



Work-care reconciliation policy: Legislation in policy context in eight countries

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Familie, Senioren, Frauen und Jugend.*



*“Policies and practices that support carers are crucial
to the resilience and success of our business”*

Ian Peters, former Managing Director, British Gas
Chair, *Employers for Carers*

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Work-care reconciliation policy

Legislation in policy context in eight countries

This paper was commissioned by the *German Federal Ministry for Families, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend)* in December 2016, as a background document to inform its independent *Advisory Board on Reconciliation of Employment and Care for Older People*. It is about 'working carers', people in paid work who also provide unpaid care for family or friends in need of care or support because of a disability, serious illness or frailty in old age.¹ Caring roles, especially for the old, may last for months or years, and can arise gradually or unexpectedly.

The paper highlights the context for national legislative and policy approaches to 'work-care reconciliation' (supporting people in employment to manage their paid work alongside a caring role) in eight countries: Australia, Canada, Finland, France, Japan, New Zealand, Sweden and the UK.² It also contains more detailed information about the voluntary support provided by 'Employers for Carers' [Efc], a globally unique, employer-led forum, established in the UK by the national charity *Carers UK*. This includes summaries of the work-care approach taken in selected Efc member organisations. These are included to illustrate a range of 'within-company' approaches, to inform wider policy debates, and to highlight evidence from six organisations which have publicly stated that implementing work-care reconciliation measures is important for their own organisational or business success.

The target audience for the paper includes decision-makers, policymakers and others involved in the management, implementation or development of policies towards working carers. It is thus likely to be of interest to employers, human resource management [HRM] professionals, trade unions, and civil society organisations, as well as policymakers and officials. The paper draws on a range of sources, listed in footnotes and references, including (for the European countries included) the recent 'Thematic Reports' on 'work-life balance measures for persons of working age with dependent relatives' produced in 2016 by experts in the European Social Policy Network (ESPN).³

The paper does not provide a comprehensive or technical account of employment law or of public policy relevant to working carers of older people. Rather, it aims to indicate how policy developments in several different spheres – support for older people; flexibility and leave options at work; and financial assistance, recognition and rights for carers – shape their experience. The conclusion emphasises that linking these policies is vital if caring is to be feasible and sustainable, without unfair health, financial or social penalties for carers, in ageing societies dependent on high employment rates.

Other, in some cases very detailed, comparative analyses have been published on this topic in recent years and may also be of interest to readers. Besides the ESPN reports mentioned⁴, they include *ILO*⁵, *OECD*⁶, *European Foundation for the Improvement of Living & Working Conditions*⁷ and *CPA*⁸ reports, reviews for governments⁹ and various international academic research collaborations, including *INLPR*¹⁰.

1 The term 'working carers' is often used to refer to all people providing care who need help because of illness or disability (incl. children). Some policies referred to here cover all this group; others are specific to carers of older people. The policies mentioned in this report include, or are specific to, the care of older people (those for only carers of children are excluded).

2 Policies offered at sub-national level are only included if they are innovative or of particular interest.

3 35 country-specific EC ESPN reports were produced, plus an 'overview' report (Bouget et al 2016). See: <http://ec.europa.eu/social/keyDocuments.jsp?pager.offset=0&langId=en&mode=advanced-Submit&year=0&country=0&type=0&advSearchKey=ESPNwlb>.

4 For the overview report of this set of Thematic Reports, see Bouget et al (2016).

5 Hein (2005).

6 Colombo et al (2011).

7 Jungblut (2015).

8 <http://www.cpa.org.uk/information/reviews/>.

9 Heathrose Research Ltd (2011).

10 For EU FP7 'FLOWS' project reports on national/local systems of care for older people, see: www.flows-eu.eu; for INLPR (International Network on Leave Policies and Research) see Koslowski et al (2016); see also Triantafyllou et al (2010).



1. Work-care reconciliation policy: overview and context

The concept of work-care reconciliation originally came into widespread use in connection with the challenges that parents, especially mothers, face in combining their responsibility for childcare with their paid employment, as explained by Hein in a 2005 account for the ILO. The term came into wider use in relation to how families manage the care of older relatives alongside a career or job in the later 20th century, and has become a focus of greater interest as population ageing had accelerated and female employment has become the norm, alongside family roles, in almost all developed countries. (Details of the wider context for this are widely available, including in UN, OECD and EU data.) The key issues underpinning the heightened, and growing, need for work-care policies that address the needs of workers with eldercare responsibilities are briefly set out below. Today, throughout Europe and in many other parts of the world, they claim the attention of governments, policymakers, employers, trade unions and voluntary organisations advocating on behalf of older, sick and disabled people and their family carers.

Predisposing factors for work-care reconciliation policy development

Work-care reconciliation has become a topical and important policy issue because of:

- **Population ageing:** All eight countries covered in the report have rising 'old-age dependency ratios' (people aged 70+ per 100 population aged 20-69). In 2015, UN estimates were: Australia 15.5; Canada 16.0; Finland 20.1; France 21.2; Japan 29.7; New Zealand 15.5; Sweden 20.7; UK 18.8; [world 8.8].¹¹
- **'Ageing in place':** All countries included have an established policy preference for 'ageing in place', rather than placing older citizens in residential care facilities, unless this is vital for their care (see S2).
- **The shift towards 'care outside hospital':** In all 8 countries the trend is towards shorter length of hospital stays following surgical procedures or other treatments common for older people, as OECD data show (though average length of hospital stay in Japan is much higher than in the other seven).¹²
- **Female employment rate:** In all 8 countries, the female employment rate (women 15-64) rose by several % points between 2000 and 2015. The largest increases were seen in France and Japan, where the 2000 rate was much lower than in the other six countries; in 2015 the rate in France reached 61% and in Japan almost 65%. By 2015, the female employment rate was 74% in Sweden, close to 69% in Canada, New Zealand and the UK, and around 67-68% in Australia and Finland.¹³
- **Family change:** More women are remaining childless (at age 40-44).¹⁴ In Canada, Finland and the UK, the proportion of women childless at this age was around 20%, and in Australia and New Zealand 15-16%. Figures were lower for France and Sweden (11-13%), and were not available for Japan.
- **Small household size:** In Sweden average household size (for the total population) was just 1.8 in 2015.¹⁵ In the other seven countries it was between 2.3 and 2.7. In four of the countries, over a third of households had only one member in 2011 (Finland 41%, Sweden 36%, Japan 35% and France 34%).¹⁶ Figures for single person households were lowest in Australia and New Zealand (both just under 24%); 28% in Canada, and 31% in the UK. Rather few households (5-10%) were in multiple family or three-generation occupation, although in Japan the figure was somewhat higher (16%).



Caring responsibilities among populations of working age [WA]

No harmonised statistics on the proportions of WA people who are carers, and covering all eight countries considered here, exist. National data (see also S.2, where some more detailed figures are shown) indicate these are increasing. In 2011, a Eurobarometer survey found the % of WA people who were currently car-

¹¹ <https://esa.un.org/unpd/wpp/Download/Standard/Population/>

¹² <http://www.oecd.org/els/health-systems/oecd-health-statistics-2014-frequently-requested-data.htm>

¹³ http://stats.oecd.org/viewhtml.aspx?datasetcode=LFS_SEXAGE_I_R&lang=en

¹⁴ http://www.oecd.org/els/family/SF_2-5-Childlessness.pdf

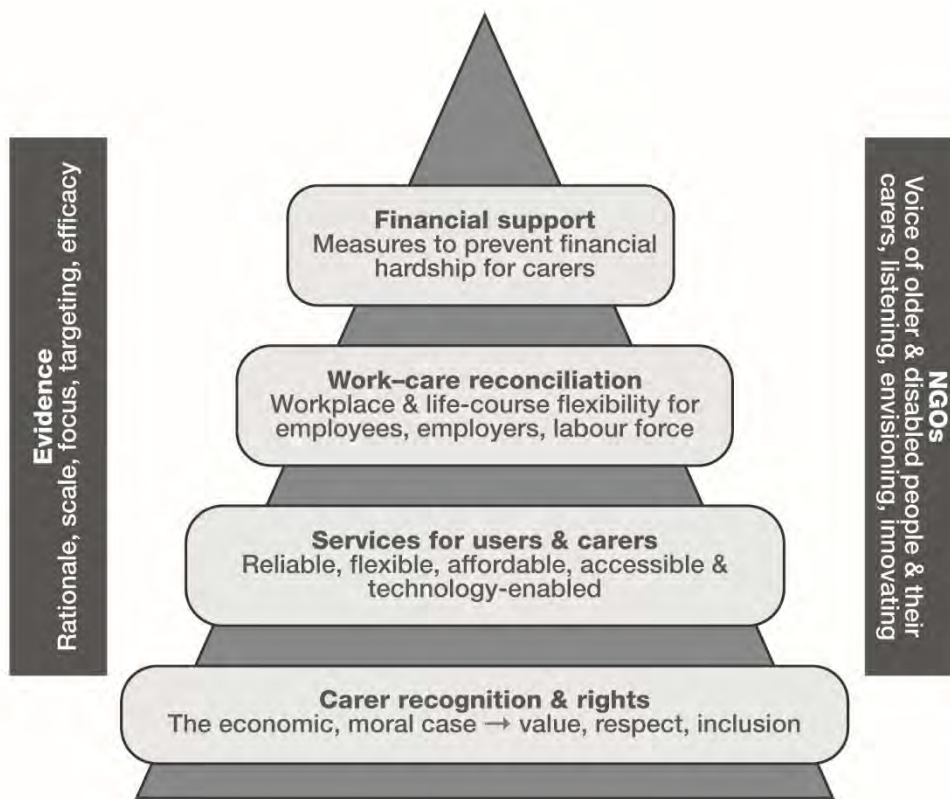
¹⁵ https://www.oecd.org/els/family/SF_1_1_Family_size_and_composition.pdf

¹⁶ https://www.oecd.org/els/family/SF_1_1_Family_size_and_composition.pdf

ers was: Finland 11%; France 29%; Sweden 17%; UK 16%¹⁷. Other sources show the %s for non-EU countries were: Australia, 13% (ABS 2015); Canada, 31%¹⁸; New Zealand, 13%.¹⁹

These are 'snapshot' figures of those caring at one point in time. For most WA people, care of an older person is a transient status which typically occurs in the middle or later years of employment; estimates suggest most workers will have a period in which eldercare needs arise during their working life. Pressure on working carers often accelerates over months or years, and without support, once manageable obligations or caring roles can become challenging (or impossible) to combine with paid work as the older person's needs increase. The speed and intensity of this process is affected by the nature of the older person's needs; the availability of other, suitable, support; and its cost, accessibility and acceptability to the older person. The pressures on working carers are also affected by experience at work: how demanding and time-consuming their job is; if they can modify this, if they wish, to accommodate their caring role; if they face financial difficulties in making these changes; and how their managers and co-workers respond to the work-care challenges they face.

Figure 1.1 Carer Support: conceptual framework²⁰



The conceptual framework shown in Fig 1.1 was first developed (based on policy analysis and studies of working carers in Australia, Canada and the UK) by the present author (Yeandle) and Canadian academic Janet Fast.²¹ Based on historical and empirical evidence for those countries, they argue that:

- Evidence of caring and its distribution is a vital early step in understanding carers' situation;
- Official policies on carers are often shaped by campaigning NGOs or carers' organisations;
- Once identified, the unfairness of the financial consequences of caring often draws a policy response, enabling some carers to gain financial compensation, support or replacement income;
- Some employers, trade unions and managers show awareness of working carers' difficulties;
- Carers' organisations, operating at national (campaigning) and local (service provision) levels, contribute to the development of care services by engaging with professionals and legislators;

¹⁷ Jungblut (2015) p18.

¹⁸ Carers aged 15-64=7,116,608 [2012]; total population 15-64=22,924,285 [Census 2011] (Statistics Canada 2016).

¹⁹ Caution: Not all figures shown here are comparable. Definitions and questions used vary and no data in English on the % of WA people with caregiving responsibilities was available for Japan.

²⁰ Figure 1.1 was developed by S Yeandle and J Fast, and first published in Cass et al (2014).

²¹ Cass et al (2014). The argument underpinning the framework was debated 2014-16 at academic meetings and is discussed in papers forthcoming from WUN Network *Sustainable Care: connecting people & systems*, www.wun.ac.uk/wun/research/.

- Some governments see carers as contributors to society, others as a means of cutting public care costs, but in either case, they come to recognise that many carers need support;
- An economic and moral case, based on valuing, respecting and including carers, can be made for supporting carers / giving them new rights, and can influence opinion-formers and decision-makers.

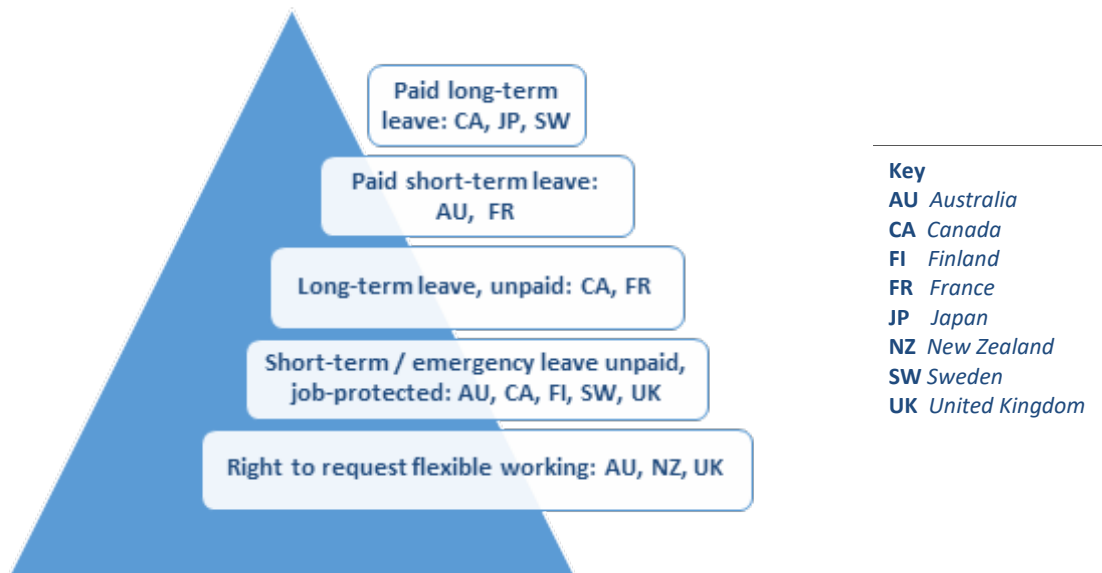
Critical here is how elements of the framework interconnect. *Recognition and rights* are fundamental, and need to underpin all other actions, expenditure and policies; *services for people in need and carers* are vital, especially as the ratio of people providing care to people receiving care shifts with population ageing; flexible, widely available *work-care reconciliation measures* are needed to keep employees attached to the labour force, deploying their skills and experience and making the contributions on which employers depend for organisational and business success; public, *financial support for carers* (which some people with demanding care roles may always need) can be kept fiscally manageable only if most working carers remain in work, contributing to public systems of taxation and insurance.

This paper’s main focus is on *work-care reconciliation measures*. These can be put in place in workplaces through employer initiatives, arrangements negotiated by workers, managers and unions, or in response to changes in employment law. They include flexibility in where, when and how often people work; options to take time off from work when care demands are time-sensitive or high; and information, guidance, counselling and support arrangements, to which employers may allocate modest resources, including training programmes for managers on how to manage employees with care responsibilities.

Figure 1.2, adapted from Jungblut’s work-care reconciliation arrangements model, with its hierarchy of reconciliation measures, highlights working time flexibility; employment protection during time off for care; emergency leave; and unpaid and paid short-term and long-term care leave. Note, however, that, as Jungblut also states: ‘*one of the most important conditions for successful reconciliation of work and care is the support and understanding of colleagues and line managers*’.²²

Figure 1.2 Work-care reconciliation rights legislated at national level

Showing countries where some or all workers are legally entitled



Structure of the paper

The remainder of this paper comprises Section 2, in which the eight country profiles are introduced and presented, Section 3 in which the work and activities of *Employers for Carers* is described, with details of approaches to work-care reconciliation in six of its member organisations given, and Section 4, in which an assessment and some concluding points are highlighted.

²² Jungblut (2015) pp10-11.

2. Public policy and legislative developments by country

In this part of the paper, the main features of enacted policies relevant to employees who have caring responsibilities towards older, disabled or seriously ill persons (usually, but not exclusively, family members) are outlined. The focus here is on national policies, although for some countries with federal systems of government, specific state or provincial variations of particular interest are mentioned.

For each country a summary of entitlements is provided, with particular attention given to any rights employees have to arrange (or request) a flexible working arrangement to help manage work and care or to take leave from work (paid or unpaid). The overall picture for the eight countries covered in this report was presented in Figure 1.2.

Each of the country profiles below addresses six topics relevant to understanding how far each country supports the work-care reconciliation of employees with an older relative who needs support.

Each profile:

- **Summarises the system of support for older people**, noting the types of services available and if these are arranged, organised or funded by the state or rely on families to plan or provide. Any policy emphasis on 'ageing in place', rather than in institutional settings, is noted; the extent to which the system relies on family carers, and if families are expected to support older relatives financially, or in other ways, is also indicated. Evidence of concern in public policy about the sustainability of carers' contributions, and whether older people can use any financial support they receive to employ a family member or help them with the cost of caring, is also noted.
- **Indicates if official data on working carers are available**, highlighting key points on what these show about how combining work and care affects them, and noting any evidence of carers leaving work or experiencing problems at work because of caring.
- **Considers the role of advocacy groups, voluntary organisations, employers and trade unions**, noting if they have raised issues about work and care or worked with government to shape support for working carers.
- **Notes any official recognition and respect for carers in national policy**, especially with regard to carers of working age, and considers if carers get help in enacting their caring role, or have any rights to an assessment of their own needs or assistance in managing their caring role alongside other responsibilities. Legislation or guidance on how others in the care system should behave towards carers, and whether an official strategy/plan for supporting carers is in place is also noted.
- **Examines any financial support available to carers**, noting if any publicly funded financial support is payable directly to carers, and any associated rules which may affect the carer's ability to combine work and care. It also indicates if any payments to carers are treated as a 'wage' for caring.
- **Lists any current work-care reconciliation measures in place**, such as whether working carers have a legal entitlement to flexibility in working arrangements or to time off or leave to organise or provide care. It notes how long these entitlements have been in place; if any associated rules or eligibility criteria have changed since initial implementation; whether employers are required to pay any of the costs of these provisions; if employment insurance funds are used to cover any payments to carers absent from work; and whether the impact of these measures has been evaluated or researched.

Australia

System of support for older people

Australia provides services for older people based on assessment of individual need. Family members are not legally obliged to provide financial or practical help to older relatives, although many do so, mainly to a parent living in a separate household. Services include residential, community and home care (which can include personal care and modest help with cleaning), and support in adapting the home. The system includes means-testing and co-payments, for which service users (not their families) are responsible. Minimising the use of residential care is an established policy objective in Australia, with ageing in place widely preferred. The systems of 'aged' and 'disability' care are both currently under reform; the former is being re-shaped to provide 'consumer directed care'²³, and a new *National Disability Insurance Scheme* (NDIS)²⁴ is radically changing support for non-elderly disabled people. The eldercare system relies heavily on carers, mainly female relatives, and has provided some carer-specific services for many years. A *Parliamentary Inquiry* in 2009 drew attention to carers' needs;²⁵ in 2011 a *Productivity Commission* report highlighted concerns about the continuing availability of support from unpaid carers²⁶, and the *Human Rights Commission* (AHRC) has reported its inquiries in this field²⁷. From 2015, a new national *Home Support Scheme*²⁸ is merging previous respite, community care and day therapy schemes,²⁹ involving some changes to carer support. An 'Integrated Plan for Carer Support Services' and 'Carer Gateway' (website and phone service for carers) were launched in 2015, but to date, pressure for independent assessment of carers' needs has not met with success.³⁰



Data on working carers

Australia collects a wide range of official statistics on carers, through its census and regular surveys, including its *Survey of Disability, Ageing & Carers* (SDAC) and HILDA³¹. Publications drawing on these include the above mentioned AHRC report and technical annex, and new work on carers and social inclusion, which notes that SDAC 2012 data identified 2.7m carers (12% of the population) among whom 537,000 women and 233,000 men were 'primary carers', that is, the 'main supporter' of the person they cared for.³² In 2013 the AHRC drew attention to the 1.3m employees (10.4% of all male and 14.1% of all female employees) caring for a person with disability, chronic illness or frailty³³. New longitudinal analysis of data comparing carers with non-carers,³⁴ reinforcing past research, shows working carers are still more likely than other workers to have marginal labour force attachment and to report stress in their job, and that carers are more likely than others of their age to report wanting to work, but being unable to do so.

Advocacy groups, voluntary organisations, employers and trade unions

Carers' organisations have been highlighting carers' needs for some 30 years. They secured recognition of carers in Australia's social security system in 1985 and have since lobbied continuously for resources, policy change and enhancements to carer support, including at the sub-national, state and territory level, nationwide. A range of advocacy groups, voluntary organisations and trade unions have raised issues about work and care, especially in the 2000s, and some employers have introduced initiatives to address this, though there is no organised employer body comparable to the UK's *Employers for Carers* (see S3). Trade unions lobbied for some of the provisions on the Fair Work Act described below.

²³ <https://agedcare.health.gov.au/aged-care-reform>.

²⁴ <https://www.ndis.gov.au/>.

²⁵ House of Representatives (2009).

²⁶ Productivity Commission (2011).

²⁷ AHRC (2009), (2013a), (2013b), (2013c).

²⁸ Department of Social Services (2015).

²⁹ Introduced under the Home & Community Care Act 1985 and 'Respite for Carers' program (from 1996).

³⁰ Carers Australia (2014).

³¹ The Household, Income and Labour Dynamics in Australia statistics.

³² Hill et al (2016).

³³ AHRC (2013b) p55.

³⁴ Hill et al (2016).

Recognition and respect for carers

Australia has taken various steps to 'recognise' carers and the role people of working age play in providing care and support for older people. In 2009, a *National Carer Recognition Framework*³⁵, comprising a federal *Carer Recognition Act 2010* [CRA]³⁶; *National Carer Strategy 2011*³⁷; and implementation plan, plus a national 'carer awareness' initiative, were introduced. The CRA sets out how public service agencies and providers should treat carers, stating that carers should have the same rights, choices and opportunities as others; be recognised and supported for their social and economic contribution; get timely, responsive, appropriate, accessible support to achieve greater economic wellbeing, including to participate in paid work; and be acknowledged as people with their own needs. The CRA was a major step in acknowledging the support carers may need to combine work and care, but did not create legally enforceable rights or duties, or a right for carers to have their own needs assessed.^{38 39} Further measures to integrate carer support were introduced in 2015, although it is too early to know if these are effective.

Financial support for carers

Australia provides several income support payments for which carers of older people may be eligible. Introduced in the 1980s⁴⁰ (following earlier developments⁴¹), these include *Carer Payment* [CP] (AU\$788 per fortnight), *Carer Allowance* [CA] (AU\$123 per fortnight) and *Carer Supplement* [CS]. In 2015, *Carer Payment* was paid to over 255,000 carers (almost treble the 2005 figure), who may work, study or train for up to 25 hours pw and remain eligible for CP. In 2015 one in ten CP recipients reported employment income.⁴² It is thus possible to combine care and work with CP support, although CP eligibility criteria are restrictive and have been criticised as a disincentive to labour force participation or adult education.^{43 44} *Carer Allowance* is an income supplement (not income or assets tested, not taxable, and payable in addition to wages) for people caring daily at home for a person with a disability or severe medical condition, received in 2015 by 601,364 people (almost double the 2005 figure). *Carer Supplement* (AU\$600 p.a.) is paid to 615,000 people on CA/CP and is not income or assets tested.

Work-care reconciliation measures

Legislative support to help people manage work and care exists, but is seen by carers' organisations as inadequate to fully address work-care challenges. *Carers Australia's* campaign, '*Work and Care: the necessary investment*',⁴⁵ stresses 'benefits to carers and the economy' and the 'business case for carer-friendly workplaces'. New National Employment Standards (NES) in the *Fair Work Act 2009* included the right to request flexible work for carers of a child with disability under age 18. In 2013 this was extended to cover most carers of adults, and the 'reasonable business grounds' on which requests may be refused were defined in law. To be eligible, employees must have a year's continuous service; casual employees need a 'reasonable expectation' of regular, ongoing work. Carers' organisations and others have criticised the lack of a right to appeal a rejected request as a weakness in this development. The NES also give regular (but not casual) employees up to 10 days' paid personal / carer's leave per annum if a family or household member needs care or support. Short term leave (2 days unpaid) can also be taken. The AHRC has recommended that the NES be amended to provide a 'dedicated' allocation of carer's leave, with access for casual employees.⁴⁶ Some reports note low awareness of these employment rights.⁴⁷

35 AIHW (2011) p208.

36 Commonwealth of Australia (2010).

37 Commonwealth of Australia (2011).

38 AHRC (2013a) p34-35.

39 Phillips & Magarey (2010).

40 'Spouse Carer Pension' (men only) 1983; and 'Carer Pension' 1985 (Yeandle & Kröger et al 2013:25).

41 'Wife's Pension' 1972; and 'Domiciliary Nursing Care Benefit' 1973 (Yeandle & Kröger et al 2013:25).

42 Hill et al (2016). Recipients of CP must spend no more than 25 hrs p.w. 'away from caring for work, study or training'.

43 Carers Australia (2013).

44 AHRC (2013a) p46.

45 <http://www.carersaustralia.com.au/media-centre/article?id=work-and-care-the-necessary-investment>.

46 AHRC (2013).

47 Skinner & Pocock (2014).

Canada

System of support for older people

Services for older people with support needs (including 'home and continuing care services') are the responsibility of Canada's provinces and territories and exist in most of the country; in some places these are provided free, in others means-tested with charges or cost-sharing applied; their type varies as the *Canada Health Act* does not mandate social care services. In some provinces (not all) adult children are legally required to support a parent financially, though this is rarely invoked. In 2016, *Federal, Provincial &*



Territorial Ministers Responsible for Seniors confirmed a strong emphasis on 'ageing in place' in federal policy on 'elders'^{48 49}, with institutional care avoided where possible, and noted '*the importance of supporting seniors to receive home care, and the need for affordable housing options for seniors*'. Provincial variation in public responsibility for elder care, and in alternative private services, means many families support older people.⁵⁰ Their continued availability/willingness to care has become a concern in policy debates. Public funds are not used to enable older people to employ family members as carers.

Data on working carers

Canada collects data on carers in its census and surveys⁵¹, including a *General Social Survey* module on 'caregiving and care receiving'.⁵² It has an estimated 8m carers aged 16+; many are in paid work trying to manage work and care.⁵³ Studies suggest some 15% reduce their working hours; 40% miss days of work; 26% take leave of absence; 10% turn down job opportunities; and 6% give up work.⁵⁴ Very few carers supporting their parents (5%) or spouses (14%) receive government financial assistance (National Seniors Strategy 2015:1).⁵⁵ Women provide more 'hands-on' care, and in later life can be at risk of financial hardship, as pension contributions are not protected during periods of full-time caring.

Advocacy groups, voluntary organisations, employers and trade unions

Carers', family, health and older people's organisations have all identified work-care as a significant issue in Canada, and employers' initiatives have been studied.⁵⁶ The *Human Rights Commission* has also identified carers as a focus of concern, invoking the 'duty to accommodate' in equalities legislation⁵⁷, and many other organisations have identified scope for creating better support for people of working age with care responsibilities.⁵⁸ The *Canadian Healthcare Association* has also urged governments to 'give the respite care sector and its caregivers the long overdue policy recognition they deserve', noting that, as these are not 'insured services' under the *Health Act*, families usually need to pay for them.⁵⁹

Recognition and respect for carers

Despite growing discussion of carers' contributions and costs and of work-care issues, only Manitoba province has enacted 'carer recognition' legislation: its *Caregiver Recognition Act 2011* says carers 'should be supported to achieve greater economic wellbeing and sustainability and have opportunities to participate in employment and education'. In support of this, it has developed guides for working carers and an *Inventory of Services and Supports for Caregivers*.⁶⁰ At national level, *Employment and Social Development Canada* published 'tips for people combining work and care' in 2016⁶¹, and (to engage employers in further

48 <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum.html>.

49 Forum of FPTCMRS (2016).

50 <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/care-options.html#h2.3>.

51 Sinha (2013).

52 <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4502>.

53 Caring for parent 44%; friend 16%; grandparent 13%; spouse 8%; child 5%; other 10%; Statistics Canada (2013).

54 Fast et al (2013).

55 www.nationalseniorsstrategy.ca/pillar-4/financial-support-for-caregivers/.

56 Lero et al (2012).

57 CHRC (2014).

58 <http://vanierinstitute.ca/projects/caregiving-work/>; www.carerscanada.ca/priorities/#work-and-care; Duxbury (2009).

59 Canadian Healthcare Association (2012).

60 www.gov.mb.ca/shas/covers_caregiver_organisations_counselling_services_financial_benefits_palliative_care_legal_information_respite_support_groups_wellbeing_and_health_information_and_referral_services. See Manitoba Govt. (2015).

61 <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/tips-caregivers.html>.

developing support) established an *Employer Panel for Caregivers* in 2014-15.⁶²

Financial support for carers

Financial support for carers in Canada is limited, although tax credits, *Family Caregiver Tax Credit* and *Caregiver Amount*, help reduce care costs; some carers can claim both. Together worth up to \$6,588 pa, these are available in various circumstances, including care of a co-resident parent or spouse with 'impairment in physical or mental function'.⁶³ *Family Caregiver Relief Benefit*, introduced in 2015, is an annual tax-free payment (CAN\$7,238) available only to veterans with a disability award who have an 'informal caregiver'. It is intended to be used for 'relief options' to assist the carer.

Compassionate Care Benefit (CCB), introduced in 2004, is the only other financial support, and is linked to care leave (see below).⁶⁴ At first, CCB could be claimed only for up to 6 weeks, but in 2016 this was extended to up to 26 weeks. CCB is payable to an employee absent from work to care for a family member (or friend) 'at risk of dying' within 26 weeks. Administered by *Service Canada*, it is part of the state Employment Insurance program. Applicants need 600+ hours of insured work in the past year and must show their regular earnings have fallen by 40%. CCB can be shared by family members applying together, and is taxable income, paid at a basic rate (55% of the applicant's average insured earnings, up to a maximum of CAN\$51,300 or \$543 p.w. in 2017). Adjustments to this apply for those on some other benefits.

Work-care reconciliation measures

Despite the recommendations of the *Canadian Federal Labour Standards Review Commission* in 2006, there is no legislation for flexible working in Canada at federal or provincial level.⁶⁵ Some workplaces offer this on a voluntary or negotiated basis, however. Care leave⁶⁶ is provided in some circumstances, but the development of legislative provisions for 'family caregiver leave' has been complex, emerging first (at the level of provincial jurisdictions) in the 1980s⁶⁷, as a 2009 summary of the law, with recommendations for addressing weaknesses in it, explains.⁶⁸ Today, workers can access three options:

- **Family Caregiver Leave** (FCL unpaid) is job-protected leave, for up to 8 weeks p.a., to care for a family member (spouse, parent or other relative 'dependent on you for care or assistance') with a medically certified 'serious medical condition'. (The 8 weeks need not be taken consecutively, and if less than a full week is taken, the days used must fall within no more than 8 full weeks, Sun-Sat).
- **Family Medical Leave** (FML unpaid) is job-protected leave, for up to 26 weeks, to care for a family member or other close person with a 'serious medical condition' and at significant risk of dying within 26 weeks. Those using FML can combine it with CCB (see above) to mitigate its financial impact.
- **Personal Emergency Leave**⁶⁹ (PEL, unpaid, in Ontario only) allows an employee to take up to 10 days job-protected leave to deal with the death, illness, injury, medical emergency or an urgent matter relating to a spouse, parent, sibling or other relative 'dependent on (them) for care or assistance'.⁷⁰

Carers' organisations and researchers report low awareness of these supports, and there are few official reports of their impact. One study of CCB noted that, in 2009-10 when 5,978 successful claims for CCB were recorded, about 1.5m Canadians provided care to a dying person⁷¹.

Official sources put the total cost of CCB in 2012-13 at CAN\$ 12m; in 2015, an extra \$37m p.a. was allocated to fund the CCB extension, which the Government estimated might benefit 6,900 claimants.⁷² CCB is included in ESDC's 'Working while on claim' pilots, presently under way.⁷³

62 www.esdc.gc.ca/eng/seniors/reports/cec.shtml.

63 National Seniors Strategy 2015: 4.

64 www.canada.ca/en/services/benefits/ei/ei-compassionate/eligibility.html.

65 Heathrose Research Ltd (2011) p11.

66 <https://www.labour.gov.on.ca/english/es/pubs/guide/caregiver.php> - accessed 24.1.17.

67 For details, see www.bcli.org/sites/default/files/AppendixA.pdf.

68 British Columbia Law Institute (2010).

69 Coverage varies by province for workers not covered by Federal Labour Code: <http://workershelp.ca/leaveofabsence.asp>.

70 For details of definitions, see <https://www.labour.gov.on.ca/english/es/pubs/guide/emergency.php>.

71 Giesbrecht et al (2012) p3.

72 ESDC News Release, 4 Jan. 2016.

73 <https://www.canada.ca/en/employment-social-development/programs/ei-list/ei/working-while-claim.html?undefined&wbdisable=true#2>.

Finland

System of support for older people

Finland, which spends more, comparatively, on eldercare than most other countries discussed here, has a system rooted in 'universalist' social values and a commitment to public services. In recent years it has 'rediscovered' family carers⁷⁴ and made changes to eldercare arrangements. These developments include a trend towards more privatisation, marketisation and 'de-institutionalisation'.⁷⁵

Although support for older people, provided and funded through 300+ municipalities, varies significantly from place to place⁷⁶, recent, widespread, developments include a move towards provision of care for older people at home or in 'intensive service housing units' with 24/7 assistance, rather than in residential facilities. Thus Finland, too, is now strengthening its focus on ageing in place⁷⁷; its *Care Allowance for Pensioners* provides help to those with illness or disability to remain at home. Home care services (meals, washing / bathing, transport, shopping, etc.) continue, but are now focused on older people with more intensive needs, and some who would once have had municipal home care are now supported by relatives receiving *Informal Care Allowance* [ICA].⁷⁸

Alternatives to direct service provision include vouchers (since 2004, mainly used for cleaning and home care) and tax credit options (since 2001, used to partially offset the cost of home adaptations, eldercare and cleaning).⁷⁹ Between 1990 and 2005, the total number (and %) of older people receiving home care fell sharply (-60%) among those aged 65-74; dropped (by over 50%) for 75-84 year olds; and even among those aged 85+, where absolute numbers grew (+39%), fell in percentage terms (-19%).⁸⁰ By 2015, 6% of people aged 65+ were using regular homecare and 10% home help, lower figures than in 2011.⁸¹ Access to eldercare services in Finland is formally assessed, but mainly not means tested, with older people needing support automatically eligible for this, though some user fees are charged.

While *it is not a part of Finnish culture or labour market practice to stay out of work and take care of family members at home, and family members do not have any legal requirement to do so*⁸²; family support is very important, and the only source of help for some older people.⁸³ In 2005, an Act on Support for Informal Carers, in force from 2006 (updating arrangements introduced in 1984 and revised in the Informal Care Act of 1993⁸⁴) set out criteria against which municipalities may contract with family carers and minimum pay rates for them, and gave them pension and accident insurance and an entitlement to three days per month free of caring responsibilities.⁸⁵ In 2015, 6.8% of people aged 85+ (2.7% aged 65+) had help from a carer receiving such municipal 'support for informal care' or ICA (see further below)⁸⁶; most were spousal carers, retired from paid work.

Data on working carers

The Work & Health in Finland survey 2012 (people aged 25-68) found 28% of people in employment (31% of women; 22% of men; in total 700,000) had care responsibility for an older or disabled family member (considerably higher figures than in the same survey in 2009⁸⁷). Among them, 78% (of women) and 82% (of men) assisted their own (or spouse's) parent. Many women (60%), and 40% of men, provided care at least weekly.⁸⁸ Working carers experienced more work-family conflict and difficulty in concentrating at work, and felt less confident about career progression than other workers.⁸⁹ A 2011 Eurobarometer survey found



74 Kröger & Leinonen (2011); Jolanki et al. (2013).

75 Karsio & Anttonen (2013); Anttonen (2016).

76 For an example, and overview of the Finnish system of eldercare, see Kuronen et al (2014).

77 Karsio & Anttonen (2013) p92.

78 Karsio & Anttonen (2013) p90.

79 Karsio & Anttonen (2013) p103.

80 Kröger & Leinonen (2011) p120.

81 Karsio & Anttonen (2013) p90; EU (2014); www.sotkanet.fi (online statistical info. on welfare/health in Finland)

82 Kuronen et al (2014) p31.

83 Jolanki et al (2013).

84 Kuronen et al (2014).

85 Yeandle & Kroger (2013) p32.

86 www.sotkanet.fi.

87 Jolanki et al (2013) p56.

88 Kauppinen (2013).

89 Jolanki et al (2013) p56-57.

25% of Finns 15-65 had previously cared for an older person, with 11% currently doing so).⁹⁰

Advocacy groups, voluntary organisations, employers and trade unions

Finland's *Association of Care Giving Relatives and Friends*, founded in 1991, has 71 local associations and some 10,000 members⁹¹; it has worked closely with policymakers and politicians to help shape policy change, and its campaigning influenced the *Support for Informal Carers Act 2005*, and contributes to policy-making by supplying information and the carers' perspective at the national and EU levels. Finland has a high unionisation rate (76%)⁹² and unions play a part in shaping employment law and policy.

Recognition and respect for carers

Carers' role is legally recognised in Finland in the *Support for Informal Carers Act*. In recent years carer support has been one of few areas to which additional public resources have been allocated, seen by some as an indicator that the state is increasingly relying upon families to provide eldercare support.⁹³

Financial support for carers

There are no financial payments to carers in Finland, apart from the payments made to those who contract to provide care with their municipality. An official assessment in 2006 found 76% of carers receiving such 'support for informal care' were entitled to statutory days off, a right which 58% exercised, and (based on this) estimated the cost to municipalities of providing this support to be €53m-€100m pa.⁹⁴

Work-care reconciliation measures

The *Employment Contracts Act* (2011 reform) provides several options for working carers. Job protected⁹⁵ care leave ('absence from work for a temporary reason', including for a 'compelling family⁹⁶ reason', for an unspecified period, often a few days) can be taken if unexpected absence is needed to care for a family member, though employers are not obliged to pay for the time off.⁹⁷ A longer absence ('agreement-based leave of absence to care for a family member or another person close to the employee') can be requested to care for a family member or close person. Employers (who can seek proof of the care need) are expected to accommodate this, e.g. using remote working, job alternation leave or flexible work hours, but employees have no enforceable right to these options. Heino notes that when the *Employment Contracts Act*⁹⁸ was amended, the official view was that a worker's unpaid absence to care caused no direct costs to employers (unless a substitute employee was recruited) and that their work could often be allocated to other employees. She says this approach had potentially detrimental impacts for other employees, and was problematic, especially for smaller businesses. It became a focus of concern for employers' organisations because of potential costs. She also observes that potential savings for other stakeholders (including municipalities) could be (but were not) identified.⁹⁹ *Job Alternation Leave* [JAL], first introduced in 1996, enables a person to take time off from work, with some income replacement, if an unemployed person is appointed to their role; it has been used by some carers (but was not targeted at them).¹⁰⁰ After a change to JAL rules from 2016, applicants need 20 years' work history and can receive replacement income (via employment insurance, at 70% of benefit entitlement) for up to 180 days.

90 Jungblut (2015) p18.

91 Heino (n.d.) p2.

92 www.pxnet2.sta.fi/PXWeb/pxweb/en/StatFin.

93 Yeandle and Kröger (2013) p32.

94 Heino (n.d.) p2.

95 'The employee is entitled to return to work...in his/her former job. If the employer cannot offer (this) he has an obligation to offer the employee equivalent work. If... this is not possible, the employer must offer... some other work...he/she is able to perform, given his/her experience & qualifications. The obligation to offer other work... includes an obligation to arrange for training... provided (this is) reasonable from the point of view of the employer.' Min. Employment & Economy (2014) p37.

96 'Family' refers to persons living in the same household in family-like conditions. The provision also applies in cases where a near relative of the employee or of the employee's partner in ascending or descending line has had an accident and the immediate presence of the employee is required in taking care of the situation.' Min of Employment & Economy (2014) p35. Kalliomas-Pua and Kangas (2016); Kuronen et al 2014).

97 Kalliomas-Pua and Kangas (2016); Kuronen et al 2014).

98 See <https://tem.fi/documents/1410877/2918935/Employment+Contracts+Act/bofca473-f224-46b9-974c-acd153587680>.

99 Heino (n.d.) pp2-3.

100 Yeandle & Kröger et al (2013) pp38-39.

France

System of support for older people

France's system of care for older people is based on a *'familialist model that has evolved towards a mixed welfare system'*.¹⁰¹ It makes extensive use of cash benefits, funded through both general taxation and insurance funds, which can be used to cover care costs. Older people (60+) who need help have their needs formally assessed and can claim a payment, *Allocation Personnalisée d'Autonomie* [APA], first introduced in 2002, to help pay for home or residential care or other services they may need, based on a care plan.



Those able to pay (based on income and assets) make co-payments towards their care costs.¹⁰² The system relies heavily on families to provide the care they need.¹⁰³ APA can be spent flexibly¹⁰⁴, including to pay a family member to provide care (although it cannot be taken as a direct payment or used to pay a spouse). If used in this way, the relative is *'expected to perform the caring tasks defined in the care package'*.¹⁰⁵ In 2011, 1.2m people (60% living at home) received APA (up from 469,000 in 2002). Among older people receiving care at home, half had care only from a family member or friend / neighbour; 30% had a mix of formal and family / friend support; and 20% received formal care only.¹⁰⁶ Most family care (85%) is provided by wives and daughters, and there is concern in France about the future availability of this support.¹⁰⁷ Despite the centrality of family care, how carers should be supported has been firmly on the policy agenda only in the past 15 or so years.¹⁰⁸ Today, responsibility for supporting them arises at national, departmental and municipal levels. It has been influenced by France's 'national plans' on topics relevant to ageing, such as Alzheimer's disease (2008-12) and stroke (2010-14), and by legislation on Adapting Society to the Ageing Population in 2015.¹⁰⁹

Data on working carers

Overall, 8.3m people aged 16+ regularly assist someone with support needs, including 4.3m who care for an older person (60+); among them, 45% care for a spouse, 21% for a parent, 21% for a neighbour or friend, and 13% for a son or daughter. Their support assists 3.6m older people; more than half of people aged 75 or older have help from a son or daughter.¹¹⁰ This high level of support was confirmed in a 2011 Eurobarometer survey which found France had more carers than any other EU country (with 28.5% currently caring for an older person and 23% with past experience of this).¹¹¹ France does not collect data on carers in a population census, but official surveys show 60% are women and that carers are found in all socio-economic groups. Among carers of working age, most are in paid work. Studies show that carers experience various kinds of strain; 7% say their family relationships are under pressure, 14% that they lack sufficient time for their families; and 20% that they lack adequate time for themselves.¹¹²

Advocacy groups, voluntary organisations, employers and trade unions

Since 2003, the *Association Française des Aidants* has listened/given voice to carers to ensure they are accorded their 'rightful place' in society¹¹³, campaigning for recognition of their role with public bodies and in the media. It provides local services (via a network of carers' cafés and health centres) and training for health and care professionals. To address work-care - an 'unavoidable' workplace issue - in 2016 it developed an *Employers & Working Carers Award*, supported by the *Ministries of Social Affairs & Health* and

¹⁰¹ Le Bihan & Roussel (2016) p8.

¹⁰² Farvaque (2015).

¹⁰³ Forder & Fernandez (2011).

¹⁰⁴ Kraus et al (2010); Forder & Fernandez (2011) p13.

¹⁰⁵ da Roit & Le Bihan (2010).

¹⁰⁶ Joel et al (2011).

¹⁰⁷ EC (2013).

¹⁰⁸ Le Bihan & Roussel (2016).

¹⁰⁹ Le Bihan (2016).

¹¹⁰ CNSA (2015) pp.16-17.

¹¹¹ Jungblut (2015) p18.

¹¹² Le Bihan & Roussel (2016), p13, citing Souillier, N. (2012) (article in Etudes et Resultats No. 799).

¹¹³ <http://www.aidants.fr/> French Carers' Association.

Families, Youth & Women's Rights, in partnership with companies and NGOs, to promote best practice.¹¹⁴ Announcement of the award noted that 1 in 6 workers is a carer (likely to reach 1 in 4 by 2026) and that employers' management of work-care affects both society and company profitability. Company results in this area could be 'astonishing', but were too often ignored by others.

Recognition and respect for carers

France has not developed specific legislation on carers, and does not offer them comprehensive support, but (as noted) does acknowledge and recognise them in its care system. Carers are entitled to limited financial support (mainly through the person cared for) and to basic information about their rights. Under the Code de l'action sociale et des familles, they may claim respite care 'for time, pause and relaxation', and the National Fund for Autonomy publishes a 'Carers' Guide' to raise awareness of this type of support and assist carers in accessing it.¹¹⁵

Financial support for carers

Financial support relevant to people with eldercare responsibilities in France is mainly allocated to the person with care needs (see above, regarding APA), although carers who are income tax payers can claim some tax credits and allowances against expenses incurred in employing a professional caregiver. The tax system encourages employment of household workers to provide care or other services, which enables some families to deduct significant sums from income tax. A modest cash payment (a €500 annual Right to Respite Allowance), is also paid to some carers of older people who need support. This is intended to enable the carer to purchase temporary respite care, or to obtain a break from caring by employing an alternative carer. Encouraged by the Government, a quite large private insurance market has also emerged, through which many older people and families can fund any care costs they incur. Many employers offer such schemes in their remuneration packages; policies of this type were held by some 3 million workers in 2008.¹¹⁶

Work-care reconciliation measures

'Work-life balance measures' for people of working age were reported in detail in 2016 in a 'Thematic Report' for the EC's European Social Policy Network (ESPN), on which the information below is partly based.¹¹⁷ In France, there is no obligation on employers to provide flexible working arrangements, although some provide this voluntarily and / or within collective agreements¹¹⁸, and part-time employment is widely available. Since 2005, employment legislation has also allowed employers to offer 'positive action' measures which help employees to 'combine care and work with personalised hours'.¹¹⁹

All employees in France have the right to take job-protected, unpaid, *Family Solidarity Leave* (FSL) to assist a dying relative. FSL can be shared between family members if desired, and is limited to 3 months, but can be extended once. For those caring for a person near the end of life a *Daily Support Allowance* (DSA) can also be claimed, for up to 21 days, to a maximum of €55.15 per day. Full-time employees can take FSL as a period of reduced hours working if they choose, with DSA payable at half-rate.

Arrangements for other leave for carers were adjusted in France as part of the 2015 legal changes to adapt France to the ageing society. Unpaid *Carer's Leave* (*Congé de proche aidant* [CPA]) replaced *Family Support Leave* (also unpaid) and is available to any employee with at least two years' service with their employer who wishes to care for a family member who is disabled or has significant support needs. CPA protects the employee's job and is awarded for 3 months in the first instance. It can be extended to one year, although this can only be done once in the employee's career.

¹¹⁴ <http://www.prix-entreprise-salaries-aidants.fr/>.

¹¹⁵ Le Bihan & Roussel (2016) p12.

¹¹⁶ Forder & Fernandez (2011).

¹¹⁷ Le Bihan & Roussel (2016).

¹¹⁸ Valenduc & Brotcorne (2011).

¹¹⁹ Le Bihan & Roussel (2016) p10.

Japan: current policy on work-care reconciliation for employee-carers

System of support for older people

Care of older people has historically been a family responsibility in Japan, whose Civil Code places a duty on relatives to support each other, including financially if needed. Universal healthcare was introduced in 1961, funded by health insurance administered mainly by employers,¹²⁰ and local care facilities were set up in the 1970s. A Gold Plan system of community-based eldercare, delivered via municipalities and designed to supplement family support, was introduced in 1989. By the 1990s 'traditional' household structures were rapidly changing and co-residence of older people with their children was in decline. Inspired by the German long-term-care insurance scheme (LTCI), Japan passed LTCI legislation in 1997, implemented in 2000^{121 122} (with some subsequent reforms). This levies a compulsory insurance charge on all citizens aged 40+ and provides home, community and institutional services, financed by LTCI, general taxation and modest user co-payments, for people aged over 65 (or aged 40-64 with 'age related' disabilities). The system does not include cash allowances to pay family members to provide care, which were thought a potential disincentive to female labour force participation, and likely, also, to reinforce traditional gender roles.¹²³ In recent years, 'outsourcing' eldercare (using non-family support) has become more common, a response to the introduction of the LTCI scheme, rising female employment and changes in family life; the share of people aged 65+ with LTCI-funded support doubled between 2000 and 2011 (6.8% to 14.3%).¹²⁴ The system is locally administered and local committees of health and care professionals establish eligible care needs. The aim is 'self-determination and choice for older people and their family carers', and a care service market model (private and non-profit providers) is used. Services include home and community support (3m users), group homes, and institutional care (840,000 users). Family members (mainly women) still provide much eldercare, but there are few carers' services (some municipalities run carer training programmes). Some research shows conflict between profit and 'quality services', fragmentation of community resources and high turnover among care workers.¹²⁵



Data on working carers

A recent survey of working carers found fatigue and stress were problems for some carers, with impacts on work attitude (falling asleep, irritability, depression), work accuracy (careless mistakes, 'near-miss experiences' likely to cause negligence or accidents) and work performance.¹²⁶ Earlier studies looked at how Japan's LTCI scheme affected carers, finding some improvement in their 'physical burden of care' after its implementation, and some reduction in their 'emotional burden'. In 2011, high income carers were shown to be more likely to be employed, or to spend more time in employment, after its introduction, although this effect was not seen in middle / low income groups.¹²⁷ Official data put *'the number of workers who have to leave their jobs due to ... care of family members at ... around 100,000 annually'*¹²⁸, stressing that this makes it very important to support them to balance work and care.¹²⁹

Advocacy groups, voluntary organisations, employers and trade unions

Japan has local associations which support carers and a national association, *Carers Japan*¹³⁰ which was formed in 2010 to advocate for and on behalf of carers. It aims to: build respect for carers and those they care for; develop a supportive environment for care; promote carers' participation in education, employ-

¹²⁰ CPA (2016a) p2.

¹²¹ Peng (2002).

¹²² Campbell et al (2010).

¹²³ Peng & Yeandle (2017 forthcoming).

¹²⁴ MHLW (2015).

¹²⁵ Shimmei (2016).

¹²⁶ Ikeda (2015).

¹²⁷ CPA (2016) p3 [citing Tamiya et al (2011) 'Population ageing and wellbeing: lessons from Japan's long-term care insurance policy', The Lancet, Vol 378].

¹²⁸ Based on 2012 Survey on Employment Structure, Ministry of Internal Affairs & Communications.

¹²⁹ MHLW (2016), p16.

¹³⁰ http://carersjapan.com/about_eng.html.

ment, social life and community activities; and create a society in which carers' experience is valued. Its activities include research, policy recommendations and campaigning. Given its quite short history, it has played only a minor role in shaping current employment law and policy. Trade union density in Japan is low (under 20%)¹³¹ and available sources (in English) show no evidence of unions playing a significant role in shaping policy on working carers.

Recognition and respect for carers

The Confucian concept of filial piety is an important foundation of Japanese society and ethics, underpinning widespread respect for family and family relationships, but Japan also has a 'long-hours' working culture which can bring work and family responsibilities into conflict. (See also, below, new rules to prevent harassment and discrimination against working carers in the workplace and on overtime.)

Financial support for carers

Financial support for carers in Japan consists mainly of the employment insurance-based payments legislated under employment law (below). Some municipalities offer a family caregiver benefit, at local discretion, but this is not the norm and caring does not, on its own, generate rights to financial support.

Work-care reconciliation measures

Developments in employment policy since 1995 reflect Government concern about drop-out from the labour force for care reasons.¹³² In 1995 the *Childcare and Family Care Leave Act* gave workers in standard full-time employment the right to up to 3 months' unpaid care leave and/or to reduce their working hours for childcare and/or 'care of other family members'; all employers were also advised to offer family care leave. This Act was revised in 1999, when a 40% wage replacement payment during care leave was introduced; employers were obliged to offer this.¹³³ Further amendments followed, amid ongoing concern about labour force drop-out to accommodate care¹³⁴; in 2017, employees are entitled to paid family care leave of up to 93 days, at 67% of usual salary. An earlier amendment (2010) had also required employers to offer at least one of: reduced working hours; flexi-time; a limit on extra working hours. Recent official reports also link labour force drop-out by working carers to cases where 'expected long-term care services are unavailable' or 'workers have to leave their jobs for long-term care against their will'. Highlighting this, Japan's *Ministry of Health, Labour & Welfare* has promoted 'measures for realizing a society in which no one has to leave his job by the early 2020s' aiming to halt early workforce exits to care, using social security measures which include '*acceleration & enhancement of home-care & facility-care services and enhancement of consultation and support services for working families*'.¹³⁵ The 2016 revisions to employment law were made under the *Child Care & Family Care Leave Act* and *Employment Insurance Act*. In force from August 2016, they now allow family care leave to be taken in up to three separate periods of time (to a total of 93 days, per person with care need); establish an 'overtime work exemption system' for working carers; allow care leave to be taken as half-days; and increase family care leave benefit rates (from 40% to 67% of wages).¹³⁶ Amendments to the *Equal Employment Opportunities Act*, *Child Care & Family Care Leave Act*, *Workers' Dispatch Act*, and *Employment Insurance Act*, in force from 2017, require employers to take '*necessary employment management actions*' to prevent supervisors and co-workers '*engaging in acts that harass employment environments of workers*' taking family care leave.¹³⁷ Since the 2016 revision, the care leave eligibility conditions are that all workers with a minimum of 1-year's continuous employment with the same employer, including contract workers (but not 'daily workers'), are entitled to take family care leave (continuously or in up to 3 time segments).¹³⁸

¹³¹ Suzuki (2013).

¹³² For timeline of policy developments and detailed supporting data, see MLHW (2010).

¹³³ Yeandle & Kröger et al (2013).

¹³⁴ Ikeda (2016, 2017); Nishimoto 2017.

¹³⁵ MHLW (2016a), p20.

¹³⁶ For details, see Inamori (2017).

¹³⁷ MHLW (2016b).

¹³⁸ MHLW (2016c); Ikeda (2017).

New Zealand

System of support for older people

New Zealand favours ageing in place, with support for older people organised through *District Health Boards* [DHBs] which, since the *Public Health & Disability Act 2000*, are responsible for funding / providing services designed to help citizens stay in their homes as long as they can. Mostly elected bodies, these plan, purchase and / or provide local services.¹³⁹ The health system is mainly publicly funded, but there are co-payments for GP consultations. DHBs hold the public budget for social care; personal care at home (e.g.



washing / bathing) is free, but services such as cleaning or shopping, and residential care, are means-tested with charges dependent on assets.¹⁴⁰ A *Needs Assessment Service* manages access to this support, which is tailored to individual need and must be set out in an individual care plan. Support at home takes account of any available 'natural supports', such as a co-resident family carer, although there is no legal obligation on an older person's adult children to provide financial or other support.¹⁴¹ Unpaid care by families nevertheless strongly underpins the New Zealand health and care system.

Data on working carers

New Zealand's census collects data on carers, identifying 431,649 in 2013 (63% of whom were women). Between 2001 and 2013 carers comprised a steady 12.8% of the adult population, and their care has been valued at NZ\$10.8bn per year, or 5% of GDP.¹⁴² The peak age for caring in 2013 was 55-59 years and has been gradually rising. Analysts report a 'caregiver income penalty of \$8,034 or 10.2% of typical non-carer household income', and have shown that carers of working age are as well qualified as other adults, and spread across all occupations and sectors, but are more likely to work part-time.

Advocacy groups, voluntary organisations, employers and trade unions

Employment for Caring is a programme led by *Carers NZ*¹⁴³, *Business NZ*, *NZ Carers Alliance*, *NZ Council of TUs* & two ministries [*Social Development, Work & Income*; *Business, Innovation & Employment*]. It helps working carers / employers, has representation from employers and links to *Employers for Carers* (UK).

Recognition and respect for carers

There is no formal carer recognition legislation, although NZ has developed *National Carers' Strategies* [NCS].¹⁴⁴ The objectives of its *NCS Action Plan 2014-18* are: '*enable carers to take a break; protect the health and wellbeing of carers; provide information carers need; improve pathways to paid employment for carers and support for carers to balance their work, life and caring roles; and increase awareness and understanding of the carer's role*'. The guiding principles of the NZ NCS are: '*recognise diversity; be proactive; enable carers; be inclusive*'.¹⁴⁵ Carers are also referred to in other official documentation and some are entitled to publicly-funded support; 'respite care services' give some carers (if providing 4+ hours of care per day) short-term care for the person receiving regular care, and a break from their caring role. These services are funded by *District Health Boards* and can be allocated as day or residential services or as a *Carer Support Subsidy* [CSS], which the carer can use to pay for spells of alternative care.

Financial support for carers

NZ also provides income support for some carers. *Supported Living Payment* [SLP] is for those caring full-time at home for someone with a medically certificated health condition or disability requiring full-time care. SLP is not payable to a spouse or partner, and is means-tested. *Funded Family Care* [FFC] is available to some people with high needs, enabling them to employ a co-resident adult family member to care for

¹³⁹ CPA (2016b) p2.

¹⁴⁰ CPA (2016b) p3.

¹⁴¹ Ministry of Health [NZ] (2011).

¹⁴² Griffiths (2014), p2.

¹⁴³ <http://www.carers.net.nz/work-care-information-employers>.

¹⁴⁴ The first NCS was produced in 2008: see Ministry of Social Development [NZ] (2008).

¹⁴⁵ Ministry of Social Development (2014). Note that these objectives relate to '*whānau, aiga, family and carers*'.

them.¹⁴⁶ SLP and FFC cannot be claimed by a carer who is in paid employment.

Work-care reconciliation measures

There is no statutory leave for carers of older people¹⁴⁷, although after 6 months' service *Bereavement Leave* is available (up to 3 days' paid leave on the death of a close family member)¹⁴⁸. Employees bereaved outside their immediate family (or responsible for ceremonies linked to a death) are entitled to one day's paid leave.¹⁴⁹ The main work-care reconciliation measure is the 'right to request' flexible working. From 2015 this has been available to all employees from the first day of their employment under the amended *Employment Relations Act 2000*. This places a duty on employers (under provisions first enacted in 2007) to consider any requests for flexible working they receive from employees, which may cover hours, days or place of work. Options for carers thus include part-time work, compressed hours, shift work, working from home and adjusted start / finish times. Requests must be in writing (usually after informal discussion) and templates are available.¹⁵⁰ Employers must consider these and respond within one month, and can refuse only on grounds specified in the Act. Research undertaken prior to this change showed employers were increasingly offering time flexibility¹⁵¹, suggesting the time was ripe for this development. A 2011 review of flexible working in New Zealand and other countries noted:

*Part 6AA of the Employment Relations Act sits within an employee-driven approach to flexibility. The Act empowers employees to make a request for a change to working arrangements to meet their caring responsibilities (and) provides a backstop for employees with caring responsibilities - without limiting employees' and employers' general entitlement to negotiate FWAs [flexible working arrangements].*¹⁵²

The policy intent behind the 2007 amendment was to '*increase the participation of parents of young children by providing flexible work options to assist (...) work-life balance*'. During its passage into law, its wording was changed to extend flexibility to '*all eligible employees with caring responsibilities*'.¹⁵³ When first implemented (July 2008) the employee's right to make a request was limited to once per year; employers had 3 months to respond and could refuse on the legislated grounds: '*inability to reorganise work among existing staff or to recruit additional staff; detrimental impact on quality or performance; insufficiency of work during the periods the employee proposes to work; planned structural changes; and burden of additional costs*'¹⁵⁴. With the further amendment under the *Employment Relations Amendment Act 2014*, the right was extended to all employees, and they gained the right to request flexible working from 'day one' in their job. The employer's response time was also cut, from three months to one.¹⁵⁵

Some data relevant to the impact of these developments is available from the *National Survey of Employers* [NSE] conducted for the *Ministry of Business, Innovation & Employment* [MBIE]. In 2014/15 the NSE surveyed 1,485 employers (with a 45% response rate); based on questions on employees' use of flexible working arrangements, it found 36% of employers had negotiated flexible hours with at least one employee; 32% had negotiated with employees to work reduced hours or job share, and 14% had negotiated with employees to work from home or at a different site. Most employers who had negotiated flexible arrangements said requests had been received from under a quarter of staff, and larger businesses were more likely than smaller ones to have negotiated flexible working. The practice was most prevalent in the health care and social assistance sector, where 53% (compared with 32% of all employers) had negotiated flexible working with staff wishing to work reduced hours or to job share. Most employers who had received such requests had received fewer than five requests in the past year, and most had agreed all or some requests received.¹⁵⁶

¹⁴⁶ Ministry of Social Development [NZ] (2009, rev. 2016).

¹⁴⁷ *Negotiated Carer Leave* in New Zealand is a form of parental leave and is not available to carers of older people. See: <https://www.employment.govt.nz/leave-and-holidays/parental-leave/types-of-parental-leave/>.

¹⁴⁸ In the case of more than one bereavement, employees are entitled to 3 days' leave for each.

¹⁴⁹ Employment New Zealand (2016).

¹⁵⁰ www.employment.govt.nz.

¹⁵¹ Heathrose Research Ltd (2011) p22.

¹⁵² Heathrose Research Ltd. (2011).

¹⁵³ Heathrose Research Ltd (2011) p11.

¹⁵⁴ New Zealand Government (2017).

¹⁵⁵ MBIE (2015).

¹⁵⁶ MBIE (2016).

Sweden

System of support for older people

Sweden's welfare state 'rests on three legislative cornerstones'¹⁵⁷: the *National Social Insurance Act 1999*, through which care leave is available to some carers; the *Social Services Act 1982* (and amendments to it) which require municipalities to support citizens in need; and the *Act Concerning Support and Service for Persons with Certain Functional Impairments 1993*. Sweden spends comparatively highly on public services and benefits, through policies which reflect the value it places on individual autonomy, and places no



legal obligations on family members to support their older relatives. For years, eldercare arrangements were focused only on the needs of older people, with supporting citizens giving care to older parents 'a blind spot' in public policy¹⁵⁸ and carers only 'rediscovered' in the 1990s.¹⁵⁹ Since 2009, however, the Social Services Act has required municipalities to 'provide support to persons who care for next of kin with chronic illnesses, older people or people with disabilities'¹⁶⁰ and social workers 'must routinely investigate whether there are carers who may need support when they assess the needs of clients'¹⁶¹; some provide family care advisers, 'Anhörigkonsulenter', who liaise with professionals and voluntary organisations to advise older people and their families. While carers are entitled to have their support needs assessed, provision of services to them is discretionary and they lack any legal right to support. The publicly funded services for older people, which are widely used and available, include 'home help', community-based and institutional services; in 2014, 23% of Swedes aged 80+ received home help (8% of all older people), and 13% (5% of all older people) lived in an institutional facility.¹⁶²

Data on working carers

Comprehensive statistics on carers were not available until 2012, when 14% of the population aged 18+ were found to be providing care at least weekly, with a further 4% doing so at least monthly; some 900,000 were people in paid work.¹⁶³ Caring was most common among those aged 45-64, among whom 24% were carers. The NKA reported that in this age group many supported an aging parent, and that 100,000 carers had cut back or left paid work due to caring.¹⁶⁴ Earlier studies had estimated that carers provided 62% of all eldercare (2005),¹⁶⁵ and that 26% of women and 16% of men aged 45-64 (2009) had someone in a separate household who relied on them for practical help or personal care (women doing more of the latter).¹⁶⁶ A 2011 Eurobarometer survey found 17% of people aged 15-65 cared for an older person, most 'part-time' while in work, and that a further 24% had done so in the past¹⁶⁷; another study found 4.5% of women aged 55-74 (and 1.5% of men) had left work or retired early to provide care.¹⁶⁸

Advocacy groups, voluntary organisations, employers and trade unions

*Carers Sweden*¹⁶⁹, established 1996, has campaigning priorities that include 'make it easier for families to reconcile family care with paid work'. It holds an annual *Carers' Parliament* bringing together carers, interest groups, politicians and officials. NKA, a (publicly funded) *Family Care Competence Centre* works with municipalities, the health sector and civil society organisations, highlighting research and best practice. Its 'blended learning networks' approach has encouraged some companies to actively support working carers.¹⁷⁰ Trade unions play a major role in Sweden (where over 70% of workers are unionised) and have

¹⁵⁷ Schön & Johansson (2016).

¹⁵⁸ Ulmanen (2013).

¹⁵⁹ Jegermalm & Sundström (2015) p187.

¹⁶⁰ Cited in Schön & Johansson (2016) p5.

¹⁶¹ Jegermalm & Sundström (2015) p187.

¹⁶² Schön & Johansson (2016) p8; NOSOCO (2015) p160.

¹⁶³ Schön & Johansson (2016) pp11-12.

¹⁶⁴ <http://www.anhoriga.se/information-in-english/facts-about-informal-carers/facts-carers-and-support-of-carers/>.

¹⁶⁵ Albin et al (2011).

¹⁶⁶ Jolanki et al (2013) pp57-58.

¹⁶⁷ Jungblut (2015) p18.

¹⁶⁸ Jolanki et al (2013) p58.

¹⁶⁹ <http://anhorigasriksforbund.se/>.

¹⁷⁰ <http://www.anhoriga.se/information-in-english/blended-learning-networks/>.

had considerable influence on employment law in this field (see below).¹⁷¹

Recognition and respect for carers

A history of generous welfare services has enabled high employment to 'coexist with a sustained and high informal level of care'.¹⁷² Once rather hidden, families' contributions today are acknowledged, although their rights to support remain quite weak, and in attitude surveys, many older people still express a preference for public home care.¹⁷³

Financial support for carers

While financial support for families of a child with disability (via the social insurance system) is relatively generous, little is offered to other carers. *Carers' Allowance* [CA], a discretionary benefit introduced in the 1950s, is today little used except in more remote areas; eligibility is locally determined. It can be paid to carers of adults, but not for people 65+. Now 'unusual', CA is paid by municipalities to a family member as a 'wage' for caring (the rate linked to paid care work), with social security protection and a right to other care for a regular short break. Municipalities may also pay a discretionary *Attendance Allowance* [AA] to people needing care which can be used to pay a carer; again, rates and eligibility vary.¹⁷⁴

Work-care reconciliation measures

The legal right to job-protected paid leave when a relative (or other close person) is 'severely ill' was introduced in 1989,¹⁷⁵ following the *Care Leave Act 1988* (subsequently amended in 1994, 2010). Today this provides (for employees under 67) paid leave (at 80% of regular income), for a maximum of 100 days, to care for a family member with a medically certified life-threatening condition or needing terminal care. It is funded through social insurance under the *National Social Insurance Act 1999*, and in 2016 was paid to 15,670 people (73% of them women), for an average of 12 days each, costing SEK 165m (€17.3m).¹⁷⁶

The *Act on Employees' Entitlement to Absence from Work for Special Family Reasons*, which was introduced in 1998 following a *European Council Directive*, gives employees the right to be absent from work for an urgent family reason linked to illness or an accident. No time limit for this leave is set out in the legislation, although these are often established in sectoral collective agreements between employers and trade unions; such agreements exist in most sectors and cover some 90% of workers.¹⁷⁷

Some employees are entitled to invoke a right to flexible working arrangements in Sweden, though this is not guaranteed in national law. Those with this right may have also gained it through collective bargaining, although Jungblut notes that, '*In a general way, in Sweden, employers try to meet the needs of their employees, even when this is not formulated in collective agreements. Many employers offer some type of working time flexibility. Some offer the option of working from home*' (p46).

The 'work and care reconciliation indicator' developed by Jungblut (with the *European Foundation for the Improvement of Living and Working Conditions*), based on 8 indicators (see S1), gives Sweden a score of 6.0 (of 10), below Finland, similar to France and above the UK. Sweden scores well in this index on emergency leave and the (financial) allowance payable to carers during spells of short-leave, but poorly on working time flexibility, as this is not statutorily mandated and thus not available to all employees.

Despite extensive attention paid to the collection and analysis of social protection data in the Nordic countries¹⁷⁸, data on uptake of the measures in place to support carers of older people are not included in the main annual report on this subject.

¹⁷¹ CPA (2016).

¹⁷² Jungblut (2015) p11.

¹⁷³ Jolanki et al (2013) p54

¹⁷⁴ Schön and Johansson (2016) pp 6-7.

¹⁷⁵ Jungblut (2015) p46.

¹⁷⁶ Försäkringskassan (2016): 73. Between 2008 and 2016 the number of recipients of this benefit rose by 68%.

¹⁷⁷ Jungblut (2015) p46; Schön and Johansson (2016) p6.

¹⁷⁸ NOSOCO (2015).

United Kingdom

System of support for older people

Although healthcare in the UK is free¹⁷⁹, other care for older people is the responsibility of local authorities (LAs), which must assess need, plan care and arrange means-tested support; those with resources above a (rather low) threshold pay the full cost of home, community or residential care¹⁸⁰. The system is geared towards ageing in place and relies heavily on families, who supply most care in the home¹⁸¹, but are not legally obliged to provide financial or other help to their parents. Since 1990, a 'mixed economy' of care has emerged, with substantial outsourcing of previously public services, and a growing private care market. Legislative responsibility now rests with the four UK nations, producing some diversification.¹⁸² England offers consumer-directed choice to many care users. Some older people receive a personalised budget or direct payment (DP) to buy services¹⁸³, but DPs are not intended to be used to pay family members to provide eldercare. Many older people (1.5m) also receive *Attendance Allowance* (lower/higher rate £55/£82 pw) to help pay for any support they need. The *Care Act 2014*¹⁸⁴, consolidating past legislation on social care, focuses on 'wellbeing', gives carers more rights, and includes a duty on LAs to plan care services to enable carers to work.¹⁸⁵ Implementation of the *Care Act* has been slow, hampered by financial pressures on LAs.¹⁸⁶ Some older people and carers access national or local services provided by voluntary agencies¹⁸⁷; these are often innovative, but are not available in all areas, and often rely upon temporary funding. Policymakers and researchers have expressed growing concern about the sustainability of the system, including carers' ability to meet increasing demand for care.¹⁸⁸



Data on working carers

Carers' numbers have risen steadily since data were first collected in the 1980s, including in censuses (2001, 2011).¹⁸⁹ In 2011, 12% of the population (6.5m people) were carers. Caring peaks in middle-age, when care of ageing parents is common. From 2007-2032, the number of people aged 45-64/65-74 caring for a parent is expected to rise by 18%/50% respectively.¹⁹⁰ In 2013, a national survey found 2.3m people had at some time given up work to care; 3m had reduced work hours to care; and 70% of carers were £10,000+ p.a. worse off through lower earnings. 1 in 5 said their work/career was negatively affected by stress or fatigue; 1 in 4 had changed their work pattern to care; and 1 in 3 felt caring would affect their future promotion or progress. Women 45-54 were especially likely to have reduced work hours to care.¹⁹¹

Voluntary organisations, advocacy groups, employers and trade unions

Carers have been on the UK policy agenda for 50+ years, thanks mainly to their advocacy organisations, which argued early on that '*carers who have given up their jobs, lost pension rights and become dependent on benefits, feel they have been financially penalised for taking on the responsibilities of caring*'.¹⁹² They have pressed for financial help (*Invalid Care* (now Carers) *Allowance 1976*); influenced Acts of Parliament¹⁹³; shaped national carers' strategies¹⁹⁴; and influenced work-care policy. Trade union interest in work-care has a long, if uneven, history too, initially focused on '*special leave*' (1981), '*flexible working packages*' and

¹⁷⁹ The *National Health Service* is funded by taxation and 'national insurance' on income from employment.

¹⁸⁰ They retain their entitlement to publicly funded *Attendance Allowance* and to their state pension.

¹⁸¹ Buckner & Yeandle (2015). 12% of the population (6.8m people), are carers, 2.4m for 20+ hrs pw.

¹⁸² Gray & Birrell (2013).

¹⁸³ Yeandle et al (2012).

¹⁸⁴ HMG (2014).

¹⁸⁵ The Impact Assessment predicted savings of £260-520m pa if 20-40% of carers stayed in work; UK Govt (2014).

¹⁸⁶ Carers Trust (2016).

¹⁸⁷ Carers UK provides a national online resources/telephone helpline <http://www.carersuk.org/help-and-advice>; the Carers Trust has 150 'network partners' offering local support <https://carers.org/our-work-locally>.

¹⁸⁸ E.g. House of Lords (2013); the Kings' Fund report was authored by Humphries et al (2016) (see p44).

¹⁸⁹ Census question (2001, 2011): *Do you look after or give any help or support to family members, friends or neighbours or others because of: long-term physical or mental ill-health or disability or problems related to old age?*

¹⁹⁰ Pickard (2015) p108.

¹⁹¹ Carers UK (2014).

¹⁹² Kohner (1993) p7.

¹⁹³ *Carers (Recognition & Services) Act 1995*; *Carers & Disabled Children Act 2000*; *Carers (Equal Opportunities) Act 2004*, all of which were introduced to Parliament as Private Member's (not Government) Bills.

¹⁹⁴ HMG (1999), (2008), (2010).

'*return to work rights*' (1991).¹⁹⁵ From 2003, employers have worked with carers' organisations and government for change at work and in the law to facilitate work-care reconciliation.¹⁹⁶

Financial support for carers

The main financial help for carers is *Carers Allowance* [CA], £62 pw¹⁹⁷ (2017), received by 770,000 people (mostly women)¹⁹⁸ - seven times the 1998 figure.¹⁹⁹ Payable to those earning <£110 pw who care for >35 hours pw for a person receiving a disability benefit, CA can be claimed by part-time workers²⁰⁰, is not means-tested against household income, and is taxable. Critics highlight features which discourage paid work.²⁰¹ *Carer Premium* is an extra sum paid to low-income carers on some social security benefits. The *Pensions Act 2007* gave carers outside the labour market a *Carer's Credit* to enhance their state pension.

Recognition and respect for carers

The concept of a LA *Carer's Assessment* was introduced in the *Carers (Recognition & Services) Act 1995*. A relatively weak right (obliging LAs to offer / conduct assessments, but not to provide support), this was strengthened in the *Care Act 2014* (which also widened the definition of a carer and reinforced LAs' obligation to give carers information and advice). From 2015, LAs must plan and fund any support needed by eligible carers.²⁰² In the 1990s, the UK pioneered *National Carers Strategies* (NCS), aiming for a 'joined-up', cross-government approach. These emphasise the need to recognise, respect and support carers. All cover care and work, especially those (2008, 2010) which followed the *Carers (Equal Opportunities) Act 2004*; the 2004 Act requires LAs to 'consider carers' wish to work or learn' when conducting their assessments. Planning of the NCS in 2007-08 drew on evidence from the Action for Carers & Employment (ACE) project and *Employers for Carers Forum* (see S3). From 2010, responding to a *European Court of Justice* ruling, the *Equality Act* protects carers of a disabled person from discrimination at work.²⁰³

Work-care reconciliation measures²⁰⁴

Carers have no paid leave rights (though some employers offer care leave); they can take job-protected, emergency short-term unpaid leave to care²⁰⁵, and employees with 26 weeks' service have a right to request flexible working (RTRFW), which employers can refuse on 'reasonable' business grounds.²⁰⁶ Caring and employment became a major theme after 1997, when an incoming Labour government put an emphasis on childcare and 'work-family', creating an opportunity to add carers' issues to its policy agenda. The 1999 NCS was inspired by the *Childcare Strategy 1997*, and progress on flexible working arose via a policy aimed at working parents. Current law includes: the *Employment Relations Act 1999*, which gives employees rights to limited (but unspecified) unpaid time off for family emergencies; the *Employment Act 2002* (which gave parents of disabled children the RTRFW); the *Work & Families Act 2006* (which extended the RTRFW to most carers of adults); and the *Children & Families Act 2014* (which gave all employees with 6 months' service the RTRFW). Research underpinning these changes showed: flexibility at work was crucial, though other support was also vital; inflexible care services were a barrier to combining work and care; and many carers of working age also had full-time paid jobs (66% of male working carers, and 32% of female working carers, who often struggled to cope).²⁰⁷

195 Yeandle (2018 forthcoming).

196 HMG / *EfC* / Carers UK (2013). See also Section 3 of this report.

197 A very modest payment, as the national minimum wage for workers aged 25+ is £7.20 per hour.

198 DWP (2017): <http://tabulation-tool.dwp.gov.uk/aooopc/tabtool.html>.

199 McLaughlin (1990).

200 The carer's earnings limit is £110 pw (2017), so maximum working hours @ adult min. wage are c15 hours pw.

201 McLaughlin (1990); House of Commons (2008); Fry et al (2011).

202 Clements (2017). (Note that eligibility is quite narrowly defined.)

203 <https://www.equalityhumanrights.com/en/legal-casework/coleman-case>.

204 See also Glendinning (2016).

205 No limit is placed on how many days, or times, this is taken; see <https://www.gov.uk/time-off-for-dependants/your-rights>.

206 For data on take-up of flexible working, see: Tipping et al (2012); van Wanrooy et al (2013).

207 Yeandle et al (2007).

3. Employer-led initiatives in the UK²⁰⁸

Section 3 presents information about the employer-led forum *Employers for Carers* (EfC), its links with the UK charity, *Carers UK*, whose formal origins date back to 1965 (making it the world's oldest carers' organisation),²⁰⁹ and six organisations in *EfC* membership which have made an organisational commitment to providing a supportive working environment for employees with caring responsibilities.

Carers UK and its predecessor organisations have been influential in the UK in shaping understanding of carers' existence, needs and circumstances for over fifty years, helping to shape policy and practice in all the spheres of carer support (covered in S2 and indicated in Figure 2.1): recognition and rights; financial support; work-care reconciliation; and the development of local support and services for those they care for and for themselves, as carers, in their own right. Its work has included campaigning, as far back as the 1980s, for the recognition of carers' needs when in paid employment. This area of its activities received a major boost when, in 2002, it successfully applied for EU funding for its *Action for Carers and Employment* (ACE) project, which ran for five years²¹⁰. As part of this, *Carers UK* conceived the original idea for *EfC* (see below), and today *EfC*'s secretariat and staff continue to be employed by *Carers UK*, giving *EfC* members ready access to its specialist knowledge.

In this section of the report we outline the origins, remit and approach of *Employers for Carers* (*EfC*), and present information supplied by six *EfC* member organisations, highlighting their specific rationales for offering support for working carers, the type of support currently available, and how they engage with *EfC*. These details are included as of potential interest in Germany. They provide examples of how voluntary, employer-led, activity can complement the various types of statutory measure discussed in Section 2 (in relation to the UK and seven other countries), and show how employers, working together, can offer leadership in how support for carers at work may be conceptualised, promoted and sustained.



An employer-led forum: Employers for Carers

Employers for Carers (*EfC*) is a group of UK-based employers committed to ensuring employers have the support they need to retain and manage their employees who have, or acquire, caring responsibilities. Its current membership, 115 organisations (2017), is drawn from a wide range of employment sectors and includes large public and private organisations as well as small businesses. Together, *EfC* member organisations employ over 1.25 million staff, among whom, at any given point, an estimated 140,000 are working carers. Member organisations pay an annual membership fee which funds the *EfC* secretariat and activities and gives them access to members' benefits. An 'umbrella membership' scheme²¹¹ was developed in 2015 to help small businesses and voluntary organisations gain access to its resources. This has been allocated additional (UK Government) development funding in 2017.

Rationale: the 'business case' for supporting working carers

For *Employers for Carers* (*EfC*), the business benefits of supporting carers in the workplace are paramount, and can be summarised in its '4 R's' approach:

- **Retention** of key staff (which reduces recruitment and re-training costs).
- **Resilience** of staff (through increased workforce health and productivity, and reduced stress, sick leave

²⁰⁸ This section of the report (S.3) was drafted by Katherine Wilson and Madeleine Starr and edited by Sue Yeandle. Katherine Wilson is Head of Employers for Carers, <https://www.employersforcarers.org/>; and Madeleine Starr MBE is Director of Business Development and Innovation, at UK charity Carers UK [www.carersuk.org].

²⁰⁹ Yeandle et al (2013).

²¹⁰ Yeandle & Starr (2007).

²¹¹ For details of this scheme, see: <https://www.employersforcarers.org/business-case/join-us/umbrella-membership>.

and absenteeism among employees).

- **Recruitment** of talent (an increased ability to attract the best staff to join their workforce).
- **Results** (a conviction - supported by experience, and in some cases organisational data - that supporting carers at work has a positive financial outcome for the business 'bottom-line').

EfC has built an evidence base on the 'business case' for supporting carers, which includes:

- *BT*²¹² data, based on the company's own calculations, showing that an average increase in productivity for its flexible workers (of 21%) was worth at least £5m on its bottom-line.
- *British Gas*²¹³ data, including its internal estimate that £2.5m was saved as a consequence of its approach through increased staff retention, and £4.5m by reducing unplanned absences.
- Evidence from 200+ employers showing providing carers with better support in the workplace produced business benefits and cost savings through improved staff retention, increased staff productivity and reduced sick leave and absence²¹⁴. This was used in *Supporting Working Carers* (2013), to which *EfC* was a main contributor, which recommended further enhancing the evidence base. An outcome of this is that in 2016-17 data are being collected in 9 government-funded *Carers in Employment* pilots in England²¹⁵.
- Work which *EfC* member *Aviva*²¹⁶ began in 2016, when it launched a 'business case' pilot at its Bristol site, aiming to quantify the benefits of proactive interventions for carers and measure these against a comparator site.
- Evidence on the public expenditure business case for supporting carers in employment, including the cost of carers being unable to continue working,²¹⁷ which *EfC* and *Carers UK* have highlighted.

The development and organisation of *EfC* and its services

EfC has developed as an employer membership organisation, having begun in 2002 as an 'interest group' of employers within the EU-funded *ACE* programme (2002-07), focused on supporting carers 'in and into' employment. When *ACE* ended, the main employers involved agreed to continue working together to take the carers and employment agenda to a wider membership. Through their efforts, and with the support of *Carers UK*, *EfC* was able to launch in 2009 as a self-funded employer membership forum, managed and supported by *Carers UK*. Its purpose was, and remains:

- To provide practical advice and support for employers seeking to develop carer friendly policy and practice in the workplace.
- To identify and promote the business benefits of supporting carers in the workplace.
- To influence employment policy / practice to create a culture which supports carers 'in and into' work.

Since 2009, *EfC* has been steered by a *Leadership Group* (LG) of employers, chaired initially by *BT* (2009-13) and subsequently by *British Gas/Centrica* (April 2013 onwards). It is managed and supported by the specialist knowledge of *Carers UK*, which provides its secretariat and a team dedicated to *EfC*'s operation and development. *EfC* provides practical advice and support for its member organisations through:

- A dedicated website with resources for members' managers and employees.
- Practical guides & advice for managers/carers (incl. case studies, model policies, FAQs, tools and tips).
- Annual expert workplace diagnostic and information sessions (including 'lunch and learn' events).
- Regular *EfC* 'networking events' to share and learn from other employer members.

Its focus is on what *EfC* refers to as the '4 Ps':

- **Policies** (reviewing and implementing workplace support for carers, and providing case studies).
- **Promotion** (assisting with publicity and awareness-raising activities and identifying/ engaging carers).
- **Practice** (information, advice and training for line managers to support the implementation of carer

²¹² See Byrne (2011) for a case study of BT's support for its employees who are working carers. BT's approach was also studied in 2005, see Yeandle et al (2006).

²¹³ British Gas is part of the Centrica group of companies and in 2015 won the Working Families' Best for Carers and eldercare award: www.britishgasjobs.co.uk/about-us/awards.

²¹⁴ HMG / *EfC* / *Carers UK* (2013).

²¹⁵ UK Govt. press release, 13.2.15, www.gov.uk/government/news/supporting-carers-to-stay-in-paid-employment.

²¹⁶ Aviva: is the UK's largest insurer and a leading European provider of life & general insurance (www.aviva.co.uk/about-us; see also Mowat (2016)).

²¹⁷ Pickard (2012); see also *Employers for Carers* (2015b).

YEANDLE Work-care reconciliation policy

- friendly policies and provisions).
- **Peer support** (developing/sustaining carers' networks and other workplace support for managers/ staff).

To ensure sustainability, *EfC* has consistently emphasised the recruitment and retention of members. In a tough context (which since 2009 has included the international economic downturn, very limited access to external funding and a challenging business climate), *EfC* has built its membership by:

- encouraging its *Leadership Group* and members to act as advocates to recruit other employers;
- recruiting its 'warmest' contacts first;
- focusing on retention, by securing *EfC's* reputation as a high quality, cost-effective membership service, continually enhancing its materials and content so that *EfC* is always fully abreast of the latest workplace and policy developments; and
- offering members support focused on their own circumstances and needs, using online resources, face-to-face events and ensuring that advice is always readily available by email or telephone.

EfC's campaigning and strategic work to influence public policy

Mainly through activities undertaken by its *Leadership Group*, and building on the work of the *EfC* 'interest group' (2002-07), *EfC* has supported the passage of two Bills through both Houses of Parliament and into law within the UK: the *Carers (Equal Opportunities) Act 2004*, which provides for carers' right to an assessment to take account of their access to work, learning and leisure; and the *Work and Families Act 2006*, which extended the statutory right to request flexible working to most carers of older, sick or disabled people (see also S2).



EfC also made a major contribution to the *Employment Taskforce* which advised on the UK's *National Carers Strategy* [NCS] in 2008²¹⁸. Since 2009, its *Leadership Group* (LG) has met regularly to steer its campaigning and strategic activities and between 2009 and 2013 policy representatives from relevant government departments attended these meetings (as observers).

EfC's activities in this area of its work have included responding to the Government's '*Care and Support*' Green Paper (2009)²¹⁹; agreeing a *Memorandum of Understanding with HM Government* (2010, signed by six Government Departments), which set out the scope and direction of working in partnership to support implementation of the *National Carers Strategy* and related initiatives; submitting evidence to the Government's *Modern Workplaces Consultation*, on the extension of the right to flexible working to all employees with 26 weeks continuous service (2011); and contributing evidence to the Coalition Government's 'refresh' of the *National Carers Strategy* (2010)²²⁰.

In 2012, with *Carers UK*, *EfC* hosted a joint *EfC/Government Carers and Employment Summit* with the UK's Care Services Minister, following which an *EfC, Carers UK* and *HM Government Task Group* was established to assemble evidence on interventions to support carers in employment. With representatives from *EfC, Carers UK*, business, the care and support sector and six Government departments, in 2013 this produced the landmark report, *Supporting Working Carers: the benefits to families, business and the economy*, in which business and Government identified '*supporting carers at work*' as both an economic necessity and a benefit for families and society. In 2016, the *EfC* Leadership Group had representation on the Steering

²¹⁸ HM Government (2008).

²¹⁹ HM Government (2009).

²²⁰ HM Government (2010).

Group for the *National Carers Strategy 2017*²²¹ and (with *Carers UK*) it also engaged with Government and other business leaders on a new cross-Government strategy, *Fuller Working Lives*²²², aimed at supporting people aged 50+ to stay in or return to paid work.

Since 2011, *EfC* and *Carers UK* have run several surveys of employers (including *EfC* members) and their employees, producing a report of its findings, with recommendations. Topics have included: 'caring at a distance' (2011)²²³; 'sandwich caring' (2012)²²⁴; 'business benefits'²²⁵; 'supporting employees caring for a person with dementia' (2014)²²⁶; and 'caring and isolation in the workplace' 2015)²²⁷. *EfC* also works strategically with other business forums and NGOs. Since 2014 it has worked with the *Alzheimer's Society* as part of the Prime Minister's champion group on dementia, and it has also collaborated with *Working Families* on policy, research, workplace training and on employer and awareness-raising events. It contributed evidence to *Business in the Community's* 2015 report on older workers and employment, whose recommendations on support for carers included adoption of statutory paid leave²²⁸, and to its Toolkit on supporting carers' networks.²²⁹ In 2016, *EfC* provided case studies for *Age UK/Carers UK's* report '*Walking the tightrope*'.²³⁰ *EfC* has also contributed to research undertaken by the *Chartered Institute for Personnel Development* [CIPD] and to events run by CIPD²³¹ and the *Business Disability Forum*²³².

In recognition of its role and significance, in 2015 *EfC* and *Carers UK* won the *Women's Business Council's* Exemplar Award (*Employers for Carers: Blueprint for Success*) for their work in building a sustainable forum to support employers and carers.

EfC's International connections

EfC has also attracted significant international interest, and in recent years *Carers UK* has been in dialogue with NGOs and Governments about the *EfC* 'model' in Sweden, Finland, Canada, Australia, New Zealand and Japan. This work has included working with Swedish organisations (including NKA, *National Family Care Competence Centre*) which have launched '*EfC Sweden*'; progressing discussions with *Carers New Zealand*, *Carers Australia*, the *Association of Carers in Finland*, the *Japan Institute for Labor Policy and Training*, and with *Canadian Government* officials, academics and NGOs. In 2016-17 *Carers UK* is exploring development of a facilitated global network with interested parties as a potential means of supporting international collaboration and learning exchange (including models of employer support).

Examples of employer-led work-care initiatives in the UK

Six *EfC* member organisations have provided information for this report about their approach to work-care reconciliation. Three are founder members of *EfC*: *Centrica* is a private sector utilities company and a longstanding champion of this agenda at senior level; *Listawood* is a private sector SME and manufacturing company, based in a rural location, with a longstanding culture of flexibility and support for carers in its workplace; *PwC* is a private sector finance and consulting company with operations in 160 countries, which has long championed flexible working and staff support networks, embedding support for caring and carers within this approach. The other three organisations joined *EfC* more recently: *Sainsbury's* is a private sector, major supermarket retailer, in membership since 2010 (and an *EfC Leadership Group* member). It recognises the value of supporting carers in the workplace and the benefits this brings for both its customers and its reputation as a forward-thinking business. The *London Fire Brigade* is a public sector essential service, in *EfC* membership since 2010. With *Carers UK*, it pioneered development of an online carers' network which can be accessed 'anytime, anywhere' by both operational and office-based staff. The *London Borough of Islington* is a public sector, local government organisation which has developed a joint carers' strategy in partnership with its local health authority. It has a staff carers' forum and includes carers

221 Publication of the 2017 National Carers Strategy is expected in February 2017.

222 Publication of the latest Fuller Working Lives report is expected in 2017. See also DWP (2014).

223 *Employers for Carers* (2011).

224 *Employers for Carers* (2012).

225 *Employers for Carers* (2014).

226 *Employers for Carers* (2015).

227 *Age UK/Carers UK* (2016).

228 BITC (2015).

229 BITC online resource, http://age.bitc.org.uk/sites/default/files/carers_networks_final.pdf.

230 *Age UK/Carers UK* (2016).

231 For the CIPD [aka Chartered Institute of Personnel & Development] research, see McCartney (2016).

232 <http://www.businessdisabilityforum.org.uk/>.

in its induction and equalities training. The information these organisations have provided highlights why they have an organisational strategy or policy which relates to carers; the role they have played as an *EfC* member; and the key features of their approach.

EMPLOYERS FOR CARERS - MEMBER PROFILES

| | |
|---|--|
| <i>Centrica</i> | Private sector utilities company |
| <i>PwC</i> | Private sector finance and consulting company with operations in 150 countries |
| <i>Sainsbury's</i> | Private sector, major supermarket retailer with approximately 1,300 UK locations |
| <i>London Fire Brigade</i> | Public sector, essential service |
| <i>London Borough of Islington</i> | Public sector, local government organisation |
| <i>Listawood</i> | Private sector SME, a manufacturing company based in a rural location |

Centrica

Private sector utilities company

Company profile

Centrica is a FTSE 100 energy and services company and the parent company of British Gas. With 36,000 employees worldwide, including 12,000 engineers and technicians, it operates predominately in the UK, Republic of Ireland and North America.

Background: origins and drivers of Centrica's work-care reconciliation strategy

Centrica has well-established flexible working and leave policies for carers, as well as a longstanding employee-led carers' network. Its awareness of the need to support carers within its workforce grew out of an early recognition of the case for retaining skills and talent, including older workers, many of whom were engineers.

Over the years this recognition has continued to be important, especially in light of the ageing population, and working population. Centrica predicts that 60% of its workforce will become carers at some point during their working lives. It believes that, without a supportive environment, working carers are five times more likely to experience severe anxiety or stress and consequential unplanned absence (or to leave work altogether), and has used this as a 'driver' for creating an organisational culture which helps employees combine work with caring responsibilities.

Centrica's engagement with Employers for Carers (EfC)

Like Listawood and PwC, Centrica (through British Gas) was a founder member of *EfC* and first engaged during the early stage of *EfC*'s evolution as an 'interest group' of employers within the EU-funded ACE programme. When ACE funding ended in 2007, Centrica supported *Carers UK*'s work (with other employers in the interest group) to develop *EfC* into a self-sustaining employer membership forum. Centrica contributed time and expertise to this work in 2008 and, when *EfC* was launched as a membership forum in January 2009, was represented on the *EfC Leadership Group*.

Centrica has been an active member and champion of *EfC* since its launch, with continuous representation on the *Leadership Group*, initially through HR Policy Lead Mel Flogdell and later via Alison Hughes. In April 2013, Ian Peters, then Managing Director of Centrica group company *British Gas*, became Chair of the *EfC Leadership Group* (and still chairs *EfC* as a whole). Centrica's engagement with *EfC* has included:

- Providing input to EfC employer resources and workplace surveys.
- Acting as a case study to help raise awareness of caring and workplace issues.
- Contributing to the wider policy work of the Leadership Group, including:
 - ◊ Chairing the *EfC Leadership Group*.
 - ◊ Serving on the *EfC/Carers UK/HM Government Carers in Employment Task & Finish Group*.
 - ◊ Contributing to ministerial roundtables and events on carers and employment hosted by *EfC/Carers UK* and the UK Government.

Centrica was also one of the first organisations to adopt Carers UK's *Jointly* app, to help its employees coordinate care for family members, taking up 1,000 licences.²³³

Key features of Centrica's approach

Centrica describes its engagement with the work-care reconciliation agenda as a decision to build its '*skills and culture to support employees through caring episodes, to help retain and engage their talent, knowledge and skills*'. This approach has included:

- **Culture:** Creating an environment which helps employees combine work with caring responsibilities by 'championing from the top'.
- **Line manager support:** Building the skills of line managers, as well as staff, to deal with caring issues. Managed by the HR department, its programme of support includes line manager training on caring,

²³³ <https://www.jointlyapp.com>.

information on internal support for carers, and developing a mentoring scheme. Centrica has also piloted (with Carers UK/*EfC* and Working Families²³⁴), a training programme to up-skill line managers in managing flexible workers, particularly carers. It reports this as '*a success, a key finding being that managers feel more confident in having effective conversations about caring*', and is incorporating it into existing line manager training modules.

- **Carers' network:** Centrica has had an employee-led carers' network since 2005. Now 1,000-strong, across 19 locations (2017), it provides a valued source of support and guidance and enables carers to share information and experiences and feed these back internally. Centrica believes the network's senior sponsorship (which has included its Managing Director) has been crucial to its continued success and sustainability. This resource continues to grow and evolve; an online network was recently created using Centrica's internal social media platform.
- **Carer's leave:** Centrica's innovative carer's leave policy offers up to a month of 'matched' paid leave per year to help employees with caring responsibilities (e.g. to nurse someone with serious illness or on discharge from hospital, or help someone move to residential care). Carer's leave at Centrica is additional to its separate 'dependant' and 'emergency' leaves; there is no length of service requirement and it includes leave to support close friends and family members, making its definition of a carer 'all-encompassing'.
- **Flexible working:** A range of flexible working arrangements and the right to request flexible working from 'day-one' of employment are available to all Centrica's employees.
- **Return to work:** To broaden its talent pipeline and reinforce its commitment to diversity and non-linear career paths, Centrica is developing a cross-business 'returnship' programme for people who have been out of the workplace for an extended period, many of whom are carers. This will provide 'returnship' roles to help them assimilate into work on resuming employment.
- **Signposting and support.** Signposting to information and support through *EfC* membership and Centrica's online portal (launched December 2014) is provided for working parents and carers. This gives access to a range of family-friendly resources and services, including information on back-up eldercare, a webinar series and specific resources for working carers. Centrica also offers a free 24-hour employee assistance programme (including professional advice from independent counsellors) to its staff and their family members.
- **Awareness raising:** Centrica supports Carers Week and Carers Rights Day each year, highlighting that carers can receive the advice, benefits and services they are entitled to within Centrica and externally, using local events (market stalls, case studies) and group-wide intranet news items.

"[British Gas] has helped me when my wife, who I have cared for since 2001, had a major episode. It allowed me the benefit of being able to take extensive time off using the [company's] 'matched leave' option, and discussions with my Team Leader meant I could deal with the issues and not worry about work."

Geoff Kitchener, employee, British Gas; and National Chair, Centrica Carers' Network

Monitoring and measuring impact at Centrica

Centrica believes there is a direct link between engagement, performance and retention. By supporting carers, it has engaged and retained the high quality knowledge, skills and talent the organisation needs to thrive. It calculates Centrica has saved an estimated £4.5 million by reducing unplanned absenteeism, and £2 million through enhanced staff retention.

²³⁴ www.workingfamilies.org.uk

PwC

Private sector finance and consulting company with operations in 150 countries

Company profile

With a workforce of around 22,000 people in the UK (including at its headquarters in London), and over 195,000 globally across 150 countries, PwC is a multinational professional services organisation. As one of the 'Big Four' auditors, it offers a range of finance and consulting support to clients including in the areas of assurance, tax and business advisory services, covering a wide range of activities such as Strategy, Performance Improvement, Transactions Services, Business Recovery Services, Corporate Finance, Business Valuation, Sustainability and Crisis Management.

Background: origins and drivers of PwC's work-care reconciliation strategy

PwC has well established flexible working policies and has long recognised that working in a fast paced, high volume environment can be challenging, especially for staff with family responsibilities. Its awareness of the need to support carers within its workforce grew out of a longstanding recognition of the case for supporting parents, especially mothers, to remain in or return to work. PwC was an early backer of UK Government initiatives to promote work-life balance, which has included supporting its Work Life Balance Campaign in the 1990s, and in 2000 chairing the strategy group of the National Work-Life Forum.

PwC's engagement with Employers for Carers

Like Centrica and Listwood, PwC was a founder member of *EfC*, and first engaged during the early stage of *EfC* within the EU-funded ACE programme in 2002-07. PwC subsequently worked with other employers to develop *EfC* into a self-sustaining employer membership forum, contributing PwC staff time and expertise to this in 2008.

When *EfC* launched as a membership forum in 2009, PwC was represented on the *EfC Leadership Group* and it has remained an active member and supporter of *EfC* since that time. PwC has been continuously represented on the *EfC Leadership Group*, initially through its then Head of Diversity and Inclusion, Sarah Churchman, and subsequently through Senior Manager in its Talent, Inclusion and Wellbeing team, Sally Evans. PwC's involvement with *EfC* over the years has included:

- Reviewing and advising on the development of *EfC* employer resources.
- Acting as a case study, sharing information on PwC's carers' network and on the wider advocacy of support for carers at PwC, including through senior level champion Craig Hughes.
- Hosting *EfC* member events.
- Contributing to the wider policy work of the *EfC Leadership Group*, including:
 - ◊ Serving on the *EfC/Carers UK*/HM Government Carers in Employment Task & Finish Group
 - ◊ Participating in ministerial roundtables and events on carers and employment hosted by *EfC/Carers UK* and the UK Government.

Key features of PwC's approach

- **Longstanding policies and provisions on flexible working and leave:** PwC offers a range of flexible working options, including part-time, annualised days, term-time and job share. In addition, many teams within PwC have well-established approaches to informal (non-contractual) flexible working arrangements. There is also flexibility for all staff to 'trade up' or buy extra holiday each year through PwC's flexible benefits scheme. PwC does not have a formal carers' leave policy, but offers discretionary paid leave, plus both temporary and permanent flexible working options, and aims to provide what best suits the needs of the individual employee.
- **In-house support networks for staff with caring and family responsibilities:** The longstanding 'Carers' and 'Parents' Networks at PwC have recently come together under a new 'SPACE' (Supporting Parents, Carers and Everyone) network, which aims to create a stronger community for everyone looking for a better balance in their life, help share learning, and increase the visibility and take-up of support. It also provides UK opportunities to contribute to discussions with PwC's leadership on how its people can

achieve a successful work-life balance. SPACE offers guidance and support to staff and connects people with others in a similar position 'carer to carer' to share knowledge and gain support. It signposts them to sources of help and guidance, both internally and externally, and informs the shape of PwC's future strategy for all aspects of work-life balance. Employees new to caring receive a pack from the network covering all the basics they need to know regarding internal and external support and information. Network activities aimed specifically at carers include a series of seminars on ageing and care at various stages; a session on resilience for carers; and webinars on care for disabled children.

- **Senior-level championing of the carers' agenda:** This includes the role of Craig Hughes, PwC's global real estate leader, who joined the company four years ago and now heads up SPACE. As a father of three sons, one of whom has cerebral palsy and autism, he has spoken openly about his caring responsibilities and how PwC has supported him and can help other carers in the workplace:

'If you need to make changes to fulfil your primary caring responsibilities, don't feel guilty about it. You will be able to bring your best self to work if you look after yourself. It's great that PwC recognises this and helps people to adapt their working patterns to what works best for their situation...'

'I am absolutely committed to making sure that, for whatever reason, people never feel excluded. Your primary responsibility as a carer is for the person you are caring for. You should take time to do that and you shouldn't feel guilty about that. We also want people to look after themselves and make sure that they have respite from their caring responsibilities. Having a network of people dealing with similar challenges is a huge support and a safe haven to discuss issues.'

Craig Hughes, PwC Global Real Estate Leader

- **Back up care support and search.** At PwC, ten funded care sessions (per year) are provided, with the option to 'top up' at a subsidised rate where needed. This covers care for adult dependants and 'self care' (as well as childcare). The service also offers help with finding regular care, and a 'speak to an expert' service, for advice on any aspect of caring. The provider of this service also offers PwC employees a range of webinars each year on caring-related topics.

Monitoring and measuring impact at PwC

A key focus for PwC is reaching out to more of the carers who it feels are undoubtedly present in its workforce, but who are often not visible, or do not identify themselves, as carers. Good progress has been made in this in recent years, so that when the new SPACE network launched, it already had 1,200 members – more than any of the other 'people networks' in the organisation, and senior champions in all of PwC's large offices across the UK.

Issues specific to the finance and consulting sector

The fast moving, high volume working environment of the finance and consulting sector can be challenging, especially for staff with caring responsibilities. At PwC, high importance is therefore placed on facilitating flexible working options, 'back-up' care, and peer support. As PwC is also a 'knowledge sector' organisation, retention of staff talent and skills is a top priority.

Sainsbury's

Private sector, major supermarket retailer with approximately 1,300 UK locations

Company profile

Sainsbury's commitment to helping its customers 'live well for less' has been at the heart of its business since 1869. Today that means making its customers' lives better and easier every day by offering great quality and service at fair prices, across food, clothing, general merchandise and financial services. Its vision is to be the most trusted retailer, where people 'love to work and shop'.

Sainsbury's acquired Home Retail Group, the owner of Argos and Habitat, in September 2016, creating one of the UK's leading food and non-food retailers - a multi-product, multi-channel business with fast delivery networks. J Sainsbury plc operates over 2,000 stores – 601 supermarkets, 782 convenience stores, 837 Argos stores (including concessions) and three flagship Habitat stores – together with major online channels for food, clothing, general merchandise and financial services. These sell over 90,000 products and employ 195,000 people across the UK and Ireland.

Background: origins and drivers of Sainsbury's work-care reconciliation strategy

Sainsbury's strives to create a positive workplace culture in a number of ways, and its support for carers has followed, and complements, its championing of the disability agenda. Based on the latest UK Census figures, it estimates that at any one time some 20,000 of its colleagues are providing care for an ill, frail or disabled family member or partner, friend or neighbour. Sainsbury's is committed to supporting these colleagues as part of its wider recognition of the growing issue of balancing working and caring in today's society, and its belief in the role big businesses can play in driving progress and improving things for carers in the workplace:

"As the Board Sponsor for Carers & Disability at Sainsbury's, I am proud to be part of an active partnership with Carers UK. Since 2010 this partnership has helped us shape our flexible working policies and raise awareness of the support available. We're very proud to be one of just a few FTSE 100 companies with a specific policy to support carers in the workplace.....Our work with Carers UK is one of the many initiatives that make Sainsbury's a great place to work, an essential part of being a sustainable business."

Tim Fallowfield, Corporate Services Director & Company Secretary

Sainsbury's engagement with Employers for Carers

Sainsbury's is a longstanding *EfC* Leadership Group member, joining this in 2010 shortly after becoming an *EfC* member organisation earlier that year. It has remained an active member and supporter of *EfC* since joining, with activities including:

- Reviewing and advising on the development of *EfC* employer resources.
- Acting as a case study and providing supportive statements to promote the issue to other employers and policymakers, including through the media.
- Hosting *EfC* and *Carers UK* events.
- Contributing to the wider policy work of the *Leadership Group*, including:
 - ◊ Serving on the *EfC/Carers UK/HM Government Carers in Employment 'Task & Finish Group*.
 - ◊ Participating in ministerial roundtables and events on carers and employment hosted by *EfC/Carers UK* and Government.

Key features of Sainsbury's approach

- **Carers' policy:** Sainsbury's is one of the few FTSE100 companies with a specific policy for carers (the 'Carers' People Policy'). Developed in conjunction with *EfC/Carers UK*, and launched in 2011, the policy recognises the flexibility required to balance work and caring responsibilities and seeks to recognise and support carers. The policy applies to all staff, regardless of their role, or whether they work in a

store, depot, or support centre. In line with other HR policies in recent years, it is written to be 'colleague friendly', minimising legal jargon or formal language.

- **Flexible working:** Staff with caring responsibilities can request to change their hours, times or place of work on a temporary, alternative, or permanent basis.
- **Leave:** Leave options include four 'Carer Days' per year for staff who need time away from work to attend appointments with the person they care for.
- **Communicating policies to all line managers:** this is part of the responsibility of Sainsbury's 160 'Diversity Champions'.
- **Use of case studies and practical examples:** These are used in internal and external communications, to help promote awareness and support:

'Colleagues who have benefited from our policies range from a 21 year old apprentice who has been caring for her grandmother and grandfather who suffer from Crohn's Disease, to a father of six young children, three of whom have physical and mental disabilities. He chose to work at Sainsbury's because of our flexible working policies.'

- **Online 'Carers Group':** this enables colleagues within Sainsbury's to connect, share advice, and support others in their caring situations, including through 'yammer' and social media.
- **Signposting carers:** Sainsbury's takes seriously its role in helping its employees to access sources of external information and support.
- **Culture:** Sainsbury's strives to create a positive workplace culture and encourages people to think about what it means to be a carer through involvement in campaigns such as the UK's annual Carers Week and Carers Rights Day. The company sees this not just as a support to colleagues, but also to the wider public. With over 2,000 stores across the country, it is able to reach out to customers and help spread awareness of local community organisations.

Monitoring and measuring impact at Sainsbury's

Sainsbury's says that, although it does not specifically measure the benefits arising from the support it provides for carers:

'We believe our approaches have certainly had a positive impact on the following areas: attracting and retaining colleagues; reducing sick leave and absenteeism; increasing productivity; improving service delivery; increasing colleague morale and loyalty; and improving colleague engagement.'

It believes the most effective measure in supporting carers has been 'having a carers' policy in place', followed by its partnership with [Carers UK/Employers for Carers](#) and its support for Carers Week and Carers Rights Day. Sainsbury's reports that colleagues say 'having a formal policy in place' makes 'a huge difference in having conversations with other colleagues and their own line managers', about the support available for carers when they need it. It cites examples which include: taking time off to go to appointments; changing schedules to fit around caring commitments; and making adjustments to ways of working, such as allowing mobile phones on the shop floor in case of emergencies.

Other relevant issues specific to the retail sector

Sainsbury's notes that supporting carers in the workplace is an especially pertinent issue for retailers, as the sector employs a relatively high number of women aged between 45 and 64 (the peak age for having caring responsibilities) on a part-time or flexible basis.

'Our Carers policy is an example of where we have taken action as a direct result of feedback. Colleagues told us that flexibility and access to support are important to them, so in December 2010 we announced a ground-breaking partnership with Carers UK to make our policies more amenable to colleagues with caring responsibilities.'

London Fire Brigade

Public sector, essential service

Company profile

The London Fire Brigade (LFB) is the busiest fire and rescue service in the UK, and one of the largest in the world, protecting people and property from fire across the 1,587 square kilometres of Greater London. The Brigade employs over 5,000 staff across over 100 fire stations, among whom over 80% are in operational roles. LFB is the only UK fire service in which all operational staff work full-time. To provide a round-the-clock service, LFB operates a two shift, four-watch system at its stations. It also has non-uniformed and non-operational staff working 'behind the scenes', supporting its front-line services, including its IT, Finance, HR, Procurement and Community Safety staff.

Background: origins & drivers of London Fire Brigade's work-care reconciliation strategy

LFB's awareness of the need to support carers within its workforce grew out of its recognition of:

- The age demographic, including that more staff in the future will be likely to become carers.
- The need to retain older (often highly trained) employees, especially senior managers, and to address 'early exit' from its workforce.
- The particular challenges that carers may face working within a frontline response service, where they may often be involved in highly stressful work situations, and the benefits of supporting staff welfare, motivation and morale.
- The particular challenges LFB faced, as a 'round the clock' frontline response service, in responding to carers' needs, as caring was a relatively hidden issue within its own workforce. For example, although there were a range of policies and practices in place to support its employees, carers were not specifically targeted to be made aware of these.
- Recognition that some workers with care responsibilities did not engage with their employer as carers and in some instances did not recognise themselves as carers.
- The potential benefits of addressing the above agenda, in terms of expected improvements in staff retention, performance and productivity.

London Fire Brigade's engagement with Employers for Carers

The London Fire Brigade is a longstanding member of *EfC*, having joined the *EfC* forum in 2010. It has remained an active member and supporter of *EfC* ever since, with activities including:

- Providing input to *EfC* employer resources and workplace surveys.
- Acting as a case study to help raise awareness of caring and workplace issues.
- Hosting *EfC* events and participating in *EfC/Carers UK* events, including ministerial roundtables.
- Participating, with *Carers UK/EfC*, in a project supported by NESTA (the National Endowment for Science, Technology and the Arts) under its 'Age Unlimited' programme. This aimed to develop a workplace service to reduce carers' early exit from the workforce, increase their resilience and extend their working lives. It was launched in Carers Week 2012 and is described below.

Key features of the London Fire Brigade's approach

LFB's Human Resources team has 'championed' work-care issues for many years. Today, LFB offers:

- **Proactive promotion of relevant policies**, i.e. flexible working, special leave²³⁵, career breaks, health and well-being support ('LFB Healthy'), communication through its staff intranet, events related to caring, and LFB's carers' support mailing group. Support includes access to a Counselling and Wellbeing service (which provides confidential support and advice on work and personal/family issues) and the 'LFB Healthy' initiative, which has an online portal, 'Health matters', with access to information, support and advice on a health and wellbeing topics).
- **Openness to innovation**, including participating with *EfC* and *Carers UK* in the *Age Unlimited* pro-

²³⁵ LFB does not have specific 'carers leave'. 'Special leave' can be used in some caring situations, as LFB recognises that employees may sometimes need time off associated with caring. A discretionary option, this is sometimes provided as paid leave on compassionate or urgent domestic grounds.

gramme which has involved piloting a new workplace service and resource for Brigade employees who are carers. Launched as 'LFB Carers Connect', this is a pioneering, dedicated, 'one stop shop' employee carers' network and online resource. It not only provides (and helps LFB employees to access) workplace support, but also signposts them to sources of external support. Areas of the *LFB Carers Connect* website include: 'new to caring'; 'advice on balancing work and caring'; 'news'; 'benefits and financial information'; 'technology'; and details of carer support organisations and LFB help that might be available.

- **A participative approach** to engaging and involving carers in the workplace, including through a carers' support mailing group, and by involving employees directly and continuously in designing, delivering, communicating and championing the support on offer through *LFB Carers Connect*. This now offers a range of interventions from 'peer to peer support' via a forum, through to brokering access to support within the workplace, and signposting to external sources of information and help. Employees and managers have the option to be more involved in running the service by becoming support group members providing peer support and advice.
- **Making the links between occupational health and HR support for carers** to help build resilience, including by; signposting employees to sources of workplace and external information and help, and actively promoting support for carers through the 'Health matters' portal and at LFB health awareness events as part of '*LFB Healthy*'.
- **Appreciation (and championing) of technologies to facilitate work care reconciliation** on several levels, including; enabling employees on all grades to work flexibly; linking them up with external sources of information and practical help with caring; connecting carers with each other; and supporting the person being cared for to live more independently (and thereby providing peace of mind to carers). As an online website and service, *LFB Carers Connect* can be accessed by Brigade employees 'anytime, anywhere', including by operational staff who have not normally been able to access the staff intranet either from work or home. (LFB's recent website analytics show that 85% of users accessed this resource from outside the Brigade system.)

Monitoring and measuring impact in the London Fire Brigade

Participation in the *Age Unlimited* project supported by NESTA has helped LFB monitor and measure the impact of its policies and provisions which can help carers. When this project started, LFB was aware that, although it offered such support, many carers were unaware of this, or were not coming forward to take options up. The Brigade was also conscious that while flexibility in working hours and leave arrangements were clearly important to carers, promotion and implementation of such support by line managers was variable and inconsistent.

Engagement with *LFB Carers Connect* has built steadily. It now has over 200 registered users, and analytics for July-December 2016 show over 450 separate visits to the site. The service is proving a useful tool to raise awareness of recent or upcoming events, identify support of which staff may otherwise be unaware (such as specific carer benefits), and for discussion of topics for carers at LFB.

The intended outcomes from *LFB Carers Connect*, i.e. that LFB's carer employees will have increased resilience and be more likely to remain as healthy and productive participants in the labour market, are harder to measure. However, promotion of LFB policies and provisions for carers, including proactive and regular signposting to sources of workplace and external sources of information and support, along with a focus on health and wellbeing, is ongoing.

London Borough of Islington

Public sector, local government organisation

Organisational profile

The London Borough of Islington (Islington Council) is an inner London local authority, employing more than 4,000 people. Its core services include: Children's Services, Environment and Regeneration; Resources (covering HR, Digital Services, Law and Governance and Finance); Housing and Adult Social Services; Public Health and the Chief Executive's Department (covering Communication and Change and Strategy and Change). The people of Islington are represented by 48 locally elected councillors across 16 wards or areas, each serving a four-year term of office.

Background: origins and drivers of Islington Council's work-care reconciliation strategy

The Council has developed a joint carers' strategy in partnership with the local health authority, NHS Islington Clinical Commissioning Group (CCG). This policy covers both employees and all carers, Borough-wide. One of the Council's aims and objectives is 'to influence the whole system of health and social care services, as well as employers and universal services, to 'think carer'.'

The Islington Carers' Hub also provides advice, information and support to all carers aged 18 or over who live or work in Islington or who care for someone living in Islington. It provides a wide range of services and support for carers, including: signposting training courses for carers; support groups; help with welfare benefit applications and other forms; employment support; help with housing; a flexible breaks fund; a 'carers' network'; parking permits for carers; and an Emergency Carer's Card.

There is also a wide range of policy and provision for Council employees who are carers. This enables the Council to set a good example to other local employers, encouraging them to develop a carer-aware approach, and positions the Council to drive the care agenda forward locally in the future.

Islington Council's engagement with Employers for Carers

Islington Council joined *EfC* in 2013 and has since been an engaged member, with activities including:

- Running workplace sessions, including with *EfC/Carers UK*, for line managers and staff.
- Pledging, promoting and implementing support for carers as part of annual Carers Week activities in the UK in June of each year.
- Acting as a case study to help raise awareness of caring and workplace issues, including entering (and winning) the 'Best for Carers and Eldercare' category of the Working Families Top Employers for Working Families Awards (2014).
- Providing *Carers UK's 'Jointly'* care co-ordination 'app' to carers in its workforce (and in the Borough more widely), to help them organise their caring role, including combining this with paid work.

Key features of Islington Council's approach

The Council has introduced a range of policies and provision for employees who are carers including:

- **Special Leave**, including paid Leave for Carers or those with Dependants (up to ten days paid leave in a twelve-month period) and Disability Special Leave, to accompany a family member to attend regular health checks or assessments²³⁶.
- **Flexible working arrangements**, including a flexi-time scheme and a Career Break scheme, which may also be helpful for carers.
- **Access to training** (as part of its employees' 5 days of annual training allowance), which can be related to work or to other activities relevant to caring (such as first aid, manual handling, or mental health).
- **Induction and equalities training**, which acknowledges carers, explains their rights, and signposts them to help.
- **A Carers' Staff Forum**, established by a Carers' Commissioner, which is open to all Council staff and the Council's NHS partners. The Forum is promoted regularly via the Council's intranet and other

²³⁶ The Council is committed to assisting employees with dependants to cope with genuine domestic crises / difficulties and offers paid leave to help with this, seeing it as a shared responsibility between the Council and the employee; if extra leave is required this may be granted unpaid.

channels, to keep carers visible and high on the corporate agenda. This is one of a number of staff forums established to support and encourage networking between staff with shared interests, ensure they have a voice and that their interests are represented. The Carers' Forum meets quarterly and the Council encourages managers to enable team members to attend if they wish. All Forum members are offered free use of Carers UK's (above-mentioned) bespoke carers app, *Jointly*.

- **Islington Council's 'HR News'**, which is regularly updated and provides details of Carers' Forum events and changes to policies and HR support for managers, including signposting them to the *EfC* website.
- **An Employee Assistance Programme** which offers round-the-clock, free, confidential help (including emotional support, stress management and advice on family issues). It includes counselling and resources to help employees and their families with whatever issues they may face, either at work or in their personal lives.
- **Occupational health**: managers can refer employees to a nurse or doctor if an employee feels he or she is struggling with work commitments, or has sickness absence due to caring responsibilities.
- **Signposting to support**, both inside and outside the workplace, through the 'Carers' Hub' service (mentioned above), which offers a one-stop-shop for all carer advice, information and support.
- **Flexible retirement for employees aged 55 or over**, who (with the Council's consent) may reduce their hours or grade.

Islington Council is continuing to expand and review its support for carers. This includes developing a dedicated policy to make it easier for staff / managers to understand what may be available to assist them in their caring role. The Council is also looking to ensure carers' needs are considered in the development of new HR policies (e.g. flexible working) and continually strives to update all new managers and staff about caring initiatives across the Council.

Monitoring and measuring impact at Islington Council

The Carers Forum scrutinises support for carers, including take up, within the Council. This includes monitoring requests for special leave to scrutinise approval and decline rates across the Council, to ensure consistency in approach. Carers can also officially register themselves as carers with the Council's Human Resources department, so the Council can demonstrate and evidence that it is meeting its requirements under the *Equalities Act 2010*²³⁷. A 'Disability Passport' scheme is currently being considered.

²³⁷ The *Equality Act 2010* strengthened carers' rights in the UK in relation to 'discrimination by association' (with a disabled person), but did not specifically identify carers as a group with 'protected characteristics' under the law. Technical guidance for public sector organisations on implementation of the Equality Act 2010 is available at: www.equalityhumanrights.com/sites/default/files/technical_guidance_on_the_psed_england.pdf.

Listawood

Private sector SME, a manufacturing company based in a rural location

Company profile

With a workforce of around 150 people, Listawood is a leading British manufacturer of promotional products such as ceramic mugs, fridge magnets and mouse pads. Based in rural Norfolk, it has 30 years' manufacturing experience and produces over 80% of its products in the UK. It has invested heavily in technology and in an internal research and development team to enable faster response times and continuous innovation of its products and processes. Its UK production plant is complemented by a dedicated supply chain team which specialises in importing high quality USB flash-drives, travel accessories and other electrical items.

Background: origins and drivers of Listawood's work-care reconciliation strategy

Listawood's longstanding flexible, family-friendly culture originates from its founders, Arthur Allen MBE and Irene Allen MBE, who established the company in 1987 with one part-time employee. The organisation was pioneering in its values-based and flexible approach, and was the first company to be awarded 'Investors in People Work Life Balance' accreditation in the UK. It was also winner of the Castle award for Equality in 2002, the first ever award given by the then Department for Trade and Industry to recognise employers' efforts to promote equal pay and opportunities in the workplace.

Listawood has retained this ethos and approach over the years (including after its founders retired) and has continued to see the connections between supporting its staff and enhanced business results. It has also continued to win awards for flexible working culture and high quality products and services, including, for example, the Employer of the Year award from the British Promotional Merchandise Association, at its Annual Conference in 2014, which noted its '*forward-thinking approach to employee engagement*'.

Listawood's engagement with Employers for Carers

Like Centrica and PwC, Listawood was a founder member of *EfC*. It first engaged with the *EfC* Forum in the early stages of its evolution as an 'interest group' of employers within the EU-funded ACE programme in 2002-07. When ACE EU funding ended in 2007, Listawood continued to support Carers UK's work to develop *EfC* into a self-sustaining employer membership forum. The company contributed senior staff time and expertise to this development work during 2008, and when *EfC* formally launched as a membership forum in 2009, was represented on its *Leadership Group*.

Listawood has remained an active member and supporter of *EfC* since that time and has been continuously represented on its *Leadership Group*, initially through co-founder and former MD, Arthur Allen, and subsequently through its current MD Alex Turner and HR Manager Nikki Dennis. Listawood's engagement with *EfC* over the years has included:

- Providing input to *EfC* employer resources and workplace surveys.
- Acting as a case study to help raise public awareness of caring and workplace issues.
- Contributing to the wider policy work of the *Leadership Group*, including:
 - ◊ Serving on the *EfC/Carers UK/HM Government Carers in Employment Task & Finish Group*.
 - ◊ Participating in ministerial roundtables and events on carers and employment hosted by *EfC/Carers UK* and the UK Government.

Key features of Listawood's approach

Listawood has consistently emphasised the role of its organisational culture in providing a working environment which works well for carers. This was evidenced previously when it participated in an academic research project on employer support for working carers.²³⁸ Today, its approach includes:

- **A values-based ethos**, both in terms of supporting staff in the workplace and in its approach to product development and customer service.

²³⁸ Yeandle et al (2006).

- **A flexible, family friendly workplace culture**, which explicitly recognises not only parents but also those with wider caring responsibilities.
- **A recognition of the importance of signposting employees** to external, as well as to internal (workplace), sources of information and support.
- **A high priority placed on staff engagement and satisfaction**, including the importance of supporting work-care reconciliation.
- **Championing** all the above 'from the top'.

Listawood has also consistently acknowledged the importance of the above areas for staff retention and performance, and therefore for the wellbeing of the business as a whole.

Monitoring and measuring impact at Listawood

As part of its performance management framework, Listawood regularly surveys its employees to measure staff satisfaction. The company is aware that it does not offer the best salary levels in the area – for example, in a recent survey, only 56% of staff felt their pay was competitive compared with that offered by other local employers. Listawood's deep-rooted culture of flexibility, on the other hand, is well recognised by staff, as shown in the survey, which found that:

- 97% of staff felt the company offered better opportunities for work-life balance than other employers in the area.
- 96% agreed that any request for flexible working would be fairly considered.
- 97% said they would be able to get time off at short notice if they needed to.

Staff turnover at Listawood is remarkably low – only a fraction of a percent per annum. Listawood considers its culture of flexibility and support for those needing to balance their home and working lives, often at short notice, is a significant driver of staff retention:

'Losing highly trained staff is incredibly disruptive in any business. In the sales environment it fractures customer relationships which can result in reduced levels of business, and in the factory it compromises manufacturing efficiency. On top of this you then have to bear the costs associated with recruitment and training for their replacement. We are in no doubt that our staff retention levels are driven by our attitude to work life balance rather than the generosity of our remuneration packages. This makes it possible for us to remain competitive and profitable in a highly competitive market.'

Alex Turner, Managing Director

Other issues relevant to manufacturing sector SMEs

The recent economic downturn has resulted in a greater level of scrutiny being placed on the discretionary budgets used by organisations to purchase promotional products. This, combined with increased competition from emerging low wage economies, has placed considerable strain on this sector and made Listawood even more aware of the importance of retaining carers' skills and talent in the workplace:

'It is not too difficult to maintain an infrastructure that empowers staff; it would be much more problematic to lose skilled staff to other businesses our customers are the real winners, as our satisfied staff will go that extra mile for them.'

Nikki Dennis, HR Manager

4. Conclusion

As shown in Sections 2 and 3 of this report, each of the eight countries considered here has adopted some legislated measures which aim to support working carers to manage their complex responsibilities, and to achieve a degree of work-care reconciliation. None, however, has opted to introduce a 'full suite' of the available options (as set out, for example, in Jungblut's recent analysis of developments across Europe). Such a set of measures would include measures of several types, within each of which different options, perhaps best suited to different industries or occupations, might be offered:

- **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).
- **Job protection and return to work guarantees**, so that short or longer spells away from work to 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.

As shown in this report, many of the measures governments have introduced have been modified or adapted within a few years of initial implementation. This suggests they are experimenting with some of the policies they adopt, seeking to find what is acceptable to employers or workers, responding 'ad hoc' to the pressure of opinion, campaigns or perceived problems, or juggling with different options which seem to offer potential solutions to issues of pressing concern, such as the rising costs of the health and care system; premature drop-out from the labour force by skilled or experienced workers; the need to make their businesses and organisations more agile, efficient and productive; and what to do about the shortages of labour, paid or unpaid, in their systems of support for older and disabled people.

There is little evidence that the countries considered here have thought radically about, or adopted significant measures, to reorganise their systems of care and support to make them more carer-friendly, or easy for carers of older people (who are often, necessarily, taking decision on behalf of those they care for) to navigate. The webpages of carers' organisations in all the countries studied refer to inflexibilities and unresponsiveness in eldercare systems, and to the difficulty working carers face in arranging appointments and planning support in ways which enable them to balance work and care.

It is striking too that searches of available data, and readings of inquiries and reports, show little evidence in these countries that the work-care measures adopted have, once implemented, been systematically evaluated to identify the difference they may make, or to assess how carers in different circumstances may experience them. Given the scale and importance of the issues involved, the lack of evaluation data is surprising. Take-up, awareness, cost-benefits and other details are needed to assess which aspects of policies are most important or least effective, and to guide policy modifications. Some countries have consulted internationally about policy options (Japan did so in 2015 while considering how to revise its care leave policy, and in 2007 UK parliamentarians visited Australia to study carer support options); EU countries have been encouraged to learn from each other through the 'open method of coordination'; and EU policy reviews and research have increased their focus on working carers in recent years.

There is some evidence that policy and legislative arrangements in different countries are converging. Given common challenges and trends, this is perhaps to be expected: population ageing and demographic change, family size and residence patterns and women's labour force participation are mostly moving, year on year, in the same direction. Flexibility in the workplace, supported by technology, and trends in health and care systems, with 'ageing in place', living with chronic illness or disability at home, and shortening hospital stays, are also shared trends.

The report also offered a perspective on a range of UK employer-led approaches, through the examples

of six members of *Employers for Carers*. These highlighted various non-statutory measures, often simple changes a firm or organisation of any size or type could make. Most are low-cost and designed to build cohesion and solidarity within the workforce. These organisations say their commitment to supporting their workers is, above all, about the effectiveness and efficiency of their business. Most argue that their efforts to support, inform and engage with working carers mean their organisation now operates better, in terms of productivity, customer satisfaction, organisational effectiveness and a positive 'bottom line'. Some also believe looking after their workforce is the 'right' thing to do, and mention that the trust and confidence this generates yield benefits in terms of workforce loyalty, stability and commitment to company values.

The comparative analysis of work-care reconciliation measures in eight countries presented here was undertaken in a short timescale, using secondary sources, with consequent limitations, although efforts have been made to present accurate and up-to-date information. Each nation's approach has been contextualised in a summary of the wider policies through which care of the old, and managing work and family life, are supported. Assessments made are also based on the author's past contacts in, and visits to, these countries to discuss developments with local experts and stakeholders.²³⁹

The extent to which a country has already invested in developing local care services; provides allowances to carers who quit work; offers work-care reconciliation measures; or invokes human rights and non-discrimination legislation depends on its history, political complexion and trajectory. It depends too, to some extent, on how statutory, private sector and voluntary organisations interact and work with each other. Nevertheless international comparisons are useful as a support for policy learning. Carers' organisations have found '*common cause*' in sharing experiences and learning about the lives of people trying to manage the everyday realities of work and care, and what can work well in supporting them, and the same is likely to be true for employers and governments too.

Employment rights and flexible working arrangements help keep carers in their jobs and careers and maintain their incomes and pensions. They also benefit employers (who retain experienced staff and keep recruitment and training costs low) and the wider economy (working carers contribute to the tax base, whereas carers outside the labour force may need welfare support). Paying carers to care can help offset their short-term financial disadvantage, but rarely addresses this in the longer run, and can act as a costly (for government) disincentive to labour force participation. Supporting carers within local health and care systems, through respite, training, counselling and advocacy schemes helps maintain their health and wellbeing, and can be a low cost way of assisting them to stay in work and of making their care sustainable. Jungblut (2015: 2-3) observes that '*measures to support work and care do not have to be expensive or onerous*', a point underscored in EfC's evidence presented here, adding that they '*should contribute to making life easier and better for carers and avoiding unnecessary costs for employers either through absenteeism or presenteeism*', a point also reinforced through the EfC examples.

Governments also need to learn from each other and to act. This report suggests many countries are not deploying the full range of measures which could help their citizens reconcile work and care and their businesses to function better. It also indicates that policy learning about work-care reconciliation across national boundaries could have benefits for their economy, society, citizens and communities.

239 As part of research for Yeandle (2018 forthcoming).

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Employers for Carers

Employers for Carers is a growing service and forum for employers committed to developing good practice to support the 1 in 9 people at work who are caring for ill, frail or disabled family members or friends. Managed and supported by the specialist knowledge of Carers UK, the forum provides practical help and advice for employers and promotes the business benefits of supporting carers.

German Bundesministerium für Familie, Senioren, Frauen und Jugend

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Further work is being undertaken by CIRCLE at the University of Sheffield, UK. The [Sustainable Care Programme](#) is exploring how care arrangements, currently 'in crisis' in parts of the UK, can be made sustainable and deliver wellbeing outcomes. It aims to support policy and practice actors and scholars to conceptualise sustainability in care as an issue of rights, values, ethics and justice, as well as of resource distribution.

The Programme's overarching objective is to advance understanding of sources of economic and social sustainability in care, especially how wellbeing outcomes can be achieved for care users, their families and carers and paid care workers.

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