup>1</sup>. As such, the informal sector plays an important role in the provision of LTC everywhere. What is more: in countries which under-invest in this area, informal care may be the only, or main, form of care available, particularly for low-income persons and families.

Family caregivers of frail relatives are very often women (70% to 90%, according to 2011 OECD estimates), and their ability to perform caring duties is influenced both by their employment status and by the LTC policies available in their country (Schmid *et al.* 2012, Da Roit *et al.* 2015). Many women who take on caring duties were outside the labour force prior to starting to care for a dependent family member. Indeed, this ‘non-working’ status of many (female) family carers has contributed to underestimating their needs and taking their availability for granted. Yet, an increasing number of family carers, whether female (as is still mostly the case) or male, are in employment. In this case, their need for support in balancing (often multiple) family obligations and in facing the emotional and sometimes also physical stress of dealing with the demands of a dependent adult is further complicated by the demands of their job. Their situation may be framed, at least partly, as a work-family balance problem.

There are important cross-country differences both in the incidence of family carers who are in work and in the degree to which policies directly or indirectly address their work-life balance, as well as in the degree to which policies address the – time, income, fatigue, stress – needs of family carers as such. But there are also convergent trends across the EU, due to demographic processes and to concerns regarding the sustainability of long-term care both for family carers and for public budgets.

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1. The total value of unpaid family care ranges between 20% and 37% of EU GDP (Gianelli *et al.* 2010, OECD 2011: 44).

The main objective of long-term care policies as they have been developed in European Union (EU) Member States has been to provide adequate social rights and benefits specifically to dependent persons<sup>2</sup>. Policymakers have paid far less attention to the role and well-being of family caregivers: only few countries have explicitly adopted specific provisions or services to support them. This can be explained by the fact that, historically, caring for dependent persons has been – and in many countries still is – a family obligation, fulfilled mostly by women, generally without any direct compensation. Long-term care has thus been an invisible social welfare scheme, i.e. an unpaid ‘informal care institution’. The social rights and needs of family carers at best have been a concern at the fringe of social protection systems, resulting in scarce or no benefits and services for carers. While there is a great deal of academic research on family carers (e.g. Brandt *et al.* 2009; Albertini 2016), their situation is relatively new on the agenda of policymakers. The latter are increasingly concerned about the financial sustainability of long-term care in an ageing society while at the same time wanting to support working-age family carers in order to keep them in the labour market. The combination of these two concerns has sometimes resulted in somewhat contradictory policy proposals. De-institutionalising care in favour of home care and reducing services (such as house cleaning, shopping) not directly linked to the bodily needs of the dependent person mean that the family and its informal network has to be mobilised to provide the lacking services. Conversely, putting such care within the framework of work-family reconciliation policies – until now reserved for workers with under-age children – redefines family carers as having both paid jobs and family responsibilities. Supporting the reconciliation of both thus becomes a public responsibility. Of course, these trends and their possible contradictions vary in intensity across countries, given the significant differences in existing national LTC policies as they have developed over the years.

The trend towards increasing support for caring for dependent family members is equally clear at European Union level. For a long time, work-life balance policies for carers have mostly addressed working mothers with young children and, more recently, encouraged fathers to share childcare, both through leaves (Council Directive on parental leave<sup>3</sup>) and through early childcare and education services (as targeted by the so-called Barcelona objectives<sup>4</sup>). From this perspective, the focus on family carers within long-term care policies in the EU’s 2016 documents and initiatives, including the proposed European pillar of social rights, represents a turning point.

The first section of the chapter shows the main national demographic and socio-economic drivers, simultaneously explaining the increasing pressure on national long-term care schemes and on the work-family-life balance of family carers. Section 2

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2. In this chapter, ‘dependency’ of individuals refers to some functional impairment, inability to perform activities of daily living (ADLs) (e.g. eating by oneself, etc.) and instrumental activities of daily living (IADLs) (shopping, etc.) (European Commission 2015c: 142).
  3. Council Directive 2010/18/EU of 8 March 2010 implementing the revised Framework Agreement on parental leave concluded by BusinessEurope, UEAPME, CEEP and ETUC and repealing Directive 96/34/EC.
  4. In 2002, the Barcelona European Council set objectives in this area: ‘Member States should remove disincentives to female labour force participation, taking into account the demand for childcare facilities and in line with national patterns of provision, to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age and at least 33 % of children under 3 years of age’. Source: [http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/ec/71025.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/ec/71025.pdf)

describes the different types of national long-term care schemes, looking at how they affect the degree to which family caregiving is implicitly or explicitly expected and whether it is supported by public policies. Section 3 discusses the ambivalence and risks inherent to some recent developments. The focus of our analysis is on the opportunities and constraints these policies offer for achieving an acceptable work-life balance, thus on family carers as actual or potential labour market participants. Finally, we look at some promising initiatives, as well as the ambivalence of the recent EU policies in this field (Section 4).

In the conclusion, we argue that European and national policies seem divided between the aim of supporting the work-life balance of family carers – thus helping them to remain in the labour market – and that of recruiting them as main providers of care. In this ambivalent process, the nature of so-called ‘informal family care’ is both strengthened – as an expected, mostly gendered, family duty – and partly modified, insofar as the provision of family care is increasingly explicitly acknowledged and in some cases even compensated. Particularly where cash benefits for caring or carer’s allowances are provided to incentivise and support family carers, they can be welcomed as a positive acknowledgment of the value of a work that otherwise would go totally unrecognised. Yet, if this compensation is purely symbolic, with no social security coverage and in the absence of accessible quality services, these allowances may be just a token compensation for family carers forced to deal with multiple demands on their time and energy and sometimes even to give up their jobs, thus becoming financially vulnerable.

## **1. Tensions and challenges in the balance between long-term caring demands and available family care resources**

Various factors have, for several decades, directly or indirectly impacted the situation of the cared-for on the one hand and of working carers and their work-life balance on the other hand. First, population ageing is increasing demand for long-term care in all European countries, while shrinking the potential pool of family carers. Second, changes in women’s labour force participation, together with a decreasing but persistent asymmetry in the gender division of labour and a blindness towards elderly care needs with regard to the way the labour market is organised and work-family conciliation policies, have further reduced the availability of family care. These two developments, demographic and in women’s labour force participation, are heightening pressure on family carers.

### **1.1 Intergenerational developments**

Population ageing affects the pool of potentially dependent persons and that of potential carers in opposite ways, both at the population and family level. While the number of very old people (80+) and their percentage of the total population (5.6% in the EU28,

2016)<sup>5</sup> is set to further increase in future years (European Commission 2015c: 17), the pool of potential male and female carers is likely to shrink. In the long run, there are likely to be fewer people able and willing to provide the required care for the dependent elderly within the family network (Murphy *et al.* 2006; Haberken and Szydlick 2010). In the EU, the number of women aged 50-64 years old – those most likely to have a frail or disabled relative in their family network (Eurofound 2015: 19) – per person 80+ decreased from 2.7 in 1990 to 1.9 in 2016 (Eurostat, *demo\_pjangroup*). All European countries except Denmark have experienced a decline in this ratio, with a significant convergent trend reducing country differences over the last 25 years. Ireland, Sweden, Cyprus and the Netherlands have seen a rather slow decline in this ratio, while the decline has been dramatic in Romania (from 5.2 to 2.3) between 1990 and 2016. Many Southern and EU13<sup>6</sup> countries – i.e. countries characterised by the most familialist and gendered schemes of caring – have also experienced a rapid decline in this ratio.

In addition to population ageing, other family changes have also contributed to reducing the potential number of family caregivers. Increasing numbers of unstable partner relationships not only lessen the possibility of support by a partner when old. They also reduce, particularly in the case of men, support by children (see Albertini and Saraceno 2008). The never-married/partnered and the childless are also particularly vulnerable to a dearth of family caring resources (e.g. Dykstra and Hagestad 2007, Albertini and Mencarini 2014).

## 1.2 Cross-country differences in women's labour market participation

The pool of potential carers is likely to shrink not only for demographic reasons but also because of the growing labour force participation of women, who are also increasing both their weekly working hours and the number of years in employment. According to Eurostat data, in 2016, the EU28 average rate of female employment (15-64 years old) was around 61%, with a higher participation rate in countries where the LTC schemes (see Section 2) are among the most defamilialised (at least 70% in Sweden, Denmark, Germany and the Netherlands). Greece, Italy, Malta, Romania and Spain have somewhat lower female employment rates (less than 55%), but even here they are increasing.

The percentage of female caregivers differs across countries. The existing literature on mid-life (40-60 years old) women with elderly parents in need of care shows that caring does not have a major impact on their employment when caring responsibilities only take up a few hours (e.g. Da Roit and Naldini 2010). According to OECD analyses (OECD 2011: 93; Jenson and Jacobzone, 2000), labour force participation only decreases when individuals provide high-intensity care, i.e. at least 20 hours per week. Generally, the effect is more in terms of reduced working hours than complete withdrawal from the labour market (Spiess and Schneider 2003). The most negative impact is found

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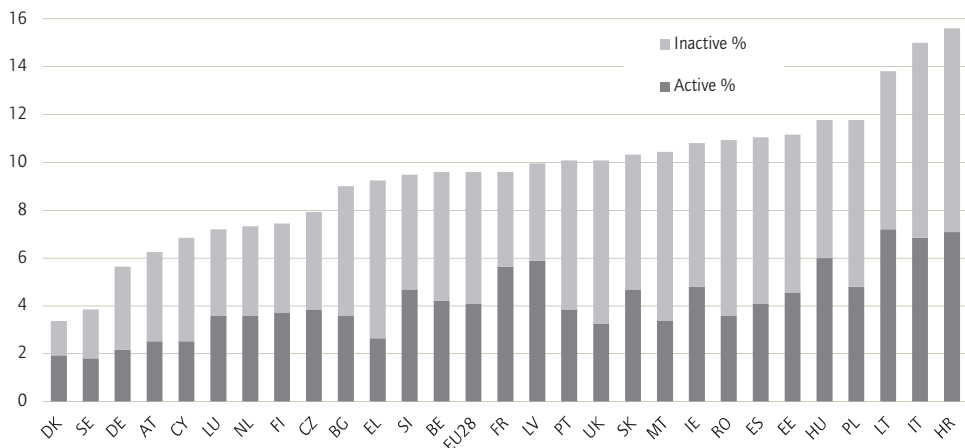
5. Eurostat, *tps 00010*.

6. EU13: the 13 countries which joined the EU in 2004 or later: Estonia, Lithuania, Latvia, Poland, the Czech Republic, Slovakia, Hungary, Slovenia, Cyprus, Malta, in 2004; Romania and Bulgaria in 2007; and Croatia in 2013.

among those with inadequate financial resources to cope with long-term care needs (Sarasa and Billingsley 2008), those for whom external support is not available or not affordable (Saraceno 2010; Sarasa 2008), those who care for a co-resident dependent relative (Heitmueller and Michaud 2006) and when care is particularly intensive (Crespo 2006). Intensive family care for a disabled member or a dependent old parent indeed decreases the likelihood of participating in the labour market in both Northern and Southern European countries. Yet, while in Northern European countries (where women's employment is higher) only a small percentage of women report providing intensive informal care to an elderly parent, in Southern Europe many more women do so, as reflected in the overall lower level of female labour market participation (Crespo 2006; Eurofound 2015). Overall, informal elderly care impacts women's employment opportunities and working hours in Southern European countries more negatively than in Northern European ones, with Central European countries situated in-between (Kotsadam 2011; Naldini *et al.* 2016).

In particular, high women's employment rates also in the older working-age cohorts, together with high-quality, widely available formal care, and non-rigidly defined gendered-care norms seem to be important macro-level factors explaining why being a caregiver has no significant effect on employment in Nordic welfare states.

Figure 1 Percentage of carers among the working-age population in the EU28 countries and their labour market status (%)



Source: Eurofound (2015: 17).

Figure 1 shows the varying incidence of working-age family carers (15-64) across the European Union and their distribution between those who are active and those who are outside the labour market (Eurofound 2015). In many EU countries, inactive family carers are more numerous than active ones. Among the working-age population, the highest shares of carers are found in Croatia (16%) and Italy (15%), followed by Lithuania (14%) and Poland (12%). The lowest shares are found in Continental Europe and the Nordic countries: 3% in Denmark, 4% in Sweden and around 6% in Germany and Austria. Denmark is also one of the countries with the highest share of family carers

in employment (54%), topped only by France and Latvia (59%). By contrast, in Greece, Malta and the United Kingdom, less than one-third of family carers (15-64) are working. Providing care to a family member in these countries only appears possible if the family carer quits his or her job or never entered the labour market. As more women go out to work and intend to continue doing so, tension between working and caring is likely to grow if policies do not take account of this change.

Whether (female) family carers work full-time or part-time obviously makes a difference with regard to their availability to provide family care. In the EU28, nearly 20% of employment was part-time<sup>7</sup> in 2016, up 2 percentage points since 2007, mainly due to an increase in involuntary part-time work. However, there are huge differences between European countries. Besides the exceptionally high rate of part-timers in the Netherlands (nearly half of the employed, and more than 75% of employed women), countries with rates higher than the European average include Austria, Germany, Denmark, the United Kingdom, Belgium, Sweden and Ireland. In these countries, the availability of part-time work, together with the possibility of working flexible hours, is a key structural factor for caregivers in combining care and work. At the other end of the spectrum, part-time work accounts for less than 6% of salaried employment in Bulgaria, Hungary, Croatia, the Czech Republic and Slovakia, countries which (as we will see in Section 2), are among those with the most familialist LTC schemes. These scarce part-time opportunities reflect strong barriers related to the structure of the labour market and act as a considerable disincentive for family caregivers to remain in, or enter, the labour market.

Of course, men could – theoretically and at least partly – compensate for this decline in potential family caregiving by taking up more caring responsibilities. This development, however, is constrained not only by cultural frameworks, but also by higher men's participation in the labour market. Long-term care policies that include work-family reconciliation policies are therefore needed not only to support a shrinking pool of female family carers, but also to encourage potential male family carers.

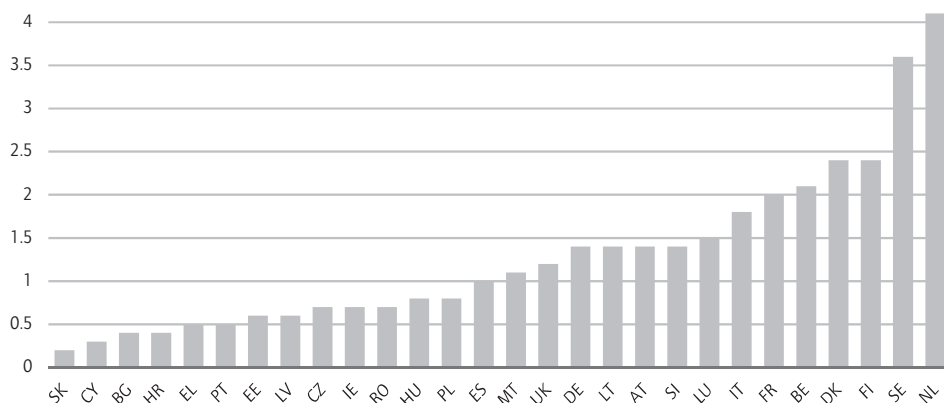
## **2. Diversity of long-term care policies and the work-life balance of family carers**

Intensive caring responsibilities do not just occur when a family has young children. They may occur at many points throughout one's adult life, whenever a family member becomes frail or is severely disabled. The work-life balance of working carers, as well as the balance between multiple family obligations, is thus directly influenced by the type of public policies developed with regard to dependent or disabled persons. The very unequal development of national LTC policies of which differences in expenditure (Figure 2) are only a partial indicator.

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7. Eurostat, Labour Force Survey, full-time and part-time employment by sex, age and educational attainment level [lfsa\_epgaed].

Figure 2 Share of long-term care expenditure in GDP (%), in EU Member States, in 2013



Source: European Commission (2015c: 6).

## 2.1 National long-term care policies: varying institutional frameworks for family carers

From the perspective of supporting a work-life balance for caregivers, three dimensions seem to be important in assessing existing national LTC policies and ongoing trends within them (Saraceno 2010). First, the degree of universalism; second, whether public provision operates in kind (services) or rather through cash allowances; and third, the level of individual need covered by publicly-funded provision, through services or cash allowances. All three, but particularly the last two dimensions, have to do with patterns of familialisation-defamilialisation as conceptualised by, among others, Orloff (1993), Leitner (2003), Saraceno (2004 and 2010) and Saraceno and Keck (2010).

Familialism by default or ‘unsupported’ familialism (Saraceno 2010) occurs when there are no, or very scarce publicly-provided alternatives to family care, and no cash benefits. This type of familialism is sometimes also prescribed in civil law. ‘Supported familialism’ occurs, by contrast, when policies – usually involving income transfers but also with protected time-off for care – help family members fulfil their caring responsibilities. Such policies include paid or unpaid leave from employment, specific allowances for caregivers and extended social protection entitlements. ‘Defamilialisation’, finally, may occur in two different ways: through the provision of public or publicly-financed and regulated services substituting family care, or through direct (cash benefits) or indirect (tax deductions) income transfers specifically intended to buy services in the market.



Funding may occur through the public budget or through compulsory social insurance. Very similar levels and patterns of provision may be funded differently. This is the case for instance in Germany and Austria, countries with similar LTC systems, but where the German system is mainly funded by compulsory insurance (Pflegeversicherung), while the Austrian one is funded by federal and state budgets (European Commission 2016a: Vol. 2). Countries differ also with regard to whether, to what degree, and in what cases they operate a means test. When there is such a test, it usually concerns co-payment of services (as for instance in Austria and France).

Looking at these different policy dimensions, one can cluster the EU countries based on their degree of universalism, the degree to which they support defamilialisation or familialisation of long-term care and the degree to which they leave care mostly up to families, without any support.

Despite many reforms partially transforming national LTC schemes over the last decade (Ranci and Pavolini 2012 and 2015, European Commission 2016a), countries can be grouped as follows (Table 1):

- Group 1 features strong universalism, defamilialisation and weak familialism (both *supported* and *by default*): Sweden, Denmark, Finland and the Netherlands. These countries are characterised by a high level of spending on LTC and high levels of service coverage, helping family carers by reducing the amount of family care needed.
- Group 2 features universalism since all residents are covered; high or medium defamilialisation, but with strongly *supported* familialism and medium or high levels of familialisation *by default*: Austria, Belgium, the Czech Republic, Germany, France, Ireland, Luxembourg, Spain and the United Kingdom.
- Group 3 features reduced universalism, medium-low defamilialisation, medium *support* for familialism and medium or high familialism *by default*: this group is made up of Estonia, Italy, Lithuania, Portugal and Slovakia.
- Group 4 features reduced universalism and little service provision, thus little defamilialisation, high familialisation *by default*, but medium-low *supported* familialism: Hungary, Malta, Poland, Romania, Slovenia.
- Group 5 is characterised by the absence of universalism, no service provision, very high familialism *by default*, and low or very low *supported* familialisation: Bulgaria, Croatia, Cyprus, Greece and Latvia. All Group 5 countries are characterised by low percentages of LTC spending in terms of GDP and embryonic long-term care policies. This lack of policies is often politically justified by reference to family values and cultural attitudes.

Within this variety of arrangements, supported familialism – in the form of policies indirectly or directly supporting working family carers – is becoming increasingly important. We will turn, therefore, to these policies.



Table 1 Country groupings by patterns and degree of support to family carers' work-life balance

Universalism	Defamilialisation	Supported familialism	Familialism by default	Overall direct and indirect support for carer's WLB
<b>1. Strong universalism and defamilialisation, weak supported familialism and familialism by default</b>				
DK High No means-testing	High But decreasing because of decreasing time per person	Low No leave, or only in the case of impending death, no payment for care, no credits for social contributions*	Low but increasing	High
FI High No means-testing	High	Medium Informal carer support based on an assessment by local authorities; some cost-sharing	Medium	High
SE High But decreasing, because of focus on the severest cases; No means-testing	High But decreasing because of long waiting lists and restriction to the neediest; preference for home care	Low Support to carers for alleviating work load; Leave for care to a terminally ill relative. Some local cash benefits for dependent persons and carers	Low, but increasing	High
NL High No means-testing	High But the household composition and availability of household members is taken into account	Medium/low A family member may be hired as carer; respite care	Low but increasing	High
<b>2. Universalism, medium defamilialisation, strong supported familialism, medium to high familialism by default</b>				
AT High No means-testing	Medium-low	High Care allowance to the cared-for person; credits for pension contributions for family carers; co-payment of services	Medium to high	Medium

	Universalism	Defamilialisation	Supported familialism	Familialism by default	Overall direct and indirect support for carer's WLB
BE	High Regional differentiation Means-testing	Medium Vouchers may be used to pay for care	Medium to high Some cash benefits, credits for social contributions*	Medium	Medium
CZ	High Allowance no means-tested Support intended to cover only part of the individual need	Medium-low	High Leave, credits for social contributions*	Medium to high	Medium
DE	High Support for only part of the individual need. No means-testing	Medium Choice between services and allowance	High Allowance 'Pflegeversicherung' to the cared-for person, credits for social contributions*, respite care, etc.	Medium to high Both services allowances to pay only part of the need	Medium
FR	High Two universal benefits, based on the principle of cost-sharing No means-testing	Medium-high (allowances to buy care)	Medium-high specific tax deductions for the carer, credits for social contributions*	Medium to high	Medium
IE	High Means testing of the carer's allowance	Medium	Very high Specific allowances for family carers (carer's allowance, means-tested), credits for social contributions*	Medium to high	Medium
LU	High No means-testing	Medium	Very high Care allowance to the cared-for person if there is a preference for combining professional and informal care; credits for social contributions*, respite care, counselling	Medium to high	Medium
ES	Medium-high Universal system, but slow implementation Means testing Benefits based on cost sharing	Medium Preference for institutionalization. Care allowances to buy in care, except where no offer	Medium A means-tested care allowance to the cared-for person where no services are available; Social security rights of carers (Agreement with the Social Security body)	High	Medium-low
UK	Medium Means testing	Medium, with users' charges	Medium-high carer's allowance to the family carer, credits for social contributions*	Medium to high	Medium

<b>3. Reduced universalism, medium defamilialisation, medium supported familialism, medium to high familialism by default</b>						
EE	Medium No means-testing	Medium-low	Medium Carer's allowance and care allowance in alternative to services; credits for social contributions*	Very high	Medium-low	Medium-low
IT	Medium Targeted only to the severest cases, but without a clear national definition	Low Main measure: a care allowance. Great regional differences in the provision of services	Medium Cash benefits to the cared-for person, carer's leave, credits for social contributions*, some respite care	High	Medium-low	Medium-low
LT	Medium No specific LTC system No means-testing	Very low	Medium-low Local decisions on 'cash for care' in alternative to services; credits for social contributions*	High	Low	Low
PT	Medium-low Means-testing	Medium Services preferred to care allowances which must be spent to buy care	Medium-low Modest allowances where no services available, no credits for social contributions*	High	Medium-low	Medium-low
SK	Medium Separate LTC system Means-testing	Medium With a preference for home care	Medium-high Family carers (mostly out of the labour force) receive cash benefits; support services; credits for social contributions*	Medium to high	Medium-low	Medium-low
<b>4. Reduced universalism, low defamilialisation, low supported familialism, high familialism by default</b>						
MT	Medium-low Means testing	Very low	Very low Low cash benefits for the cared-for person; social pension for some category of family carers	Very high	Very low	Very low
PL	Medium-low No specific LTC system Means-testing	Low	Low Cash benefits for the cared-for person; credits for social security contributions*	High	Low	Low
HU	Low no specific LTC system; Weak coordination.	Low With a prevalence of institutionalisation; user's fees in services	Low No care allowance for the cared for person; a non means-tested carer's allowance	High	Low	Low
RO	Low No specific LTC system	Very low	Low Only a non means-tested caregiver indemnity to a disabled person's personal assistant	Very high	Very low	Very low

Universalism	Defamilialisation	Supported familialism	Familialism by default	Overall direct and indirect support for carer's WLB
SI Medium No specific LTC system; fragmented provision No means-testing	Medium	Medium Non means-tested allowances	Medium to high	Medium-low
<b>5. No universalism, very low defamilialisation and supported familialism, very high familialism by default</b>				
BG No statutory LTC system Means testing	Very low Increase of places in hospices for dependent adults. Deinstitutionalisation for children and increase in social services in community.	Very low Low means-tested cash benefits for the cared-for. Only child allowance system are non means-tested.	Very high	Very low
HR No Means-testing (Guaranteed minimum income beneficiaries only)	Very low	Very low Low cash benefits for the cared-for person (means-testing); credits for social security contributions*	Very high	Very low
CY No Fragmented organisation With the exception of some disability, means-testing (guaranteed minimum income beneficiaries only)	Very low	Very low Low cash benefits for the cared-for person (GMI condition); credits for social security contributions*	Very high	Very low
EL No No universal statutory LTC scheme, but provisions for the poor by municipalities	Low	Low No support	High	Low
LV No Very fragmented system. Responsibility on the municipalities	Very low	Very low No care allowance. Low municipal care allowances for the cared for or the carer	Very high	Very low

\* Credits for social security contributions for family carers.

Sources: European Commission (2016a), ESPN (2016), MISSOC (2017), Saraceno and Keck (2010).

## 2.2 Work-life balance for carers in practice: the main social benefits for carers

The opportunities to reconcile caring and working depend on the type and level of social benefits available to both dependent people and caregivers. As described in Section 2.1, when domestic policies are more defamilialised, less support may be necessary for family carers. Yet, short of full institutionalisation, which is not the most suitable or humane solution for those needing care, some specific support is needed to help family members remain in paid work while providing care, even in the most defamilialised countries. Social benefits for family caregivers take the form of leave and flexible work arrangements but also cash and in-kind benefits<sup>8</sup>. Leave and flexible work arrangements specifically target carers in employment, while cash and in-kind benefits generally target all carers, irrespective of their employment status. But how they are framed may also influence a carer's options concerning her or his job.

### Caregiving leave

As in the case of maternity and parental leave, caregiving leave is a crucial means to allow working family carers “time to care” without putting them at risk of being fired or forced to quit their jobs. As opposed to maternity and parental leave, however, caregiving leave is not available throughout the EU and has not as yet gained a strong foothold and legitimacy within the social policy framework. Furthermore, available forms of leave differ substantially: they may be short-term (a few days a year or month), long-term (six months or more), emergency only (as in the case of impending death), as well as paid or unpaid and with varying degrees of job protection. Short-term leave is usually intended to allow the carer to accompany a dependent family member to routine medical visits or to face an emergency. The aim of long-term leave, instead, is to allow a family carer to directly provide care for a longer stretch of time, from one to several months or even more than a year (e.g. FI, IT, MT, PT<sup>9</sup>). The distribution, as well as the combination, of these forms of leave differs across countries, as do eligibility rules (Eurofound 2015). In general, countries where supported familialism (e.g. Italy) prevails are more likely to provide a combination of long- and short-term leave, while countries with a high degree of de-familialisation (e.g. Denmark, Norway, Sweden) are more likely to provide only short-term emergency leave.

Eligibility depends on several criteria: the age group of the cared-for person (disabled child, disabled adult or frail elderly), the dependency degree assessed, whether or not the dependent person lives with the carer, as well as the latter's employment situation and his/her number of years paying into social insurance. Caregiving leave schemes for parents of disabled children exist in all European countries (except Slovakia), but fewer countries provide some form of leave for employees caring for frail elderly people.

8. A detailed presentation of social benefits for caregivers can be found in the European Social Policy Network (ESPN) Synthesis Report on Work-life balance measures for persons of working age with dependent relatives in Europe (Bouget *et al.* 2016). The study of national policies draws on 35 ESPN country reports which can be downloaded from the ESPN page on the European Commission website: <http://ec.europa.eu/social/main.jsp?catId=1135&intPageId=3589>.

9. For the countries' official abbreviations used in this chapter, see the list of country codes in this volume.

Still fewer countries provide – paid or non paid – caregiving leave schemes regardless of the age of the dependent person (AT, DE, DK, IE, IT, NL, SE, UK). Eligibility for leave also depends on the severity and type of dependency of the cared-for person. In some countries, eligibility and duration are left up to the employer’s discretion (e.g. MT, RO – except for carers of disabled children), i.e. leave is not *stricto sensu* a social right. Leave provisions for parents of disabled children are usually better developed and their duration is usually longer than that granted to family carers of disabled adults or frail elderly people.

Whether or not and at what level caregiving is compensated is particularly crucial in the case of long-term leave. Indeed, if leave is not or only poorly paid, many carers may not be able to effectively make use of their entitlements or will have to choose between caring or remaining in their job. Compensation may be a proportion of previous earnings, very often 70-80% of previous earnings, as with sickness benefit (e.g. DK, PL for short-term leave), on full pay (as with short-term leave in Italy), or at a flat rate (BE, DK, HR, IT in the case of long-term leave). When it is not discretionary, leave allows the carer to continue being entitled to healthcare and building up social security rights for a pension. Job protection is guaranteed.

### **Flexible working arrangements**

Recourse to flexible work arrangements – telework, personalised work schedules – or temporarily moving from full- to part-time work<sup>10</sup> depends not only on the carer’s individual and family resources, but also on the specific labour market situation and regulations. In some countries such as the Netherlands or Belgium, family carers have a right to flexible working arrangements and to temporarily work part-time. In most other countries, however, this right is weaker or does not exist at all as such: arrangements are left to individual negotiations and to the employer’s discretion. Particularly in countries (e.g. the Eastern European ones) without many part-time jobs, scarce care services and non-existent caregiving leave, the impossibility of changing one’s working hours and/or mode might mean that family carers in employment are faced with the stark choice of either leaving their job or not providing the necessary care.

### **Cash-for-care benefits**

Cash-for-care benefits comprise three main types of care allowances, with the degree of support they offer to family carers in general, and specifically to carers in employment, varying according to the type of allowance and level of generosity. The first type is paid to the dependent person, based on the level of need and sometimes also income, and earmarked for employing a carer (e.g. in ES, FR, PT, SE and SI). This kind of allowance may be interpreted as a form of de-familialisation, as, while not directly providing a service, it provides the means to, obligatorily, buy care. In so doing, this allowance reduces the need for family care, thus enabling carers in employment to carry on working. In some countries, this kind of allowance may also be used to hire a family member. This is the case in Finland, Denmark and Sweden, where a family member may be directly hired by the municipality to provide care. In the Netherlands, the dependent person can use the ‘personal care budget’ to hire a carer, who may be a family member

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10. More details in OECD (2016).

if the dependent person so wishes. In these cases, in particular low-income (mostly female) carers in employment can choose between their previous job and being paid to perform care, while formerly “inactive” family carers may become acknowledged paid working carers. In other countries, such as France, this is impossible, or, as in the United Kingdom, there are restrictions regarding which family member may be formally hired as a carer.

The second type of care allowance is also paid to the dependent person but can be used freely, i.e. it does not have to be spent on buying care. In some countries, such as Germany and Austria, the care allowance is offered as an optional alternative to services; in other countries, such as Italy, the care allowance is the only benefit available for dependent people at the national level, although at the local level there may be also services. According to national ESPN studies (e.g. AT, DE, IT), in many cases this care allowance is used to pay for care in the informal (often migrant) labour market, or to informally compensate the family caregiver (see also Bettio *et al.* 2006, Keck and Saraceno 2010). However, there is no statistical data on how widespread this practice is.

The third type of care allowance is the carer’s allowance. It is specifically provided to the family carer, who must apply for it (e.g. BE –allowance for assistance to the elderly – MT, PL, RO, SI – only for parents of disabled children –, SK, UK)<sup>11</sup>. Eligibility criteria vary according to the age and severity of disability of the dependent person, the carer’s earnings, whether or not the carer is in employment, whether she/he has a legal/permanent residence in the home of the dependent person (or vice-versa), the age of the carer, gender (MT) or marital/civil union status (MT). As opposed to the first type, this care allowance does not constitute a formal wage and is not based on a formal work contract.

In all countries providing carers’ allowances, carers build up social security entitlements towards the old age pension<sup>12</sup>. Some countries grant similar social security entitlements even in the absence of a carer’s allowance (e.g. AT, DE, ES, HR). The person must be recognised as being the main carer, with no additional help from social care services or from a hired person paid through a publicly financed allowance. Furthermore, while in some countries, e.g. in France, these contributions are an alternative to those accrued through employment in the same period, in other countries (e.g. Germany), the two categories of contribution may be cumulated.

Interestingly, while care allowances paid to the dependent person are exempt from taxes, allowances paid directly to the family caregiver are usually taxed, i.e. treated as earnings.

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11. In Norway, a discretionary cash benefit (omsorgslønn) is paid by the municipality to a caregiver who has particular burdensome care work (MISSOC 2017).

12. In the literature, these credits are sometimes referred to as ‘virtual contributions’ or ‘fictitious contributions’.



### **Benefits in kind for caregivers**

In addition to leave and carer's allowances, many countries have a well-developed scheme of benefits in kind specifically tailored for caregivers. These may include respite care (a short break from caring duties), training, counselling, information through hotlines and internet sites as well as psychological support. In almost all countries, benefits in kind for parents of disabled children are the most widespread, while far fewer are available for the care of the elderly.

The type and number of these benefits may vary considerably between urban and rural areas, between political/administrative bodies and levels of government (federal entities, administrative institutions and regions/municipalities). Voluntary organisations also provide training, counselling and psychological support to caregivers (e.g. CZ, DE, DK, EE, EL, LT, LV, UK).

## **3. Tensions between long-term care policy trends and caregivers' work-life balance: shifting responsibilities**

According to various studies, the institutional framework (i.e. the policies in place) is the most important driver of decisions concerning whether and how much to care for a dependent family member, as well as of the gender gap in caring (e.g. Haberkern and Szydlik 2010, Da Roit *et al.* 2015). In this respect, there is a risk that some reforms of LTC institutions may paradoxically endanger the goal of improving the work-life balance of female caregivers.

### 3.1 The flipside of deinstitutionalisation

Deinstitutionalisation, i.e. reducing the number of beds in residential or nursing homes, has been a consensual LTC policy objective of many European governments. It was expected to create a win-win situation, increasing the well-being of those receiving care and allowing them to remain in their habitual setting, while at the same time being more cost-effective than institutionalisation. De-institutionalisation was also supposed to have a positive effect on stimulating technological and other innovations enabling dependent persons to maintain their autonomy as long as possible. In most developed LTC schemes, especially in the Nordic countries, deinstitutionalisation has indeed been matched by increasing provision of in-home care and innovative solutions (e.g. welfare technology, etc.). Moreover, in-home care demand is an expanding employment sector (e.g. in Germany) and can lead to potential job creation in personal services. Last but not least, home/community-based care may be more acceptable than institutional care to both dependent people and their families, thereby possibly increasing the take-up of LTC measures. A model providing adequate benefits in kind for dependent people could thus be particularly effective not only in reducing their dependency on family members, but also in improving both their quality of life (with respect to institutionalisation) and the work-life balance of family carers. At the same time, it might also contribute to increasing labour demand.

However, deinstitutionalisation does not automatically result in a better balance between family obligations and work, because it often means shifting responsibility from the formal sector to the family. The expansion in home care services has not always matched the increase in care needs (Jenson and Jacobzone 2000: 12). The main reason why at-home care costs less than residential care is precisely because part of the work is shifted to the family as non-paid work. This is the flipside of deinstitutionalisation. Since 2008, in a context of budgetary constraints<sup>13</sup>, the transition from institutional to community-based services has often been insufficient and has created different forms of rationing, especially waiting lists, while also negatively impacting family carers' employment. These changes disproportionately affect women, who are sometimes forced to reduce their working hours or to quit their jobs, or to reduce their leisure and rest time and time for their partner or children.

### 3.2 The flipside of care allowances

Care allowances provided to dependent people or to carers may support, or on the contrary disincentivise, family carers' employment, depending on the level of the benefit, its rules of use, the national culture of care, the traditional or legal obligation to care for dependent family members and the income of both the cared-for person and the caregiver. From the literature and the analyses contained in the national ESPN reports, we can identify three different types of cases discouraging employment.

First, as described in Section 2.2, few countries provide cash benefits specifically targeting caregivers. Unless this payment is specifically framed as a wage (as in Finland) and the caring relationship defined (also) as an employer-employee relationship, carers may be prone to assessing the trade-off between this 'money in the pocket' and the loss of money earned in the labour market. For unskilled and low-income workers, the trade-off may appear positive in the short term, incentivising them to withdraw from the formal labour market. They may, however, not be able to return to it when the care period ends. Furthermore, if the time spent caring has not been recognised through state pension contributions, they also risk severe old-age poverty.

Second, the same negative effect on employment may also occur when the care allowance is paid to the cared-for person to be used freely and as an (optional or mandatory) alternative to the provision of services, in cases where the family carer and the cared-for person share the household budget, and/or the allowance is used to informally compensate the former. Where the allowances are relatively high (e.g. DE, LT, IT), caring needs intensive and the market wage of the carer low, the trade-off between remaining in employment and caring might appear to be in favour of the latter, particularly for workers on low wages.

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**13.** The national ESPN reports underline several shortcomings in LTC services due to this process: a shortage of beds and waiting lists to enter a residential home (e.g. CZ, EE, MT, PLSI), the underdevelopment of in-home care (e.g. CZ, LT, PL, SI), cuts in public expenditure on LTC services (UK) or a glaring lack of investment (e.g. IE, RO, SI) for dependent persons.

Third, when the cash benefit for the dependent person or carer is low (e.g. CZ, EE, FR, HU, IE, LT, LV, NL, PL, PT, RO, UK) and services are scarce, absent or costly, low-income family carers of low-income dependent people may be forced to stop working or reduce their working hours for lack of alternatives.

Overall, there is a risk of care allowances, when not regulated as formal wages within formal work contracts, creating very precarious workers – be they family members or not – in a new grey economy of home-based care services. According to various studies, this semi-formal labour market is often staffed by migrant workers, particularly, but by no means exclusively, in the Southern European countries, where, with the help of care allowances unregulated in their use, migrants are increasingly standing in for missing LTC services and declining availability of family carers (e.g. Bettio *et al.* 2006, Kilkey *et al.* 2010).

#### **4. A new EU approach to work-life balance and long-term care policies?**

This section presents the main developments in work-life balance policies at EU level in 2016. As many scholars point out, EU work-life balance policies have a considerable impact on domestic developments in this area (Jacquot *et al.* 2012; Graziano *et al.* 2011; Caracciolo di Torella and Masselot 2010). We argue that 2016 has been a milestone in a process which has been underway over the past decade. Nevertheless, despite these positive developments, we also raise some concerns regarding the combination of ambitious work-life balance (WLB) policies for carers with budget constraints and the increasing importance of in-home care in the EU discourse.

Work-life balance policies are one of the pillars of the EU social policy objectives (Ghailani 2014: 161), and the EU has undeniably become a key player in the development of work-private life reconciliation policies as a *sine qua non* for ‘de facto equality’ between the two sexes in the European Union (Council of the European Union 2000). The principle of reconciling family and working life is also enshrined in primary EU law, i.e. in Art. 33 of the EU Charter of Fundamental Rights. More concretely, this principle has been reinforced through secondary legislation such as the Directives on Equal Treatment<sup>14</sup>, on Pregnant Workers<sup>15</sup>, and on Parental Leave (recast)<sup>16</sup>. However, these policies relate principally to families (and mainly mothers) with young children. A terminology shift in policy only occurred in 2008 with the European Commission’s introduction of its WLB package enshrining reconciliation as a right for everybody and not only for individuals with families (Caracciolo di Torella and Masselot 2010). Nevertheless, in practice caring

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14. Directive 2002/73/EC of the European Parliament and of the Council of 23 September 2002 amending Council Directive 76/207/EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions.

15. Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding.

16. Council Directive 2010/18/EU of 8 March 2010 implementing the revised Framework Agreement on parental leave concluded by BusinessEurope, UEAPME, CEEP and ETUC and repealing Directive 96/34/EC.

responsibilities have been considered only narrowly – putting the emphasis on young children – while ‘only lip-service’ has been paid to caring for disabled adults and the elderly (Caracciolo di Torella and Masselot 2010: 6).

Ideational and policy change gained momentum in 2015 when the Juncker Commission launched the initiative ‘A new start to address the challenges of work-life balance faced by working families’ (European Commission 2015a)<sup>17</sup>. This ‘new start’ was also strongly reflected in the 2016 Commission work programme (European Commission 2015b), proposing both legislative and non-legislative measures in the area of WLB for carers of dependent persons. The main objective of these new initiatives was to increase the labour market participation of caregivers, and in particular of female carers of dependent persons, by modernising and adapting the EU legal and policy framework to today’s labour market<sup>18</sup>. There has thus been a clear shift in the EU’s terminology and policy commitments towards the work-life balance of carers of dependants of all ages (children, adults and the elderly), focusing on both men and women and not solely on mothers looking after young children.

In this context, the European Commission undertook a two-stage consultation (European Commission 2015d) in November 2015 and July 2016 with the European social partners<sup>19</sup> on their views regarding possible improvements to EU legislation (European Commission 2016c and 2017) in the area of work-life balance with a view to amending the Framework Agreement (made binding by Council Directive 2010/18/EU) on Parental Leave.

However, negotiations between the European social partners never got off the ground, with the strongest opposition coming from two top-level European employers’ organisations<sup>20</sup>. The employers proposed mainly non-legislative measures, considering that further EU legislative measures would bring more rigidity into the work relationship, increased costs to employers and public budgets, and new administrative burdens for companies (BusinessEurope 2015). On the other hand, the trade unions strongly supported new legislative measures such as the revision of the Directive on parental and carers’ leave, as well as increasing the duration, pay and dismissal protection of maternity leave (ETUC 2016).

17. With this new initiative, the Commission intended to make a clean break with the failure of its proposal to revise the Pregnant Workers Council Directive (92/85/EEC). Indeed, in 2008 the Commission proposed a revision of this Directive, including a longer period of leave, its better remuneration and more rights for mothers, which encountered a clear lack of support in the Council. This led to the proposal’s withdrawal in 2015.

18. This shift has gradually gained in visibility in EU reports such as Council of the EU (EPSCO) 2014 report on Adequate social protection for long-term care needs in an ageing society, in 2014; The 2015 European Commission Ageing Report (European Commission, 2015c), the Joint Report on Health Care and Long-Term Care Systems and Fiscal Sustainability (European Commission, 2016a). The EU has been emphasising the need to develop sustainable long-term care strategies and services, reflecting in particular on the work-life balance of carers.

19. According to the Article 154 of the Treaty on the Functioning of the European Union (TFEU), before the Commission may submit proposals in the field of social policy, it must organise a two-stage consultation with the European social partners. If the negotiations between the latter to conclude an agreement at Union level fail, the Commission has the power of initiative to submit proposals for legislation in this field.

20. We refer to BusinessEurope and the European Association of Craft, Small and Medium-sized Enterprises (UEAPME). By contrast, the European Centre of Employers and Enterprises providing Public Services and Services of general interest (CEEP) was finally willing to enter into negotiations.

Faced with the failure of negotiations between the European social partners, the Commission moved into the driving seat, issuing a proposal on 26 April 2017 for a new directive on work-life balance for parents and carers – designed to replace the former Parental Leave Directive (2010/18/EU) – as well several non-legislative measures in the context of the launch of the European Pillar of Social Rights (European Commission 2016d). This proposal is intended to strengthen existing rights of family carers and to create new ones, including the right to five days a year of paid caregiving leave and flexible working arrangements for parents and carers. The new rights are supposed to improve their work-life balance, as well as preventing carers leaving the labour market because of caring demands. Furthermore, with a view to boosting the role of male carers (for young children), the proposed directive also introduces an individual entitlement of ten working days of paternity leave, paid at least at sick-pay level, as well as revising the current measures on parental leave: at least four months' leave (non-transferable between parents), again paid at least at sick-pay level.

Emphasising the role of the carer whatever the age of the dependent person in an ageing Europe is inevitably linked to the development of LTC benefits and services. In this respect, the *Joint Report on Health Care and Long-Term Care Systems and Fiscal Sustainability*, published in 2016 (European Commission 2016a), represents a milestone in the EU policy discourse, with the Commission for the first time clearly distinguishing between long-term care and healthcare. Moreover, the report also clearly emphasises the importance of work-life balance for family carers. Along with the strong emphasis on the financial sustainability of the reforms, the report also suggests that care services should specialise in at-home care for persons with low or medium dependency, with institutionalisation only for the most dependent persons (European Commission 2016a: 202).

In line with this new approach, the Annual Growth Survey (AGS) for 2017, published in November 2016 (European Commission 2016d), for the first time pinpoints the clear separation between 'long-term care' and healthcare, identifying the former as an autonomous pillar of social protection. It also emphasises the development of LTC facilities for improving carers' WLB: 'Investments also need to focus on human capital and social infrastructure. The development of long-term care services and affordable and flexible childcare facilities is particularly important to decrease care obligations towards the elderly and children, frequently affecting women' (European Commission 2016d: 7).

These new EU initiatives and changes in policy scope can, however, be seen as ambivalent in their meaning and goals. The aim of improving the work-life balance of family carers and helping them to remain in the labour market stands side by side with the idea of reducing costs to public budgets through greater recourse to at-home family care. Moreover, the proposed new directive improving the work-life balance of parents and carers may lead to irreconcilable positions between unions and employers at national and European level. For instance, along with questioning its political legitimacy, BusinessEurope considers that the 'extension of leave and other working arrangements can hardly be afforded by our societies and companies. The EU employer's organisation 'strongly oppose the idea to introduce an EU-wide carers' leave',

seen as creating obstacles and ‘counterproductive effects on women’s employment’ (BusinessEurope 2017). Finally, as shown in this chapter, in most EU countries, carers’ paid leave is provided only for individuals with young children, and some countries do not provide any form of paid leave for working carers of disabled or elderly family members. The recognition of ‘carer’ status, except for that of mothers of young children, is only in its infancy at EU level, and its ‘customisation’ (full social protection status, etc.) depends strongly on future political struggles within the Council.

## Conclusions

A multi-pronged approach is needed to address the challenges in the area of long-term care (see also Eurofound 2015). With regard to caregivers in employment, suitably organised long-term community- and home-based care services are needed to support dependent persons and their carers, together with flexible and paid leave arrangements, flexible work arrangements and credits for social security contributions. Full institutionalisation should only be used for the most severe cases, for both financial and humanitarian reasons, while there might be different degrees of semi-institutionalisation, such as assisted housing.

Overall, the current broad differentiation in coverage and kinds of national benefits available to caregivers is the result both of the unequal development of LTC schemes and of different expectations concerning the involvement of family members in caring for their disabled relatives. At the same time, one emerging trend is the development of a somewhat grey area between totally unpaid family care and highly formal and regulated paid care. Indeed, family carers increasingly receive some form of compensation, although not always a wage with all the related social security trappings. Whether this development represents a positive acknowledgement of the economic value of family care and of its cost for the caregiver – or is in fact a way of justifying the inadequacy of public provision of LTC services and of work-family policies supporting caregivers – remains to be established.

The countries that are most supportive of carers are those which have universal (or near universal) provision of services, or which reduce the amount of care needed to be given by family members through care allowances tied to buying care. Policies geared to supporting exclusive (or near-exclusive) family-provided care through care allowances (as different from wages) given to the family carer risk disincentivising labour market participation among low-skilled women or those with heavy care responsibilities, making them vulnerable to poverty when the caring period ends. Less supportive countries provide no services, no leave and no form of care allowance, or only very low care allowances. It should be added that they are neither supportive of carers (whether in employment or not) nor of the dependent persons themselves.

The EU work-life balance priority launched in 2016, with a specific dimension regarding informal care for disabled persons or elderly persons, is an important step in a long virtuous process towards converging LTC policies sustainable both for public budgets and for family carers. However, the outcome of this process is uncertain, for various



reasons. First, due to the principle of subsidiarity, national LTC policies remain within the competency of each Member State and limit the potential of EU initiatives, in a context characterised by wide cross-national differences in expenditure (Figure 2), in the level of coverage and in forms of support. These cross-country differences are further amplified by the varying impact of EU and national austerity measures, with some of the countries with less-developed LTC policies among the most negatively affected. Second, some policy developments may have unintended consequences, impacting people with very unequal resources and different personal options within each country as well as across countries. Third, it should be pointed out that the focus of the EU policy discourse in this field is exclusively on caregivers in employment. No account is taken of the needs of caregivers outside the labour market, despite the fact that in many European countries they constitute the majority of carers.

Finally, we should highlight the changing meaning of informal care at the national policy level and in the EU discourse. Reforms in favour of caregivers are gradually turning informal family care into an embryonic statute for workers (credits for social security contributions, carers' allowances, etc.). But there is a risk that this process will clash with the increasing desire of old people to remain autonomous, not always wanting to be dependent on practical support from their children (provided they have any). There is also a risk of the refamilialisation of informal care colliding with the historical trend of increased female labour market participation as well as with demographic and family changes.

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