‘Progress and regression in the compatibility of care and work in the 21st century: an Anglo-German comparison’.

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# Abstract

With ageing populations, changing family structures and increased female labour market participation, the probability of combining work and care at some point in our lives has increased. The balancing of work and caring responsibilities can lead to negative impacts on physical and mental health and wellbeing (Phillips & Bernard 2002; Hamblin & Hoff 2011; Principi et al 2014), resulting for some in a reduction of working hours or a complete withdrawal from the labour market with further negative consequences for the individual, their employer and the wider economy. As such, throughout Europe policies to support people to combine work and care have been introduced. We contrast provision in the UK and Germany where in the former, the strong carers movement has worked hard to drive forward policy in this area, whilst in the latter reforms have focused more on sustaining the existing social care insurance system through the provision of care at home by informal networks. However, in terms of outcomes, large numbers of carers exit the labour market every year in both countries, indicating that further reforms and support are required.

# Introduction

This paper compares policies to support people to combine work and care in Germany and the UK. In the UK, the challenges facing people combining caring for family members, friends or neighbours with paid employment has been the focus of research since the 1990s. The UK has a well-developed carers’ movement, with organisations lobbying governments since the 1960s to ensure carers are on the policy agenda. Carers UK, the main membership organisation and charity in the UK, conducts an annual survey as well as targeted data collection related to particular topics. In their research, they revealed the three most important areas of support working carers cited that enable them to remain in employment: 1) a supportive line manager; 2) flexible working; and 3) care leave of between 5-10 days per year (Carers UK, 2019). In the UK, the voluntaristic tradition of employment regulations in this area (Lewis & Campbell, 2007) has meant the attitudes of line managers have been seen as beyond the reach of state policy, and while progress has been made towards flexible working arrangements, employees have the right to request these changes and as such, they are not guaranteed. Finally, paid care leave is also on the agenda for carers’ organisations but is not yet realised in legislation, although there has been progress in terms of unpaid time off in cases of family emergency. The empirical section of this paper will explore how the carers’ movement in the UK has worked to ensure the needs of working carers are addressed by policymakers.

The situation in Germany is similar to that in the UK where the role of family carers has been documented and researched since the mid-1990s (Naegele, 1995; Beck et al., 1997). Studies show that little has changed in the intervening years with regard to the pressures working carers face. In working carers’ private lives, they encounter emotional and physical stress as well as a lack of time. In their professional lives, interruptions while at work, compromised performance, reduced career opportunities, loss of income and the termination of employment are still cited as negative outcomes for working carers. Further research shows that, as in the UK, middle-aged people disproportionately face the challenge of reconciling care and work. In Germany, it is typically (married) women aged between 40 and 60 years who combine work and care (Leitner & Vukoman, 2015; Reichert, 2016; Stat. Bundesamt, 2018). The demands on employees to reconcile work and care, and on employers to support working carers, will continue to rise (ZQP, 2018) and though this issue is now on the agenda in German enterprises, due to strong legal regulations in this area, initiatives are rarely found at this level. Support, such as committed company management, flexible working hours or entreprise-level care breaks are mainly found in large companies that have the necessary financial and personnel resources. In Germany, the key factors which enable people to combine work and care have been found to be: (1) the division of tasks within families; (2) reconciliation measures at enterprise level; (3) social security systems; (4) the progression and dynamics of the person receiving care’s disease or disability; and (5) the availability of stable professional care services (Bischofberger, Lademann & Radvanszky, 2009). Unlike the UK, there are no strong lobby associations for caring relatives in Germany. Although smaller interest groups exist, they are not (yet) professionally organised and are largely based on voluntary commitment. For this reason, the focus in Germany is currently on adapting laws to make it easier to reconcile care and work, with the ultimate aim of sustaining the care insurance system through the use of informal care.

This paper considers the challenges facing working carers in both countries and the policy solutions provided to date. It explores some of the drivers for these policy reforms, contrasting the UK’s well-developed and organised carers’ movement’s role in the formation of support for working carers alongside Germany’s relatively limited and localised grass-roots organisations. It can be argued that while the UK carers’ movement is working to align policies with working carers’ needs (though there is still progress to be made), the low take-up of the care leave options in Germany reflects a mismatch between the support available and the realities of working carers’ lives. In the UK too, where large numbers of carers leave the labour market every year, stronger rights to flexible working and paid leave are areas for future reform which may allow for the reconciliation of employment and care.

# Context

The combination of work and care is increasingly a reality for many, as populations throughout Europe are ageing, family structures are changing and more women – the traditional providers of care – are in the workforce. In nearly all EU countries, more than half of all carers of working age combine care with employment (Eurocarers, 2016). In the UK, recent research conducted by YouGov on behalf of Carers UK (based on a representative sample of 4,254 adults) indicated that the number of people combining work and care in 2018/9 was 4.87 million, which equates to 1 in 7 of all workers (Carers UK, 2019). In Germany, the data related to working carers is ambiguous due to a lack of comprehensive longitudinal surveys.[[1]](#footnote-1) Estimates have however been made of the numbers of working carers in Germany. In 2004, Schupp and Künemund calculated that 40% of those providing the majority of unpaid care were also employed. If one adds those involved in caring networks, but not cited as the ‘main carer’, 65% of this group are employed. This represents 10% of all employees in Germany, although this percentage varies considerably between sectors and companies (Franke & Reichert, 2010). Based on data from the German Socio-Economic Panel (SOEP), it has been shown that 60% of men and women who provide unpaid care are of working age. This corresponds to 2.5 million working carers, of a total of 4 million informal carers (Geyer & Schulz, 2014). The number of carers in Germany has increased in recent years and is now estimated at around 4.5 million people providing care support for relatives for at least one hour per day (Schumann & Kather-Skibbe, 2016; Rothgang et al., 2017: 143).[[2]](#footnote-2) Of those providing care, 2.7 million are women and 1.8 million men (Rothgang et al., 2017: 143), and among people aged 55-64, 12% of women compared with 8% of men provide care (Geyer & Schulz, 2014).

Ensuring that people are able to strike an appropriate balance between work and care is crucial for individual wellbeing, businesses and wider economies. At the individual level, working carers have reported benefits related to their dual roles, including the maintenance of a good relationship with the person being cared for and the satisfaction of helping (Mooney et al., 2002; Eldh & Carlsson, 2011), as well as employment providing a source of identity, self-worth (Mooney et al., 2002; Joshi, 1995; Neal & Wagner, 2002; Grammer, 2008; Masuy, 2009; Keck & Saraceno, 2009) and a ‘buffer’, or escape, from demanding care situations (Phillips et al., 2002; Heitink et al., 2017; Sakka et al., 2016). However, empirical studies have explored the challenges associated with combining work and care which can result in exiting paid employment. Working carers have reported negative implications for their relationships both in and outside of work, with less time to spend with other members of their family and on themselves and at employer social events (Mooney et al., 2002; Phillips et al., 2002). Working carers also reported fatigue, stress and mental health issues related to the dual demands of employment and caring (Mooney et al., 2002; Gaugler et al., 2018; Lero et al., 2012). As a result, the situation for many working carers becomes untenable and they leave employment, resulting in further financial hardship, with implications for pension income later in life. However, carers who remain in work also face material consequences, such as limited opportunities for career progression and training (Phillips et al., 2002) and pressure to reduce working hours (an impact which endures beyond the end of the caring role, Evandrou & Glaser, 2005; Hutton & Hirst, 2001), which in turn have an immediate effect on income, but a longer term impact on pension accrual (Daly & Rake, 2003; Evandrou & Glaser, 2005).

At the firm level, there are significant costs associated with losing carers from the workforce. Recruitment and training costs have been estimated in the UK to be between 50-150% of the salary of the working carer leaving employment (Carers UK, 2013). The cost of unplanned absence in the UK is suggested to be £4.8 billion, and it is argued that flexible working could improve employee retention to the tune of £3.4 billion (Carers UK, 2019). It has been calculated that the costs that companies in Germany incur as a result of working carers leaving the labour market, or through productivity losses, amount to almost €18.94 billion per year. The average cost per employee with caring responsibilities is €14,154.20 per year (Schneider, Heinze & Hering, 2011), with the largest share of these costs (47.3 %) attributable to the consequences of ‘presenteeism’ resulting in productivity losses when employees come to work despite illness or exhaustion and consequently are not fully productive. In addition, the error rate and risk of work-related accidents are increasing. A further 21% of the costs relate to absenteeism, 15% to leaving the profession, 11% to a change of employment status and 5% to sick leave (Schneider, Heinze & Hering, 2011). Another study valued the cost of presenteeism at €2,399 per year per capita and argued that if stress becomes problematic for employees, it can result in chronic illness, burnout or a reduction in working hours or abandonment of professional activity (Booz & Company, 2011).

At the macro-economic level, working carers in the UK leaving the labour market are estimated to cost the public purse some £1.7bn a year in lost tax and expenditure on benefits, including Carers Allowance (Pickard et al., 2017). Indeed, in the UK, the Government’s Industrial Strategy (2018) includes reference to the need for longer working lives as a result of population ageing, and states that these working lives will increasingly need to be balanced with the provision of care. This balance, the strategy contends, needs to be supported by measures such as flexible working practices to ensure there will not be a negative impact on productivity. In Germany context, absenteeism and presenteeism combined, issues that affect working carers, cost the German economy approximately €225 billion per year (Booz & Company, 2011).

Without support, therefore, working carers face significant challenges to their wellbeing which can result in withdrawal from the labour market, with serious consequences at the level of enterprises and of wider economies. Both Germany and the UK have introduced policies designed to facilitate combining work and care, though with different driving forces and as a result, different outcomes (as explored below). First, however, the rationale for selecting the two countries for comparison is discussed.

# Countries for comparison: the UK and Germany

Germany and the UK represent an interesting comparison when exploring issues related to working carers. The social care systems in both countries are characterised by the dominance of informal care provision and private responsibility for organising care. Germany’s social care system has been described as a ‘regulated institutional model’ (Peng and Yeandle, 2017) with care delivered largely by the private sector or families. A fifth ‘pillar’ (Deutscher Bundestag, 2012, 2016a; Scholz & Schröder, 2012) of the German social insurance system is the Long-Term Care Insurance (LTCI) or ‘nursing care’ insurance. Introduced in 1995 as compulsory insurance, LTCI provides varying levels of support to persons in need of long-term care according to the level and type of care required (outpatient vs. inpatient, Table 1). Before the introduction of statutory LTCI in 1995, the statutory health insurance fund provided financial assistance for people in need of long-term care, but only to a very limited extent. The main reason for introducing LTCI was to provide better coverage for the increasing number of people in need of care and the declining availability of families to provide care due to social changes, including the low fertility rate; greater numbers of older people living alone after the death of their spouse; increasing divorce and more single-person households; and the expectation that workers should be mobile, meaning fewer have local relatives available to perform family care. Before the introduction of LTCI, around 1.7 million people in Germany were dependent on the statutory health insurance fund. Of these, 1.2 million were cared for at home and 0.5 million in residential care settings. The financial subsidies from the health insurance system at that time were not sufficient for inpatient care and were co-financed by social assistance or family members (Deutscher Bundestag, 2012; Scholz & Schröder, 2012). LTCI attempted to counteract this situation, improve the social care infrastructure and increase the number of jobs in the sector. In particular, the number of outpatient or ‘care in the community’ services increased significantly (Scholz & Schröder, 2012) and relatives who are caring now receive more support and guidance from professional nurses.

The German LTCI is financed by means of a pay-as-you-go principle and since 2019, the contribution rate has been 3.05% for those with children and 3.30% for childless workers (of the gross wage). At 40%, the largest share of benefit expenditure is attributable to full inpatient (or residential) nursing care, followed by 25.6% in the form of Attendance Allowance (Rothgang & Müller, 2018). The German Attendance Allowanceis a financial benefit paid when care is provided privately, i.e. without formal assistance, and made directly to the person in need of care, who can pass the money to relatives providing care (pflege.de, 2019). The amount payable depends on the level of care and operates a partial coverage principle, making supplementary financing necessary through either: (1) the private assets of the person in need of long-term care; (2) the private assets of relatives; (3) private nursing care insurance; or (4) social assistance. If expenses for professional outpatient or fully inpatient care exceed the subsidies from statutory LTCI, a personal contribution must be paid. If the assets of the persons in need of long-term care or their dependants are not sufficient for this purpose (in accordance with the subsidiarity principle[[3]](#footnote-3)), co-financing will take the form of social assistance. Thirty-one percent of those in need of long-term care in German nursing homes and 13% people in outpatient care receive social assistance benefits (Rothgang & Müller, 2018; Schneekloth et al., 2017). The aim of the Attendance Allowance is to enable persons in need of care to lead a self-determined and independent life. The majority of older people in Germany would like to be cared for at home by family members, which, according to care statistics, occurs in 2/3 of all cases (Stat. Bundesamt, 2018). The overriding objective of the reforms was to improve and financially incentivise outpatient care for people in need of long-term care (Schneekloth et al., 2017: 23). This objective corresponds to the legal standardisation of the 11th social security code (SGB XI), which states that priority must be given to home care: *“The care insurance should primarily support home care and the willingness of relatives and neighbours to provide care, so that those in need of care can stay in their home environment for as long as possible. Services of the day inpatient care and the short-term care take precedence over the services of the full-inpatient care” (§ 3 SGB XI).*

Carers therefore can receive an indirect benefit, as well as advice, care courses and care benefits in kind whichare used to finance a professional outpatient care service that supports nutrition and personal care (Rothgang & Müller, 2018). Attendance Allowance generally does not count as income, and as such is not subject to taxation or deducted from the pension or the basic pension (Harz IV).

Table 1 Levels of LTCI benefit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Benefits** | **Degree of care 1** | **Degree of care 2** | **Degree of care 3** | **Degree of care 4** | **Degree of care 5** |
| **Outpatient care by relatives** | 125 € | 316 € | 545 € | 728 € | 901 € |
| **Outpatient care by professionals**  | - | 689 € | 1.298 € | 1.612 € | 1.955 € |
| **Full inpatient care**  | 125 € | 770 € | 1.262 € | 1.775 € | 2.005 € |

Source: pflege.de, 2019

The UK operates a regulated institutional model of care, with delivery though private and not-for-profit providers. While access to social care in all four nations of the UK is needs-tested, people with assets above a certain level are required to pay for some or all of the costs of their care (with the exception of in Scotland which has removed the means-test). In contrast to Germany, the UK provides a direct benefit to carers, including those in paid employment. In 1976 an Invalid Care Allowance was introduced – now called Carers Allowance – providing a benefit (£66.15 a week from April 2019)[[4]](#footnote-4) for those caring for at least 35 hours a week for a person in receipt of a disability benefit.[[5]](#footnote-5) Those in work can earn up to £123 a week (after tax, National Insurance and up to 50% of any private or occupational pension contributions and expenses) alongside this benefit.[[6]](#footnote-6) In February 2018, there were 1.3 million recipients of Carer’s Allowance in Great Britain of whom almost 68% were women (DWP, 2018). This was a rise of 48,000 on the previous year, attributed to both the increase in the female state pension age and the number of people receiving disability benefits. Carers Allowance is paid at a lower rate than all other income-replacement benefits in the UK system; it has been argued that this reflects its origins in the 1970s as a benefit for those who lacked a social insurance contribution record. Carers Allowance has also been criticised for its employment earnings cut-off, rather than a tapered threshold (Fry et al., 2011; House of Commons, 2008; Kennedy & Gheera, 2018). Direct Payments, paid to the person assessed as requiring care, cannot be used to employ a co-resident carer and can only be paid to a carer who does not live with the person receiving the benefit if the local authority agrees. Carers can also receive Direct Payments in their own right to meet their own assessed needs, but due to modest local authority budgets, low numbers of carers receive these benefits (in 2016/17, 75,000 carers received a Direct Payment to meet their assessed needs, NHS Digital, 2017).

Other policies to directly provide for working carers include the *1999 National Carers Strategy*, as a result of which from the 2000s, nearly all of the English local authorities started to provide support for carers (Fry et al., 2009). In addition, in 2004, the *Carers (Equal Opportunities) Act* ruled that local authorities in their assessment of carers’ needs must take into account whether they were working or in education or wished to work or enter education. The creation of local carers’ strategies in England also responded to the emerging view that carers are *“partners in care”* (Yeandle et al., 2012: 443) should have the opportunity to feedback on local provision. The 2014 *Care Act* introduced a new legal entitlement to public support for carers (independent of whether or not the person they provide care for has been assessed as having eligible needs). Under the Act, carers are entitled to an assessment of their own needs which should include: *“a) whether the carer is able, and is likely to continue to be able, to provide care for the adult needing care, b) whether the carer is willing, and is likely to continue to be willing, to do so”* (p. 10), the impact of providing care on their wellbeing, what outcomes the carer would like for themselves and how additional care and support might enable them to achieve these outcomes; and whether they are in work or education (or would like to be).

Both countries thus organise care primarily through informal or private provision and provide some support for carers through direct and indirect benefits. It is also interesting to compare their employment regulations. The UK has been described as adopting the principle of ‘voluntarism’ in its employment regulations (Fagan et al., 2006), with minimal government and legal interventions related to caring and work prior to 2001 when it began to introduce ‘light touch’ legislation in this area (Lewis & Campbell, 2007). This can be seen in the lack of formal legislation to create full employment rights for those providing unpaid care. However, caring has been added to the policy agenda, in part due to the advocacy of lobbying organisations such as Carers UK, and to some extent through trade unions highlighting issues related to combining work and care since the 1980s, though the power of the latter were weakened by the Conservative Governments of that period. In the UK, in contrast to Germany, collective agreements are not legally binding, although terms agreed through collective bargaining can become part of employment contracts (Eurofound, 2017, b).

In Germany, industrial relations systems have been relatively unchanged since their creation post-WWII. Case law has always been key in developing employment legislation in Germany, alongside federal laws, collective bargaining and works council agreements. However, the industrial relations system has faced challenges in terms of declining union membership due to rising numbers of small and medium enterprises and the growth of new sectors and organisations, including those offering non-standard forms of employment. There is also a difference between sectors with the industrial relations system in large manufacturing companies remaining strong while it is weaker in the private service sector. Nonetheless, issues such as flexible working are covered by collective agreements and works agreements (Eurofound, 2017a). Equally employer associations are a strong influence in determining employment policy in Germany. For example, in 2001 the German government could not implement an equality law (which would have included the private sector and required all employers to improve their gender equality policies and become more ‘family friendly’) as *“[e]mployers and their associations succeeded in preventing the law by declaring their willingness to improve the situation on a voluntary basis”* (Klammer and Letablier, 2007: 679).

# Policies for working carers

The previous section outlined the social care systems and relevant aspects of industrial relations in the two countries, and their provision for carers generally. The following sections outline their policies for working carers specifically and their origins.

## Policies to support working carers: Germany

There are a number of policies in Germany which can support working carers, with a particular focus on flexible work and care leave. The former, since the mid-1980s, has been a focus of collective bargaining in Germany. The reform of the Work Council Constitution Act (WCCA) (*Betriebsverfassungsgesetz*) in 2001 required representatives of work councils to promote the ‘reconciliation of work and family life’, but in reality employers and unions diverge in their preference for informal or collective agreements relating to flexible working (Franke, 2010). The WCCA Act however ensured work and family life reconciliation were on the agenda for employers, with Klammer and Letablier (2007) citing a survey where whilst in 2003, only 47% of surveyed employers agreed being ‘family friendly’ was important to their company, which within three years had increased to 72%. In addition, WSI (*Wirtschafts- und Sozialwissenschaftliche Institut*, Institute for Economic and Social Research) Collective Agreement Archive state that all collective bargaining districts are covered by collective agreements which include policies for working time flexibility (in Demetriades et al., 2006).

Since 1999, the statutory expenditure of the LTCI has been higher than its income, resulting in political debates as to how to make it more sustainable. To encourage the provision of support within families, in 2008 the “Home care leave act” (Pflegezeitgesetz **-**PflegeZG)was introduced (German Bundestag, 2012) and provided care leave of up to 10 working days per year in acute care situations to organise necessary care (Schneekloth et al., 2017). For longer-term care situations, the law provides for a maximum of six months leave (care time), which can take the form of total or partial leave from work (BMFSFJ, 2018), depending on the size of the company (it only applies if more than 15 people are employed in the company). The law thus creates a legal entitlement to a reduction or break from working hours with inherent protection against dismissal. However, it provides no financial compensation for loss of earnings and there is no obligation to report use of the scheme and thus no official figures are available on how many people use it.

In order to improve the take-up of care leave, the Family Care Leave Act (*Familienpflegezeit – FPfZG, 2012*) introduced supplementary regulations (Deutscher Bundestag, 2012, 2016b). The period of time off from work was extended to 24 months for caring relatives who care in a domestic setting. Employees have a legal right to family care time if they work for an employer with 25 staff or more. The minimum working time must be 15 hours per week and can be financially secured by the employer. The employee continues to receive the same salary at a reduced hourly rate with their employer paying a salary advance, yet advance must be repaid by the employee on return to their previous working hours through a reduction to their salary. Although there is legal financial security during the period of care, the costs for this are borne by the family member providing care. Again, there is also no reporting requirement for the family care leave act, according to which there are no reliable figures on the utilisation of family care (Schneekloth et al, 2017; BMFSFJ, 2018).

To ensure financial security in acute and long-term care situations, both laws (PflegeZG and FPfZG) were coordinated in 2015 under the “Law to Strengthen Care I” (*Pflegestärkungsgesetz* *I*). This law improved benefits for persons in need of long-term care with cognitive impairments and was intended to promote the compatibility of long-term care and work (ibid.; Schneekloth et al., 2017, Rothgang & Müller, 2018). This legal innovation has been one of the most important for working carers. A wage replacement benefit (Care Support Allowance) was introduced, amounting to 90% of the net wage and is paid by the Care Insurance Fund. A right to leave from work of up to three months was also established to enable end of life care. The term ‘close relatives’ was extended in the law (Pursuant to § 7 (3) PflegeZG) and now comprises stepparents, relationships similar to life partnerships, spouses or life partners of siblings and siblings of spouses or life partners. The possibility of exemption from work was retained (for six months if *home care leave* is taken up and 24 months if *family care leave* is taken up). Both can be combined but they must merge seamlessly and may not exceed a total exemption of 24 months (BMFSFJ, 2018). To finance the loss of wages, working carers have the option of applying to the Federal Office for Family and Civil Society Affairs (BAfzA) for an interest-free loan. This secures the financial structure of the (family) care period, but the main burden remains with family carers as the loan must be repaid as soon as the care period ends. Table 2 outlines care leave schemes in Germany.

One year later (2016), the “Law to strengthen care II” (*Pflegestärkungsgesetz II*) introduced a new assessment for people in need of long-term care and all assessed as in need of care now received the same benefits, regardless of whether they had physical, psychological or cognitive impairments. Finally, in 2017, the “Law to strengthen care III” (*Pflegestärkungsgesetz III*) followed, intended to support local authorities in the area of nursing care. Municipal counselling was strengthened and services for those in need were again increased (Schneekloth et al., 2017, Rothgang & Müller, 2018).

The reforms relating to long-term care insurance were implemented by the responsible Federal Ministry of Health, which was advised on all reforms by an advisory board of experts. It was the legal task of the advisory board to provide care-related and scientific advice and support to the Federal Ministry of Health. The advisory board represents all essential actors in care: nursing care insurance funds, service providers, nursing staff, persons in need of care and their relatives, social partners, municipalities, social welfare institutions, federal states as well as scientific experts from nursing care. Since 2000, the Federal Ministry of Health has carried out representative studies to examine (1) how high the use of services is; (2) satisfaction with the services; and (3) barriers to service use. For this purpose, persons in need of care, main carers, outpatient care services and nursing homes are interviewed. Based on the results, new reforms are planned and implemented (German Bundestag, 2016a). Since its introduction, nursing care insurance has been in a crisis between stabilising expenditure and improving benefits and further reforms will be necessary in the future.

Table 2: Care leave schemes in Germany

|  |  |  |
| --- | --- | --- |
|  | **Home care leave act** | **Family care leave act** |
|  | Short-termwork impediment | Care period | Terminal care | Family care time |
| **Legal claim** | Yes | Yes (16 or more employees)  | Yes (16 or more employees)  | Yes (26 or more employees)  |
| **Prerequisite** | Medical certificate | Degree of care  | Medical certificate  | Degree of care  |
| **Duration** | max. 10 days  | max. 6 months  | max. 3 months | max. 24 months |
| **Wage replacement** | Care Support Allowance (care fund)  | Interest-free loan (BAFzA)  | Interest-free loan (BAFzA)  | interest-free loan (BAFzA)  |
| **Announcement period** | None  | 10 days | 10 days | 8 weeks  |
| **Dismissal protection** | Yes | Yes | Yes | Yes |
| **Minimum working time** | No | No | No | 15 hours |

The main criticisms of current legal regulations can be summarised as (Schneekloth et al., 2017; Rothgang & Müller, 2018):

* High financial risk for working carers (as they either forego income or incur debt by taking out a loan).
* The legal entitlement only applies to companies with more than 15 or 25 employees (and therefore carers in small or micro-enterprises can therefore not use them).
* The regulations are insufficient for long-term carers. Caring lasts on an average care for four years.
* The current system does not provide incentives for a partnership-based distribution of care and reinforces the unequal distribution of care work, as women often earn less and their loss of salary often has lower impact on family income.

The few impact studies that exist on reconciliation measures in Germany show limited impact of care policy on the participation and work volume of caring relatives. Overall, there is limited empirical evidence to date that policy has made a significant contribution to improving the compatibility of care and work. The figures on the use of existing statutory entitlements show that in 2016 only 6% of working carers took advantage of care time and 1% of short-term work disability (Hielscher et al., 2017). In 2016, only 168 people applied for a longer time-out for care in the sense of the Family Care Leave Act (Deutscher Bundestag, 2016). The figures can be interpreted as meaning that the needs of working carers are not being met by current policies. Also, little is known about how small and micro enterprises deal with the compatibility of care and work. A legal entitlement to *home care leave* only exists for employees in companies with 16 employees and *family care leave* for a company size of 26 employees. Evaluations of the last care reform of 2017 show that people with a low level of care increasingly opt for home care and people with a higher need for care resort to inpatient facilities (Rothgang & Müller, 2018). The reform thus achieves its objectives in this respect. At the same time, however, a side effect is that more and more very complex home care arrangements can emerge which are challenging for the family carers (Schneekloth et al., 2017: 27). For this reason, legal provisions were developed parallel to the reforms of the LTCI, which are primarily intended to relieve the burden on caring relatives.

## The United Kingdom

In the UK, a key driving force behind policies relevant to working carers has been the carers movement which has provided a ‘collective voice’ for carers (Yeandle et al., 2012). As a campaigning and lobbying body, the carers’ movement began with the creation of the National Council for the Single Woman and her Dependants in 1965, later shifting in focus to include a diverse range of caring experiences and situations. This organisation ultimately became today’s Carers UK which continues to have a key role in lobbying government regarding issues related to carers, as well as offering practical support and advice. Alongside other national carers organisations (Crossroads Caring for Carers and the Princess Royal Trust for Carers [now merged into the Carers Trust], Contact a Family), Carers UK has raised the profile of care and caring, and pressed for the *“right to a life outside caring”*, including paid employment (Yeandle & Buckner, 2007: 8).

Carers’ organisations in the UK have worked closely with governments to shape policy to support working carers. In the mid-1990s, the challenges of both working and caring began to be included in policy discourse, with the reconciliation of work and family life a concern for the Labour Government from 1997 onwards; it was highlighted in Tony Blair’s first speech as Prime Minister and in the 1998 White Paper *‘Fairness at Work’* (DTI). However, in these first few years in office, this ‘family-friendly’ agenda focused on parents (introducing parental leave and expanding childcare provision) and did not include those caring for other family members as part of this policy strategy. The UK carers’ movement launched a series of high profile campaigns to ensure carers were also involved in this agenda, including one for a national carers strategy. In 1999 this resulted in the first Carers Strategy (*Caring about carers: A National Strategy for Carers*, DoH, 1999) for England which outlined the ‘business case’ for policies to reconcile work and care. This and the National Strategies for Carers introduced in Scotland (1999) and Wales (2000), which were less well-resourced, have been seen as an indication that governments were acknowledging the importance of carers and their needs (Yeandle & Buckner, 2007). Also in 1999, the *Employment Relations Act* introduced an unspecified amount of unpaid emergency care leave. The Act stated that *“*[a]*n employee is entitled to be permitted by his employer to take a reasonable amount of time off during the employee’s working hours, where it is reasonable for him to do so, in order to deal with a domestic incident”*, with ‘domestic incident’ referring to an event which *“(a) occurs in the home of the employee, or (b) affects a member of the employee's family or a person who relies on the employee for assistance”* (Employment Relations Act, Part II, Schedule 4, section 57). The unpaid time off can be:

1. *“to provide assistance on an occasion when a dependant falls ill, gives birth or is injured or assaulted,*
2. *to make arrangements for the provision of care for a dependant who is ill or injured,*
3. *in consequence of the death of a dependant,*
4. *because of the unexpected disruption or termination of arrangements for the care of a dependant, or*
5. *to deal with an incident which involves a child of the employee and which occurs unexpectedly in a period during which an educational establishment which the child attends is responsible for him”*.

In these instances, ‘a dependent’ refers to *“a spouse, a child, a parent, a person who lives in the same household as the employee, otherwise than by reason of being his employee, tenant, lodger or boarder”* (Employment Relations Act, Part II, Schedule 4, section 57, emphasis added). The requirement that the person co-reside with the ‘dependent’ has since been removed.

From 2000, the policy discourse shifted away from ‘family-friendly’ policies to the promotion of ‘work-life balance’ with the launch of the policy document *Work Life Balance: Changing Patterns in a Changing World* (DfEE, 2000). This represented the move away from the conception of policies for the reconciliation of work and life as simply a concern of families and therefore primarily women; the scope was expanded to include men and leisure time (Lewis & Campbell, 2008). The onus here was on persuading employers of the business case for introducing or improving policies that would allow employees to reconcile work and family life. The document outlined changes to working patterns that could support a work-life balance, including changes to: when employees worked (such as part time, job sharing, V-time [working part time for certain periods then moving back to regular hours], term-time working, flexi-time, compressed working hours, shift-swapping, self-rostering); where they worked (home working), and complete breaks from work (sabbaticals, carers’ leave, career breaks). Following this, a *Carers Grant* (ring-fenced funding for local authorities) was introduced. The *Carers [Recognition and Services] Act* *1995,* the *Carers and Disabled Children Act 2000* and the *Carers (Equal Opportunities) Act* 2004 (all initiated as private members’ (rather than Government) bills[[7]](#footnote-7) (Yeandle & Buckner, 2017). Carers were also affected by UK-wide legislation in the *Employment Relations Act 1999*, *Employment Act 2002*, *Work and Families Act 2006* and *Pensions Act 2007*; and in England and Wales (only) by the *Children Act 2004* and *Childcare Act 2006*; and in *Scotland* (only) by the *Community Care and Health (Scotland) Act* 2002.

The move from ‘family-friendly’ to ‘policies for work-life balance’, Lewis and Campbell (2008) also suggest tied in with New Labour’s third major policy initiative in the area: the right for individuals to request flexible working hours, led by the Department of Trade and Industry. This policy was introduced in 2002 for those with children under five (or under 18 if the child was disabled) and amended to include carers of dependent adults in 2006 (implemented in 2007). Employees can only make one statutory request per year (ACAS, 2014).[[8]](#footnote-8) The right to request flexible working is restricted to employees[[9]](#footnote-9) who have been working for their employer for at least 26 weeks, although *“the expectation that employers will respond positively to requests for flexible employment patterns does not secure rights for employees”* (Lloyd, 2006: 951). Indeed, the *Employment Rights Act* (1996) outlined eight grounds upon which the employer could refuse the request for flexible working:

* *“Burden of additional costs.*
* *Detrimental effect on ability to meet customer demand.*
* *Inability to reorganise work among existing staff.*
* *Inability to recruit additional staff.*
* *Detrimental impact on quality.*
* *Detrimental impact on performance.*
* *Insufficiency of work during the periods the employee proposes to work.*
* *Planned structural changes”* (Employment Rights Act, 1996, Section 80[G][1][b]).

Carers’ organisations participated in the task forces which shaped the 2008 National Carers Strategy, contributed evidence to a parliamentary enquiry on carers (Work and Pensions Committee, 2008) (Clements, 2010; Yeandle et al., 2012). In 2009, Carers UK launched ‘Employers for Carers’, a membership scheme to develop and share good practice among employers, building on an EU-funded project, Action for Carers and Employment (ACE National, 2002-2007. The *Equality Act 2010* expanded protection from discrimination in the workplace to carers (in England, Scotland and Wales) through a requirement to ‘have due regard’ to promoting equality of opportunity for carers.

The carers’ movement continues to campaign for a right to paid care leave. Carers UK gave evidence on this to the Government’s Cross-Government Action Plan on Carers, the Independent Review of the State Pension Age, the Government’s Industrial Strategy, and to Select Committee inquiries into support for working carers. Through membership of Eurocarers, Carers UK also played a role in shaping the EU Work-Life Balance Directive, approved on 4th April 2019 (European Parliament, 2019) which includes the right for all carers to five days leave per year. This represents a big step forward, but opposition from several member states removed compensating this at the level of sickness benefit from the original proposal (EC, 2017).

As with Germany, there is a dearth of data on the number of carers using flexible working requests or invoking their right to unpaid statutory leave. Surveys have shown that flexible work can attract carers back into the labour force and more than half of employees with at least one form of flexible working arrangement (flexible working hours, annualised hours contract, term time working, job share, nine day fortnight, four and a half day week, zero-hours contract, on call working) said it was a ‘very’ or ‘quite’ important’ factor in their decision to apply for their job, with carers featured disproportionately (Family Friendly Working Hours Taskforce, 2009). One survey found 21% of working carers had left the labour market because they could not access flexible working arrangements or because of their line manager’s attitude (Carers UK, 2014). In addition, only 12% had accessed any form of leave for carers and 7% dependents leave, in contrast to 38% who had used annual leave and 22% who had used sick leave to provide care (Carers UK, 2014). Balancing of work and care remains challenging; recent research conducted by YouGov for Carers UK (representative sample of 4,254 UK adults) estimated that 2.6 million working carers have withdrawn from the labour market, 0.5 million since 2017, and that 2 million had reduced their working hours in order to provide care.

# Conclusion

Both the UK and Germany face significant challenges in creating supportive arrangements for working carers, who are increasing in number, and as a percentage of their populations, as pension ages increase and populations age. Working carers exiting the labour market experience negative outcomes, as do enterprises and wider economies. Support for working carers has come on to research and political agendas in both countries since the mid- to late- 1990s.

In the UK, the carers movement campaigned for carers’ rights since the 1960s, and several policies to support working carers have been influenced by this (Yeandle & Buckner, 2007; Larkin and Milne, 2014). Areas of progress attributed their lobbying include: emergency leave for carers; the right to request flexible working arrangements; the right to a carer’s assessment with consideration of if the carer wants to work; and the right to access employment, education, training and leisure (Yeandle & Buckner, 2007; Larkin and Milne, 2014). These changes received comparatively widespread support, from across the political spectrum and employers’ representative organisations (Yeandle et al., 2012). Their campaigns have *“yielded some very significant but (in terms of what carers need) ultimately quite modest results”* (Yeandle & Buckner, 2007: 8); working carers still leave the labour market in large numbers every year. Carers organisations are also mindful that despite progress, there is “policy ‘creep’” with *“[f]amilies are now being told that they should do more to support their older relatives, even though they are already providing 80% of all care”* (Starr & Szebehely, 2017). Carers organisations continue to lobby for stronger rights for working carers to *“move beyond ‘enabling’ legislation and policies, and give to carers limited but enforceable rights, with statutory obligations on local authorities, employers and others”* (Yeandle & Buckner, 2007: 8), in particular paid care leave, and greater awareness amongst employers (for example, through Employers for Carers).

In Germany, despite great progress since the introduction of LTCI and the laws on the compatibility of care and work, the question of the balance between private and social responsibility for people in need of care remains open. The promotion of care at home (§ 3 SGB XI) presupposes the principle of subsidiarity and thus family solidarity (Hielscher et al., 2017: 105). Existing offers of support for caring relatives, including care leave policies, are not tailored to needs, as shown by low levels of take-up. In addition, the reforms are contrary to the drive to maintain employability (Booz & Company, 2011; Leitner & Vukoman, 2015; BMAS, 2018) as they are not accompanied by investment in services which, if developed, would support carers’ employment. Care without support is time-consuming and energy-intensive and as a result, carers reduce their working hours or leave the labour market entirely.

The numbers of working carers exiting the labour market in both countries every year indicate that further reforms are needed. The direction of policy, as influenced by the carers’ movement in the UK. This is arguably aligned to the needs of carers who (according to studies) require the following to remain in work: 1) a supportive line manager; 2) flexible working; and 3) care leave of between 5-10 days per year (Carers UK, 2019). In Germany the policies available appear to be poorly matched to the needs and experience of carers, who cannot afford the financial consequences of accessing the leave available or are often employed in firms exempt from such policies. This divergence perhaps reflects the lack of a cohesive carers movement to drive policy change in the right direction, including the development of professional care services – cited as a support which could promote the reconciliation of work and care (Bischofberger, Lademann & Radvanszky, 2009) – which currently runs counter to the LTCI system which encourages care within the family.

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1. The few data available for Germany are estimates that cannot show the full extent of the population combining work and care. There are several reasons for this. First, and crucially, only those people who need long-term care and receive benefits from long-term care insurance are statistically recorded. It is only from these people that the level of informal is extrapolated and as such, people who do not meet the eligibility criteria and who nevertheless need help are not included in the statistics (Geyer & Schulz, 2014; Rothgang & Müller, 2018). [↑](#footnote-ref-1)
2. This number corresponds to the assumption of Franke and Reichert (2010) that Germany has 45 million employed people (Stat. Bundesamt, 2019), and if 10% of them are involved in family care, this corresponds to 4.5 million people who have to coordinate care and work. [↑](#footnote-ref-2)
3. In the German context, subsidiarity refers to the principle that state intervention in services should be minimal and they should instead be independently managed and/ or decentralised (Spicker, 2014). [↑](#footnote-ref-3)
4. Carers living in Scotland and receiving Carer’s Allowance between certain qualifying dates (15 April 2019 - 14 October 2019) also receive two additional payments of £226.20 as a ‘Carers Allowance Supplement’ six months by Social Security Scotland as long as they continue to qualify for Carer’s Allowance.  [↑](#footnote-ref-4)
5. These benefits include: the middle or the higher rate of the care component of Disability Living Allowance, either rate of the daily living component of Personal Independence Payment, either rate of Attendance Allowance or Constant Attendance Allowance of the normal maximum rate paid with the Industrial Injuries or War Pensions schemes; or an Armed Forces Independence Payment. [↑](#footnote-ref-5)
6. Expenses can some of the costs of caring while the claimant is at work. [↑](#footnote-ref-6)
7. Private Member’s Bills are public bills introduced by MPs (following a ballot of MPs, a tradition of the Westminster Parliament); most fail to become law, making the success of these somewhat remarkable. [↑](#footnote-ref-7)
8. <https://www.gov.uk/flexible-working> [↑](#footnote-ref-8)
9. Workers (and employees, especially if they have already made a statutory request in the last 12 months) can make non-statutory requests for flexible working but as these not covered by legislation, there is no set procedure for applicants or employers. This is an important distinction: as has been highlighted by the Taylor Review (2017) and the TUC (2014), the casualization of employment, and in particular the casualization of employment for certain groups such as women has repercussions for their employment rights. The TUC found that women in particular had not considered their contract type problematic until they need access to rights such as flexible working and cannot have it because they are workers not employees. Some employees are also not eligible to make a statutory request (members of the armed forces and agency workers unless returning from parental leave). [↑](#footnote-ref-9)