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**Observatory for
Sociopolitical Developments
in Europe**

Documentation

Reconciling Work and Care. Experiences from Different European Countries.

European Expert Meeting on 4 and 5 September 2017

Berlin

Lena Reinschmidt



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1 Introduction

In Europe, 80 per cent of all care is provided by informal carers – most of them family members or friends.¹ Caregiving relatives thus form the backbone of care systems in all European countries (OECD 2011).² In the face of demographic changes, however, we have to expect that more care will be needed in the future. A growing number of elderly persons – and consequently a growing number of persons in need of care – will soon be facing a diminishing number of people of working age.

The question of how the provision of care can be ensured in future years is therefore at the core of policy discussions, with focus shifting more and more to the reconciliation of work and care duties. In view of women's increasing participation in the labour market, but also considering raised retirement ages in many European countries, the provision of care in the future will depend to a decisive extent on how work and family care responsibilities can be reconciled.

The Observatory for Sociopolitical Developments in Europe and the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) recently hosted a European Expert Meeting on this topic. The objective of the event was to promote Europe-wide exchanges on political instruments to improve work-life balance. On 4 and 5 September, a group of policy-makers, academics and members of pertinent associations from Germany and abroad met in Berlin to discuss instruments and experiences in the area of reconciling work and care. This workshop was the second in a series on work-life balance policies.

The European Commission's work-life balance package, published in April 2017, includes the proposal for a Directive that would introduce the right to five days of paid leave for care duties. Furthermore, the package proposes that employees with caring responsibilities have the right to apply to their employers for flexible working arrangements. Rejections must be justified in writing.

The Member States of the European Union already have a wide range of instruments intended to enable family members to provide care and work at the same time. Important government measures to support family carers are leave options that give family carers more flexibility and financial benefits for informal carers. Further instruments are flexible working arrangements so that working caregivers have more choice in terms of when and where they work, thus allowing them to cope with long-term care responsibilities even while they remain employed. Counselling for family carers can also make an important contribution to easing the double burden of care and work. In addition to legal regulations, measures for family carers taken by employers themselves and civil society initiatives can also play an important role.

¹ Eurocarers, cf. <http://www.eurocarers.org/about>.

² OECD (2011): *Help wanted? Providing and Paying for Long-Term Care*.

Selected examples of these instruments as they are being applied in various countries were presented and discussed during the workshop. The workshop was moderated by Lena Reinschmidt and Dr. Jonas Pieper from the Observatory.

This documentation presents the key results of the two days and summarises the various discussion strands.

On behalf of the Observatory for Sociopolitical Developments in Europe

Lena Reinschmidt

2 Programme

Monday, 4th September

12:30 **Arrival and Welcome Snack**

13:00 **Reconciliation of Work and Care in Germany**

Dr. Matthias von Schwanenflügel, LL.M.Eur. (Head of DG Demographic Change, Senior Citizens, Non-Statutory Welfare Services, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth)

13:30 **Reconciliation of Work and Care in Europe: Where Do We Stand and Where to Go?**

Gosia Kozłowska (DG Employment, Social Affairs and Integration, European Commission)

14:00 Coffee Break

14:30 **What do Family Carers Want? First Results of the Stocktaking Study on Needs of Family Carers**

Dr. Magdi BIRTHA (COFACE Families Europe)

15:00 **Academic Input – Support for Employed Family Carers**

Prof. Sue Yeandle (University of Sheffield)

15:30 Coffee Break

16:00 **Panel 1: Care Leave and Financial Support for Employed Family Carers (National Inputs and Discussion)**

Walter Neubauer (Austrian Ministry of Labour, Social Affairs and Consumer Protection)

Annelies Van De Geuchte (Belgian Federal Public Service Employment, Labour and Social Dialogue)

Petr Wija (Czech Institute for Social Policy and Research)

17:30 **Short Summary of Day 1 and Open Questions for Day 2**

afterwards Evening Programme

Tuesday, 5th September

09:00	Panel 2: Better Work-Life Balance due to Flexibilization and Mobile Working? (National Inputs and Discussion) Paul van Dun (Dutch Ministry of Social Affairs and Employment) Sue McLintock (Carers Scotland)
10:15	Coffee Break
10:45	Panel 3: Counselling for Family Carers (National Inputs and Discussion) Frida Andréasson (Swedish Family Care Competence Centre) Sabine Schrank (Austrian Ministry of Labour, Social Affairs and Consumer Protection)
12:15	Coffee Break
12:45	What to Expect? National and EU-Initiatives Supporting Employed Family Carers Philippe Seidel (AGE Platform Europe)
13:00	Final Discussion and Feedback
13:30	Closing Remarks Christiane Walz (Deputy Head of EU Division, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth)
afterwards	Light Lunch

3 Reconciling work and care. Introduction from German and European perspectives

3.1 Reconciliation of work and care in Germany – Welcoming Speech

Dr. Christine Stüben, head of the division for family care leave and family carers at the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, opened the workshop by highlighting the importance of informal care in Germany. Of the approximately three million people currently in need of care, she said, about one third are cared for exclusively by relatives – usually spouses or children. About half of those caring for dependents are also gainfully employed. The reconciliation of work and care is therefore a highly relevant topic, and it is important and encouraging, Dr. Stüben noted, to be able to discuss it within the framework of a European event.

Dr. Stüben then outlined the legal framework introduced by the German government to improve the work-life balance with regard to care duties:

- Since January 2015, informal carers who are in employment have been able to take advantage of family care leave. The statutory provisions offer the option of full-time leave for up to six months or partial leave for up to two years.
- Interest-free loans are available for the period of the leave.
- In acute situations, employees can also take a short-term leave of absence of ten days. Since 2015, this short leave has been supported financially by a caregiver support allowance.
- The Family Caregiver Leave Act [Familienpflegezeitgesetz] has also instituted an independent advisory board to deal with questions regarding reconciliation of work and care, monitor the implementation of the relevant legal regulations, and assess their effects.



Dr. Christine Stüben

Dr. Stüben stressed that work-life balance for informal carers needed to be further developed and improved. As the number of people in need of care increases, this issue will grow in importance in the future.

In this context, Dr. Stüben then outlined the cornerstones for a possible reform of German policy instruments to support informal carers. The goal must be, she said, to give informal carers more flexibility and control over their own time. Firstly, this requires improved financial support during full or partial leave. There is currently a significant discrepancy between leave taken by informal carers and the low number of loans being applied for, while at the same time

many caregivers express their desire for more financial support. Secondly, rules and conditions need to be made more transparent. The current division into two separate laws makes matters confusing for those having to deal with them; merging the regulations in a single law would therefore make sense. Thirdly, taking leave in a number of separate blocks should be made easier. As her fourth point, Dr. Stüben mentioned the need to review the special clause for small businesses. With more women than men working in small service companies, they are particularly disadvantaged by the current regulation. Dr. Stüben also emphasized the advantages of providing counselling for informal carers. So far, however, only few carers had been offered counselling services.

As a concrete proposal for further development, Dr. Stüben suggested that policy-makers should be moving in the direction of a *family working time for care* scheme and a *family allowance for care*. Family working time for care would involve three- or six-month wage compensation in an amount equivalent to parental leave allowance. Caring relatives who slightly reduced their weekly working hours but continued to work in a corridor of between 26 and 36 hours per week would receive a fixed monthly benefit of € 150 as a family allowance for care. This would help in both short-term time-intensive and long-term care situations. Claiming these benefits should be possible simultaneously or successively by more than one relative, so that care duties can be shared within the family. At this point, Dr. Stüben also stressed the advantages for employers. A successful reconciliation of work and care, she explained, meant less employees giving up their jobs entirely. As a result, employers could retain more of their experienced workers. In conclusion, Dr. Stüben stressed the potential for better work-life balance offered by digitisation, in particular the possibilities of working at flexible times and places.

3.2 Reconciliation of work and care in Europe: where do we stand and where to go?

Gosia Kozłowska from the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission presented the key elements of the European Pillar of Social Rights and the proposed Work-Life Balance Initiative.

As Ms. Kozłowska pointed out, demographic change in Europe is resulting in a situation where more and more older people face a declining working age population. One of the European Commission's responses to this trend has been the European Pillar of Social Rights. The Pillar of Social Rights is built on 20 key principles. Principle 9 addresses the issue of work-life balance: "*Parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services. Women and men shall have equal access to special leaves of absence in order to fulfil their caring responsibilities and be encouraged to use them in a balanced way.*"³ Principle 18 is also relevant to long-term care: it guarantees "*the right to affordable long-term care of good quality, in particular home-care and community-*

³ Recommendation of the European Commission establishing the Pillar of Social Rights, 27 April 2017; available at https://ec.europa.eu/commission/publications/commission-recommendation-establishing-european-pillar-social-rights_en.

based services”. One of the measures to deliver on the European Pillar of Social Rights is the proposal of the European Commission for a Directive on work-life balance, which Ms. Kozłowska then explained in more detail. The initiative aims at reducing the obstacles to women’s participation in the labour market. The reconciliation of work and private life as well as a more equitable use of work-life balance arrangements by men and women are at the heart of the Directive.



Gosia Kozłowska

In addition to new standards for parental leave, the Commission draft provides for the right to a short leave of absence from work for caring duties. Carers’ leave entitlement would be for five working days per year, compensated at least at sick pay level. Ms. Kozłowska emphasized that this regulation would, for the first time, create a Europe-wide minimum standard. The proposal for a Directive also provides for the right of informal carers to apply for flexible working arrangements. In future, employees should therefore be able to ask their employer to reduce their working hours, to make them more flexible or to allow them to choose their place of work. Any rejection would require a written justification.

Ms. Kozłowska enumerated other European policy instruments relevant to long-term care:

- monitoring within the context of the European Semester,
- encouraging sharing of good practices among Member States,
- targeted use of EU funding,
- improving EU-wide data collection.

Data collection was also one of the focal points of the subsequent discussion. Estimates assume that in Europe 100 million people are being cared for at home. So far, according to Ms. Kozłowska, there are major shortcomings in the comparability of national data. The Commission is therefore planning to introduce a Europe-wide benchmark. What exactly this benchmark would look like, she explained, was still unclear. Here Ms. Kozłowska said that she expected controversial debate between the Member States. The discussion also raised the issue of the group of persons eligible for carers’ leave. The Commission has deliberately not defined more precisely what persons should be included in the circle of “relatives” and, accordingly, would have the right to the five-day leave. As Ms. Kozłowska explained, it was the Council that needed to concretize this point.

4 The situation of family carers – What do we know from research and practice?

4.1 What do family carers want? First results of a Europe-wide stocktaking study

Lack of comprehensive data was also the starting point of the talk by Dr. Magdi Birtha working with COFACE Families Europe. Dr. Birtha presented a recent Europe-wide survey on the needs of family carers.

The reconciliation of work and care is often perceived as a topic affecting mostly young mothers. COFACE Families Europe therefore wants to put the situation of family carers more into the focus; indeed, 80 per cent of care needs in Europe are being provided by informal carers. In this context, the organisation has also drawn up and adopted a charter for family carers.

Dr. Birtha reported that in May and June 2017, in an effort to find out more about the situation and needs of family carers, COFACE Families Europe asked individuals facing a care issue to fill out an online questionnaire.⁴



Dr. Magdi Birtha, Christiane Walz, Prof. Sue Yeandle (left to right)

COFACE Families Europe hopes the survey will help to find answers to the following questions:

- What is the composition of the group of family carers in terms of age, gender and employment situation?
- Is the work of family carers socially and financially recognised?
- Are there services in place to support family carers and their relatives with support needs to live their lives in dignity and independently?
- Are there flexible time arrangements in the labour market to support family carers in reconciling their care and work life?
- How does the caring role impact the quality of life of the family carer financially and in terms of physical and mental health?
- What countries do best in providing support for family carers?

The survey thus covered aspects of all three dimensions that are crucial for the policy work of COFACE Families Europe: financial resources, services and time.

⁴ The online questionnaire was available in eight languages. Between May and June 2017, 1,160 responses were received from 17 countries. 85 per cent of respondents were women.

Dr. Birtha presented preliminary results of the survey, and in this context also pointed out the limitations of such a study. The final evaluation of the questionnaire, she said, was due to be published in late November 2017. An initial brief analysis had shown that most family carers are between 45 and 64 years old.⁵ It also showed that in most countries the overwhelming majority of family carers received no financial support for their work. If there was financial support at all, it was seldom considered sufficient. Respondents also complained that there was not enough flexibility of working arrangements. The survey made it quite clear that family carers develop health problems as a consequence of their care activities. Asked about the three main problems in everyday life, most respondents mentioned the lack of time for their own needs and the difficulty of reconciling family, job and care. Isolation and financial problems were also frequently mentioned.

In conclusion, Dr. Birtha formulated some of the respondents' demands to policy-makers. The proposals included, for example, free respite care and mobile nursing services. Financial support, access to social security, paid carers' leave and improvement of social recognition were also mentioned.

The following discussion dealt in particular with the insufficient body of data. One particular difficulty was seen in the fact that many family carers do not perceive themselves as such and are therefore difficult to reach. It should also be taken into account that many services and counselling opportunities for family carers are not sufficiently known. Appropriate care should therefore be taken when drawing conclusions from the responses of family carers regarding the extent of actually available services. Information is also not equally spread between rural and urban areas.

4.2 Academic input – Support for employed family carers

Sue Yeandle, PhD, professor of sociology at the University of Sheffield, presented research findings on measures that affect the situation of family carers. She began by underlining the special features of care. Care, she explained, was by its very nature subject to fluctuations, with the intensity of the need liable to change again and again. Most people, she said, assumed care responsibilities at least once in their working lives. According to Prof. Yeandle, this typically occurs towards the end of a person's professional life, exactly at the time when he or she is economically most valuable to the employer. The pressures felt by the carer depend more than anything else on the degree of care needed. Access to support services is another decisive factor. For working carers, workplace factors also influence the extent of the pressure felt: for example, how time-consuming the job is and whether adjustments to working hours can be made. The reactions of co-workers and managers are also important.

⁵ A breakdown by gender and age in responses from Germany shows that most family carers are female. For the over-64 group, however, the picture was significantly different. Here, nearly 50 per cent of respondents were male. This indicates that in Germany, a large part of old-age care is being provided by spouses.

Prof. Yeandle then outlined how instruments should be designed to relieve working carers. She named three crucial elements: firstly, flexibility as to when, where and how often working carers work; secondly, the option of taking time off when care demands are high; and thirdly, access to counselling, guidance and information. Her research has shown that four concrete measures can provide a better reconciliation of work and care:

- paid and unpaid leave options,
- flexible working time and place options with salary stability, or a reduction of weekly working time with corresponding loss of wages,
- protection against dismissal and the right to return to the same or an equivalent job,
- pension and employment insurance protection, for instance recognition of care periods in pension insurance or maintenance of health insurance coverage.



Prof. Sue Yeandle

According to Prof. Yeandle's research, no country has yet introduced a complete package of these policy instruments. However, she said there was a certain amount of convergence with regard to the instruments that were being introduced. She also noted that many of the measures taken were being modified again within a few years. This indicates, according to Prof. Yeandle, that policy-makers seem to be experimenting with different measures in search for the right answers.

In this context, Prof. Yeandle criticised the fact that no systematic evaluation had yet been made of the effects of work-care reconciliation measures on carers. There was often, she said, lack of knowledge about what benefits were available and to what extent those in need of support knew about the measures. She also stressed that reconciliation measures made up just one piece of the puzzle, and that above all, good services were needed to relieve family carers.

The discussion then revolved around the question of best practice examples. Here Prof. Yeandle emphasized the great speed at which the political landscape in this area is currently changing. Many countries are taking action and changing or supplementing existing policies. Sweden continues to be a leader in this field. Here, the comparatively large range of services reduces the need for reconciliation measures. Secondly, there was controversial discussion of Prof. Yeandle's hypothesis that financial benefits for family carers would be an incentive to leave the labour market. Rather, many participants saw financial support as a help for people forced to reduce or suspend their employment because of caring duties. The at times conflicting perspectives on the effects of financial benefits for family carers were the subject of debate several times over the course of the event.

5 Care leave and financial support for employed family carers

5.1 Austria – Compatibility through temporary leave and financial support

Walter Neubauer from the Austrian Ministry of Labour, Social Affairs and Consumer Protection (BMASS) began his talk with an overview of the Austrian instruments of full-time and part-time care leave as well as full-time and part-time family hospice leave.

Family carers in Austria can agree up to three months' full or part-time leave⁶ with their employer to care for a relative who receives long-term care benefits at a minimum of level 3 of the Austrian care benefit system.⁷ Full and part-time care leave are intended to give caring relatives the possibility of organizing care arrangements for a close relative. This leave may be extended for a further three months if the care need increases by at least one level. Full and part-time care leave must be negotiated between employer and employee: employees therefore have no legal claim to this type of leave.⁸



Walter Neubauer, Petr Wija, Annelies van de Geuchte (left to right)

A further instrument for the reconciliation of work and care is full or part-time family hospice leave. An application for hospice leave can be made in cases of end-of-life care for a close relative or for the care of seriously ill children.⁹ Unlike the instrument of care leave, applicants in this case have a legally vested right to hospice leave. In addition to full-time leave, employees may also choose to reduce working hours or change their working time, particularly those who do shift work.

Mr. Neubauer explained that family carers receive income compensation for both types of leave: this care leave allowance amounts to about 55 per cent of average net income. While

⁶ For exact access requirements and further features of the scheme, cf. Reich, N.; Reinschmidt, L. and Hoyer, S.: (2017): *(Wie) Kann häusliche Pflege im Angehörigenkreis aufgeteilt werden? Freistellungen und finanzielle Leistungen für die häusliche Pflege in ausgewählten europäischen Staaten* [(How) Can care be distributed among relatives? Leave and financial benefits for family care in selected European states]. A study of the Observatory for Sociopolitical Developments in Europe (available in German only).

⁷ For people with dementia or minor children, leave is also possible from care level one.

⁸ Recipients of unemployment benefits may also take care leave.

⁹ For additional details, cf. Reich, N.; Reinschmidt, L. and Hoyer, S.: (2017).

on leave, family carers are still covered by pension and health insurance. Contributions to both insurance schemes are taken over by the federal government.

Mr. Neubauer concluded his talk by presenting some data on the take-up of care leave allowance in Austria.¹⁰ In 2016, he said, a total of 2,616 people had received care leave allowance, just over half of them on full-time care leave. By contrast, only 3.1 per cent of recipients had used the option of part-time care. In Mr. Neubauer's view, this indicated that the part-time option was less desirable.¹¹

Mr. Neubauer's talk was followed by critical discussion about the fact that care leave represented no more than an interim solution and did not address the issue of long-term compatibility of work and care responsibilities. However, Mr. Neubauer explained that the model had deliberately not been designed to facilitate long-term reconciliation of work and care. In Austria, he said, long-term care was considered to be a task for existing nursing care services – outpatient or inpatient. No one should leave the labour market for a long time to assume care tasks. First, this could not be expected of employers. And secondly, it may also have negative consequences for women's labour market participation.

¹⁰ Data are available only for persons who receive care leave allowance, as full-time and part-time care leave are voluntary agreements between employee and employer and no data is kept on the actual agreements. It is therefore possible that some carers have a care leave agreement but do not apply for the allowance. However, this can be no more than a small number of persons. No data are available on how many applications are rejected by employers.

¹¹ Among recipients of a care leave allowance in 2016, 52.6 per cent were on full-time care leave and 3.1 per cent on part-time leave. 21.1 per cent took leave to care for a seriously ill child and 22.9 per cent provided end-of-life care. The average amount of care allowance paid out was € 952.62 per month.

5.2 Belgium – Range of leave instruments for family carers

Annelies van de Geuchte from the Belgian Federal Public Service Employment, Labour and Social Dialogue explained the various leave options and financial benefits available to family carers in Belgium. Belgium offers two ways of taking leave: various types of career breaks and the time credit model. The two schemes are independent of each other. Family carers can therefore combine both schemes to have time off from work in order to care for relatives. For example, they may begin by taking a particular type of career break and then claim time credit.

Ms. van de Geuchte first outlined the instrument of career breaks. This instrument covers parental leave, medical care leave and palliative care leave.¹² The financial benefit is the same for all types of career break. Employees taking full-time leave receive a monthly allowance of € 815.56.¹³



The time credit model offers another way for family carers to take time off to provide medical or terminal care. Ms. van de Geuchte explained that in April the time credit scheme had been the subject of a major reform in Belgian labour law. Previously, employees had been able to claim a time

credit of up to two years in their professional life without stating a reason – in a manner akin to applying for a sabbatical. This option was abolished by the reform. Now, time credits may be taken only for specific reasons. Medical and terminal care are some of the motives that entitle workers to this type of leave. Family carers have a 51-month time account: this represents the

¹² Medical care leave is designed to allow workers to care for or support family members or household members who have a serious illness. Carers can either take full leave for one year or cut their working time to half or 80 per cent for up to 24 months. However, an application may be rejected under certain conditions, or the leave period postponed. Palliative care leave can be taken full-time for one month or part-time. This type of career break may be extended twice by one month each time. Unlike in the case of medical leave, no refusal or postponement can take place. For a detailed description of the regulations, see Reich, N.; Reinschmidt, L. and Hoyer, S. (2017).

¹³ Persons under 50 who reduce their working time by half receive € 409.27. Those 50 or older get € 551.76. If working time is cut back to 80 per cent, support amounts to € 183.85 and € 208.27 respectively. The rate for single parents with seriously ill children is slightly higher in all variants.

total amount of time that they may take off from work in order to fulfil care obligations.¹⁴ Financial support is available during the time credit period. The base amount is € 500.45 per month for full leave, therefore lower than the amount available for career breaks.

The discussion that followed this presentation dealt mostly with access restrictions in the case of the time credit model. Access to time credit, Ms. van de Geuchte explained, was generally more closely linked to specific conditions than the various types of career break. For example, only five per cent of employees within the same company may take advantage of a time credit at the same time. The social partners, she explained, had a significant role to play in this context. They could, for instance, negotiate different arrangements at company level.

5.3 The Czech Republic – Introduction of leave for family care

Petr Wija from the Czech Institute for Social Policy and Research began his presentation by giving participants a general overview of the care system in the Czech Republic. The central pillar of the Czech system, he said, was the care allowance; he explained that this scheme involved a monetary benefit higher than the minimum wage and intended to give care recipients a free choice of services. Frequently, however, the care allowance remained in the family.

Mr. Wija explained that the current Czech government had introduced a number of major family policy reforms, one of them a three-month care leave for family carers with wage compensation equal to 60 per cent of previous net income. For a carer to apply for this type of leave, however, the person in need of care must have previously been treated in hospital. At the time of the workshop, the law had already been adopted in the Senate and, according to Mr. Wija, only the President's signature was needed for it to be enacted.

As to the much-discussed concept of flexibility as an instrument for reconciling work and care, Mr. Wija noted that in the Czech Republic, it tended to be viewed negatively. Because of the comparatively low wage level, he explained, there was very little part-time employment in the Czech Republic. Flexibility was therefore being discussed very critically, especially by the trade unions.

¹⁴ Near the end of a person's working life, workers also have the option of cutting back on their working hours. No specific reason is needed. Older employees may use the reduction in working hours for care purposes, but they are not obliged to do so.

6 Better work-life balance due to flexibilisation and mobile working?

6.1 The Netherlands – General flexibilisation of work as a tool for reconciling work and family

In his presentation, Paul van Dun from the Dutch Ministry of Social Affairs and Employment explained the Dutch Law on Flexible Work. He began by outlining the fundamental situation on the Dutch labour market, which he described as characterised by the *one-and-a-half-income* model. Overall, according to Mr. van Dun, almost 50 per cent of Dutch people work part-time. Among women, this figure is two-thirds. The aim of the Dutch government, he said, was to increase women's average working time in order to improve their economic independence. This was one of the main reasons behind the introduction of the Act on Flexible Work, which entered into force at the beginning of 2016. In addition, the law also hoped to improve work-life balance, provide support for persons with care responsibilities and encourage a change in corporate culture.



Paul van Dun

Mr. van Dun then summarised the cornerstones of the law. Firstly, workers have the right to adjust their weekly working hours up or down. Second, they can change the timing of their working hours, for example by shifting the starting time. Third, they can choose their place of work freely. No justification is needed for any of these changes. However, surveys would seem to show that reconciling work and family life was a common motive. These changes regarding place of work or working time can be applied for on a temporary basis or permanently. Employers must reject applications at least one month in advance, otherwise they automatically come into force. Small businesses with fewer than ten employees are exempted from these regulations.

Mr. van Dun then listed the reasons employers can give to reject applications. In general, he said, it was difficult for employers to refuse requests for changes in weekly working hours or working times. The only reason for refusing these types of requests would be serious consequences for the company.¹⁵ On the other hand, there are any number of reasons why an employer might see fit to reject an employee's wish to work at a different location: home-office

¹⁵ For example, if the desired changes affect occupational safety or organisational processes. The latter, for example, applies to shift work. Applications may also be rejected if there is no budget to remunerate increased working hours or if no replacement is available for employees who wish to reduce their working hours.

arrangements mean that the employer has less control about occupational safety at the home workplace.

In conclusion, Mr van Dun presented early data on work flexibilisation in the Netherlands. 20 to 25 per cent of Dutch workers have the option of freely managing their working time. 38 per cent can choose to work from home. However, one in three respondents said they used the home-office option to do work that was not finished at the regular workplace or to work overtime – something which, in Mr. van Dun’s opinion, contradicted the goals of the law. Ten per cent of respondents said they used the home-office option to better reconcile work and care. It would also seem that not all workers are equally flexible in their choice of workplace: there is a clear difference between employees with high and low qualifications. The higher the level of education, the more likely an employee is to work from home. No data are available on how many applications have been rejected by employers; the initial evaluation in 2018 will provide information on this aspect.

6.2 Scotland – Reconciliation through flexible working arrangements and employer commitment

Sue McLintock, managing director of Carer Positive, a *Carers Scotland* project, began by outlining the regulations in Scotland that apply to flexible working. She then presented the work of *Carer Positive*, an initiative to promote a reconciliation-friendly corporate culture for family carers.

Ms. McLintock made it clear at the outset that flexible working arrangements were a key to reconciling work and care. This, she explained, was evidenced by a variety of studies and surveys. She said that the Scottish government also saw flexible work as one of the most important tools for achieving a good work-life balance.

Ms. McLintock explained that labour legislation was not within the competence of the Scottish Parliament and thus UK laws applied to this area. Since 2007, family carers have had the right to request flexible working arrangements from their employer. Since 2014, this right has applied to all workers, regardless of whether they need to care for family members. However, as Ms. McLintock explained, this right only means that employees may ask their employers for flexible working hours. It does not mean that they have the right to have their request granted. But employers may refuse applications only if there are important business reasons to the contrary. Another limitation is that many employees, and indeed many employers, are not aware of the regulations. No data are available on how many applications



Sue McLintock

are rejected by employers. Furthermore, there are clear geographical and sectoral differences in the extent to which these possibilities are used.

Ms. McLintock then spoke about care laws in Scotland. The 2016 Carers (Scotland) Act requires local authorities to provide an information service for family carers. In addition to legislation, there are a number of initiatives in Scotland – including Carer Positive – that are committed to transforming corporate culture and encouraging family-friendly work models. Carer Positive was launched by the Scottish Government in 2014. Ms. McLintock explained that the initiative was designed to raise public awareness of the growing numbers of people facing the challenge of juggling work and care responsibilities. She said the initiative also wanted to make employers aware of the economic benefits of care-friendly company policies. To this aim, the organisation had created the “Carer Positive” award for employers. Depending on the degree of support an employer offers, it is awarded the rating “engaged”, “established”, or “exemplary”. Ms. McLintock reported that there were currently some 100 employers taking part in the initiative and offering a variety of different measures.

In conclusion, Ms. McLintock named a few success factors for the reconciliation of work and care in companies. Things tended to work well, she said, when superiors got involved and the carers themselves participated actively in shaping the measures. Also, clear in-company communication and awareness-raising was helpful. Ms. McLintock stressed that individual solutions were needed that suited the organisation.

6.3 Discussion

At the start of the discussion, participants raised the question of how employers could be convinced and encouraged to get on board. Employer support, they said, was also an important issue in view of negotiations on the Commission’s proposed Directive. Both Dutch policy-makers and Carer Positive in Scotland counted on the economic advantage employers could derive from such corporate policies. From the point of view of many Dutch companies, it was thought, employer flexibility also led to increased employee loyalty and dedication. An important point in the work of Carer Positive in this context was described as making clear to employers of various types and sizes that company support for family carers offered an economic advantage in view of ageing populations and competition for qualified staff.

Controversial debate then unfolded about the potential benefits and risks of flexible working arrangements. In the Dutch and Anglo-Saxon models, which see flexibilisation of work arrangements as a positive factor for the reconciliation of work and care, some participants saw the danger that workers would be exploiting themselves. They thought that from this perspective flexibilisation offered no effective protection against the double burden of work and care, but rather compounded it. Leave options – such as the German or Austrian care leave systems – were seen as protecting family carers, at least for a time, from the challenge of having to combine work and care. In Austria, for example, only a very small proportion of family carers chose the part-time option. Besides, it was thought that long-term cuts in working hours posed an unreasonable problem for employers. The advocates of flexible working arrangements, on

the other hand, stressed that questionnaire respondents demanded flexible working arrangements. In the Netherlands, the risk of self-exploitation was being met by stressing workers' own responsibility for avoiding it and by counting on companies to develop a suitable corporate culture. In this context, Prof. Yeandle pointed out that policies for family carers should always be a mix of different instruments, as care itself had very different requirements. Flexible working arrangements, she said, were only one of several components.

7 Counselling for family carers

7.1 Sweden – Municipal counselling services and the opportunities offered by digitisation



Frida Andréasson

Frida Andréasson from the Swedish Family Care Competence Centre presented the work of her organisation. The Competence Centre is an organisation that supports and advises municipalities and districts with specialist expertise in the field of family care. In particularly complicated care situations, it also advises family carers directly. The work of the Family Care Competence Centre addresses all family carers, regardless of who they are caring for or what the needs of the patient are. The transfer of academic knowledge into practice is also an important part of the work.

Ms. Andréasson explained that since 2009 Swedish municipalities had been obliged to support family carers. What form the support took was up to the individual municipality. This meant that the range of support varied considerably between the individual municipalities. In many areas family carers could take advantage of counselling and advice services. Ms. Andréasson explained that support was provided in both individual and group sessions. It was crucial, she said, that carers had the opportunity to speak about their own situation with a person they could trust. According to Ms. Andréasson, however, one problem was that the municipal counselling and advice services often took place during the day. In terms of reconciling work and care, she said, this made the situation more complicated. She thought counselling services based on information and communication technologies – for instance via Skype – would be helpful and said that more and more municipalities were now offering this type of service.

Ms. Andréasson then described the system of “family carer advisors” These, she explained, played a central role in providing counselling for family carers in Sweden. 80 per cent of municipalities meanwhile had one or more family carer advisors, whose task was to visit family

carers, provide emotional support in their situation and inform and advise them about existing services and municipal support options. Studies had shown, Ms. Andréasson said, that these family carer advisors were very popular among family carers. However, many respondents said that they would have liked to receive this support much earlier.

Other municipal counselling services, Ms. Andréasson explained, included discussion groups for family carers of people with specific medical conditions such as dementia, heart attack or stroke. In 29 municipalities there was also a web-based service called “a good place” – “en bra plats”: a secure online forum for family carers coordinated by a family carer advisor. Ms. Andréasson said that the counselling landscape was rounded off by country-wide services such as telephone hotlines for family carers and Internet information platforms such as the one provided by the Swedish Alzheimer’s Association.

In conclusion, Ms. Andréasson presented the first research results on the effects of these counselling and support services. For example, it was found that discussion groups for family carers of dementia patients helped reduce the care burden. A chat-enabled online platform also helped older people caring for their partners to develop a new identity, stepping out of the shadows of the person in their care.

The funding of counselling services was the main subject of the subsequent discussion. In this context, Ms. Andréasson explained that, while municipalities were obliged to offer advice to family carers, they did not receive any funds from the national level. Start-up financing had been available in the early stages, but in the meantime municipalities had to provide advice from their own resources. Discussion also revolved around how to have access to carers. Here, family physicians played an important role. If a municipality had a family carer advisor, the family doctor could prescribe a visit or refer the carer to this service. The discussion also pointed out the risk of project financing. What was needed, participants said, was sustainably financed and well-coordinated online advice.

7.2 Austria – Comprehensive counselling services for caregiving relatives

In her presentation, Sabine Schrank from the Austrian Ministry of Labour, Social Affairs and Consumer Protection (BMASK) summarised the counselling services available to family carers in Austria.

One central aspect of BMASK services, she said, was the system of free and voluntary home visits. She explained that across Austria, there were certified healthcare and nursing professionals who visited recipients of care allowances. In the course of these visits, all the parties concerned – patients and carers – were offered information and advice. The aim of the service was to ensure the quality of home care and gain insight into the situation of the families concerned. Since 2015, home visits have also been available at the request of the families concerned. According to Ms. Schrank, home visits showed that in more than 85 per cent of cases, the care provided could be assessed as comprehensive and reliable. The need for advice and information was highest at the lower care levels (one to three). This could be attributed above all to the fact that at these care levels patients are often suffering from dementia. Secondly, when higher levels of care are needed, there are more often professional service providers involved in the care, which often reduces the need for external counselling.



Sabine Schrank

Ms. Schrank explained that if in the course of a home visit family carers indicated that they suffered from psychological stress or other more serious issues, they were offered counselling to help them work through the problems arising from their strenuous care situation. Together with the family carer, counsellors identified existing resources that could help to reduce the psycho-social burden. In addition, Ms. Schrank said, counselling sessions focused on the carers' own health. She explained that the intention of such talks was to facilitate access to appropriate forms of support for carers. Sessions were conducted by psychologists with a good knowledge of available care services in Austria. Ms. Schrank reported that 80 per cent of persons who took advantage of these support sessions were women.

Ms. Schrank then introduced some services offered by the Ministry of Social Affairs to provide advice. For example, the ministry publishes a large number of information leaflets and flyers that are also sent out as mass mailings to reach a large number of households. Another important access point is counselling hotlines for family carers. Furthermore, information and advice is available via appropriate Internet platforms, for instance at www.pflegedaheim.at.

Finally, Ms. Schrank outlined a few non-governmental counselling services. The Austrian Pensioners' Association, the Family Carers Interest Group and decision-makers in the field of care

allowance, she said, were all groups that provide counselling and information for caregiving relatives.

In 2017, in order to better understand the situation of caregiving relatives, the Austrian Ministry of Labour, Social Affairs and Consumer Protection launched a study to find out what support measures this group needed, also with a view to reconciling work and care. The initial results of this study are expected for summer 2018.

The home visits were the subject of the subsequent discussion. The first question that arose, on the basis of experiences made with care counselling in Germany, was whether home visits in Austria tended to be perceived as a control mechanism. Ms. Schrank confirmed that such a tendency existed in Austria as well. The ministry, she said, was doing its best to counter this image by placing the focus of the visits on advice and information. In this context, reference was also made to a pilot project in Berlin aiming at changing the image of counselling for carers. Participants also discussed to what extent general home visits in special care situations were likely to provide assistance, and whether more disease-specific services were needed.

8 What to expect? National and EU-initiatives supporting employed family carers

The final speaker, Philippe Seidel from AGE Platform Europe, evaluated national and EU instruments designed to support family carers who are gainfully employed from the perspective of European civil society. In an opening comment, he expressed his pleasure about the interesting exchange during the workshop, adding that more peer-review events of this type were needed. He also praised the fact that Germany was setting a good example in this context.

Mr. Seidel once again emphasised the complexity of care. Every care situation was different, he said, and therefore individual solutions were required, and above all, access to high-quality services – an aspect that had been only marginally touched upon during the workshop. Professional services define the framework within which people care for their loved ones, and they are therefore often a crucial factor in whether family carers are able pursue their profession.

Looking at the various presentations and discussions during the workshop, Mr. Seidel then elaborated on the points AGE Platform Europe saw as the most important elements to support family carers:

- sufficient financial resources.
- flexible working arrangements – both short and longer term. Here, however, loss of income needed to be taken into account as a negative consequence of reduced working hours.
- a diverse range of respite services to relieve carers, for instance short-term care.
- social security for family carers in health and pension insurance. Since the majority of younger caregivers are female, this point is crucial in terms of the *gender pension gap*, i.e. in order to prevent gender-specific poverty in old age.

- support, counselling and training for family carers. Services based on information and communication technologies offer a solution for people who are unable to participate in non-digital offers due to either their care duties or their work.
- recognition. Here, it is essential to include caregivers in the care planning right from the beginning, as they are a decisive factor for the success of the care setting.



*Christiane Walz, Philippe Seidel, Lena Reinschmidt, Dr. Jonas Pieper
(left to right)*

Mr. Seidel praised the European Commission's proposal for a Directive as an important first step. The right to apply for flexible working arrangements was a start to make it easier for employed carers to combine care duties and work. The right to take five days of leave for care duties also recognises the role of family carers for the first time at European level. At the same time, however, it should be obvious that five days are

clearly not enough, and that this cannot be more than a start. He also criticised the fact that the proposal for a Directive defined the group of caregivers too narrowly. Another point that was needed, he said, was a Europe-wide regulation on social security for family carers.

In conclusion, Mr. Seidel called for a European action plan for care. This should prescribe more spending in the expansion of formal long-term care – the only way, he explained, to ensure universally accessible high-quality care. In addition, indicators should be developed to measure the quality of care. Another component of the action plan should be to expand the range of services offered for particularly serious care situations.

9 Final round of discussion and feedback

In the concluding round of discussion, participants reviewed open questions and the central aspects of the workshop. The abundance and breadth of points raised showed that this European exchange was a form of mutual learning that offered much in the way of new information, original perspectives and novel suggestions for the participants. At the same time, it was clear that there were still many challenges to overcome on the path to a comprehensive reconciliation of work and care. The central aspects of the final round are briefly described below:

The participants named the following points as the central challenges involved in the reconciliation of work and care:

- reaching more caregivers and increasing awareness of existing measures.
- eliminating the scarcity of data on family carers and creating a knowledge base for policy makers.
- improving the social recognition of carers and of care work.
- creating a variety of service offers for patients and carers.
- bringing together the different perspectives of patients, carers and employers.
- including atypical employment relationships in policies for family carers.
- supporting employers and winning them over as role models.
- creating central counselling services.



Participants formulated the following questions as open issues:

- How can employers be motivated and supported in efforts to create structures that encourage a better reconciliation of family and work life?
- How can longer-term leave options be developed in a way that does not have a negative impact on women's economic independence?

- Are financial services for home care more an incentive for potential carers to quit the job market or are they a necessary support for people who have had to give up their jobs because of care duties?
- How can access to counselling services be made barrier-free and transparent?
- What political instruments are available in other regions, for instance in the countries of Southern or Central Eastern Europe?

Which aspects of the workshop were most interesting? A sample of participants' answers:

- opposing approaches to reconciliation in some countries: longer-term, flexible working arrangements in the Netherlands and Scotland versus medium-term and short-term leave options in Germany and Austria.
- the speed with which this policy field is changing in Europe, but also elsewhere.
- the multitude of policy options as answers to the same problem.



In conclusion, Christiane Walz, deputy head of the EU division at the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, thanked all participants for the interesting contributions and discussions. She was impressed by the exchanges stimulated by the event. The issue of reconciling work and care will continue to be monitored by the Ministry and also by the work of the Observatory. In this context, Ms. Walz also mentioned the oncoming events in the series of European workshops on reconciliation policies.

10 List of participants

Frida Andréasson	Swedish Family Care Competence Centre
Prof. Christel Bienstein	Chair, Independent Advisory Board on the Reconciliation of Work and Long-Term Care
Dr. Magdi BIRTHA	Policy and Advocacy Officer, COFACE Families Europe
Claudia Brinner	Policy Officer, Unit for Age, Care and Disability, Caritas Germany
Paul van Dun	Dutch Ministry of Social Affairs and Employment
Nathalie Etzholz	EU Division, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
Nora Fasse	Policy Officer, Unit Labour Market, German Employers Association
Dr. Regina Frey	Head of Units “Europe” and “Gender Equality”, Institute for Social Work and Social Education, Germany
Kirsten Frohnert	Project Coordinator, Company Network „Success Factor Family“
Nicolas Geiger	Policy Officer, Family Care Leave and Family Carers, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
Annelies Van De Geuchte	Attaché, Belgian Federal Public Service Employment, Labour and Social Dialogue
Prof. Andreas Hoff	Vice Chair, Independent Advisory Board on the Reconciliation of Work and Long-Term Care
Dr. Sören Hoyer	Research Officer, Observatory for Sociopolitical Developments in Europe, Institute for Social Work and Social Education, Germany
Sven Iversen	Director, Association of German Family Organisations
Gosia Kozłowska	Policy Officer, Unit C2: Modernisation of Social Protection Systems, European Commission, DG Employment, Social Affairs and Inclusion
Gerd Krämer	Head of Division, Legal Questions of Old People’s Welfare and Elderly Care, Social Security, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
Sue McLintock	Manager, Carers Scotland

Walter Neubauer	Head of Group VII/B Labour Law, Austrian Federal Ministry of Labour, Social Affairs and Consumer Protection
Anne Oertel	Observatory for Sociopolitical Developments in Europe, Institute for Social Work and Social Education, Germany Beobachtungsstelle für gesellschaftspolitische Entwicklungen in Europa, Institut für Sozialarbeit und Sozialpädagogik e.V.
Dr. Jonas Pieper	Research Officer, Observatory for Sociopolitical Developments in Europe, Institute for Social Work and Social Education, Germany
Kerstin Plack	Policy Officer, Unit Labour Law, German Employers Association
Lena Reinschmidt	Research Officer, Observatory for Sociopolitical Developments in Europe, Institute for Social Work and Social Education, Germany
Beate Risch	Fraunhofer Institute for Industrial Engineering IAO
Sabine Schrank	Unit Care Prevention, Austrian Federal Ministry of Labour, Social Affairs and Consumer Protection
Frank Schumann	Head of Competence Centre for Family Carers, Berlin
Philippe Seidel	Policy and EP Liaison Officer, AGE Platform Europe
Dr. Christine Stüben	Head of Division, Family Care Leave and Family Carers, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
Jana Teske	Policy Officer, German Workers' Welfare Association
Christiane Viere	Head of Department 30, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
Christiane Walz	Deputy Head of EU Division, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
Ulrike Wiering	Policy Officer, Legal Questions of Old People's Welfare and Elderly Care, Social Security, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
Petr Wija, Ph.D.	Analyst, Institute for Social Policy and Research
Prof. Sue Yeandle	Professor, Department of Sociological Studies, University of Sheffield

11 Presentations

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V.	Full-time and part-time care leave Full-time and part-time family hospice leave Provisions of Austrian labour law – Walter Neubauer	62
VI.	Care leave to take care of elderly family members in Belgium – Annelies van de Geuchte	71
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Bundesministerium
für Familie, Senioren, Frauen
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Schnelle Hilfe für Angehörige

FamilienpflegeZeit

Zeit für Pflege und Beruf

Vereinbarkeit von Pflege und Beruf in Deutschland

Dr. Christine Stüben
Referatsleiterin Referat 302 „Familienpflegezeit, Pflegenden Angehörige“
im Bundesministerium für Familie, Senioren, Frauen und Jugend

„Zwischen Arbeit und familiärer Pflegeverantwortung. So fördern europäische Staaten die Vereinbarkeit von Pflege und Beruf“
Europäisches Fachgespräch, 4. und 5. September 2017 im
Bundesministerium für Familie, Senioren, Frauen und Jugend
Glinkastraße 24, 10117 Berlin, Raum A. 107

1



Bundesministerium
für Familie, Senioren, Frauen
und Jugend

FamilienpflegeZeit

Zeit für Pflege und Beruf

1. Pflegestatistik

(Quelle: Statistisches Bundesamt, Pflegestatistik 2015, Pflege im Rahmen der Pflegeversicherung, Deutschlandergebnisse, 2017, S. 5)
© Statistisches Bundesamt, Wiesbaden 2017

Pflegebedürftige 2015 nach Versorgungsart

2,9 Millionen Pflegebedürftige insgesamt	
zu Hause versorgt: 2,08 Millionen (73 %)	in Heimen vollstationär versorgt: 783 000 (27 %)
durch Angehörige: 1,38 Millionen Pflegebedürftige	zusammen mit/ durch ambulante Pflegedienste: 692 000 Pflege- bedürftige
durch 13 300 ambu- lante Pflegedienste mit 355 600 Beschäftigten	in 13 600 Pflegeheimen ¹ mit 730 000 Beschäftigten

¹ Einschl. teilstationärer Pflegeheime.

Fazit: Es gibt rund 3 Mio. Pflegebedürftige, davon werden 2 Mio. zu Hause versorgt, ca. 1 Mio. Pflegebedürftige alleine durch Angehörige.

2



2. Ableitungen aus der Pflegestatistik

- Es gibt mehr Pflegebedürftige als Kinder unter drei Jahren.
- Prognose für den Anstieg der Pflegebedürftigen: 3,5 Mio. in 2030 bzw. 4,5 Mio. in 2050.
- Rund 75% der Pflegenden sind Frauen.
- 50% derjenigen, die pflegebedürftige Angehörige versorgen oder betreuen, arbeiten mehr als 36 Stunden pro Woche.
- Etwa 42% der erwerbstätigen Pflegenden verbringen wöchentlich mindestens 10 Stunden mit der Pflege.


3



3. Gesetz zur besseren Vereinbarkeit von Familie, Pflege und Beruf

- Ergänzung der bis zu 10 Arbeitstage dauernden kurzzeitigen Arbeitsverhinderung durch ein Pflegeunterstützungsgeld
- Einführung eines Rechtsanspruchs auf Familienpflegezeit
- Ergänzung der Freistellungen durch die Möglichkeit der auch außerhäuslichen Betreuung minderjähriger pflegebedürftiger naher Angehöriger und zur Begleitung in der letzten Lebensphase (3 Monate)
- Förderung der Beschäftigten durch ein zinsloses Darlehen während der Freistellungen
- Erweiterung des Begriffs der „nahen Angehörigen“

4




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FamilienpflegeZeit
Zeit für Pflege und Beruf

4. Gründe für eine Weiterentwicklung

- geringe Inanspruchnahme der Darlehen (seit Inkrafttreten am 01.01.2015: 690 Anträge, 563 Bewilligungen)
- Ausgaben 2016: 1,1 Mio. Euro für die Förderung durch ein zinsloses Darlehen; 5,1 Mio. Euro für das Pflegeunterstützungsgeld
- geringe Transparenz für Bürgerinnen und Bürger aufgrund der Regelung der Freistellungen in zwei Gesetzen (Pflegezeitgesetz, Familienpflegezeitgesetz)
- unterschiedliche Anwendungsbereiche der Freistellungen (Arbeitgeber mit mehr als 15 Beschäftigten / Arbeitgeber mit mehr als 25 Beschäftigten ausschließlich der zu ihrer Berufsbildung Beschäftigten)
- unterschiedliche Ankündigungsfristen (10 Arbeitstage, acht Wochen, drei Monate vor Beginn der Freistellung)

5



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5. Wunsch nach Unterstützung

- Im Rahmen der Befragung durch Kantar Emnid bleibt die finanzielle Unterstützung oder Absicherung der am häufigsten spontan genannte Aspekt (Welle 2017).
- 84% der Bürgerinnen und Bürger haben sich in dieser Befragung für eine zusätzliche finanzielle Förderung ausgesprochen.
- 62% der Frauen und knapp 64% der Männer mit pflegebedürftigen Angehörigen stimmten einer Aussage zu bzw. eher zu, wonach sie gerne weniger arbeiten würden, sich dies aber nicht leisten können (Beschäftigtenbefragung IG Metall).

6



6. Eckpunkte der Weiterentwicklung

- Zusammenführung der Regelungen in einem Familienpflegezeitgesetz (noch nicht abgestimmt mit BMAS)
- Schaffung von mehr zeitlicher Souveränität und Flexibilität z.B. durch die Aufteilung in Zeitabschnitte
- Bessere finanzielle Unterstützung der pflegenden Beschäftigten durch eine Leistung, die
 - übersichtlich gestaltet sein sollte,
 - die Dauer der Freistellungen nach Möglichkeit abdecken und
 - darauf ausgerichtet sein sollte, dass Pflegeverantwortung nach Möglichkeit im Angehörigenkreis geteilt wird (familiäre Solidarität).

7



7. Modell einer Familienarbeitszeit für Pflege

- Pflege-Freistellung von bis zu drei Monaten (*Alternative: sechs Monate*) mit einer Lohnersatzleistung, die sich in Höhe und Umfang am Elterngeld orientiert.
- Familiengeld für Pflege von bis zu 24 Monaten bei einer vollzeitnahen Beschäftigung im Umfang von 26 bis 36 Wochenstunden in Höhe von 150 Euro monatlich.
- Zwei Angehörige sollen das Familiengeld für Pflege und die Lohnersatzleistung in Anspruch nehmen können.

8



8. Wirkungen eines Kombinationsmodells aus Lohnersatzleistung und Festbetrag

- Die Kombination von Lohnersatz- und Festbetragslösung ermöglicht eine flexiblere Gestaltung der Vereinbarkeit von Pflege und Beruf und unterstützt Familien insbesondere dann, wenn sie besonders viel Zeit für ihre Angehörigen benötigen (z.B. zu Beginn der häuslichen Pflege).
- Die Inanspruchnahme durch zwei Angehörige trägt zu einer solidarischen Aufteilung von Pflegeverantwortung und einer höheren Beteiligung von Männern an der Pflege bei.



Work-Life Balance Initiative

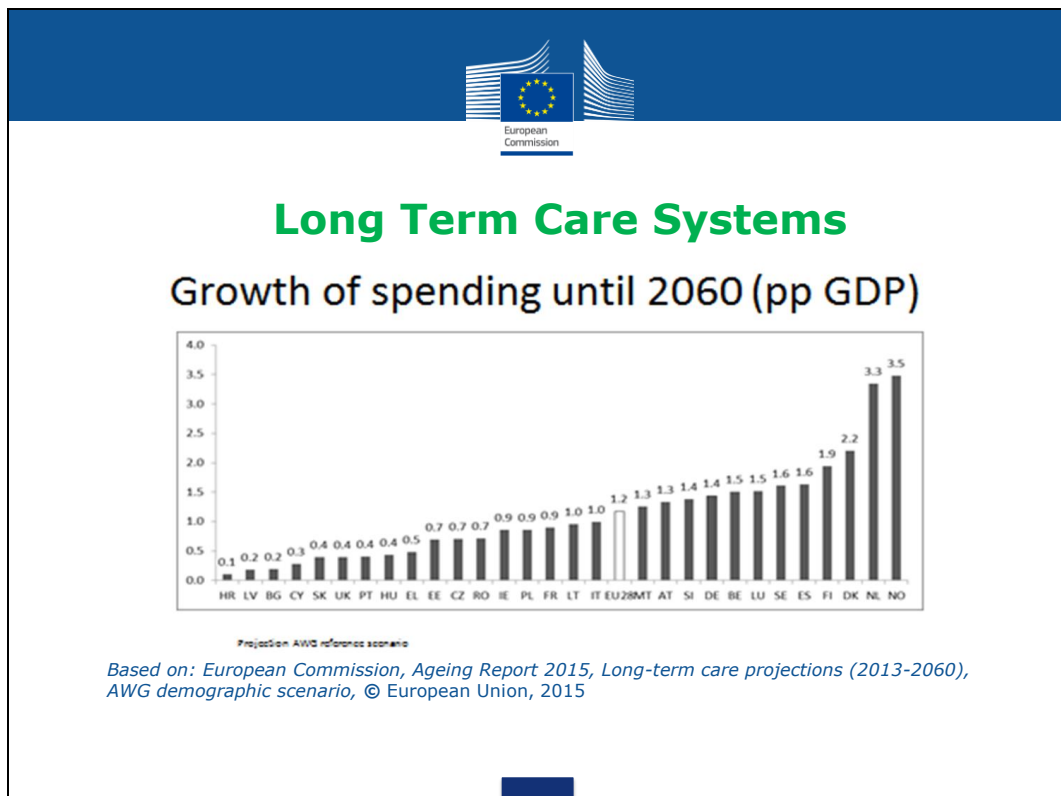
Reconciling Work and Care

European Expert Meeting
4-5 September 2017, Berlin



The European Pillar of Social Rights

Consequences of the crisis	Divergence within the euro area
An ageing Europe	Changing world of work



The European Pillar of Social Rights

Principle 9: Work-life balance: *Parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services. Women and men shall have equal access to special leaves of absence in order to fulfil their caring responsibilities and be encouraged to use them in a balanced way.*

Principle 18: Long-term care: *Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.*



The European Pillar of Social Rights

20 Principles +

- **Work-Life Balance (Directive + guidance), to allow men and women to combine work with family life and caring obligations**
- **1st stage SP consultation on access to social protection**
- **1st stage SP consultation on a possible revision of the Written Statement Directive**
- **and a Communication interpreting jurisprudence on the Working Time Directive.**



The Work-Life Balance initiative

Follows withdrawal Commission's 2008 proposal to amend maternity Leave Directive

Objective: addressing the obstacles to women's labour market participation through:

- Better reconciliation of work and family responsibilities
- A more equitable use of work-life balance arrangements between women and men

Taking a broad approach, considering a complementary mix of different policies needed for greater work-life balance and female labour market participation



European Commission

Proposal for a Directive

<p>Carers' Leave</p> 	<p>No minimum standards for carers at EU-level (except "force majeure" allowing to take short time off for imperative and unexpected family reasons.)</p>	<p>All workers will have the right to 5 days of carers' leave per year to take care of seriously ill or dependent relatives.</p>
<p>No minimum standards at EU level on the length of the leave nor compensation</p>	<p>Carers' leave will be compensated at least at the level of sick pay</p>	
<p>Flexible Working Arrangements</p> 	<p>Right to request reduced and flexible working hours upon return from parental leave</p> <p>Right to request part-time work for all workers</p>	<p>All working parents of children up to 12 and carers with dependent relatives will have the right to request the following flexible working arrangements:</p> <ol style="list-style-type: none"> 1. Reduced working hours 2. Flexible working hours 3. Flexibility on the place of work

© European Commission, 2017



European Commission

Commission Communication

Policy Area 2: Improving Quality, Affordability, Access to care

Policy measures:

- Provide guidance to MS and monitor in the European Semester;
- Provide support and encourage sharing of good practices;
- Improve EU-level data collection and explore possibility of developing benchmarks at EU level.

- Funding: Encourage use of EFSI; develop provision of services including through use of ESF and ERDF; request MS to review programming of ESIF to address CSRs; explore potential of addressing concerns in preparation of post 2020 EU funding programmes.



Thank you for your attention!

Malgorzata.Kozlowska@ec.europa.eu



What do family carers want?

First results of the stocktaking study on the needs of family carers

Dr. Magdi Birtha
Policy and Advocacy Officer, COFACE Families Europe

„Reconciling Work and Care. Experiences from Different European Countries“ European Expert Meeting
German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
4-5 September 2017, Berlin

A BETTER SOCIETY FOR ALL FAMILIES



Outline

1. Work of COFACE Families Europe on family carers
2. Background to the Stocktaking study on the challenges and needs of family carers
3. Main study questions/hypotheses
4. Some preliminary quantitative and qualitative results
5. Way forward

A BETTER SOCIETY FOR ALL FAMILIES



COFACE Families Europe

- **Pluralistic** organization
- Founded in **1958**
- “A better society for **all families**”
- **58** organisations in **23** Member States
- EU Programme for Employment and Social Innovation

A BETTER SOCIETY FOR ALL FAMILIES



COFACE Families Europe – Core Values

- Non-discrimination
- Equal opportunities
- Respect of Human Rights
- Empowerment
- Social Inclusion
- Solidarity

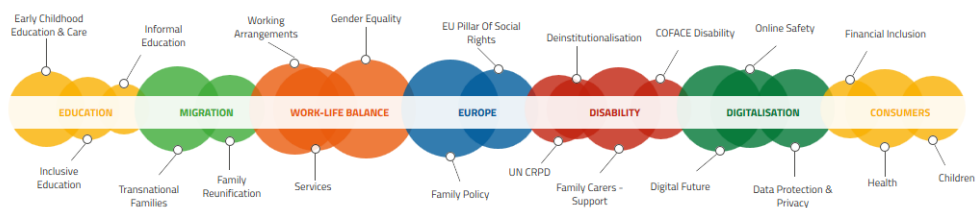
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COFACE Families Europe – Actions


- Represent (EU/International level)
- Advocate (Fundamental rights, Work-Life Balance etc.)
- Coordinate (EU projects, campaigns)
- Monitor (EU initiatives)
- Network (Exchange of information)
- Initiate (Trainings, Events...)
- Build capacity (Membership, Policy makers...)

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COFACE Disability

Founded by COFACE Families Europe in 1998


- Mission: Promote the interests of disabled people, their families and caregivers
- Advocating for the recognition of family carers




UN CRPD



Deinstitutionalisation



COFACE Disability



Family Carers - Support

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EUROPEAN CHARTER FOR FAMILY CARERS

A family carer is 'a non-professional person, who provides primary assistance with activities in daily life, either in part or in whole, to a person with care, or support needs in his/her immediate circle. This regular care, or support may be provided on a permanent or temporary basis and can take various forms, including nursing, care, assistance in education and social life, administrative formalities, traveling, coordination, vigilance, psychological support, communication, or domestic activities'.

- Article 1. Definition of family carer
- Article 2. Choice of family carer
- Article 3. Public solidarity
- Article 4. Family solidarity
- Article 5. The place of the family carer within the health system
- Article 6. Official status of the family carer
- Article 7. Quality of life
- Article 8. Right to respite
- Article 9. Information/Training
- Article 10. Assessment and monitoring

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Background for the Stocktaking Study

- Current social and demographical changes
- European Commission's Work-Life Balance package proposal
- Lack of comprehensive data on the needs and challenges of family carers
- Concerning trends and challenges reported from COFACE members
- COFACE's work in the European Expert Group on the Transition from Institutional to Community-based Care (DI)

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European Reconciliation Package

RECONCILING FOR CARERS

13% of Europeans aged 50-64 care for a disabled or elderly family member every day or several times a week




80% of care work in Europe is provided by informal carers.



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R – S –T approach

Resources

Services

Time

Life-cycle approach

Work-Life Balance for all, not a benefit for young mothers

Gender dimension of care and the ‘sandwich generation’

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Family Carers

HAVE YOUR SAY!

Stocktaking study on the needs of family carers

Deadline: End of June. Available in:
Dutch, English, French, German, Italian, Portuguese, Slovenian, Spanish

coface-eu.org/disability/study-family-carers

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Main study questions/hypotheses 1/2

1. Do our collected data align with the general trend regarding family carers (gender, age, employment situation etc.)?
2. Is the work of family carers recognized (financial, social etc.)?
3. Are there services in place to support family carers and their relatives with support needs to live their lives in dignity and independently?

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Main study questions/hypotheses 2/2

4. Are there flexible time arrangements in the labour market to support family carers in reconciling their care and work life?
5. How did the caring role impact the quality of life of the family carer (financial, physical health, mental health etc.)?
6. Which are the countries that do better in supporting family carers?

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Limitations

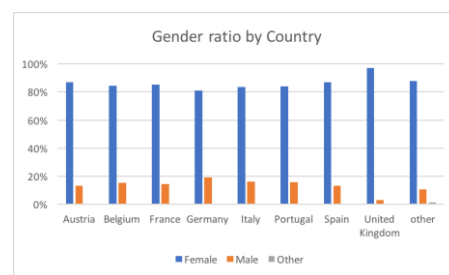
- Representativity of data
- Data collection (Snowball method)
- No control group (e.g. no information on other family members)
- Geographical imbalance (Western-Eastern, North-South Europe)

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Collected data

- Total: 1160 answers
- 85% women
- 17 countries (16 EU+ CH)
- Other: CH, n.a., < 30 responses



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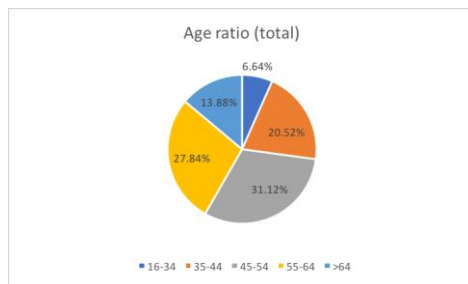
Country	Respondents
Austria	46
Belgium	248
France	246
Germany	78
United Kingdom	32
Italy	49
Portugal	234
Spain	153
Other countries	46
na	28
TOTAL	1160

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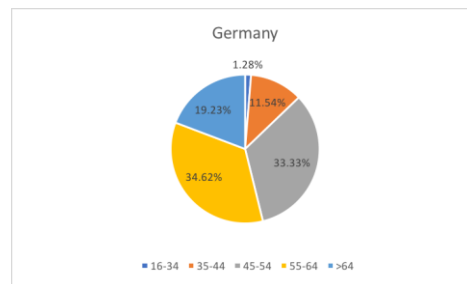
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Some preliminary quantitative & qualitative results

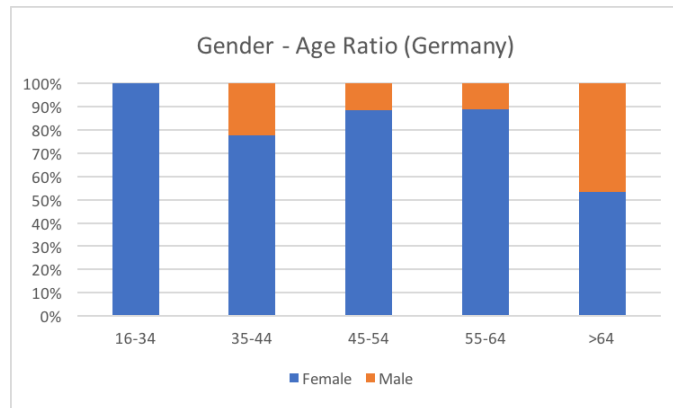


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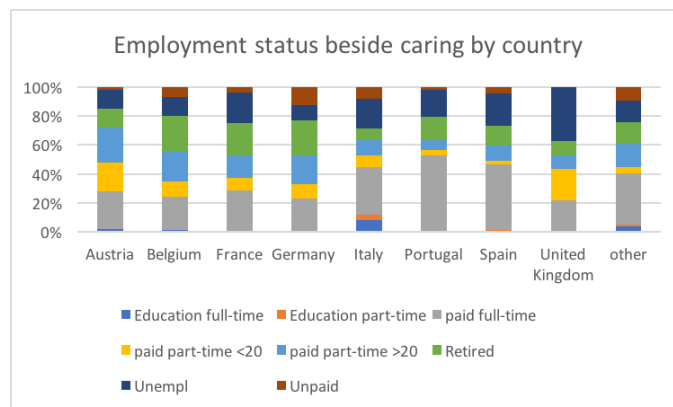
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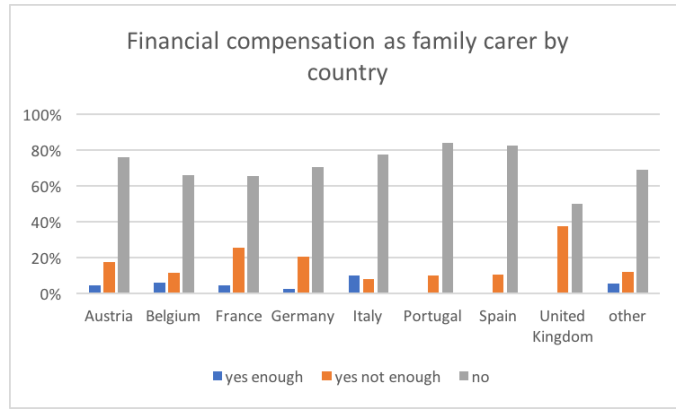
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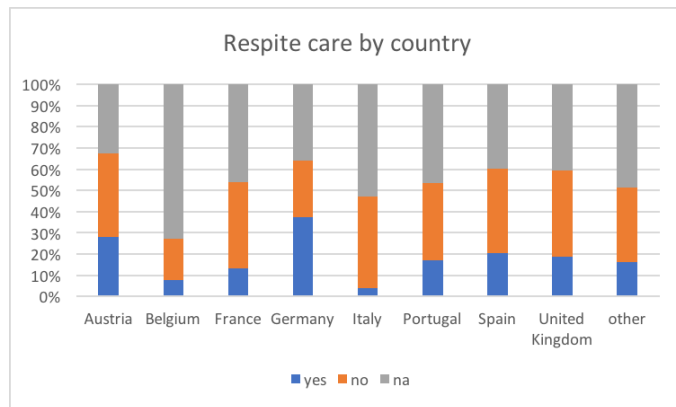
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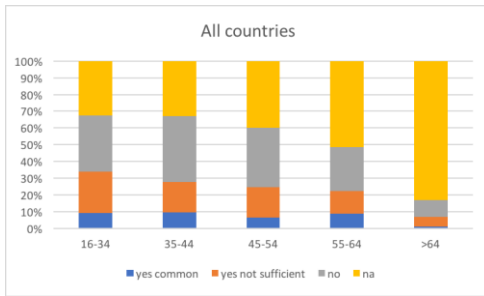


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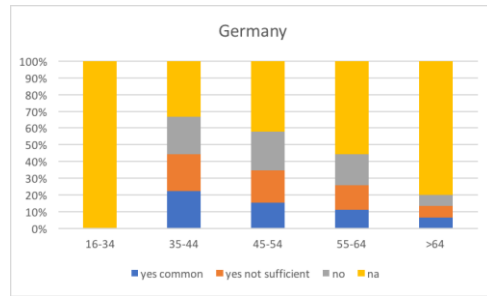
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Available flexible time arrangements at work/study



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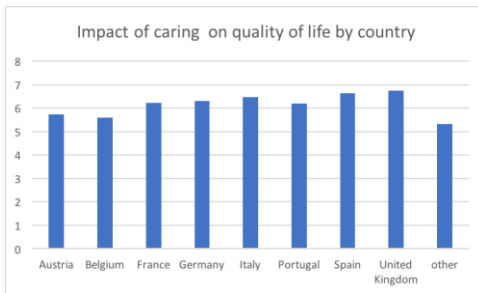


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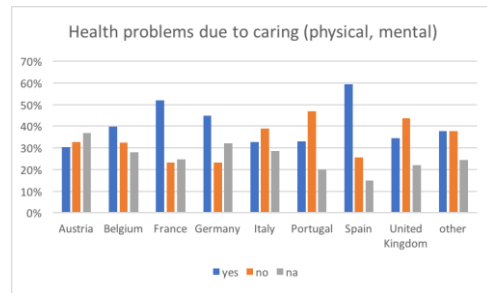


Impact of caring on quality of life by country




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Health problems due to caring (physical, mental)



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 **What are the 3 main problems you are facing in your everyday life, as a family carer?**

- Work life balance/time
- Financial problems
- Lack/quality of services
- Lack of recognition for carer's work
- Health

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 **What are the 3 main problems you are facing in your everyday life, as a family carer?**

- Lack of time for own needs
- Reconcile family life, care and work
- Isolation
- Lack of money
- No remuneration
- No relief/support
- Deal with everything on your own
- Lack of recognition for carer's work
- Health

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What would you recommend to policy makers to improve the well-being and quality of life of family carers?

- Free respite care and more mobile nursing services
- Remuneration
- Access to social security and benefits
- Improve social recognition in society
- Paid carer's leave similar to maternity leave
- Support carers in bureaucratic processes

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Meine 3 Hauptprobleme im Alltag:

- 1. Mit allem alleine zu sein.*
 - 2. Durch die Belastungen (Pflege und Beruf) selbst langsam zu erkranken (Rücken, Schlafstörungen, Erschöpfung).*
 - 3. Den Beruf aus finanziellen Gründen nicht reduzieren oder pausieren zu können.*
- Weiblich, 45-54 Jahre*

Die Institutionen, die meine Situation verbessern sollten, machen mir zusätzlich mein Leben schwer.
Männlich, 55-64 Jahre



Wir werden zu wenig einbezogen, ernst genommen. Es wird kulturell als selbstverständlich gesehen, dass vor allem Frauen diese Tätigkeit übernehmen.
Weiblich, 55-64 Jahre

Wir können nur maximal einen halben Tag alle gleichzeitig abwesend sein - kein Familienausflug oder Urlaub möglich ohne Verhinderungspflege, immer muss einer dableiben.
Weiblich, 45-54 Jahre

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WHO CARES?

**Results of the stocktaking study
on the challenges and needs of
family carers in Europe**



Disability
FAMILIES
EUROPE

SAVE THE DATE !


30 November 2017
European Parliament, Brussels





More: www.coface-eu.org/disability/study-who-cares-in-europe

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Any questions?

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Get in touch with us!

COFACE Families Europe
Tel: +32 2 511 41 79
Email: mbirtha@coface-eu.org
Website: www.coface-eu.org

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COFACE Families Europe is supported by the European Union Programme for Employment and Social Innovation (EaSI)



The
University
Of
Sheffield.



Support for employed family carers

Professor Sue Yeandle, PhD

Centre for International Research on Care, Labour and Equalities

University of Sheffield, UK

s.yeandle@sheffield.ac.uk

4-5 September 2017: European expert meeting, 'Reconciling Work & Care: experiences from different European countries, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth

Overview

- **Background**
- **Work-care reconciliation policy options**
- **Context, culture and political economy**
- **Conclusions on making progress in work-care reconciliation**

Report: *Work-care reconciliation policy: legislation in policy context in 8 countries**

3

- **Australia, Canada, Finland, France, Japan, New Zealand, Sweden, UK**
- **How carers' experience is affected by public policy on:**
 - ▣ **Support available to older people**
 - ▣ **Flexibility and leave options at work**
 - ▣ **Financial help for carers**
 - ▣ **Recognition and rights for carers**
- **Section on voluntary support for working carers in 6 UK *Employers for Carers* organisations**

**S Yeandle, with K Wilson & M Starr (2017), paper commissioned by German Bundesministerium fur Familie, Senioren, Frauen und Jugend*

Care of an adult family member, for working age people:

4

- **Often a transient status**
- **Typically occurs in middle / later years of employment**
- **Most workers experience this at least once**
- **Without support, caring can be hard to combine with paid work**
- **Pressures of caring are affected by:**
 - ▣ **Nature of the person's needs**
 - ▣ **Availability / quality of other support**
 - ▣ **Its cost, accessibility and acceptability to both parties**
- **Pressures on working carers are affected at work by:**
 - ▣ **how demanding and time-consuming their job is**
 - ▣ **if they can modify this to accommodate caring**
 - ▣ **if they face financial difficulties in making these changes**
 - ▣ **how their managers and co-workers respond**

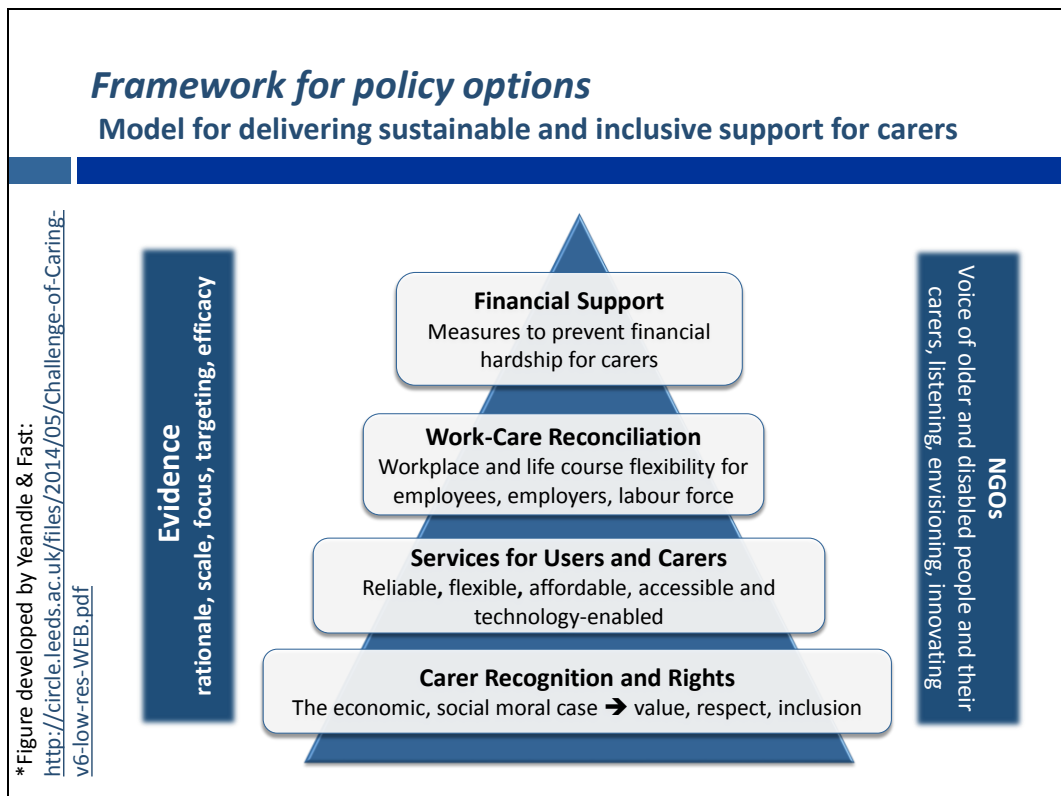
Work-Care Reconciliation: context

- **Contextual factors**
 - **Population ageing**
 - **'Ageing in place'**
 - **Care outside hospital**
 - **High employment rates for women and for older workers**
 - **Extended working lives**
 - **Family change**
 - **New patterns of residence /mobility**
 - **Altered household composition**

Basis of conceptual framework

6

- **Evidence is vital for understanding carers' situation;**
- **Campaigning organisations' key role in policies on carers**
- **Unfair financial consequences of caring sometimes draw an initial policy response**
- **Some employers, TUs, managers recognise working carers' needs;**
- **Carers' organisations have shaped many service developments;**
- **Governments may see carers as 'contributors' or as a route to cost-cutting; either way, they find carers 'need support';**
- **An 'economic' & a 'moral' case can be made for carer support**
- **Will 'carer recognition' lead to 'carers' rights'?**



Analysis

8

- **WCR measures can be put in place in three main ways:**
 - Employer initiatives and exemplary schemes ('standards', 'charter marks')
 - Bargaining: arrangements negotiated by workers, managers, unions
 - Changes in employment law
- **Crucial elements are:**
 - Flexibility in where, when and how often people work
 - Options to take time off when care demands are time-sensitive or high
 - Information, guidance, support
- **Key considerations:**
 - Who pays?
 - Who is eligible?
 - Scope, limits, discretion
 - Cultures of work, how/when to change them, at national /organisational level
 - Role of government, civil society, and 'social partners'

Typology of work-care reconciliation measures

- **Care leave options**, paid and unpaid, with cost-sharing arrangements acceptable to all parties (employers, workers with and without care responsibilities, governments and families).
- **Flexible working options**, in which some arrangements offer salary stability (varying when and where, but not how much work is done), while others offer reduced hours/workload/pay while caring, but compensate for lost earnings through public- or insurance-funded payments (or private resources), or by arranging loans.
- **Job protection and return to work guarantees**, so that short or longer spells away from work to care or to arrange alternative care do not jeopardise career trajectories, job security or promotion prospects.
- **Pension and employment insurance protections**, so that work-related benefits are not lost by carers who opt to reduce their employment, fully or partially, on a temporary or permanent basis.



Concluding points

Among the countries considered in the review:

- **No country has introduced a ‘full suite’ of available legislative options**, although policy and legislative arrangements in different nations seem to be **converging**
- **Many measures have been modified within a few years**; policymakers seem to be **experimenting** with policies, seeking to find what is acceptable to employers or workers and responding ‘ad hoc’ to opinion, campaigns or perceived problems
- **WCR measures have not been systematically evaluated** to identify the difference they may make, assess how carers in different circumstances experience them, or if implementation has worked
- **Details of policy take-up, awareness, and cost-benefits, etc., are rarely available**

Concluding points (2)

11

Work-Care Reconciliation measures are only part of the picture....

Other aspects of the LTC policy context are also crucial

- ▣ Well-developed local care services
 - For people with care needs
 - Carers also need their own access to support and services
- ▣ Allowances for carers who quit work or care full-time
- ▣ Role of human rights and non-discrimination legislation

Also important are a country's:

- ▣ (Changing) political complexion
- ▣ Traditions/changes in employment law
- ▣ Social insurance arrangements
- ▣ Collaboration between statutory, private and voluntary organisations

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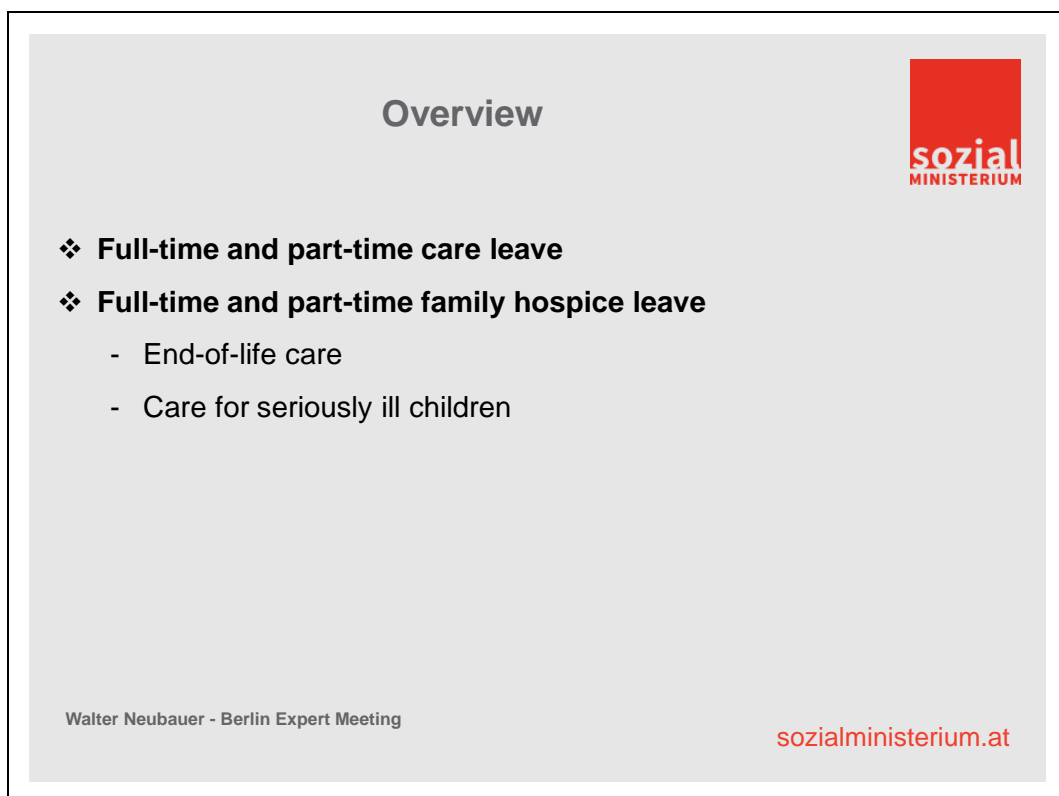


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MINISTERIUM

Full-time and part-time care leave
Full-time and part-time family hospice leave
Provisions of Austrian labour law

Walter Neubauer
European Expert Meeting: Reconciling Work and Care
in Berlin, 4-5 September 2017

sozialministerium.at



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MINISTERIUM

Overview

- ❖ **Full-time and part-time care leave**
- ❖ **Full-time and part-time family hospice leave**
 - End-of-life care
 - Care for seriously ill children

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Eligible persons




- ❖ **Employees under private law**
Sections 14a – 15a Employment Contract Law Adaptation Act (AVRAG) Federal Law Gazette 1993/459 as amended
- ❖ **Public service employees**
 - with the Federal Government (Contractual Public Employees Act (VBG); Civil Servants Act (BDG))
 - with the *Laender* and the municipalities (provisions at *Laender* level)
- ❖ **Recipients of unemployment benefit or unemployment assistance** (Unemployment Insurance Act, AIVG)

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Full-time or part-time care leave

Sections 14c – 15 AVRAG)



- ❖ **Prerequisites**
 - **Employment relationship** previously existing for at least 3 months
 - **Written agreement** with employer
 - › Stipulating the beginning and duration of leave (with part-time leave, additionally stipulating the number and scheduling of working hours)
 - › Taking into account the interests of the business and of the employee
 - › Part-time care leave: normal weekly working time must be at least 10 hours
 - For the purpose of caring for a close relative who has been awarded **long-term care benefit** at a minimum of **level 3** (level 1 for children and dementia patients) as specified in the **Federal Long-Term Care Benefit Act (BPGG)**

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Full-time or part-time care leave

Sections 14c – 15 AVRAG)



- ❖ **Close relatives**
 - **Spouses**
 - Parents, grandparents, adoptive and foster parents
 - Children, grandchildren, stepchildren, adopted and foster children
 - Cohabiting partners and their children
 - Registered partners and their children
 - Brothers/sisters
 - Parents-in-law and children-in-law

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Full-time or part-time care leave

Sections 14c – 15 AVRAG)



- ❖ **Duration**
 - **1 to 3 months**
 - Generally granted **only once for each person** requiring care
 - One-time renewal of the agreement is permitted where the relative's care need increases substantially by at least one care level
- ❖ **Protection against unfair termination of employment**
 - Can be challenged before the Labour and Social Court

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Full-time or part-time care leave

Sections 14c – 15 AVRAG)



- ❖ **Right to return to normal working time originally agreed**
 - Equal job
 - Pro-rated share of annual leave
 - Pro-rated share of special payments


- ❖ **Premature return**
 - At the earliest **2 weeks after notification** is given of one of the following circumstances:
 - › Person requiring care is admitted as a resident to a nursing home or similar institution to receive nursing or care
 - › Another care-provider takes over responsibilities for more than a temporary period
 - › Death of the relative who required care

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Full-time and part-time family hospice leave

Sections 14a, 14b and 15a AVRAG



- ❖ **End-of-life care**
 - Close relative with a potentially terminal condition
- ❖ **Care for seriously ill children**

Options

- Temporary release from work (leave)
- Reduction of working time (part-time)
- Re-scheduling of working hours


Legal title

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Full-time and part-time family hospice leave

Sections 14a, 14b and 15a AVRAG



❖ **Prerequisites**


- Written notification
- Where conflicting with the interests of the business: employer can bring an action before the Labour and Social Court
- Demonstrably plausible grounds
- Begins 5 working days after receipt of notification

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Full-time and part-time family hospice leave

Sections 14a, 14b and 15a AVRAG



❖ **Eligible persons**


- **End-of-life care**
 - › Similar to full-time and part-time care leave: close relatives but not necessarily recipients of long-term care benefit
- **Care for seriously ill children**
 - › Children, adopted or foster children, or children of a spouse, cohabiting partner or registered partner
 - › Living in the same household

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Full-time and part-time family hospice leave

Sections 14a, 14b and 15a AVRAG




- ❖ **Duration**
 - **End-of-life care**
 - › 3 months at the most in each case
 - › Option to extend to a total of 6 months (notification required no later than 10 working days prior to expiry of initial period)
 - **Care for seriously ill children**
 - › 5 months at the most in each case
 - › Option to extend to a total of 9 months (notification required no later than 10 working days prior to expiry of initial period)
 - › Once full advantage has been taken of the agreement, a maximum of 9 months of full-time or part-time family hospice leave can be requested on each of 2 successive occasions following further medical treatment

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Full-time and part-time family hospice leave

Sections 14a, 14b and 15a AVRAG



- ❖ **Right to return to normal working time originally agreed**
 - Same prerequisites as for care leave
- ❖ **Premature return where the grounds for the leave no longer exist**
 - Notification without delay
 - Either party to the employment contract can request return at the earliest 2 weeks after the grounds cease to exist, provided there is no conflict with reasonable interests of the employee

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Full-time and part-time family hospice leave

Sections 14a, 14b and 15a AVRAG



❖ Comprehensive protection against termination of employment and dismissal

- Following notification and lasting 4 weeks after end of leave
- Termination or dismissal takes legal effect only after prior approval by the Labour and Social Court

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Entitlement to full-time care leave benefit



❖ Legal title

❖ For persons taking

- **Full-time care leave** (prerequisite: employment subject to **full social security contributions**)
- **Part-time care leave** (prerequisite: employment subject to **full social security contributions**)
- **Full-time family hospice leave** (also applies in cases of marginal part-time work)

❖ Purpose:

- Income compensation for the duration of inability to work
- Nursing and care – or making arrangements for such – of a close relative (care level 3 or, with children and dementia patients, level 1)

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Full-time care leave benefit – amount



- ❖ 55% of **net income** per day as calculated based on
 - **Average gross monthly income** in the
 - **Year before last** (care period **beginning before July**)
 - **Previous year** (care period **beginning in July or later**)
- ❖ **Child allowance supplements**
 - For dependent children
- ❖ **Full-time care leave benefit**
 - Not subject to income tax
 - Subject to attachment to a limited extent (up to the equalisation supplement reference rate)

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Recipients have full social security coverage



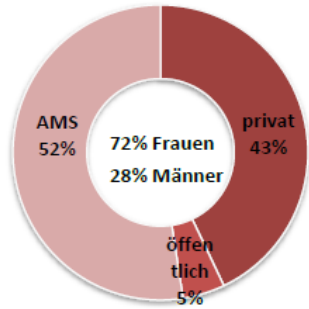
- ❖ **Pension insurance contribution** paid by the Federal Government
- ❖ **Health insurance contribution** paid by the Federal Government
- ❖ Employees accrue **entitlement to severance pay** for this period
- ❖ Periods during which long-term care leave benefit is received **extend the timeframe** used to determine eligibility for **unemployment benefit**

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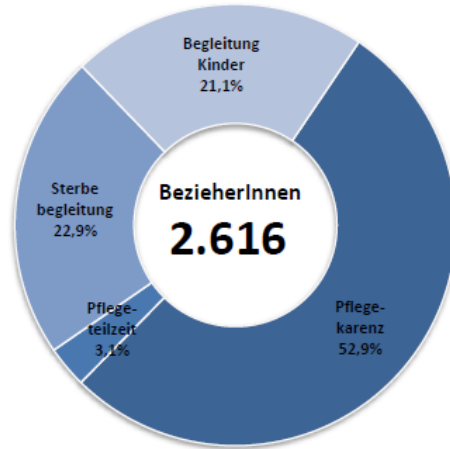
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Pflegekarenz, Pflegezeit und Familienhospizkarenz

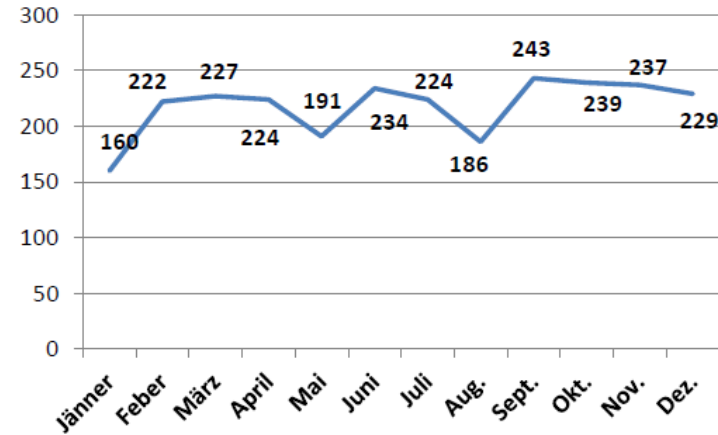
Arbeitsrechtliche Grundlage



Tatbestand



Monatsentwicklung Anträge



Anträge & Verfahrensdauer

Anträge genehmigt: 2.616
Anträge abgewiesen: 97

Verfahrensdauer: 9 Tage

Jahresbetrachtung

BezieherInnen: **2.616**
Aufwand Pflegekarenzgeld: **€ 7,3 Mio.**
Aufwand SV-Beiträge: **€ 3,4 Mio.**

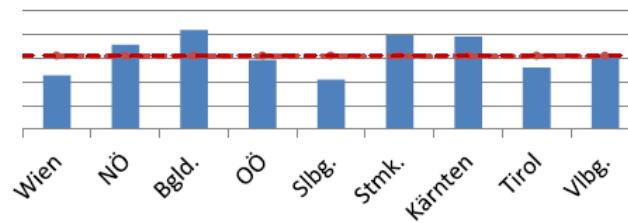
Ø Leistungshöhen Dezember

exkl. KV und PV-Beiträge

Männer und Frauen	€ 952,62
Frauen	€ 829,27
Männer	€ 1.075,96
privat	€ 1.038,64
öffentl.	€ 978,13
AMS	€ 881,22

Pflegekarenz	€ 958,62
Pflegezeit	€ 580,55

Inanspruchnahme nach Bundesländern





FEDERAL PUBLIC SERVICE EMPLOYMENT, LABOUR AND SOCIAL DIALOGUE

Reconciling Work and Care

Care leave to take care of elderly family members in Belgium


European Expert Meeting
4th and 5th september 2017
Berlin



FEDERAL PUBLIC SERVICE EMPLOYMENT, LABOUR AND SOCIAL DIALOGUE

Belgian care leave systems

Career break	Other
<ul style="list-style-type: none">• Parental leave• Medical care leave• Palliative care leave• Time credit <small>private sector</small>• Career break <small>public sector</small>	<ul style="list-style-type: none">• Paternity/birth leave• Adoption leave• Foster leave• Leave for urgent reasons



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Medical care leave


- Aim = providing personal care or support in case of serious illness of a household or family member
- 12 (24) months fulltime OR 24 (48) months 1/5 or 1/2-reduction (single worker with serious ill child ≤ 16 y)
- Per householdmember or familymember with a serious illness
- To take in fixed periods of min.1 month and max. 3 months
- Medical certificate
- Postponement – Refusal



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Palliative care leave


- Aim = to take care of a terminally ill person
- 1 month full-time, half time or 1/5th reduction per terminally ill person
- Possibility to extend 2 times with 1 month.
- Medical certificate
- No refusal / postponement

FEDERAL PUBLIC SERVICE EMPLOYMENT, LABOUR AND SOCIAL DIALOGUE 

Financial support during medical and palliative care leave

MONTHLY ALLOWANCES Gross June 2017	Base amount	Single person household
Full time	818,56 €	1129,61 €
1/2-reduction < 50 y	409,27 €	564,79 €
1/2-reduction ≥ 50 y	551,76 €	
1/5de < 50 y	138,84 €	225,92 €
1/5de ≥ 50 y	208,27 €	

- FEDERAL PUBLIC SERVICE EMPLOYMENT, LABOUR AND SOCIAL DIALOGUE 
- **Motivated time credit:**
 - ❖ Caring for a child under the age of 8
 - ❖ **Providing medical care to a member of the household or the family with a serious illness**
 - ❖ **Providing palliative care to a terminally ill person**
 - ❖ Caring for a disabled child under the age of 21
 - ❖ Providing care to their minor child with a serious illness
 - ❖ Receiving training
- Credit of 51 months** (ex, receiving training = 36 months)




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- **End of career working time reduction: no specific motivation needed.**
- **Conditions of access and exercise**
- **Conditions of organisation**
 - Treshold of 5% at company level
 - Rules of priority
- **Postponement - Adaptation - Withdrawal**




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Important role for social partners at sector and company level: access, organisation, ...

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Financial support during motivated time credit

MONTHLY ALLOWANCES Gross June 2017	Base amount	Higher amount when ≥ 5 y of seniority
Full-time	500,45 €	583,87 €
½-reduction < 50 y	250,22 €	291,93 €
½-reduction ≥ 50 y	250,22 €	291,93 €
1/5- reduction	164,78 €	
1/5 – reduction single household	212,65 €	

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Financial support during the end of career working time reduction

MONTHLY ALLOWANCES Gross June 2017	≥ 60 years
½-reduction	498,41€
1/5-reduction	231,51€



FEDERAL PUBLIC SERVICE EMPLOYMENT, LABOUR AND SOCIAL DIALOGUE

Time credit

- **Motivated time credit of 51 months for specific care motives – full-time/half-time/1/5th**
- **End of career working time reduction (half-time or 1/5) for employees over 55 y who have at least 25 y of employment – untill age of retirement**



Ministerie van Sociale Zaken en
Werkgelegenheid

Flexible work and care in the Netherlands

Paul van Dun

pvdun@minszw.nl



Dutch labour market

Employees	7,1 mln.
Self employed	1,4 mln.
Full time	4,4 mln.
Part time	4,1 mln.
0-20 h.	1,6 mln.
20-35 h.	2,5 mln.
Long term care	0,7 mln.
Overstressed	15%



Act on flexible work (2016)

- 1. Better work-life balance / support to workers with care-responsibilities**
- 2. Stimulation labour participation women**
- 3. Business culture**

3



Act on flexible work

- 1. Change of contractual hours (2004)**
 - less or more hours
- 2. Change of working time**
 - other schedule
- 3. Change of workplace**
 - work at home or elsewhere

4



Act on flexible work

- **fixed period or permanent;**
- **unless employer designates at least 1 month before the start the request is automatically accepted;**
- **other arrangements possible by collective labour agreement;**
- **companies < 10 employees: own policy.**

5



Act on flexible work

Change of contractual hours or working time

Employer can refuse only if serious consequences for his business are expected:

- safety;
- organisational reasons;
- no budget or no extra work (more hours);
- no replacement (less hours).

Change of work place

Employer can refuse for any reason (labour circumstances).

6



Some figures

Request for change of contractual hours

Less hours: 75% permitted

More hours: 62% permitted

Evaluation change of contractual hours:

- transparency
- extra stimulation for employees
- positive attitude towards flexibility

Change of working time

20% - 25% can manage his/her working time

7



Some figures

Change of workplace: work at home is possible

	Total	Men	Women
2011	31%	33%	29%
2013	35%	38%	33%
2015	38%	40%	36%

CBS/SCP

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Act on flexible work

Change of workplace

2015		Work at home possible
Education	Low	9%
	Middle	23%
	High	58%
Hours/week	12-23	11%
	24-34	25%
	35 or more	64%
	unknown	12%

CBS



Reconciling Work and Care

Better Work-Life Balance due to Flexibilization and Mobile Working

Sue McLintock
Carers Scotland



Introduction and context

- Caring and working in Scotland and the demographic driver
- Flexible working in reconciling work and care
- The operating/legislative context (employment remains a 'reserved' matter)



Statutory framework in Scotland/the UK

- A right to time off in emergencies
- Parental leave / shared parental leave
- Equality Act
- **The Right to Request Flexible Working**
 - applied to carers since 2007, and to parents of children under the age of 17, or 18 if the child is disabled
 - extended to all employees in June 2014
 - employees must have been employed for at least 26 weeks
 - can apply for a change in their terms and conditions only once per year (or if circumstances suddenly alter)
 - employers can refuse this request, but only on the grounds of a good business case, for reasons specified in the legislation
 - Employees have a further chance to appeal against this decision



The Right to request flexible working

- The right to request does not mean the right to have requests granted
- Requests must be handled in a 'reasonable manner' – including assessing the advantages and disadvantages of granting a request
- Requests should be in writing and include:
 - details of how an employee wants to work flexibly and when this would start
 - an explanation of how they think flexible working might affect the business and how this could be dealt with
 - a statement saying if and when a previous application has been made
- Employers must have a sound business reason for rejecting any request
- Requests and appeals must be considered and decided upon within three months of the receipt of the request.
- Employees can only make one request in any 12 month period



Some issues

- Limited studies/evidence gathered around the take up of the right to request
- Many employees (eg carers) not aware of this right
- Sometimes operates in an ad-hoc/informal manner rather than through the formal statutory procedures
- Pre-existing negative perceptions from employers and employees
- Not by any means guaranteed...
 - sometimes simply not feasible
 - sometimes employers don't deal 'reasonably' with requests
 - employees might be reluctant to appeal
- Access to/application of innovative technology solutions is uneven
- Geographic and sectoral differences



In Scotland....

- Carers legislation and devolved powers
- Relevant employer facing initiatives – all working with employers to promote a culture of fairer work and better working practices in Scotland
 - ✓ Fair Work Convention/Agenda
 - ✓ Scottish Business Pledge
 - ✓ Healthy Working Lives
 - ✓ Family Friendly Working Scotland
 - ✓ Workplace Equality Fund
 - ✓ 50/50 by 20/20
 - ✓ Equate Scotland STEM Women Returners Programme
 - ✓ **Carer Positive**

Promoting more flexible forms of working is recognised by the Scottish Government as one of the key measures in achieving a good work-life balance



Counselling and advice services for family carers in Sweden

European Expert Meeting on reconciling work and care,
4-5 September, 2017 Berlin

Elizabeth Hanson, **Frida Andréasson**.

The Swedish Family Care Competence Centre

all pictures in this presentation: © Swedish Family Care Competence Centre



The mission of the Swedish Family Care Competence Centre (SFCCC)



- To act as a source of expert support to municipalities, county councils and individual contractors
- with regards to all carers (children, adults, older people) irrespective of their relative/ significant other's age, illness, diagnosis or disability.
- To provide advice and support to individual carers of people with multiple and profound disabilities
- To act as a link between research and practice
- To act as a coordinated national point of contact for international collaboration and cooperation.



Family Carer support services



1. Since 2009, municipalities in Sweden are obliged to offer support to carers. But, the Social Services Act does not stipulate what the support should actually consist of.
2. The health care act, stipulates that health care staff shall take into account children's needs for information and support when they are living with a parent with substance abuse, mental illness, severe illness, disability or experience the unexpected death of a parent.
3. Sweden has a devolved government so that the range and extent of carer support services varies considerably from one municipality to another.
4. Coordination of carer support services is carried out at the level of the individual municipality.



Counselling and advice services for carers



1. Anyone may call themselves a counsellor in Sweden as it is not obligatory by law to be certified to offer counselling services.
2. Few carers have access to free counselling services that are provided by a certified psychologist.
3. Counselling services within the context of family carer support in the municipality often consist of providing emotional support, either *individually* or in *group sessions*
4. Individual emotional support directed at carers often consists of having someone understanding to talk to (professional or voluntary worker), who the carer can trust and confide in and who can empathize with her/his situation.
5. Individual supportive conversations with carers are the most common type of support offered by the municipalities
6. More recently, counselling and advice services are offered via *new information and communication technologies* (ICT) as well as 'face to face' meetings or telephone sessions.



The role of municipal family carer advocates



- Counselling services for carers are usually provided by family carer advisors/advocates 'anhörig konsulenter' who are employed by the municipality. Family carer advocates exist in approximately 80% of the 290 municipalities in Sweden.
- Their role is to reach out to and provide emotional support to individual carers at the point of need and guide them to sources of local support available. Some also provide strategic direction for the development of carer support services at municipality level (Winqvist, 2014).
- Carers often value the emotional support provided by municipal carer advocates. However, they often wish they could have accessed the support much earlier on (Winqvist *et al.* 2016).
- Approximately a third of all municipalities work with systematic assessment of individual carers' needs and preferences, support planning, regular follow-ups and evaluation of the support provided (Swedish Audit Office, 2014).



The role of the health care sector



Time- limited, professionally-led, psycho-educational carer groups are offered in different health care regions. They generally consist of:

- i) Targeted, disease-specific, evidence-based information and education sessions
- ii) Skills training, cognitive reappraisal training, role play and feedback with opportunities to practice at home
- iii) Informal emotional support offered by group members to each other during and after the course is completed

Such groups are available for carers of people with dementia, stroke survivors, heart failure, cancer (breast cancer, young people with cancer).



The role of civil society



- Carers Sweden, The Swedish Dementia Association and other patient NGOs offer 'peer to peer' counselling services for carers.
- For example, Carers Sweden and the Swedish Dementia Association both run telephone helplines. They also have web-based practical information and advice about caring and sources of support.
- Maskrosbarn (The 'Dandelion Children' Society) provide trained peer individual and group counselling sessions and summer camps (which include counselling and advice sessions) for children as next of kin/young carers.
- The Swedish Alzheimer Association together with several municipalities jointly run camps for young carers of people with Alzheimer's disease.



Evidence- based counselling and advice services for family carers in Sweden



Empirical studies have highlighted the benefits of the following carer support services in Sweden:

1. psychoeducational groups for carers of people with dementia helped to decrease carer burden (Andrén, 2008)
2. web-based support for young carers of people with mental illness enhanced young carers' wellbeing (Ali *et al.* 2013, 2014)
3. A Swedish online forum within the EU-Infomcare hub helped older spousal carers to gain a sense of identity (Andréasson *et al.* 2017).
4. An integrated web-based education and support service: ACTION, increased older spousal carers' informal support networks and the preparedness, enrichment & predictability of their caring situation (EC, Social Protection Committee, 2015).



ICT based carer counselling and advice services

As a result of governmental stimulance monies to develop carer support (1999-2010), municipalities carried out a range of feasibility projects, including the piloting of ICT based support for working carers:



- 'En bra plats'- 'A good place'- a secure online forum for carers coordinated by the municipal family carer advisor. Currently operating in 29 municipalities <https://enbraplats.se/>
- Anhörigstödsportalen - 'Family Carer portal', Gävle municipality, a web-based support for working carers, including email facilities and an online system for coordinating carer support for the municipality's family carer advisors <http://www.gavle.se/Omsorg--hjalp/Anhoriga-och-frivilliga/Stod-till-anhoriga/Anhorigstodsportalen/>

(Andersson *et al.* 2016, Andersson, 2017)



For more information please contact:

Elizabeth Hanson, tel/mobil: +46 480 41 80 22, e-post elizabeth.hanson@anhoriga.se

www.anhoriga.se

all pictures in this presentation: © Swedish Family Care Competence Centre



Support Measures and consulting services for caregiving relatives

Zwischen Arbeit und familiärer Pflegeverantwortung. So fördern europäische Staaten die Vereinbarkeit von Pflege und Beruf – Europäisches Fachgespräch

Berlin, 04.- 05.09.2017 Bundesministerium für Familie, Senioren, Frauen und Jugend

Mag.^a Sabine Schrank
Sekt. IV/B Provision for long-term care
Federal Ministry of Labour, Social Affairs and Consumer Protection

sozialministerium.at

Topic Overview



I. Support measures and consulting services from the Federal Ministry of Social Affairs for caregiving relatives

- *Quality assurance in home care (§ 33a BPGG)*
 - ✓ Free home visits by request
 - ✓ Free dialogue between psychologists and caregiving relatives

II. Contribution from the Federal Ministry of Social Affairs to advise caregiving relatives

III. Non-governmental consulting services for caregiving relatives (selection)

I. **1. Quality Assurance in Home Care** (§ 33a BPGG)
Free Home Visits



- ✓ **Since 2001** free and voluntary home visits by **certified healthcare and nursing professionals** (approx. 140 registered nurses)
- ✓ **Home visits** of recipients of **long-term care benefit in cash** to **inform and counsel** all those involved in the specific care situation in order to assure the quality of home care
- ✓ View into situation of dependent person and situation of caregiving relatives
- ✓ **Total home visits between 2001 – first half-year 2017: 208.222**
- ✓ **Throughout Austria, free of charge and voluntary**

Mag. Sabine Schrank
Berlin, 04.-05.09.2017

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I. **1. Quality Assurance in Home Care** (§ 33a BPGG)
Free Home Visits by Request



- ✓ Since 01.01.2015 **Free Home Visits by Request**
- ✓ **Consultation, Information and Support** for prevention
- ✓ **Locating** the concrete care situation → standardised report (with domains) and (if necessary) inducing further measures

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Berlin, 04.-05.09.2017

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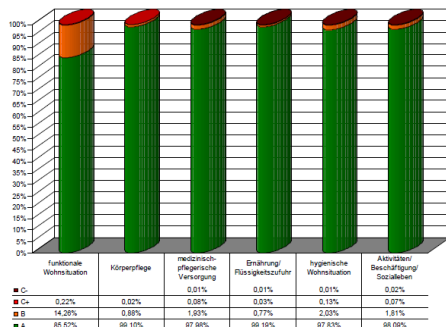
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I. 1. Quality Assurance in Home Care (§ 33a BPGG)

Free Home Visits – half year evaluation 2017



- ✓ In 85% up to 99% provision is adequate, reliable and complete



[https://www.sozialministerium.at/cms/site/attachments/3/1/5/CH3434/CMS1503493147911/qualitaetsicherung_in_der_haueslichen_pflege_2017_\(24-stunden-betreuung\).pdf](https://www.sozialministerium.at/cms/site/attachments/3/1/5/CH3434/CMS1503493147911/qualitaetsicherung_in_der_haueslichen_pflege_2017_(24-stunden-betreuung).pdf) © BMASK

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- ✓ **95%** (10.341) caregiving relatives and/or people in need of care **Counseling and Information** in the first half year 2017
- ✓ **Need for Advice** i.a concerning social services, long-term care benefit in cash, functional living situation and mobility still high
- ✓ Nearly **92%** of Counseling and Information **in long-term care benefit stage 1 - 3**

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I. 2. Free Dialogue

NEW! Free dialogue by request



- ✓ **Experience** from home visits as part of the **Quality Assurance in Home Care** has shown that caregiving relatives **often suffer emotional stress**
- ✓ Those **caregiving relatives** who during a home visit **explain**, that they **suffer** from at least one **psychological stress** are offered a counselling session

NEW:

- **Free dialogue by request**
- ✓ To deal with existing problems, resulting from onerous care situations
- ✓ Provided by **trained psychologists**
- ✓ **Throughout Austria an free of charge**

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I. 2. Free Dialogue Objectives



- ✓ **Reduction of psychosocial stress** for caregiving relatives
- ✓ **To improve the own health situation** due to psychological stress and contribute to **health promotion**
- ✓ **Gathering of resources** of caregiving relatives in stressful situations
- ✓ **Facilitating access** to relevant and adequate support
- ✓ To show up **individual options for action** based on resources
- ✓ **Goals:**
 - ✓ To raise awareness of one's strengths and power
 - ✓ To recognize personal limitations and performance capability
 - ✓ To pay attention to your own well-being

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II. Contributions from the Federal Ministry of Social Affairs to advise caregiving relatives



- ✓ **Publications of the Federal Ministry of Labour, Social Affairs and Consumer Protection**
 - ✓ 200 Publications free of charge
 - ✓ Selected brochures in easy language



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II. Contributions from the Federal Ministry of Social Affairs to advise caregiving relatives



✓ Bulk Mailings, e.g.

- ✓ Folder „Living well with Dementia“ for decision makers in the field of long-term care (ltc) benefit (in case of suspicion of dementia)
- ✓ Folder „Support Measures for caregiving relatives“ for decision makers in the field of ltc benefit (for all recipients)
- ✓ Poster Campaign Young Carers – Schools, „REWE-“ supermarkets, schools for graduate nurses, ...



✓ Articles in professional journals, e.g.

- ✓ SELBSTHILFE:konkret (ARGE Selbsthilfe Österreich)
- ✓ Lichtblick (Selbsthilfe Oberösterreich)

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II. Contributions from the Federal Ministry of Social Affairs to advise caregiving relatives



✓ Info Sheet with Decree of ltc benefit in cash

- ✓ Paid Care Leave/ Paid family hospice leave, ...
- ✓ 2016: 190.000 proceedings of ltc benefit in cash
- ✓ July 2017: 454.582 beneficiaries
- ✓ Annual expenditure: € 2,5 bn.



© BMASK

✓ Advice by telephone

- ✓ citizens' service (formerly known as „Pflegetelefon“)

✓ Public relation activities

- ✓ Press releases
- ✓ Interviews, e.g. public-service broadcasting

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II. Contributions from the Federal Ministry of Social Affairs to advise caregiving relatives



✓ www.sozialministerium.at

→ Accessible, selected articles in easy language

✓ Information for caregiving relatives www.pflegedaheim.at

✓ **Info service:** Database with search function for social services, self-help groups, residential care homes and nursing homes

www.infoservice.sozialministerium.at

✓ **NQZ** – „National Certificate of Quality for nursing homes“
„Nationales Qualitätszertifikat für Alten- und Pflegeheime“

www.nqz-austria.at



II. Contributions from the Federal Ministry of Social Affairs to advise caregiving relatives



✓ www.demenzstrategie.at

Implementing measure dementia strategy –
Establishment **Platform Dementia Strategy**

✓ Documents the implementation of **measures**

✓ Practical examples and initiatives available

✓ **Promotes coordination of consulting services between „Laender“ and municipalities**

✓ **Consulting services (selection):**

✓ Mobile counselling services („mobile Demenzberatung“)

✓ Competence Centers („Kompetenzstellen für Demenz“)

✓ Counselling for seniors („Senioren-/Pflegerberatung“)



III. Non-governmental consulting services for caregiving relatives (selection)



- ✓ **Pensioners' Associations:** Consulting services, information and support
- ✓ **Interest group „IG-Pflege“:** Non-profit association representing the interests of caregiving relatives throughout Austria www.ig-pflege.at
- ✓ **Austrian national Council of Disabled Persons:** Umbrella organization represents 80 member associations with over 400.000 individual members <http://www.behindertenrat.at/>
- ✓ **Decision makers in the field of long-term care benefit:** Consultation days for caregiving relatives and people in need of care in municipalities
- ✓ **Nursing Care and Patients' Ombudspople:** Consulting services and information

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Contact

Mag.^a Sabine Schrank
IV/B – Provision for long-term care
Stubenring 1, 1010 Wien
E-Mail: sabine.schrank@sozialministerium.at
Phone: +43 (1) 711 00-866211

www.sozialministerium.at

<https://broschuerenservice.sozialministerium.at>

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E-Mail: info@iss-ffm.de

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Agency responsible for the Observatory is:

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Author:

Lena Reinschmidt ([lena.reinschmidt@iss-ffm.de](mailto:lana.reinschmidt@iss-ffm.de))

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