Promoting the needs and added value of informal carers at EU level
Stecy Yghemonos – Executive Director
The Eurocarers Network

European network of carers' organisations and relevant research & development organisations

59 member and partner organisations from 27 countries

Who are the (informal) carers?
Eurocarers defines a carer as any person who provides care - usually unpaid - to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework.
Our Mission

→ Contribute to sustainable social protection systems and recognition of informal carers
→ Prevent carers from falling into poverty and social exclusion
→ Stimulate and support the development of carers' organisations in EU countries and regions

Data collection and production
- Evidence
- Share good practices among Member States
- Recommendations

Advocacy
- Partnerships
- Solidarity and economic argument
- Inform policy makers
- Communication (newsletter, websites)

→ Implement/Document
→ Raise awareness
Eurocarers Research Priorities

Developed by the ERWG 2015
Adopted by the AGM 2015

Target audiences: Eurocarers members, public policy makers, EU Institutions, including the European Parliament, Council and European Commission

The document is framed within the current EU-context and relates to EU priorities, namely, skills, promoting employment, social exclusion and fairness
Socioeconomic backdrop

→ Boost jobs to make the EU social model future-proof

→ Adapt the welfare state to the new context through innovation

→ Budget Cuts and cost containment, doing more with less
Across Europe, unpaid family carers and friends are the largest providers of health and social care support.

As demographic change increases demand, the ‘balance of care’ increasingly shifts to informal care.

Women are disproportionately affected and are more likely to give up employment to care.
The “economic” value of informal care

Estimates on the economic value of unpaid informal care in EU Member States range from 50 to 90 percent of the overall costs of “formal” long-term care provision.

Estimated value of contribution made by carers in the UK: 140 billion € per year.

Estimated value of contribution made by carers in Ireland: 5.3 billion € per year (27% of Dept. of social protection’s budget).

Source: www.carersuk.org/media/k2/attachments/Valuing_carers_2011_Carers_UK.pdf
Carers are indispensable for our welfare systems!

Carers are an **indispensable component** of our health and social care systems:

► Without informal carers, formal care provision would simply be **unsustainable**, and many care needs (in all age groups) neglected!

And **even more so in the future**, due to the growing care needs following population ageing and the increasing prevalence of frailty and chronic disease.
But availability of informal care is under pressure, too!

This is due to a number of demographic and socio-economic developments:

1. Lower birth rates
2. Smaller families
3. Greater physical distances between relatives
4. Rising number of women entering the labour market
5. A prolonged working life
Living distance from parents in some EU countries

Source: Isengard 2013
Change in labour-force participation by women aged 55-64 years between 2000 and 2010

B. Rechel et al. – Health in Europe, the Lancet, March 2013
Estimated shortages in some health care professions in the EU by 2020

<table>
<thead>
<tr>
<th>Health Professionals or other health workers</th>
<th>Estimated shortage by 2020</th>
<th>Estimated percentage of care not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>230,000</td>
<td>13.5%</td>
</tr>
<tr>
<td>Dentists, pharmacists and physiotherapists</td>
<td>150,000</td>
<td>13.5%</td>
</tr>
<tr>
<td>Nurse</td>
<td>590,000</td>
<td>14.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>970,000</strong></td>
<td><strong>13.8%</strong></td>
</tr>
</tbody>
</table>

Source: European Commission 2012
Impact of caring

Clear correlation between caring and:

- Work-life/care balance and employment
- Social exclusion and poverty
- Health and well-being

“As a carer, you have no social life whatsoever. I have been an unpaid carer for 20 years. I do not feel part of society at all. I feel a complete outsider”
What do carers want?

Financial support: income based on a minimum wage

Employment: flexible working, paid and/or unpaid leave

Pension credits for care time

Regular breaks from caring

Training
Migrant care workers: opportunities & challenges

Opportunities:

Economic convenience: to both recipients and migrants (low housing costs, wage differentials & “black market”)

Publicly incentivised by increasing cash-for-care schemes

Tailored care: personalised response to elders and carers

Delayed or lower institutionalisation rates

Challenges:

Quality of care: qualification of migrant care workers

Exploitation of migrant care workers: overlap with gender

Labour market: control of undeclared work

Care drain in sending countries: who provides care there?
That’s why it is necessary to...

• **Continue raising awareness** on the significant contribution made by carers to our welfare systems and the economy, and the need to safeguard this contribution

• Further **develop support services for carers** and to **enable carers to remain in paid employment**...

• **Ensure that** EU and national **policies take account of carers** (e.g. by promoting their social inclusion)

In one word: to urgently adopt a **coherent, integrated approach – a STRATEGY!** – to mainstream caregiving across all major policy areas, starting at EU level (e.g. using the Interest group on Carers in the European Parliament), to ensure that all Member States are made equally aware about the urgency of such a crucial commitment!

→ **The mission of Eurocarers!**
### Typology of LTC systems in the EU27

**Nature of the system** | **Countries** | **Characteristics**
--- | --- | ---
**Cluster A**  
Formal-care (FC) oriented  
provision, generous, accessible  
and affordable | Denmark,  
The Netherlands,  
Sweden | Public provision of LTC financed from general revenue allocations to local authorities  
High public and low private spending on FC  
Low informal care (IC) use, high IC support  
Modest cash-for-care benefits

**Cluster B**  
FC of medium accessibility  
Some informal care (IC)  
orientation in provision | Belgium,  
Czech Republic,  
Germany,  
Slovakia,  
(Luxembourg) | Obligatory social insurance against LTC risk financed from contributions  
Medium public and low private FC spending  
High IC use, high IC support  
Modest cash-for-care benefits

**Cluster C**  
FC of medium to low accessibility  
Medium IC orientation in LTC approach | Austria,  
England,  
Finland,  
France,  
Spain, (Ireland) | Social insurance against LTC risk financed from contributions or general revenue  
Medium public and private FC financing  
High IC use, high IC support  
High cash-for-care benefits

**Cluster D**  
Low FC accessibility  
Strong IC orientation in LTC approach | Hungary,  
(Ireland), (Greece), (Poland),  
(Portugal), (Slovenia) | Modest social insurance against LTC risks  
Low public and high private FC financing  
High IC use, low IC support  
Low cash-for-care benefits

**Cluster E**  
Rather low FC accessibility  
Almost exclusive IC orientation in LTC approach | (Bulgaria), (Cyprus), (Estonia),  
(Lithuania), (Latvia), (Malta),  
(Romania) | Little social insurance against LTC risks  
Very low public spending on FC  
Very high IC use, little to no IC support  
No or very low cash-for-care benefits
Relevant entry points for work

**DG EMPL & OTHERS**
- Reform of health, social protection and LTC systems
- Access to services
- Social exclusion and poverty
- Indicators

**DG SANTE**
- Reform of health systems + role of HP/DP
- Non-communicable diseases
- Risk factors
- Indicators

**DG CONNECT**
- eHealth and ageing
- Smart living
- eGovernment
- European Innovation Partnership on Active and Healthy Ageing

+ WHO European Framework for Action on Integrated Health Services Delivery
# European Semester: A Partnership EU-Member States

## Timeline

**November**
- Autumn Economic Forecasts

**December**
- Annual Growth Survey and Alert Mechanism Report
- Commission opinion on draft budgetary plans

**January**
- Bilateral meeting with Member States
- Fact-finding missions to Member States

**February**
- Winter Economic Forecasts

**March**
- Country Report per Member State (reform agendas and imbalances)
- Bilateral meeting with Member States

**April**
- Spring Economic Forecasts
- Commission proposes country-specific recommendations for budgetary, economic and social policies

**May**
- National reform programmes

**June**
- National Action Plans

**July**
- Rest of the Year

**August**
- National Action Plans

**September**
- National Action Plans

**October**
- National Action Plans

---

**European Commission**

**European Council / Council**

**Member States**

**European Parliament**

---


© European Commission 2015
What’s in it for us?

Health and LTC-related CSRs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>10</td>
<td>19</td>
<td>21</td>
<td>13</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>
Adequate social protection for long-term care needs in an ageing society

Report jointly prepared by the Social Protection Committee and the European Commission
What can (primary) care professionals do now to support carers?

→ Acknowledge carers, what they do, and the problems they have.

→ Treat carers as you would other team members and listen to their opinion.

→ Ask after the health and welfare of the carer as well as the patient.

→ Provide information about being a carer and support available.

→ Be an advocate for carers!
There are four kinds of people in the world:
Those who have been carers,
Those who currently are carers,
Those who will be carers, and
Those who will need carers.

Rosalyn Carter, Former First Lady of the United States

This concerns us all!
Thank you for your attention!

www.eurocarers.org