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Juggling family and work – Leaves from work to care informally for frail or sick family members – an international perspective*

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Background

Policies to support the reconciliation of paid employment and unpaid family care may be considered a relatively new addition to most countries' welfare systems. Until recently, researchers mainly dealt with the question of how opportunities for women could be improved on the labour market (with a focus on child care and parental leaves), as women continue to shoulder the bulk of unpaid work including family care and household chores. In the face of ageing populations, rising female labour market participation rates and greater importance attached to gender equality, a question that is becoming more salient is which policies are needed to combine paid work with care and support within the family, especially for frail older relatives (Knijn et al., 2013). Such policy measures include short-term or long-term leaves from the workplace, which allow employees with caring responsibilities to provide support to their frail, disabled or sick relatives. Austerity measures and the tendency for marketisation in the long-term care (LTC) sector further add to increased reliance on family members for the provision and organisation of care and support (see Costa-Font, 2011 for an overview of recent long-term care reforms in Europe), while increasing pressure is put on the working age population to remain in paid employment until later age even if under more precarious working conditions (Knijn et al., 2013).

In fact, family carers (or 'informal carers') represent the most important source of support for people in need of care in European countries and beyond (Colombo et al., 2011). The majority of these family carers for frail older people, disabled adults and sick children are women of working

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age, even though older spouses are becoming an increasingly important source of support too (see e.g. Rodrigues et al., 2012). Carers therefore often have to combine employment and caring duties, with potentially negative consequences for their own health and the economy (Burton, 2004). Especially caregivers with lower earnings are likely to benefit from leave options at their workplace, as they provide care to family members more often than those with a higher income, and are more likely to suffer from difficulties in negotiating flexible working time arrangements with their employers. Intensive periods of (unpaid) caregiving may make it necessary to reduce one's working time or leave one's job, especially among women, whereas light caring commitments are much less likely to affect labour market participation (Heitmueller, 2007). This highlights the importance of (public) formal care services as a complement to care leave models, combined with other policy measures to increase the compatibility of work and care such as flexible working times.

Table 1: Scope and methods of the presented study

What is the research about?

The objectives of this Policy Brief are twofold: Firstly, it aims to draw some lessons for the design and improvement of care leave policies in the selected countries (Austria, Germany, the Netherlands, France, Italy and Canada). Secondly, it highlights the challenges involved in implementing care leave regulations in practice. The findings in this Policy Brief are based on the in-depth examination of 22 existing care leave regulations in the six analysed countries. In the context of this research, the term 'care leaves' refers exclusively to leaves from work for employees who are faced with a (mostly unforeseen) need to care for frail or disabled adults, or sick children. Conventional parental leaves regulations are thus not included in the analysis. The selected countries display a variety of legal and regulatory approaches, and the study applies a mix of different methods (including a narrative literature review, in-depth analysis of legal documents, expert interviews and analysis of available take-up and public expenditure statistics). It was carried out between October 2015 and April 2016.

Analysis of care leave models

The analysis in this Policy Brief, which aims at highlighting lessons for the design and for the implementation of care leave models (see Table 1), is conducted separately for short-term care leaves (e.g. short-term care of sick children) and for long-term care leaves, which are typically used for dealing with care and support needs over a number of weeks (at least). The lessons derived from the international comparison of the six selected countries are presented in the following two subsections, based

on which some take-away messages are developed about the meaning of care leave models at the end of this Policy Brief.

For the analysis, initially seven key policy objectives were defined which are deemed of particular relevance for improving reconciliation of employment and informal care for disabled, frail or sick relatives. These are caregivers' labour market attachment, universal coverage, legal security, flexibility, income security, social security, and gender equality. These also represent the dimensions against which the underlying rationales of care leave models are compared across countries.

1 Designing care leave models

Large diversity found in long-term leave models, but not for short-term models.

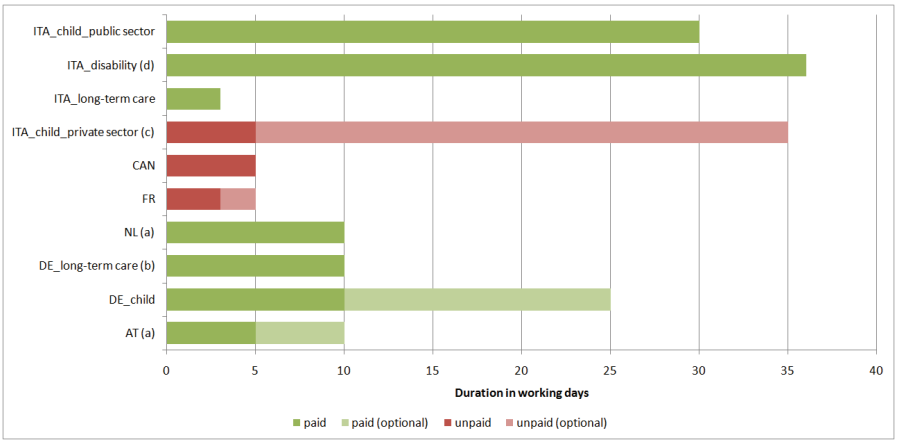
Among short-term leave models, there is limited variation by international comparison in the countries presented here. By contrast, longer care leave models are subject to much larger diversity in terms of approaches, rationales and actual implementation. Some countries introduced short-term leave arrangements for caring employees as early as in the 1970s (Austria, Italy), while long-term leaves were introduced in all countries only from the early 2000s onwards (see Table 2 in the Annex for a full overview). In many countries, short-term leaves are primarily designed for parents of (sick) smaller children, with the number of days ranging from five up to 36 days, usually calculated per worker per year. Short-term leaves are unpaid in France and Canada, as well as in Italy for parents of sick children in the private sector. The other four countries provide some form of income replacement, usually paid by the employer (Figure 1).

At the other end of the care leave spectrum, the duration of long-term care leave models ranges from six weeks (Netherlands) to 24 months. The longest duration is found in Italy and in Germany (if only as a part-time leave in the latter country). Only for two out of the 13 long-term care leave models analysed are no financial benefits provided (see Figure 4 in the Annex).

Overall, three different 'logics' underlying care leave models of longer duration can be identified (see Figure 2). Mostly, historical developments contribute to explain why different approaches were chosen. For instance, in the Netherlands under the paradigm of the 'participation society' the circle of relatives entitled to a care leave was extended also to neighbours and friends. In Italy, lobbying on behalf of parents of severely disabled children led to the introduction of very generous leaves for this group as early as at the beginning of the 1990s. Most countries do not

cover self-employed workers in their care leave schemes, except Canada under certain conditions.

Figure 1: Payment and duration of short-term care leave models

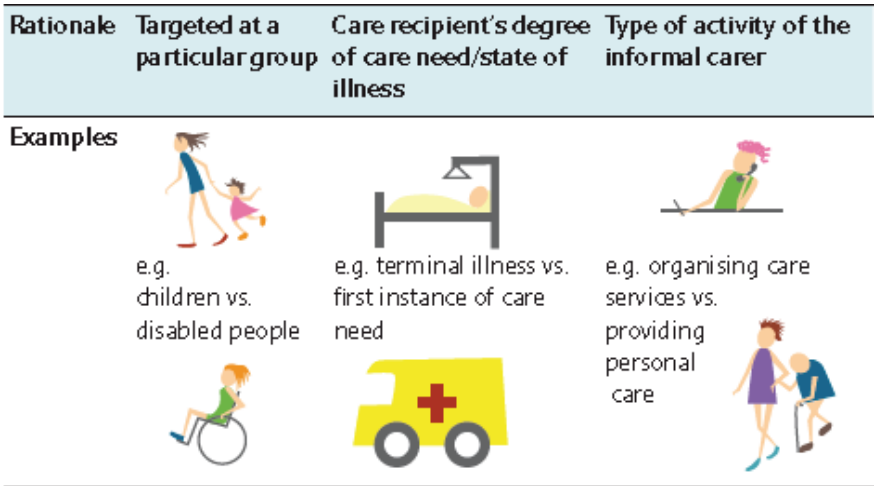


Source: For a list of all legal texts and other documents see Annex and Schmidt et al. (forthcoming).

Abbreviations: AT: Pflegefreistellung; DE_child: Freistellung zur Pflege von kranken Kindern; DE_long-term care: Pflegeunterstützungsgeld; NL: kortdurend zorgverlof; FR-Congé pour enfant malade; CA-Family responsibility leave. IT_child: congedo per la malattia del figlio; IT_disability: permessi mensili retribuiti; IT_long-term care: permessi lavorativi per eventi e cause particolari.

Notes: The maximum number of days of leave in the presented models refers to entitlements per employee per calendar year (FR, DE_child) or per working year (CA, AT) or within a period of 12 months (NL).
(a) NL, AT: Duration for employees with a full-time occupation; (b) DE_long-term care: Total duration per case for all caregivers taken together; (c) For care of (sick) children under four years of age there is no limit on the number of days of leave to which employees are entitled; Benefits are paid only until the child is six years old. In the public sector different regulations may apply (d) There is a right to leave for 3 days per month.

Figure 2: Rationales underlying long-term care leave models in selected countries

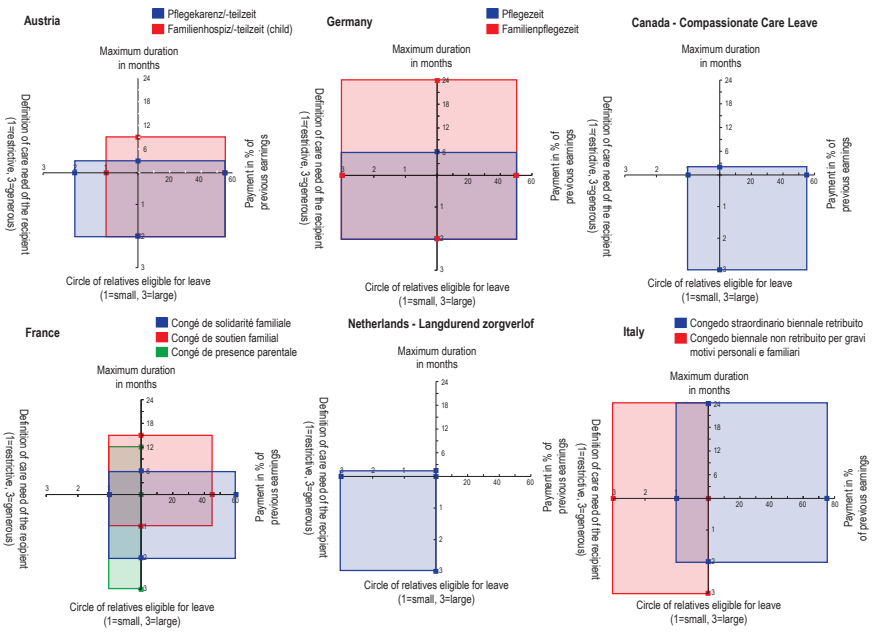


Source: Authors' representation.

The degree of generosity and the public expenditure for care leave models are to a large extent determined by four main dimensions. The first one refers to whether or not there is some kind of payment provided

during care leaves from work or not, and how high is the amount of the financial benefit granted. Besides, also the way in which the financial benefit is paid (flat-rate vs. income-related; benefit vs. loan) is important to consider. As for the second and third dimensions, both the definition of (minimum) care need and the circle of eligible family members contribute to restricting or widening access to care leave models. Finally, a leave's duration may also crucially influence the public expenditure and take-up of care leave schemes. The welfare state context as a whole needs to be taken into account in this respect, as in countries with low coverage of formal care services a longer duration of care leaves might be needed. For the longer-term care leave models examined, the four dimensions described here are displayed in Figure 3 for each of the countries. They are presented in the form of rectangles, with each axis representing one of the four dimensions (see Notes below for a reading guide).

Figure 3: Comparing four dimensions of generosity of long-term care leave models in selected countries



Source: Authors' representation based on national legislation.

Notes: Each axis refers to one dimension considered crucial in determining the generosity of a specific care leave model: maximum duration (upper axis), payment (right axis), circle of eligible relatives or others (lower axis), and definition of minimum care need for which a leave is granted (left axis). The larger the rectangle in a specific dimension in a given country, the more generous the regulation is with regard to that dimension. For example, under the Dutch (long-term) care leave model a large circle of persons is eligible to take a leave, and for a wide range of purposes (care needs), while no payment is provided and the leave's duration is very short compared to other countries. By contrast, in Canada there is generous payment provided yet a leave is granted only in terms of severe care needs of the person cared for.

Based on a comprehensive assessment, the Austrian model can be regarded as relatively generous since both duration and payment are regulated in a more advantageous way than in most other models. The other two dimensions (care needs, circle of claimants) are also more broadly defined. Examples of particularly long-lasting care leaves (up to 24 months) are found in Germany and Italy. In Germany, however, the benefit comes in the form of a loan, to be repaid by the employee. In addition, a leave of absence of more than six months is possible only on a part-time basis, i.e. employment has to continue for at least 15 hours per week. In France, there are several long-term leave models that together cover a wide range of care situations, but each individual model has considerable weaknesses (for example, low or no income replacement, small circle of potential claimants). Similarly, the Italian long-term care leave models are inconsistent, as in one model continuation of full salary payment is provided, while the other model foresees no payment at all.

The Netherlands and Canada are characterized by the fact that a very large circle of people is entitled to leave of absence. While income replacement in Canada is comparatively high (55% of salary), the Dutch model is unpaid. However, in Canada a leave of absence is granted only if a relative is at risk of dying within a few weeks' time, while in the Netherlands a leave of absence may also be granted simply for assistance in everyday life. Italy defines a differentiated access to the care leave for different relatives, with priority for spouses.

In addition to the four above-mentioned dimensions (Figure 3), some further aspects are noteworthy from the perspective of informal carers, including the legal situation and social security coverage during care leaves, and gender equality. A statutory entitlement exists for all (short-term or long-term) leaves analysed, with the exception of one of the longer duration models in Austria (Pflegekarenz). In Germany a statutory entitlement is foreseen only in companies with a certain minimum number of employees. Social security coverage is provided regardless of the leave model in all countries analysed, save those related to sickness benefits for the caregiver should s/he fall ill while on leave. Pension entitlements continue even during a leave of absence, as do health insurance benefits in kind.

Mixed messages emerge in terms of gender equality.

In terms of gender equality eight of the 13 (long-term) care leave models provide income-related benefits, which is likely to convince more men to take a leave of absence than other models in which a flat rate is paid. The main argument in favour of income-related payments is that more men might take up care leaves and thus the burden for women related to informal care is reduced. Arguments against the introduction of

income-related payments include the substantially higher public expenditure and the fact that care should be 'valued' equally (in absolute terms) across income groups. In some countries, a cap on the maximum benefit amount is therefore applied which is however likely to slightly decrease the incentive for higher-earning individuals and might impact negatively on the take-up of care leaves by men. Only in Italy is full payment provided during the whole duration of the leave (Figure 4 in the Annex). Other approaches to improve gender equality can also be found, such as a bonus for single parents (France, Germany), and an increase in the entitlement for months of paid leave when several caregivers are involved (Austria).

2 Implementing care leave models

The lessons for the implementation of care leave models in practice refer to the following aspects: take-up rates and public expenditure, and leave duration and gender balance among caregivers.

2.1 Take-Up Rates and Public Expenditure

Take-up rates of care leaves are driven by structural as well as societal and psychological factors.

Generally, two categories of factors can be distinguished which impact on take-up rates in practice. Firstly, structural factors like payment or duration are crucial dimensions which informal caregivers consider before asking for a leave from work. Partly, these factors coincide with the factors represented in Figure 3 which are also likely to drive public expenditure for care leave schemes (e.g. a longer leave duration is likely to encourage more caregivers to take a leave, but also to drive public expenditure). Secondly, societal or psychological factors are found to be at least equally important for take-up of care leave in practice, for example because caregivers often feel inhibited to ask for a leave for fear of stigmatisation at the workplace or other forms of career disadvantages. Also, being confronted with the approaching death or with severe illness among their loved ones, many informal carers feel unable to deal with complex application procedures or financial risks during absence from their workplace.

Estimated take-up rates vary to a large extent depending on the estimate one considers for the number of eligible employees (see Table 3 in the Annex). For short-term leave models take-up rates are available only for Italy, Germany and the Netherlands, with the highest rates found in the Netherlands (8-15% for *kortdurend zorgverlof*) and Italy (5-16% for *permessi mensili retribuiti*, *permessi orari giornalieri* and for *prolungamento congedo parentale*), while the take-up is only 1% in Germany (*Pflegeunterstützungsgeld*) as it relates only to the organization of long-term care. In the Netherlands, short-term leaves are a common form of leave, as other

regulations also exist to allow a (long-term) flexible reconciliation of paid work and unpaid care provision with which short-term care leaves may be combined.

Among longer care leave models the highest take-up rates are found in Italy, the Netherlands and Austria.

For long-term leave models, Italy (2.7%), the Netherlands (2.5%) and Austria (2.5%) report the largest share of eligible employees who use a care leave. The comparatively high share of employees using long-term leaves in the Netherlands is slightly surprising as the Dutch long-term leave model (langdurend zorgverlof) is unpaid and was restricted to a small circle of relatives until 2015 [1]. The fact that employed caregivers in the Netherlands nonetheless use care leaves is likely due to higher female employment rates, and a more positive attitude among colleagues and employers towards workers with caring responsibilities compared to other countries. In Italy, comparatively high take-up rates of the paid long-term model (congedo straordinario) are likely due to the fact that the leave is fully paid and that little alternatives exist for informal caregivers in terms of formal care services. Even though not facing any financial disadvantages during their absence, Italian employees who are confronted with a need for care in their family are possibly forced to leave their workplace over a longer period of time [2], with potentially negative consequences for their labour market attachment in the longer run, especially among women. In France and Germany care leave models are used by less than 2% of the eligible population based on our estimations. In Germany, the complex and risky financing schemes, either as a loan provided by the state or by the employer, were identified as the main barriers for take-up for caring relatives. In France and Canada, stigmatisation at the workplace for employees with caring responsibilities is high, which creates strong disincentives for working carers to take a leave. Complexity of the application process was also mentioned in these two countries as a hurdle for many workers trying to juggle work and family care responsibilities.

Complexity of leave models and fear of negative consequences at the workplace are among the biggest hurdles for take-up.

Comparing Austria, Germany, Italy and Canada, the highest public expenditure with care leaves are recorded in Austria, followed by Italy (see Table 4 in the Annex). There is no data available for France, and no payments are provided in the Netherlands. Relative to the rather restrictive definition of care situations for which a leave of absence is possible (hospice), Canada also displays comparatively high public expenditure and take-up rates, whereas the costs and take-up in Germany have remained much

1 For the Netherlands, the data on take-up rates presented here refer to the year 2013.

2 In Italy, the most common form of longer care leaves for informal caregivers in employment is the congedo straordinario biennale retribuito, which may last up to two years and is fully paid (100% of previous earnings).

lower due to the nature of the benefit paid (loan provided by the state or by the employer). The data, especially from Germany and Italy, highlight that adequate financial compensation during care leave is decisive in many cases in terms of whether or not a care leave is used in practice, and therefore whether it effectively contributes to a better reconciliation of work and care.

2.2 *Leave Duration and Gender Balance*

Three months are usually adequate for the organisation of care and support.

In Austria, two different models exist that provide a leave for (typically) three months with a moderate payment provided, where carers may choose between a part-time or a full-time absence. This model facilitates a good balance between the objectives of labour market attachment and work-care reconciliation, yet also with comparatively high public expenses. The vast majority of informal carers prefer a full-time absence from work in order to adapt themselves to the new care situation within a relatively short period of time. However, in order to ensure a potentially stronger link with the workplace it is recommended that an option to take a part-time leave is also provided. Also, a full-time leave should not last longer than six months so as not to risk weakening ties to the workplace (see above on the Italian example). That said, in the majority of cases in which the informal carer has to provide care him- or herself, even several months of leave will most likely prove too short. On the other hand, the experiences from Austria (and Germany) show that three months are usually sufficient for the organisation of care and support, even though the appropriateness of a care leave's duration largely depends on socio-cultural factors as well as on the type of care needs.

In all the countries surveyed, women account for at least 60% of leave beneficiaries. The reasons for this situation lie in the continuing traditional gender roles and the resulting economic circumstances (e.g. gender pay gap), typically leading to a larger reduction of the family's income if a man takes a care leave. Overall, the share of men involved in unpaid care work is rising, yet the above-mentioned policy measures aimed at ensuring more gender equality in informal care could still be strengthened further.

Take-away messages

Embedding care leaves within the broader policy context is highly important.

As a measure to relieve working carers, leaves can be considered a unique form of support, especially in allowing carers to deal with a new situation at the (immediate) onset of a care need, and in caring for and spending time with dying relatives. However, in most cases care leaves do not exceed a few months, while the need for care and support frequently continues over several years. The combination of care leaves with other

measures that are better suited to ensuring long-term strategies (e.g. flexible working times, social services) should therefore also be considered.

Care leaves are a unique form of support, especially for disadvantaged employees.

At the same time, flexible work arrangements are not a replacement for care leaves for the majority of employees with caring responsibilities. Across all groups of employees and regardless of socio-economic characteristics, care leaves are important measures when it comes to dealing with unforeseen care needs in the family. Having said that, for people with lower income, for those at the lower end of professional hierarchies, or those with irregular working times (e.g. shift work) it is particularly difficult to arrange for flexible working times with their employer. Hence, a statutory right to take a care leave combined with the provision of adequate financial benefits represents a particularly beneficial form of support for these groups of employees. Also, in order to achieve a shift in societal attitudes and values, such care leaves should be made attractive also for men and for higher income groups, given that sufficient public funds can be made available. Similarly, currently self-employed workers are not covered in all models analysed except in Canada. Hence, innovative ways of providing these groups of workers with the possibility to care for their relatives in cases of unforeseen care needs would also be desirable.

The success of care leave models crucially depends on reducing potential negative consequences at the workplace.

For most employees, what ultimately matters the most is that the negative consequences for informal caregivers at the workplace and for the reconciliation of work and family life are reduced. This outcome is, in turn, strongly related to the perceived status of care work in society, and to the degree to which problems of reconciliation are considered (by law). Thus, in order to reduce hurdles for take-up of care leaves as much as possible, introducing care leaves should go hand-in-hand with strengthening public awareness about the great social value of care.

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Table 2: Overview of historical developments and (maximum)duration of care leaves in the countries studied (February 2016)

Country	Name of the care leave (or financial benefit)	Legal introduction	Maximum duration	Notes
Austria	(a) Short-term care leave (*Pflegefreistellung*)	1976	5 or 10 days per worker/year	All care leaves are paid. (a) Longer duration applies only if child <12 yrs. For (c) no statutory entitlement exists; (c) if the health status of the recipient worsens substantially, renewable once.
	(b) Family hospice leave, also part-time (*Familienhospizkarenz/-teilzeit*)	2002	6 months (hospice) per carer/case, or 9 months (severely ill children)	
	(c) Care leave, also part-time (*Pflegekarenz/ -teilzeit*) incl. allowance (*Pflegekarenzgeld*)	2014	3 months per carer/case (renewable)	
Germany	(d) Leave for care of sick children incl. an allowance (*Kinderkrankengeld*) or income replacement	1989	10 (20) days per child per worker (per single parent)/year	(d) and (e) are unpaid. (d) Entitlement only for children <12 yrs.; in case of three or more children<12 yrs. max. 25 days (or 50 days for single parents). For (f) statutory entitlement only for companies with a min. of 16 workers, for (h) with a min. of 26 workers; Financing for (f) and (h) as a state loan, for (h) also as a loan from the employer, (h) only part-time leave possible.
	(e) Leave for palliative care of children (incl. the allowance *Kinderkrankengeld*)	2002	Unlimited duration	
	(f) Care leave (*Pflegezeit*)	2008	3 months (hospice) per carer/case, or	
	(g) Short-term care leave (*Pflegebeurlaubung*)	2008	6 months (long-term care)	
	(h) Family care leave (*Familienpflegezeit*)	2012	10 days per case	
	(i) Care leave allowance (*Pflegeunterstützungsgeld*)	2015	24 months per carer/case, as cash benefit for (g)	
Netherlands	(j) Short-term leave (*kortdurend zorgverlof*)	2001	10 days per worker/year	(j) and (k) are unpaid care leaves.
	(k) Long-term leave (*langdurend zorgverlof*)	2005	6 weeks per worker/year	
France	(l) Leave for care of sick children (*Congé pour enfant malade*)	2000	3 or 5 days per worker/year	(l) is unpaid. Longer duration if child <1 yr. old, or for several children aged <16 yrs. The cash benefit (n) is paid for the duration of (m). For (o) the minimum duration is 3 months, renewable once, paid via (q). Entitlement to cash benefit (q) to be divided among all carers on leave. In the case of (p) each part lasts for 3 months, also part-time if employer agrees (unpaid).
	(m) Leave for parental presence (*Congé de presence parentale*)	2000	15 months per carer/case within 3 ys.	
	(n) Allowance for parental presence (*Allocation de presence parentale*)	2001	Max. 22 days/months per case, as cash benefit for (m)	
	(o) Family solidarity leave (*Congé de solidarité familiale*)	2004	6 months per carer/case	
	(p) Family support leave (*Congé de soutien familial*) (since 2016: Leave for informal carers/*Congé de proche aidant*)	2006	12 months per worker (working life)	
	(q) Allowance for accompanying terminally ill persons (*Allocation d'accompagnement d'une personne en fin de vie*)	2010	Max. 21 days per case, as cash benefit for (o)	
Canada (British Columbia)	(r) Family responsibility leave	1995	5 days per worker/year	Duration of (s) and (u) excl. 2 week waiting period before entitlement starts. (t) renewable once. Entitlement to (s) and (u) valid within a 52 weeks period, entitlement to (t) within 26 weeks.
	(s) Compassionate care benefit	2004	24 weeks, as cash benefit for (t)	
	(t) Compassionate care leave	2006	8 weeks per case (renewable)	
	(u) Benefit for parents of critically ill children	2013	33 weeks (only cash benefit) per child	
Italy	(v) Leave for care of sick children (*Congedo per la malattia del figlio*)	1976	3 days per child, per worker/year	Entitlement to (z) is supplementary to (x), a total of 24 months altogether. No more than 24 months per case can be taken. (w) may not be combined with (z).
	(w) Paid monthly leave (*Permessi mensili retribuiti*)	1992	3 days/month per case	
	(x) Unpaid leave for personal matters (*Congedo non retribuito per gravi motivi personali*)	2000	24 months per worker (working life)	
	(y) Short-term leave for personal matters (*Permessi lavorativi per eventi particolari*)	2000	3 days per worker/year	
	(z) Paid extraordinary leave (*Congedo straordinario biennale retribuito*)	2001	24 months per worker (working life)	

Sources: See Annex..

Legal sources

Austria:

- Pflegefreistellung: Urlaubsgesetz (UrlG) § 16
- Pflegekarenz/-teilzeit: Arbeitsvertragsrechts-Anpassungsgesetz (AVRAG), §§ 14c, 14d, 15
- Familienhospizkarenz/-teilzeit: Arbeitsvertragsrechts-Anpassungsgesetz (AVRAG), §§ 14a, 14b, 15a
- Pflegekarenzgeld: Bundespflegegeldgesetz (BPGG) §§ 21c, 21d, 21e und 21f
- Familienhospizkarenz-Härteausgleich: Familienlastenausgleichsgesetz (FLAG) § 38j

Germany:

- Freistellung zur Pflege von kranken Kindern, bezahlte Freistellung (Entgeltfortzahlung): Bürgerliches Gesetzbuch (BGB) § 616
- Freistellung zur Pflege von kranken Kindern, unbezahlte Freistellung (Anspruch auf Kinderkrankengeld): Sozialgesetzbuch V (SGB) § 45
- Freistellung zur Pflege von kranken Kindern, unbefristete Freistellung schwerstkranke Kinder: „Gesetz zur Sicherung der Betreuung und Pflege schwerstkranker Kinder“, SGB V § 45
- Pflegeunterstützungsgeld, Beurlaubung: Pflegezeitgesetz (PflegeZG) § 2
- Pflegeunterstützungsgeld, Lohnersatzleistung analog dem Kinderkrankengeld: Sozialgesetzbuch XI (SGB) § 44a
- Pflegezeit, Beurlaubung: Pflegezeitgesetz (PflegeZG) § 3
- Familienpflegezeit, Beurlaubung: Familienpflegezeitgesetz (FPfZG) §§ 2 und 2a
- Pflegezeit, Familienpflegezeit: zinsenloses Darlehen: Familienpflegezeitgesetz (FPfZG) § 3

The Netherlands:

- Wet arbeid en zorg

France:

- Code du travail
- Code de la securité sociale

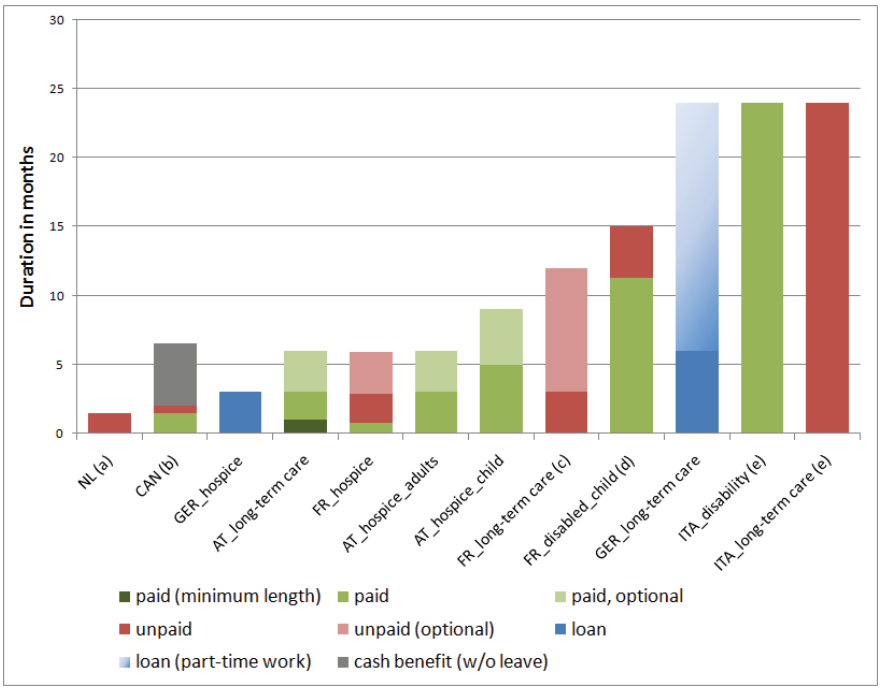
Canada (British Columbia):

- Employment Standards Act Part 6, Section 52
- Employment Insurance Act, S.C. 1996, c. 23, Sections 12, 23.1, 23.2, 69, 152.06, 152.061, 152.14

Italy:

- Circolare 79/1976
- *Circolare INPS n. 28/2012*
- *D.M. 21 luglio 2000, n. 278*
- *Decreto Legislativo 18 luglio 2011, n. 119*
- *Decreto Legislativo n. 151, 26 marzo 2001*
- *Legge 183/2010*
- *Legge n. 104, 5 febbraio 1992*
- *Legge n. 350 del 24 dicembre 2003*
- *Legge n. 388, dicembre 2000*
- *Legge n. 53, 8 marzo 2000*
- *Lettera circolare - Ministero del Lavoro e delle Politiche Sociali n. A/2006 del 14 gennaio 2006*
- *Messaggio INPS n. 171 del 30 dicembre 2011*
- *Messaggio INPS n. 6512 del 4 marzo 2010*
- *Sentenza Corte Costituzionale n. 203 del 18 luglio 2013*

Figure 4:
Duration and payment of longer care leave models



Source:
For a list of all legal texts and other documents see Annex and Schmidt et al. (forthcoming).

Abbreviations: NL: langdurend zorgverlof; CA: Compassionate Care Leave incl. Compassionate Care Benefit (cash benefit); DE_hospice: Pflege(teil)zeit für Sterbebegleitung; AT_long-term care: Pflegekarenz/teilzeit; FR_hospice: Congé de solidarité familiale; AT_hospice_adults: Familienhospizkarenz for care of adults; AT_hospice_child: Familienhospizkarenz for care of childen; FR_long-term care: Congé de proche aidant; FR_disabled_child: Congé de presence parentale; DE_long-term care: Pflegezeit in combination with Familienpflegezeit (part-time); IT_disability: Congedo biennale straordinario retribuito; IT_long-term care: Congedo biennale non retribuito per gravi motivi personali e familiari.

Notes: The German leave models neither include the unlimited care leave for care of terminally ill children nor the cash benefit for care of severely sick children (PCIC). For all of the care leave models presented, entitlements are per employee per case, unless specified otherwise below.
(a) NL: Duration applies per employee per 12 months in case of full-time employment; (b) CA: Total duration applies per case for all caregivers taken together; (c) FR_long-term care: Leave can be used once throughout the whole working life; (d) FR_disabled_child: Leave can be spread over 3 years; (e) There is a complementary entitlement to use either IT_long-term care or IT_disability for a total of 24 months over the whole working life. The long-term leave IT_disability cannot be used at the same time as the short-term leave IT_disability (by different caregivers).

Table 3:
Estimated take up rates

	Recipients (absolute) for each period [1]		Recipients (in % of all gainfully employed caregivers) [2]	
	Short Model	Long Model	Short Model	Long Model
AT	n/a	2,600 Recipients Care leave allowance (*Pflegekarenzgeld* for care leave / -part-time and family hospice leave / -part-time), of which 206 with family hospice leave – Hardship compensation	n/a	2.45%
DE	4.000 (Care leave allowance) (*Pflegeunterstützungsgeld*)	135 loans care leave, 154 loans family care leave	1.12%	0.09%
CA	n/a	6,003 compassionate care benefits (*CCB*), 2,080 benefits for parents of critically ill children (*PCIC*)	n/a	0.17%
NL	66.000 (short-term leave)	8.000 (long-term care leave)	8-15%	2-5%
FR	n/a	n/a	n/a	c. 2%
IT	321,661	ca. 40,000	5-16%	2-7%

Sources:
Austria: BMFJ 2016; Interview Miklautz; Parlament 2015;
Germany: Deutscher Bundestag 2013; Deutscher Bundestag 2014; Deutscher Bundestag 2015;
Canada: CEIC 2015; Lero/Trembley 2013;
Netherlands: Statistik Niederlande 2014 (CBS); Tolkacheva & Broese van Groenou, 2014;
France: Sirven et al., 2015.
Italy: INPS (2015), Trinca Colonel (2012), Interview Pavolini (2016).

Abbreviations:
n/a: No information available.

Notes:
1 Figures for *Austria* from 2015; for *Germany* care leave allowance 1st half 2015, care leave and family care leave January to August 4, 2015, converted to the full year 2015; for *Canada* for the period from April 2013 to March 2014 (CCB) and from June 2013 to March 2014 (PCIC), PCIC converted to the entire period 2013-14. Figures for the *Netherlands* for 2013.

2 Due to different traditions and diversity of terms there arise marked differences in the number of employed informal carers from country to country (e.g. Canada 4.86 million employed informal carers at 35.2 million inhabitants vs. Germany 335,000 outpatients in need of care with employed informal carers at 80.6 million inhabitants). Therefore, the comparison of the take-up rates should be viewed with caution.

Reference numbers:
Austria: in June 2014 446,844 people received care allowance (*Pflegegeld*), of which approximately 80% (= 357,475) were maintained or cared for at home. According to home visits as part of the "Quality assurance in home care"-initiative in 2012, 29.7% of the encountered main carers (= 106,000) had gainful employment next to their support activities. *Germany*: care leave allowance – with around 744,000 annual new entrants into the care insurance benefits, according to the study 'Effects of the Further Development of Care Act "(2010) about 357,000 primary informal carers are more than marginally employed. Care leave and family care leave: According to statistics for 2012, approximately 59.7% of outpatients in need of care are being cared for informally by people of working age (<65 years), 17.6% of those work full-time (150,000) and 21.6% (185,000) part-time. *Canada*: in 2012 28% of Canadians (8.1 million) informally cared for a family member or a friend with a long-term health impairment, a disability or age-related needs. 60% of informal carers (4.86 million) were in employment. *Netherlands*: in 2013 443,000 employees have taken on long-term care responsibilities and 431,000 employees short-term care responsibilities. Of all these people 66,000 people have taken up a short-term leave (that is about 8%). Of those individuals with long-term care responsibilities 8,000 have taken up a long-term leave (that is about 2%). According to a literature review of the Free University of Amsterdam, the take-up is higher, at around 5% for a long-term leave of absence, and around 15% for short-term leave. *France*: In a study among employees (n = 453) less than 2% reported to have ever taken a carer's leave.

Table 4: Estimated public expenditure

	Direct transfer costs per year [1] (in Euro)		in % of GDP per year (estimation)	
	Short Model	Long Model	Short Model	Long Model
AT	n/a	4,56 Mio € Care leave allowance (*Pflegekarenzgeld*) 0,21 Mio € family hospice leave – Hardship compensation	n/a	0.0014% 0.000063%
DE	2.4 Mio	252.000 € loans care leave and family care leave	0.000079%	0.0000083%
CA	n/a	7,7 Mio € CCB 5,6 Mio € PCIC	n/a	0.00062% 0.00046%
NL	n/a	not applicable (as unpaid)	n/a	not applicable (as unpaid)
FR	n/a	n/a	n/a	n/a
IT	64 Mio. € (Permessi mensili retribuiti)	298 Mio. € (Congedo straordinario)	0.00004%	0.0002%

Sources:
Austria: BMFJ 2016; www.statistik.at;
Germany: Deutscher Bundestag 2015;
Canada: CEIC 2015;
Italy: Ministero del Lavoro e delle Politiche Sociali 2009.

Abbreviations:
n/a: No information available.

Notes:
[1] Figures for *Austria* from the years 2014 (Care leave allowance / *Pflegekarenzgeld*) and 2015 (family hospice leave – Hardship compensation); *Germany* 1st half 2015 (Care leave allowance / *Pflegeunterstützungsgeld*) and from January to August 2015 (care leave, family care leave), each converted to the full year 2015; *Canada* for the period from April 2013 to March 2014 (*CCB*) and from June 2013 to March 2014 (*PCIC*), *PCIC* converted to the entire period 2013-14.

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