

EUROCARERS' POSITION PAPER

WORK-LIFE-CARE BALANCE & FLEXIBILITY

Evaluating the EU Work-Life
Balance Directive in 2026



October 2026

**More to be done to go beyond minimum standards on paper
and make real impact in practice for informal carers**

FOREWORD

Across Europe, millions of informal carers balance paid work with caring for a family member, friend or neighbour. But care rarely fits neatly into a calendar. Appointments change, emergencies happen, conditions fluctuate and caring responsibilities can arise at any moment. This care is essential to the wellbeing of individuals and to the sustainability of Europe's care systems. Yet the realities of caring are still too often invisible in employment and social policies.

A care need can change from one day to the next, or from one hour to the next. An appointment can be moved. A care arrangement can fall through. A person's condition can deteriorate unexpectedly. An emergency can arise.

Yet working life is often organised around fixed schedules and assumptions that caring responsibilities can be planned in advance.

For many people, this creates an impossible balancing act.

When flexibility is not available, informal carers may have to reduce their working hours, turn down career opportunities, take unpaid leave or leave employment altogether. Over time, this can mean lower incomes, reduced social protection and pension rights, greater risks of poverty and social exclusion, and impacts on health and wellbeing.

This is why as part of European Carers' Day 2026 we turn our attention to the EU Work-Life Balance Directive. As the European Commission begins to prepare for its formal review of the Directive, Eurocarers examines both the Directive's promising foundation and its critical shortcomings. Informal carers remain the invisible scaffolding holding up European healthcare systems and social safety nets. Yet, as our populations age and demographic pressures intensify, that scaffolding is straining under immense structural neglect.

It does not have to be this way. Our position paper shows the blueprint for meaningful reform. It is vital to bridge the gap from caring to dignity. Dignity tomorrow depends on the courage of the decisions policymakers make today.



Shannon Pfohman
Eurocarers' Executive Director

**FLEXIBILITY IS NOT A PERK.
FOR MANY WORKING CARERS,
IT IS WHAT MAKES EMPLOYMENT POSSIBLE.**

ACKNOWLEDGMENTS

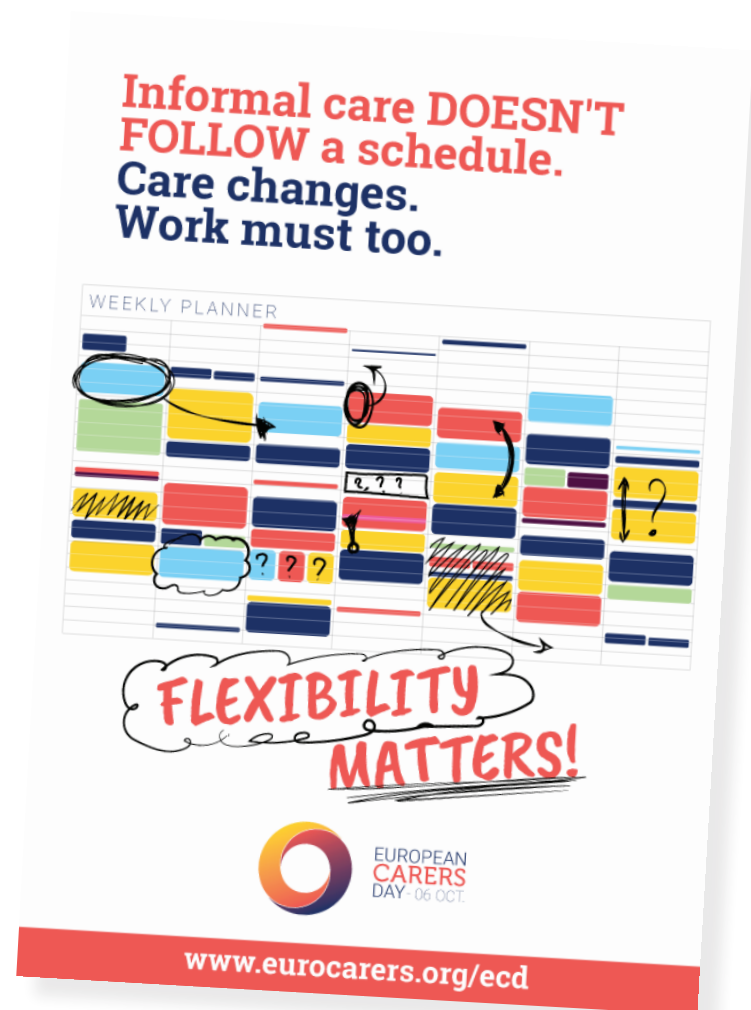
This publication builds on the work of the **Eurocarers' Policy Working Group** over the past six months and would not have been possible without the invaluable expertise shared by Eurocarers' member organisations, spanning 25 European countries.

Particular thanks go to Gruppo SSI for hosting our Eurocarers' Policy Working Group meeting in Bilbao where we came together to lay the groundwork for this publication.

Eurocarers extends its sincere gratitude to **Holly Shorey**, Eurocarers' Policy and Advocacy Officer, and to our member representatives who generously contributed their time, insights, and evidence to this report:

Special thanks to the following members for their insights:

- **Anita Vatland**, Pårørendesalliansen, Norway
- **Beatrice Ietto**, IRCCS INRCA - Istituto Nazionale Riposo e Cura Anziani, Italy
- **Bruno Alves**, Cuidadores Portugal
- **Henk Nies**, Vrije Universiteit Amsterdam, Netherlands
- **John Perryman**, Carers UK
- **Maria Nilsson**, **Linnéa Aldman**, **Elizabeth Hanson**, Family Care Competence Centre, Sweden
- **Miriam Ngombe** and **Monika Fričová**, Platform of Families, Slovakia
- **Sebastian Fischer** and **Nicola Gansert**, Wir Pflegen, Germany
- **Selma Kadi**, European Centre for Social Welfare Policy and Research, Austria



CONTACT:

Holly Shorey
hs@eurocarers.org



**Co-funded by
the European Union**

Views and opinions expressed are however those of Eurocarers only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

TABLE OF CONTENTS

Foreword	2
Acknowledgments	3
1 Executive Summary	5
2 Context on work-life-care balance and flexibility for informal carers	9
3 What does the EU Work-Life Balance Directive offer informal carers?	10
4 Adequacy	11
Adequacy of duration	11
Adequacy of compensation	12
5 Inclusion	16
Care relation	16
Inclusion of workers	16
Care situation	16
6 Flexibility: ability to take leaves in a flexible manner	18
7 How have countries implemented the right to request flexible working arrangements for caring purposes in the EU Work-Life Balance Directive?	19
8 What is the state of play for informal carers in practice?	20
Administrative burden and bureaucracy	20
Lack of awareness of rights	20
Societal, gender, and workplace culture, stigma, and expectations	20
9 Conclusions	22
References	23
Endnotes	24

1. EXECUTIVE SUMMARY

In this position paper, Eurocarers maps the state of play of the implementation of the EU Work-Life Balance Directive, four years after the deadline for Member States to ensure their national legislation satisfies the minimum standards of the legislation. The Directive was a significant step forward in bringing carers' rights into the EU legislative framework for the first time: specifically, through the introduction of minimum standards on a carers' leave and the right for carers to request flexible work arrangements. This recognition is a significant achievement of the European Carers' movement, but these minimum standards do not go far enough in meeting and responding to carers' needs.

This position paper seeks to provide guidance to the European Commission on how carers' needs can be better addressed, in light of the upcoming review in 2028 of the Directive. Eurocarers also offers specific support to national governments and employers on how to develop a more comprehensive and meaningful package of reconciliation policies to support carers in practice.

ADEQUACY

an unpaid right is an empty right

Firstly, there are key concerns around adequacy. The EU Work-Life Balance Directive (hereafter, the Directive) introduced a carers' leave of a five-working day minimum with no need for the leave to be paid. Yet, an unpaid right is an empty right. Implemented at this level, countries will not respond to the hundreds of workers with care responsibilities, who are overwhelmingly women. Consequently, carers are effectively forced to either reduce their working hours, employment responsibilities, and/or completely leave the labour market altogether. A five-day care leave will not address the degradation of mental and physical health of carers trying their best to juggle paid work and care. It will not address the poverty risks that carers face when trying their best to provide the care that our families and societies so urgently need. As such, the five-day minimum leave is not adequate.

Our analysis does show that some countries do offer a more generous carers' leave, but there is a long way to go to ensure all carers across Europe have access to adequate support. We would thus like to invite the European Commission, when reviewing the 2019 Directive, to strongly consider introducing a right to a paid carers' leave to achieve the Directive's aim of promoting gender equality through building a society that values care. This can also serve as a moment for countries and employers to re-examine what support they offer to working carers. Demographic change makes this issue even more urgent.

Eurocarers' position centres on three main issues, namely, 1. Adequacy; 2. Inclusivity and accessibility; and 3. Flexibility. These issues emerged from our research into national legislation and discussion with our member organisations representing carers across Europe.

INCLUSIVITY AND ACCESSIBILITY

can carers' access their rights in practice?

Attention must also be paid to ensuring the inclusivity and accessibility of rights. There are key implementation gaps surrounding restrictive eligibility requirements in some countries for accessing carers' leaves which call into question how inclusive the provisions are for capturing all working carers and situations of care. No carers should be left behind, unable to access support. Eurocarers' members have also stressed that administrative burden and bureaucracy make taking up rights extremely difficult and stressful. For informal carers under pressure and at risk of burn out, these hurdles can become complete blocks. This is an area where Eurocarers' members are doing a lot of heavy lifting to promote carer-friendly workplaces. This paper tackles the core issues that prevent informal carers from accessing their rights in practice, including factors such as: societal, gender and workplace culture; stigma; expectations; and lack of awareness of rights.

FLEXIBILITY

care rarely fits neatly into a calendar

Lastly, Eurocarers highlights the need to ensure that carers' leave can be taken up in a flexible manner and that carers can access meaningful flexible work arrangements in practice. Flexibility has the possibility to make a profound difference in how informal carers navigate employment. To rise up to the challenge, carers' leaves need to be developed with flexibility built in. Care rarely fits neatly into a calendar. Appointments change, emergencies happen, conditions fluctuate, and caring responsibilities can arise at any moment. Whilst informal carers are continuously adapting to changing circumstances, workplaces, policies and support systems often remain rigid. Carers' leaves should be able to be taken up in a flexible manner, such as in blocks, part-time, or even at short notice. It is also crucial that carers have more than the right to just request flexible work arrangements. Carers should instead benefit from the right granted in practice. A right to only make a request leaves informal carers at risk of not getting the adjustments they need.

Flexibility is not the solution to insufficient access to high-quality affordable long-term care services and respite care. It is only one part of the puzzle to support carers in paid employment.

1. EXECUTIVE SUMMARY

Considering the importance of these three issues, we propose the following recommendations:

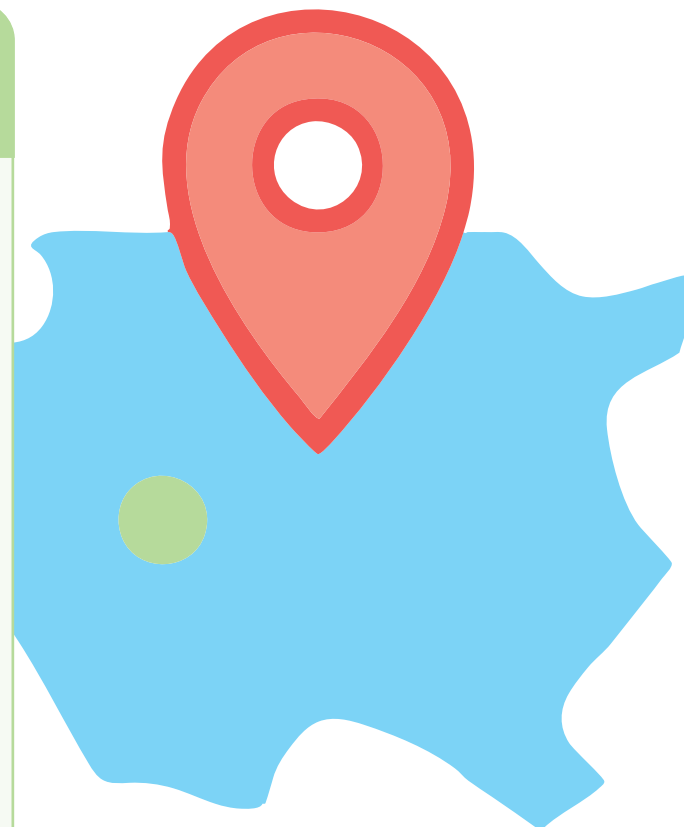
Recommendations TOWARD THE EUROPEAN COMMISSION when reviewing the 2019 Directive

1. The European Commission should strongly consider introducing a right to a paid carers' leave:
 - ☐ Ensure the payment level is adequate, with 100% income-replacement, hereby showing clearly how crucial and respected the work of informal carers is, especially considering demographic change across Europe.
 - ☐ Provide Member States' guidance to ensure that carers do not face gaps in social security contributions as a result of taking up carers' leaves. This is essential to tackle Europe's gender pension gap and minimise risks related to the lack of access to healthcare, social benefits, leaves, etc.
 - ☐ Serve an essential role in coordinating good practice exchange on different models, e.g. fictitious social security contribution periods, care credits, etc.
2. While reviewing the Directive, take advantage of the moment to adopt a more inclusive and comprehensive definition of informal care(rs) that overcomes traditional boundaries (i.e. the exclusive focus on next of kins or cohabitants) and acknowledge the contribution of all carers (including friends and neighbours). This remains essential to adequately respond to the challenges facing millions of people across the EU.
3. Go further to introduce a right to obtain flexible work arrangements for informal carers, not just request them.
4. Reinforce EU funding for initiatives that promote inclusive work places, prevent the discrimination of carers in the labour market, and foster gender equality in care. For example, through the CERV, Horizon Europe, ESF+, and Erasmus+ programmes.

1. EXECUTIVE SUMMARY

Recommendations targeting NATIONAL GOVERNMENTS (not restricted to EU Member States)

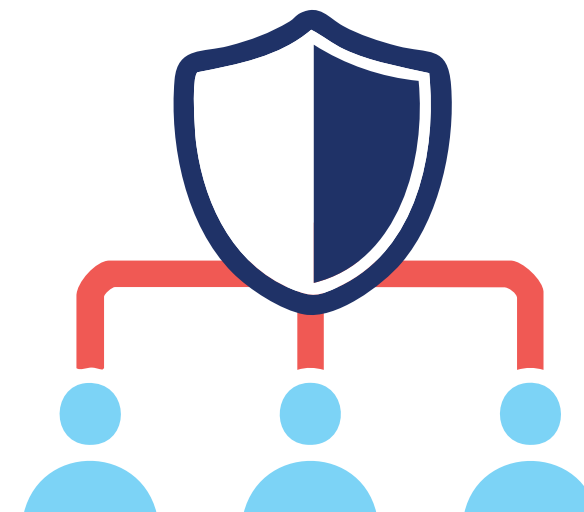
5. Develop multi-tiered leave systems to ensure that different situations of care are responded to adequately, including access to:
 - ☐ Paid force majeure leave that can be taken at short notice, in short periods of time to respond to emergency care situations;
 - ☐ Paid short term care leave that is designed to allow carers to better juggle paid work and care and organise new care arrangements;
 - ☐ Long-term leave to provide long-term care with access to financial support, and a right to return to the original employment position;
 - ☐ Post-care services, including end-of-life planning, bereavement leave, and grief therapy; and
 - ☐ Affordable high-quality long-term care services and respite care, allowing personal leaves for carers.
6. Ensure that carers' leaves are designed so that they can be taken in a flexible manner, e.g. part time or in blocks.
7. Expand recognition of care situations to ensure that carers' leave covers a broader spectrum of care needs and situations. Overly restrictive criteria based on certain severe medical conditions, threat to life, or dependency result in many informal carers lacking access to leaves and support. This is true in particular for those who care for someone with mental ill health, older persons, or those with chronic conditions.
8. Provide incentives for employers offering carer friendly policies such as subsidies, tax incentives, recognition, official acknowledgement, and more. This is especially crucial in small and medium enterprises (SMEs). Solutions must be developed for small and medium sized employers and specific employment sectors who may find it harder financially or operationally to offer carers a package of leave and flexibility. With this, the societal benefit of care can be shared better across society.



1. EXECUTIVE SUMMARY

Recommendations targeting EMPLOYERS

9. Work with informal carers to design an offering of meaningful work-life-care balance and flexibility arrangements that respond to their specific and evolving situations.
10. Develop a culture of care in the workplace, where employees are informed of the support they are entitled to as carers and supported to discuss the challenges they may be facing with their employer, managers, and colleagues.
11. Collect examples and promising practices and train managers and HR staff how best to respond to requests for care leave, and monitor the positive impacts on employee motivation following flexible work-life-care arrangements.
12. Promote the benefits to the workplace of employing carers: highlighting their resilience, flexibility, self-management, empathy, ability to work during crises and more. This can promote the acceptance of carers by staff, prevent against discrimination, encourage other staff to disclose their own carer duties or other needs, and lead overall to a greater worker satisfaction, productivity, and retention.
13. Take the opportunity to go beyond what is required by law and offer employees with caring responsibility a more generous package of support: including adequately paid leaves and flexible work arrangements.



Recommendations targeting TRADE UNIONS

14. Ensure adequately paid carers' leave via collective bargaining agreements.
15. Negotiate for a comprehensive package of work-life-care balance reconciliation for informal carers including: generous leave quotas, leave that can be taken in hours rather than full days to manage short-notice care needs or medical appointments, and meaningful flexible work arrangements.
16. Support and train employers on building flexible, carer-friendly workplaces.

2. CONTEXT ON WORK-LIFE-CARE BALANCE AND FLEXIBILITY FOR INFORMAL CARERS

Reconciling both care and paid work for those who provide essential care and support to family members, friends, and neighbours is a serious challenge. A challenge that affects women disproportionately and has severe impacts on individuals, societies, and economies.

One in five adults across the EU provide informal long-term care with working age people (aged 25-54) the most likely to provide high intensity care (over 35 hours a week) (EIGE, 2024). Carers in employment find themselves forced to reduce working hours, scale back responsibilities, or give up paid work completely to care. Thousands of workers, many with the specific sectoral skills Europe is desperate for, are leaving the labour market every year, or are never included in the first place, simply because care and paid work remain incompatible. As the European Care Strategy stresses “Women provide the bulk of care and this often leads them to adapt their work patterns to care responsibilities, including by taking career breaks, working part-time, or leaving the labour market entirely and prematurely” (European Commission, 2022).

Supporting informal carers to combine care and employment is not only a social imperative, but an economic opportunity. With the right policies in place, Europe can unlock a more active, healthier, gender-equal, and productive workforce. As demographic change accelerates and populations age, the demand for care will only intensify, making it essential to build a society that cares. Currently, Europe is stuck in paradoxical thinking where the current status quo says we need workers to **WORK MORE** to improve public finances, fund the welfare state, and fill crucial labour market gaps, while at the same time expecting workers to **CARE MORE** to fill gaps in public finances, the welfare state, and labour market gaps. Both cannot be feasible at the same time; we need a new social contract that recognises the economic value of care.

Against this backdrop, this paper tackles critical issues of work-life-care balance and flexibility for informal carers. It assesses the extent to which the EU Work-Life Balance Directive has prompted meaningful reforms in countries on what supports they offer informal carers attempting to balance care with paid work and offers key recommendations for future action.

“Women provide the bulk of care and this often leads them to adapt their work patterns to care responsibilities, including by taking career breaks, working part-time, or leaving the labour market entirely and prematurely”

(European Commission, 2022).

3. WHAT DOES THE EU WORK-LIFE BALANCE DIRECTIVE OFFER INFORMAL CARERS?

The EU Work-Life Balance Directive, adopted in 2019, brought informal carers into the EU legislative framework for the first time and introduced new rights for informal carers, namely: a carers' leave and the right for carers to request flexible work arrangements. Since Eurocarers' last position paper assessing the 'Implementation of the Work-Life Balance Directive and new Carers' Rights: where do we stand?' published in 2020, Member States are four years post the transposition. This earlier deadline required them to ensure that the Directive was embedded in national law. By August 2027, Member States are required to communicate all relevant information on the implementation of the Directive (legal provisions, take up of new rights and more) to the European Commission. The European Commission by 2028 will then produce new studies focusing on different aspects of the monitoring and assessment of the Directive. It also has the possibility to initiate new legislative proposals. In this context, it is important for Eurocarers to evaluate closely the impact of the Work-Life Balance Directive on the situation of informal carers across Europe to be able to continue to shape and advise on this process for the benefit of all informal carers.

The Directive provides minimum standards for Member States in the fields of carers' leave and flexible working arrangements with the intention of allowing working carers the ability to better reconcile paid work with informal care and remain in the workforce. Before the Directive, there was no EU harmonisation in this domain, unlike in parenting related leaves where the EU has been active since the 1980s. This means that there is a wide divergence in the way that Member States have been legislating (or not) for different types of care. Therefore, it is interesting to observe the impact that the Directive has had in a short period of time on providing a common floor of rights for carers in employment.

The Directive gives each working carer the right to:

- ☐ A carers' leave of minimum five working days per year to provide personal care or support to a relative, or to a person who lives in the same household as the worker, and who is in need of significant care or support for a serious medical reason (as defined by the Member State). Member States are free to decide whether to provide a payment or an allowance for carers' leave, they are encouraged to introduce such a payment or an allowance in order to guarantee the effective take-up of the right by carers, particularly by men.
- ☐ The right to request flexible working arrangements for caring purposes: including remote working arrangements, flexible working schedules, or reduced working hours. Employers must consider and respond to requests and have the ability to deny or postpone with reasoning. This includes the right to return to the original working pattern.



4. ADEQUACY

Adequacy of duration

In contrast to our last Eurocarers' evaluation in 2020, all countries have now introduced a right to a minimum of five working days of carers' leave. In this regard, it is positive to see that the Directive has been impactful in introducing new rights for carers where there was no provision before.

A short leave of five days can act as a buffer for informal carers for example to be able to:

- ☐ Accompany someone to a planned appointment;
- ☐ Arrange care provision;
- ☐ Respond to an emergency or a change in circumstance.

Such a short-term leave cannot be seen as adequate at meeting longer term intensive care needs. Many countries do also have national provisions for longer term care leaves, but the EU could consider taking action to harmonise this and offer a more expansive set of rights for carers.

Figure 1: Chart detailing the number of Member States with a carers' leave at the minimum standard laid out in the EU Work-Life Balance Directive or with a more generous provision

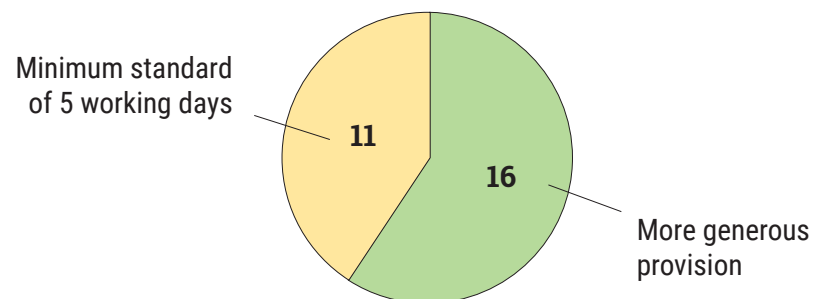


Table 1: Length of carers' leave in Member States as per the EU Work-Life Balance Directive

Country	Length of carers' leave as per the EU Work-Life Balance Directive
Austria	5 days
Belgium	5 days
Bulgaria	10 days
Croatia	5 days
Cyprus	5 days
Czechia	9 days
Denmark	5 days
Estonia	7 days
Finland	5 days
France	3 months
Germany	10 days
Greece	5 days
Hungary	5 days
Ireland	5 days
Italy	3 working days per month
Latvia	5 days
Lithuania	5 days
Luxembourg	5 days
Malta	5 days
Netherlands	Twice the number of working hours per week
Poland	5 days
Portugal	15 days
Romania	5 days
Slovakia	14 days
Slovenia	10 days
Spain	5 days
Sweden	100 days ¹

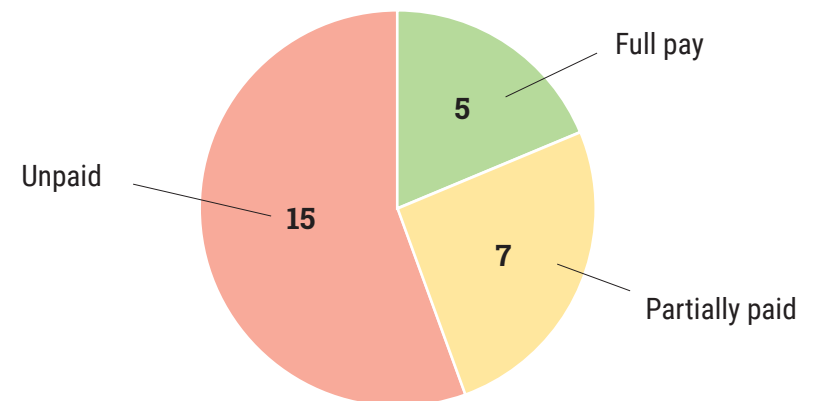
4. ADEQUACY

Based on the above number of days offered, there are clear discrepancies between the Member States' application of leave, with the longest being Sweden (100 days) and France (3 months). In Sweden, however, the leave is restricted to carers of a person with a serious, life-threatening illness. Consequently, it does not apply to informal carers more universally.

Adequacy of compensation

The EU Work-Life Balance Directive does not require countries to implement carers' leave as a paid right - a highly contentious aspect during the negotiation on the Directive, which still remains problematic to this day. The European Commission initially advised that the carers' leave should be paid, at least, at sick pay level in its proposal in 2017, but this did not make its way into the final directive adopted by the Council of the European Union and the European Parliament in 2019 (European Commission, 2017). The Directive does cautiously advise countries to introduce payment or an allowance with gender equal take-up in mind, but there is no further expansion on the adequacy of payment. This is in contrast to the explanation given on parenting related leaves which clarifies that these rights should be "provided with a right to an adequate allowance while on leave". For paternity leave, adequacy is defined as the level of national sick pay, at minimum. A direct link is also made between adequate compensation for parenting related leaves and a decent standard of living, a link not made for those caring for their loved ones with disabilities and long-term care needs. This goes to show that much more needs to be done to ensure that carers are not left behind when it comes to meaningful work-life balance reform. Policy makers, employers, and society in general need to look at the universality of care and its importance for our societies, prioritising all forms of care across the life course: childcare, care for relatives with disabilities, older persons, people with chronic and debilitating illnesses or in hospice, etc.

Figure 2: Chart detailing Member States' payment level (whether fully paid, partially paid, or unpaid) when it comes to carers' leave as per the EU Work-Life Balance Directive



4. ADEQUACY

Table 2: Payment level and financing approach of carers' leave in Member States as per the EU Work-Life Balance Directive²

Country	Payment level	How is it financed?
Austria (Pflegefreistellung 2023)	Paid at full wage	Employer
Belgium (Zorgverlof voor ouders en mantelzorgers/ congé d'aidants pour les parents et pour les aidants proches 2022)	Unpaid	N/A
Bulgaria (Гледане на болен или на карантиниран член от семейството 2022)	Paid at 80% ³	Social security insurance system
Croatia (Dopust za pružanje osobne skrbi 2022)	Unpaid	N/A
Cyprus (Άδεια φροντίδας 2022)	Unpaid	N/A
Czechia (Krátkodobé ošetřování 2009)	Paid at 60% with an earnings limit of 68.24 euros per day	Social insurance system
Denmark (Omsorgsorlov 2022)	Unpaid	N/A
Estonia (Hooldajapuhkus 2018)	Paid at minimum wage	Employer who is reimbursed by the Social Insurance Board
Finland (Omaishoitovapaa 2022)	Unpaid	N/A
France (Congé de proche aidant 2017)	Paid at flat rate of 66.64 euros per day	Social insurance system through the family allowance funds
Germany (Kurzzeitige Arbeitsverhinderung wegen Pflege 2008)	Unpaid ⁴	N/A
Greece (Άδεια φροντιστή 2021)	Unpaid	N/A

Hungary (Gondozási szabadság 2023)	Unpaid	N/A
Ireland (Leave for medical care purposes 2023)	Unpaid	N/A
Italy (I permessi giornalieri per assistere il familiare disabile grave 1992)	Paid at 100%	Social insurance system
Latvia (Aprūpētāja atvaļinājums 2022)	Unpaid	N/A
Lithuania (Darbuotojas, slaugantis sergantį šeimos narį ar kartu su darbuotoju gyvenantį asmenį 2022)	Unpaid	N/A
Luxembourg (Congé d'aidant/Urlaub für pflegende Angehörige 2023)	Paid at 100% (with a ceiling)	Employer who then receives 50% back from the State
Malta (Leave tal-Carers 2022)	Unpaid	N/A
Netherlands (Kortdurend zorgverlof 2001)	Paid at 70%, never less than the minimum wage	Employer
Poland (Urlop opiekuńczy 2023)	Unpaid	N/A
Portugal (Licença do cuidador 2023)	Unpaid	N/A
Romania (Concediu de îngrijitor 2022)	Paid at 100%	Employer
Slovakia (Dôležité osobné prekážky v práci 2022)	Paid at 55% with a maximum daily benefit of 52 euros	Social insurance system as a sickness insurance benefit
Slovenia (Oskrbovalski dopust 2023)	Unpaid	N/A
Spain (Un permiso retribuido para el cuidado de familiares 2023)	Paid at 100%	Employer
Sweden (Närståendepenning 1989)	Paid at 80%	Social insurance system

4. ADEQUACY

As a result of the missed opportunity to call for adequate compensation, the majority of Member States have this carers' leave as an unpaid right with serious consequences for informal carers, the people they care for, employers, and society in general.

Informal carers:

- An unpaid right is an empty right. Most carers cannot afford to lose this income. The people who have more flexibility built into their jobs, e.g. white-collar workers can potentially consider trading income for time, but for low-income carers in less flexible and more precarious forms of employment, time cannot be traded for money in the same way. The poverty risks for carers are grave and must be responded to through paid leave systems. Critical attention needs to be paid to ensuring that policies fight social exclusion rather than deepen it: responding to compounding and intersectional vulnerabilities of carers across gender, class, age, ethnicity, migration experience, urban/rural setting, and family structure.
- Those who cannot afford to take unpaid leaves are left to suffer with worsening mental and physical health as they continue to try and juggle paid work and care until they reach a tipping point where they are forced to leave or reduce employment to cope.

People they care for:

- Experience worse outcomes for care, if the people who provide crucial care are not financially supported to do so. Not to mention the direct out-of-pocket costs of caring such as specialised equipment, medications, and heating. Informal carers are essentially paying a "care tax" with their own long-term financial security.

Employers, labour market, economy:

- Where informal carers do not have access to adequate, paid carers' leave, caring responsibilities may instead result in use of sickness absence leave. This means carers can end up using their own sickness benefit entitlement to care for someone

else, potentially leaving them with less protection if they later become ill themselves. It can also shift costs to sickness benefit systems and employers, while masking the underlying need for proper carers' leave. For example, Eurocarers' member, Pårørendealliansen, has conducted research highlighting how informal carers in Norway are relying on paid sick leaves to mitigate gaps in the Norwegian carers' leave system. With this, Pårørendealliansen brings to light the situation in Norway, which is certainly also present across Europe, that General Practitioners feel they are lying when they write sick leave authorisations for informal carers for diagnoses that the carer does not have.

- Employers lose valuable staff, either due to lack of productivity, reduction in working time, or having to completely leave the role. Carers UK research found that a staggering 1.1 million people over the last two years, the equivalent of over 1,500 people every day, have had to give up paid work to care (Carers UK, 2026).

Society:

- Unpaid leaves give the wrong signal about how a society values the crucial role of informal carers in holding up our health and social care systems.

There is another group of countries who have implemented this carers' leave with partial payment: either through flat rate payments or at a fixed proportion of previous income and often with income caps. Whilst this goes in the right direction, a financial penalty is still placed on carers seeking to juggle work and care. Carers with a higher income might feel able to take this income/time trade off without suffering the financial consequences, whilst for lower income carers this may prove unviable. This is a crucial consideration since lower income workers are more likely to rely on informal care provision due to unaffordability of formal care services.

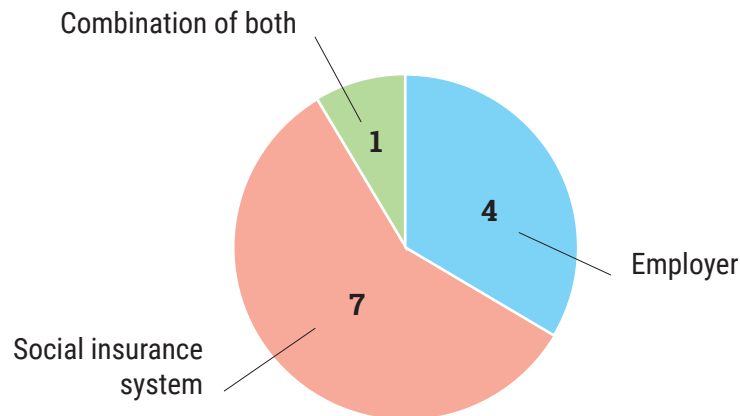
It is promising to see that there are also Member States that are paying the carers' leave fully at 100% of a carers' income. Whilst this is the minority, five countries taking this step show that it is possible to provide carers with meaningful leave arrangements.

4. ADEQUACY

Member States finance paid leaves in different ways (see below). The majority of paid leaves are financed by social insurance systems with a smaller group of countries where employers directly finance the leave. One country combines the two models with the employer paying initially and then receiving 50% back from the social insurance system.

It is of course worth commenting that, in some countries, the role of collective agreements plays a strong role in shaping what is offered to employees, e.g. in Sweden. Additionally, many employers go beyond the national legislation to offer a more generous package of support to employees with caring responsibilities, but often the carers who need this support most do not work in these kinds of big companies. This is why it is crucial that national legislation provides an adequate floor of rights for all workers, including those in more atypical or precarious forms of employment.

Figure 3: Chart detailing how different EU Member States finance the carers' leave as per the EU Work-Life Balance Directive (employer, social insurance system, or a combination of both)



Social security contributions

Countries should also ensure that carers retain social security contributions during periods of leave. Without this assurance, carers taking leaves are forced to penalise their future selves, i.e. by risking entitlement to social benefits and shrinking pensions. With women doing the lion's share of care work in and outside of the home, we see an EU gender pension gap of 25%, hereby, fuelling poverty risks in older women (Eurostat, 2026). Women are thus penalised for taking care. The Directive clarifies that it is Member States' decision whether to maintain social security contributions for workers on leave.

5. INCLUSION

Care relation

The Directive lays out that carers' leave should be made available to care for relatives (children, parents, spouses) and others who live in the same household. Some countries still need to do more to ensure that their carers' leave satisfies this requirement. For example, the ability to take carers' leave for another person living in the same household has not been implemented, for example, in Bulgaria, Germany, Italy, Lithuania and Luxembourg. On a more positive note, there are also examples of countries that have gone beyond the minimum standards set out in the Directive to provide for a much more expansive understanding of contemporary care relations. For instance, in Estonia, carers' leave can be taken to provide care and support for any individual regardless of relationship or whether they co-reside with the carer. This has the capacity to encompass those who care for friends, colleagues, neighbours, or others in their communities. In the Netherlands, carers' leave can be taken to care for those with whom the worker has a social relationship, such as a neighbour or a friend. There is an additional condition here that there must not be another person that can provide this care, for example the person's own spouse. In Portugal the definition of 'non-primary informal carer' was expanded in 2024 to include informal carers who do not have any family relationship with the person cared for and also to those who do not live in the same household.

Fundamentally, as Eurocarers, we believe that it is important to adopt an inclusive and comprehensive definition of informal care(rs) that overcomes traditional boundaries (i.e. the exclusive focus on next of kins or cohabitants) and that acknowledges the contribution of all carers (including friends and neighbours), as this remains essential to adequately respond to the challenges facing millions of people across the EU.

Inclusion of workers

To achieve impact in practice, carers leave needs to be inclusive of all workers without restrictive qualifying criteria that stand between carers and their rights. It has been confirmed by the Court of Justice of the European Union⁵ that Member States are not able to introduce qualifying conditions, other than what is already included in the Directive (CJEU, 2015, 2018). For this reason, it is concerning to see that some countries have

implemented the Directive into national law with qualifying conditions that limit some carers from accessing their right to carers' leave.

- In **Greece**, workers must have been with their current employer for six months before being able to take carers' leave.
- In **the Netherlands**, the employee needs to be the only person that reasonably can provide this care.
- In **Portugal**, the carer must be legally recognised as a secondary informal carer, which adds additional administrative burden.

The Directive does not apply to self-employed workers, but it does mandate the European Commission to carry out a specific study how self-employed workers are accessing family-related leaves. The EU Gender Equality Strategy (2026-2030) includes that this will be carried out by 2028 (European Commission, 2026). This is crucial to ensure that all carers, no matter their employment type, are able to access work-care reconciliation support.

Care situation

The Directive states that carers' leave relates to "personal care or support to someone who is in need of significant care or support for a serious medical reason". Countries are free to determine what this means to them and to demand the proof they wish. This being said, it would be positive to see some countries broaden the types of care situations for which carers' leave can be taken to ensure that more informal carers can access leaves to support them in the crucial care tasks they perform.

5. INCLUSION

We identify two main blocks that should be addressed by countries going forward:

Requirements on grounds of dependency or need of full-time care and attention

Some countries require someone to need full-time care and attention or be completely dependent on the informal carer to provide care in order to be able to access care leave. For example, in Portugal and Finland.

Limitations to certain medical conditions or statuses

There are also countries where only certain medical conditions or statuses are deemed applicable for carers' leave. Such as in Romania where there is a set list of serious medical conditions whereby carers' leave can be taken. This effectively, by default, excludes all other situations of care and support not featuring on this list. In Estonia and Italy, the person requiring care must have a profound disability, which also excludes many care situations for other levels of disability, illnesses, and other health and support needs. In Sweden, carers' leave can only be taken if the person being cared for has a life-threatening illness. This again, excludes many other situations of crucial care and support. It is important for countries to ensure that informal carers have access to carers' leave for a wide range of situations of care and support and that the proof required to justify this does not add extra stress or burden on the already stretched carer, or care recipient.



6. FLEXIBILITY: ABILITY TO TAKE LEAVES IN A FLEXIBLE MANNER

The realities of informal carers are rarely predictable or neatly structured. For this reason, it is essential that carers' leave can be taken in a flexible manner, such as in blocks, part-time, or even at short notice. Flexibility inherently reflects the reality of caring since care needs often fluctuate: there may be periods of stability followed by sudden deterioration, or emergencies. A rigid leave system that only allows long, continuous absences does not match these changing demands. Being able to take leave in smaller blocks or adjust working hours allows carers to respond effectively without having to step away from paid work entirely. We see in practice that carers only take the leave that they need, sometimes half a day to attend a hospital appointment can make a big difference. The Directive promotes this approach in the context of parental leaves to boost the take up from fathers, but fails to expand this reasoning to carers despite the unpredictability of informal care.

- In Sweden, carers' leave can be taken for a quarter, half, or three quarters of a working day.
- In Italy, carers' leave can be taken in half days or in hours.
- In Ireland, it is possible to take single days, but not in half days or hours. Half a day of leave is counted as a full day.

Role of force majeure leaves

Force majeure leaves also play an important role of ensuring that carers have access to leaves that can be taken at short notice to flexibly respond to a change in care circumstance or emergencies. The Directive reiterates that force majeure leaves must be additional to carers' leave and that they serve different needs. The right to time off from work on grounds of force majeure gives workers the ability to take responsive leaves to deal with urgent family matters in the case of illness or accident. This type of leave can be a useful part of carers' toolbox of measures, especially since it can often be taken very flexibly: last minute and in short time blocks such as hours.



7. HOW HAVE COUNTRIES IMPLEMENTED THE RIGHT TO REQUEST FLEXIBLE WORKING ARRANGEMENTS FOR CARING PURPOSES IN THE EU WORK-LIFE BALANCE DIRECTIVE?

The Directive states that Member States should take all necessary measures to provide carers with the right to request flexible working arrangements for caring purposes. Available measures are remote working arrangements, flexible working schedules, or reduced working hours. This new right for carers is a relative right, meaning that it gives the right to make a request and be given a reasoned response, but does not actually give the absolute right to flexibility. The question here, is whether in practice this 'right' is simply the right to be refused and thereby in practice not offering informal carers meaningful flexible work arrangements. For example, in Ireland, there have been legal challenges by carers who have had their request for flexible working arrangements for caring responsibilities denied. All of these legal actions found in favour of the employer, with the workplace commission having little room to force an employer to accept a flexible working arrangement. This is why a stronger legal entitlement to flexible work arrangements would make greater impact for informal carers.

Examples:

- In **Spain**, carers of children and adults with disabilities are able to request reducing working hours (with no payment, but provision for social security payments). Self-employed parents are not eligible.
- In **Portugal**, non-primary informal carers are entitled to request reducing to part-time work for a maximum of 4 years, flexible working hours, teleworking, exemption from overtime, and protection from dismissal.
- In **Romania**, carers of dependent older persons are entitled to request working part time and compensated at full time equivalent by the public funds. They also receive normal social security contributions.

Some Member States have gone further to introduce an absolute right to obtain flexible work arrangements, not only request them. For example, in Austria, carers have the right to work part time, albeit limited to two weeks per year.

The Directive gives Member States the possibility to limit the duration of flexible work arrangements used by carers. On the whole this is rare, but there are examples of Member States where this is the case.

Examples:

- In **Germany**, workers are able to request working part time for a maximum of six months and 24 months per beneficiary to care.
- In **Belgium**, workers can request part-time work for maximum twelve months per beneficiary to care for.

8. WHAT IS THE STATE OF PLAY FOR INFORMAL CARERS IN PRACTICE?

It is important that we also look at the extent to which these new rights on paper have made meaningful change for carers in practice. Eurocarers' members have highlighted several key issues that must be addressed to ensure that carers can access their rights.

Administrative burden and bureaucracy

- In **Italy**, Eurocarers' member, INCRA, expressed how even where entitlement exists on paper, it is often difficult to access in practice, since formal recognition as a family carer is contingent on the cared-for person having already been certified as severely disabled under Article 3, comma 3 of Law 104/1992, or granted a carers' allowance. Carers' leave therefore depends on a prior administrative determination that must be secured before any support becomes available. This might leave carers unsupported precisely during the earliest and most demanding phase of caring.
- In **Germany**, Eurocarers' member, wir pflegen, has been focusing heavily on how bureaucratic hurdles are standing in the way of informal carers' ability to access rights and support. Bureaucracy and administrative burden add additional stress to those often already in stressful caring situations, where the mental load is already heavy. For example, in order to recover lost income from taking the short-term carers' leave, carers must make an application to the care insurance fund of the care recipient to receive 90% of lost net earnings, creating an administrative hurdle before benefits are paid. Moreover, eligibility is limited to acute care situations and excludes some employment groups, such as self-employed individuals and, depending on the federal state, also civil servants.

Lack of awareness of rights

Many carers report not knowing what support is available to them to help reconcile work and care. Different actors have a role to play in changing this: from government, to local municipalities, employers, and managers. Eurocarers' members are actively working to raise awareness in this area:

- Carers UK run the 'Employers for Carers' programme which brings together over 230 employers cross-sectorally to ensure that employers have the right support to retain and manage employees with caring responsibilities. This includes boosting the capacity of employers in signposting carers to key sources of workplace and external support.

Societal, gender, and workplace culture, stigma, and expectations

The take up of rights is also influenced by societal, gender, and workplace culture, stigma and expectations. Our societies largely are still shaped by the ideal worker norm, which posits the idea that the best employees are solely committed to the work with no distractions, primarily male workers with no care responsibilities and the expectation of unlimited work devotion. It is imperative that we work to break down these ideas by promoting carer-friendly workplaces, where acknowledging a shared responsibility for the care of our loved ones is seen as normal and a strength, not as a burden. Eurocarers members are working hard to make carer-friendly workplaces a reality:

- In **Scotland**, VOCAL, provides crucial training for local employers to help them identify and support carers in their workplace. For example, they run 'caring conversations' sessions to build the capacity of staff and line managers to discuss with their colleagues and people they manage about caring. Targeting those closest to the carer means that the most targeted and responsive support can be given.
- In **Germany**, the development of formal corporate 'work-life care advisers' or mentors (Betriebliche Pflegelotsende) has been spreading across many regions and businesses. Special training courses are offered for business representatives from

8. WHAT IS THE STATE OF PLAY FOR INFORMAL CARERS IN PRACTICE?

within the workforce to be trained as mentors or carer champions, with a role of supporting employees who identify as carers and seek recognition and support, e.g. flexible working, special leave, or other supportive measures.

- In **Slovakia**, the Platform of Families, actively shares expertise with businesses in Slovakia who seek to be more inclusive and carer-friendly employers (e.g. IKEA or the Sector Councils Alliance which reunites employers from 24 sectors of the Slovak economy). The Platform, with 90% of its employees being legally recognised informal carers, also acts as a positive role model for a carer-friendly employer. This is done by:
 - ☐ Ensuring replaceability - each worker has a “double” who can take over their agenda when the other is dealing with ad hoc carer duties;
 - ☐ Offering part-time working arrangements, teleworking, and flexible work arrangements that respect individual preferences;
 - ☐ Providing reflective supervision sessions for staff by a professional counsellor.



9. CONCLUSIONS

The 2019 EU Work-Life Balance Directive marked a historic step by bringing informal carers into the EU legislative framework for the first time, but more must be done to make these new rights real and meaningful for carers in practice. The **Directive set minimum standards** which are very much minimal, with a right to five days unpaid leave not doing much to alleviate the heavy lifting informal carers do in our societies. Moreover, informal care is not a side issue. If we are not having to provide crucial care and support for our loved ones now, the likelihood is that at some point in our lifetime, this will be required of us. The latest EU demographic report projects that the number of people over 50 potentially requiring long-term care in the EU will rise from 36 million in 2025 to 48 million by 2070, reaching 11% of the EU population (European Commission, 2026). And when that time comes, it is important that the right support is there to keep us afloat, not put us into precarity.

The primary barrier to meaningful reform is the widespread implementation of carers' leave as an unpaid right. For workers in low-income and/or precarious employment, unpaid leave is financially non-viable, forcing them to choose between economic security and their own physical and mental health. Since women disproportionately take on informal care, the lack of robust structural support continues to drive thousands of skilled workers out of the labour market prematurely, aggravating economic vulnerability and the gender pension gap. Furthermore, rigid eligibility criteria tied to cohabitation or narrow medical definitions fail to reflect modern care networks, which increasingly rely on friends, neighbours, and non-relative community supports.

There is a strong need for the European Commission to review the Directive to resolve several of these key issues identified. Notably, by introducing an absolute right to paid carers' leave with 100% income replacement, protect social security contributions, and expand the definition of informal carers. National governments must build multi-tiered, paid leave systems that accommodate fluctuating, long-term care needs, while moving from a "right to request" to a legal "right to obtain" flexible working conditions. Finally, employers must foster workplace cultures that de-stigmatise caring, particularly within small and medium enterprises.

Supporting informal carers to balance employment and care is not just a social imperative; it is an economic necessity.

By enacting these targeted recommendations, Europe can dismantle its paradoxical approach to welfare and establish a new social contract that recognises, values, and financially sustains the economic weight of care.

REFERENCES

Carers UK. (2026). *The 'tipping point': when unpaid carers can no longer combine work and care*. Retrieved from <https://www.carersuk.org/reports/the-tipping-point-when-unpaid-carers-can-no-longer-combine-work-and-care/> Accessed: 19/09/26.

Carers UK (2026). *Balancing work and unpaid care: A critical issue*. Retrieved from <https://www.carersuk.org/media/3dsbct4j/cuk-balancing-work-and-unpaid-care-digital.pdf> Accessed: 19/09/26.

Carers UK. *Employers for Carers*. Retrieved from <https://www.carersuk.org/for-professionals/support-for-employers/employers-for-carers/> Accessed: 19/09/26

Council of the European Union. (2019). *Directive on work-life balance for parents and carers*. Retrieved from <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019L1158> Accessed: 01/03/26.

Eurocarers. (2020). *Implementation of Work-Life Balance directive and new Carers' Rights- Where do we stand?* Retrieved from <https://eurocarers.org/publications/implementation-of-work-life-balance-directive/> Accessed: 01/03/26.

European Commission. (2017). *Proposal for a Directive of the European Parliament and of the Council on work-life balance for parents and carers and repealing Council Directive 2010/18/EU*. Retrieved from https://eur-lex.europa.eu/resource.html?uri=cellar:84205176-2b39-11e7-9412-01aa75ed71a1.0001.02/DOC_1&format=PDF Accessed 15/06/26.

European Commission. (2022). *Communication on the European Care Strategy*. Retrieved from <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440> Accessed 01/03/26.

European Commission. (2023). *The transposition of the Work-Life Balance Directive in EU Member States (II): Considerable work still to be done*. Retrieved from <https://www.equalitylaw.eu/downloads/6048-the-transposition-of-the-work-life-balance-directive-in-eu-member-states-ii-considerable-work-still-to-be-done> Accessed 18/03/26.

European Commission. (2026). *Demographic transformation in the EU: understanding change and adapting to its consequences*. Retrieved from https://commission.europa.eu/system/files/2026-07/Demography_Report_2026.pdf Accessed 23/08/26.

European Commission. (2026). *Communication on the Gender Equality Strategy 2026-2030*. Retrieved from <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52026DC0113> Accessed 05/08/26.

Eurostat. (2026). *Women's pension 25% lower than men's in 2024*. Retrieved from [https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20260225-1#:~:text=In%202024%2C%20the%20average%20pension,%25\)%20and%20Hungary%20\(9.6%25\).](https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20260225-1#:~:text=In%202024%2C%20the%20average%20pension,%25)%20and%20Hungary%20(9.6%25).) Accessed 25/08/26.

European Institute for Gender Equality. (2024). *Sharing care, closing gender gaps: CARE Survey 2024*. Retrieved from https://eige.europa.eu/publications-resources/publications/sharing-care-closing-gender-gaps-care-survey-2024?language_content_entity=en Accessed 17/06/26.

International Network on Leave Policies and Research. (2026). *Country Reports 2026*. Retrieved from <https://leavenetwork.org/annual-review-reports/country-reports-2026> Accessed 10/03/26.

Pårørendealliansen. (2025). *Samfunnsøkonomiske kostnader av pårørendeinnsats i Norge*. Retrieved from <https://www.parorendealliansen.no/kunnskap/samfunnsokonomiske-kostnader-av-parorendeinnsats-i-norge/> Accessed 20/08/26.

Sociaal-Economische Raad. (2026). *Mantelzorg en werk in een zorgzame samenleving- Een integrale aanpak voor een werkende combinatie*. Retrieved from <https://www.ser.nl/nl/adviezen/mantelzorg-werk> Accessed 15/09/26.

Voice of Carers Across Lothian. *Employer training*. Retrieved from <https://www.vocal.org.uk/practitioners-employers/inclusive-workplaces/employer-training/> Accessed 14/07/26.

Wir pflegen. *Was uns immer wieder zum Verzweifeln bringt, ist die Bürokratie*. Retrieved from <https://www.wir-pflegen.net/pflegende-eltern-erfahrungsberichte/was-uns-immer-wieder-zum-verzweifeln-bringt-ist-die-buerokratie> Accessed 14/07/26.

ENDNOTES

1. Sweden concluded that its existing Compassionate Care Leave (Närståendepenning) already satisfied the EU Work-Life Balance Directive's minimum requirement of five carer leave days per year, meaning no new statutory leave tier was introduced. This leave is restricted to carers of a person with a serious, life-threatening illness so does not apply to informal carers more universally.
2. Information attained through national legislation sources, 2026 country reports from the International Network on Leave Policies and Research, and information from Eurocarers' members.
3. Monetary compensation is paid only if a new disease appears that aggravates the initial condition and care needs; if the existing disease gets worse or if the disease reaches a terminal stage.
4. There is possibility to apply for a carer allowance, which would cover 90% of their lost income through the long-term care insurance of the person in need of care.
5. Maïstrellis and Caisse pour l'avenir des enfants cases



12, Avenue de Brocqueville
1150 Brussels

www.eurocarers.org



**Co-funded by
the European Union**

Views and opinions expressed are however those of Eurocarers only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.