



United States Government Accountability Office

Report to the Special Committee on
Aging, U.S. Senate

September 2020

RETIREMENT SECURITY

Other Countries' Experiences with Caregiver Policies

Accessible Version

GAO Highlights

Highlights of [GAO-20-623](#), a report to the Special Committee on Aging, U.S. Senate

Why GAO Did This Study

Family caregivers play a critical role in supporting the elderly population, which is growing at a rapid rate worldwide. However, those who provide eldercare may risk their own long-term financial security. Other countries have implemented policies to support caregivers. In recognition of challenges caregivers face in the United States, Congress directed HHS, in consultation with other federal entities, to develop a national family caregiving strategy. GAO was asked to provide information about other countries' efforts that could improve the retirement security of parental and spousal caregivers.

This report examines (1) other countries' approaches to support family members who provide eldercare, (2) challenges of these approaches, and (3) the status of HHS' efforts to develop a national family caregiving strategy. GAO conducted case studies of three countries—Australia, Germany, and the United Kingdom—selected based on factors including rates of informal care (i.e., help provided to older family members or friends) and the types of policies they have that could improve caregivers' retirement security. GAO interviewed government officials and experts and reviewed relevant federal laws, research, and documents.

GAO's draft report recommended that HHS collect additional information about other countries' experiences. In response, in September 2020, HHS provided an update on its efforts to do so. As a result, GAO removed the recommendation and modified the report accordingly.

View [GAO-20-623](#). For more information, contact Tranchau (Kris) T. Nguyen at (202)-512-7215 or nguyentt@gao.gov.

September 2020

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Other Countries' Experiences with Caregiver Policies

What GAO Found

For over a decade, Australia, Germany, and the United Kingdom (UK) have developed and implemented national approaches—including strategies, laws, and policies—to support family caregivers, according to experts GAO interviewed. Specifically, experts noted that these efforts could help caregivers maintain workforce attachment, supplement lost income, and save for retirement. As a result, their retirement security could improve. For example, experts said:

- Care leave allows employees to take time away from work for caregiving responsibilities. Australia's and Germany's policies allow for paid leave (10 days per year of work or instance of caregiving need, respectively), and all three countries allow for unpaid leave though the duration varies.
- Caregivers can receive income for time spent caregiving. Australia and the UK provide direct payments to those who qualify. Germany provides indirect payments, whereby the care recipient receives an allowance, which they can pass on to their caregiver.

Other Countries' Policies to Support Caregivers

		 Australia	 Germany	 U.K.
Employment flexibility	Flexible work	✓	✓	✓
	Paid care leave	✓	✓	—
	Unpaid care leave	✓	✓	✓
Income support	Direct payment to caregiver	✓	—	✓
	Indirect payment to caregiver via care recipient	—	✓	✓
Pension credits	Credit in national pension system for caregiving	—	✓	✓

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Policy	Effect	Australia	Germany	U.K.
Employment flexibility	Flexible work	Yes	Yes	Yes
Employment flexibility	Paid care leave	Yes	Yes	No
Employment flexibility	Unpaid care leave	Yes	Yes	Yes
Income support	Direct payment to caregiver	Yes	No	Yes
Income support	Indirect payment to caregiver via care recipient	No	Yes	Yes
Pension credits	Credit in national pension system for caregiving	No	Yes	Yes

Experts in all three countries cited some challenges with caregiver support policies. For example, paid leave is not available to all workers in Germany, such as those who work for small firms. In Australia and the UK, experts said eligibility requirements for direct payments (e.g., limits on hours worked or earnings) can make it difficult for someone to work outside their caregiving role. Experts in all three countries said caregivers may be unaware of available supports. For example, identifying caregivers is a challenge in Australia and the UK.

As required under the RAISE Family Caregivers Act, the Department of Health and Human Services (HHS) convened the Family Caregiving Advisory Council (FCAC)—a stakeholder group that is to jointly develop a national family caregiving strategy. As of July 2020, HHS and the FCAC reported limited information on other countries' approaches, and neither entity had concrete plans to collect more. In September 2020, HHS officials provided sources they recently reviewed on selected policies in other countries, and they further noted that HHS staff, FCAC members, and collaborating partners have subject-matter expertise and bring perspectives about other countries' efforts into their discussions.

Contents

GAO Highlights		2
	Why GAO Did This Study	2
	What GAO Found	2
Letter		1
	Background	4
	Other Selected Countries Have Spent Over a Decade Developing National Strategies and Taking Steps to Support Caregivers	8
	Other Selected Countries' Policies Could Improve Caregivers' Retirement Security, but Challenges May Hinder Effectiveness, According to Experts	15
	HHS Has Made Progress toward Developing a National Family Caregiving Strategy and Has Taken Steps to Review Other Countries' Policies to Support Caregivers	38
	Agency Comments and Our Evaluation	42
Appendix I: Objectives, Scope, and Methodology		44
Appendix II: Comments from the Department of Health and Human Services		51
	Text of Appendix II: Comments from the Department of Health and Human Services	53
Appendix III: GAO Contact and Staff Acknowledgments		55
<hr/>		
Tables		
	Data Table for Figure 1: Percentage of Individuals Age 50 or Over Reportedly Providing Informal Care in Select OECD Member Countries, 2015-2017	6
	Text of Figure 3: Examples of Key Actions in the Development and Implementation of the UK's National Caregiving Strategy and Expert-Identified Laws that Support Caregivers	12
	Table 1: Employment Flexibility Policies in Australia, Germany, and the United Kingdom that Could Improve Caregivers' Retirement Security	17
	Table 2: Flexible Work Policies in Australia, Germany, and the United Kingdom, As Described in Government Documents and Interviews	18

Table 3: Caregiver Leave Policies in Australia, Germany, and the United Kingdom, As Described in Government Documents and Interviews	19
Table 4: Income Support Policies in Australia, Germany, and the United Kingdom	25
Table 5: Direct Caregiver Payments in Australia and the United Kingdom, As Described in Government Documents and Interviews with Experts	26
Table 6: Indirect Payment Policies in Germany and the United Kingdom, As Described in Government Documents and Interviews	29
Table 7: Tax Credits Related to Caregiving in Australia and Germany, As Described in Government Documents and Interviews	32
Table 8: Pension Support Policies in Germany and the United Kingdom, As Described in Government Documents and Interviews	34
Text of Figure 5: Development of a National Caregiving Strategy in the United States under the RAISE Family Caregivers Act 40	
Text of Figure 6: Examples of Possible Policy Actions Experts Identified for Improving Caregivers' Retirement Security	46
Table 9: Experts Interviewed in Australia, Germany, and the United Kingdom	49

Figures

Figure 1: Percentage of Individuals Age 50 or Over Reportedly Providing Informal Care in Select OECD Member Countries, 2015-2017	5
Figure 2: Examples of Key Actions in the Development and Implementation of Australia's National Caregiving Strategy and Expert-Identified Laws that Support Caregivers	10
Text of Figure 2: Examples of Key Actions in the Development and Implementation of Australia's National Caregiving Strategy and Expert-Identified Laws that Support Caregivers	10
Figure 3: Examples of Key Actions in the Development and Implementation of the UK's National Caregiving Strategy and Expert-Identified Laws that Support Caregivers	12

Figure 4: Examples of Key Actions in the Implementation of Germany’s National Approach and Expert-Identified Laws that Support Caregivers	14
Text of Figure 4: Examples of Key Actions in the Implementation of Germany’s National Approach and Expert-Identified Laws that Support Caregivers	14
Figure 5: Development of a National Caregiving Strategy in the United States under the RAISE Family Caregivers Act	40
Figure 6: Examples of Possible Policy Actions Experts Identified for Improving Caregivers’ Retirement Security	46

Abbreviations

COVID-19	Coronavirus Disease 2019
FCAC	Family Caregiving Advisory Council
HHS	Department of Health and Human Services
ICSS	Integrated Carer Support Service
NASHP	National Academy for State Health Policy
OECD	Organisation for Economic Cooperation and Development
RFI	Request for Information

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September 30, 2020

The Honorable Susan M. Collins
Chairman
The Honorable Robert P. Casey, Jr.
Ranking Member
Special Committee on Aging
United States Senate

Family caregivers, such as adult children and spouses, play a critical role in supporting the elderly population, which is growing at a rapid rate in the United States and in countries throughout the world relative to the population overall.¹ Family caregivers have become even more important in light of the global Coronavirus Disease 2019 (COVID-19) pandemic, which has disproportionately affected the elderly and, in some cases, has required family members to assume caregiving responsibilities.

Family caregivers may be financially vulnerable in retirement if, as a result of caregiving, they reduce their workforce participation, prematurely tap into retirement savings, or stop saving for retirement. Our prior work has shown that while caregivers who are men may face some of these risks, women are more likely to be caregivers, and the effects of caregiving on them are compounded by lower average lifetime earnings and a longer life expectancy than men.² We also previously reported that some parental and spousal caregivers faced financial risks associated with caregiving. More specifically, in May 2019, we found that some caregivers experienced adverse effects on employment as a result of caregiving and had less in retirement assets and income compared to

¹The United Nations estimates that, currently, one in 11 people in the world and one in six people in the United States are age 65 or over. By 2030, about one in eight people in the world and one in five people in the United States will be age 65 or over. This represents an estimated 37 percent increase in the global population aged 65 and over compared to an estimated 10 percent increase in the population overall and a 29 percent increase in the U.S. population aged 65 and over compared to an estimated six percent increase in the U.S. population.

²We previously reported that elderly women are at greater risk of living in poverty than elderly men, in part due to taking time out of the workforce to care for family members. See GAO, *Retirement Security: Women Still Face Challenges*, [GAO-12-699](#) (Washington, D.C.: July 19, 2012).

those who did not provide care.³ The COVID-19 pandemic may exacerbate financial insecurity for working caregivers, particularly women. For example, some may have reduced work hours to accommodate new caregiving responsibilities for loved ones whose access to home-based care was affected, or some may have become unemployed.

Our May 2019 report also identified policies—such as paid leave or flexible work—that experts said could improve the immediate financial security and long-term retirement security of parental and spousal caregivers.⁴ Some policies of this type have been implemented in the United States in response to COVID-19. For example, legislation was enacted to provide many workers emergency paid sick leave and expanded family and medical leave,⁵ and some employers have taken steps to implement flexible work schedule policies to support working caregivers. In addition to policies in response to COVID-19, in 2018, the RAISE Family Caregivers Act directed the Department of Health and Human Services (HHS) to develop a national family caregiving strategy and to work with other federal agencies and convene an advisory council of nonfederal stakeholders to help develop the strategy.⁶

You asked us to provide information on what other countries are doing that could improve the retirement security of those who provide care to a parent or a spouse and to determine the status of national efforts in the United States to support these caregivers.⁷ This report addresses the following questions: (1) How have other countries' national approaches to support parental and spousal caregivers developed over time?; (2) What policies do other countries currently have in place that could improve the retirement security of parental and spousal caregivers, and what, if any,

³GAO, *Retirement Security: Some Parental and Spousal Caregivers Face Financial Risks*, [GAO-19-382](#) (Washington, D.C.: May 2019).

⁴Ibid.

⁵See Families First Coronavirus Response Act, Pub. L. No. 116-127, §§ 3101–3106, 5101–5111, 134 Stat. 178, 189-192, 195-201 (2020).

⁶See Pub. L. No. 115-119, §§ 3-4, 132 Stat. 23, 23-26 (2018). The RAISE Family Caregivers Act required HHS to convene a Family Caregiving Advisory Council to advise and provide recommendations on recognizing and supporting family caregivers. See id. § 4.

⁷This work focuses on those who provide eldercare; we did not include childcare in the scope of this review. Some countries refer to caregivers as carers. We use the terms interchangeably throughout this report.

have been the challenges of these policies?; and (3) What is the status of HHS' efforts to develop a national family caregiving strategy?

To address the first two questions, we selected three countries—Australia, Germany, and the United Kingdom—for case studies. To make our selection, we narrowed our focus to countries that are members of the Organisation for Economic Cooperation and Development (OECD), as these countries share key economic indicators with the United States. We then based our selection on how a country compared to the United States with respect to its elderly population and rate of informal care. Specifically, we wanted countries that had a similar or greater percentage of the population that is elderly and a similar or greater rate of informal care.⁸ We also wanted countries where policies exist that could improve the retirement security of caregivers or where experts or literature identified other laws or strategies related to caregiving.⁹ We also interviewed experts to obtain their views on which countries have robust systems in place to support caregivers.

Once we identified these countries, we interviewed government officials and experts in each country—including advocates of caregivers, representatives of labor organizations, and researchers—to obtain additional information and to ensure diverse perspectives on the successes and challenges of implementing the laws, policies, or strategies we identified. We also reviewed relevant research and documents about the implementation of specific laws, policies, or strategies included in our review.¹⁰

⁸We utilized OECD data on rates of informal care. The OECD defines informal caregivers as people providing any help to older family members, friends and people in their social network, living inside or outside their household, who require help with everyday tasks. This includes family caregivers.

⁹In our May 2019 report, we consulted with experts and stakeholders to identify and determine policy actions that could improve caregivers' retirement security; we conducted a literature search and focused on these policies for the purpose of this study. See [GAO-19-382](#) and appendix I for more information.

¹⁰We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work. We submitted key report excerpts to officials in each country for their review and verification; we incorporated their comments, as appropriate. We note also that the fact that a legal feature was successful in one or more of the countries we analyzed, which may have significantly different cultures, histories, and legal systems than the United States, does not necessarily indicate that it would be successful in the United States.

To determine the status of HHS' efforts to develop a national family caregiving strategy, we reviewed relevant documents and interviewed HHS officials about the status of this effort. We assessed HHS' efforts to consider other countries' approaches in developing the national caregiving strategy against federal standards for internal control, and we reviewed the requirements of the RAISE Family Caregivers Act.

We conducted this performance audit from July 2019 to September 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

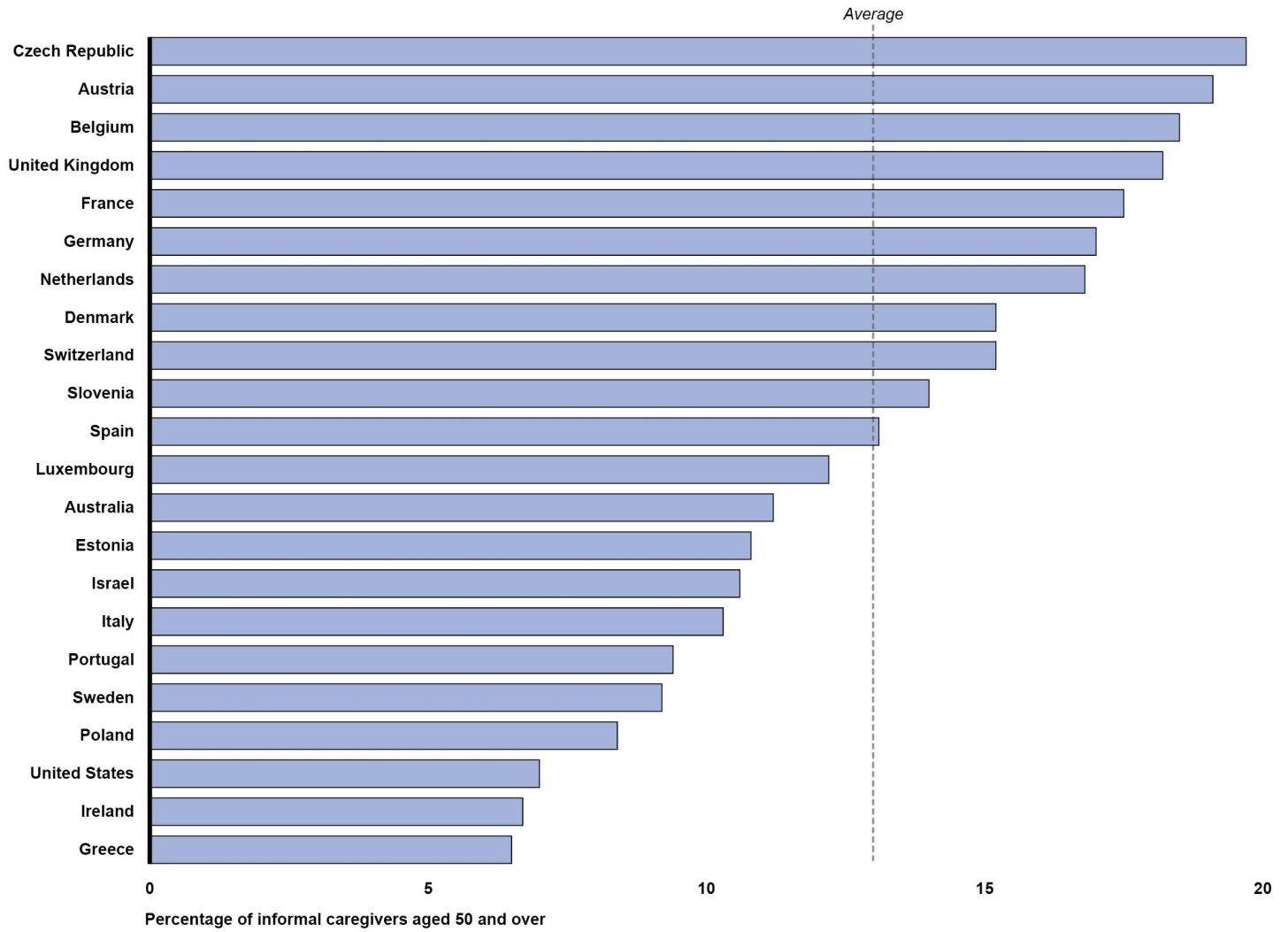
Caregiving around the World

According to the OECD, family and friends are an important source of informal care for people with long-term care needs in member countries. On average, across OECD countries for which data were available, around 13 percent of people aged 50 and over reported providing informal care at least weekly from 2015 through 2017 (see figure 1).¹¹ Younger caregivers—between age 50 and 65—are more likely to be caring for a parent than caregivers over age 65, who are more likely to be caring for a spouse. In our prior report, we similarly found that the average age of parental caregivers was 50, and the average age of spousal caregivers was 70.¹²

¹¹OECD, *Health at a Glance 2019: OECD Indicators*, OECD Publishing (Paris, 2019).

¹²We found that 45 percent of parental caregivers were age 50 or younger, and 28 percent of spousal caregivers were under 65. [GAO-19-382](#).

Figure 1: Percentage of Individuals Age 50 or Over Reportedly Providing Informal Care in Select OECD Member Countries, 2015-2017



Source: GAO analysis of Organisation for Economic Cooperation and Development (OECD) Health at a Glance 2019 data. | GAO-20-623

Data Table for Figure 1: Percentage of Individuals Age 50 or Over Reportedly Providing Informal Care in Select OECD Member Countries, 2015-2017

Country	Percentage of informal caregivers aged 50 and over
Czech Republic	19.7
Austria	19.1
Belgium	18.5
United Kingdom	18.2
France	17.5
Germany	17
Netherlands	16.8
Denmark	15.2
Switzerland	15.2
Slovenia	14
Spain	13.1
Luxembourg	12.2
Australia	11.2
Estonia	10.8
Israel	10.6
Italy	10.3
Portugal	9.4
Sweden	9.2
Poland	8.4
United States	7
Ireland	6.7
Greece	6.5
Average	13

Source: GAO analysis of Organisation for Economic Cooperation and Development (OECD) Health at a Glance 2019 data. | GAO-20-623

Notes: These are the countries for which the OECD had data. The United Kingdom refers to England. The OECD compiled data from the following sources: Survey of Health, Ageing and Retirement in Europe, wave 7 (2017); Survey of Disability, Ageing and Carers for Australia (2015); English Longitudinal Study of Ageing, wave 8 (2017); Health and Retirement Survey for the United States, wave 13 (2016); and Census 2016 for Ireland. Definitions of informal caregiving may not be the same across countries. As a result, data may not be directly comparable across countries; however, the data provide valuable information on the extent to which countries rely on informal caregivers.

The frequency, intensity, and duration of care can vary considerably across caregivers. In our May 2019 report, we analyzed the frequency of care provided by parental and spousal caregivers in the United States—for example, daily, weekly, or monthly depending on the level of care required—and found that daily caregivers may be more financially

vulnerable than those who provide care less frequently.¹³ Greater intensity—or number of hours—of care may negatively affect some caregivers. Researchers have found that those engaged in intensive caregiving are less likely to work, and those who do work are more likely to work reduced hours. In addition, researchers have associated intensive caregiving with mental health problems among caregivers.¹⁴ While some caregivers may provide care for a short duration of a few days or a few weeks, others may provide care for a much longer duration. We previously reported that most parental and spousal caregivers provided care that lasted several years.¹⁵

According to the OECD, various member countries have implemented policies to support family caregivers of older individuals with a view to mitigating negative impacts resulting from caregiving. More specifically, these policies or programs provide caregivers with direct or indirect payments, tax credits to offset caregiving costs, paid or unpaid leave for periods of caregiving, or flexible work schedules to help balance work and caregiving responsibilities.

Caregivers' Retirement Security Challenges

In our May 2019 report, we identified a number of retirement security challenges that caregivers face.¹⁶ We found that caregivers may have:

- **Reduced workforce participation.** Caregivers who reduce their workforce participation due to caregiving responsibilities forgo earnings and may also lose access to employer-provided retirement benefits, such as participating in an employer-sponsored 401(k) plan or receiving an employer's matching contributions. For those who

¹³[GAO-19-382](#).

¹⁴Researchers from the OECD found that, in certain countries, caregivers who lived with the care recipient and provided at least 20 hours of care per week had reduced labor force participation. These researchers also found a higher prevalence of mental health problems among caregivers in member countries. See Francesca Colombo *et al.*, *Help Wanted: Providing and Paying for Long-term Care*, OECD Health Policy Studies, OECD Publishing (Paris: 2011). Researchers from the Urban Institute found that, in the United States, labor force participation rates for parental and spousal caregivers declined as they devoted more time to caregiving. See Barbara Butrica and Nadia Karamcheva, *The Impact of Informal Caregiving on Older Adults' Labor Supply and Economic Resources*, The Urban Institute (Washington, D.C.: October 2014).

¹⁵[GAO-19-382](#).

¹⁶*Ibid.*

leave the workforce, re-entry can be challenging, and wages and retirement savings can be negatively affected in the long run.

- **High out-of-pocket expenses.** Caregivers may face immediate out-of-pocket expenses that could make it difficult to set aside money for retirement or that could require them to prematurely withdraw funds from existing retirement accounts. These financial burdens can include, for example, travel and medical expenses for a care recipient.
- **Lower Social Security retirement benefits.** Caregivers may have lower Social Security benefits than they would have had they not reduced their workforce participation. In the United States, Social Security retirement benefits are calculated using the highest 35 years of earnings. For example, if a caregiver retires after working for 33 years, he or she would have 2 years of zero income in their benefit calculation, which would result in lower benefits throughout retirement compared to what their benefit would have been if they had a full 35-year earnings history.¹⁷ Social Security makes up a large portion of retirement income for many older Americans, so a lower Social Security benefit could have significant consequences for financial security.

These challenges may be exacerbated for caregivers under age 50 who may miss opportunities to accumulate retirement savings. For example, if caregivers tap into retirement savings to pay for caregiving expenses, their savings will not have the opportunity to grow. Or, if caregivers stop working early in their careers, their limited earnings history will affect their Social Security retirement benefits.

Other Selected Countries Have Spent Over a Decade Developing National Strategies and Taking Steps to Support Caregivers

For over a decade, Australia, the United Kingdom, and Germany have been developing and implementing national efforts to support caregivers, according to experts. More specifically, Australia and the United Kingdom

¹⁷In the United States, the full retirement age for Social Security benefits is 65 for 1937 and earlier birth cohorts, incrementally increasing to 67 for 1960 and later birth cohorts. Workers can elect to receive retirement benefits as early as age 62, but the benefit amount is reduced compared to benefits at full retirement age. Workers who wait to receive benefits until after their full retirement age receive an increase in their benefit amount for each month they delay claiming retirement benefits, up to age 70.

have developed a “national strategy” for caregiving, and Germany’s approach supports caregivers through its long-term care insurance system. Government officials and experts said all three countries have also enacted laws to support caregivers.¹⁸ For example, laws in Australia and the United Kingdom provide caregivers with the right to request flexible working arrangements to accommodate caregiving responsibilities.

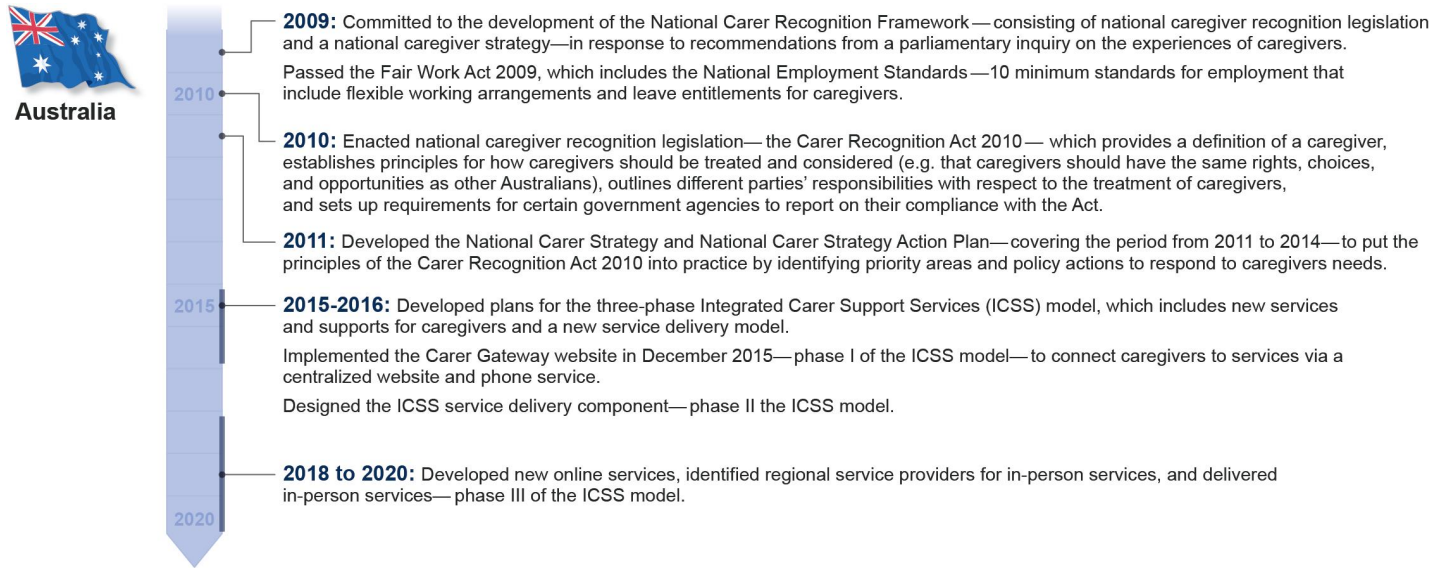
Australia

As stated in the *National Carer Strategy*, in 2009, the Australian government committed to the development of a national caregiving framework that included legislation to recognize caregivers and a national caregiving strategy.¹⁹ Since then, experts noted the country has supported caregivers through other legislation and a new model to support caregivers (see fig. 2).

¹⁸In this section of the report, any discussion of foreign laws, regulations, or policies is based on interviews with experts and a review of appropriate secondary sources and research. We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. We note also that the fact that a legal feature was successful in one or more of the countries we analyzed, which may have significantly different cultures, histories, and legal systems than the United States, does not necessarily indicate that it would be successful in the United States.

¹⁹Australian government, *National Carer Strategy*, Commonwealth of Australia (2011).

Figure 2: Examples of Key Actions in the Development and Implementation of Australia’s National Caregiving Strategy and Expert-Identified Laws that Support Caregivers



Source: GAO review of Australian government documents and interviews with government officials and experts; Art Explosion (icon). | GAO-20-623

Text of Figure 2: Examples of Key Actions in the Development and Implementation of Australia’s National Caregiving Strategy and Expert-Identified Laws that Support Caregivers

Australia Timeline

- 2009: Committed to the development of the National Carer Recognition Framework—consisting of national caregiver recognition legislation and a national caregiver strategy—in response to recommendations from a parliamentary inquiry on the experiences of caregivers.
 - Passed the Fair Work Act 2009, which includes the National Employment Standards—10 minimum standards for employment that include flexible working arrangements and leave entitlements for caregivers.
- 2010: Enacted national caregiver recognition legislation—the Carer Recognition Act 2010—which provides a definition of a caregiver, establishes principles for how caregivers should be treated and considered (e.g. that caregivers should have the same rights, choices, and opportunities as other Australians), outlines different parties’ responsibilities with respect to the treatment of caregivers, and sets

up requirements for certain government agencies to report on their compliance with the Act.

- 2011: Developed the National Carer Strategy and National Carer Strategy Action Plan—covering the period from 2011 to 2014—to put the principles of the Carer Recognition Act 2010 into practice by identifying priority areas and policy actions to respond to caregivers needs.
- 2015-2016: Developed plans for the three-phase Integrated Carer Support Services (ICSS) model, which includes new services and supports for caregivers and a new service delivery model.
 - Implemented the Carer Gateway website in December 2015—phase I of the ICSS model—to connect caregivers to services via a centralized website and phone service.
 - Designed the ICSS service delivery component—phase II the ICSS model.
- 2018 to 2020: Developed new online services, identified regional service providers for in-person services, and delivered in-person services—phase III of the ICSS model.

Source: GAO review of Australian government documents and interviews with government officials and experts; Art Explosion (icon). | GAO-20-623

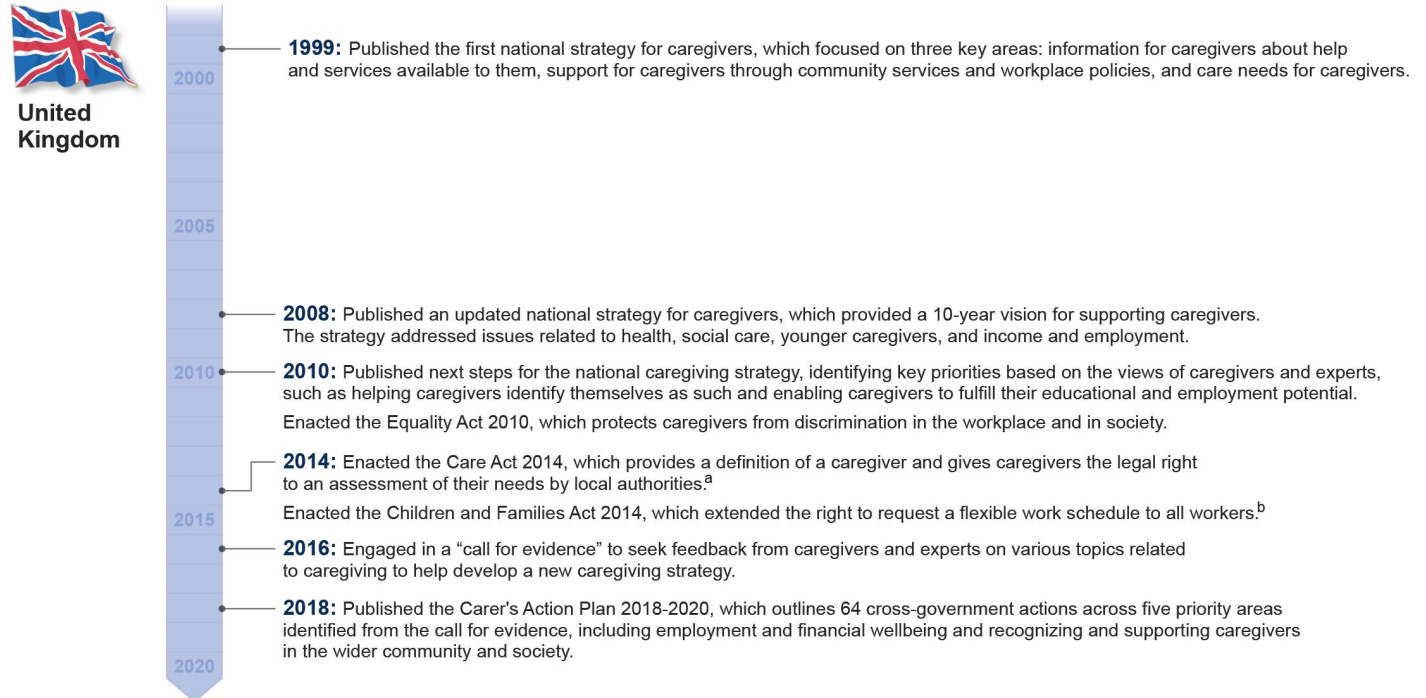
Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work. In addition, there may be other relevant actions to support caregivers that are not included in this figure.

The United Kingdom

The United Kingdom also has a national strategy that has evolved since its adoption in 1999, and experts identified laws that support caregivers (see fig. 3).²⁰ The UK's current national strategy covers the period from 2018 to 2020, and government officials told us in February 2020 that they were determining next steps based on lessons learned from implementation of the current strategy.

²⁰According to national caregiving strategy documents we reviewed, the strategies address health and social care issues in England only; other matters, such as education and employment may apply to England and other parts of the United Kingdom.

Figure 3: Examples of Key Actions in the Development and Implementation of the UK’s National Caregiving Strategy and Expert-Identified Laws that Support Caregivers



Source: GAO review of United Kingdom government documents and interviews with government officials and experts; Art Explosion (icon). | GAO-20-623

Text of Figure 3: Examples of Key Actions in the Development and Implementation of the UK’s National Caregiving Strategy and Expert-Identified Laws that Support Caregivers

United Kingdom Timeline

- 1999: Published the first national strategy for caregivers, which focused on three key areas: information for caregivers about help and services available to them, support for caregivers through community services and workplace policies, and care needs for caregivers.
- 2008: Published an updated national strategy for caregivers, which provided a 10-year vision for supporting caregivers. The strategy addressed issues related to health, social care, younger caregivers, and income and employment.
- 2010: Published next steps for the national caregiving strategy, identifying key priorities based on the views of caregivers and experts, such as helping caregivers identify themselves as such and enabling caregivers to fulfill their educational and employment potential.

- Enacted the Equality Act 2010, which protects caregivers from discrimination in the workplace and in society.
- 2014: Enacted the Care Act 2014, which provides a definition of a caregiver and gives caregivers the legal right to an assessment of their needs by local authorities.^a
 - Enacted the Children and Families Act 2014, which extended the right to request a flexible work schedule to all workers.^b
- 2016: Engaged in a “call for evidence” to seek feedback from caregivers and experts on various topics related to caregiving to help develop a new caregiving strategy.
- 2018: Published the Carer's Action Plan 2018-2020, which outlines 64 cross-government actions across five priority areas identified from the call for evidence, including employment and financial wellbeing and recognizing and supporting caregivers in the wider community and society.

Source: GAO review of United Kingdom government documents and interviews with government officials and experts; Art Explosion (icon). | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work. In addition, there may be other relevant actions to support caregivers that are not included in this figure.

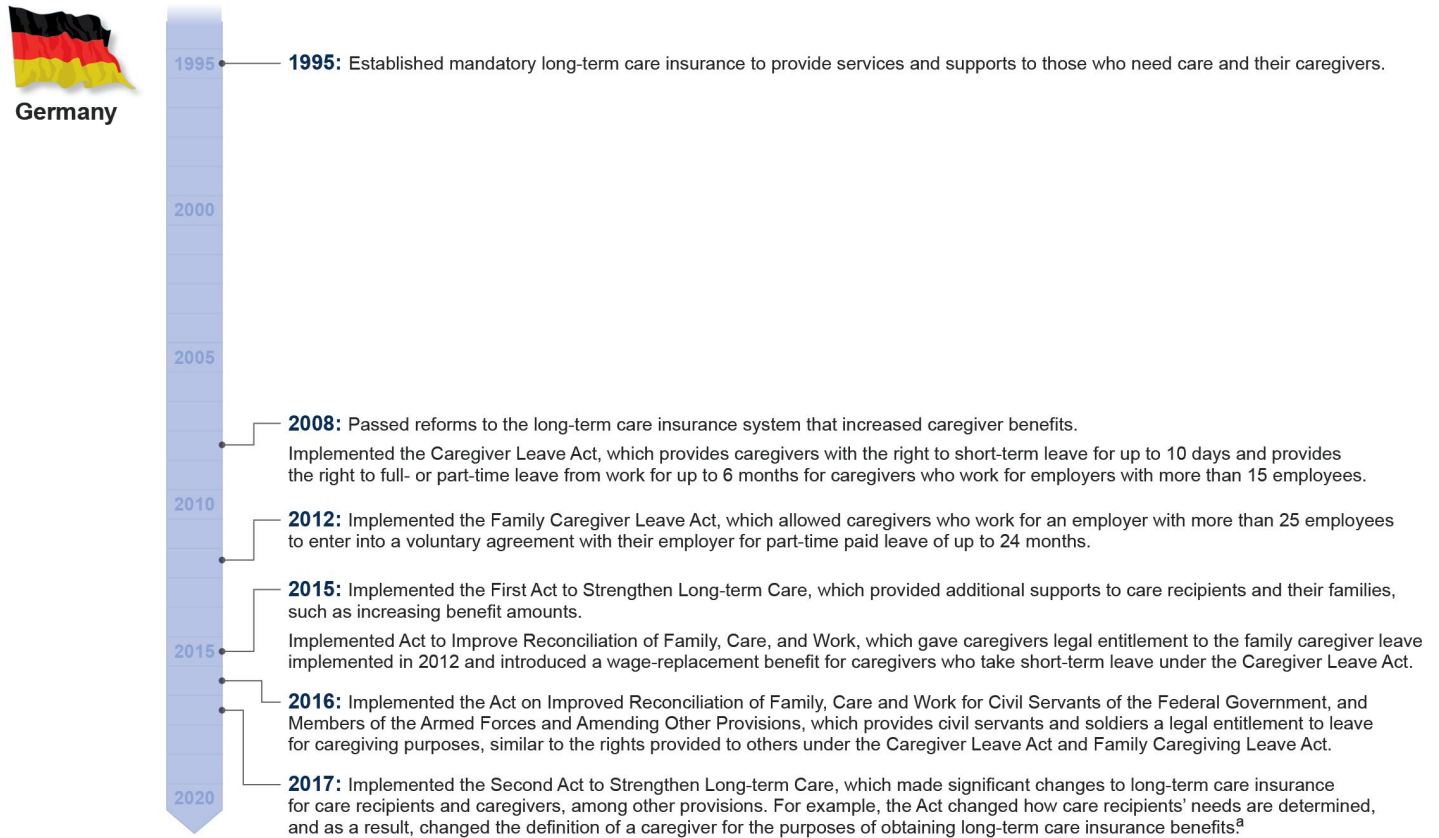
^aAccording to fact sheets published by the UK government, the Care Act 2014 contains provisions to reform care and support for adults broadly; these are the provisions specifically related to caregiving.

^bAccording to a UK parliament research brief, the right to request flexible work was first introduced by the Employment Act 2002. Since then successive Governments have extended the right to wider categories of employees, and the right was extended to all employees by the Children and Families Act 2014.

Germany

In Germany, support for caregivers is integrated into the mandatory long-term care insurance system, and experts identified various laws that support caregivers (see fig. 4). For example, Germany implemented laws in 2008 and 2012 to provide paid leave to caregivers. Government officials said Germany implemented long-term care insurance in 1995 to address factors including the increase in the number of people needing care due to longer life expectancies and the high cost of long-term care.

Figure 4: Examples of Key Actions in the Implementation of Germany’s National Approach and Expert-Identified Laws that Support Caregivers



Source: GAO review of German government documents and interviews with government officials and experts; Art Explosion (icon). | GAO-20-623

Text of Figure 4: Examples of Key Actions in the Implementation of Germany’s National Approach and Expert-Identified Laws that Support Caregivers

Germany Timeline

- 1995: Established mandatory long-term care insurance to provide services and supports to those who need care and their caregivers.
- 2008: Passed reforms to the long-term care insurance system that increased caregiver benefits.
 - Implemented the Caregiver Leave Act, which provides caregivers with the right to short-term leave for up to 10 days and provides the right to full- or part-time leave from work for up to 6 months for caregivers who work for employers with more than 15 employees.

- 2012: Implemented the Family Caregiver Leave Act, which allowed caregivers who work for an employer with more than 25 employees to enter into a voluntary agreement with their employer for part-time paid leave of up to 24 months.
- 2015: Implemented the First Act to Strengthen Long-term Care, which provided additional supports to care recipients and their families, such as increasing benefit amounts.
 - Implemented Act to Improve Reconciliation of Family, Care, and Work, which gave caregivers legal entitlement to the family caregiver leave implemented in 2012 and introduced a wage-replacement benefit for caregivers who take short-term leave under the Caregiver Leave Act.
- 2016: Implemented the Act on Improved Reconciliation of Family, Care and Work for Civil Servants of the Federal Government, and Members of the Armed Forces and Amending Other Provisions, which provides civil servants and soldiers a legal entitlement to leave for caregiving purposes, similar to the rights provided to others under the Caregiver Leave Act and Family Caregiving Leave Act.
- 2017: Implemented the Second Act to Strengthen Long-term Care, which made significant changes to long-term care insurance for care recipients and caregivers, among other provisions. For example, the Act changed how care recipients' needs are determined, and as a result, changed the definition of a caregiver for the purposes of obtaining long-term care insurance benefits.^a

Source: GAO review of German government documents and interviews with government officials and experts; Art Explosion (icon). | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work. In addition, there may be other relevant actions to support caregivers that are not included in this figure.

^aThe Third Act to Strengthen Long-Term Care also went into effect in 2017 and strengthens the roles of municipalities in care, among other provisions.

Other Selected Countries' Policies Could Improve Caregivers' Retirement Security, but

Challenges May Hinder Effectiveness, According to Experts

Policies that Provide Employment Flexibilities Could Help Caregivers Maintain Workforce Attachment, but These Benefits May Not Always Meet Caregivers' Needs, According to Experts

Flexible Work and Leave Policies

We found that policies that provide employment flexibilities, including flexible work and paid or unpaid leave for caregiving purposes, may help working caregivers manage care responsibilities, based on our review of relevant research and interviews with government officials and experts. For example, these policies may allow caregivers to attend medical appointments with a parent or spouse while maintaining employment and continuing to save for retirement on their own or through employer-sponsored retirement plans.²¹ In addition, all three countries we reviewed have government policies that offer some form of employment flexibilities to caregivers (see table 1).²²

²¹We previously reported that caregivers may reduce their workforce participation, and as a result, caregivers may lose earnings and access to retirement benefits, such as participating in an employer-sponsored retirement plan or receiving matching contributions. See [GAO-19-382](#).

²²Some policies may vary throughout the United Kingdom because devolved administrations are responsible for certain domestic policy issues in England, Scotland, Wales, and Northern Ireland. Unless otherwise noted, a policy applies to the entire United Kingdom; however, in general, the discussion of the implementation of the policies focuses on England. In this section of the report, any discussion of foreign laws, regulations, or policies is based on interviews with experts and a review of appropriate secondary sources and research. We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. We note also that the fact that a legal feature was successful in one or more of the countries we analyzed, which may have significantly different cultures, histories, and legal systems than the United States, does not necessarily indicate that it would be successful in the United States.

Table 1: Employment Flexibility Policies in Australia, Germany, and the United Kingdom that Could Improve Caregivers' Retirement Security

Policy Category	Policy	Australia	Germany	United Kingdom
Employment flexibility	Flexible Work ^a	Yes	Yes	Yes
	Paid Care Leave	Yes	Yes	NA
	Unpaid Care Leave	Yes	Yes	Yes

Legend: NA = not applicable

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work.

^aExamples of flexible work include changes to the time someone starts or stops work, the number of hours worked, or changing the location of work.

Flexible Work Policies

Our review of relevant research, government documents, and interviews with government officials and experts found that caregivers in all three countries have access to flexible work policies. More specifically, in Australia and the United Kingdom, caregivers have the right to request flexible working arrangements, and caregivers in Germany have the right to work part-time on an ongoing or temporary basis if they intend to return to full-time work (see table 2). For example, flexible work could include changes to the time someone starts or stops work, the number of hours worked, or changing the location of work. In addition, in all three countries, employers have the right to deny requests if there is a business or operational reason to do so, such as increased costs or negative effects on performance. COVID-19 forced many employers to introduce telework policies on a large scale, according to the OECD, which could lead to wider adoption of these practices after the pandemic.

The U.S. Environment: Workplace Flexibilities in Response to COVID-19

In response to the COVID-19 pandemic in 2020, many U.S. employers implemented or expanded workplace flexibilities to allow more employees to work from home. Such flexibilities may allow more caregivers to balance work and care responsibilities. It remains to be seen whether the changes to work schedules resulting from the pandemic will persist into the future.

Source: GAO review of relevant research. | GAO-20-623

Table 2: Flexible Work Policies in Australia, Germany, and the United Kingdom, As Described in Government Documents and Interviews

	Policy	Eligibility^a	Application Process	Appeals Process if Request is Denied^b
Australia	Right to Request Flexible Working Arrangements ^c	Employees that have worked for the same employer for 12 months ^d	Employee must submit request in writing; employer must provide a written decision within 21 days	Employee can apply to the Fair Work Commission for arbitration
Germany	Right to Reduce Work Hours on an Ongoing Basis	Employees who have worked for a period of at least 6 months in a company that generally employs more than 15 employees	Employees must submit request in writing at least 3 months prior to requested start date; employer must provide written decision at least 4 weeks before requested start date	If employer and employee do not reach agreement, a legal review can be requested
	Right to Reduce Work Hours Temporarily ^e	Employees who have worked for a period of at least 6 months in a company with more than 45 employees	Employees must submit request in writing at least 3 months prior to requested start date; employer must provide written decision at least 1 month before requested start date	If employer and employee do not reach agreement, a legal review can be requested
United Kingdom ^f	Right to Request Flexible Working Arrangements ^c	Employees who have worked for the same employer for at least 26 weeks	Employee must submit request in writing and can make a request once per year; employer should provide a written decision within 3 months	Employee can apply to an employment tribunal for further review

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work.

^aIn Australia, specific employees are eligible, as noted, whereas the right to request flexible work applies to all employees in Germany and the United Kingdom.

^bAll three countries allow employers to deny requests if they have a business or operational reason. Examples of these reasons include high cost, adverse effect of the request on other employees, disruptions to processes, or negative effects on quality or performance. In addition, in Germany an employer can deny a request to reduce work hours temporarily if a certain number of employees are already working part-time temporarily.

^cExamples of flexible working arrangements include changes to the time someone starts or stops work, the number of hours worked, or changing the location of work.

^dEligible employees are those who: are the parent or caregiver of a child who is of school age or younger; are a caregiver under the Carer Recognition Act 2010; have a disability; are 55 or older; are experiencing violence from a member of the employee's immediate family or a member of the employee's household, who requires care or support because the member is experiencing violence from the member's family.

^eEmployees can temporarily reduce their work hours for a period of 1 to 5 years, with a guarantee to be able to return to full-time work at the same employer. For employers with 46 to 200 employees, the entitlement is based the size of the firm and the number of people already working part-time. For example, an employer with 45-60 employees may deny the request if they already have 4 people working reduced hours. For employers with more than 200 employees, there is no limit.

^fDifferent rules apply in Northern Ireland.

Leave Policies

Caregivers in Australia, Germany, and the United Kingdom have different options to take leave from work for caregiving reasons to help them maintain workforce attachment, according to our review of relevant research and interviews with government officials and experts. These policies, which provide paid and unpaid options, offer various levels of flexibility in terms of leave duration and eligibility requirements (see table 3). For example, Germany offers three options, each with a specific duration and eligibility requirements. Under its two unpaid leave options, employees are entitled to an interest-free loan from the government, to be repaid within 48 months after starting caregiver leave.²³

Table 3: Caregiver Leave Policies in Australia, Germany, and the United Kingdom, As Described in Government Documents and Interviews

Country	Policy	Paid or Unpaid	Duration	Eligibility
Australia	Personal/carer's Leave	Paid	10 days for each year of employment	Full- and part-time employees who need to provide care or support for an immediate family or household member ^a
	Carer's Leave	Unpaid	2 days per instance of caregiving need	All employees who need to provide care or support for an immediate family or household member. Full- and part-time employees must exhaust paid leave first
Germany	Short-term Absence	Paid by Long Term Care Insurance	10 days per instance of caregiving need	All employees who need to provide care to a close relative
	Caregiver Leave ^b	Unpaid	3 months per instance of caregiving need	Employees may request full- or part-time leave from work to care for a close relative in the last phase of their life; they must work for a company that employs more than 15 employees
		Unpaid	6 months per instance of caregiving need	Employees who need to provide care to a close relative may take full- or part-time leave; they must work for a company that employs more than 15 employees ^c
Family Caregiver Leave ^b	Unpaid	24 months per instance of caregiving need	Employees who need to provide care to a close relative; they must work a minimum of 15 hours per week, on average, for a company that employs more than 25 employees, not including apprentices ^c	
United Kingdom	Time off for family and dependents	At employer's discretion	Short-term though number of days is unspecified	Employees with employment contracts who need to take time off for an emergency involving a dependent

²³The take-up rate for this interest-free loan, which was introduced in 2015, was lower than expected during its initial years of implementation. As of July 1, 2019, government data show that 921 caregivers had received the loan since its inception in 2015. Out of Germany's workforce of nearly 45 million people, approximately 2.5 million are caregivers, according to a government official.

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work.

^aCasual employees are not included. Unlike full- and part-time employees, casual employees have no guaranteed hours of work, do not get personal/carer's or annual leave, usually work irregular hours, and can end employment without notice.

^bAll types of leave within the Caregiver Leave Act and the Family Caregiver Leave Act can be combined. However, they have to follow one another without a gap in between, and their overall duration must not exceed 24 months. Individuals who take this type of leave are also allowed to apply for an interest-free loan to help cover expenses during the leave period.

^cThe employer has to be informed at least 10 days before the start of the leave period for caregiver leave and 8 weeks before the start of the leave period for family caregiver leave; the employer can refuse to grant part-time leave on urgent business grounds.

The U.S. Environment: Unpaid and Paid Sick or Family Leave in the United States

The Family and Medical Leave Act of 1993, as amended, (FMLA) generally provides up to 12 weeks of unpaid leave per year for eligible employees to help care for a spouse, child, or parent with a serious health condition or for their own serious health condition, among other things. Employees are generally eligible if they meet certain requirements related to length of employment and size of employer.

In response to COVID-19, the Families First Coronavirus Response Act, as amended by the CARES Act, contained two separate acts to require certain employers to provide eligible employees with paid sick leave and expanded family and medical leave, effective from April 1, 2020 through December 31, 2020. The Emergency Paid Sick Leave Act requires certain employers to provide eligible employees with up to 80 hours of paid sick leave for specified reasons related to COVID-19. This leave is in addition to other forms of leave an employee may have accrued. Rates of pay for this leave vary depending on whether the employee is taking leave to care for themselves or a family member, and payment is capped at a specific amount per day and per employee. The Emergency Family and Medical Leave Expansion Act extends FMLA leave, up to 12 weeks, including 2 weeks unpaid and 10 weeks paid with payment capped at a specific amount per day and per employee, to include leave needed to care for a minor child whose school or day-care provider is unavailable due to COVID-19; this act does not apply to eldercare.

State laws also provide paid sick or family leave. As of April 2020, 11 states (AZ, CA, CT, MA, MD, NJ, NY, OR, RI, VT, WA) and the District of Columbia (DC) provide guaranteed paid sick days for specific employees, according to the National Partnership for Women and Families, with eligibility varying by state. As of August 2019, eight states (CA, CT, NJ, NY, MA, OR, RI, and WA) and DC have enacted paid family leave laws, according to the National Partnership for Women and Families. The covered family relationships, wage replacement rate, and funding mechanism of these programs vary by state.

Source: GAO summary of federal laws and information from the National Partnership for Women and Families | GAO-20-623

Challenges with Flexible Work and Caregiver Leave Policies

Caregivers and employers in Australia, Germany, and the United Kingdom face challenges with using and implementing flexible work and caregiver leave policies, according to our review of relevant research and interviews with government officials and experts.

Lack of Access. We found that some caregivers are ineligible for flexible work or caregiver leave due to the nature of their employment or size of their employer, based on our review of government documents and

interviews with experts. In Australia and the United Kingdom, these options are typically limited to employees with traditional employment contracts, which may exclude workers such as those in the gig economy or contract workers.²⁴ In addition, some caregivers in Germany lack access to temporary leave options because they work for businesses that employ fewer than 16 people. Experts told us that women, who represent two-thirds of caregivers in Germany, often work for small firms.²⁵

Difficulty finding jobs that offer flexible work. In Australia and the United Kingdom, some caregivers lack access to flexible working arrangements because many employers do not offer this, even though caregivers have the right to request it. For example, in a 2017 survey, about one-third of UK employers who responded did not offer flexible work for a variety of reasons, including concerns about losing efficiency in business operations, covering normal business hours, and paying administrative costs to implement a flexible work policy.²⁶ One UK expert said some caregivers may take a job that requires lower qualifications if they cannot find one that meets their needs. In a 2019 survey of mature workers in Australia, an estimated one-fifth of respondents ages 55 to 64 said their employers do not support the use of flexible work options and another one-fifth in the same age group said their employers rejected their applications for flexible work arrangements.²⁷ Experts in Australia said that adoption of flexible work policies is left to the discretion of individual employers, so implementation of the policy can vary. Experts in

²⁴For example, in Australia, casual workers—those who do not have a firm work commitment in advance—are entitled to unpaid leave but not paid leave. In the United Kingdom, people without an employment contract may not be eligible for unpaid leave.

²⁵Rothgang, Heinz, and Müller, Rolf, *Pflegereport 2018, Schriftenreihe zur Gesundheitsanalyse*, BARMER, Berlin, Germany, November 2018.

²⁶Aviva Life Services UK Limited—an insurance company—analyzed information on 500 private sector employers and 2,000 private sector employees. Aviva Life Services UK Limited, “Working Lives Report 2017: A research report into employer and employee attitudes to workplace pensions, savings and benefits”, England, May 2017. Accessed at <https://www.aviva.co.uk/adviser/documents/view/workinglivesreport2017.pdf>. The results of this study should not be generalized to all employers and employees in the United Kingdom.

²⁷Andrei, D.M., Parker, S.K., Constantin, A., Baird, M., Iles, L., Petery, G., Zozak, L., Williams, A., & Chen, S. (2019). Maximising Potential: Findings from the Mature Workers in Organisations Survey (MWOS). (Industry Report). Perth, WA: Centre for Excellence in Population Ageing Research. The results of this study should not be generalized to all mature workers in Australia.

Germany did not cite similar concerns about lack of access to flexible work schedules.

Difficulty implementing employment flexibilities. Small employers in all three countries may face challenges adopting flexible work schedules or accommodating caregivers' leave requests, according to experts. Granting flexible work schedules may be more difficult for businesses with fewer employees than those with larger workforces because smaller companies have less capacity to provide coverage when caregivers request significant changes. Similarly, accommodating temporary leave in Germany for up to 6 or 24 months may make it difficult for employers to minimize interruptions to business operations. Experts explained that it is often difficult to find a person with the right qualifications who will agree to work on a fixed-term contract, often part-time, to cover for the caregiver's absence. An independent German advisory board on reconciliation of work and long-term care reported that, in many cases, short-term absences can only be covered by means of internal restructuring, which may be more difficult for smaller businesses where the burden could fall on remaining employees to work overtime.²⁸ These challenges for small businesses may be widespread. For example, government data show that 80 percent of German companies were micro enterprises—those that employed nine or fewer employees—and 16 percent were small enterprises that employed between 10 and 49 employees in 2017.²⁹ The micro enterprises employed about 5.5 million, or 18 percent, and the small enterprises employed 6.9 million, or 23 percent, of Germany's employees. In Australia, data from a business advocacy organization

²⁸See Independent Advisory Board on Work-Care Reconciliation, *First Report of the German Independent Advisory Board on Work-Care*, Berlin, Germany, June 2019. As discussed in the report, as part of the Act to Improve Reconciliation of Family, Care and Work that took effect in 2015, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth appointed the Independent Advisory Board on Work-Care Reconciliation. The board's tasks, described in the Family Caregiver Leave Act, were to address issues concerning work-care reconciliation, monitor implementation of relevant laws, and advise on their impact and effects. A government official said that, although advisory board members are appointed by the government, their findings and conclusions do not represent the views of the government.

²⁹There may be other factors that affect whether employers can implement employment flexibilities. For example, when a country faces periods with higher unemployment rates, it may be easier to find a short-term replacement.

showed that 94 percent of Australian businesses employed less than 20 people in June 2017.³⁰

To help employers overcome some of the challenges they may face in implementing flexible work, advocacy organizations and government entities have taken steps to promote it. For example, experts from an advocacy organization in Australia said they try to persuade employers to provide flexibility by explaining that it is in their best interest to keep experienced employees rather than train new ones. Additionally, an expert in Australia said that collective bargaining agreements may drive the culture change needed to make flexible work acceptable. In the United Kingdom, the government established a task force to promote flexible work and encourage employers to adopt flexible approaches, such as changes to work hours, part-time work, and working at home, to help people stay employed. As another example, Carers UK—an organization that advocates on behalf of caregivers—established Employers for Carers to help employers connect and share best practices and ideas for supporting caregivers in the workplace. Carers UK has also developed a carer passport, which is a communication tool to document agreements between employees and management around caregiving, according to an official.

Stigma associated with use. Caregivers may also face the challenge of overcoming their own reluctance to request a flexible schedule or caregiver leave because of fears of how they will be perceived or treated. Experts in the United Kingdom and Australia said caregivers may be hesitant to request flexible work arrangements out of fear that doing so could negatively affect their careers or put them at odds with colleagues. A study commissioned by Australia’s Fair Work Commission cited employees’ concerns that their employers would perceive them as less driven if they request flexible work schedules and that it would create tensions with staff not eligible for this benefit.³¹ A 2017 survey conducted

³⁰Ai Group, “Economics Factsheet: Australian Businesses June 2017”, Australia, April 2018. Accessed at https://cdn.aigroup.com.au/Economic_Indicators/Fact_Sheets/2018/Australian_Business_Counts_Fact_Sheet_June_17.pdf.

³¹O’Neill, Bernadette, General Manager’s report into the operation of the provisions of the National Employment Standards relating to requests for flexible working arrangements and extensions of unpaid parental leave under s.653 of the Fair Work Act 2009 (Cth), 2015–2018, Commonwealth of Australia (Fair Work Commission), November 2018. The results of this study should not be generalized employees or employers in Australia.

in the United Kingdom found that one fifth of employees who responded did not feel comfortable asking for a flexible schedule because they thought the request would be denied.³² A German expert explained that caregivers are reluctant to use caregiver leave—which may include part-time work—because they worry they will be perceived as less productive than others if it is known that they have caregiving responsibilities at home.

Adequacy of leave duration. Experts in all three countries said the amount of leave available to caregivers may not meet their needs. For example, they said the options for short-term caregiver leave—2 days in Australia and 10 days in Germany—may be insufficient to manage the types of urgent care needs these policies were designed to support, such as arranging for long-term care for close relatives. Options for longer-term care can pose challenges as well. Experts said Australian employees can request unpaid leave beyond the 10 days of Personal/carer’s Leave to which they are entitled annually, but employers do not have to grant the request. Germany’s 6-month and 24-month leave options may not always be sufficient, according to the independent German advisory board report. Experts noted that caregiving is a commitment that typically lasts several years. An expert also said that caregivers may need to take a week off from time to time, rather than several months all at once.

Policies that Provide Income and Pension Support Could Protect Retirement Income, but Benefits Provide Limited Assistance and May Not Be Widely Used, According to Experts

Income Support Policies

Income support payments for caregivers may protect their retirement savings by reducing the need to draw on those savings during periods when they work fewer hours or take leave. Experts noted that all three countries offer some form of income support payments either paid directly to the caregiver or to the care recipient, who can choose to pay their caregiver (see table 4).

³²Aviva Life Services UK Limited, 2017. The results of this study should not be generalized to all employers and employees in the United Kingdom.

Table 4: Income Support Policies in Australia, Germany, and the United Kingdom

Policy Category	Policy	Australia	Germany	United Kingdom
Income Support	Direct payment to caregiver	Yes	NA	Yes
	Indirect payment to caregiver via care recipient	NA	Yes	Yes

Legend: NA = not applicable

Source: GAO analysis of government documents, as confirmed by foreign government officials. | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work.

Direct Payment Policies

Australia and the United Kingdom provide direct cash assistance to caregivers, according to our review of government documents, and interviews with government officials and experts. These payments differ in terms of their purpose and eligibility (see table 5), but caregivers generally face work restrictions to qualify for these payments. As caregivers reach retirement age, they cannot receive their government pension benefits and a caregiver payment, according to government officials.³³

³³Caregivers in Australia must choose whether to remain on the Carer Payment or transfer to government pension benefits, as they cannot receive both. Government officials said the Carer Payment and government pension benefits are paid at the same rate, but the government pension does not include the Carer Supplement. According to UK government officials, caregivers cannot receive the Carer’s Allowance and their government pension benefits at the same time.

Table 5: Direct Caregiver Payments in Australia and the United Kingdom, As Described in Government Documents and Interviews with Experts

	Policy	Purpose	Selected Eligibility Requirements			Maximum Benefit Amount
			Income or Asset Limits	Number of Hours of Care	Care Recipient’s Needs	
Australia ^a	Carer Payment	Income replacement	Caregiver must meet income and asset limits	Caregiver must provide constant care—considered to be around 8 hours per day—and cannot be away from the care recipient to work or study for more than 25 hours per week ^b	Care recipient must have a severe disability or medical condition or be frail and elderly, have a certain score on a care needs assessment, and require care in a private residence for at least 6 months	Ranges from \$473 to \$897 biweekly depending on marital status and living arrangements ^c
	Carer Allowance	Income supplement	Caregiver must meet income limits	Caregiver must provide daily care	Care recipient must have a severe disability or medical condition or be frail and elderly, have a certain score on a care needs assessment, and require daily care in a private residence for at least 12 months	\$91 biweekly
	Carer Supplement	Income supplement	Caregiver must receive the Carer Payment or Carer Allowance	Benefit amount depends on the number of hours of care provided	Care recipient must have needs that qualify the caregiver for a Carer Payment or Carer Allowance, as described above	\$415 per year per eligible payment provided that the caregiver received a Carer Payment or Carer Allowance for the period covering July 1st ^d
United Kingdom ^e	Carer’s Allowance	Income replacement	Caregiver must have earnings less than \$160 per week, after taxes, pension contributions, and expenses	Caregiver must provide 35 or more hours of care per week	Care recipient must receive at least one of certain government benefits, such as a disability or veteran’s payment	\$84 per week

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Notes: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work. All amounts are in US dollars as of July 2, 2020.

^aCaregivers can qualify for more than one type of payment.

^bIn general, caregivers are entitled to 63 days of ‘temporary cessation of care’ per calendar year to take a break from caring. They can travel overseas for up to 6 weeks each calendar year and remain qualified for payments.

^cThese amounts reflect the maximum basic rate. Amounts vary depending on whether an individual is single or part of a couple and whether the couple lives together or separately.

^dA caregiver can receive more than one supplement. For example, a caregiver can receive a supplement for each person for whom they get a Carer Allowance.

^eCaregivers may also be eligible for the Universal Credit. Individuals who are low income, out of work, or unable to work, and meet certain eligibility criteria, can apply for the credit to obtain help with living costs. An individual who is a caregiver can receive an extra amount in addition to the standard monthly allowance.

In both countries, not all caregivers are eligible to receive income replacement payments. According to Australian government data, 242,526 caregivers were receiving the Carer Payment for providing care to an adult as of June 2019. Government officials said the majority of these were also receiving the Carer Allowance as the payments are not mutually exclusive.³⁴ According to UK government data, 884,472 caregivers received a Carer's Allowance payment, as of November 2019.³⁵

Challenges with Direct Payment Policies

Caregivers and governments in Australia and the United Kingdom face challenges associated with direct payments, according to our review of relevant research and interviews with government officials and experts.

Meeting work hour or earnings limits. Experts said it may be difficult for someone to be a caregiver and still work outside of their caregiving role due to work hour and earnings limits rules for direct payments. For example, because Australia limits the amount of time caregivers can work to 25 hours per week to qualify for the Carer Payment, caregivers cannot earn additional income during times that the care recipient requires less care.³⁶ However, the hours needed to provide care can vary dramatically

³⁴According to government data, 461,397 caregivers in Australia received the Carer Allowance for providing care to an adult, as of June 2019, and 651,587 caregivers (including those caring for a child under age 16) received the Carer Supplement in 2018-19. According to government data, Australia had approximately 2.6 million caregivers in 2018.

³⁵This number reflects the total number of caregivers in Great Britain—England, Scotland, and Wales—who received a payment. Across the United Kingdom, there are approximately 4.5 million caregivers.

³⁶Australia imposes eligibility criteria for the Carer Allowance and Carer Supplement as well. Government officials said caregivers have to be receiving the Carer Payment or Carer Allowance on July 1st each year to receive the Carer Supplement. If they happen to have taken a break on that day from receiving the Carer Payment or Allowance, they will not receive the Carer Supplement.

week to week, according to government officials, who explained that some disabilities, like mental illness, can be episodic and might require less care at certain times and substantially more at other times. Similarly, the UK's Carer's Allowance requirement that caregivers provide 35 hours of care per week can limit the amount of time they can work to supplement their income. In addition, government officials said caregivers who could combine work and care might not be eligible for the Carer's Allowance due to earnings limits. Other rules require caregivers who work to keep track of their earnings or risk losing financial support. In Australia, the amount of Carer Payment begins to phase out when a caregiver has income, including from earnings, above \$123 biweekly, according to government officials. In the United Kingdom, caregivers can lose their entire weekly care allowance if they exceed the average earnings threshold of \$153 per week.³⁷

Sufficiency of income. In Australia and the United Kingdom, experts said the direct payments caregivers receive for their caregiving responsibilities may not be a significant source of income.³⁸ Experts in the United Kingdom said the Carer's Allowance likely does not provide meaningful income despite its classification as an income replacement benefit. Government officials explained that the \$84 per week Carer's Allowance recognizes caregivers' responsibilities and helps support them financially, but is not designed to replace lost wages.³⁹ Similarly, experts said that Australia's Carer Payment is not enough to replace a caregiver's lost income. One expert said that, even when combined with other public benefits, the most a caregiver might obtain is equivalent to the minimum wage.

Administering the program. Australian caregivers who qualify for direct financial support may face challenges obtaining it due to difficulty navigating the application process, according to experts. One expert explained that the process is both confusing and entirely online, which can be a challenge for older caregivers who prefer face-to-face contact. Another expert said that the processing time between submitting a request for payment and receiving it can take months. This could be

³⁷These amounts are as of July 2, 2020.

³⁸We reported in 2019 that spousal caregivers face retirement security risks. See [GAO-19-382](#).

³⁹Government officials also noted that caregivers may be eligible for other benefits that could supplement their income.

particularly difficult for individuals who need to stop work immediately to care for someone with a terminal illness.

Settling overpayments. Australia and the United Kingdom face challenges administering direct financial support without causing overpayments that caregivers must later repay, according to government officials and documentation. For example, overpayments happen when caregivers exceed the income limits or cap on hours worked described above and misreport their earnings to the government. Once these self-reported earnings are reconciled with government earnings data, caregivers must repay any funds they were ineligible to receive. Because this reconciliation happens infrequently, some caregivers have acquired large sums of debt that they owe the government, according to government officials and documentation. For example, the United Kingdom estimates it overpaid caregivers by \$200 million in 2017-18.⁴⁰ To address this challenge, government reports from both countries indicate they have recently implemented, or plan to implement, changes to their electronic income reporting systems to prevent future overpayments.

Indirect payment policies

In addition to direct support payments, both Germany and the United Kingdom have policies that allow indirect payments to caregivers, according to our review of government documents and interviews with government officials and experts; income support payments are made to care recipients, who can use the money to pay their caregivers (see table 6).

Table 6: Indirect Payment Policies in Germany and the United Kingdom, As Described in Government Documents and Interviews

	Policy	Description	Amount ^a	Benefit to Caregiver
Germany	Nursing Allowance	Payment to a care recipient based on their care needs	\$355 to \$1012 per month, depending on the care recipient's care grade ^b	Care recipient has the option to transfer the funds to the caregiver
United Kingdom	Attendance Allowance	Payment to a care recipient to help with extra costs	\$74 or \$111 per week depending on the level of care needed	Care recipient can use the funds however they want, which could include paying a family caregiver
	Personal Budget ^c	Payment to a care recipient based on their local authority's assessment of needs	Varies depending on the care recipient's needs	Care recipient can hire family members they do not live with to provide care

⁴⁰Amount is based on currency conversion as of July 2, 2020.

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work.

^aAll amounts are in US dollars as of July 2, 2020.

^bGermany's long term care insurance classifies care recipients according to five care grades based on the recipient's degree of impairments to independence. Care recipients in care grade 1 require minimal care and those in care grade 5 require the most significant care. Care recipients must be in at least care grade 2 to qualify for the Nursing Allowance.

^cCaregivers may also receive their own personal budget following an assessment of their needs based on the difficulties and risks of caregiving. However, experts said a relatively small proportion of caregivers receive it.

While some data are available on the number of care recipients who receive payments, Germany and the United Kingdom do not track whether the Nursing Allowance and the Attendance Allowance, respectively, are used to pay caregivers. In Germany, of the 3.4 million long-term care recipients as of December 2017, 52 percent (1.8 million) qualified to receive the Nursing Allowance payment because they were cared for at home exclusively by family caregivers and they met a certain level of care need.⁴¹ According to UK government data, 1.4 million care recipients received an Attendance Allowance as of November 2019 and about 89,000 care recipients received a personal budget as of December 2019.⁴²

The U.S. Environment: Payments to Caregivers

Certain federal and state programs allow caregivers to pay their family members to provide care. For example, under Medicaid—a federal-state health financing program for low-income and medically needy individuals—all 50 states and the District of Columbia provide long-term care services to some Medicaid beneficiaries in home and community settings under a variety of programs authorized by statute. Some of these programs include self-directed services under which participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility for managing their services with the assistance of a system of available supports. Under one such program, participants can hire certain relatives to provide personal care services. We reported in January 2017 that the provision of Medicaid personal care services is at high risk for improper payments and that personal care services under the self-directed services option were of particular concern due to a lack of quality information about the identity of individuals providing personal care services.

Source: GAO review of Medicaid rules and prior GAO work. | GAO-20-623

⁴¹An additional 23 percent (nearly 800,000) were cared for at home by a combination of family and professional caregivers and qualified, based on their care need level, to receive a reduced Nursing Allowance payment in addition to professional services.

⁴²The Attendance Allowance and personal budgets data reflect payments to care recipients in Great Britain and England, respectively.

Challenges with Indirect Payment Policies

The indirect financial support that caregivers in Germany and the United Kingdom could receive through care recipients may not be available to them and, even if it is, may be insufficient to meet their needs, according to interviews with government officials and experts. Experts in both countries said care recipients may not always use these benefits to support the caregiver. For example, UK government officials said that while some care recipients give part or all of their Attendance Allowance to their informal caregivers, others use it to pay for services or needs, such as local transportation or an at-home appointment with a hair stylist. In addition, a caregiver's ability to receive financial support from a care recipient's personal budget in the United Kingdom is not assured, according to an expert. Care recipients' personal budgets are financed by local taxes and revenue, so the amount available to care recipients and their caregivers depends on each locality's resources and priorities. In Germany, the Nursing Allowance does not relieve the entire financial burden that providing care imposes on caregivers, according to government officials and experts. In addition, the independent German advisory board recommended providing caregivers with direct financial support in lieu of the loan currently available during caregiver leave.

Tax Credit Policies

Australia and Germany provide a tax credit related to caregiving to those who qualify, which may reduce their tax liability under certain conditions and therefore provide some level of financial support, according to our review of government documents and interviews with government officials (see table 7). For example, in Australia, government officials said the credit is focused on supporting taxpayers with a dependent who is unable to work because of invalidity or because of their caregiving responsibilities. Therefore, in some cases the recipient of the tax credit might not be the caregiver. Instead, for instance, the credit might be claimed by the working spouse of someone who is unable to work or who provides care to their adult child or sibling. In Germany, the tax credit has few restrictions and goes directly to caregivers in recognition of the costs and burdens associated with caregiving, according to government officials.

Table 7: Tax Credits Related to Caregiving in Australia and Germany, As Described in Government Documents and Interviews

Country	Policy	Who is Eligible	Eligibility Rules	Amount ^a
Australia	Invalid and Invalid Carer Tax Offset	Taxpayers who maintain a spouse, parent/parent-in-law, or other eligible relative age 16 or older who is an invalid ^b	A taxpayer can claim the non-refundable offset for each eligible dependent and can claim for partial periods. ^c The taxpayer's adjusted taxable income (ATI) must be less than \$69,109; if maintaining an invalid spouse for the whole year, the spouse's ATI must be less than \$7,841	Maximum amount for 2019-20 is \$1,914
Germany	Tax Allowance for the Provision of Care	Taxpayers who provide care	Caregivers who are providing constant care and who receive no income for caregiving	Standard allowance is \$1,038 per year

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work.

^aAll amounts are in US dollars as of July 2, 2020.

^bTaxpayers are also eligible if they maintain a spouse or parent/parent-in-law who is a caregiver. The caregiver must provide care to a child, brother, or sister age 16 or older who is the relative of the taxpayer or taxpayer's spouse.

^cA taxpayer cannot claim the offset for additional dependents if their ATI is greater than \$69,109, if they have a spouse and the combined ATI is greater than \$69,109, or if the invalid or caregiver's ATI is greater than \$7,841.

Challenges with Tax Credit Policies

Government officials in Australia and Germany said tax credits related to caregiving are not widely used. In 2016, the German tax credit was claimed by nearly 230,000 taxpayers, according to government data. By comparison, a 2016 study cited in the independent German advisory board report estimated that Germany has between 4 and 5 million informal caregivers. A government official said approximately 2.5 million caregivers work outside their caregiving role. According to Australian tax data, about 3,400 people claimed the credit in 2017-18. Australian officials said the Invalid and Invalid Carer Tax Offset might not be widely used for two reasons. First, most financial support is provided through direct payments from the Australian government. Second, caregivers may not have enough tax liability to benefit from the credit. That is, since the credit is non-refundable, it can only benefit an individual with a tax liability and will only reduce their tax liability to zero. Neither country's government officials identified specific challenges associated with the tax credits.

The U.S. Environment: Tax Credits

Taxpayers may be able to claim the Child and Dependent Care Tax Credit for expenses related to eldercare. A taxpayer may be able to claim the credit if they paid someone to care for their dependent who is incapable of self-care (e.g., their spouse or parent) in order to work or actively look for work. The credit can be up to 35 percent of qualifying expenses, and the total expenses used to calculate the credit cannot exceed \$3,000 for one qualifying individual or \$6,000 for two or more qualifying individuals. The credit is nonrefundable—meaning that it can be used to offset tax liability only up to the amount owed. In general, nonrefundable tax credits are less beneficial to lower income tax filers than refundable tax credits because they typically have little or no tax liability.

Source: GAO Review of IRS documentation and prior GAO work. | GAO-20-623

Pension Support Policies

Germany and the United Kingdom have government pension systems whose benefits are based on an individual's work history, according to our review of government documents and interviews with government officials.⁴³ These countries have pension support policies that may help longer-term caregivers protect their retirement income by providing credits—used to calculate government pension benefits—for periods when a caregiver is not working or has limited work hours due to caregiving responsibilities (see table 8).

⁴³According to government officials, in Germany, the long-term care insurance fund pays contributions to the government pension system for caregivers under certain circumstances. The government pension system is based on contributions from employers and employees, financed on a pay-as-you-go basis. The calculation of the employee's pension is based on pension points and requires an employment period of at least 5 years. The age at which benefits can begin to be received is gradually increasing to 67 by 2031. According to government officials, the United Kingdom's government pension system is based on an individual's National Insurance record; this system was redesigned, effective in 2016. Eligibility involves a 10-year Minimum Qualifying Period of National Insurance. Under the new system, people with no existing National Insurance record before the change will receive the full rate of the new State Pension at State Pension age if they have 35 years of National Insurance contributions. For those reaching State Pension age in the early years beyond 2016, transitional arrangements apply, taking into account their National Insurance records from before the change. Australia's public pension—the Age Pensions—is paid to all qualified residents when they reach the eligible pension age and is not dependent on employment.

Table 8: Pension Support Policies in Germany and the United Kingdom, As Described in Government Documents and Interviews

Country	Description	Eligibility	Pension Contribution
Germany	The long-term care insurance system makes monetary pension contributions to the national pension system on behalf of caregivers who are unable to work due to caregiving responsibilities until they reach the statutory retirement age and receive their full pension benefit. ^a	Caregivers who provide at least 10 hours of care, regularly spread across at least 2 days per week, to someone with a care grade of 2 or higher and work no more than 30 hours per week.	Pension contributions from the long term care insurance fund to the national pension system vary based on the level of care required by the care recipient and whether the family caregiver is the sole provider of care. ^b On average, one year of care increases the caregivers' monthly pension entitlement by between \$9.63 and \$35.69. ^c
United Kingdom	Caregivers receive a credit—the Carer's Credit—to their national insurance record, which can count towards the calculation of an individual's government pension.	Caregivers who are age 16 and over, under state pension age, and provide care from 20 to 35 hours per week. ^d The care recipient must also receive certain public benefits, though there may be exceptions.	Caregivers receive national insurance credits that can count toward determining their state pension benefit.

Source: GAO review of government documents and interviews with foreign government officials and experts. | GAO-20-623

Note: We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study. Instead, we relied on appropriate secondary sources, interviews, and other sources to support our work.

^aA caregiver who reaches the statutory retirement age and receives a partial pension still receives contributions to their entitlement record from the long-term care insurance system.

^bCare recipients are assigned to one of five care grades, with care recipients in care grade 1 requiring minimal care and those in care grade 5 requiring the most significant care. Pension contributions increase with each care grade. Pension contributions decrease if the caregiver is not the sole provider of care. For example, a care recipient may receive informal and formal care services.

^cAll amounts are for payments made in 2019 converted to US dollars as of July 2, 2020. Amounts pertain to care provided exclusively by informal caregivers in former West German federal states. Pension contributions are slightly lower for caregivers in former East German federal states compared to former West German federal states.

^dCaregivers who receive the Carer's Allowance payment for caregiving automatically receive the Carer's Credit.

Challenges with Pension Support Policies

Experts cited concerns about the adequacy of pension credits in Germany and their limited use in the United Kingdom. German experts said pension credits are insufficient to improve retirement security in a meaningful way because the added pension benefits for caregiving are minimal; most caregivers receive long-term care insurance contributions that lead to an additional amount ranging from about \$9.63 to \$15.35 per

month for each year of care they provide.⁴⁴ Government officials in the United Kingdom told us many more caregivers are eligible for the Carer's Credit than apply to receive it.⁴⁵

Experts Said Caregivers Lack Awareness of Available Supports in Countries We Reviewed

Despite the availability of supports, experts said caregivers may be unable to use them because of difficulty obtaining information about policies from employers or government entities.

Employer awareness of policies. Australian and UK experts and UK government officials said some employers may not be aware that certain policies exist and, therefore, may be unable to inform caregivers about these policies. Government officials in the United Kingdom said employers are encouraged to grant flexible work schedules; however, only 60 percent of employers know that this policy exists. They explained that some employers—particularly small businesses that do not have human resources departments—may not be aware of the requirement to support flexible work and are hard for the government to reach and inform. Researchers in the United Kingdom and Australia have also found that people are not always aware of the right to request flexible work.

Employer provision of information to caregivers. According to several studies cited in the independent German advisory board report and an expert we interviewed, some German employers may not adequately inform caregivers about their rights. For example, the expert said that

⁴⁴The determination of the pension credit is based on the level of care need of the care recipient, according to government documents and interviews with officials. Approximately three-quarters of individuals cared for at home had a care grade 2 or 3 as of December 31, 2018. Specifically, 47.6 percent had care grade 2, 26.6 percent had care grade 3, 10.1 percent had care grade 4, and 3.8 percent had care grade 5. The remaining 11.8 percent had care grade 1, which does not qualify for the pension credit. The pension credit amount varies depending on where someone resides within Germany and the amount of support provided by informal and paid caregivers. The amounts cited here are for care provided exclusively by informal caregivers in former West German federal states at care grades 2 and 3. In contrast, a caregiver in former West German federal states who is providing care to someone with the highest level of need (care grade 5) would receive at most an additional \$35.69 per month. Pension credit amounts are lower for caregivers in former East German federal states and also when care involves both informal and formal providers. Amounts are based on currency conversions as of July 2, 2020.

⁴⁵17,388 people claimed Carer's Credit as of December 31, 2018, according to government officials.

while most companies with at least 500 employees do a good job disseminating information about policies to employees, smaller companies sometimes do not. This is particularly problematic for women—who represent two-thirds of caregivers in Germany—because most of them work for small companies, according to experts. The advisory board report includes results from several studies that highlight concerns about employer provision of information to caregivers about their rights. For example, the report cites a 2018 survey of human resource managers from larger German businesses, which found that while the firms offered a variety of supports to informal caregivers, the information they provide is usually only offered upon request and caregivers often have to pursue this on their own.⁴⁶ Among those who completed the survey, managers were more aware of support policies for informal caregivers, compared to other employees. Another 2018 study of smaller businesses—those with 25 or fewer employees—showed that most working caregivers who participated in the study were poorly informed about their legal entitlements and that employers offered little specific information about caregivers’ rights and government supports for managing work and care responsibilities.⁴⁷

Government provision of information to caregivers. Experts said government entities may not provide information caregivers need about supports available to them. In Germany, the independent German advisory board report found that the opportunities to obtain information and advice are still not sufficiently well-known and are not being fully used. One of the ways caregivers in Germany can receive information is via local support centers; however, experts said they are not available in all states and people in rural areas have the most difficulty accessing them. Government officials in the United Kingdom said caregivers may not get information on what services and benefits are available to them when they most need it. To remedy this, they are working on an effort to use behavioral science to figure out what type of information working caregivers need and when they need it to make informed decisions to stay in the labor market. Australia has also faced challenges delivering information and support services uniformly to caregivers, but is in the

⁴⁶The survey was administered to 254 human resources managers from businesses with at least 200 employees.

⁴⁷Despite concerns about employer provision of information to caregivers, the advisory board report also cited the findings of a study that found that employers attach great importance to reconciling work and care and offer numerous measures to support workers.

process of implementing the Integrated Carer Support Service (ICSS) model to better address caregivers' needs.⁴⁸ Experts and government officials said the ICSS model will provide caregivers access to more services directly rather than via their care recipient or through disparate programs. In addition, the ICSS model is intended to provide more consistent information, improve efficiency of service delivery, and provide more proactive rather than reactive support for caregivers. Caregiver advocates said that it is too early to tell whether the model will work or improve consistency in services for caregivers.

Government identification of caregivers. Experts in Australia and the United Kingdom said government officials face challenges making caregivers aware of policies, in part because they do not always know who is a caregiver. Consistent with findings from our prior report, experts and UK government officials said some caregivers do not identify with the term, so they may not self-identify in order to receive supports.⁴⁹ In the United Kingdom, the government sponsors a Carer's Week and Carer's Rights Day to both raise awareness about caregivers and to conduct outreach to caregivers. Even caregivers seeking information may have difficulty accessing it. A national survey of adult caregivers in England in 2018-19 found that over one third of survey respondents who searched for information about support related to caregiving thought it was difficult to locate.⁵⁰

⁴⁸As discussed in figure 2, the ICSS model consists of the Carer Gateway website and an in-person service delivery component.

⁴⁹[GAO-19-382](#)

⁵⁰Personal Social Services Survey of Adult Carers in England 2018-19. The dataset is limited to caregivers known to local authorities.

HHS Has Made Progress toward Developing a National Family Caregiving Strategy and Has Taken Steps to Review Other Countries' Policies to Support Caregivers

HHS has taken steps in response to the requirements of the RAISE Family Caregivers Act, which was enacted in January 2018 (see sidebar).⁵¹ These steps include convening the Family Caregiving Advisory Council (FCAC)—a group comprised of family caregivers, federal agencies, and non-federal stakeholders, holding four FCAC meetings, and issuing a request for information (RFI) on challenges faced by caregivers (see fig. 5).⁵² HHS officials said responses from the RFI will play a significant role in developing recommendations for the initial report

Requirements of the RAISE Family Caregivers Act

Under the RAISE Family Caregivers Act, the Department of Health and Human Services is required to (1) convene a Family Caregiving Advisory Council (FCAC); (2) jointly develop a national family caregiving strategy with the FCAC, including recommendations related to supporting caregivers in the areas of financial security and workforce issues; and (3) biennially update the strategy, taking into account annual reports issued by the FCAC.

The RAISE Family Caregivers Act requires that the initial report include four key elements: (1) an inventory and assessment of federal programs that recognize and support family caregivers, (2) a list of recommendations to coordinate federal programs and activities, (3) an explanation of challenges faced by family caregivers, and (4) an evaluation of how family caregiving affects federal programs including Medicare and Medicaid.

Source: RAISE Family Caregivers Act. | GAO-20-623

⁵¹See Pub. L. No. 115-119, 132 Stat. 23.

⁵²See Request for Information: Family Caregiving Advisory Council, 84 Fed. Reg. 67,271 (Dec. 9, 2019). The comment period closed on February 7, 2020.

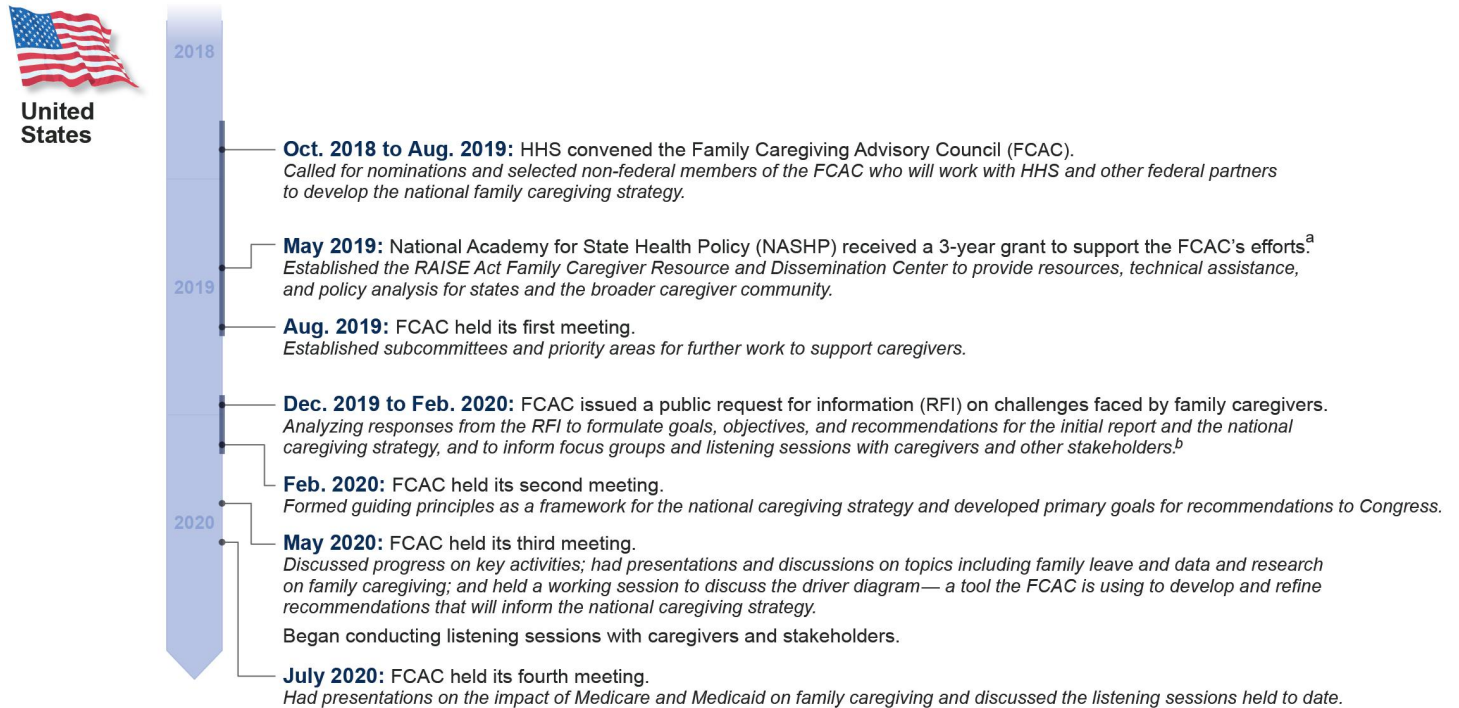
and the national family caregiving strategy.⁵³ In the RFI, family caregivers were asked to identify challenges they face and to propose potential solutions. The FCAC received over 1,600 responses and is working with researchers to analyze this information.⁵⁴ HHS officials said some of the challenges family caregivers have raised specific to retirement security include lost wages or benefits for caregivers who leave the workforce. This is consistent with our May 2019 report.⁵⁵

⁵³The RAISE Family Caregivers Act required that the initial report was to be issued no later than 12 months after the Act was passed (January 22, 2018) and that the national strategy was to be issued 6 months later; however, HHS officials said they began this work later than expected, in part due to resource constraints. The RAISE Family Caregivers Act requires the national caregiving strategy to identify recommendations to address a number of areas, including financial security and workplace issues. The FCAC has identified primary goals for recommendations to Congress: (1) expand awareness, outreach, education, and access for programs, services, and products to optimize the physical, emotional, and financial well-being of family caregivers and care recipients; (2) recognize, include, and support family caregivers as key partners in the provision of health care and long-term services and supports; (3) protect, promote, and enhance financial and workplace security of family caregivers; (4) promote research, identification, and adoption of evidence-based practices in caregiver support; and (5) strengthen program administration, governance, and collaboration among all appropriate stakeholders to build a society that recognizes family caregivers.

⁵⁴HHS officials acknowledged that the RFI was conducted prior to COVID-19 and said the FCAC will take steps to understand the challenges caregivers have faced as a result of the pandemic. HHS officials said they expect some discussion of the pandemic response—including particular policies such as expanded paid family and medical leave that were enacted as a result of COVID-19—in its initial report or in the strategy.

⁵⁵[GAO-19-382](#)

Figure 5: Development of a National Caregiving Strategy in the United States under the RAISE Family Caregivers Act



Source: U.S. Department of Health and Human Services (HHS) documents and interviews; Art Explosion (icon). | GAO-20-623

Text of Figure 5: Development of a National Caregiving Strategy in the United States under the RAISE Family Caregivers Act

United States Timeline

- Oct. 2018 to Aug. 2019: HHS convened the Family Caregiving Advisory Council (FCAC). Called for nominations and selected non-federal members of the FCAC who will work with HHS and other federal partners to develop the national family caregiving strategy.
- May 2019: National Academy for State Health Policy (NASHP) received a 3-year grant to support the FCAC's efforts.^a Established the RAISE Act Family Caregiver Resource and Dissemination Center to provide resources, technical assistance, and policy analysis for states and the broader caregiver community.
- Aug. 2019: FCAC held its first meeting. Established subcommittees and priority areas for further work to support caregivers.
- Dec. 2019 to Feb. 2020: FCAC issued a public request for information (RFI) on challenges faced by family caregivers. Analyzing responses

from the RFI to formulate goals, objectives, and recommendations for the initial report and the national caregiving strategy, and to inform focus groups and listening sessions with caregivers and other stakeholders.^b

- Feb. 2020: FCAC held its second meeting. Formed guiding principles as a framework for the national caregiving strategy and developed primary goals for recommendations to Congress.
- May 2020: FCAC held its third meeting. Discussed progress on key activities; had presentations and discussions on topics including family leave and data and research on family caregiving; and held a working session to discuss the driver diagram—a tool the FCAC is using to develop and refine recommendations that will inform the national caregiving strategy.
 - Began conducting listening sessions with caregivers and stakeholders.
- July 2020: FCAC held its fourth meeting. Had presentations on the impact of Medicare and Medicaid on family caregiving and discussed the listening sessions held to date.

Source: U.S. Department of Health and Human Services (HHS) documents and interviews; Art Explosion (icon). | GAO-20-623

^aThe grant was funded by the John A. Hartford foundation. HHS officials said they do not direct the work of the Center; they are working collaboratively with NASHP.

^bNASHP awarded a competitive grant to the LTSS Center at UMass Boston to analyze the RFI responses and conduct focus groups and listening sessions. HHS officials said the LTSS Center plans to complete its focus groups by the end of August 2020 and its listening sessions by the end of October 2020.

HHS and the FCAC have obtained some information on other countries' efforts to support caregivers. Under the RAISE Family Caregivers Act, HHS is required, as part of developing the initial report and family strategy, to collect and make publicly available information submitted by the FCAC, including information on evidence-based or promising practices and innovative models both domestically and in other countries regarding the provision of care by family caregivers or support for family caregivers.⁵⁶ In June 2020, HHS officials said the FCAC reviewed a summary of key recommendations related to caregiving that was compiled by the National Academy for State Health Policy (NASHP), in its role of supporting the FCAC's efforts. NASHP's summary was based on 13 national, 12 state, and two international reports published in 2009 and 2010. In addition, in July 2020, HHS officials said they would continue to

⁵⁶See Pub. L. No. 115-119, § 3(c)(1), 132 Stat. 23, 24.

identify opportunities to obtain information on family caregiving supports and policy from other countries but said neither they nor the FCAC had any concrete plans to do so. However, during the course of our review, in September 2020, HHS officials provided more information about their efforts to learn from other countries' experiences. They said their process for supporting the FCAC in developing its recommendations involves conducting research into the past performance and feasibility of proposed recommendations, including from international sources. As an example of this process, they provided sources from a recent literature search on other countries' efforts to promote flexible work. HHS officials also noted that the National Alzheimer's and Dementia Resource Center staff review domestic and international literature on a monthly basis, which can inform efforts to support caregivers more broadly. Finally, they said that HHS staff, FCAC members, and NASHP faculty have subject-matter expertise and bring perspectives about other countries' efforts into their discussions.

Agency Comments and Our Evaluation

We provided a draft of this report to the Department of Labor and HHS for review and comment. The Department of Labor and HHS provided technical comments, which we incorporated, as appropriate. We also incorporated technical comments from foreign government officials in Australia, Germany, and the United Kingdom. HHS also provided written comments, which are reproduced in appendix II and summarized below.

In our draft report, we recommended that HHS supplement the work of the Family Caregiving Advisory Council by collecting and sharing information on current policies in other countries to inform the development of its recommendations for the national family caregiving strategy. We based the recommendation on limitations in the information HHS had collected to date. In written comments, HHS stated that it did not agree with the recommendation because HHS, along with FCAC members and collaborating partners have already identified international reports and studies that will provide an overview of caregiver support policies and practices in other countries. HHS further noted that collecting evidence-based and promising practices and innovative models from foreign sources in any significant way is beyond the scope of current capacity due to limited federal resources available to implement the requirements of the RAISE Family Caregivers Act. However, HHS noted that ACL and the FCAC will regularly re-examine the feasibility of collecting such information as resources permit. HHS subsequently

provided an update on its efforts. Specifically, in email, HHS officials described their research in support of the FCAC, which includes collecting information from international sources. For example, they provided citations from a recent literature review on flexible work policies, which included references to other countries' experiences. Based on the additional information HHS provided in September 2020, we removed the recommendation and revised the report accordingly.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies of this report to the appropriate congressional committees, to the Secretaries of Labor and Health and Human Services, and other interested parties. If you or your staff have any questions about this report, please contact me at (202) 512-7215 or nguyentt@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.



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Appendix I: Objectives, Scope, and Methodology

The objectives of this review were to determine (1) how other countries' national approaches to support parental and spousal caregivers have evolved over time; (2) what policies other countries currently have in place that could improve the retirement security of parental and spousal caregivers and the challenges, if any, of these approaches; and (3) the status of HHS' efforts to develop a national family caregiving strategy. This appendix provides information about the methods we used to answer these questions.

Case Studies of Australia, Germany, and the United Kingdom

To address our first two objectives, we focused on three countries—Australia, Germany, and the United Kingdom—selected based on the mix of approaches they utilize to support caregivers.

Country Selection

To decide upon these countries, we went through a multi-step process. We first narrowed our scope to countries that are members of the OECD as they are often compared to each other and to the United States in terms of key economic indicators. We then selected countries based on a combination of several criteria including:

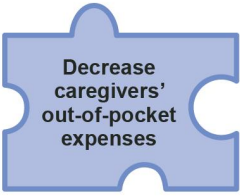



- The percentage of the population that is elderly. We used UN Population data to determine the percentage of the population aged 65 and over in OECD countries and narrowed our focus to countries with a similar or greater percentage than the United States.

- Rates of informal care. We used OECD data to examine the percentage of informal caregivers in other countries and selected countries with a larger proportion of informal caregivers.¹
- Country-specific policies that could improve caregivers' retirement security. In our May 2019 report, we consulted with experts and stakeholders to identify and determine policy actions that could improve caregivers' retirement security (see fig. 6). For this work, we conducted a broad literature search to identify which countries have these types of policies in place. In addition, we reviewed policy-specific information from government agency websites and documents from the OECD, European Commission, and other researchers that specifically studied other countries' policies related to caregiving.²
- National-level focus on caregiving. Through our literature search and through discussion with experts, we also identified which countries had national-level laws or strategies related to caregiving.
- Expert opinion. We supplemented our efforts with interviews with experts and advocacy groups to obtain their perspectives on countries that have robust policies to improve caregivers' retirement security.

¹We used the OECD's *Health at a Glance 2019*, which defined informal caregivers as people providing any help to older family members, friends and people in their social network, living inside or outside of their household, who require help with everyday tasks. The OECD reports data from national surveys of Australia, the United Kingdom, the United States, and other European countries. Definitions of informal caregiving may vary across countries, so data may not be directly comparable across countries. However, this criterion is one of several factors we considered and is meant to shed light on the role of informal care.

²We did not conduct an independent legal analysis to verify information about the laws, regulations, or policies of the countries selected for this study; instead, we relied on secondary source materials and expert interviews to determine the key laws and national strategies in place in Australia, Germany, and the United Kingdom. In addition, our discussions of challenges related to policies in the United Kingdom were specific to implementation in England. We submitted key report excerpts to agency officials in each country for their review and verification; we incorporated their comments, as appropriate. We note also that the fact that a legal feature was successful in one or more of the countries we analyzed, which may have significantly different cultures, histories, and legal systems than the United States, does not necessarily indicate that it would be successful in the United States.

Figure 6: Examples of Possible Policy Actions Experts Identified for Improving Caregivers' Retirement Security

 <p>Decrease caregivers' out-of-pocket expenses</p>	<ul style="list-style-type: none"> • Pay caregivers for their time, for example with a stipend • Provide cash or other direct benefits for caregiving expenses • Provide additional tax credits for caregiving expenses to reduce caregivers' tax liability • Make pre-tax dependent care spending accounts available for more eldercare expenses • Provide access to tax preferred savings accounts for caregiving expenses • Allow early withdrawal of Social Security benefits for caregiving costs • Allow tax-free withdrawals from retirement accounts for caregiving expenses • Provide incentives for individuals to purchase long-term care insurance for themselves
 <p>Increase caregivers' workforce attachment and wage preservation</p>	<ul style="list-style-type: none"> • Expand Family and Medical Leave Act (FMLA) coverage, for example to workplaces with less than 50 employees • Provide employment discrimination protections for caregivers • Increase access to caregiving supports, for example respite care that provides temporary institutional assistance as relief for usual caregivers • Allow employees telework options and flexible schedules • Expand access to paid family and medical leave • Allow employees to use sick days to care for family members • Allow workers to set aside pre-tax earnings for use when taking FMLA leave
 <p>Increase caregivers' access or contributions to retirement accounts</p>	<ul style="list-style-type: none"> • Tie the earned income requirement for contributing to an individual retirement account (IRA) to income earned before becoming a family caregiver • Offer lower fee IRAs for caregivers • Provide caregivers with additional opportunities to make catch-up contributions to their retirement accounts • Prevent employers from excluding part-time and temporary workers from retirement benefits • Reduce the eligibility and vesting requirements for employer-offered retirement plans • Require employers to continue contributing to qualified retirement plans when employees take unpaid leave under the Family or Medical Leave Act • Increase access to alternative retirement plans for those who do not have employer sponsored ones
 <p>Increase caregivers' Social Security benefits</p>	<ul style="list-style-type: none"> • Provide Social Security credits for caregivers who take time off from work • Reduce the number of years in the Social Security benefit calculation • Reduce work requirements to enable people with shorter earnings histories to be eligible to receive Social Security benefits • Increase the Social Security special minimum benefit that is provided to long-term low earners

Source: GAO analysis of literature and expert interviews from GAO-19-382. | GAO-20-623

Text of Figure 6: Examples of Possible Policy Actions Experts Identified for Improving Caregivers' Retirement Security

Decrease caregivers' out-of-pocket expenses

- Pay caregivers for their time, for example with a stipend
- Provide cash or other direct benefits for caregiving expenses
- Provide additional tax credits for caregiving expenses to reduce caregivers' tax liability

- Make pre-tax dependent care spending accounts available for more eldercare expenses
- Provide access to tax preferred savings accounts for caregiving expenses
- Allow early withdrawal of Social Security benefits for caregiving costs
- Allow tax-free withdrawals from retirement accounts for caregiving expenses
- Provide incentives for individuals to purchase long-term care insurance for themselves

Increase caregivers' workforce attachment and wage preservation

- Expand Family and Medical Leave Act (FMLA) coverage, for example to workplaces with less than 50 employees
- Provide employment discrimination protections for caregivers
- Increase access to caregiving supports, for example respite care that provides temporary institutional assistance as relief for usual caregivers
- Allow employees telework options and flexible schedules
- Expand access to paid family and medical leave
- Allow employees to use sick days to care for family members
- Allow workers to set aside pre-tax earnings for use when taking FMLA leave

Increase caregivers' access or contributions to retirement accounts

- Tie the earned income requirement for contributing to an individual retirement account (IRA) to income earned before becoming a family caregiver
- Offer lower fee IRAs for caregivers
- Provide caregivers with additional opportunities to make catch-up contributions to their retirement accounts
- Prevent employers from excluding part-time and temporary workers from retirement benefits
- Reduce the eligibility and vesting requirements for employer-offered retirement plans

- Require employers to continue contributing to qualified retirement plans when employees take unpaid leave under the Family or Medical Leave Act
- Increase access to alternative retirement plans for those who do not have employer sponsored ones
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- Provide Social Security credits for caregivers who take time off from work
- Reduce the number of years in the Social Security benefit calculation
- Reduce work requirements to enable people with shorter earnings histories to be eligible to receive Social Security benefits
- Increase the Social Security special minimum benefit that is provided to long-term low earners

Source: GAO analysis of literature and expert interviews from GAO-19-382. | GAO-20-623

Case Study Analysis

After selecting Australia, Germany, and the United Kingdom, we obtained in-depth information to answer our first two research questions. The case studies consisted of the following:

- Literature search. We refined our broad literature search and conducted a targeted search on all three countries to capture any additional relevant research on the caregiving policies in these countries.
- Document review. We reviewed documents about the specific policies included in our review to better understand how these policies are implemented.
- Expert interviews. To obtain additional information about the key laws, national strategies, or policies we identified and to ensure diverse perspectives on the successes and challenges of implementing these policies, we conducted interviews with experts in all three countries, including government officials, caregiver advocates, employer or labor organizations, and relevant researchers (see table 9). We selected experts who are knowledgeable about the policies under review, engaged in research or advocacy around caregiving, or those who might be affected by the policies we identified. We asked experts

whether there are any other policies we may have missed in our research that could help improve caregivers' retirement security.

Table 9: Experts Interviewed in Australia, Germany, and the United Kingdom

	Expert Affiliation
Australia	Attorney General's Department, Industrial Relations Policy Division ^a
	Carers Australia
	COTA
	Department of Social Services
	Department of the Treasury
	Pharmacy Guild of Australia
	Researchers from the ARC Centre of Excellence in Population Ageing Research
Germany	Centre for Quality in Care (Zentrum für Qualität in der Pflege)
	Confederation of German Employers' Associations (Bundesvereinigung der Deutschen Arbeitgeberverbände)
	Federal Ministry of Labour and Social Affairs (Bundesministerium für Arbeit und Soziales)
	Federal Ministry of Health (Bundesministerium für Gesundheit)
	Federal Ministry for Family Affairs, Senior Citizens, Women, and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend)
	German Trade Union Confederation (Deutscher Gewerkschaftsbund)
	National Association of Statutory Health Insurance Funds (GKV-Spitzenverband)
	We Care (Wir Pflegen)
	Researcher from the University of Duisburg-Essen
United Kingdom	Carers UK
	Employers for Carers
	Department of Health and Social Care
	Department for Work and Pensions
	Government Equalities Office
	Researcher from the International Longevity Centre – UK
	Researcher from the London School of Economics
Other ^b	Eurocarers
	Organisation for Economic Cooperation and Development (OECD)
	Researcher from the University of Birmingham
	Researcher from the University of Sheffield

Expert Affiliation

International Alliance of Carer Organizations

Source: GAO interviews with experts and foreign government officials. | GAO-20-623

^aProvided written responses.

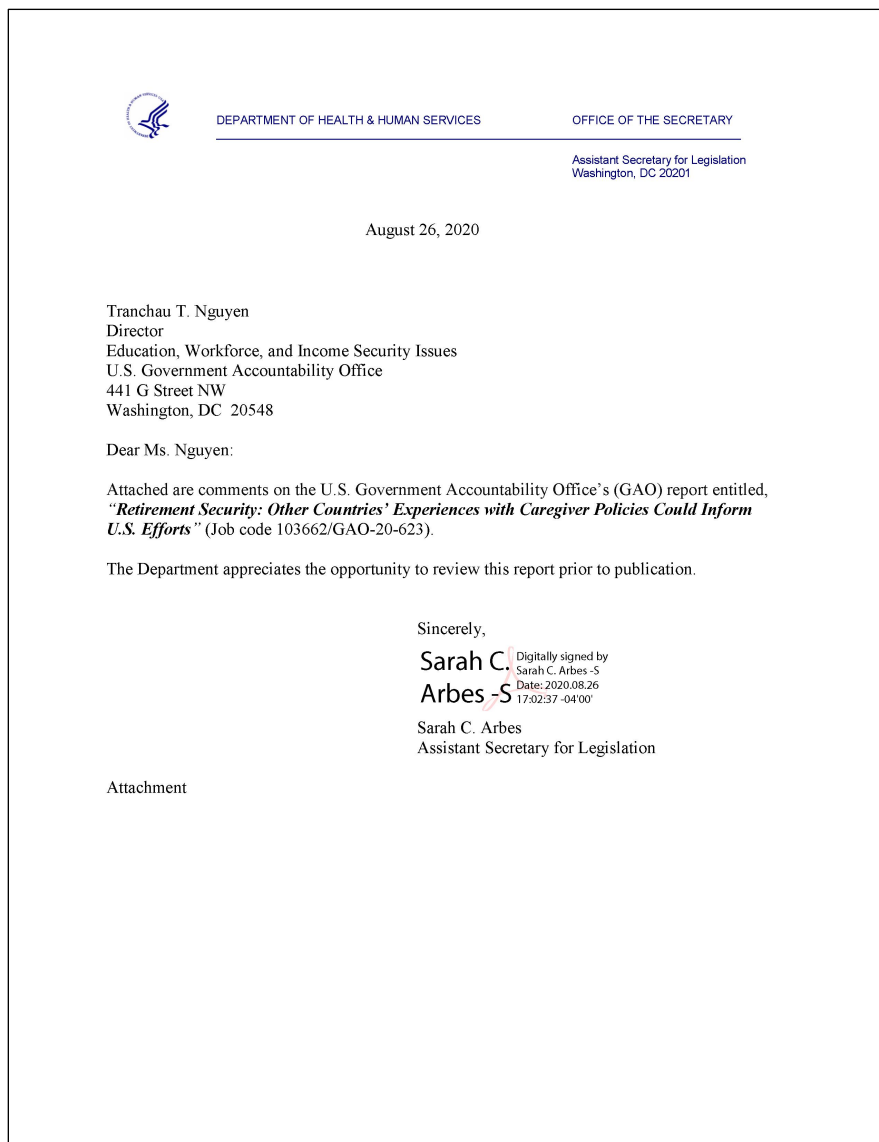
^bProvided information on multiple countries.

- **Data on utilization of policies.** We leveraged existing reported data from statistical agencies or other sources related to the policies we examined to inform our discussion of them, or we relied on information from expert interviews on utilization of these policies.

Review of Status of U.S. National Caregiving Strategy

To address our third question, we reviewed relevant documents, including a progress report on efforts to develop a national family caregiving strategy and information about Family Caregiving Advisory Council meetings. We also interviewed HHS officials regarding efforts to develop a national caregiving strategy. We assessed HHS efforts to consider other countries' approaches in developing the national caregiving strategy against federal standards for internal control and we reviewed the requirements of the RAISE Family Caregivers Act.

Appendix II: Comments from the Department of Health and Human Services



**Appendix II: Comments from the Department
of Health and Human Services**

**GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN
SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT
REPORT ENTITLED – RETIREMENT SECURITY: OTHER COUNTRIES'
EXPERIENCES WITH CAREGIVER POLICIES COULD INFORM U.S. EFFORTS
(GAO-20-623)**

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1

We recommend that the Secretary of the Department of Health and Human Services supplement the work of the Family Caregiving Advisory Council by collecting and sharing information on current policies in other countries to inform the development of its recommendations for the national family caregiving strategy.

HHS Response

HHS non-concurs with GAO's recommendation.

In preparing the initial report as required in Section 4(d) of the RAISE Act, ACL, the Family Caregiving Advisory Council members, and collaborating partners have identified a number of international reports and studies that will provide an overview of caregiver support policies and practices in other countries. Given the limited federal resources available for implementing the requirements of the RAISE Act at this time, collecting evidence-based and promising practices and innovative models from foreign sources in any significant way is beyond the scope of current capacity. However, as RAISE Act implementation proceeds, ACL and the FCAC will regularly re-examine the feasibility of collecting such information as resources permit.

Text of Appendix II: Comments from the Department of Health and Human Services

Page 1

August 26, 2020

Tranchau T. Nguyen

Director

Education, Workforce, and Income Security Issues

U.S. Government Accountability Office

441 G Street NW

Washington, DC 20548

Dear Ms. Nguyen:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "Retirement Security: Other Countries' Experiences with Caregiver Policies Could Inform U.S. Efforts" (Job code 103662/GAO-20-623).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Sarah C. Arbes

Assistant Secretary for Legislation

Attachment

Page 2

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN
SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT
REPORT ENTITLED – RETIREMENT SECURITY: OTHER COUNTRIES'

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Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Tranchau (Kris) T. Nguyen, 202-512-7215 or nguyentt@gao.gov

Staff Acknowledgments

In addition to the contact named above, Erin M. Godtland (Assistant Director), Nisha R. Hazra (Analyst-in-charge), Jennifer Cook, and Seyda Wentworth made key contributions to this report. Also contributing to this report were James Bennett, Daniel Concepcion, Carrie Davidson, Ted Leslie, Jean McSween, Corinna Nicolaou, Jessica K. Rider, Almeta Spencer, and Adam Wendel.

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