

Improving work-life balance through enabling social services: From service provision to decent policies



2018

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Executive summary

The European Pillar of Social Rights (EPSR) contains a principle (principle 9) aimed at improving work-life balance of parents and people with caring responsibilities. One of the deliverables of the EPSR is the 'New Start' initiative aimed at addressing the work-life balance challenges faced by working parents and carers. The initiative, launched on 26 April 2017, entails a mixture of legislative and non-legislative measures aimed at modernising the regulation of this area. The Work-Life Balance Package proposed will help working parents and carers by not obliging them to make a choice between their family lives and their professional careers. The proposal for a directive sets new or higher minimum standards to create more convergence between EU Member States, by preserving and extending existing rights. It will improve current EU law on paternity, parental and carers' leave as well as flexible working arrangements. In addition, the European Union will support Member States in adopting measures to ensure accessible, affordable and quality formal care services.

The research looks into the crucial role of social services in improving work-life balance in Europe. In particular, it covers two issues: assess promising practices of social service provision and their Work-Life Balance (WLB) impact and provide an in-depth analysis of the environment which enables the development of such services. The Study would also provide guidance and recommendations to policy-makers and social service providers.

The literature review is not a product in itself. It is preliminary to the development of ten case studies which show that investing in high-quality, accessible and affordable services is one essential factor that contributes to improving work-life balance of family and informal carers. The study will then be concluded by a set of recommendations addressed to EU and national policy makers, as well as to care service providers.

Based on the literature reviewed, quality care services such as childcare and long-term care are acknowledged as key resources for carers with dependent family members, such as children, older relatives, family members with disabilities or those with illnesses. They represent an essential measure to reduce caring pressures on them and increase especially women's participation in the labour market. Although the research on work-life balance is voluminous, there are not yet many studies, which investigate directly the impact and role of social services in improving work-life balance of family/informal. In conclusion, this review has revealed that, even if there are many determinants involved in work-life balance, social services contribute significantly to work-life balance, especially for women. Future research should dedicate more attention to the findings based directly on the impact of social services on work-life balance.

The second part of the research analyses 10 different social care practices, selected in different social welfare models in Europe and covering a broad range of persons with support needs who benefit from such services (children, persons with disabilities, elderly people and other disadvantaged or excluded persons). The most successful practices analysed within the research are those that can combine the service with support services to families and family carers, even when provided just on an informal basis. Innovative services are often the result of the proactive initiative of individuals that intend to respond to a social need that is unmet and to fill gaps in public service provision. Services aimed at improving the work-life balance also reflect cultural backgrounds and, in particular, two different concepts of reconciliation and work-life balance.

All the practices analysed contribute to improving the work-life balance and quality of life of family and informal carers and users' families. However, it is proved that a policy framework comprising a mix of different types of adequate care leaves, flexible working arrangements by choice and access to quality and affordable services is the most effective to reconcile work with caring

responsibilities and to improve work-life balance. When one of these elements is missing, the policy framework is not optimal.

The key results of the research may be summarized in the following statements:

- 1. Social services, including social care and employment services, are deeply rooted in the national contexts;**
- 2. Innovative services are often the result of the proactive initiative of individuals/ organisations that intend to respond to a social need that is unmet and to fill gaps in public service provision;**
- 3. Services aimed at improving the work-life balance also reflect cultural backgrounds and, in particular, two different concepts of reconciliation and work-life balance.**

In conclusion, the authors recommend Social Services Europe's national members to examine the findings on the existing gaps between leave policies, cash benefits and related service provision in EU countries and consider if they can adapt their services or develop new services to fill these gaps. This could be a significant opportunity for service providers to expand their activities or innovate their offer of services.

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Introduction

There has been growing interest in issues like barriers and factors enabling the improvement of work-life balance, mainly due to prominent demographic, social and societal changes in Europe. In addition, both researchers and policy-makers are looking at how improvements in work-life balance can increase the participation in the labour market by family and informal carers, who are mainly women.

Although the issue of reconciling work, family and private life has been on the agenda of the European Union (EU) since 1974, within Europe there are still considerable variations in the nature and extent of supports that national governments have offered to dual-earner families with caring responsibilities (Crompton and Lyonette, 2007).

On a European level the implementation of work-life balance practices may vary depending on the welfare state system, family formation policies, legislation and the societal attitudes towards gender roles found in each country (Straub 2007, Riedmann, 2006). Europe has different welfare state models in which work-life balance support varies. The reason for this can be found in historical, political, economic, cultural, and other specificities of each country (Abendroth and Den Dulk, 2011; Den Dulk and Van Doorne-Huiskes, 2007; OECD, 2007).

In spite of more than 30 years of equal pay legislation, the gender pay gap has remained persistent across all Member States, regardless of the overall level of female employment, national welfare models or equality legislation (Vosko et al, 2010). One of the main drivers for the employment gap is the unequal distribution of caring responsibilities between women and men. This not only hinders gender equality, but is also the main reason for the persisting women's underrepresentation in the labour market and of their difficulties in career advancement.

The European Pillar of Social Rights (EPSR), which was signed by Heads of States and Governments in November 2017, contains a principle aimed at improving work-life balance of parents and people with caring responsibilities. In particular, principle 9 states: "Parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services. Women and men shall have equal access to special leaves of absence in order to fulfil their caring responsibilities and be encouraged to use them in a balanced way". One of the deliverables of the EPSR is the Commission's 'New Start' initiative aimed at addressing the work-life balance challenges faced by working parents and carers.

The initiative, launched on 26 April 2017, entails a mixture of legislative and non-legislative measures aimed at modernising the regulation of this area. The Work-Life Balance Package proposed will help working parents and carers by not obliging them to make a choice between their family lives and their professional careers. The Package proposed acknowledges that to adequately reconcile work with caring responsibilities different types of measures must be in place, ideally based on a mix between different types of care leaves, flexible working arrangements and access to affordable and quality social services.

The research is structured in 3 parts: 1) a **desk-top research**, through existing academic literature and data, on the correlation between social care and work-life balance, as well as the impact on female employment opportunities; 2) the illustrations of **promising practices** in several EU Member States (10 cases in 6 countries from different social welfare models in Europe) looking at how enabling social services help to improve work-life balance; 3) a **set of recommendations** to support an adequate legal frameworks and the improvement of social care services which enable work-life balance.

The research looks into studies and research on the crucial role of social services in improving work-life balance in Europe and assess promising practices of social service provision and their Work-Life Balance (WLB). The study aims to analyse the impact and provide an in-depth analysis of the environment which enables the development of such services. It also provides guidance and recommendations to policy-makers and social service providers.

PART I – Literature review

Aims and scope of the literature review

Although the research on work-life balance is voluminous, studies that investigate the impact of social services on work-life balance are limited. By contrast, many studies focus on leaves and flexible working arrangements.

This literature review aims to contribute to research and existing literature in the attempt of outlining and analysing the correlation between social service provision and their work-life balance impact, including the consequences on informal and family carers' employment - who are mainly women.

Therefore, this review will not cover all the dimensions and implications of work-life balance. Although this review is not meant to discuss the implications of work-life balance research for gender equity strategies, even though it will refer to important aspects which can be related, such as the contribution of work-life balance to gender equality, men's role in caring responsibilities, as well as work-life balance and its impact on women's poverty and social exclusion.

In addition, even if other aspects such as the working conditions of informal carers and of the care workforce, and the negative impact of fiscal consolidation measures on social services are briefly touched upon, they do not constitute the focus of this study.

The research questions guiding the review are the following:

- What is the impact of social services on family and informal carers' work-life balance?
- What is the impact on the employment situation of family and informal carers? What is the impact on female employment?

The literature surveyed is a mixture of academic literature and surveys, as well as studies and legislative and non-legislative measures from the European Commission, other European Institutions and agencies, and international organisations. Few sources from civil society have been considered too.

Starting from the definition of work-life balance and social services (I), the literature review is organised into sections dealing with different aspects: female employment and the sharing of care responsibilities between women and men in the EU (II); work-life balance as an essential dimension of quality of life (III); the contribution of social services in supporting work-life balance (IV); childcare (V); elderly and long-term care (VI).

Given the limited number of articles that analyse directly the correlation between work-life balance and social services support, this review has been conducted with the aim to capture the role of social services in determining work-life balance.

Work-Life Balance and social services: definitions

The term work-life balance is commonly used to describe policies, programmes and resources that strive to achieve a greater complementarity and balance between work and home responsibilities (Redmond, Valiulis and Drew, 2006; Fischer, 2001; Coffey and Tombari, 2005; McCarthy, Dory and Grady, 2010).

In the literature, there is no single understanding or use of the term work-life balance and there are different beliefs on how work-life balance should be defined, measured and researched (Grzywacz and Carlson, 2007).

Frequently, work-life balance refers to absence of conflict between productive and family sphere (Grzywacz and Carlson, 2007), as well as to the capability to manage and maintain balance between work and non-work activities and responsibilities (Hill et al., 2001; De Cieiri et al., 2002; Fedelstead et al., 2002; Dundas, 2008; Martinez, 2009; von Seth, 2013). Clark (2000) introduced the work-life balance definition in terms of satisfaction, a state that occurs when there is a sense of satisfaction with work and family roles (Greenhaus et al., 2003), the degree of satisfaction experienced between the work/professional and personal life (Joshi et al., 2002, Grady et al., 2008). Clark (Clark et al., 2004) considers also work-life balance as a satisfactory state of equilibrium, overall sense of harmony in life, where the measurable aspects of work-life balance are satisfaction, lack of role conflict and an overall sense of harmony.

Veiga (2010) introduced also the notion of work-life balance as maintaining a healthy and balanced life through the harmonisation of the relationship between work and other activities, such as housework, childcare, leisure, social activities, etc. Following a review of the literature, it can be concluded that “work-life balance consists in properly managing and balancing demands raising from productive and familiar areas, avoiding the detriment of work quality and helping to increase individual life satisfaction” (Osorio et al., 2014).

By using the concept of work-life balance, different and potentially more challenging issues about defining and establishing the conditions for balance and their link to psychological well-being are posed. In the English language balance is a complex word with a variety of meanings and the terminology of ‘balance’ related to the concept of work-life somewhat masks the difficulties and conflicts that are inherent to reconciliation (see, for example, Guest, 2002). Balance can be seen as ‘satisfaction and good functioning at work and at home with a minimum of role conflict’ (Clark, 2000).

In this research study, by “social services¹” is meant the second category of social services contained in the definition given by the European Commission in its Communication on social services of general interest of April 2006: “Other essential services provided directly to the person. These services that play a preventive and social cohesion role consist of customised assistance to facilitate social inclusion and safeguard fundamental rights. First of all, they comprise assistance for persons faced by personal challenges or crises (such as debt, unemployment, drug addiction or family breakdown). Secondly, they include activities to ensure that the persons concerned are able to completely reintegrate into society (rehabilitation, language training for immigrants) and, in particular, the labour market (occupational, training and reintegration). These services complement and support the role of families in caring for the youngest and oldest members of society in particular. Thirdly, these services include activities to integrate persons with long-term health or disability problems. Fourthly, they also include social housing, providing housing for disadvantaged citizens or socially less advantaged groups.”

¹ Based on different sources cited in this literature review, they have been considered studies both on “social services” and “care services”

In 2012, Social Platform, the largest network of European rights- and value-based civil society organisations working in the social sector, put forward a vision of care that encompasses policies and practices that simultaneously:

- ensure respect of the fundamental rights of care users, and promote social inclusion and quality of life for all
- ensure respect of the fundamental rights of caregivers and allow them to benefit from an adequate balance between care, work and private life, sharing care responsibilities in an equal way between women and men and among generations. Invest in quality care services to ensure the accessibility, affordability and availability of care services for all across Europe
- promote decent working conditions and quality employment for all care workers.²

Female employment and the sharing of care responsibilities between women and men in the EU

Although the economic crisis has given rise to significant challenges to the welfare state, long before that the demographic and social context started changing in Europe. The growth of ageing population, declining fertility and birth rates, changing family structures and assigned gender roles, with longer education spells, later childbirth and single parenthood, have created new tensions between work and family life and raised new demands for care for children and the frail elderly. Moreover, cuts to social services have a gendered impact, particularly on women's work-life balance, who are still bearing the largest share of responsibility for informal care. In this respect, promoting work-life balance measures is essential to increase women's participation in the labour market, in order to reach the target of an overall employment rate of 75 % set by the Europe 2020 strategy.

Currently, in the EU, the employment rate for men stands at 77.4%. Although the employment rate for women has reached an all-time high level of 65.5 % (with big variations across the EU) there is still a significant gap between men and women. This is despite the fact that women are increasingly better qualified and even out-performing men in terms of educational attainments: 43.9% of women (aged 30-34) had tertiary education or higher compared to 34,4% of men.³ As showed at the top of the figure (1) below, only 9 EU Member States⁴ had reached their national target in 2017.

² Social Platform, [Recommendations](#) for care that respects the rights of individuals, guarantees access to services and promotes social inclusion, 2012

³ All data are based on Eurostat 2017

http://ec.europa.eu/eurostat/statistics-explained/index.php/People_outside_the_labour_market

⁴ The 9 EU Member States are : Germany, Sweden, Lithuania, Estonia, Czech Republic, Ireland, Latvia, Croatia and Malta

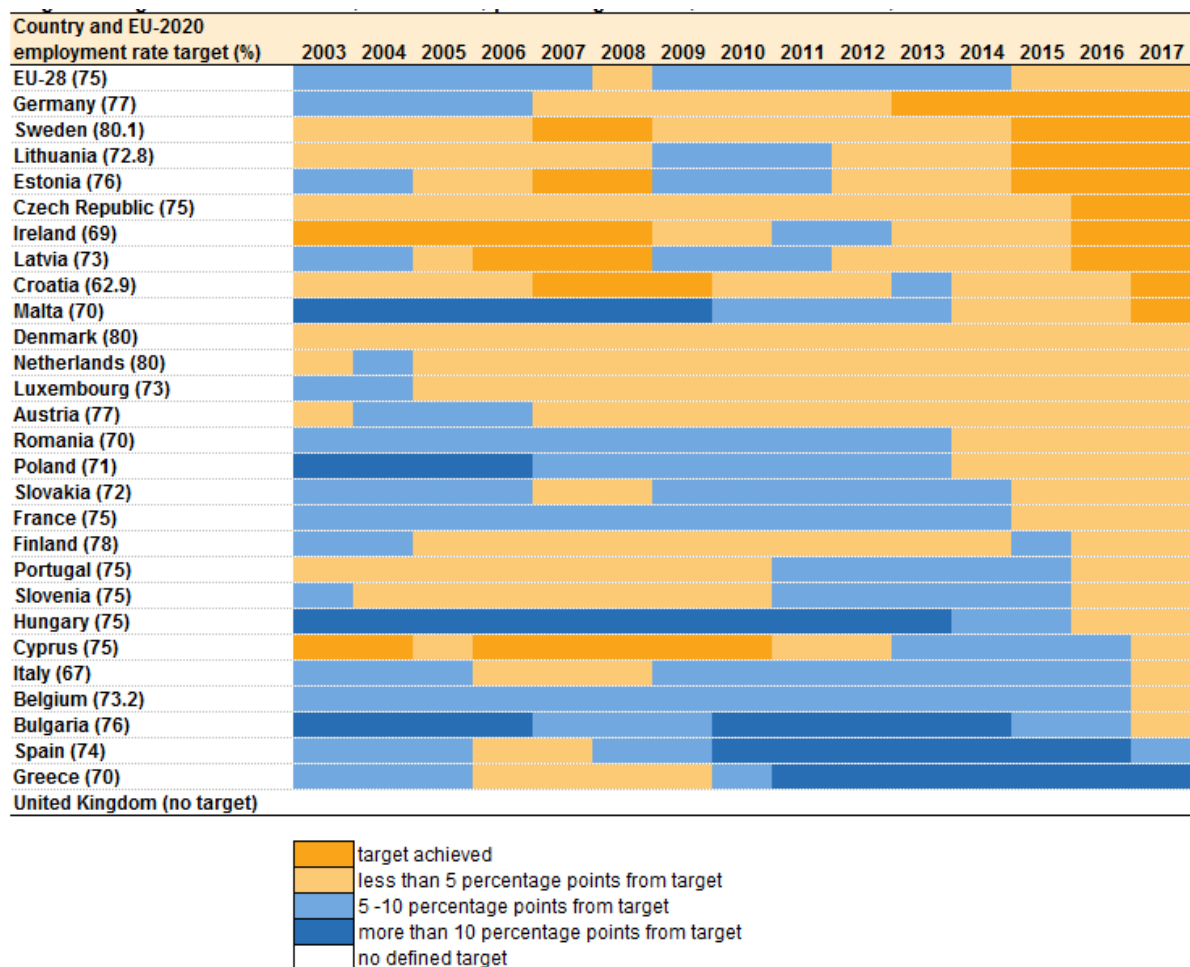


Figure 1. Heat map of annual average employment rates, national EU2020 employment rate targets and goal attainment level, 2003 – 2017. Source Eurostat.

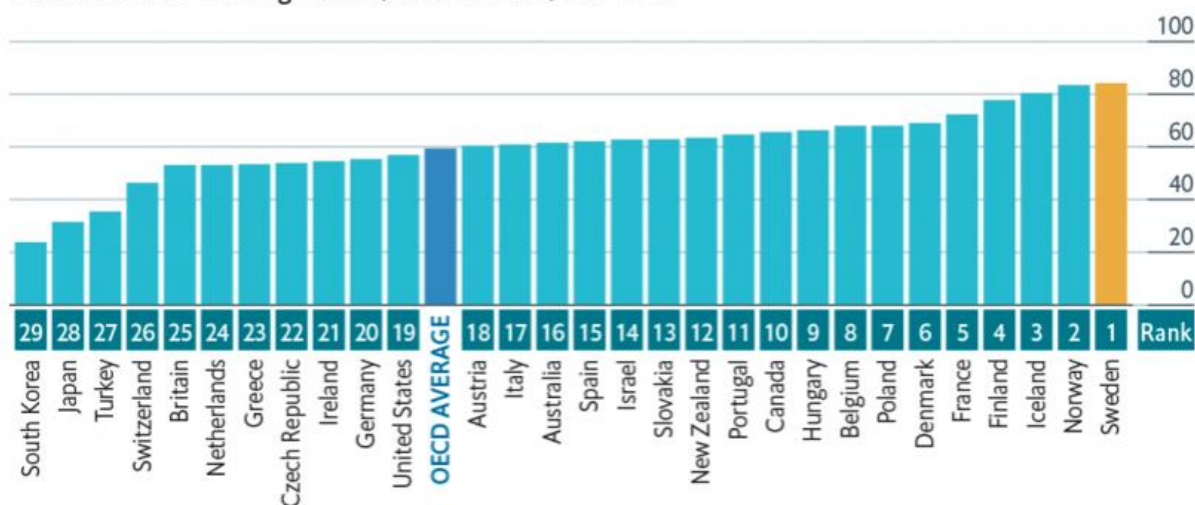
The unequal distribution of household chores and caring responsibilities, as well as differences in the availability and the high cost of childcare and other social services, workplace cultures, and may account for such variation in women’s employment rates (Eurostat, 2018). Indeed, women face challenges in the labour market, they tend to work fewer hours, lower-ranking positions than men or they are paid less performing the same jobs, resulting in considerable gender pay and pension gaps.

As glass-ceiling⁵ index (fig.2) shows, disparity between countries remains wide.

⁵ The glass ceiling is “an intangible barrier within a hierarchy that prevents women or minorities from obtaining upper-level positions.” Merriam Webster definition.

Glass-ceiling index

Environment for working women, 2017 or latest, 100=best



Sources: European Institute for Gender Equality; Eurostat; GMAC; ILO; Inter-Parliamentary Union; OECD; national sources; *The Economist*

Figure. 2 Glass ceiling index 2017 Women Age (25-64). Elaboration data⁶ by The Economist (2018).

In this graph, elaborated by The Economist in 2018, the index shows the best and worst countries to be a working woman. Each score is based on average performance in ten indicators: educational attainment, labour-market attachment, pay, child-care costs, maternity and paternity rights, business-school applications and representation in senior jobs (in managerial positions, on company boards and in parliament).

In 2018, Sweden ranks first, scoring well in female labour-force participation, which is over 80%, and the share of women in parliament (44%). Moreover, in Sweden, net child-care costs are 5.2% of the average wage while in the Organisation for Economic Co-operation and Development (OECD) countries, net child-care costs are 18.6% of the average wage as well as in Sweden, men get the equivalent of 10.9 weeks paid paternity leave and women get the equivalent of 34.7 weeks paid maternity leave. In the OECD, men get the equivalent of 4.6 weeks paid paternity leave and women get the equivalent of 32.5 weeks paid maternity leave⁷.

Even if there has been an increase in the share of women in the labour force, in almost every country in the world, men are more likely to participate in labour markets than women.

The female participation in labour markets tends to increase when the time-cost of unpaid care work is reduced, shared equally with men, and/or made more compatible with market work.

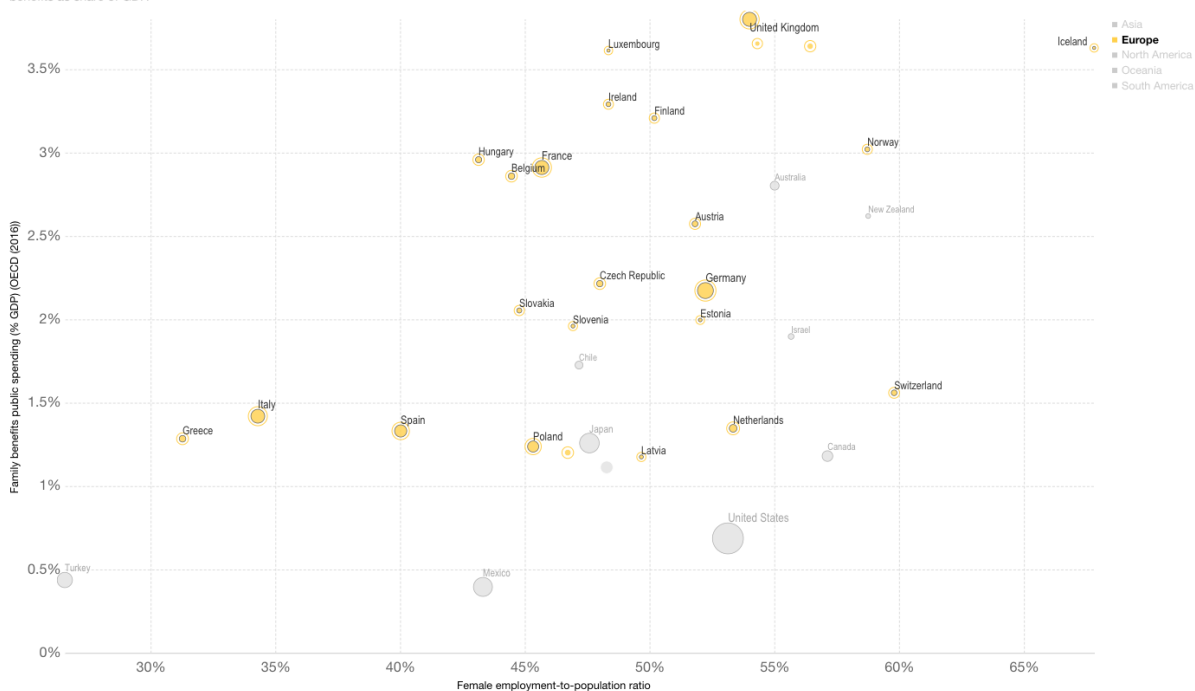
In fact, a cross-sectional analysis of data on public spending on family benefits (Figure 3) shows that female employment tends to be higher in countries with higher levels of public spending on family benefits (Ortiz-Ospina and Tzvetkova, 2017).

⁶ Data sources: European Institute for Gender Equality; Eurostat; MSCI ESG Research; GMAC; ILO; Inter-Parliamentary Union; OECD national sources; <https://www.economist.com/graphic-detail/2018/02/15/the-glass-ceiling-index>

⁷ Ibidem

Female employment vs Public spending on family benefits, OECD, 2015

The horizontal axis shows female employment-to-population ratios. This measures the proportion of a country's female population (15+) that is employed. The vertical axis shows public spending on family benefits as share of GDP.



Source: OECD (2016), World Bank – WDI

OurWorldInData.org/women-in-the-labor-force-determinants/ · CC BY-SA

▶ 2000

■ 2015

Figure 3. Female-employment-vs-public-spending-on-family-benefits. Source OECD, 2015

There are different factors affecting employee's use of work-life balance initiatives. For example, there are also difficulties in organisational cultures which encourage long working hours. The most noticeable source of pressure comes from colleagues. According to Drew and Murtagh (2005), in a study about senior managers in a large Irish Organisation, both men and women were of the view that their career progression would be adversely affected by availing of work-life balance programmes.

Another study conducted in New Zealand (Smith and Gardner, 2007) showed that employees who perceived greater damage to their career for using work-life balance initiatives experienced greater conflict between work and non-work and were not very committed to the organisation.

In this respect, 31.4 % of women (aged 20-64, in EU-28) worked on a part-time basis in 2016, a much higher percentage than the corresponding share for men (8.2 %). The part-time rate of women increases substantially when they have children, 39% of women who have children (less than 6 years old) work part-time compared to 22% of women who don't have children. On the opposite, the part-time work rate of men is not affected by having children or by the age of the children (nearly always below 10 %) (Eurostat, 2016). Part-time jobs are then often a way to tackle difficulties in balancing work and family responsibilities. The share of part-time work due to personal and family responsibility is 44 % for women, whereas for men it represents only 11%. This also reflects the cultural and social norms which expect that women have primary responsibility for domestic and caring/family-related activities (EIGE, 2014). In addition, other characteristics than gender can come into play and increase inequalities. For instance, in 2015, the employment rate of women with disabilities was only 47.4% employed and whilst the rate is increasing the gap is too – 25.7% gap in 2015 vs 23% in 2012.⁸

⁸ <https://ec.europa.eu/eurostat/documents/2995521/6181592/3-02122014-BP-EN.pdf/aefdf716-f420-448f-8cba-893e90e6b4600>

Although the number of inactive persons of the working age population (15-64) in the EU-28 reached a new low of 27.1 %, family responsibilities are still the main cause of inactivity of women aged 25-54 (Eurostat, 2016).

In the EU-28, almost half of the inactive women aged 25-54 were inactive for personal or family reasons (9.7 % out of the 20.5 % of inactive women), whereas only 0.6% of men give this as the main reason⁹ (Fig.3). If there was a child aged 6 or below, the number of inactive women was higher (28.6 %) compared to women without small children (17.7 %). For men, the opposite is true (4.1 %, compared to 9.9 % if no child of such age was present in the household).

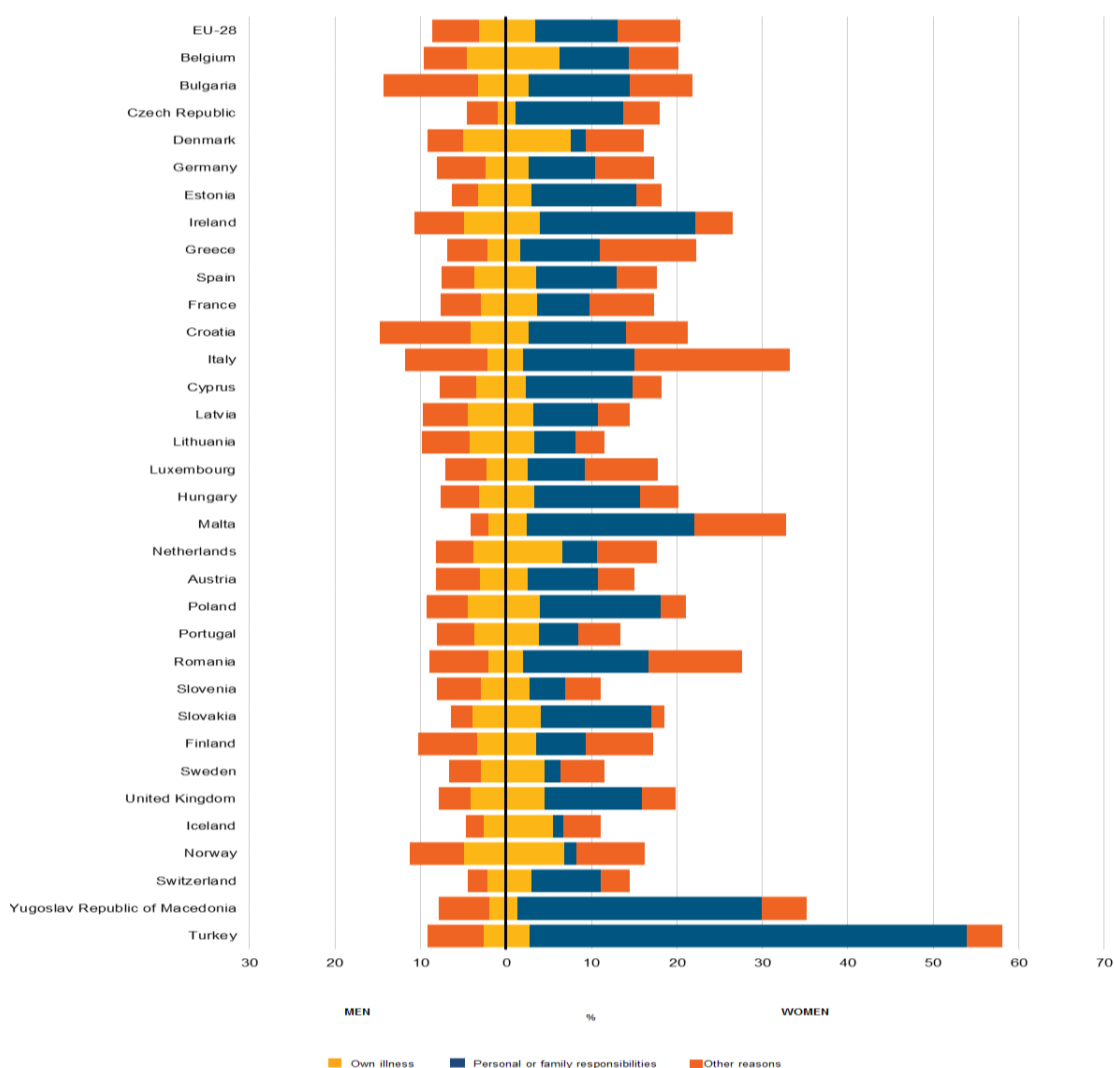


Figure 3. Inactivity rates of adult/prime age persons (25-54) by sex and main reason for not looking for a job in 2016. Source: Eurostat

Similarly, excluding reasons of retirement, own illness or disability, the low employment rate of older women (aged 55-64) may reflect the fact that women are more likely than men to assume personal and family responsibilities (7.3 % out of 48% of inactive women) for elderly or dependent family members with long-term care needs. Thus, they are far more likely to reduce their working hours or exit employment altogether. In the figure (4) below is possible to see, the pattern for women is not consistent across Member States and in some countries, personal or family responsibilities are the

⁹ The EU-LFS only collects the main reason although other reasons might exist.

main reasons given in this age group for female inactivity, while retirement is the prevailing reason in other countries.

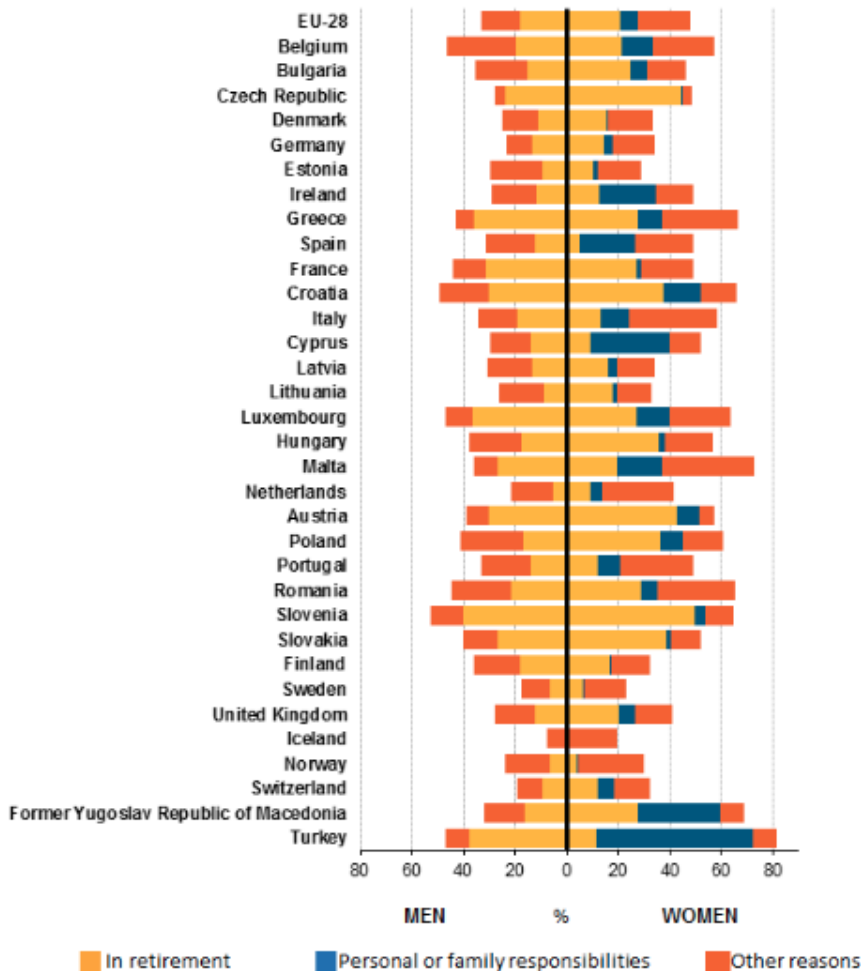


Figure 4. Inactivity rates of older persons (55-64) by sex and main reason for not looking for a job in 2016. Source: Eurostat.

Different studies showed that in 2012 older workers leave work before the standard retirement age (Illmarien, 2012, Eurofound, 2015). This is despite the fact that life expectancy today is higher, and work is less physically demanding, which one would expect should lead to higher, rather than lower retirement ages (Edge, 2017; Arpaia et al., 2009). As showed by Edge's review (2017), one of the social factors cited as barrier to extend working lives is to care for a grandchild (De Preter, 2013). Having other caring obligations was also found to be a barrier (Porcellato, 2010; Reeuwijk, 2013).

Based on European Quality of Life Survey (EQLS) 2016, 12% of people of working age are involved in the regular care of a persons with disabilities or infirm. However, most carers are also working: 73% of men and 58% of women caring for a disabled person are in employment. The proportion of people providing regular care varies considerably across countries. While this depends on the ability to access and afford formal care, it may also be related to the societal expectations of families to provide care for their own relatives.

When discussing work-life balance, it is important to also consider that the number of lone parents has increased across Europe and that they are especially vulnerable compared to the general EU population. Single parents now constitute about 19% of the households in the EU. Only 15% of single parents are fathers, and their socioeconomic condition is better than that of single mothers (Heine, 2016). Single parents are more likely to fall into poverty, almost half (48 %) of lone mothers and a third (32 %) of lone fathers are at risk of poverty or social exclusion (Ruggeri, K. and Bird, C. 2014).

For single mothers, the risk of falling into poverty is 30%, compared to 17% for couples with children. Due to possible difficulties in reconciling work and family life, they are more prone to entering more flexible, yet lower paid and less secure forms of work, such as involuntary part-time jobs and jobs with temporary contracts (Ruggeri, K. and Bird, C., 2014). Also, in this case, unpaid domestic and care work plays a significant role in one-parent families: 32 % of lone fathers and 44 % of lone mothers who work part-time (less than 30 hours per week) do not work more due to unpaid domestic and caring responsibilities (Maldonado, L. C. and Nieuwenhuis, R. 2015).

Single parents are overrepresented among the disadvantaged and there is doubt as to whether benefits in kind indeed alleviate their circumstances. Although evidence has shown considerable improvement of lone parents' employability through provision of in-kind child-care services, it remains obvious that transfers also have a poverty reduction effect. Paid parental leave is clearly positive, whereas family allowances have an employment suppressing effect (Davaki K., 2016).

The "motherhood penalty" (Correll, Bernard et al., 2007) is aggravated in the case of single mothers. A specific case is young single mothers (15-29), whose employment tends to be higher compared to single childless women in countries like Lithuania, Italy or Greece (the difference of approximately 20 percentage points), but significantly lower in Germany or the United Kingdom (12-13 percentage points in difference). Single mothers face a higher probability to be employed part-time, while childless single women to be employed full time. An interesting exception is the Netherlands, where single mothers work more full time than childless single women (Ruggeri and Bird, 2014).

Another aspect to be taken into consideration is the consequence of women's low and intermittent previous involvement with paid labour on their pensions. An important hypothesis is that gender pension gaps are to a large extent because many women drop out of the labour force in order to fulfil their family responsibilities. This may have reflected personal choice but may also have been imposed on them by insufficient (child) care facilities, inadequacies in maternity leave, etc. (Corsi, 2014).¹⁰

The fact that women are the predominant providers of childcare and care for other family members also hinders their business potential. This places constraints on their time, which would hinder them from running a business. According to a study on women's entrepreneurs, in the UK both business support and women entrepreneurs responded that women faced an either/or choice between their business or having a family and many successful women had decided against having children. None of the women entrepreneur respondents in the UK had children. By contrast, in Sweden the presence of affordable childcare was highlighted as a strong benefit that had helped women entrepreneur respondents to run their businesses. The same study shows that also investors or potential lenders may perceive that women's caring responsibilities could be a barrier to driving her business forward. Affordable childcare was highlighted as both a severe lack in the UK, Italy and Czech Republic, but praised as a strong benefit in Sweden (McCracken et al., 2015).

¹⁰ The author does not expand on what is meant by "inadequacies in maternity leave". Therefore, a broad interpretation could refer for example to the inadequacy of maternity leave in terms of duration and levels of pay, and the lack of maternity leave for women who are self-employed or have atypical contracts.

Several empirical works have documented a positive relationship between fertility and female self-employment (Connelly, 1992; MacPherson, 1988; Wellington, 2006).

Noseleit's work (2014), that has made use of twin birth and mixed-sex sibling preferences to construct instrumental variables, suggests that having more children causes females to choose self-employment more often. In 2014, the same author has conducted another study on the impact of childcare enrolment on women's selection into self-employment.

The results indicate that the role of childcare enrolment for self-employed is strongly gendered and does affect women's occupational choices but not that of men. This indicates that the relationship between childcare availability and female self-employment selection is more than a spurious correlation.

As Noseleit states "Availability of childcare reduces the need of many women to choose occupations that allow flexible combinations of household production and labour force participation (e.g. self-employment) and may therefore reduce the potential of gendered statistical discrimination due to gender differences in the motivation to start a business. As a consequence, childcare changes the overall composition of women entrepreneurs when inequalities in household and childcare responsibilities exist and conditional on the presence of small children in households".

Based on the recent EIGE data 73 % of Europeans¹¹ affirm that women spend more time than men on housework and caring activities. This is mostly visible in couples with the youngest child under 7, where women spend on average 32 hours per week on paid work but 39 hours on unpaid work, compared to men who do 41 hours paid and 19 hours of unpaid work per week. Both men and women increase their unpaid working hours when they have children, but the share of the housework and care is far from equal (EIGE, 2018).

The time spent on unpaid work such as household chores or shopping exposes huge gender gaps. In Europe Portuguese women spend the most time on these tasks at 5 hours and 28 minutes a day while Portuguese men spend an average of 1 hours and 36 minutes on unpaid work. Next are Italian women who spend 5 hours and 26 minutes a day on unpaid work while their menfolk spend around 2 hours. In Europe, the most helpful men are the Danes who spend 3 hours and 6 minutes a day helping out at home (OECD, 2018)¹².

A growing body of evidence is demonstrating that economies are more resilient, productive and inclusive when they reduce gender inequalities and actively support women's equal participation in all spheres of life (Ferrant et al., 2016)¹³.

In current discussions around women's economic empowerment, there is growing recognition of the constraints imposed by the unequal share of unpaid care and domestic work (UN HLP, 2016)¹⁴.

¹¹ For additional information : Special Eurobarometer 465 – Wave EB87.4 – TNS opinion & social Survey requested by the European Commission, Directorate-General for Justice and Consumers and co-ordinated by the Directorate-General for Communication , 2017

¹² <http://www.oecd.org/gender/balancing-paid-work-unpaid-work-and-leisure.htm>

The data is taken from national time-use surveys, based on nationally representative samples of between 4,000 and 20,000 people. The dataset is available at http://stats.oecd.org/Index.aspx?datasetcode=TIME_USE or you can download the excel file here.

¹³ FERRANT, G. and NOWACKA, K., Measuring the drivers of gender inequality and their impact on development: the role of discriminatory social institutions, *Gender & Development*, 23(2), 319–332 (2015)

¹⁴ UN HLP Leave No One Behind, A call to action for gender equality and women's economic empowerment, Report of the UN Secretary-General's High-Level Panel on Women's Economic Empowerment, New York: UNHLP. (2016)

From cooking and cleaning or taking care of children and the elderly, women carry out at least two and a half times more unpaid household and care work than men. As a result, they have less time to engage in paid labour, or work longer hours, combining paid and unpaid labour. Women's unpaid work subsidizes the cost of care that sustains families, supports economies and often fills in for the lack of social services. Yet, it is rarely recognised as "work" (ESC,2017)¹⁵.

Unpaid care and domestic work are valued to be 10 and 39 per cent of the Gross Domestic Product and can contribute more to the economy than the manufacturing, commerce or transportation sectors (ESC,2017).

The significance of unpaid care work for achieving gender equality and women's economic empowerment was recognised explicitly in the SDG Target 5.4.

Work-life balance as an essential dimension of quality of life

Research on work–life balance has identified a wide range of conditions with an influence on the work–life balance of employees. Poor work–life balance is associated with health problems for both men and women across Europe (Lunau et al., 2014).

Dundas' (2008) definition of work-life balance includes in detail different issues "... is about effectively managing the juggling act between paid work and all other activities that are important to people such as family, community activities, voluntary works, personal development and leisure and recreation". A number of reviews and meta-analyses have demonstrated that experiences of high work-life conflict are linked to lower job satisfaction and lower organisational commitment, as well as impaired physical and psychological health (Allen et al., 2000; Amstad et al., 2011; Beauregard and Henry, 2009).

Grzywacz and Butler (2007) show an association between work–life imbalance and stress responses, such as elevated blood pressure, heart rate and cortisol levels, as well as studies from single countries have shown that a poor work–life balance is associated with health problems (Amstad FT et al., 2011; Allen TD et al., 2000; Frone, 2000).

It has consistently been found that role conflicts, total workload and unpaid work have adverse effects on women's well-being and long-term health as well as on opportunities for professional careers (Sarah P et al, 2002). The reasons for this include their reproductive role, their prevalence among the older population but also their role as caregivers for dependants (children, older or disabled people).

Since women are more likely to perform repetitive tasks and have less opportunity to rest and recuperate off work, muscular disorders are more prevalent among women (Sarah P et al., 2002). Men on the other hand are considerably more likely to have an accident or to die at work since a higher proportion of them work in 'higher risk' sectors and occupations. Men are also more likely to work on a full-time basis. For example, a new study conducted in Finland (von Bonsdorff et al., 2016) shows that a poor work-life balance in midlife may have negative consequences years later. The study takes into account businessmen to determine the effects of midlife sleep deprivation and long working hours on physical functioning and overall health-related quality of life (HRQoL). The results indicated that although the effects of a poor work-life balance may not be felt immediately, the consequences extend into older age.

Based on Lunau's (2014) analysis, poor work–life balance is slightly more often reported by men than by women. In contrast, more women than men report poor mental well-being and fair or worse self-

¹⁵ Economic and Social Council (ESC), Women's economic empowerment in the changing world of work, UN, 2017

rated health. Moreover, there was also variation by welfare state regime as the best work–life balance was reported in Scandinavia and the worst in the Southern and Eastern European countries.

Conflicts and tensions between the demands at work and tasks at home have increased the risk of health problems (Abendroth et al., 2011, Allen et al., 2000, OEDC, 2001) and have had a negative impact on the opportunity to extend the working lives in Europe (Edge et al., 2017). Consistent with these conclusions, several studies from some countries have shown that a poor work–life balance is associated with health problems (Lunau et al., 2014, Amstade et al., 2011, Allen et al., 2000). Thus, work-life balance plays an important role in well-being, health, as well as in family and overall satisfaction (e.g. Sirgy, 2017, Kashyap, 2016, Haar, 2014).

In this respect, one of the dimensions examined by the EQLS in 2016 was to understand the responsibilities affecting work–life balance. In Europe, around 19% of people between 18 and 64 have difficulty in concentrating at work because of family responsibilities. The incidence of it occurring at least several times a month almost doubled for all age groups considered between 2007 and 2016. Younger and middle age groups experienced it most (20% for men under 50, 23% for women aged 18–34, 21% for women aged 35–49 and 17% for women aged 50–64). However, it also doubled for men aged 50–64 (from 8% in 2007 to 16% in 2016).

Comparison of work–life balance stress indicators between 2007 and 2016 shows that work–life balance has deteriorated for all age groups and, in particular, for young women and women in the mid-age category (35–49). The deterioration mostly took place after 2011 (EQLS, 2016). A study on the gender aspects of the effects of the economic downturn and financial crisis on welfare systems commissioned by the FEMM Committee shows that experiences of men and women regarding the effects of the crisis on public spending in the area of social protection systems at Member States and EU level is mixed. The authors argue that due to time lags in data collection, it is not possible to show a comprehensive picture of the impacts on gender equality of crisis response measures as these impacts are only now beginning to register. However, there are some indications that expenditure on key areas that women rely upon, including social protection and care services, are being cut in order for Member States to address their public spending deficits and maintain spending on automatic stabilisers (McCracken et al., 2013).

Being a carer and working at the same time does not automatically mean being at a disadvantage in terms of quality of life. The findings show that the social and economic situation of carers who combine work and care is better than that of carers not in employment. Carers who are not in employment have higher rates of poor health, have more difficulties in making ends meet, live in households with lower income, and tend to feel somewhat more often lonely and not valued by others for their efforts (EQLS, 2016). Overall, the findings suggest that, at least in strong welfare states, combining employment with providing personal care to a family member is not a major problem for people’s well-being (Hansen, 2015).

Maintaining a professional life is important for carers: work gives them access to vital social networks, gives them a role other than the care work and helps them to retain a perspective on their career and learning, so that they feel included in society. The research shows that carers who are in a position to combine work and care, have a better quality of life and higher self-esteem, as well as being able to maintain a career. It creates individual entitlements and contributes to the overall sustainability of social protection systems and boost the productive potential of their economies (Eurofound, 2015).

The contribution of social services in supporting work-life balance

Job demands may consist of long hours, shift work, frequent travels or high pressure. Examples of private-life demands are care responsibilities for older relatives and children. These demands are not

necessarily negative when adequate resources exist to meet them (Abendroth and Dulk, 2011; Moen and Chermack, 2005; Schaufeli and Bakker, 2004).

EU reports highlight that in almost all countries the lack of high quality and affordable care services for children, persons with disabilities and older people, form a major barrier to reconciliation. Frequently, care services are inadequate and expensive (EIGE, 2015).

A study on the gender aspects of fiscal consolidation measures in times of economic crisis highlighted that a key risk to women during times of austerity is that investment will not be made in care services and that such services may be cut. In this case, women's position in the labour market would not improve and dependency either on low level benefits or husbands' income may be exacerbated (McCracken et al., 2013).

McCracken's study (2013) also concludes that evidence from the case studies developed suggests that women will not be able to participate fully in the labour market even in the presence of labour activation policies which could potentially improve women's employment situation, unless there is sufficient childcare and support for other caring responsibilities.

As previously showed, women are the ones more likely to reduce work or drop out from the labour market due to caring responsibilities. It is worth considering that it is estimated that the economic loss due to the gender employment gap amounts to €370 billion per year (Eurofound, 2016).

Based on recent Sirgy's integrative review (2018) on work-life balance, research has shown that work-life balance is influenced by various organizational support programs. Examples of organizational support programs include flexible work arrangements, part-time work, child-care assistance, parenting resources, eldercare resources, health programs, family leaves' policy, other services, and social support at work. Specifically, assistance with childcare and elderly care resources (e.g., Allen, 2001; Beauregard and Henry, 2009; Dikkers et al., 2001) is associated with lower levels of role conflict and higher levels of engagement in work and non-work domains.

Beauregard and Henry (2009) stated that numerous organizations are paying significant attention to providing work-life balance practices to facilitate their employees. By the means of work-life balance measures, they are attracting workers willing to work for them and are enhancing their employees' performance. In this respect, work-life integration is beneficial to both employees and organizations. These benefits include protecting health in an individual sense; furthermore, from an organizational point of view, it is expected that productivity increases. In organizations that do not support work-life balance practices, the productivity of employees decreases (Tugsal, 2017).

Childcare

This section of the literature review refers to childcare services which are crucial to improve work-life balance of working parents, in particular women, as stressed in the Communication accompanying the proposal for a Directive on work-life balance for parents and carers.

The European Pillar of Social Rights (EPSR) devotes principle 11 to childcare and support to children. It states:

"a. Children have the right to affordable early childhood education and care of good quality.

b. Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities."

Based on EQLS 2016, 77% people are caring for and/or educating their children (under 18) every day. This represents 88% of mothers and 64% of fathers and, among those caring for children, men estimate they are involved, on average, 21 hours a week compared with 39 hours for women.

Childcare services are a crucial element for work-life balance of working parents and have been shown to strongly influence the participation of women in the labour market. In order to better understand the potential link between formal childcare usage and the employment rates, a short statistical report of the European Commission¹⁶ (Figure 5) illustrates the correlation between employment rates of mothers aged 25–49 and full-time (30+ hours) formal childcare arrangements in the same chart. While many countries conform to the expectation that low full-time usage would be associated with low employment rates (e.g. the Netherlands, Czech Republic, Slovakia and Hungary) and high fulltime usage is associated with high employment rates (e.g. Denmark, Slovenia, Portugal and Sweden), some other countries suggest an absence of a correlation, where full-time usage was low, but the employment rate was high. What is clear is that none of the countries has a low employment rate coupled with a high full-time childcare coverage rate.

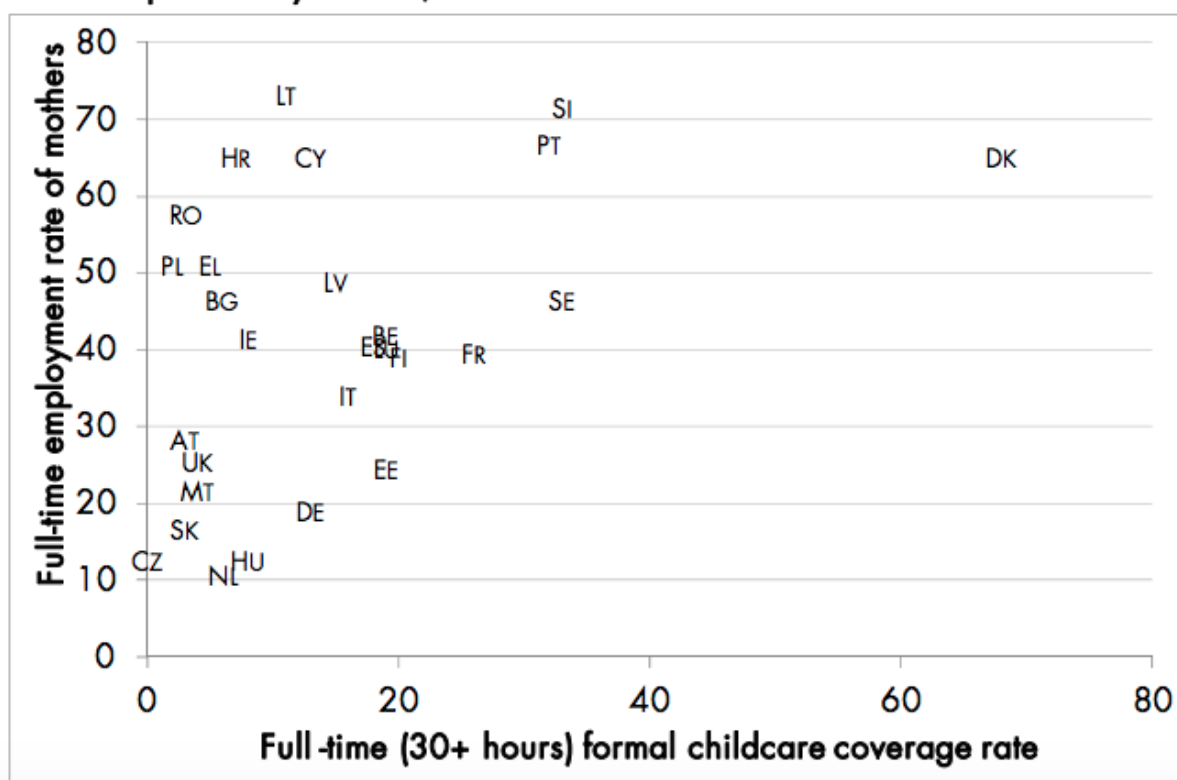


Figure 5: Full-time employment rate of mothers and full-time formal childcare arrangements for children up to three years old, 2010. SOURCE: EU-LFS data 2010 and EU-SILC data 2010¹⁷.

¹⁶ Rand Europe, Use of childcare in the EU Member States and progress towards the Barcelona targets Short Statistical Report No. 1, 2014. Prepared for the European Commission Directorate General- Justice and Fundamental Rights. https://www.rand.org/content/dam/rand/pubs/research_reports/RR100/RR185/RAND_RR185.pdf

¹⁷ A number of data points are computed based on small samples and are not considered statistically reliable. These include: AT, BG, CY, CZ, EL, IE, LT, NL, PL, RO, SK, UK, HR, EE, and MT. The four countries which overlapped with each other (with a full-time childcare coverage rate of 18–20 per cent and employment of 38–42 per cent) were ES, BE, LU and FI.

Across Europe there is considerable variation of family practices, including arrangements for provision of childcare, which are not only shaped by individual preferences, but also by economic and demographic characteristics, public and social policies, services and also broader cultural environments (Jappens, M. And Van Bavel, J. 2012). A recent article comparing the situation of unpaid care work in Italy and Spain suggested that in Italy, where women's employment is lower, the general attitude is that work for mothers is detrimental to child development. In Spain, by contrast, the new ideal of "fatherhood", involves assigning care for the child not only to the mother, but also to the father. Over 80% of Spaniards agree with the capacity of fathers to look after children and most Spaniards do not agree that mother's work is harmful for the children (Nandini, M. and Jurado, T. 2013). Another study highlights that the cultural determinants played a role in the use of grandparental child care in Europe. The cultural determinants were not emanating from women's attitudes towards family and gender roles, but rather from the prevalent norms and practices of the region, with more conservative regions more inclined towards using grandparents as the main source of childcare (Jappens, M. And Van Bavel, J. 2012).

The European Council in 2002 set the 'Barcelona targets': 'Member States should strive (...) to provide childcare by 2010 to at least 90 % of children between 3 years old and the mandatory school age and at least 33 % of children under 3 years of age.'

On 2018, the Barcelona targets have been generally reached for children under the age of 3 for the EU-28, as 32.9 % of the children under the age of 3 participate in childcare¹⁸. However, the overall average hides important differences between Member States. While considerable progress has been made in countries like Malta, Romania, Estonia, Italy, Germany and Ireland, the rate of childcare in some of the forefront influences the overall result very much for the EU. Indeed, 4 Member States exceed 50%: Denmark, the Netherlands, Sweden and Luxembourg. On the other end of the scale, are the very low rates of less than 10 % in Greece, Poland, Czech Republic and Slovakia.

Some weaknesses have been identified in how the targets have been formulated, which masks the quality aspect of care. Childcare quality is not only essential in terms of child development, but also an important incentive for parents to use childcare facilities. Another essential dimension which is not captured by the targets is affordability. In some countries, childcare might be available only to highly paid individuals. As a result, the use of childcare (and the employment of parents) may be strongly stratified.

For instance, a research has demonstrated that access to formal childcare of children under the age of three is socially stratified in the sense that parents with a higher socio - economic level make far more use of formal care services than lower income households. Naturally, these findings should be interpreted in relationship with the labour market participation of the mothers in the different social groups. For instance, this is certainly the case in Belgium, where mothers living in low income households are more likely to be inactive than mothers in higher income brackets and this pattern is reflected in the social distribution of formal care use (Ghysels and Van Lancker, 2011).

Finally, the issue of the demand for childcare is not embedded in the Barcelona targets. Even though it might be argued that the alternative strategies of childcare are influenced by the cultural context of a given society, the empirical research shows that such strategies are often used because of lack of formal childcare (Szelewa D., 2014).

For parents, in particular mothers, in many European countries with low investment in formal childcare services, the only possible way to enter the labour market is to have grandparents' help with

¹⁸ Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, "Barcelona objectives" on the development of childcare facilities for young children with a view to increase female labour participation, strike a work-life balance for working parents and bring about sustainable and inclusive growth in Europe, 2018

childcare (Herlofson and Hagestad, 2012). Where welfare payments to parents and mothers at home are limited and where there is little formal childcare and few opportunities for mothers to work part-time, grandparents provide a great deal of intensive childcare for their grandchildren. In these countries, mothers who do work often do so for 40 plus hours a week, and since there is little affordable formal childcare, there is greater reliance on intensive care by grandmothers (Glaser et al, 2013).

This is problematic since additional research has shown that children from lower socioeconomic strata are actually the ones most likely to get most of added value from formal childcare (Almond and Currie, 2011; Datta Gupta and Simonsen, 2010; Havnes and Mogstad, 2011). In addition to lack of available places, formal childcare services can only help parents enter and stay in employment if they are affordable. However, the price of these services is considered an obstacle for 53 % of mothers who do not work or work part-time on account of childcare responsibilities (EU-27)¹⁹.

High childcare costs can be a further disincentive to start or return to work for a second earner in a dual earning couple. This is particularly the case in the United Kingdom and Ireland, where the childcare related costs represent more than 23% of net family income. The situation is even worse for low-income families²⁰.

Research conducted in five different countries (Denmark, the US, Italy, Australia and France) on leisure equality (boundaries between care and leisure) shows that Denmark scores best due to its woman-friendly childcare policies and an equal division of care work. Both genders have more and better-quality leisure and more child-free leisure time. American and Australian mothers spend most of their leisure time with their children, whereas French and Italian mothers less. This difference can be explained by the lower level of childcare services' provision available to parents in liberal welfare regimes and popular views about parenting in these countries (Davaki K., 2016).

Another interesting finding is that availability of childcare services contributes to fathers' take-up of parental leave (Castro-Garcia, C. and Pazos-Moran, M. 2015).

Affordable and good-quality childcare services are an important precondition for improving the reconciliation of professional, family and personal life, encouraging women's participation in the labour market and promoting gender equality. Full-time employment should be facilitated, which necessitates more support towards higher quality and less costly childcare services, not least for lone parents who are more vulnerable (Davaki, 2016). OECD countries with the highest public spending as a share of Growth Domestic Product (GDP) on childcare and education services for children under the age of five have been found to have higher employment rates among mothers with young children (Aguirre et al., 2012).

Elderly and long-term care

Besides to childcare, long-term care is the second type of service which is crucial to ensure work-life balance of family and informal carers, as highlighted in the Communication from the Commission, accompanying the proposal for a Directive on work-life balance for parents and carers²¹.

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

¹⁹ Ibidem 4

²⁰ European Semester Thematic Factsheet "Labour force participation of women", 2016

²¹ An initiative to support work-life balance for working Parents and carers. COM(2017) 252 final

The old-age dependency ratio is projected to increase by 23.0 percentage points from 29.3 % in 2016 to 52.3 % by 2080. As such, while there were more than three persons of working-age for every elderly person in 2016, by 2080 this ratio is expected to be less than 2: 1 (Eurostat, 2017).

Altogether 12% of people of working age are involved in the regular care of a person with disabilities or an older person with care needs. However, the proportion of people providing regular care varies considerably across countries. While this depends on the ability to access and afford formal care, it may also be related to the societal expectations of families to provide care for their own relatives (EQLS, 2016). The ways in which Member States provide long-term care vary greatly. Commonalities include the centrality of family as an institution and main provider of unpaid care, the increasing need for provision of formal care and services, the overrepresentation of women among the carers and the fact that a big part of this type of work is undeclared (Davaki, 2016).

There is still a huge difference between the Nordic countries, in which caring for an older family member is not a legal or social norm, and some Southern countries, where it is the case especially for women (e.g. Cyprus, Malta, Turkey).

Experts note that women are less prone than in the past to withdraw from their job for family/care reasons (e.g. France, Malta, Portugal). Furthermore, within the working life cycle, one age group is particularly sensitive to these obligations: people 45-65 years old, sometimes called the 'sandwich generation'²². An econometric study in Cyprus concludes that there is a strong negative impact on female employment, except (perhaps paradoxically) for those caring for very old people, where the effect seems statistically insignificant. Several experts also consider the employment rate of these women as an indirect indicator or a proxy variable of the general changes in LTC policies (DK, LU). (ESPN, 2016).

Pickard (2015) show that the supply of intense unpaid care to older persons with disabilities by their adult children in England is unlikely to keep pace with demand in future years. In England, the projected number of carers will be far lower than what is needed, showing a significant "care gap" is expected, starting between 2012 and 2017 and growing rapidly to 160,000 carers by 2032.

In general, the principal consequence of an increase in care responsibilities is to reduce work hours permanently or drop out of the workforce entirely, leading to a phenomenon known as the 'caregiver penalty'²³. Both academic and public policy research agree that women, especially those in low-skilled and low-status jobs, as well as low-income workers and ethnic minorities, are most likely to reduce their hours or leave the workforce (e.g. Austen and Ong, 2014; Feinberg and Choula, 2012). Absenteeism also increases as a result. This is an interesting variable to assess as employees with children tend to miss work more than those caring for elders, even though managers perceive eldercare to be relatively more disruptive (Katz et al., 2011).

Some authors stress that high levels of labour market participation are not necessarily incompatible with high levels of family support (Tavora, 2012). Investment in social infrastructure (for provision of childcare, elderly care and other community-based services) is necessary and can also have beneficial economic effects, with the effect of also generating (female) jobs that are stable over time (Davaki, 2016; Perrons, 2015; Corsi M., 2014; ILO, 2012).

²² Sandwich generation refers originally to younger women in their thirties and forties who were taking care of their children, but also having to meet the needs of their parents, employers, friends, and others. Miller, D. (1981). "The 'Sandwich' Generation: Adult Children of the Aging." *Social Work* 26:419–423

²³ This refers to the long-term financial impact of lost earnings, employment-related benefits and pension contributions (Feinberg and Choula, 2012).

Conclusions

The purpose of this review was to understand how social services and quality care services such as childcare and long-term care are acknowledged as key resources for family and informal carers to reduce caring pressures on them and increase their participation in the labour market.

Based on this literature review, quality care services such as childcare and long-term care are acknowledged as key resources for family and informal carers with dependent family members, such as children, older relatives, family members with disabilities or those with illnesses. They represent an essential measure to reduce caring pressures on them and increase their participation in the labour market.

Family or personal responsibilities are one of the main reasons that may also be related to reduce women's working time or interrupt their careers. Although care activities can be understood as a choice, they can also act as a constraint particularly where childcare is too expensive, of insufficient quality, not suitable or not available.

Improving women's access to the labour market is a means to promote economic empowerment and reduce gender inequalities. Policies that do not reconcile work and family responsibilities could lead to lower female labour force participation rates, higher levels of sectoral and occupational segregation, and higher uptake of involuntary part-time work for women, as well as wage and income disparities (ILO, 2017).

EU studies on the relationship and employment of informal carers are rare and data is highly limited, making this a 'hidden challenge' (ETUC, 2014).

In conclusion, this work has revealed that, even if there are many determinants involved in work-life balance, social services contribute significantly to work-life balance, especially for women.

Future research should dedicate more attention to the findings based directly on the impact of social services on work-life balance.

PART II – Analysis of promising practices of social and social care services

The second objective of this study is to illustrate ten promising practices of social care services and other types of social services that contribute to improving work-life balance. It might be worth reminding the two main research questions that drive this study, as described in the first chapter:

- ***how do social services, including care services, contribute to improving work-life balance,***
- ***and how do they contribute to increasing women's participation in the labour market.***

The main target groups of the study are listed according to level of priority:

- family and informal carers of persons with support needs
- families of persons with support needs
- users themselves.

As mentioned in the first chapter, the work-life balance of the staff working in the services analysed has not been the main focus of this study. There is, however, one exception: the practice analysed from *magdas* Social Business in Austria is aimed at improving the work-life balance of the personnel working in cleaning services.

Criteria used while choosing the practices have been the following:

- From at least 5 Member States representing a variety of different social welfare models in Europe,
- Covering different types of services that address a broad range of persons with support needs,
- Provided by preference by national members of members of Social Services Europe,
- Embedding aspects that have a positive impact on the work-life balance of family and informal carers, users and their families,
- Preference given to services provided by non-profit service providers (NFP) and social economy enterprises (SEE).²⁴

Ten case studies have been identified from six countries: two from Finland, two from Austria, two from Italy, one from Spain, one from Ireland and two from Poland.

The table below sums up in a matrix the 10 cases analysed, highlighting: country, name of provider, the service delivered and the type of service user. In particular, the users have been categorised in the following segments: Elderly, Children, Person with disabilities (PwD)²⁵ and Other (to include different groups of people with limited access to the labour market).

²⁴ This study uses the definition of social economy enterprise set out by the Social Business Initiative.

²⁵ "Persons with disabilities" (PwD) by the UN Convention on the Rights of Persons with Disabilities (CRPD)

| | Country | Provider | Service | Elderly | Children | PwD | Other |
|----|---------|--|--|---------|----------|-----|-------|
| 1 | FINLAND | Kehitysvammaisten Palvelusäätiö (KVPS) | Temporary care at home for children with severe disabilities | | x | x | |
| 2 | FINLAND | Red Cross Finland | Support for family care givers | x | x | x | |
| 3 | AUSTRIA | magdas Social Business | Work integration in cleaning services | | | | x |
| 4 | AUSTRIA | Lebenshilfe Salzburg | Early Childhood Intervention & Family Counselling | | x | x | |
| 5 | IRELAND | Age Action | Care and Repair – programme in partnership with a for profit company | x | | | |
| 6 | ITALY | Diaconia Valdese | Rifugio Re Carlo Alberto (Alzheimer day centre) | x | | x | |
| 7 | ITALY | PianoC | Cobaby – Co-working space for women freelancers with children | | x | | x |
| 8 | SPAIN | Movimiento por la paz - MPDL | Information point for women | | | | x |
| 9 | POLAND | Imago foundation | Respite care for carers of persons with disabilities (ESF transnational project) | | | x | x |
| 10 | POLAND | 50+ cooperative | Care services addressed to persons with disabilities | | | x | |

Six case studies have been chosen among those provided by the national members of European members of Social Services Europe:

- Kehitysvammaisten Palvelusäätiö (KVPS), Finnish member of the European Association of Service Providers for persons with disabilities (EASPD)
- Finnish Red Cross, member of the Red Cross EU Office
- *magdas* Social Business, set up by Caritas Vienna, linked with Caritas Europa
- Lebenshilfe Salzburg, Austrian member of EASPD

- Diaconia Valdese, Italian member of Eurodiaconia
- Movimiento por la paz, Spanish member of SOLIDAR.

Two additional case studies have been found through the network of DIESIS: 50+ cooperative in Poland is linked with FISE, member of DIESIS, and PIANO C, an association and limited liability company in Italy. The remaining two cases have been identified through desk research and contacts with Age Platform Europe (Age Action in Ireland) and with the ESF Transnational Platform (the Polish ESF transnational project “Respite care for carers of persons with disabilities”). It has been decided to include the last practice, even if it is being experimented in the frame of a project funded by the European Social Fund (ESF). This is a pioneer project on the development, testing and evaluation of short break services for carers for persons with disabilities, which do not exist in Poland. This practice testifies the added value and potential of EU funding and transnational exchanges in promoting transfer of knowledge and learning across Member States.

It is important to highlight that the practices analysed might reflect some limitations due to the limitation of time and the need to analyse not more than 10 cases. From the practices analysed and considering the political, economic, social and cultural situation of the countries which have been the object of this study, it is however possible to draw some key findings and learn some lessons, although not exhaustive.

The services analysed are in fact embedded in the national culture and context. Some of their features (type of provider, funding, and type of service) reflect the very specific situation of a country. The national legal and financial frameworks, as well as the social, economic and cultural situation, are very often at the origin of the specific needs that have led to the creation of a service. Therefore, one service might not fit with the situation of another country, while other services could be transferred from one country to another.

Choice of Member States

The choice of Member States has been made to reflect the five social welfare models existing in Europe, taking into account also the location of members of members of Social Services Europe providing promising practices:

- Nordic / Scandinavian model: Finland
- Bismarck / continental model: Austria
- Anglo-Saxon model: Ireland
- Mediterranean / Southern model: Italy and Spain
- Central and Eastern European model: Poland.

In table 2, the specific features of the five social welfare models in Europe are summarised.

| | Nordic/ Scandinavian | Anglo-Saxon | Continental/ Bismarck | Mediterranean/ Southern | Central/Eastern European |
|--|--|--|---|--|--|
| Expenses on social support | High | High, the taxpayers ask the decrease in taxation burden | High | High | Low – Baltic states Moderate – Bulgaria, Romania, Slovakia High –Czech Republic, Poland, Slovakia, Hungary, Slovenia |
| Employment | High, stimulated by the government | High | High, the part-time employment is widely spread | Low, the majority of women do not work | Low |
| Principle source of financing | Government and local authorities; taxation re-distributing | Government for unemployed taxes re-distribution), while the social insurance for employed people | Market; the social insurance | Market; local authorities; family support; self-support. | Government; taxation re-distributing; family support; self-support |
| Level of poverty | Low | Moderate | Moderate | High | High |
| Re-distribution | High | High | Moderate | Low | High |
| Private provision of social support | Yes | Yes | Yes | Yes | Yes |

Figure 2 shows a detailed overview on the characteristics of the five Social Welfare Models
Source: SensAge project (Popova & Kozhevnikova, 2013, S. 567 ; Beblavý, 2008, S. 17)

Choice of practices and target groups

Practices have been chosen in a way to ensure also a balance between the different types of services, as well as the users in need of support. It is interesting to remark that among the targeted service providers, it has been easier to find examples of services contributing to improving work-life balance among those addressing children or persons with disabilities, and older people. It has been more difficult to identify similar practices among services that aim at work integration of people in

vulnerable situation and at social inclusion, including of migrants. This seems to be confirmed also when looking at the quality of questionnaires received from the staff working in the different services: it seems that personnel of services for persons with disabilities and children have a better understanding of the facets of the concept of work-life balance and are more aware of how the service in which they work can contribute to it. By contrast, staff working in social inclusion services, work-integration of people facing difficulties in accessing the labour market and migrants' integration face more difficulties. This might be due to the fact that work-life balance and quality of life are not the first priority when dealing with users with complex and very complex social needs.

Methodology

The development of case studies has been based on a questionnaire addressed to key actors involved in the planning and/or delivery of the service in question. Choice has been given to addressees whether to fill the questionnaire in written or during an interview. Most of addressees chose to fill the questionnaire in written. In some cases, contact by phone has been necessary to explain the scope and the aim of the research in order to convince the addressees that their practice could have been relevant for the study. Being the research based on the SSE's need to investigate how the implementation of the EU legislation on work-life balance may be supported at national level by the existing social services' providers, sometimes the authors had the feeling that the organisations could not see the relevance of this topic when faced with the daily challenges of their work in a service.

Furthermore, the authors had the feeling that in some cases the staff of the services approached found difficult to fill the questionnaire in, since they did not have a clear understanding of the links between the service in which they work and the broader issue of work-life balance, both for users and family carers.

In the questionnaire a question on the policy context in which the service operates was contained, even if left optional. As only 6 questionnaires out of 10 responded to this question, for the description of the overall legal, regulatory, financial and political context, it was decided to use other sources that could allow for a comparative analysis: Eurostat, the country reports of the European Platform for Investing in Children (EPIC)²⁶, the database of the Mutual Information System on social protection (MISSOC)²⁷, Eurofound, a study on social services of general interest commissioned by the European Commission²⁸, the Global Gender Gap Report 2017 from the World Economic Forum, the country notes of the International Review of Leave Policies and Research 2017 of the Leave network, as well as national sources.

The description of the national contexts gives an overview of the following factors:

- Socio-economic situation: employment, female employment, part-time employment, child poverty, Barcelona targets, perceived quality of long-term care (LTC) and early childhood education and childcare (ECEC) services, gender equality gap,
- Organisation and funding of long-term care and early childhood education and care services
- Leave policy (maternity, paternity, parental, and carers' leaves),
- Working time and flexible working arrangements,

²⁶ View the [website](#) of the European Platform for Investing in Children

²⁷ [Database](#) of the Mutual Information System on social protection (MISSOC)

²⁸ Bernard Brunhes International (2011), Study on social services of general interest, study carried out on behalf of the European Commission

- Recent policy reforms.

Analysis of the organisation and funding of services is limited to LTC and ECEC for two reasons: most of the practices analysed can be classified as being part of these types of services; it is very difficult to find studies that provide a comparative analysis of different types of social care services and social services across Europe. The most recent one that was used for this task is the study on social services of general interest commissioned by DG Employment and released in 2011.²⁹

It is important to analyse the case studies with reference to the overall environment in which they operate: the legal, regulatory and financial frameworks governing service provision, cash benefits, leaves and flexible working arrangements. For this reason, the authors have chosen to use the SWOT analysis methodology. Not only it allows to highlight the strengths and weaknesses inherent to the service, but also how the service is embedded within the overall legal, financial, political and cultural context (these are external conditions, expressed in terms of opportunities and threats).

The use of the SWOT analysis methodology has the advantage of pointing out in an easy way whether a service contributes to complement inadequacies in public provision or in leave arrangements, or if it triggers a change in the common mindsets of women and men towards sharing of care responsibilities.

National contexts and Case studies

The practices analysed are preceded by a description of the socio-economic context and overall environments in which the services operate (legal frameworks governing services, types of leaves, cash benefits, working-time and flexible working arrangements, funding of services, and recent policy reforms). Data and information are presented where possible in a comparative analysis at EU level and complemented with specific national sources, where relevant.

FINLAND

Socio-economic situation

In Finland, female employment is amongst the highest in the EU. This is due to well-developed family policies that foresee adequate income support and access to public care services for families. In 2017, the total employment rate for people aged 15-64 was 71.4% for men (in the EU 73% for men) and 68.5% for women (in the EU 28 it was 62.5% for women). In the same year, 18.6% of women aged 20-64 who were employed worked on a part-time basis, a much higher proportion than the corresponding share for men (8.7 %). However, part-time work is less common in Finland than in the EU.³⁰

Notwithstanding these positive figures, the employment rate of mothers with children under 6 years old is slightly below the EU average (61.4%) – in 2016 it was 60.1%. By contrast, fathers of children under 6 years old have a higher employment rate than men overall, reaching 89% in 2016, also slightly above the corresponding EU average (88.2%) (source: EPIC, [Country profile Finland](#)).

At 14.9% in 2015, Finland records the second lowest rate of children aged 0–17 years old at risk of poverty or social exclusion in the EU (source: EPIC). Finland has also a good track record in gender equality. The Global Gender Gap Report 2017 of the World Economic Forum ranks Finland as third in

²⁹ Bernard Brunhes International, *Ibid*.

³⁰ All data are based on Eurostat 2017 https://ec.europa.eu/eurostat/statistics-explained/index.php/Employment_statistics#Employment_rates_by_sex.2C_age_and_educational_attainment_level

the world out of 144 countries. In a scale between 1 – best rank in gender equality - and 144 – worst rank -, the rank is the following: economic participation and opportunity 16, educational attainment 1, and political empowerment 5.³¹

Organisation and funding of long-term care and early childhood education and care services

Responsibility for developing legislation and regulations for social services is at national level: The Ministry of Social Affairs and Health, for both long-term care (LTC) and early childhood education and care (ECEC) services. By contrast, responsibility for organisation and delivery of service provision rests with municipalities. ECEC services can be provided directly by the municipalities or outsourced to private providers through a public procurement procedure. The permission to set up a private centre is granted by the municipality with the obligation to comply with the national legislation. In addition, municipalities can define the selection criteria. Evaluation of ECEC is done at the regional level by 6 Regional State Administrative Agencies.

Most services are financed via taxation. Taxes are generally raised at municipal level, with subsidies provided from central government to co-finance services. Financing for ECEC services, instead, comes from three sources: 25-30% state subsidy, 15% parental fees and the rest is covered by municipalities. Parents do not have to pay for children in preschool education, which is for 6-7-year-olds.³²

All children under 7 years old have a right to municipal day care. Since 2016 the municipalities can, however, restrict this right to part-time day care in the case that both parents are not employed or studying full-time. Pre-primary education for 6-year-old children is free of charge. It reaches 96% of the age group. Despite the availability of day care, only 24.6% of children under 3 years old were taken care of in full-time formal childcare and 7.9% in part-time in 2015. The respective proportions of children aged 3 years old and above are 59.6% in full-time childcare and 23.2% in part-time in 2015. The total share of children aged under 3 years old in formal childcare, 32.5% in 2015, is above the EU average of 30.3% and meets the Barcelona Targets. In turn, the total share of children aged 3 years old and above but below the compulsory school-going age in formal childcare, 82.8% in 2015, represents the average level in the EU (83.3%) and remains below the Barcelona Targets (EPIC).

According to Eurofound, in 2016, Finland is the second country in which quality of childcare is rated highest (7.9 in a scale of 1 to 10 where 10 means very high – against an EU 28 average of 6.7). Quality of long-term care services is rated 6.7 (EU average is 6.2).³³

One interviewee reported that even if the system is good for families, in families with a child with disability, it is much more likely that one of the parents, quite often mothers, stays at home. Organizing support, therapies, healthcare for the child can be very demanding and time consuming.³⁴

Cash benefits

The basic social assistance is based on the Act on Social Assistance and adjusted annually by the national pension index. At 3.2% of Finnish GDP in 2014, cash benefits for children and families represented a high share of government spending compared with the EU average of 2.4%. The largest proportion of benefits is accounted for by child allowances. Most of fiscal incentives for the families are in place when children are under 3 but there are some incentives until 18 and also more for low income families. Taxation takes into account the family size, not the number of earners.

³¹ World Economic Forum (2017), [Global Gender Gap Report 2017](#), p. 152

³² Bernard Brunhes International (2011), *Ibid.*

³³ Eurofound (2017), European Quality of Life. Survey 2016

³⁴ Interview to Kirsi Konola, Director of Development Activities at Kehitysvammaisten Palvelusäätiö (KVPS)

Leaves

Maternity leave (äitiysvapaa) covers 105 consecutive calendar days except Sundays, 30-50 of which before expected date of delivery. Paternity leave (isyysvapaa) is of 54 days. The father can take 1–18 days as paternity leave after the child is born during the maternity and parental leave. The father can either take the rest of the paternity leave or the whole 54 days after the maternity and parental leave.

Parental leave (vanhempainvapaa) immediately after the maternity leave is granted to either the mother or father for 158 days. Paternity leave may be taken simultaneously with maternity or parental leave. The latter is transferable between the parents. Only part of the paternity leave is non-transferable.

The maternity (äitiysraha), paternity (isyysraha) and parental allowances (vanhempainraha) are all calculated on the basis of earned income for the previous year. They are paid for working days and amount to 70% or 40% or 25% of daily earnings depending on annual earnings.

Concerning carer's leave, an employee has the possibility to partial care leave to take care of his or her child or other child living permanently in the household until the second school year in basic education ends (when the child is about 9 years old), provided that the employee has been in his or her present employment for at least six months. For the care of a disabled child, the partial leave may continue until the child is 18. The leave and its conditions must be negotiated with the employer. The employer may refuse the leave only if it causes serious damage to the production and service at the workplace.

Working time and flexible working arrangements

Concerning flexible working time arrangements, there is no general right to reduced working time. There is no legislation on a legal right to work remotely (nor an obligation to do so), unless based on an employment contract. Social partners have given guidelines concerning remote work. There are model contracts for remote work, and many labour unions provide recommendations on remote work.

Recent policy reforms

The parliament elected to power in 2015 is preparing a major health and social services reform in which the responsibility of the provision of services will be transferred from municipalities to counties in 2020, in order to create a more integrated and cost-effective social and health care system.

In the [healthcare and social services part of the reform](#), perhaps the most significant element is the freedom of choice principle. According to this, the individual chooses their preferred provider of health and social services but pays the same fees regardless of the service provider chosen. This contrasts with the situation today, where private service providers, although subsidised, are significantly more expensive than public ones. Public services, meanwhile, are often under-resourced and heavily congested. Unlike local governments, regional governments will not have the power to raise taxes, and their financing will mostly come from central government. The independence of the regional governments is therefore limited.³⁵

³⁵ Eurofound (2017), Finland: major reform of healthcare and social services underway, <https://www.eurofound.europa.eu/publications/article/2017/finland-major-reform-to-healthcare-and-social-services-underway>

Case Study 1 - Kehitysvammaisten Palvelusäätiö (KVPS). Finland.

Temporary care at home for children with severe disabilities

Kehitysvammaisten Palvelusäätiö (KVPS), the Foundation for People with Intellectual Disability, is a non-profit national service provider in Finland, founded in 1992 by Inclusion Finland. KVPS is part of the KVPS-group, which is an organisation with its roots in parent-led governance. The Foundation is committed to developing innovations, which can make a difference in the lives of people with an intellectual disability and their families, and by doing so, improve the quality of life for all those concerned.

Started as project funded by Slot Machine Company, the “Temporary care at home” has become a permanent service since the first positive results. It is a respite care service offered to children with intellectual disabilities and/or special needs and their families. Its aim is to offer support, breaks and relief to family carers. The service can offer family carers a break from few hours to a short vacation (maximum ten days). This service is supporting around 180 families every year. Among them, around one third have more the one child who need special support.

How the service contributes to improving work-life balance

This service enables families to take care of their children with severe disability at home. The primary aim of the service is to provide families with a break from caring responsibilities.

This type of service is especially valued by big families, with a child affected with profound disability, or many children with disability, as well as by single parents. In these cases, it can be difficult to take some time off for caring responsibilities. Without this service, one of the parents, often women, would need to give up working. Instead, by preventing exhaustion and depression, the service allows both parents to work.

The service supports the whole family giving the possibility to maintain their role as active citizens. Care givers highlighted how the service gives them enough strength to work, study etc. Moreover, it supports the whole family to manage an everyday life in stressful life situation and helps to stay together, decreasing the possibility of divorce.

Achievements and innovative aspects

The service is designed with the family and is personalized according to their needs. For this reason, it requires very competent staff who are able to respect also the family culture.

KVPS periodically evaluates the approval of the service as well as workers’ and users’ needs, in order to address any kind of risk and need.

An internal survey, conducted in 2017, has highlighted that the service helped several families to stay together, preventing mental health problem for the parents, better understanding their role and responsibilities. Finding a good balance has decreased thus the possibility of divorce. Moreover, without having access to the service, one of the parents would need to stay at home to take care of their child, dropping out his/her job.

The service aims to empower the whole family, working with both children and parents. This empowerment in long-term means also the possibility for the users to be successful in education and labour market.

The Foundation is committed in developing innovative services for people with an intellectual disability and their families trying to improve their quality of life. The Foundation also engages in models of service provision that are person centred, practical and of high-quality standard.

Service accessibility, cost and financing

The service is fully paid by the Municipality, based on an agreement concerning the specific service, the timing, as well as a financial commitment. The service costs 35€/hour³⁶.

The service can be activated both by the families or other municipality's services. Once subsidy has been accepted, a detailed agreement is defined between KPVS and the family. The agreement includes the kind of service, the timing and the venue, based on the child illness and family needs.

Case Study 2 - Finnish Red Cross. Finland.

Support for family care givers

The Finnish Red Cross is one of the largest civil society organisations in Finland. The objective of the Finnish Red Cross is to help those who need it most, both in Finland and abroad. When a catastrophe or an accident occurs, the Red Cross helps and trains people to be prepared. The organisation encourages people to look after their own well-being and to take care of each other.

The Finnish Red Cross organizes activities to support informal and formal carers. The aim is to strengthen and promote health, good quality of life and independent coping in daily life among carers and their families. The activities enable the participation of carers in activities that increase social contacts to facilitate both their psychological wellbeing as well as dealing with their home care responsibilities.

The Finnish Red Cross support services offer guidance, practical advice and psychosocial support to family cares. By organizing peer support group meetings, recreation activities, and family holidays the organization helps to maintain health and physical well-being.

Moreover, specific training is developed for family care such as Care at home; Family care as a health care customer; Well-being exercise course; Safely at home seminars; home and leisure accident prevention and First Aid course.

How the service contributes to improving work-life balance

Thanks to the implementation of guidance service and psychosocial support as well as the trainings and support groups meeting, most of the family carers declared to feel more confident and to better manage the charge of work given by their role.

To guarantee the participation to those activities is fundamental to maintain their health and physical well-being. For this reason, the Finnish Red Cross also supports family members by helping them in the arrangement for temporary care support for their relatives.

The opportunity to attend and benefit from those services has an impact on the care givers capability of taking care of their family members better and longer, since the caregiver feels better, which has a positive impact on the whole family. The services are required mostly by women who represent the largest number of family carers in Finland.

³⁶ Eurostat (last update 31/01/2019), Mean and median income by household type EU-SILC survey. (Finland, 23.987 €) http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di04&lang=en

Achievements and innovative aspects

The Finnish Red Cross can guarantee the implementation of the activities also thanks to the close cooperation with municipalities, various organisations and the Finnish Network for Organisations Supporting Family Caring.

To guarantee a high-level service and to respond as well as possible to the families' needs, the service is evaluated every year by the STEA (Funding Centre for Social Welfare and Health Organisations). The information is collected from the family caregivers and analysed with quantitative and qualitative indicators. The users are also able to suggest improvements and possible changes.

Service accessibility, cost and financing

The services and training are completely free for the users being financially supported by the Veikkaus - Finnish government.

The activities are coordinated by Finnish Red Cross' staff members and carried out by volunteers. They work in close cooperation with municipalities, other civil society organizations and the Finnish Network for Organisations Supporting Family Caring.

Finland in a nutshell

| | Strengths | Weaknesses |
|------------------------------|--|---|
| Internal factors (practices) | <p>Service: Temporary care at home (KVPS)</p> <ul style="list-style-type: none"> • Responds to concrete social need – availability of respite care for children with disabilities and their families • Reaches 180 families per year • Home care service (suitable also for people with severe disability who might have home hospitals) • Decreases probability of divorces, supports survival of families and prevents parents' mental health problems • Allows both parents to work (enhances female participation in the labour market) • 100% public funded • Fully accessible and personalised • High customer satisfaction • Allows parents time to work or study, free time <p>Service: Support for family care givers (Finnish Red Cross)</p> <ul style="list-style-type: none"> • Support to family carers has been offered for 25 years • Service currently provided in 70 locations in Finland • Free of charge • Through the support offered, care givers manage to take care of their family member better and longer | <p>Service: Temporary care at home (KVPS)</p> <ul style="list-style-type: none"> • Quite expensive service • Requires very competent staff • Information about measures for WLB of staff is not available <p>Service: Support for family care givers (Finnish Red Cross)</p> <ul style="list-style-type: none"> • Very few information available about this service |

| External factors (context) | Opportunities | Threats |
|----------------------------|--|---|
| | <ul style="list-style-type: none"> • High female employment compared to EU 28 • Low levels of child poverty • Third country out of 144 with best rank in gender equality • Childcare as a subjective right for all families, provided at affordable prices or for free to low income families • Meets Barcelona target for children below 3 years old • Very generous framework for leaves designed to increase sharing care responsibilities between men and women • Financial benefits for families and children represent a higher share of government spending (3.2% of Finnish GDP in 2014- compared to the EU average (2.4%)) • Perceived high quality of LTC and ECEC services (above EU average) | <ul style="list-style-type: none"> • Part-time work less common than EU 28 for women and men • Employment rate of women with children below 6 years old below EU average • Does not meet Barcelona target for children between 3 and school-going age • Legislation on working time and flexible working arrangements should be improved • Perceived that services for children with disabilities are not enough available (interviewee's opinion) |

AUSTRIA

Socio-economic situation

In 2017, the share of employed persons in the population aged 15-64 was 76.2% for men and 68.2% for women (in the EU 73% for men and 62,5% for women). The part-time employment rate marked a clear distinction between men (10.5%) and women (47.9%) (source: Eurostat 2017).

The employment rate of women with children under 6 years old is relatively high (69.8% in 2016, including mothers on maternal or parental leave, compared with the EU average of 61.4%), but many women work part-time. In comparison, the employment rate of fathers with children under 6 years old is 89.6%.

In 2015, there were 22.3% of children at risk of poverty and social exclusion in Austria, a smaller proportion than the EU average of 27.1% (source: EPIC, [Country profile Austria](#)). The Global Gender Gap Report 2017 of the World Economic Forum ranks Austria as 57^o in the world out of 144 countries. In a scale between 1 – best rank in gender equality - and 144 – worst rank -, the rank is the following: economic participation and opportunity 80, educational attainment 80, and political empowerment 54.³⁷

Organisation and funding of long-term care and early childhood education and care services

The Austrian social protection system is characterized by a mix of central and decentral elements. Social insurance and universal benefits which relate to the federal level predominate. Parts of the health sector, housing, most of social services, childcare facilities and minimum income benefit relate to the regional level (Federal States and Municipalities).³⁸

The Federal Ministry of Labour, Social Affairs and Consumer Protection and the Nine Provincial Governments are responsible for legislating and regulating LTC services. The nine provincial governments are responsible for the organisation and delivery of LTC service provision. Their funding is shared between the federal, provincial governments and local municipalities. Concerning ECEC services, responsibility for developing legislation/regulations and for the implementation, including service provision is at provincial level. All nine provinces have their own Kindergarten Education Act applicable to all types of ECEC, governing service provision by the different institutions and their tasks, external and internal organisation, supervision and staffing matters. Financing these services is the responsibility of the municipal level, with some federal financial support for the expansion of services.³⁹

According to national statistics from 2016, 27.9% of children under 3 years old (Eurostat-statistics from 2015: 22.3%) and 94.6% of children between 3 and 6 years old (Eurostat-statistics from 2015: 85,3%) are enrolled in formal childcare in Austria (compared with the EU averages of 30.3% and 83.3% respectively) (source: EPIC).

In 2016, quality of childcare in Austria is rated among the highest in the EU (7.7 in a scale of 1 to 10 where 10 means very high – against an EU 28 average of 6.7). Quality of long-term care services is rated 7.5 (EU average is 6.2).⁴⁰

Family benefits in Austria are rather generous, accounting for 2.8% of the country's GDP compared with the EU average of 2.4% in 2014. A key measure to reduce the poverty level of families with

³⁷ World Economic Forum (2017), [Global Gender Gap Report 2017](#), p. 70

³⁸ BMASK, Sozialstaat Österreich. Leistungen, Ausgaben und Finanzierung, 2016

³⁹ Bernard Brunhes International, *Ibid.*

⁴⁰ Eurofound (2017), European Quality of Life. Survey 2016

children is the [family allowance](#) which is granted to parents for their children irrespective of whether the parent is in employment or their income level.

Leaves

A compulsory maternity leave and benefit (Wochengeld) is foreseen by law and its duration is fixed: 8 weeks before and after delivery. Maternity leave in Austria is only in place for mothers: it cannot be transferred to the other parent. It is granted to all women in employment with an income above the marginal earnings threshold (Geringfügigkeitsgrenze) (€438.05), to women voluntarily insured due to minor employment and to women receiving benefits from unemployment insurance (Arbeitslosenversicherung). Level of payment for women who are employed corresponds to the average net income of the last 13 weeks or 3 calendar months before the start of maternity leave.

A parental leave bonus for fathers (Familienzeitbonus für Väter - FZB) is granted to working fathers, who dedicate themselves directly after the birth of the child intensively and exclusively to their family and have interrupted their professional career. The FZB is not mandatory and can be claimed for 28, 29, 30 or 31 days during the first 91 days following birth. It amounts to € 22.60 per day. The FZB cannot be taken intermittently nor part-time. It cannot be transferred to the other parent.⁴¹

In 2014, a new care leave including the option for part-time work (Pflegekarenz/-teilzeit) was introduced in case of an urgent care need or an organizational need in a care situation. It has to be agreed upon with the employer and it can vary from one to three months per caring person. The related care leave allowance covers 55% of net income for three months and can be received also by unemployed persons.⁴²

Working time and flexible working arrangements

Existing regulations towards [flexible working](#) arrangements entitle parents to work part-time until the child's seventh birthday, if they are working in companies with more than 20 employees and have been continuously employed with their present employer for at least three years. The reduction of working time must amount to at least 20% of previous working time. The regulations also include the right to change working hours within the day without reducing the number of working hours, and the right to return to full-time employment. Employees must approach their employers with a detailed proposal concerning the amount of working time and the required working pattern during a regular working week. In case of disagreement, the employer has to provide a counterproposal in writing.

There are no provisions concerning remote work in labour legislation. Rules on working remotely can be found only in some collective agreements.

Recent policy reforms

As Austria still fails to meet the Barcelona target of 33% of children below three years old enrolled in formal childcare, in 2018 the central government will provide the Federal States with €52.5 million for the further extension of childcare facilities, €70 million for the last free of charge year of Kindergarten (for children in the last year before school attendance) and €20 million for early linguistic advancement.

Until 2017, users of long-term care whose total income was insufficient to cover the costs of residential care had to contribute to these costs by spending down their assets before becoming eligible for social assistance. In 2018, this asset contribution was abolished in the whole country. A

⁴¹ Mutual Information System on Social Protection (MISSOC) database, last updated January 2018

⁴² European Centre for Social Welfare Policies and Research (2018), Social and Employment policies in Austria, study commissioned by the European Parliament's Employment Committee

reform in the long-term care sector is also ongoing, to shift from residential to outpatient care as much as possible, by the means of an extension of mobile services and alternative support settings (such as assisted living, semi-residential services, shared apartments, stationary short-time care) and 24-hour assistance at home.⁴³

Case Study 1 - *magdas* Social Business. Vienna, Austria.

Cleaning, Hospitality, Recycling, Catering services

magdas was founded as a subsidiary of the Caritas of the Archdiocese of Vienna in April 2012 with the objective of solving social issues in an entrepreneurial way. *magdas* combines two legal entities, an association and a limited liability company.

As social business, *magdas* is focused on creating and maintaining a steady revenue stream through professional and strong market presence rather than relying on public or private funding. The Social Business group is active in four different business segments: *magdas* Hotel, *magdas* Cleaning, *magdas* Food and *magdas* Recycling. This diversified portfolio ensures financial balance. Over all branches, 170 people are employed. *magdas* creates meaningful jobs and chances for people who have limited or even no access to the labour market.

On the one hand, the service provider offers longterm employment for those employees with previous obstacles to enter the first labour market. On the other hand, *magdas* is a flagship project and inspiration for other organizations to open up their business for people who have difficulties on the labour market.

magdas Cleaning is a simple cleaning service for offices but with a special approach for its employees. Classic cleaning services have working hours starting very early in the morning or late in the afternoon. This makes the reconciliation between family and working life very difficult. On the contrary, *magdas* Cleaning aims to create family friendly working conditions with working hours during the day (office hours), which is especially relevant for women with caregiving duties.

How the service contributes to improving work-life balance

magdas Cleaning offers jobs mostly to women over the age of 55 years. Their background often limits their job opportunities, restricted to hospitality, cleaning and food services. All sectors not well known for their family friendly working hours. Additionally, among the *magdas* Cleaning employees', the majority of women are also the ones responsible for family care.

By establishing daily working hours, as for the offices served, the balance between family and work duties has been guaranteed, providing them with more time for their family, the access to a job and subsequent economic independence.

Additionally, *magdas* also offers free social counselling for employees to support them in overcoming personal challenges. The social counsellors also support work integration, such as improving language skills for migrants, teambuilding and self-empowerment. This kind of support has an impact on the self-confidence at the workplace, but also improves private life.

⁴³ European Centre for Social Welfare Policies and Research, *Ibid.*

Achievements and innovative aspects

One of main achievement of *magdas* is that 50% of employees have a background of long-term unemployment, namely women, former refugees, migrants or persons with disabilities.

Since 2016 *Magdas* has created almost 70 jobs for people with limited access to the labour market taking in consideration their specific needs and the balance between private and work life. In the last couple of years, it has created functioning businesses without any public funding. About 10% of the staff managed to enhance their qualification level and climb the job ladder either within the company or externally on the open labour market.

Service accessibility, cost and financing

magdas generates its turnover offering several commercial / for-profit services as social business. *magdas* aims to be self-financing, although this can be particularly hard for new business units. In cases as such, for instance *magdas* Hotel received a start-up loan from Caritas Vienna, which must be paid back.

Case Study 2 - Lebenshilfe Salzburg. Salzburg, Austria.

Early Childhood Intervention & Family Counselling

Lebenshilfe Salzburg is a not-for-profit organization founded in 1967 by parents of persons with learning disability in order to improve opportunities and quality of life of their sons and daughters. It provides person centred community-based services throughout the federal state of Salzburg. The organization provides a broad range of services for different target groups. In this study two different type of services are analysed.

Family counselling and empowerment of parents: this service aims to support parents to cope with the practical challenges of a child born prematurely and/or with a disability; empower them to foster their child's development; increase their self-confidence; support them in (re-) organizing everyday family life and (re-) balancing obligations from work and family life; and enjoy their parental role with the new baby.

Fostering child development: this service offers pedagogical and psychological interventions addressing objectives developed jointly with the family. By the means of these interventions, some developmental delays can be prevented, many can be overcome or reduced and/or children (and their families) learn to use their strengths in dealing with limitations they might experience because of impairment.

The service is individual and person-centred for each child/ family. The family can choose whether they want to have the services in their home or at the centre or have a mix of the two settings. Individual goals for child development are defined together with parents. The entire process of diagnosis, setting goals, developing individual plans, implementing and evaluating them is transparent and participative.

Three aspects of service provision seem to be crucial in ensuring its high-quality standards: the collaboration of the provider and the professionals with a wide and diverse network of organisations and professionals; a high investment in continuous training of the staff; a solid quality management and evaluation system.

How the service contributes to improving work-life balance

Although the services are addressed to families, it is mainly women who benefit from them, as they usually stay home after the birth of the child and are the ones who most commonly meet the

professionals when they work with the child. However, family counselling is available for the entire family.

Parents point out that the “early intervention and family counselling services” effectively reduce stress and strain of the entire family. This impact is achieved by supporting the development of the child, by counselling and supporting the parents regarding their challenges and personal goals, working also with siblings (if needed). This leads to a more relaxed family atmosphere and a positive perspective for the future. The risk of developing depression or other psychological problems is reduced for parents and other family members.

Through empowerment and increased self-reliance, mothers feel more equipped to manage family life successfully and feel ready to return to work more easily. Preparing and actively supporting the transition of the child to a day care, kindergarten, or school, helps parents to trust that their child will be properly respected, included and supported in the new environment. And this is an important basis for the mother returning to and/or looking for work. The mobile service option has many advantages for the mother/family: flexible timing, saving time, less stressful for mother and child, no need to organize someone taking care of siblings. Especially in the rural areas it helps a lot to organize family life and/or achieving a good work life balance in a situation when the family faces many challenges and has to adapt to new requirements and needs.

The service is also very valuable for single parents who tend to have smaller social networks able to help informally in challenging situations. Moreover, they have a higher need to return to work under financial pressure, and have more problems establishing a good work-life balance by themselves.

Achievements and innovative aspects

Lebenshilfe Salzburg received awards as “family-friendly” company, implementing measures supporting women, providing good conditions for continuous staff training, and various measures for productive ageing. Professionals from different backgrounds follow a holistic approach taking into account developmental needs as well as strengths of the child. They also are trained in specific diagnostic and intervention strategies for certain target groups, e.g. Autism Spectrum disorder and cooperate with internal and external multi-professional teams.

Service accessibility, cost and financing

The service is very easily accessible for families with a recommendation by a family doctor or paediatrician and it is free of charge. The service gets funding covering the costs for a year (paid monthly), and it is fully financed by the Federal State of Salzburg.

Austria in a nutshell

| | Strengths | Weaknesses |
|-------------------------------------|---|---|
| Internal factors (practices) | <p>Service: Early childhood intervention and family counselling (Lebenshilfe Salzburg)</p> <ul style="list-style-type: none"> • Accessible and free of costs for families • Personalized for each child and family • Provided at the centre, at home or a mix of both options gives parents a lot of flexibility, especially in rural areas • High satisfaction by parents concerning service positive impact on child’s developmental progress, increased parents’ confidence in dealing with the child and understanding its | <p>Service: Early childhood intervention and family counselling (Lebenshilfe Salzburg)</p> <ul style="list-style-type: none"> • One of the locations in which the service is offered is not fully accessible <p>Service: Magdas</p> <ul style="list-style-type: none"> • How the business improves work-life balance for employees is not |

| | | |
|---|--|--|
| | <p>needs, enhanced self-confidence, reduction of family's stress</p> <ul style="list-style-type: none"> • Service has a "family counselling" component that empowers especially the mothers and offers parents support on how to deal with siblings • Contributes to women's employability through empowerment, practical help, support given in view of the transition of the child to a day care, kindergarten or school • Services valued especially by single mothers who have more difficulties in establishing a good work-life balance • Service reduces the time parents spend on caring, as they are encouraged and supported in using additional services (day care, kindergarten, respite services etc.) • High quality standards: continuous investment in staff training, collaboration with wide network of professionals and organisations, solid quality management and evaluation system <p>Service: Magdas</p> <ul style="list-style-type: none"> • Successful combination of entrepreneurial activities and offer of long-term employment to people with difficulties in entering the labour market • Magdas created 70 jobs for people with limited access to the labour market (50% were long term unemployed, most of them over 55 and women, former refugees, migrants or persons with disabilities) • 10% of staff enhanced their qualification level and were promoted or found a better job • Magdas Cleaning services offers family friendly working conditions with working hours during the day, especially relevant for women with caring responsibilities • Free social counselling is offered to employees to support them in overcoming personal challenges and for a better work integration (improving language skills, teambuilding and self-empowerment) • Training, counselling and language courses translate into more confidence at the workplace | <p>measured. This dimension could be included by Magdas in employees' surveys</p> |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">External factors (context)</p> | <p>Opportunities</p> | <p>Threats</p> |
| | <ul style="list-style-type: none"> • High female employment compared to EU 28 • employment rate of women with children under 6 years old is relatively high and higher than EU 28 • Female part-time work is diffuse • Levels of child poverty below the average EU 28 | <ul style="list-style-type: none"> • Fails to meet Barcelona target for children below 3 years old • Leaves framework is less favourable to gender equality as leaves are non-transferable and paternity leave is not compulsory |

| | | |
|--|---|--|
| | <ul style="list-style-type: none">• 57th country out of 144 with best rank in gender equality• Exceeds Barcelona target for children between 3 and school-going age• Perceived quality of LTC and ECEC higher than EU 28• Generous system of family benefits• Very good framework for flexible working arrangements• Government's investment in new ECEC• Ongoing reform of LTC services | |
|--|---|--|

IRELAND

Socio-economic situation

In Ireland, in 2017 the total employment rate for people aged 15-64 was 67.7%: 73% for men and 62.4% for women. 29.1% of women aged 20-64 who were employed worked on a part-time basis, a much higher proportion than the corresponding share for men (9.4 %) (Eurostat, last update: 13.12.2018).

Using the EU measure of at-risk-of-poverty or exclusion, the rate for children under 18 years old in 2015 was 28.8% in Ireland, compared with an EU average of 27%. Social transfers play a major role in poverty reduction in Ireland, with 2.5% of the GDP being spent in 2014 on social protection benefits compared with the average of 2.4% across EU member states (source: EPIC, [Country profile Ireland](#)).

The Global Gender Gap Report 2017 of the World Economic Forum ranks Ireland as 50^o in the world out of 144 countries. In a scale between 1 – best rank in gender equality - and 144 – worst rank -, the rank is the following: economic participation and opportunity 50, educational attainment 1, and political empowerment 6.⁴⁴

Organisation and funding of long-term care and early childhood education and care services

Department of Health and Children is responsible for legislation/regulations related to LTC service provision and financing. Department of Environment, Heritage and Local Government is responsible for legislation/regulations for sheltered housing and housing-related provisions. The national Health Service Executive is mainly responsible for organising provision of LTC. Local authorities are mainly responsible for organising provision and/or eligibility/entitlement for sheltered housing and housing-related provisions. Financing of service provision is up to the national government, administered by the Health Service Executive. The (national) Health Service Executive is responsible for provision of health and personal social services or arranging provision by others. Local authorities are responsible (although not statutorily) for provision of sheltered housing or supporting its provision by others.⁴⁵

Concerning ECEC, responsibility for developing legislation/regulations is at national level, the Office of the Minister for Children and Youth Affairs (OMCYA) being responsible for regulations and for developing ECEC policy. The majority of the services are commercial. Different schemes have been set up to support parents to be able to pay for the services. The Health Service Executive is responsible for regulating and monitoring services. 31 Pre-school Inspection teams are located in the country.⁴⁶

In 2015, 30.6% of Irish children aged 0–3 years old were in formal childcare institutions, a slightly higher proportion than the EU average rate of 30.5%. There was a higher proportion of older children (3 years old to compulsory school age) in formal childcare settings in 2015, compared with the EU average (92% in Ireland, 83.3% in the EU) (EPIC).

In 2016, quality of childcare is rated 6.1 in a scale of 1 to 10 where 10 means very high – below the EU 28 average of 6.7. Quality of long-term care services is rated 5.9 (EU average is 6.2).⁴⁷

Leaves

Maternity benefit: 26 weeks paid maternity benefit - at least 2 must be taken before and 4 weeks after confinement. A further 16 weeks unpaid maternity leave may be taken immediately after the end of

⁴⁴ World Economic Forum (2017), [Global Gender Gap Report 2017](#), p. 182

⁴⁵ Bernard Brunhes International (2011), *Idem.*, p. 39

⁴⁶ Bernard Brunhes International, *Idem.*, p. 71-72

⁴⁷ Eurofound (2017), European Quality of Life. Survey 2016

the paid maternity benefit. Paternity benefit: Two weeks paid paternity benefit within six months of the birth or adoption of the child.

The rate of maternity and paternity benefit is €235 per week or the amount of Illness Benefit including increases for adult and child dependants which the person would be entitled to if absent from work through illness, whichever amount is greater. (MISSOC)

Parental leave is an individual entitlement that cannot be transferred. The one exception is when parents are employed by the same employer. It is unpaid, and its duration is eighteen weeks per parent per child.

Three days of paid leave per worker in any 12 consecutive months, up to a limit of five days in any 36 consecutive months (treated as force majeure). Employees with 12 months continuous service can take a minimum of at least 13 weeks up to a maximum of 104 weeks unpaid 'Carer's leave' to provide full-time care for a dependant (a child or adult in need of full-time care), either in one continuous period or as several blocks of time.⁴⁸

Working time and flexible working arrangements

On return from Parental leave, an employee may request a change in their working hours or pattern. Employers must consider such a request but are not required to grant it.

Breastfeeding mothers are entitled to adjust their working hours or, if breastfeeding facilities are provided at work, to take breastfeeding breaks up until the child is six months old.⁴⁹

Recent policy reforms

On-going developments are taking place in child and family policy in Ireland, in particular the establishment of the [*Better Outcomes, Brighter Futures: The national policy framework for children & young people 2016-2020\(BOBF\)*](#). One of the key aims of *Better Outcomes Brighter Future* is to build quality services that are 'outcomes-driven, efficient and effective'.

In 2017 Ireland received a [Country Specific Recommendation](#) (CSR) requiring it to make improvements in facilitating female labour market participation, through improved access to more affordable full-time quality childcare facilities. Based on the recommendations of the report, [Budget 2017](#) redesigned the entire support mechanism for families in order to make quality childcare more accessible and affordable through the new [Affordable Childcare Scheme \(ACS\)](#). It replaces current targeted childcare programmes through a single and user-friendly approach. The Scheme has an extended scope to not only provide subsidies to cover the childcare but to reduce poverty of children, to improve their outcomes and to activate parents' participation in the labour market (EPIC). The Single Affordable Childcare Scheme was implemented in September 2017, providing means-tested subsidies for children aged between six months and three years and a reduction in the age of children eligible to access the Early Childhood Care and Education Scheme, from 39 to 36 months.

Legislation is currently before Parliament to extend unpaid parental leave from 18 to 26 weeks for all parents with children under eight years.⁵⁰

⁴⁸ Daly, M. and Rush, M. (2018) 'Ireland country note', in Blum, S., Koslowski, A., Macht, A. and Moss, P. (eds.) International Review of Leave Policies and Research 2018

⁴⁹ Daly, M. and Rush, M. (2018) 'Ireland country note', in *Idem*.

⁵⁰ Daly, M. and Rush, M. (2018) 'Ireland country note', in *Idem*.

Case Study 1 - Irish Life and Age Action. Ireland.

Care & Repair programme

The Care and Repair Programme, established in 2006, was co-created by two likeminded organisations, Irish Life and Age Action. Irish Life is the market leader in provision of life, pension and investment products, while Age Action is a charity which promotes positive ageing and better policies and services for older people.

The vision of the Age Action Care and Repair Programme is to enable older and vulnerable people to remain in their own homes, in their own communities, living as independently as possible, through the improvement of their housing conditions and their level of comfort and security.

The concept of Care and Repair is to provide older people with services within their home including visits, minor repairs, do-it-yourself (DIY) jobs and trade referrals. The service is currently available through Age Action direct services in Dublin, Cork and Galway City. Age Action continues to develop the Care and Repair Services outreach for older people in Ireland.

The programme involves providing older people with care in the form of a visit or repair, with two volunteers going out to complete minor odd jobs that do not take more than an hour. They do not complete jobs that require a professional tradesperson. For that, Age Action would make a trade referral to a preferred supplier who is tried and tested taking away the stress of hiring an unreliable tradesperson.

Irish Life works hand in hand with Age Action to continually improve and evolve the programme in order to increase sustainability, longevity, outreach and its overall quality. This partnership between the private and voluntary sector allows both learning from each other and lessons from the different business environments in order to better implement the Care and Repair programme.

How the service contributes to improving work-life balance

The service is designed to promote independent living of users, to enable them to continue living at home in increased safety and comfort. Reducing or in some cases even removing the beneficiary's need of constant daily and night care, the service has a strong impact on WLB for family and carers.

Family members and carers often make the call to Age Action to request the service for the older person. The largest number of clients are female, partially because there are more elderly women than men living at home alone. Also because most likely male clients would do the DIY jobs by themselves.

It is also interesting to underline that it also tends to be more female than male family members who request the service for an older relative. The relief that the service provides for family members especially in saving time, does improve WLB since removes the need for those relatives to do the works by themselves.

The service empowers users to remain living at home, knowing that they have support in maintaining their house, especially for people who do not have family support.

The service works to improve the quality of life of all older people and their carers, especially those who are most disadvantaged and vulnerable, by enabling them to live full, independent and satisfying lives for as long as they wish in their own homes. It makes users less dependent on family care. They no longer have to rely on their family and friends to be assisted for housework or DIY.

Achievements and innovative aspects

Care and Repair represents an innovative opportunity to create new services of added value to older and vulnerable people in Ireland. The service additionally creates opportunities for Age Action to develop a network of strategic partnerships with a range of like-minded community bodies throughout the country.

This programme makes a real difference to those older and vulnerable people involved as well as providing the volunteers and staff with a true sense of fulfilment. The Care and Repair programme could not run without the volunteers. They are pivotal in providing the services. The volunteers come from all different backgrounds and get involved with all different reasons.

Age Action sees the Care and Repair Programme as an innovative opportunity to create new services of value to older people in Ireland and to help Age Action fulfil its core goal of making Ireland the best country in the world in which to grow older.

84% of those users interviewed felt this service made quite a bit to a lot of difference to their lives. The positive comments are too long to list but needless to say this programme makes all the difference to some participants who are now living on their own with no family near them. Many of them would be lost without this programme.

Service accessibility, cost and financing:

The service is free of charge. The client only pays for cost of materials used for the job. Donations are always welcome. The volunteers and staff provide a willing pair of helping hands to do a variety of small tasks that an older person may find difficult to do. A “job” is expected to not take longer than an hour, though many small tasks may be completed during the same visit. The services that Age Action completes do not compete with professional trades people. If the job requires a professional trades person, Age Action makes a referral to a reliable trades person on their list of preferred suppliers.

Ireland in a nutshell

| | Strengths | Weaknesses |
|------------------------------|---|--|
| Internal factors (practices) | <p>Service: Care and repair</p> <ul style="list-style-type: none"> Improves work-life balance of family and carers because it removes the need for them to do maintenance jobs in the homes of older relatives Direct beneficiaries – older people – are less dependent on care as they no longer have to rely on family and friends for those jobs Service empowers users to remain living at home and promotes independent living. Service refers clients where appropriate to Family Carers Ireland to provide support services to family carers | <p>Service: Care and repair</p> <ul style="list-style-type: none"> As clients are mainly older women who are less equipped to do maintenance jobs themselves, the service does not make a significant contribution to an equal sharing of family care between women and men The relief that the service provides to family members is not extensive enough to enable them to return to work |

| | Opportunities | Threats |
|----------------------------|--|--|
| External factors (context) | <ul style="list-style-type: none"> • Higher share of GDP spent on social protection benefits compared to EU average • Barcelona target for children below 3 is met • Relatively good leave policy • Following the Country Specific Recommendation requiring Ireland to improve access to quality and affordable childcare, the new Affordable Childcare Scheme provides subsidies to cover childcare and reduce child poverty, improve childcare outcomes and increase parents' participation in the labour market • Ongoing reform to extend unpaid parental leave for parents with children under 8 years old | <ul style="list-style-type: none"> • Child poverty above EU average • Most of ECEC services are commercial • Perceived quality of childcare and LTC is below the EU average |

ITALY

Socio-economic context

In Italy, in 2017 the total employment rate for people aged 15-64 was 58%: 67.1% for men and 48.9% for women (source: Eurostat 2017). These were among the lowest rates across the EU (Greece). In comparison, parents of children younger than 6 years old were more likely to be employed than the overall population, with 85.8% of fathers and 52.5% of mothers working (Eurostat 2016). However, these percentages were still lower than the EU average.

In 2017 in Italy 32.5% of women in employment aged 20-64 worked on a part-time basis, a much higher proportion than the corresponding share for men (8.2 %) (Eurostat 2017). Part-time employment has considerably increased for both Italian men and women, predominantly due to the adverse economic conditions of the country. In the EU, the biggest increase in percentage points in part-time employment between 2002 and 2017 was for women in Italy (15.7 p.p. from 16.8 % to 32.5 %).

The Italian level of child poverty is above the European average (27.1%), with one in three children (33.5%) at risk poverty or social exclusion (source: EPIC, [Country profile Italy](#)).

The Global Gender Gap Report 2017 of the World Economic Forum ranks Italy as 82nd in the world out of 144 countries. In a scale between 1 – best rank in gender equality - and 144 – worst rank -, the rank for Italy is the following: economic participation and opportunity 118, educational attainment 60, and political empowerment 46.⁵¹

Organisation and funding of long-term care and early childhood education and care services

National Government enacts fundamental legislation, sets overall aims and general rules concerning services, while the 20 regional authorities develop their own laws and regulation on how health services are provided. Personal social care is regulated at regional level. Financing of service provision is up to the regional and municipal government. Responsibility for the framework of service delivery rests with regional and municipal government.

Concerning ECEC, responsibility for developing legislation/regulations and financing is at national, regional and local levels. Regions pass legislation complementing the national legislation. At local level, municipalities pass regulations for their own services. Responsibility for service provision is at all levels: national, regional and local. Responsibility for financing services for under 3's is at the local level with

some support available from the regional level; and is at the national level set by national legislation for services for 3-6-year olds.⁵²

In 2015, the proportion of children under 3 years old who attended formal childcare services was 27.3% (the EU average was 30.3%), with 10.4% of children attending for up to 29 hours per week and 16.9% for over 30 hours per week. Among children aged 3–5 years old, 85.9% attended formal childcare services – a slightly higher share than the EU average of 83.3%. It is worth noting that most 3–5-year-old children (62.6%) participated in childcare services for more than 30 hours per week (EPIC).

⁵¹ World Economic Forum (2017), [Global Gender Gap Report 2017](#), p. 186

⁵² Bernard Brunhes International (2011), Study on social services of general interest, study carried out on behalf of the European Commission, p. 71-72

According to Eurofound, in 2016 quality of services was rated among the lowest across the EU (6.0 for childcare and 5.5 for LTC in a scale of 1 to 10 where 10 means very high).

Leaves

Maternity leave is a five-month compulsory paid leave: one- to two-month leave prior to delivery and three- to four-month leave after delivery (depending on the duration chosen for the prenatal leave). Paternity leave is a four-day compulsory paid leave for the father (to be claimed within five months after the child's birth) to be granted at the same time as the maternity paid leave, plus three days of paid leave if the mother agrees to transfer them from her maternity leave. The level of payment is 80% of earnings for maternity leave for the compulsory period and 100% of earnings for the paternity benefit. The father may claim for a paid leave of up to three months after the child's birth in case the mother does not claim for it, or if he has the sole charge of the child.

In addition, a paid nursing leave (for breast-feeding) consists in one- to two-hour daily nursing leave for the child's mother or father: in case of part-time or full-time work, respectively, until the first birthday of the child. It is paid 100% of earnings.

After expiry of the compulsory leave, a reduced paid leave may be claimed by either the mother or the father for a six-month period altogether until the child reaches the age of three (or within three years after the child's adoption). Besides the 6-month leave, this benefit can be claimed for another 5 months, at most, until the child is 12 of age. The optional supplementary parental leave is paid 30% if the child is under 3, unpaid if the child is 3-12 years old (with some exceptions). As an alternative to the parental leave and once the maternity leave has ended and within the 11 following months, vouchers (Vouchers baby-sitting – asili nido) are granted in order to purchase baby-sitting or public child-minders' services for a maximum period of six months and up to an amount of €600 per month.

The legislation provides for the possibility of using permits for the care of persons with disabilities, the permits are up to a maximum of three per month. Persons with disabilities in possession of a certificate of invalidity can be granted an "accompanying allowance", i.e. an additional pension that families can use to pay services for the person or family carers.

Working time and flexible working arrangements

Workers/employees do not have a general legal right to reduce working time on request, except for as regards time off for breastfeeding, the use of the parental leave on an hourly basis, or as non-continuous periods/days (Decree No. 151/2001), or as a conversion to part time with a maximum reduction of 50 %, or other time off/leave care which has been mentioned above. A priority in shifting to part-time work and in returning to full time is recognised when an employee's relative is suffering from oncological diseases, when he or she assists a live-in relative who is not self-sufficient or when an employee takes care of a live-in child who is younger than 13 or has a disability (Decree No. 81/2015).

Part-time work is mainly addressed as a reconciliation measure in certain policies. Act No. 53/2000 provides for the allocation of a part of the Fund for Family Policies to public entities and to businesses that enforce collective agreements concerning targeted positive actions adopting a flexible working schedule through different measures, including part-time work.

Act No. 53/2000 states that in cases of the certified serious illness of the spouse, the cohabitant or relatives within the second degree, the worker can either take up to three days a month in time off or agree with the employer to modify his or her working conditions (i.e. part time, telework, a change of workplace). No legal right to work from home or remotely on request is provided neither in the private neither nor in the public sector. Finally, Decree No. 151/2015 provides for the possibility for people working for the same employer to transfer for free a part of their days of rest to the parent of children

who need continuous care and the parent's presence for health reasons. Limits and criteria of this transfer are to be provided by collective agreements.

Recent policy reforms

A number of monetary policy measures to support families and increase fertility have been undertaken in the last years: a child bonus of €960 a year was introduced in 2015 for every child born or adopted between 1 January 2015 and 31 December 2017, to be paid to families on a monthly basis for three years. In addition, €80 monthly bonus for low income families and in 2017 a lump-sum of €800 for new mothers were introduced. A new inclusion income benefit ("reddito di inclusione") was introduced to tackle family and child poverty. The current government is planning to replace it with a different measure, similar to a universal basic income scheme ("reddito di cittadinanza"). Discussions are still ongoing, including on the financial sustainability of this measure.

As a measure to support attendance to formal care, a yearly cash benefit of €1,000 has been introduced to help families cover expenditures related to public and private care services for children under 3 years old who are affected by chronic diseases (Law 232/2016) (source: EPIC, [Country profile Italy](#)).

Case Study 1 - Diaconia Valdese: Rifugio Re Carlo Alberto. Luserna San Giovanni, Turin, Italy.

Alzheimer day centre

Diaconia Valdese is a Christian-based non-profit organization that gathers, connects and coordinates the social services linked to the Waldensian Church. Diaconia Valdese provides assistance to elderly people, both in homes and in specialized facilities. It also provides several other services such as hospitality, support, education services to accompany young people and adults into work, reception and support for persons with disabilities.

The objective of the Rifugio Re Carlo Alberto is to give relief to the families of people with dementia, to be their reference point in the path of the disease, to make the person with dementia live and to stimulate him/her in an informal context, in order to slow down the progression of the condition.

The service welcomes people with dementia, without distinction of gender or sexual orientation, living in the local area. The most represented age group is between 70 and 80 years, of any social origin. Some of the users belong to a family with socio-economic disadvantage.

The centre is located on the top of a hill, separated from the village, in a valley of the Alps. The relationship between the centre and the community has been a priority. The service in its current form was set up in 2000 as result of a regional law that aimed to develop such services in the Piedmont Region.

How the service contributes to improving work-life balance

Users' participation in the centre activities is the main source of relief for families. Not only because the family members themselves can devote time to something else, but because the centre becomes a point of reference.

The service also contributes to the empowerment of users themselves, as the approach used by professionals is to favour users' autonomy, avoiding making choices in their place, and in view of rehabilitation. Often in the dynamics between person with dementia and caregiver the promotion of the autonomy is hard to be applied. However, by promoting such an approach at the centre, users will require less assistance at home.

The service also strives to modify the dynamics between the family carer and the user, as the family carer more often tends to replace the user in his or her choices. On a daily basis, caregivers are in contact with the operators in order to speak about their dependent family members, thus receiving informal support.

The service allows families to be able to work, while the person with dementia stays at the centre during the day. Most of the relatives in contact with the service are women, who represent in this centre to main caregiver of their dependent relatives.

Achievements and innovative aspects

To strengthen the link with the community, the organisation launched two initiatives:

1. *Out and about with dementia project* which provides training and information meetings to various realities of the territory to raise awareness on dementia.
2. *Summer cinema*, an outdoor cinema open to the population of the valley and its surrounding.

Service accessibility, cost and financing

The daily cost of the service is 64.50⁵³ euros. The service may be partially financed (for a maximum of 32 euros) by the public service on the basis of the Equivalent Economic Status Indicator⁵⁴ of the family.

Case Study 2 - PIANO C: COBABY. Milan, Italy.

Co-working space for women freelancers with children

Piano C is a hybrid model: a limited liability company careful however to keep costs and services accessible, and an association, which has now become the primary heart of their business. Founded in December 2012 with the aim to turn the economic crisis into an opportunity, starting from women, and to change the rules behind current employment schemes, with a view of inclusion and innovation.

CoBaby is the first Italian co-working designed for mothers and fathers. CoBaby offers a nursery and space service for children from 0 to 10 years, including babysitting and baby parking services. It is also possible to have access to pedagogical and psychological consultancy services, organize birthday parties and rent spaces for all kinds of public and private events. CoBaby has been created for PIANO C co-workers' children and the children of those who own a membership card.

The co-working space is then transformed into an area of social innovation. A mother can book her desk online, have her own working space and a place for her child. Additional services are also available while women are at the co-working. PIANO C takes care of their groceries, laundry and small commissions.

How the service contributes to improving work-life balance

The main goal of the service is to help women to re-enter the labour market through self-empowerment, the structuring of a better work-life balance and consequently, often, to a private/family reorganization. The objective is to reduce the separation between private life and work life, which is a source of inefficiency that carries the high risk of leaving precious talents behind.

The women participating have reported profound changes in the way they see themselves and take responsibility for the reconstruction of their professional life. They underline that participating in

⁵³ Eurostat (last update 31/01/2019), Mean and median income by household type EU-SILC survey. (Italy, 16.542 €)
http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di04&lang=en

⁵⁴ <https://ec.europa.eu/social/main.jsp?catId=1116&intPageId=4626&langId=en>

Piano C's services has increased self-awareness about their needs and talents, positive thinking, and empowerment. They report having received a spur to look outwards, both as an exit from isolation, and as a methodological tool for collecting information, exploring and experimenting, reflecting their expectations and needs.

The advantage however affects both society and the general economy where private life and having children are no longer seen as conflicting with professional career. In the recent years more and more women have been turning to Piano C, not only as customers looking for a shared work space, but as unsatisfied professionals eager to get back into the labour market. The service aims to support them in the planning phase of redesigning their professional career. A phase that it is often left to the person and neglected, because of family responsibilities and gap of competences.

Innovative aspects

The innovative approach consists in the combination of different services together. Beside and beyond Co-working and Cobaby, PIANO C offers a set of solutions that allow women to build (or rebuild) their professional identity: training, networking and mentorship, development of links to the business world, individual or group work on identity and aspirations, as well as a method for professional redesign, called Work Design.

The women participating have reported profound changes in the way they see themselves and take responsibility for the reconstruction of their professional life. They underline that participating in Piano C's services has increased self-awareness about their needs and talents, positive thinking, and empowerment.

The staff is composed by six women who benefit themselves from flexible hours and the possibility to use the CoWorking and CoBaby services provided by Piano C.

Service accessibility, cost and financing

Piano C spaces are fully accessible to women and fathers with babies. Several rates are available. The daily rate for a desk is 16€. The use of CoBaby services are included. The source of funding is a mix between public-private funds. While the individual access is paid by the users, the group activities are for free.

Italy in a nutshell

| | Strengths | Weaknesses |
|-------------------------------------|--|---|
| Internal factors (practices) | <p>Service: Alzheimer Day Centre Rifugio Re Carlo Alberto</p> <ul style="list-style-type: none"> • Innovative service providing a meaningful alternative to nursing homes for people with dementia • Personalised approaches aimed at favouring users' autonomy and empowerment (focus is on the user rather than on the pathology) • By the means of users' empowerment, professionals succeed in modifying the dynamics between the family carer and the user, so that users require less assistance at home • Service open during daily hours from Mondays to Fridays, once a month it is open day and night during weekends | <p>Service: Alzheimer Day Centre Rifugio Re Carlo Alberto</p> <ul style="list-style-type: none"> • Difficulty in providing flexible and family-friendly working conditions to the workforce • Need to invest in raising awareness that this type of service is an effective alternative to nursing homes (the opportunity is a high potential for replication elsewhere) • Public funding contribution is ensured only if users meet certain conditions |

| | | |
|-----------------------------------|---|--|
| | <ul style="list-style-type: none"> • Source of relief for families that can have more time for themselves and get informal support too, including monthly mutual-aid meetings • Community-based service. Strong relationship with local community: training and information meetings on dementia; summer outdoor cinema <p>Service: Piano C – Cobaby and Work Design</p> <ul style="list-style-type: none"> • Innovative service responding to two pressing social needs by Italian women: re-entering the labour market after motherhood and having lost their job, or turning to self-employment to find a job; lack of services and comprehensive policies to ensure work-life balance for self-employed women with children • Mix of services offered: co-working, cobaby (baby-sitting and baby parking spaces), training, mentoring, networking, job crafting interventions, coaching, pedagogical and psychological support, doing shopping etc. • Support provided to women in searching and finding work-life balance • Service helps women re-enter the labour market • Enables self-empowerment and achieving a better work-life balance • Flexible work arrangements for workforce and professionals | <p>Service: Piano C – Cobaby and Work Design</p> <ul style="list-style-type: none"> • Service reflects the Italian socio-economic context – might be difficult to replicate in other countries • Not for free, although at affordable prices • Service is open to men with children but mostly used by women, thus replicating unfair sharing of care responsibilities between men and women. This reflects the predominant view that caring for children is a women’s responsibility. |
| <p>External factors (context)</p> | <p>Opportunities</p> | <p>Threats</p> |
| | <ul style="list-style-type: none"> • Relatively good leave policy (just for employees) • Existence of some types of care leaves • Part-time work used as reconciliation measure especially for women • Recent policy reforms aimed at introducing or reinforcing measures of income support • Increased attention towards policies to tackle poverty and child poverty • Entrepreneurial attitude of people | <ul style="list-style-type: none"> • Female employment among the lowest rates in the EU • Biggest increase of female part-time work in the EU, due to the economic crisis (is part-time work a necessity or a choice?) • Child poverty above EU average • 82° country out of 144 for gender equality • Barcelona targets for children below 3 are not met • Gaps in social care provision • Labour market segmentation (divide between employees and self-employed or workers with atypical contracts, with very limited safety nets) |

SPAIN

Socio-economic situation

In Spain, in 2017 the total employment rate for people aged 15-64 was 61.1%: 66.5% for men and 55.7% for women. 23.9% of women aged 20-64 who were employed worked on a part-time basis, a much higher proportion than the corresponding share for men (6.9 %) (Eurofound, last update: 13.12.2018).

Employment levels of parents of young children were also below EU average levels, with 60% of mothers, and 81.9% of fathers, of children younger than 6 years old in employment (compared with EU averages of 61.4% and 88.2%, respectively) (source: EPIC, [Country profile Spain](#)).

In 2015, at 34.4%, the share of children at risk of poverty or social exclusion in Spain was one of the highest in the EU, much above the EU average of 27.4%. Access to affordable early child care is one of the main policy options in place to help parents remain active in the labour market. The sharp rise in Spain's divorce rate also contributes to poverty levels. This is because divorce implies a potential increase in vulnerable single parent families. Indeed, the number of single parent households has doubled since 2007 (from 310,000 to 653,000) and single mother poverty rates in Spain are roughly twice as high as for all households. Since maternal employment is the single, most-effective remedy against lone-parent poverty, policies to support single mother employment could be given higher priority. Lone-parent employment depends, of course, on the availability of affordable early child care (EPIC).

The Global Gender Gap Report 2017 of the World Economic Forum ranks Spain as 24^o in the world out of 144 countries. In a scale between 1 – best rank in gender equality - and 144 – worst rank -, the rank is the following: economic participation and opportunity 81, educational attainment 45, and political empowerment 22.⁵⁵

Organisation and funding of long-term care and early childhood education and care services

The National Government is responsible for legislation concerning the LTC framework with minimum standards / protections, as well as LTC financing, while regional governments are responsible for legislation / regulation of LTC services. Responsibility for the framework of service delivery rests with regional government for health-related services and with municipalities for social care services. Regional government is responsible for their financing.⁵⁶ Concerning ECEC, there is basic national legislation but the development of most regulations for services for children (including financing) and their implementation has been devolved to the 17 Autonomous Communities. Municipalities are responsible for the management of services for children under three. Regional education authorities are responsible for evaluating the services.⁵⁷

In 2015, 39.7% of children under 3 years old and 92% of 3–6-year olds attended early childhood education and care (ECEC); the EU averages were 30.3% and 83.3%, respectively. However, there are still challenges in the provision of ECEC services in Spain. For instance, despite the nearly universal preschool attendance within the age group of 3–6-year olds, the ECEC provided is of a comparatively low quality, with a teacher-child ratio of 1:30. For the younger age group, the availability and affordability of ECEC services still remains a challenge (EPIC).

⁵⁵ World Economic Forum (2017), [Global Gender Gap Report 2017](#), p. 300

⁵⁶ Bernard Brunhes International (2011), Study on social services of general interest, study carried out on behalf of the European Commission, p. 39

⁵⁷ Bernard Brunhes International, *Idem.*, p. 71-72

In 2016, quality of childcare is rated 6.6 in a scale of 1 to 10 where 10 means very high – against an EU 28 average of 6.7). Quality of long-term care services is rated 6.4 (EU average is 6.2).⁵⁸

Leaves

In Spain a compulsory social insurance scheme for employees and assimilated groups exists: The Contributory Maternity Allowance (*subsido por maternidad de naturaleza contributiva*) and the Paternity Allowance (*subsido por paternidad*). Tax-financed Non-contributory Maternity Allowance (*Subsidio por maternidad de naturaleza no contributiva*) is foreseen for employed women who do not satisfy the qualifying conditions for Contributory Maternity Allowance.

The duration of the Contributory Maternity Allowance is 16 weeks (2 extra weeks per child as from the second child in case of multiple birth; adoption or foster care placement of multiple children; and birth, adoption or foster care placement of a disabled child). Six weeks of leave are compulsory after birth for the mother. In case of entitlement to Non-contributory Maternity allowance, only 42 days (56 in certain cases) are paid. The paternity leave lasts 4 weeks with 2 extra days after the first child in the event of multiple birth and adoption or foster care placement of multiple children (paternity leave was extended from 2 to 4 weeks in 2017). Maternity and paternity leaves are paid at a rate of 100% of earnings. (MISSOC).

Parents are also eligible to take unpaid parental leave up until 3 years after childbirth. If parental leave is taken up to 1 year, return to the same job position is protected. After the first year, job protection is restricted to a job of the same category (EPIC).

Parents are entitled to full-time or part-time leave (with a minimum reduction of 50 per cent of working time) to take care of a seriously ill child under 18 years old during the period the child is in hospital or in need of continuous treatment at home; 109 types of illness are included. The scheme is paid at 100 per cent of the earnings from sickness insurance. This entitlement is extended to parents working part-time, in which case leave must be at least equivalent to 25 per cent of full-time hours.

Two days leave per employee, per event (*permiso por enfermedad grave de un familiar*) to care for a seriously ill child or for other family reasons (serious illness, hospitalisation or death of a relative to a second degree of consanguinity or affinity), paid by the employer.⁵⁹

Working time and flexible working arrangements

A working parent can reduce his/her working day by between an eighth and half of its normal duration to care for a child until the twelfth year or to look after a disabled child (*reducción de jornada por guarda legal*). Employees may decide, within their usual work schedule, the extent and period of the working time reduction. It is defined as an individual right and there is no payment, but workers taking this ‘part-time leave’ are credited with up to two years full-time social security contributions (which affect pension accounts, unemployment benefits and new leave entitlements).

Each employee may take up to two years of leave (*excedencia por cuidado de un familiar*) or reduce working hours by between an eighth and a half (*reducción de jornada por cuidado de un familiar*) to take care of a dependent relative (up to the ‘second degree of consanguinity or affinity’) due to severe illness, disability, accidents or old age.⁶⁰

⁵⁸ Eurofound (2017), European Quality of Life. Survey 2016

⁵⁹ Meil, G., Lapuerta, I. and Escobedo, A. (2017) ‘Spain country note’ in: Blum S., Koslowski A., and Moss P. (eds.) International Review of Leave Policies and Research 2017. Available at: http://www.leavenetwork.org/lp_and_r_reports/

⁶⁰ Meil, G., Lapuerta, I. and Escobedo, A. (2017) ‘Spain country note’ in *Idem.*

Recent policy reforms

In recent years important legislative reforms and new strategic plans have been implemented with the goal of improving child protection in Spain and combating child poverty. A political compromise in 2016 stipulated an increase in the budget to fight child poverty. The actual increase for 2017 was €342 million, of which €100 million was targeted at financial support for poor families with children. A notable new policy for 2017 was an extension of paternity leave from 2 to 4 weeks (EPIC).

Case Study 1 – MPDL Movimiento por la Paz/Movement for Peace. Madrid, Spain.

Information point for women victims of violence or women at risk of violence.

The Movement for Peace was established as an organisation promoting for progressive ideas and actions that aim to be transformative, and a pacifist and international vocation. In its pacifist commitment MPDL, Movement for Peace, is involved in peace processes and disarmament of guerrillas in Central America, development cooperation and humanitarian aid in the international arena, and protection of the rights of victims. Currently, the intervention in Spain focuses on the legal, social and labour care, offering care and services to more than 40,000 people each year in Madrid, Seville, Granada, Almeria, Melilla, Toledo, Valencia, Barcelona, Cantabria and Ciudad Real.

The service described gives support to women victims of violence, women at risk of violence or women at risk of social vulnerability or exclusion. Half of the users are migrant women that need support for entering the labour market. The service works in collaboration with other social services and different practitioners such as social workers, lawyers, and psychologists.

Social services refer women to the programme or women themselves address the service. After an evaluation a woman that needs support enters the programme which is personalised and tailored according to the needs of each woman.

There are two types of users. Firstly, women that are victims of gender-based violence or at risk of violence or women at risk of social exclusion that need accommodation. They are housed in an emergency welcoming centre run by MPDL and there they have access to support. It can vary from psychological support to training, legal support, but also support to enhance their employability. They can also bring their children under the age of 18 and if they are younger than 6, when the compulsory education starts in Spain, they are assisted with the provision of kindergarten to make sure that they can access the The programme works in a holistic approach with the provision not only of direct services for the women but also their empowerment in every aspect of life, to make sure that they access the labour market and become economically independent.

The second type of service users are women that are not in need of accommodation but can live independently and receive the same support from a holistic point of view. The project also foresees group meetings with the community and in particular with the partners (men) to raise awareness and sensitise them to the sharing of care responsibilities.

The service provides support for single mothers, as well as accommodation for the most vulnerable. It helps them providing information on allowances and legislation as well as with resources to prevent or combat situations of violence. The services offered increase their capacity to improve their wellbeing, while being supported by a team of interdisciplinary practitioners.

How the service contributes to improving work-life balance

The main aim of the service is to empower women and change the way they see themselves as only mothers, sole responsible for the care of the children and dependants. It aims at empowering them and to see themselves as workers as well as entitled to free and leisure time.

Career and life counselling, trainings offered to women aim to support them to access to the labour market. The service also offers information on labour regulations in cases. It aims at empowering them to consider themselves both workers and persons entitled to free and leisure time.

Women living in the shelter, have the possibility to access the preschool free education for their children. The users also receive information about their rights and the legislation concerning work life balance. The service also envisages group activities with men and partners to raise awareness towards sharing care responsibilities.

The women that live in the shelter have the possibility to access to preschool free education for their children. The user also receives information work life balance. The services also envisage group activities with men and partners to raise awareness toward sharing care responsibilities and sensitisation to combat violence against women.

Achievements and innovative aspects

The service is tailored to each user, who receives a personalised assistance path. It is available for all women that are in a vulnerable position and adapted to their specific needs. The holistic approach and the support path are designed for each woman based on her needs and evaluation by different actors (e.g. MPDL workers, social service, police etc.). The women that have access to the service have received emotional support and support to overcome violence and have been integrated in the labour market.

The service is evaluated every six months (interim evaluation) with quantitative indicators while every user receives a questionnaire to provide feedback in order to improve and adapt it based on challenging needs of the users.

Service accessibility, cost and financing

The project works with annual funds. The majority of funds come from public funds provided by the Government, the Ministry of Work or State or regional grants as well as donations from individuals.

Spain in a nutshell

| | Strengths | Weaknesses |
|------------------------------|---|--|
| Internal factors (practices) | Service: Punto de informaciones integradas a mujer <ul style="list-style-type: none"> • Service offers personalised support including accommodation to women victims / at risk of violence or of social exclusion (including migrant women) and their children • Holistic approach: accommodation, psychological support, legal advice, training, support for active job search, in-work training, access to free kindergarten and preschool education for children • Additional service is group activities with men and partners to raise awareness about sharing of care | Service: Punto de informaciones integradas a mujer <ul style="list-style-type: none"> • No specific measure to address the needs of women and children with disabilities |

| | | |
|-----------------------------------|---|--|
| | <p>responsibilities and combating violence against women</p> <ul style="list-style-type: none"> • From surveys women feel empowered, supported, trained, and receive childcare allowing them to access the labour market • Objective of shifting focus from work-life balance to sharing of care responsibilities • Funded through public grants • Collaboration with other services, such as police, social services, schools and training centres • Provider MPDL has internal Plan for equality and promotes sharing of care responsibilities | |
| | Opportunities | Threats |
| External factors (context) | <ul style="list-style-type: none"> • Barcelona targets for children below 3 and for children of 3-6-year olds are met • Good leave policy • Good framework concerning working time and flexible working arrangements • Increased budget and measures to fight child poverty • Recent extension of paternity leave • Good rank in gender equality (24° country out of 144) | <ul style="list-style-type: none"> • Part-time work concentrated among female workers • Employment levels of parents of young children below the EU average • Child poverty rate among the highest in the EU • Low quality of ECEC; availability and affordability of ECEC for children below 3 is a challenge |

POLAND

Socio-economic situation

In 2017, in Poland, the total employment rate for people aged 15-64 was 66.1%: 72.8% for men and 59.5% for women. In 2017 in Poland 9.8% of women aged 20-64 who were employed worked on a part-time basis, a much higher proportion than the corresponding share for men (3.5 %). It is interesting to remark that across Europe, the biggest decrease in percentage points in part-time employment between 2002 and 2017 was in Poland for men (-3.1 p.p. from 6.6 % to 3.5 %) – while it was in Iceland for women (-9.3 p.p. from 42.3 % to 33.0 %) (Eurostat 2017).

In 2016, parents' participation in the labour market is, however, high compared to other European countries, with 62.2% of mothers and 90.5% of fathers with children under 6 years old being employed (source: EPIC, [Country profile Poland](#)).

In 2015, there were 26.6% of children at risk of poverty and social exclusion in Poland, a smaller proportion than the EU average of 27.1%

The Global Gender Gap Report 2017 of the World Economic Forum ranks Poland as 39^o in the world out of 144 countries. In a scale between 1 – best rank in gender equality - and 144 – worst rank -, the rank is the following: economic participation and opportunity 55, educational attainment 31, and political empowerment 49.⁶¹

Organisation and funding of long-term care and early childhood education and care services

Minister of Health and Minister of Labour and Social Policy is responsible for legislation and regulation of LTC services. National government through the National Health Fund is responsible for the organisation in respect of health care related LTC. All tiers of local government have duties with regards to the organisation of social services. Central and local government are both responsible for the financing of LTC services. Responsibility for the framework of service delivery rests with the Regional Governors (Wojewoda).⁶²

Concerning ECEC, responsibility for developing legislation/regulations is at national level. Municipalities are responsible for financing and service provision and regulate parental fees.

The evaluation of services for under 3's is the responsibility of the national Ministry of Health. Evaluation of services for children between 3-6 is the responsibility of the regional education superintendent.⁶³

The enrolment of young children in formal childcare in Poland is rising but still remains low and below the EU average. In 2015, 5.4% of children under 3 years old attended formal childcare. The rates of childcare enrolment are higher for children aged 3 years old or above, with 43% of children attending preschool settings in 2015. The obligation for the local authorities to provide early childhood education has been gradually extended. Since 2009 every 5-year-old child is entitled to the place in the kindergarten, since 2015 – every 4-year old, and since 2017 – every 3-year-old (EPIC).

In 2016, quality of childcare is rated 6.7 in a scale of 1 to 10 where 10 means very high, equal to the EU 28 average. Quality of long-term care services is rated 5.7 (EU average is 6.2).⁶⁴

⁶¹ World Economic Forum (2017), [Global Gender Gap Report 2017](#), p. 274

⁶² Bernard Brunhes International (2011), Study on social services of general interest, study carried out on behalf of the European Commission, p. 39

⁶³ Bernard Brunhes International, *Ibid.*, p. 71-72

⁶⁴ Eurofound (2017), European Quality of Life. Survey 2016

Leaves

The length of maternity leave is twenty weeks in case of a single birth; no more than six weeks can be taken before the birth; it is obligatory for the mother to take at least 14 weeks. It is paid at either 80 per cent or 100 per cent of the mother's average earnings for the 12 months before the birth.

The length of paternity leave is up to two weeks that is paid at 100% of average earnings for 12 months before birth. It can be taken any time during the 24 months after the birth of a child. The leave can be taken in two separate parts.

Parental leave is up to 32 weeks per family or 34 weeks in the case of multiple births. This is a family entitlement. Payment depends on the payment option chosen by the mother during maternity leave. The parents must decide during the three weeks after birth if they want to use the parental leave directly after the maternity leave.

Up to 36 months can be taken as a Childcare leave. It is not dependent on the Parental or Maternity leave, but on the period of work at the employer (over six months). Parents can use the leave until the end of calendar year in which the child turns six years old. Out of this, 34 months are a family entitlement. Up to 36 months for a child with disabilities until the child turns 18.

An employee can take leave of up to 14 days per year to provide personal care for a family member, paid at 80 per cent of earnings. An employee can take leave to care for a child up to eight years of age (14 years if the child is disabled or chronically ill) in the case of an unforeseen closure of a nursery school, kindergarten, or school; or the illness or childbirth of the spouse caring permanently for the child.⁶⁵

Working time and flexible working arrangements

Parental leave can be combined with part-time working (maximum half of full-time hours), with payment proportional to the working time. For the rest up to full time, a maternal benefit is paid.

Mothers who work at least 4 hours a day and breastfeed are entitled to breastfeeding breaks at work, which are included into the working time.⁶⁶

Recent policy reforms

The main aims of present-day policies that support families in Poland are to improve the living conditions of families, with focus on families of children with disabilities. To achieve these aims, the Polish government is successively implementing and expanding social policy measures mainly through different forms of income support and by increasing funding for new childcare institutions (EPIC).

Since September 2017 there has been an entitlement to ECEC for olds or older children.⁶⁷

⁶⁵ Kurowska A., Michoń, P. and Godlewska-Bujok, B. (2018) 'Poland country note', in Blum, S., Koslowski, A., Macht, A. and Moss, P. (eds.) *International Review of Leave Policies and Research 2018*. Available at: http://www.leavenetwork.org/lp_and_r_reports/

⁶⁶ Kurowska A., Michoń, P. and Godlewska-Bujok, B. (2018) 'Poland country note'

⁶⁷ Kurowska A., Michoń, P. and Godlewska-Bujok, B. (2018) 'Poland country note'

Case Study 1 - Imago Foundation. Wroclaw, Poland.

Respite care for carers of persons with disabilities

IMAGO FOUNDATION is a private not-for-profit organization involved in activities aiming at supporting people at risk from exclusion from social and professional life.

They are involved in a transnational ESF project whose aim is to develop and implement a model of a short break service to improve the quality of life of families caring for persons with disabilities. In 2019, an evaluation of this test period will be carried out. The final objective will be to have a legislation adopted to make such short break services accessible for carers throughout Poland.

The main recipients of the project are people caring for persons with disabilities (mainly family members). They come from four voivodships of Poland - both from large cities such as Warsaw and from small towns. Regardless of their place of residence, they have a common feature - they are immensely involved in providing long-term, daily care for persons with a disability. It means that they are alienated from the labour market, have no time to satisfy their basic needs, give up to their own dreams and hobbies, and their health is getting worse. They are characterized by a significant limitation in social functioning, which is caused by the need for long-term care, a sense of loneliness in seeking support in institutions, regulations. In the absence of an alternative, care creates a psychological and physical burden.

The service coordinator adjusts the service to the needs of the family with persons with disabilities. An interview is conducted, based on which the needs of both the carer and the disabled person are determined. After completing the "assessment of needs", they assign to the family an assistant who professionally looks after a person with disability. Carers are involved in building a short break plan and in the monitoring of the quality of the service. The project work is designed to prepare other Polish organizations for short break implementation as well. Thanks to a thorough assessment and analysis of the needs of carers of persons with disabilities, it has been possible to build a useful model that can be replicated.

How the service contributes to improving work-life balance

Carers receive free time at their disposal. In Poland, as indicated by the service provider, there has not been such a service so far, which enables carers to improve their health and quality of life. It turns out that carers do not have a personal life, as well as a limited family life (beyond taking care of a relative with disabilities). They might be sick and mentally tired. The support offered by the project contributes to the improvement of these areas of life. In a situation where personal problems are stabilized, there is a chance that the carers could start making plans about their professional life.

The service takes also into account the needs of single parents. Besides, the project's users are: both parents, single-parent mothers, and adult children who look after their parents.

The service contributed to decrease the time informal carers spend on taking care of a person with disability. This contributed to a better work-life balance and an improvement in carers' quality of life through:

- 1) Distancing the carer from the problem;

- 2) Understanding that the carer is not alone with the problem;
- 3) Noticing your own problems,
- 4) Making possible to devote attention to other family members - return to the role of mother, sister, wife, grandmother, grandfather, brother, friend etc;
- 5) Raising qualifications,
- 6) Increasing carers' ability to cope with everyday matters (in offices, at schools, at the doctor's office)
- 7) Offering the possibility to pursue personal hobbies;
- 8) Renewing social life.

Among the carers about 80% are women, 20% are men. Most of them go to work from time to time, some of them do not work at all, because their whole life is devoted to taking care of a person with disability.

Achievements and innovative aspects

The project is still in progress. In the first stage 135 carers and persons with disabilities participated, tools (needs assessment forms, training programs, evaluation and research forms) were elaborated and 9 short break programmes were planned and prepared for implementation (clients were recruited and assessed, and staff trained). During the project implementation, the competences and needs of project personnel are also examined. A comprehensive approach to the topic affects positively the quality of life of the personnel.

In the Polish context this is a highly innovative project for three reasons. It is a true pioneer project in developing a complex approach to short break as a service enhancing the work-life balance of people providing care to their relatives with disabilities. While the Polish support system puts emphasis on the needs of persons with disabilities, their carers do not have access to services which could balance their lives and prevent burn-out, preventing them from being better carers in the long term, as well as active citizens and employees. The concept of short breaks and the rights of carers of persons with disabilities to work-life balance is highlighted for the first time directly through the project's activities.

Probably, when the service would enter the mainstream of Polish public services as a permanent service, it would have a positive impact on the labour market.

Service accessibility, cost and financing

The cost of the service per one hour is around 40 zlotys (around EUR10⁶⁸), covered until the end of 2019 by public funding. The project is funded by the European Social Fund.

⁶⁸ Eurostat (last update 31/01/2019), Mean and median income by household type EU-SILC survey. (Poland, 5.960 €)
http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di04&lang=en

Case Study 2 - Grażyna Skorupka, Poland.

Care services addressed to persons with disabilities

The "50+" co-operative was created, in 2007, by five women with disabilities: two unemployed, two on early retirement and one pensioner. None of them would embark in an individual economic activity on their own, while the cooperative gives them a sense of community and the certainty that they can count on each other.

The services offered by the cooperative provide help for the elderly, the sick, the disabled (care, cleaning, cooking meals) considering the specific needs of families. Since the staff of the co-operative is composed by persons with different disabilities, they have personally experienced post-accident long recovery and illness. While the public health service leaves the patients and their family alone after treatment, 50+ provides support to fill in the documents and administrative forms required to apply to the relevant public authorities for the recognition of the condition of disability. Most often, users are pensioners who do not benefit from the special treatment that is provided to persons with acknowledged disabilities or tax reductions.

How the service contributes to improving work-life balance

50+ co-operative is mostly addressed to elderly with any kind of disabilities or long-term recovery needs. The services provided contribute to improving work life balance especially guaranteeing "free time" to the family care givers. This also improves the relationship among the family members. The users are mainly lonely, widow(ed) women or men who need (family) support for any kind of daily home service irrespective if they live alone or within their children/relatives, who are often over 60 years old.

The services need that 50+ co-operative aims to fill is caused by a lack of policy and instruments as well as a lack of appropriate activities provided by social workers. Because of those missing factors the co-operative was created, and the workers started to deliver "atypical" care services. One of the many stories is the one about a lady, resident in Gdynia (north of Poland). A single person who required targeted chemotherapy administered then only in Bydgoszcz (centre of Poland). It was necessary to take her at 6 o'clock in the morning, waiting during the treatment and then to bring her back to Gdynia. She required all-day care, although she was not a lying person. Her daughter lived in the USA and could not solve the problem through the public services. It was thanks to 50+ co-operative service, who gave her support, that she could access to the therapy and consequently, have a better and longer life.

Achievements and innovative aspects

This model has proven itself that they have recently recruited more people. There are currently seven of them, all aged 50+, with moderate or severe disability. To guarantee the best service possible all the staff fulfilled the need of knowledge and skills by taking part in organized trainings, among others through the employment office, town hall, Caritas, WAMA-COOP association, PCK, and Combidata Poland. The training included such issues as: caring for people permanently immobilized, first aid, sales techniques and individual career paths for persons with disabilities.

Service accessibility, cost and financing

The co-operative received a grant from the Ministry of Labour and Social Policy after the first year of activities. They apply for grants from municipal offices and non-governmental organizations.

Poland in a nutshell

| | Strengths | Weaknesses |
|------------------------------|---|---|
| Internal factors (practices) | <p>Project: Respite care for carers of persons with disabilities</p> <ul style="list-style-type: none"> pioneer project in developing a complex approach to short break as a service enhancing the work-life balance of people providing care to their relatives with disabilities project empowers family carers, preventing their burn-out, making them better carers by the means of training project highlights carers' right to work-life balance and well-being for first time Tested services have reduced the time informal carers spend on caring Tested services enable carers to put distance between them and relatives' problems, to rebalance the attention towards other family members, to free time for hobbies and renew social life if the tested short break services are mainstreamed throughout Poland, a positive impact on the labour market is expected | <p>Project: Respite care for carers of persons with disabilities</p> <ul style="list-style-type: none"> Sustainability of project at the end of ESF funding Project still ongoing, not all the results are known |
| | <p>Service: Care services addressed to persons with disabilities</p> <ul style="list-style-type: none"> Innovative service providing care services to persons with disabilities that fills the gap from health public services (after treatment, there is no support to persons with disabilities and their families) Cooperative has been founded and has employed persons with disabilities over 50 who have experienced themselves isolation and lack of support Cooperative supports users in submitting applications for the recognition of acknowledged disability Service improves work-life balance of family carers by giving them more free time, which has a positive consequence also on family relationships Cooperative has been able to employ additional people aged over 50, with moderate or severe disability | <p>Service: Care services addressed to persons with disabilities</p> <ul style="list-style-type: none"> Dependent on public funding, as persons without a certified disability cannot deduct expenses incurred for treatment Necessity to provide continuous training to the personnel to ensure their professionalization |

| External factors (context) | Opportunities | Threats |
|----------------------------|--|---|
| | <ul style="list-style-type: none"> • High employment rate for men and women compared to EU average • Participation in the labour market of parents of children under 6 is high compared to other EU countries • Very good leave policy • Ongoing policy reforms focusing on the improvement of the living conditions of families, especially those with children with disabilities • Recent entitlement to ECEC for 3-year olds or older children | <ul style="list-style-type: none"> • Enrolment of young children in formal childcare is rising but still low • Perceived quality of LTC is below the EU average • Lack of adequate long-term care services for persons with disabilities |

PART III - Key findings and lessons learnt

From the ten practices analysed, it is possible to identify some key findings and draw some lessons.

Social services, including social care and employment services, are deeply rooted in the national contexts. They are not only embedded in the existing legal framework and conditioned by the social welfare model to which they belong to; they also reflect the social, economic and cultural situation of a country. Services adapt themselves to respond to local social needs. Type of providers and sources of funding also depend on national economic landscapes.

To give an example, the service “Cobaby and Work Design” provided by Piano C in Italy, was created to respond to Italian women’s need to re-enter the labour market after motherhood and having lost their jobs, often in the aftermath of the economic crisis. In Italy more and more people, including women, turn to self-employment as they cannot find a job as employees. Sometimes it is also a free choice, as self-employed often benefit from more flexibility concerning working time. The result is that the labour market is more and more segmented. While a very good protection exists for employed women in terms of maternity and parental leaves, little protection exists for women who are independent or self-employed. In addition, there is lack of services and comprehensive policies to ensure work-life balance for self-employed women with children. Therefore, it should not come as a surprise the fact that third sector organisations, social cooperatives and limited liability companies are developing new services and are at the forefront of social innovation processes. These services are usually funded by the means of a mix of public and private funding, or through users’ fees.

A service similar to “Cobaby and Work Design” could appear at odds in countries like Finland or Austria, where there are higher levels of female employment, self-employment and entrepreneurship are not so common, service provision is almost fully publicly funded, and cash benefits represent a high share of public spending. This case confirms the findings of the literature review: the role of childcare enrolment for self-employed does affect women’s occupational choices but not those of men.⁶⁹

The Irish case “Care and Repair” is also quite atypical. It is the result of a partnership between a non-profit organisation and a company. It has been developed with a clear business and commercial approach, that is typical of Anglo-Saxon countries.

Innovative services are often the result of the proactive initiative of individuals / organisations that intend to respond to a social need that is unmet and to fill gaps in public service provision. This phenomenon can be found both in the form of non-profit service provision or by the social economy and social businesses. The Polish case “Cooperative 50+” is a clear example: it provides care services to persons with disabilities that fill the gap from health public services (after treatment, there is no support to persons with disabilities and their families). This cooperative was founded by persons with disabilities over 50 who experienced themselves isolation and lack of support. It has been successful and able to employ additional persons with disabilities. Another example is the Finnish “Temporary care at home” provided by KVPS, which has its roots in parent-led governance and was set up to provide support to persons with intellectual disabilities.

Services aimed at improving the work-life balance also reflect cultural backgrounds and, in particular, two different concepts of reconciliation and work-life balance. In all countries, women still bear the main care responsibilities of family members. However, it is interesting to observe that

⁶⁹ See chapter I, paragraph “Female employment and the sharing of care responsibilities between women and men in the EU”

in the countries where gender equality is more advanced, the services analysed aim at promoting a more equal sharing of responsibilities between women and men. By contrast, in the countries with lower rates of gender equality the practices contribute indeed to improve the work-life balance of women or mothers who take care of dependent family members, but do not aim at encouraging men in engaging more with care responsibilities. The availability of such services is of course the first step in supporting women with care responsibilities, offering them more time for themselves, their personal and professional life. However, the best results towards a better sharing of care responsibilities between men and women can be achieved when services aim at changing the common mind-set that care is a women's matter. An example of the first type is the service provided by MPDL in Spain, while the Italian cases Cobaby and Rifugio Carlo Alberto, and the Irish one, are clearly addressed to women. It is interesting to remark that the fact that Spain is more advanced than Italy when it comes to gender equality and sharing of care responsibilities between men and women was highlighted in a study analysed in the literature review.⁷⁰

This clearly testifies how gender equality policies and cultural backgrounds influence the provision of services. A recommendation to Care and support services, policy makers and other relevant stakeholders would be to focus on awareness raising about the benefits of a more equal sharing of care responsibilities between women and men, by specifically targeting men in their support services (see the Spanish example of "Punto de informaciones integradas a mujer" for inspiration).

All the practices analysed contribute to improving the work-life balance and quality of life of family and informal carers and users' families. This can happen in many different ways:

- By ensuring survival of families and decreasing the probability of divorces (e.g. the Finnish "Temporary care at home")
- By preventing burn-out and mental health problems of family carers (e.g. the Polish care services to persons with disabilities)⁷¹
- By decreasing the time family carers spend on caring dependent family members and giving them more time for themselves (e.g. the Irish "Care and Repair") and to work, study and have training (e.g. the ESF Polish project "Respite care for carers of persons with disabilities")
- By enabling both parents and especially women to work (e.g. the Finnish "Temporary care at home")
- By enabling family carers to take care of their family member better and longer, through the support offered by the staff and the professionals engaged in the service, including seeking support from other services too (e.g. the Italian "Alzheimer Day Centre Re Carlo Alberto", the Finnish "Support for family care givers" offered by the Finnish Red Cross, the ESF Polish project "Respite care for carers of persons with disabilities")⁷²
- By targeting specifically women, including women in vulnerable situations (e.g. victims of violence, migrant women with children, single mothers, etc.): working on their self-esteem and skills, women start seeing themselves not only as mothers but also as economically independent women; (e.g. the Spanish example of "Punto de informaciones integradas a mujer", the Italian "Cobaby and Work Design")

⁷⁰ Jappens, M. and Van Bavel, J. 2012

⁷¹ See Chapter I, paragraph « Work-life balance as an essential dimension of quality of life" for the negative impact on health and well-being of low work-life balance and excessive care responsibilities of family carers

⁷² In the literature review it was highlighted that being a carer and working at the same time does not automatically mean being at a disadvantage in terms of quality of life. See Chapter I, paragraph « Work-life balance as an essential dimension of quality of life".

- By allowing a better flexibility in the provision of care, as well as in the opening hours of services (e.g. the Finnish “Temporary care at home” through the provision of services at the centres, at home or a mix of both options; the Italian “Alzheimer Day Centre Re Carlo Alberto”).

The most successful practices are those that can combine the main service with support services to families and family carers, even when provided just on an informal basis. The Italian “Alzheimer Day Centre Re Carlo Alberto” goes even further. It is an excellent example of community-based service that has created a strong relationship between the local community, the users, and their families, which is beneficial to all. The local population, for instance, gets information about Alzheimer that is becoming a more and more common reality in Italian families, due to the ageing of the population, and gets access to the centre as a cultural, social and recreational space (summer cinema).

A general recommendation for Social Services Europe is to work with their members to encourage service providers to include work-life balance and equal sharing of care responsibilities between women and men as essential dimension of the quality control systems of the services they provide. This should concern the users, family and informal carers, families as a whole, and the workforce. By doing this, the service provider and its staff would gain increased awareness of how their daily work contributes to the improvement of work-life balance; by slightly adapting their quality control systems

It is proved that a policy framework comprising a mix of different types of adequate care leaves, flexible working arrangements by choice and access to quality and affordable services is the most effective to reconcile work with caring responsibilities and to improve work-life balance. When one of these elements is missing, the policy framework is not optimal. This is the reason why the study has paid particular attention to leave policies and flexible working arrangements.

The International Network of Leave Policies and Research⁷³, hereafter the Leave Network, stressed that a key determinant for a successful framework ensuring work-life balance for couples with children is the extent of the gap that exists between the length of parental leave and ECEC entitlement.

The authors recommend Social Services Europe’s national members that provide ECEC services to examine the findings of the Leave Network on the existing gaps between ECEC entitlements and leave policies in EU countries and consider if they can adapt their services or develop new services to fill these gaps. This could be a significant opportunity for service providers to expand their activities or innovate their offer of services. The same exercise could be done with reference to the gaps existing between other types of leaves, cash benefits and related service provision. The European members of Social Services Europe could contribute highlighting at EU level in their advocacy activities the need for a stronger coordination between family leaves, childcare and provision of other types of support.⁷⁴

⁷³ International Network of Leave Policies and research available at <https://www.leavenetwork.org/introducing-the-network/>

⁷⁴ This consideration has been highlighted also by COFACE Families Europe in its recent position paper “An EU deal for childcare”, December 2018

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