

Submission to Oireachtas Joint Committee on Justice and Equality on proposed EU Directive on Work-Life Balance

Family Carers Ireland welcomes the proposed Directive on work-life balance, and recognises its intent not only to serve the ends of fairness and equality but also better to secure the economic future not only of employees but also of employers, whether corporations and smaller businesses or the public sector. In particular, with our European colleagues in Eurocarers, we welcome the Directive as the beginning of formal EU-level recognition in legislation of informal or family care both as a barrier to workforce participation and career advancement generally, and therefore an area where legal protections against potential discrimination must be in place, and as something which, when undertaken, must be supported by Member States so that family carers can provide safe and adequate care for their loved ones while remaining full participants in their society.

Demographic changes across Europe and a shifting dependency ratio, allied with cutbacks in formal supports and shorter hospital stays, will result in an expanding demand for informal care. Changes in societies and family structures mean that the capacity to meet the demand for informal care will decline, and it is projected that an unpaid ‘care gap’ will grow rapidly (Pickard 2015). The move toward a supportive work environment for informal carers has benefits for families, businesses and the overall economy (Carers UK/Employers for Carers 2013). This is a matter of workforce sustainability, as those supported are less likely to exit the workforce, whether at once or in increments as the burden of care increases, allowing employers to retain talented employees in roles for which they are suited (Bittman et al. 2007; Glendinning et al. 2009; Carers UK 2015). In addition, literature on work and care suggests that carers who retain a working identity often respond better to the demands of caring, and are not as exposed to some of the risks associated with the caring role, such as social exclusion or isolation, or negative impact on psychological and physical wellbeing as well as financial circumstances (Stiell et al. 2006; Eurofound 2015).

Ireland’s system of Carer’s Leave and the associated Carer’s Benefit payment is comparatively generous by European standards, and Government have worked recently to ensure it is promoted better. Take-up still seems rather low, but is rising.¹ Still, its take-up shows the typical gender imbalance in caring responsibilities which the Directive in part hopes to address: the last available

¹ There were 1,769 recipients at the end of 2014 (the most recent publicly available figures) – a significant 10.7% increase on 2013, but still a low absolute figure. Outside of official and publicly available stats, the Department of Social Protection indicates that take-up has risen: at end of Jan. 2017, there were 2,771 recipients of CB, caring for 3,117 people (DSP communication with Family Carers Ireland, 23rd Feb. 2017).

figures which break down recipients by gender are for 2014, and show that, proportionately, women are far more likely to avail themselves of carer's leave, being four times more likely (1,054 Female vs. 265 Male) to be recipients of carer's benefit (Dept. of Social Protection 2015: 98).

The right of workers to call for flexible working time, and its encouragement as a way of facilitating employees' balancing of work with care obligations, is significant and Family Carers Ireland would join Marian Harkin MEP in recognising this. Member Harkin wrote in her press release of April 27th 2017 of this and the proposed 5 days leave at sick-pay rates to care for or make arrangements for the care of ill relatives: 'it is [only] a start, but it will be a real achievement to get this in place'.

There is consensus that all health and social care systems in Europe assume and depend upon a supply of informal care, and that even in those countries where it has not traditionally been as significant (the Nordic countries and the Netherlands, for example), its importance is growing. It is important therefore to ensure that family carers are adequately supported in their caring role and secured as far as possible from exposure to the negative professional and personal consequences which are commonly acknowledged to result from assuming the role. The measures to support the balancing of work with informal care must be part of a suite of measures by which Member States support family care, including those who choose to care full time. Those who do leave the workforce to care must be supported to re-enter it through appropriate reactivation initiatives when their caring role comes to an end, and offered adequate social security to ensure they do not fall into poverty through caring.

As much as it is a gender equality issue, the question of adequate state recognition and support of informal care is also a socioeconomic one. It is significant that studies from the Netherlands, where the world's first system of compulsory long-term care insurance was introduced in 1968, and where, consequently, care has traditionally been seen as the state's responsibility, indicate that the expectation that family provide care, even at the expense of their own career progression, is more prevalent among lower-income households and communities, and that this expectation extends to societal and governmental level, where it is expected lower-income families should incur the opportunity costs associated with adoption of the caring role (Van den Broek et al. 2015; Da Roit 2012). Scottish studies which examined correlation between deprivation measures and the prevalence and intensity of caring meanwhile found no significant difference in the prevalence of caring across quintiles, but that intensity of caring increased significantly among those in the lower 2 quintiles (Scottish Government 2015). Similar correlations between deprivation levels and intensity of caring were indicated in the Irish Health Survey 2015 (CSO 2016). It has often been noted that the measures which facilitate work and informal caring apply in the main to those in higher-skilled, higher-income professions. In the Commission's ongoing support for the balancing of work and care, it is important to ensure that informal care provision is not the assumed recourse for lower-income families, while

better off families can remain in the workforce, sharpening the income divide and making care a barrier to social advancement among the working classes. Some of the measures required to accomplish this are indeed those announced in the Commission's Communication, such as monitoring and improved data collection, but most important will be the steps taken by individual Member States toward recognition and support of family care, both for those balancing care provision with work and for those who choose to care full-time.

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