



**EURO
CARERS**

European Association **Working for Carers**

THE EU PILLAR OF SOCIAL RIGHTS

WHAT DOES IT ALL MEAN FOR CARERS ACROSS EUROPE?



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INTRODUCTION

This document aims to highlight the potential offered by the EU Pillar of Social Rights to drive and support the development of carer-friendly societies in Europe. It therefore seeks to illustrate how each of the 20 principles contained in the Pillar (or a majority of them) can be used to improve the various dimensions of the caregiving experience by meeting the needs of carers while empowering and allowing them to maintain an active professional and social life. The document was developed with the valuable contribution of the Eurocarers' Policy Working Group (EPWG), which currently consists of 22 Carers' organisations from 14 European Countries. It should be seen as an instrument to identify how the EU Pillar of Social Rights can be applied to the promotion and implementation of the 10 steps defined in 'Eurocarers' proposal for an EU Strategy on Carers'.

The EU Pillar of Social Rights was announced by the European Commission back in September 2015, presented in March 2016 and finally proclaimed (i.e. endorsed) by the European Parliament, the Council of the European Union (i.e. member states) and the European Commission on the 17th November 2017, at the Social Summit for Fair Jobs and Growth in Gothenburg, Sweden. The Pillar is widely seen by the civil society as a laudable attempt by the Commission to bring the social dimension of the union back on the EU policy agenda.

The Pillar recognises the need to act proactively in order to reinforce social cohesion within the EU. It takes a holistic point of view, choosing to address all challenges at once. It values adequate social protection as a productive factor, and social convergence as a necessity. In that context, the fact that more cohesive countries perform better in difficult times is considered as clearly demonstrated. Finally, the Pillar contains a number of positive proposals, some of which were put forward by civil society organisations themselves (including Eurocarers).

Although uncertainties remain as to what extent the Pillar will enable to pave the way for a truly social Europe), the initiative has undeniably generated a unique political momentum in favour of a more cohesive Europe built on a social acquis. Eurocarers is committed to using the principles contained in the Pillar to contribute to the implementation of the EU objectives in a manner that acknowledges and respects the situation and added value of carers across Europe.

EQUAL OPPORTUNITIES AND ACCESS TO THE LABOUR MARKET

Principle 1.

Education, training and lifelong learning

Everyone has the right to quality and inclusive education, training and lifelong learning in order to maintain and acquire skills that enable them to participate fully in society and manage successfully transitions in the labour market.

Young carers are children and young persons under 18 who provide or intend to provide care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult. Caring activities can have a negative impact on young carers' education, as it can prevent them from working productively at schools (because of the anxiety related to their caring role), maintaining a regular frequency of classes, reaching learning goals and finalising formal education of high school. The effects in the short run (stress, low level of self-esteem, under-achievement, absence and drop-outs) can have consequences in the long run (mental health issues, social exclusion, low employability due to lower educational qualifications and attitudes towards higher edu-

cation). Research has also highlighted that access to employment, training or apprenticeship by young carers will only be possible if alternative care options are provided to the care recipient. So, supporting young carers is essential to achieve the EU objective of reducing the EU average early school leaving rate to less than 10% by 2020.

Measures should be put in place to identify young carers as early as possible (via improved vigilance and screening tools of professionals) and to assess their needs and preferences together with the ones of other family members (whole family approach). Caring can be variable over time, support measures targeted at young carers should therefore build on a life course perspective and be as reactive, flexible and proactive as possible. Many barriers still exist in accessing support - including stigma - and they should be addressed. Young carers themselves should be empowered to access and co-design the initiatives aiming to help and support them. The number of young carers in Europe is estimated at between 3% and 10% of the under-18 years of age population, depending on member states. Nevertheless, young carers are still largely invisible to public authorities, health and social care services and additional research should therefore be carried out regarding their profile and needs.

Principle 2.

Gender equality

Equality of treatment and opportunities between women and men must be ensured and fostered in all areas, including regarding participation in the labour market, terms and conditions of employment and career progression. Women and men have the right to equal pay for work of equal value.

Informal carers are typically spouses, middle-aged daughters or daughters-in-law. In the EU, informal care is mostly provided by women aged 45 to 75. Not only do women outnumber men, care is also provided in gendered ways. More women than men provide more demanding and intensive forms of daily caring, such as bathing and dressing, care with incontinence and walking, and with relatively complex tasks including dressing changes, assistance with medical equipment and the administration of multiple prescription medication. This is due to the deeply engrained cultural perception of caring roles in our societies, but also to the fact that care duty is often taken on by family members with the least opportunity costs (and, across the EU, women still form the vast majority of second income earners).

The unequal distribution of caring responsibilities between women and men over the life-cycle explains some structural features of the female employment, such as its concentration in some sectors, the gender employment gap, the gender wage gap, higher temporality and extent of part-time jobs among women. We believe that it is not acceptable for a woman to live in the building where she works sometimes 80+ hours a week and is on-call 24/7 without any or minimal work conditions or support, training, health safety or access to alternative solutions allowing her to hand over part or all of her caregiving responsibilities.

Care policies and the provision of care services are intrinsically related to the achievement of equality between women and men.

The lack of affordable, accessible and high-quality care services in many member states and the fact that care work is not equally shared between women and men have a direct negative impact on women's ability to participate in all aspects of social, economic, cultural and political life. Public authorities should seek to develop comparable standards on high quality, accessible and affordable care services across the life-cycle, including new targets regarding care to the elderly and dependent persons.

Principle 3.

Equal opportunities

Regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, everyone has the right to equal treatment and opportunities regarding employment, social protection, education, and access to goods and services available to the public. Equal opportunities of underrepresented groups shall be fostered.

Carers should have equal opportunities in all spheres of life. Yet, it is far from being the case as their work is generally not recognised in relation to social protection, education and access to goods and services that are essential to their caregiving tasks. Moreover, when not adequately supported, caring can lead to negative mental and physical health outcomes, hinder labour market participation and access to formal education, generate social exclusion and affect family relationships (particularly for young carers). Research has also highlighted socio-economic differences in the use of informal and formal care. Because of their relatively poor health and lack of social and material resources, people in low socio-economic status groups tend to receive more informal and formal care than those in the high socio-economic status group. This is particularly true in the case of informal care, which underlines the profoundly inequitable dimension of care systems that excessively rely on informal care.

In many ways, the adverse impact of caregiving on carers themselves and the dependence on informal care could therefore be seen as a ground for discrimination.

While it is clear that carers will be essential to meet the challenges posed by ageing societies, free choice and personal autonomy should remain at the core of any initiative targeting them. Carers who want to care for their dependent relatives/friends should receive the recognition and support they need and this should be reflected in all policies affecting them. Those who do not want – or are not able – to be involved in the provision of care or who only want to play a limited role in these activities should be able to rely on affordable and professional care options of good quality. Investment in accessible professional services of good quality and in particular community-based and home care services should remain the top policy priority. In addition, decision makers and stakeholders should contribute to the implementation of a carer-friendly policy environment seeking to recognise, support and empower informal carers across Europe in a comprehensive and coherent manner. The steps required to achieve this are defined in the Eurocarers' EU Strategy on carers.

Principle 4.

Active support to employment

Everyone has the right to timely and tailor-made assistance to improve employment or self-employment prospects. Young people have the right to continued education, apprenticeship, traineeship or a job offer of good standing within 4 months of becoming unemployed or leaving education. People unemployed have the right to personalised, continuous and consistent support. The long-term unemployed have the right to an in-depth individual assessment at the latest at 18 months of unemployment.

Caring for an elderly or disabled person is different than caring for a child. It consists in an indefinite commitment, usually characterised by a growing burden and less ready access to support/respite services than is normally the case in the childcare sector. Many working carers have to perform a difficult balancing act – even more so in the case of “sandwich” carers (i.e. people having to care for both children and older relatives). As a result, carers may be compelled to reduce their working hours (involuntary part-timers) or eventually give up paid employment, thereby reducing their income and pension entitlements.

The precondition for good work-life balance is the availability of high quality, affordable and accessible formal long-term care services. Investment in these should therefore be regarded as a priority. Policies that aim to assist working carers should include appropriate income support and other “flexicurity” measures for carers (teleworking, part-time, flexible working time, carer's leave paid at an adequate level, etc.), rights and regulations in the employment field as well as practical measures that can be implemented by employers at company level.

→ Carers who have chosen to leave the labour market or reduce their working time to care should be included in job inclusion programmes and their specific needs should be taken into consideration. Employment services should be made aware of the challenges facing carers and being involved in caring should be seen by professionals of the sector as more than just “staying at home”. In addition, informal carers often gain a great amount of skills while performing their caregiving tasks, including in the fields of personal and medical care. They also develop a wide range of communication and transversal coordination skills. Valuing and strengthening these skills may also prove useful to improve carers' chances of remaining on or re-entering the labour market.

FAIR WORKING CONDITIONS

Principle 5.

Secure and adaptable employment

Regardless of the type and duration of the employment relationship, workers have the right to fair and equal treatment regarding working conditions, access to social protection and training. The transition towards open-ended forms of employment shall be fostered.

In accordance with legislation and collective agreements, the necessary flexibility for employers to adapt swiftly to changes in the economic context shall be ensured.

Innovative forms of work that ensure quality working conditions shall be fostered. Entrepreneurship and self-employment shall be encouraged. Occupational mobility shall be facilitated.

Employment relationships that lead to precarious working conditions shall be prevented, including by prohibiting abuse of atypical contracts. Any probation period should be of reasonable duration.

See **Principle 9 on Work-Life Balance**

Principle 6.

Wages

Workers have the right to fair wages that provide for a decent standard of living. Adequate minimum wages shall be ensured, in a way that provide for the satisfaction of the needs of the worker and his/her family in the light of national economic and social conditions, whilst safeguarding access to employment and incentives to seek work. In-work poverty shall be prevented. All wages shall be set in a transparent and predictable way according to national practices and respecting the autonomy of the social partners.

See **Principle 14 on Minimum income**

Principle 7.

Information about employment conditions and protection in case of dismissals

Workers have the right to be informed in writing at the start of employment about their rights and obligations resulting from the employment relationship, including on probation period. Prior to any dismissal, workers have the right to be informed of the reasons and be granted a reasonable period of notice. They have the right to access to effective and impartial dispute resolution and, in case of unjustified dismissal, a right to redress, including adequate compensation.

See **Principle 9 on Work-Life Balance**

Principle 8.

Social dialogue and involvement of workers

The social partners shall be consulted on the design and implementation of economic, employment and social policies according to national practices. They shall be encouraged to negotiate and conclude collective agreements in matters relevant to them, while respecting their autonomy and the right to collective action. Where appropriate, agreements concluded between the social partners shall be implemented at the level of the Union and its Member States.

Workers or their representatives have the right to be informed and consulted in good time on matters relevant to them, in particular on the transfer, restructuring and merger of undertakings and on collective redundancies.

Support for increased capacity of social partners to promote social dialogue shall be encouraged.

Principle 9.

Work-life balance

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.

Striking work-life balance for people with caregiving responsibilities for dependent relatives largely depends on the interplay between a broader set of social and employment policies. Policies that aim to assist working carers should include appropriate long-term care services to support dependent people and their families, income support and other “flexicurity” measures for carers, rights and regulations in the employment field as well as practical measures that can be implemented by employers at company level.

The availability of a Carer’s leave and flexible working arrangements are two particularly effective elements that help carers combine paid work and caregiving responsibilities. Unlike for childcare, there is currently no universal entitlement to carer’s leave at EU level and the existing provisions among member states vary significantly in terms of eligibility, length and compensation or replacement rates. Similarly, entitlements to flexible working arrangements are also missing from the EU policy arsenal. As a result, a great diversity of legal provisions exists across member states and regions. This needs to change to contribute to a more “carer-friendly” policy environment.

In addition, carer-friendly employment practices (e.g. flexible working hours, part-time work, care leave, care brokerage, mental health in the workplace, etc.) developed by employers themselves should be actively encouraged and promoted.

Principle 10.

Healthy, safe and well-adapted work environment and data protection

Workers have the right to a high level of protection of their health and safety at work. Workers have the right to a working environment adapted to their professional needs and which enables them to prolong their participation in the labour market. Workers have the right to have their personal data protected in the employment context.

SOCIAL PROTECTION AND INCLUSION

Principle 11.

Childcare and support to children

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

Children have the right to protection from poverty.

Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities.

Some people start giving care at a very young age and do not really realise they are carers. But young carers should not be involved in similar activities as adult carers. Nor should they be spending their time caring for someone at the expenses of their educational attainment and social life. Young carers often have to resolve a particularly acute tension between their right to self-determination and their roles and responsibilities in their family. Hence, for those young carers who are involved in informal care, it is important to ensure that no inappropriate or excessive caring takes place and that their caring role does not prevent them from enjoying their rights as children.

Policies and practices seeking to recognise and support young carers across Europe

should aim to allow young carers to move from a situation of vulnerability to one of growth, where they can flourish as human beings. It is important for young carers to be able to decide whether they are the right person to provide the care needed by the cared-for person, how much and what type of care they are willing or able to give, or whether they should be a carer at all.

The two best avenues to meet the needs of young carers concern:

- The provision of direct support through training, counselling, psychological and emotional support, following an initial needs assessment by formal services, based on a 'whole family approach'. The child with caring responsibilities, their parents and any other person the young carer requests should be involved in this assessment process, which should look at whether or not the young carer wishes to continue caring, and whether it is appropriate for them to continue caring.
- Boosting the provision of more adequate and intensive formal care services to the cared-for person as it enables respite and better time management of the young carer - the level of impairment of the cared-for person (usually a parent) and the lack of formal care services being amongst the root causes of young people assuming a caring role.

Principle 12.

Social protection

Regardless of the type and duration of their employment relationship, workers, and, under comparable conditions, the self-employed, have the right to adequate social protection.

Caring for people with long term illnesses and disabilities, who require daily support, in order to remain with a quality of life, within their own homes is work and, even if not paid work, must still meet the basic standards of paid work and not be in breach of health and safety standards, training, support, respite and partnership with the paid relevant sectors and not be penalised re social security. Measures that can support working carers are those aimed to reduce – if not compensate - the negative impact of caregiving responsibilities on income. They can include the provision of a direct carer allowance or cash benefits to the care user, taxation and fiscal incentives. Considering the time spent caring in the calculation of pension credit should also be envisaged in order to prevent old-age poverty and the (gender) pension gap that most carers experience.

The gender dimension of this phenomenon is particularly significant since it is mostly women who give up paid jobs or reduce working hours in order to fulfil caregiving responsibilities. As a result, long-term care responsibilities tend to aggravate the gender pay and pension gaps – already present because of childcare responsibilities.

Principle 13.

Unemployment benefits

The unemployed have the right to adequate activation support from public employment services to (re)integrate in the labour market and adequate unemployment benefits of reasonable duration, in line with their contributions and national eligibility rules. Such benefits shall not constitute a disincentive for a quick return to employment.

See Principle 4 on Active support to employment and 14 on Minimum income

Principle 14.

Minimum income

Everyone lacking sufficient resources has the right to adequate minimum income benefits ensuring a life in dignity at all stages of life, and effective access to enabling goods and services. For those who can work, minimum income benefits should be combined with incentives to (re)integrate into the labour market.

Full-Time carers should have sufficient financial support for basic everyday living expenses and pension eligibility and this should equate to at least the minimum wage. A large number of countries provide financial support to carers through cash benefits either paid to those in need of care, part of which may be used to compensate family carers (the most common option) or paid directly to carers through a carer allowance. A carers' allowance recognises that providing care involves costs for carers. It may help carers to juggle their responsibilities by having some income to compensate for reduced working hours or for additional expenses incurred as a result of caring. In addition, it also provides a strong signal that carers' play an important social

role and should be acknowledged by providing a financial reward for their efforts.

In many cases, cash benefits for dependants allow to support family carers or even to hire family members formally. While the primary aim of cash for care schemes is often to expand choice and flexibility for the care recipient, compensating or encouraging family carers can be seen as a secondary aim. Financial support to carers – through care allowances or cash benefits that can be passed on to them - should be further developed and regulated. The level of financial support should be adequate enough to prevent carers from falling into poverty.

Principle 15.

Old age income and pensions

Workers and the self-employed in retirement have the right to a pension commensurate to their contributions and ensuring an adequate income. Women and men shall have equal opportunities to acquire pension rights.

Everyone in old age has the right to resources that ensure living in dignity.

Considering the time spent caring in the calculation of pension credit should also be envisaged in order to prevent old-age poverty and the (gender) pension gap that most carers experience.

Obligations to look after elderly relatives can cause poverty when informal carers reach pensionable age, unless arrangements have been made to help them to reconcile work and care responsibilities and to build up pension rights.

Principle 16.

Health care

Everyone has the right to timely access to affordable, preventive and curative health care of good quality.

Informal carers can be under considerable stress as they try to balance work and family duties, and most have received no training in caring for the elderly. The prevalence of mental health problems among informal carers is 20% higher than among non-carers, and particularly high for people who provide very intensive care (more than 20 hours per week). Depressive disorders, anxiety, anger and hostility are frequently associated with heavier caring duties.

Research has also found various adverse effects on physical health, as caregivers are less likely than others to meet their own health needs. This can result in harmful habits and lifestyles (smoking, inadequate food or sleep habits) and failure to take preventive health measures (such as medical consultations).

More should be done to develop a carer-friendly society, meet the challenges facing carers and therefore prevent the negative mental and physical health outcomes they experience. Health promotion, counselling, access to emotional support and training offer great potential to do so. This also entails ensuring that the professional care sectors (and particularly primary care professionals) understand the needs of carers and are well prepared and equipped to answer them.

Principle 17.

Inclusion of people with disabilities

People with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs.

The 2006 Convention on the Rights of Persons with Disabilities (CRPD) is the first UN-level human rights treaty that is open to membership by regional integration organisations, and which the EU ratified in December 2010. The CRPD contains an extensive list of rights for persons with disabilities, aimed at securing equality in the enjoyment of their rights, as well as imposing a range of obligations on the state to undertake positive measures.

Importantly for the Eurocarers network, Article 16 of the CRPD states that: Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

Principle 18.

Long-term care

Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.

The precondition for a carer-friendly society and for good work-life balance for people with caregiving responsibilities is the availability of high quality, affordable and accessible formal long-term care services. There is indeed a clear correlation between labour force participation rates and the extent of access to long-term care services. When these services are provided, the intensity of informal care provision is visibly reduced and reconciliation issues are not so pressing. Investment in services should therefore be regarded as a priority.

Nevertheless, it will be difficult to meet the growing care needs of an ageing society with carers so, they should be seen as active partners in the health and social sectors. The cared-for-person's home is indeed increasingly becoming a place of intensive and specialised care equal to nursing and welfares homes and a growing number of hospital procedures are now delivered at home by carers. Long-term care therefore needs to be understood not only in terms of months and years but also in terms of hours per day and in this framework, the contribution of carers – when chosen and adequate - should be normalised and supported.

Principle 19.

Housing and assistance for the homeless

a. Access to social housing or housing assistance of good quality shall be provided for those in need.

b. Vulnerable people have the right to appropriate assistance and protection against forced eviction.

c. Adequate shelter and services shall be provided to the homeless in order to promote their social inclusion.

Principle 20.

Access to essential services

Everyone has the right to access essential services of good quality, including water, sanitation, energy, transport, financial services and digital communications. Support for access to such services shall be available for those in need.



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