

# Reconciling eldercare and employment

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## Summary

In all European societies, there are increasing numbers of elderly people in need of care. At the same time, there are declining numbers of potential carers, particularly family members providing informal, unpaid care. Furthermore, the majority of these informal carers are women of working age, combining family care with paid employment. As the need for informal elderly care grows, and women's labour market participation rates simultaneously increase, the need to find ways of supporting the balancing of care with employment will also become more pressing. To date, policy and practical attention has been more focussed on the balance between paid work and family life, particularly childcare. The situation of employed carers of the elderly requires similar attention.

Although they share many of the challenges of working parents, the demands on employed carers of the elderly are much less predictable and their situation is more heterogenous. On average, more than 6% of European employees are informal care-givers, and the likelihood of being a care-giver increases with age. Informal carers are predominantly women aged 50-64, and they encounter multiple forms of labour market disadvantage and exclusion.

Currently, social policies are focussed on the provision of cash and tax benefits and payments, the provision of relief and respite care, and labour market support for carers. However, there are marked differences in provision between Member States; at the most extreme, some do not even recognise informal care, with serious consequences for the status of those who do it.

We therefore make the following policy recommendations:

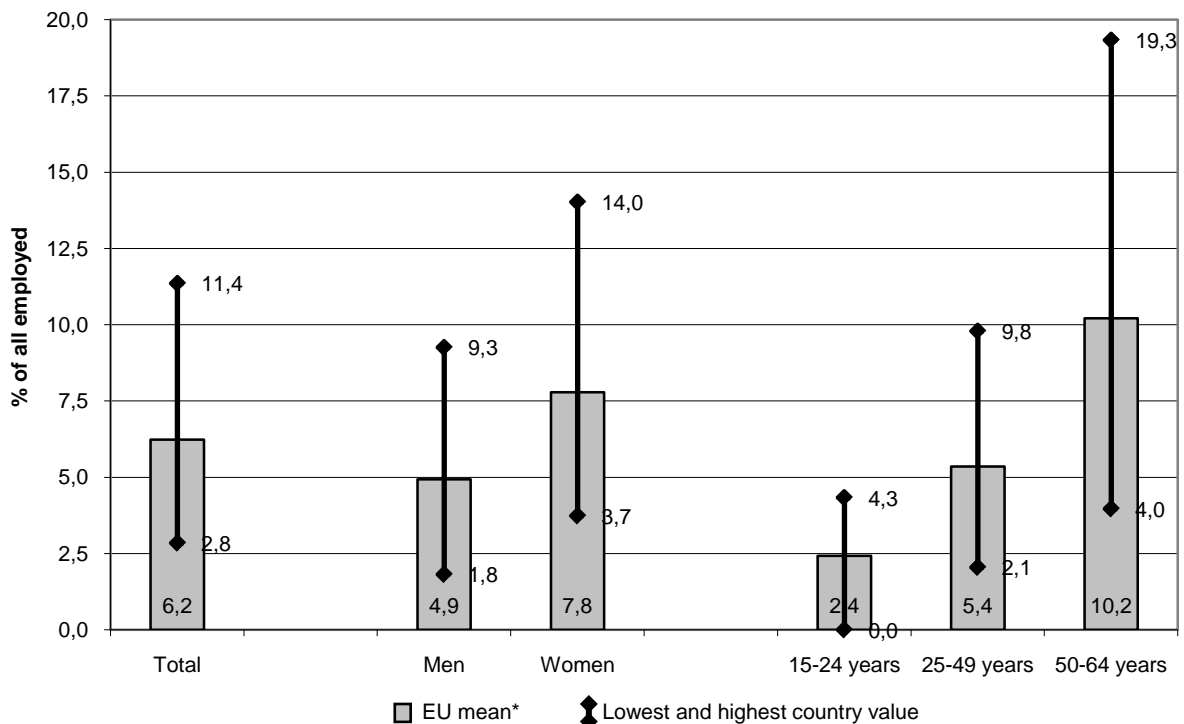
- 1. Better attention to the labour market support of older women carers.**
- 2. A continued commitment to formal care in combination with support of informal carers.**
- 3. The development of frameworks for recognising the work and skills of informal carers and to ensure adequate quality of family care.**

## Who are the informal carers of the elderly?

In all EU member states, informal care of the elderly is mainly provided within the family. Carers are overwhelmingly female, and aged between 40 and 70. Many carers of working age are either in employment or were in employment until they took up their caring activities. Some “sandwich-generation” carers look after both elderly family members and school-aged children.

Women make up over 80 percent of carers in most EU countries (Corsi and Lodovici 2009). In 2005, 12.8 million women and 7.6 million men were carers for elderly dependents (European Commission 2009). This translated into an average of nearly 8 percent of employed women and nearly 5 percent of employed men in EU Member States caring for another adult (see Figure 1 below). There are considerable country variations: in Denmark 2.8 percent of employees are carers, while in Cyprus, 11.4 percent of them are carers. These differences are related to the age structure of the populations, to different dependency risks, employment rates (in particular of people aged 45-64 years), and availability of public care services. As Figure 1 also shows, the likelihood of being an informal carer while being employed increases substantially with age, and care responsibilities consequently greatly affect the low employment rate of women aged 55-64 - 36.8% in 2008 (European Commission 2009).

**Figure 1: Employed carers in the EU by sex and age group, 2005**



Source: European Commission (Labour Force Survey 2005), own calculations

\* Lithuania and Luxembourg are excluded due to 'unreliable data'.

Although these carers face similar challenges to parents in balancing their caring activities with their work and other areas of their lives, their situation is more complex, and the requirements on them are less predictable. The elderly have unclear needs in terms of the length and intensity of their care, so the personal commitment required of the carer is less predictable over time. Elderly care needs can emerge and alter suddenly, and the duration of care required depends on many things. The nature of care needed can also vary greatly.

Finally, the requirements on the carer depend greatly on how the work is shared between different informal carers and care providers.

The supply of unpaid, informal care predominantly by women often impacts decisively on their working lives and on their overall quality of life. They are significantly disadvantaged in the labour market and in their employment. Their problems are the problems of workers who are caught in the secondary labour market: deprivation of secure employment, of benefits, protection, representation, training and career advancement opportunities. Consequently, policies which are designed to support women in balancing labour market participation with their informal care provision will contribute to the overall advancement of gender equality in the EU.

### **How are carers currently supported in balancing care and paid work?**

Carers of the elderly need flexibility in both their employment and in their care arrangements. Currently, where the needs of informal carers are recognised at all, public policies in European Member States support them mainly through the provision of public and social service support (provision of social services to the dependent person and provision of temporary respite care) and through flexible labour market policies (promoting flexible working arrangements and leave, and supporting labour market re-entry after caring). According to the European Commission Expert Group on Gender Equality, Social Inclusion, Health and Long-Term Care (EGGSI) 2009 report on *Gender Mainstreaming Active Inclusion Policies*, however, national policies have been translated into concrete measures in very few countries.

Aside from formalising eldercare through home-based and residential services, measures to support informal carers include cash benefits and allowances, pension credits, care leave, and flexible working arrangements. Many countries offer benefits, but the payment levels and the conditions of eligibility and usage vary considerably. In most countries, cash benefits are modest, and in some, they are paid not to the care-giver but to the care recipient. Some countries allow carers access to their social security programmes; in Germany, for example, carers are covered by the accident insurance, and pension payments are made through statutory long-term care insurance. In a very few countries, such as Sweden and the Netherlands, informal care can be treated as a formal employment contract. Benefits and credits, however, do not provide an incentive to participate in the labour market, and they possibly help to maintain the barriers to women's labour market progression.

Flexible working arrangements have more potential for supporting female informal carers in the labour market, where they promote the reconciliation of employment with caring work. Some existing flexible working schemes already operate at public policy level; others are implemented by employers.

Our policy conclusions focus on all these types of measures, because long-term care policies should respond not only to persons in need of care but, as importantly, should address informal care givers and aim to advance gender equality and the healthy functioning of European labour markets.

### **Policies for quality care and carer equality**

- 1. Long-term care policies should be formulated in conjunction with gender equality policies, family policies, social inclusion policies and labour market policies. Particular attention needs to be given to the labour market situation and support of older women – the majority of carers.** The Europe 2020 Strategy has an objective of a 75% employment rate, and the Commission's Gender Equality Strategy also recommends getting more women into the labour market in order to improve both their financial independence and their social inclusion. The policy challenge is to dovetail

financial support mechanisms for informal carers with incentives and support for their labour market participation. Financial support measures include benefits and allowances, and pension credits to compensate carers for time spent out of the labour market. Labour market support measures include flexible working and caring leave schemes, training and development for flexible workers, and skills accreditation (see point 3 below).

2. **Care policies should make provision for both the delivery of formal care and the support of informal carers through caring leave from employment and similar entitlements, much as childcare policies simultaneously support formal childcare and parental leave measures.** Care of the elderly has shifted greatly into the home across Europe and care policies now privilege home-based care over institutionalised care. This state of affairs looks likely to continue as budget cuts in many Member States affect care delivery through the public sector. The policy challenge, then, is to balance the tension between the increasing reliance on home-based care and the need to support the large army of older carers in their labour market participation.
3. **The quality of care and the skills involved in its delivery, and not only carers' labour market participation, should be defined and recognised in policy formulation.** The work and skills of informal carers are rarely recognised and accredited, yet they are critical both in effective care provision for care-receivers, and to the physical and mental health situation of care-givers. Formal recognition of the work of employed carers might address the time constraints which can affect the quality of care they are able to provide.

## Sources

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