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POSITION PAPER

Analysis of the Directive on Work-Life Balance for Parents and Carers



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Introduction

After nearly two years of negotiations, the European Commission, the European Parliament and the Council of the European Union (EU) found [an agreement](#) on the Directive on Work-Life Balance for Parents and Carers [on the 24th of January 2019](#). This piece of legislation has then undergone the formal process of officially becoming part of EU law: the Directive was formally adopted by the European Parliament and the Council of the EU and will enter into force within 21 days after its publication in the [EU's Official Journal](#).

[Mental Health Europe \(MHE\)](#) has closely followed all the steps of the negotiation since the proposal for a Directive was first published by the European Commission on 26 April 2017. Adequate work-life balance measures positively impact workers' well-being, motivation and productivity. Similarly, providing leave and flexible working arrangement to care for family members in need of support, including persons with psychosocial disabilities, are necessary changes to accommodate the needs and rights of modern workforces. MHE has thus worked towards the adoption of a Directive that would benefit the mental well-being of all workers, while also being mindful of the specific needs that some parents and carers may have.

As part of this work, we have issued a [position paper with our considerations on the original text of the Directive](#), proposed individual and joint amendments, and [produced a video on the importance of work-life balance for mental health](#). We have had several meetings with relevant members of the European Parliament and Permanent Representations of Member States in Brussels to discuss our position and concerns. We joined the Coalition on Work-Life Balance and the [#IwantWorkLifeBalance campaign](#) to raise awareness on the topic and collaborate with other European networks to advance work on the Directive.

With the Directive soon to be transcribed into the EU Official Journal, MHE has prepared this short analysis of the final, agreed text vis-à-vis mental health and the rights of people with psychosocial disabilities.

What does the Directive say?

The Directive is the first piece of legislation stemming from the [European Pillar of Social Rights](#). It introduces European *minimum standards* on leaves and arrangements for parents and carers. Specifically, the Directive foresees:

- 10 working days for paternity leave to be taken on the occasion of the birth of the child for the father or equivalent second parent. The payment or allowance of this leave should be equivalent to sick-level leave;
- 4 months of parental leave for each parent to be taken before the child turns eight. This leave can be taken in flexible form and 2 out of 4 months of can be transferred to the other parent. Each Member State will decide on the level of payment or allowance for this leave, which shall be structured in a way that does encourage the take-up of the leave from both parents;
- 5 working days of carers' leave per year, per worker. No payment or allowance is foreseen by the Directive for this leave;
- Possibility to request flexible working arrangements by carers and parents of children up to the age of eight.

In other words, compared to previously existing EU law, the Directive introduces:

- A minimum standard on paid paternity leave at EU level which was not foreseen before;
- A parental leave with two non-transferable months. This is an improvement, in terms of gender equity, of the previous legislation which had only one non-transferable month between both parents;
- A minimum EU standard for payment or allowance of parental leave. While it is up to the Member States to define the level of payment or allowance, the Directive introduces an obligation for such payment or allowance to exist. Furthermore, it should be set up in a way that facilitates parental leave being taken by both parents. This obligation was not foreseen before;
- A minimum standard for carers' leave at EU level recognises the pivotal role of carers in our society. This was not foreseen before;
- More forms and time to request flexible working arrangements for parents and carers, which is an improvement of previous legislation.

What does it mean for mental health and people with psychosocial disabilities?

By introducing EU-wide standards on leaves and flexible working arrangements for parents and carers, the Directive will contribute to the well-being of many workers in Europe. It will allow for better opportunities to share care responsibilities and women's representation in the labour market. Conflicts in balancing work and life have been associated with higher levels of absenteeism and burnout which have a significant weight on the costs of mental ill-health.ⁱ Conversely, flexible working

arrangements in favour of employees are directly related to higher commitment and lower stress in workers and, consequently, indirect decrease in costs that companies and employers may incur due to work-life conflict.ⁱⁱ

The Directive also introduces a leave for carers – a complete novelty in EU law. Carers, including carers of persons with psychosocial disabilities, play a key part in assisting people to live in the community. Yet, their role is often not adequately acknowledged, appreciated and supported. A study on the challenges and needs of family carers in Europe found that 43% of the respondents had developed health problems, including mental ill-health, due to their caring role.ⁱⁱⁱ Another study found that 1 in 4 carers of people with mental health problems is dissatisfied with the support they receive from their workplace.^{iv} Although there are limitations in its scope (5 leave days for first-degree relatives and no EU obligation on payment or allowance), the introduction of a carers' leave is a first, essential step to recognise and support carers' well-being, while also starting to address the challenges of modern societies and demographic changes.

Despite these significant improvements, however, the final text of the Directive is less ambitious than [the one proposed by the European Parliament \(EP\) in the first half of the legislative process](#). The EP's proposal explicitly mentioned mental health problems and disability, including psychosocial disability, as reasons to request leave and flexible working arrangements. Considering that at least 1 in 6 people across EU Member States have experienced mental ill-health^v and that mental health problems are the leading cause of disability globally,^{vi} the position of the European Parliament recognised the seriousness of individual needs and the importance to adequately address them at the EU level. If adopted by the EU, the EP's proposal could have been a remarkable breakthrough for social and health rights in Europe. It would have been in line with and an adequate form of implementation of the United Nation Convention on the Rights of Persons with Disabilities (UN CRPD). It would have also acknowledged leaves and flexible working arrangements – namely some types of reasonable accommodation – to people with disabilities.

Unfortunately, the proposal of the European Parliament was weakened during the last stages of the negotiations with the European Commission and the Council for the sake of reaching a compromise to adopt. With the final text granting no EU obligation of leaves and flexible working arrangements on the basis of disabilities and mental ill-health, it is now up to each EU Member States to decide whether to raise the bar and exceed the minimum standards when transposing the Directive into national legislation. This is a missed opportunity for the EU to improve the quality of life of millions of workers and carers, as well as children and people with support needs. As mentioned above, while the Directive will likely have positive effects on the well-being of workers, the lack of a specific mention of mental ill-health and psychosocial disability make the adoption of the Directive a bitter-sweet victory.

Conclusion

MHE recognises the adoption of the Directive on Work-Life Balance for Parents and Carers as an important step towards the realisation of the European Pillar of Social Rights. It shows the willingness of EU institutions to create new social rights, while also consolidating the existing ones. The Directive introduces measures essential to achieve the 2030 Sustainable Development Goals, including Goal 3 on health and well-being.

We regret to see that the mention of mental health and psychosocial disability did not reach consensus for adoption among the European Commission, the European Parliament and the Council of the EU. While understanding the need to find an agreement before the 2019 European Elections, MHE would have hoped for the text to have more ambitious EU standards.

MHE recommends Member States, when transposing the Directive into national legislation, to explicitly mention mental health and disability as criteria for leaves and flexible working arrangements, as well as to foresee an adequate payment or allowance for carers' leave.

ⁱ The latest data from the European Commission and the Organisation for Economic Co-operation and Development (OECD) estimates that costs related to mental health problems in the labour market, driven by lower employment rates and reduced productivity due to mental ill-health, amounted to EUR 240 billion (1.6% of GDP of all 28 EU Member States) in 2015. For more information, see [Health at a Glance: Europe 2018](#).

ⁱⁱ For more data and information, see [MHE's position paper on the proposal for a Directive on Work-Life Balance for Parents and Carers](#).

ⁱⁱⁱ For more information, see the report "[Who cares? Study on the challenges and needs of family carers in Europe](#)" by COFACE Families Europe.

^{iv} For more information, see the [Caring for carers survey](#) by EUFAMI.

^v The latest data from the European Commission and OECD estimates that more than 1 in 6 people (84 million) across EU countries had a mental health problem in 2016. For more information, see [Health at a Glance: Europe 2018](#).

^{vi} According to the World Health Organisation (WHO), in some high-income countries, 40% of all disabilities can be attributed to mental health problems. For more information, see "[Mental health and well-being at the workplace – protection and inclusion in challenging times](#)."

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