The contribution of carers to long-term care, especially for older people

With Europe ageing rapidly, EU member states are becoming increasingly reliant on the contribution that informal or family carers (hereinafter carers) make to society. At the same time, they have a tendency to ignore the role and need of carers themselves. Carers provide care to a variety of family members, friends or neighbours. They are the main providers of long-term care in Europe. Altogether there are 100 million carers. In economic terms, the value of their efforts in individual countries not infrequently exceeds those countries' formal spending on nursing and care. And their social value is even more important. Carers are the foundation of long-term care. This Eurocarers' factsheet provides general information about carers, but focuses on those caring for older people with a long-term care need – the biggest groups of carers.
This factsheet provides information about carers in the EU:

- How many carers are providing care for their family members, friends or neighbours?
- Who are carers and what do they do?
- What are their problems and needs?
- What are good examples of policies and practices to support carers?

This factsheet may assist policy makers at the EU or the national level, funders and carers’ organizations, as well as health and social care providers at all policy levels. They can use it in their efforts to further develop instruments and policies that can shape long-term care, by developing supportive measures for carers that are targeted, easily accessible, of high quality and with low thresholds.

Eurocarers, the European association working for carers, aims to represent the interests of carers in Europe. It seeks to do this primarily by exchanging, gathering and disseminating experience, expertise, good practice and innovations. Secondly, it tries to raise awareness and to contribute to policy development at national and EU level by making use of evidence-based research to act as a voice for carers and as their advocate on issues that affect them. And thirdly, it supports the development of carers’ organizations. Its membership consists of national carers’ organizations, related patient and family organizations and research and development (R&D) organizations with expertise in carers and caring issues.

Data in this factsheet come from a variety of sources, all of which use their own definitions for concepts such as ‘dependency’, ‘need for care’, ‘informal care’, ‘carers’ and ‘long-term care’. The data presented should, therefore, be treated with some caution. Nevertheless, they provide a good indication as to the situation of carers in Europe. Furthermore, because Western European countries already have considerable experience in monitoring long-term care systems, including family carers, most of the data – and the context – come from these member states. This may lead to some unintentional bias in this factsheet.

How will Europe’s population develop?

Europe’s population – the oldest in the world – will age and shrink between 2005 and 2050: the total population will fall by 1%, and by 2050 half of the population will be aged 50 years or over (compared to 38.1% in the world generally). Also, the proportion of the very old (80+) population will increase, with maximum increases varying from 95% (Sweden) to 319% (Cyprus) at different times between now and 2050. And whereas, in the decades to 2050, the percentage of 15–64-year-olds in the world (currently 63%) will grow to 64%, Europe will face a 10 percentage point fall, to 58%. Thus, in Europe the elderly dependency ratio – the number of dependent persons per 100 independent persons – will more than double.

These trends will have an impact on long-term care systems, though improvements in health conditions could moderate the increasing need for care. The number of people across the EU who are classed as dependent for activities of daily living (ADL) as well as for instrumental activities of daily

Figure 1. Trends in the proportion of 80+ people, Europe and the world (Source: UN Secretariat, 2006)

Figure 2. Trends in elderly dependency ratio (number of dependent persons per 100 independent persons) (Source: UN Populations Prospects 2006 revision, medium variant)
Living (IADL) is set to rise – from 30 million in 2005 to 37 million in 2030. The number of older people suffering from severe disabilities will likewise increase. More specifically, the number of people suffering from dementia, currently 5.4 million across Europe, is expected to double in Western Europe and to triple in Eastern Europe between now and 2030.

Who will care?

The growing need for care coincides, firstly, with a decline, starting in 2010, in the European workforce (even though the number of people working may still increase until 2017), and secondly with an overall decline in population. This implies that long-term care systems need to adapt, in order to be in a position to provide accessible, good-quality and financially sustainable long-term care. The usual assumption is that carers will have greater input and a bigger role. At the same time, the policies of seeking to reduce hospital days and residential care will change and increase the burdens on carers. Thus, the overall conclusion is that, across the EU, a heavier load for carers is to be expected.

However, carers will themselves also age and more of them will be male (less accustomed to caring). Factors such as fewer children per parent, increased incidence of divorce and migration, and a reduction in the size, density and social cohesiveness of households and family networks all have a negative impact on the ability of people to care for family members. This means that there must be a question mark over whether there will be enough carers available for the anticipated heavier load.

What is a carer?

There are many definitions of carers. Eurocarers uses the following definition:

“A carer looks after family, partners, friends or neighbours in need of help because they are ill, frail or have a disability. The care they provide is unpaid.”

This means, among other things, that:

1. The care takes place within an ongoing social relationship.
   Carers, first and foremost, are partners, parents, children, grandchildren, brothers, sisters, friends or neighbours.

Most often, carers are found in partnership relations or in parent–child relationships.

2. Care does not lie at the core of the relationship. Often, the caring just starts as a need that (gradually) arises, diagnosed or not. But the caring process may shift the nature of the relationship to one where the care given and received does become the core.

3. As the activities of the carer are directed by the (changing) needs of the person requiring the care, there is often no limit to:
   - the amount or kind of caring activities (including medical care);
   - the time spent caring (from hours per day to years).

4. The care is provided outside any formal context (which is why it is sometimes called informal care). As a consequence, there is no regulation of such things as working hours, holidays, labour conditions (safety at work), pay or other benefits.

5. The care is provided most often in the home of the person in need of care.

6. The care is provided in all situations where care is required, and is not limited to certain groups or categories in society.

Who cares?

Carers can be described according either to their own circumstances or to those of the person being cared for, and the characteristics are not mutually exclusive. One can focus on young carers, sandwich carers, older carers, working carers, ethnic carers and male carers. Another characterization links to the person being cared for, often in situations when this person cannot speak for him or herself (for instance, due to suffering from dementia, stroke, psychiatric illness, mental and/or physical handicap, or later-stage Parkinson’s disease), but it can also link to age (for instance, when discussing long-term care for the elderly).
How many people care?

Some 100 million people, 25% of the inhabitants of the EU25 countries, provide care either within or outside the family.20 Carers are mostly women,21;22 and the mean age of carers is 55. One third of those who care for somebody elderly also care for someone younger who has a care need; the figure ranges from 60% in Greece to 9% in Sweden.23

Other research concludes that, in 2005, some 19 million Europeans (6% of the population aged 25+) were engaged in caring for at least 20 hours each week. Of these, 24% were aged 65+. The expectation is that, by 2030, this figure will have increased to 21 million people in the EU27, of whom 31% will be aged 65+.24 These data do not take account of the additional millions of people younger than 25 who care for their partner, brothers, sisters or parent(s), but even so the figure far exceeds the total European nursing workforce.

Why do people care?

People care because they see someone in need of care and ‘just help’.25 Most often, people care for an elderly person out of love and affection, or out of duty. Religious motives also play a role.26 Half of all carers feel there is a lack of alternatives. Care that is provided with an ‘external’ motive to care (duty/no alternative) is regarded as leading to more fragile care situations, with higher perceived burdens and a greater possibility of abuse, than where internal motives (love) are the driving force.27;28

What do carers do?

Carer activities can be measured in hours per week, types of activities, number of carers and/or duration of the care period. For some (but not all) of these indicators, EU-wide data are available.

The average caring period lasts 60 months, though it varies from 47 months in Germany to 70 months in Poland.29

The efforts of carers are linked to the situation of the person being cared for. As his or her situation changes, often the care provided by the carer also changes. Half of those caring for someone with severe Alzheimer’s disease care for more than 10 hours per day, seven days a week.

Generally, in the following categories of activities, carers play a key role:

- Answering health needs (nursing and sometimes medical tasks)
- Providing physical/personal care (ADL)
- Supporting/providing mobility/transport
- Providing emotional/psychological/social support
- Providing domestic care/IADL
- Financial management and support
- Organizing and managing care and support

As the situation of the person cared for changes, so will the activities. Generally speaking, heavier care needs require assistance with more categories of activities than do less heavy care needs.
What do carers contribute to society?

“In Europe the needs of many dependent older people are mostly met by the family and informal support network, and only secondarily by means of formal care services.”

Back in 2002, the European Commission acknowledged that: “spouses and descendants...continue to be the main providers of long-term care” for at least 60% and sometimes up to 80% – of all long-term care is provided by carers.

Economic data present a powerful case:

- The estimated value of care-giving in six EU member states exceeds public expenditure on formal care and care allowances.
- The contribution of UK carers in 2000 equalled the spending on the National Health Service.
- Notional earnings for family carers in the Netherlands are twice the amount spent on nursing and caring.
- In Switzerland, the value of family care work, calculated at between 10 and 12 billion Swiss Francs (between 6.2 and 7.4 billion Euro), exceeds total expenditure on professional care.
- The economic value of carers in the USA amounted to $350 billion in 2006.

Against what cost?

Caring for a loved one has its positive side: the relationship may intensify and improve, the caring process may provide new meaning to one’s life, the carer may learn new skills and competences and gain a fresh sense of achievement.

But caring can also be burdensome, particularly in the case of long-term (and intensive/complex) care. For instance, in the Netherlands, 13% of carers carry a heavy burden or are overburdened. More than half of carers across Europe have problems with friends, feel ‘trapped’ in the care, report worse emotional well-being or say care-giving is too demanding. Carers frequently report problems, such as:

- **Physical problems:** back, neck or shoulder problems may arise due to physically demanding care activities (lifting, washing/bathing). Older carers especially run a higher risk of health problems, and even have a 63% higher mortality risk, particularly among those experiencing strain. Other frequently reported complaints include loss of energy, sleep deprivation, stress or panic attacks, pain, depression, headaches and weight changes.
- **Psychological problems:** carers can experience problems with concentration, or they may feel anxious, guilty or insecure.
- **Combining work and care:** carers may perceive problems with employers/colleagues about combining work and care (e.g. lack of understanding, inflexible
working hours). Of those caring for their elderly parents, 5% suffered job consequences. 46

- **Education**: carers often lack education in practical caring and nursing skills and/or experience difficulties in coping. Due to the level of care required, young carers may not be able to cope with educational demands.

- **Lack of information**: many carers lack information about the disease, diagnosis and prognosis, about where they can find and/or access health and social care services. Consequently, service usage by carers is very low.

- **Financial problems**: many carers perceive financial problems caused by caring: cost of medicines, travel, telephone, heating, (out of pocket) payments for health care, and loss of (delayed) income if carers cannot fully combine work and care. 47

- **Time**: carers may experience difficulty in handling their agenda, not having enough time for caring and for dealing with the associated bureaucracy and/or the requirements of other areas of life.

### How to support carers?

In 2007, in a message to their heads of state, European ministers of employment and social affairs declared it a top priority to support informal care. 48 Meanwhile, EU member states are increasingly developing measures to support carers. A key issue in the support of carers is to ensure accessible and good (public) long-term care services for the person in need of care. But supportive measures can also be targeted directly at the carer. The range of possible supportive measures is wide and may encompass several stakeholders, depending on the specific group of carers being targeted: central, regional and local government, health and social care funders, industry, ICT providers, care provider organizations, the workers in those organizations, health professionals, employers, colleagues, media, educators (including universities), welfare organizations, builders, public transport organizations, volunteers, etc.

### Do carers use available support?

The fact that support seems to be available does not necessarily mean that carers make use of it. This would assume availability, accessibility, appropriateness, acceptability and affordability. 49 However, most carers in Europe do not receive any support. 50 Hurdles in the path of accessing support include a lack of information, costs, waiting lists, bureaucracy, transport problems and the opinion of the elderly. 52,53,54
Table 1. Bottlenecks in use of services by carers

<table>
<thead>
<tr>
<th>Lack of information</th>
<th>Standard care mix</th>
<th>Public-Nordic</th>
<th>Family based</th>
<th>Transition</th>
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<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>High costs</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Long waiting lists</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Bureaucracy</td>
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<td>X</td>
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<tr>
<td>Lack of transportation</td>
<td></td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Older person’s attitude</td>
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For instance, in public-Nordic countries (Sweden, Denmark and the Netherlands), key issues seem to be a lack of information and the older person’s attitude towards the use of services, whereas in countries of the so-called standard care mix (the UK, France, Germany, Italy, Austria and the Czech Republic), costs, waiting lists and bureaucracy seem just as relevant as lack of information about services.

Countries with family-based policies (Portugal, Spain, Greece and Ireland) report the most bottlenecks; in the transition countries (Poland, Slovakia, Slovenia, Hungary – countries with very limited long-term care provisions), known hurdles focus on lack of information, high costs, long waiting lists and lack of transport.

Table 2. Non-exhaustive list of supportive measures for carers

<table>
<thead>
<tr>
<th>Recognition: legal rights</th>
<th>• Formal recognition in Carers Act (UK)</th>
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<tbody>
<tr>
<td></td>
<td>• Carers’ Charter (IE)</td>
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<tr>
<td>Information, advice &amp; emotional support</td>
<td>• Locally functioning support centres for family carers (NL, UK)</td>
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<td></td>
<td>• Co-operation between health professionals and family carers with effective work in information, advocacy, counseling and service provision in an ever larger number of towns (EL)</td>
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<tr>
<td>Advocacy</td>
<td>• National carers’ organizations providing support and advocacy (IE, UK, NL, FI, FR)</td>
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<tr>
<td>Financial support</td>
<td>Income compensation:</td>
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<tr>
<td></td>
<td>• welfare type (IE, UK)</td>
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<td></td>
<td>• salary (FI, SE)</td>
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<td></td>
<td>Expenditure compensation:</td>
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<tr>
<td></td>
<td>• tax reductions (FR, IE, EL, IT, NL, ES)</td>
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<td></td>
<td>• allowances</td>
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<tr>
<td></td>
<td>- paid to carer (AT, BE (Flanders and Brussels), CZ, FR, HU, IE, AT, NO, PL, ES, PT, SI, SE, UK)</td>
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<td></td>
<td>- paid to the older person to pay the person providing the care service (NL and DE)</td>
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<td>Time compensation:</td>
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<td></td>
<td>• paid respite (reconciliation of work and care, NL)</td>
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<td></td>
<td>• mandatory days off from care (FI, see respite care)</td>
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<tr>
<td>Training/ education</td>
<td>• Quality guarantee for those training carers (AT)</td>
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<td></td>
<td>• Primary health care centres offering carer training and ‘caring for the carer’ programmes (ES)</td>
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<tr>
<td>Peer support</td>
<td>Alzheimer’s café (NL)</td>
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<tr>
<td>Respite care</td>
<td>• Weekly leave of care (FI)</td>
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<td></td>
<td>• Voluntary palliative home care (NL)</td>
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<td></td>
<td>• Short-term care in institutions, day care or replacement of informal caregiver (SE)</td>
</tr>
<tr>
<td></td>
<td>• services by volunteers (AT, FR, BE, BU, HU, IE, FI, DE, EL, IT, NL, PL, SI, UK, SE, NO)</td>
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<tr>
<td>Counselling</td>
<td>DE, UK, SE, NL</td>
</tr>
<tr>
<td>Recreation and other support</td>
<td>Health check-ups for informal carers (SE)</td>
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<tr>
<td>Financial support for purchase of an alarm (SE)</td>
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<tr>
<td>Information about complaint procedures, etc. (SE)</td>
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<tr>
<td>Technology/ICT Solutions for adjusted housing, adjusted living, and adjusted care (NL, IT, FI, DE, UK, FR)</td>
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AT=Austria; BE=Belgium; BU=Bulgaria; CZ=Czech Republic; EL=Greece; ES=Spain; FI=Finland; FR=France; DE=Germany; HU=Hungary; IE=Ireland; IT=Italy; MT=Malta; NL=Netherlands; NO=Norway; PL=Poland; PT=Portugal; SE=Sweden; SI=Slovenia; UK=United Kingdom
How do people care for, and regard caring for, the elderly?

Across Europe, people of working age think that both the family and the state have a responsibility to provide care for the elderly.60,61 But even though people feel that children have such a responsibility, children are given less responsibility in caring for the elderly than is society. And relatives other than children are given even less responsibility.62 Furthermore, in most countries people strongly disagree with the idea of forcing children to support their parents.

Western Europeans feel more strongly that society should primarily take care of the elderly, whereas Eastern Europeans prefer family care to care by society.

Similarly, whereas – in 2003 – almost 80% of the people in the 10 countries then acceding to the EU (NMS10) considered it 'a good thing' to strengthen the family's responsibility for looking after elderly parents, in the EU15 only 59% agreed.63

Are there different care cultures across Europe?

Not only are there differences in how people think, but these opinions are reflected in actual care-giving. A higher percentage of people in the NMS10 are carers than is the case in the EU15.65,66

Across the EU15, the secular and Protestant North-Western culture of care is distinct from the Catholic culture in Southern Europe and Ireland.68 In this sense, the EU enlargement of 2004 accentuated this cleavage, with a divide between Western and Eastern views on family responsibilities for care of the elderly.1 A study conducted across 23 EU member states, reported in 2005, recognizes five basic attitudes in societies towards family care,69 depending on social expectations concerning care and the amount of formal recognition that either does or does not exist for carers. In (at least) 12 EU member states, there is no formal recognition of family carers. Another report, focusing on legal duties, also recognizes four patterns, with the legal duty to care shifting from the person (Greece) to the state (Sweden, Denmark), with two intermediate forms.70 A recent analysis, based on EU-wide calculations, recognizes five types of elder-care countries.71

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1 These outcomes could mirror the available professional care infrastructure, or they could reflect practice. For instance, if more elderly people have (and prefer) their own private households, and have no financial, physical or housing needs, that will reflect on care patterns.
How does (European) policy impact on carers?

At the European level, carers’ issues gain relevance due to the implementation of the ‘Lisbon Strategy’ – the strategy of the EU member states for becoming the world’s leading knowledge economy. This, however, coincides with the demographic ageing of the EU. As both processes have direct relevance to care issues, many European debates are of increasing relevance to carers – first and foremost debates surrounding issues relating to health and social care systems. For instance, the baskets of financed care, and their thresholds, have a direct impact on carers, because non-financed care may increase their burden.

But it works the other way around too: many carers’ issues have a European relevance, as they may ‘interfere’ with EU policy, for instance the European employment strategy.

As carers can be recognized in many categories, many policy domains can impact on them and their interests. Thus, there is a wide range of carer-friendly policies possible, at all administrative levels, from the European level to the local level.
Most of or all European issues are also reflected in (sub-)national policies, because, for many of these issues, the EU does not have any legislative power. At the same time, EU policy making does influence national policy making, even on issues where the EU, formally, has no say. However, the reverse also holds true: (sub-)national policies impacting on carers may end up becoming part of European policy.

Table 3. Some (EU-)debates with relevance for carers

<table>
<thead>
<tr>
<th>EU-policy debates</th>
<th>Impact on carers</th>
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| The European employment strategy, including the employability debate, working time, prolonging working life, social inclusion, equal opportunity and gender-equality issues | • Reconciling work with caring responsibilities for people other than children  
• Working longer leads to an increased need to reconcile work with care (see elsewhere in this factsheet)                                                                                                                                                                                                                               |
| Pension debate                                                                   | The pension age and the amount of pension impact on carers. The option of caring and saving for a pension enhances care                                                                                                                                                                                                                           |
| The debate about social (and health) services of general interest                 | Liberalization of social and health services may increase the impact of care needs on carers, as it will lead to the marketization of care. Not all will be able to pay market rates                                                                                                                                                                     |
| Prevention, active ageing policies                                                | Preventive strategies may alleviate care responsibilities                                                                                                                                                                                                                                                                                        |
| Corporate social responsibilities                                                 | Not ‘employability’ of carers, but ‘careability’ of employers                                                                                                                                                                                                                                                                                    |
| European Charter of Fundamental Rights                                           | The charter defines basic rights: dignity, freedom, equality, solidarity, citizens’ rights and justice. Implementing these aspects to accommodate carers would require a total redesign of care systems                                                                                                                                                     |
| European Alliance for Families                                                    | Carers find themselves primarily within family networks                                                                                                                                                                                                                                                                                         |
| Health strategy                                                                   | Influences health, including that of carers  
Prevention of diseases and measures to promote healthy living have an indirect effect on carers                                                                                                                                                                                                                                                   |
| Life-long learning                                                                | Higher education goes together with healthier lifestyles, thus less need for care                                                                                                                                                                                                                                                                 |
| (Economic) migration                                                              | Many legal (and illegal) migrants across the EU work as semi-professional carers, thus potentially filling gaps left by formal care and carers                                                                                                                                                                                                                       |
| New technologies, e-inclusion, e-care, e-health                                    | New technologies may alleviate the burdens on carers, providing new solutions to existing problems; they may alleviate care responsibilities due to increased (and a new definition of) healthy life-years and may change care tasks  
At the same time, new technologies may increase the burdens and responsibilities of carers, because the transfer of medical care to the home requires the carer to develop and apply additional competences |

Reconciling work and family life

A key issue in the EU is how to increase the European workforce. Here, the reconciliation of work and family life is crucial. The EU aims imply that (more) people should work longer per week, as well as longer in working years (past the current pension age), and they also imply that more women should have paid jobs. But the increase in the proportion of women active on the labour market increases the tensions caused by dual responsibilities, and caring responsibilities may frustrate (future) labour market participation. Furthermore, carers are faced with clear dilemmas, as they are often obliged to reduce their working hours, or else – if they are not currently working – feel that they cannot work at all.
Who speaks for carers?

European Parliament Intergroup and Eurocarers

At the European level, there are two groups/organizations that specifically speak for carers. On 12 June 2007:

- The European Parliament launched an Intergroup on Carers, and
- Eurocarers, the new European association working for carers, was launched.

Eurocarers is a non-government organization (NGO), is not for profit and is democratically organized. It seeks to advance and support carers and policies relating to carers. Eurocarers “seeks to represent and act on behalf of all informal carers, irrespective of their age or the particular health need of the person they are caring for. It shall pursue philanthropic, educational and scientific ends with regard to the representation of carers.”

Other organizations such as Alzheimer Europe, Age and Coface also have a keen interest in carers’ issues and often act as advocates for carers at a European level.

The national level

At the national level, carers’ organizations are likewise in the course of development. By 2008, nine carers’ organizations were known. Federal Belgium, knows more than one carers’ organization, and in Germany efforts are under way to set up a national carers’ organization. These organizations are funded by charities, and/or national governments. Some are still very small, but others are already professional organizations with serious staffing.
What are the ten needs of carers?

Eurocarers published ten guiding principles to clarify the needs of carers. According to these guiding principles, carers require:

1. Recognition
2. Social inclusion
3. Equal opportunity
4. Choice
5. Information, guidance, advocacy, advice and training
6. Support
7. Time off
8. Compatibility of care and employment
9. Health promotion and protection
10. Financial security, including compensation

Further details are provided on the website of Eurocarers:
www.eurocarers.org

Contact details for national carers’ organizations

<table>
<thead>
<tr>
<th>Country</th>
<th>Official name</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Ons Zorgnetwerk</td>
<td><a href="http://www.onszorgnetwerk.be">www.onszorgnetwerk.be</a></td>
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<td></td>
<td>Werkgroep Thuisverzorgers</td>
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<tr>
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<td><a href="http://www.omaishoidonverkosto.fi">www.omaishoidonverkosto.fi</a></td>
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<td></td>
<td>Omaishoitajat ja Liikiset-Liitto ry</td>
<td><a href="http://www.omaishoitajat.com">www.omaishoitajat.com</a></td>
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<tr>
<td>France</td>
<td>Association Française des Aidants Familiaux</td>
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<td>Ireland</td>
<td>Caring for Carers Ireland and The Carers Association</td>
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<td>Mezzo</td>
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Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>EU15</td>
<td>European Union of 15 member states (pre-2004)</td>
</tr>
<tr>
<td>EU25</td>
<td>European Union between 2004 and 2007 (EU15 plus NMS10, see below)</td>
</tr>
<tr>
<td>EU27</td>
<td>European Union as of 2007: including Romania and Bulgaria</td>
</tr>
<tr>
<td>NMS10</td>
<td>The group of 10 countries that became EU members in 2004: Lithuania, Estonia, Latvia, Poland, Hungary, Czech Republic, Slovakia, Slovenia, Malta, Cyprus</td>
</tr>
</tbody>
</table>
Colofon

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NOTES


5 See note 3.


8 See note 2.


11 See note 4.


15 See note 4.


18 See note 6.


22 See note 3.


24 See note 3.

25 See note 16.

26 See note 23, p. 138.


28 See note 23, p. 137.

29 See note 23, p. 125.

30 See note 23, p. 165.


32 See note 2.

33 www.Eurocarers.org

34 Republic of Austria. 2006. *National report on strategies for social protection and social inclusion*.


41 See note 38.


45 See note 45.

46 Eurostat. 2007. *Health care and long-term care in the European Union*. Paris: Eurostat, p. 89. Some 8% think that, in the future, one may have to switch from full time to part time, or even to quit working in order to care for one’s parents. These data have some limitations:

• Both working and non-working carers replied.

• The Eurostat study did not ask if the caring process had hindered non-working carers from participating in the labour market.

• The question only deals with caring for one’s parent(s), and does not include caring for others, such as one’s children who may be chronically ill.

This implies that the employment-related consequences of caring are bigger than Eurostat suggests.

47 See note 36.


51 For Europe, see: Lamura, L., Mnich, E., Bien B., Krevers, B., McKee, K., Mestheneos, L. and Döhner, H. on behalf of the Eurofamcare research group. 2007. *Dimensions of future social service provision in the ageing societies of Europe*. VI European Congress of the International Association of Gerontology and Geriatrics, 5–8 July, St. Petersburg, Russia.


53 See note 52.


55 See note 52.

56 Source: unless otherwise indicated, see note 40.


See note 52.


See note 47, pp. 68–73.


See note 20.

Source: see note 62.

See also COM(2007)244 final. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. 2007. *Promoting solidarity between the generations.* Brussels, 10 May, esp. table 3 in Annex;


See note 67.

See note 20, p. 64.

See note 40.


As far as the division between categories 4 and 5 is concerned, this division is supported by

- Schoenmaeckers and Vanderleyden (2006), see note 62.

See note 52.