

EUROFAMCARE

Study into the impact of EU policies on Family Carers

The European Older People's Platform



La plate-forme Européenne des Personnes Agées

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1 Introduction

This report was completed in 2004 and updated during 2005.

Although the European Union has no policy dedicated to family carers, the issue of informal care is often debated in the framework of EU social and employment policies. When defining the objectives and drafting guidelines in fields such as equal opportunities in employment, reform of social protection systems, the fight against poverty, the fight against discrimination, etc. the EU does influence the way Member States deal with family carers of older dependant people.

In this field, the action of the EU follows the principle of subsidiarity¹. Article 3b of the Amsterdam and Nice Treaties defines the role of the EU in the following terms: The EU shall “*support and complement the activities of the Member States*”². In “*areas which do not fall within its exclusive competence, the Community shall take action only if and insofar as the objectives of the proposed action cannot be sufficiently achieved by the Member States and can therefore, by reason of the scale or effects of the proposed action, be better achieved by the Community*”.

Ageing of the European population has become increasingly important on the EU agenda. In order to understand how the EU can impact on future policies on family carers of older dependant people, it is necessary to understand how ageing of the population is tackled at EU level.

1.1 Ageing and the economic dimension

Challenges: On the one hand, the demand for public pensions, health care and long-term care will increase, on the other, a shrinking workforce (increase in the dependency ratio) will have potential effects on aggregate saving. An EPC study (Economic Policy Committee, 2001) revealed that the average increases in total public expenditure for both health care and long-term care in 2050 would be around 30 to 40 per cent higher than in 2000 (EPC / ECFIN / 435 / 03 final).

Context: following the Broad Economic Policy Guidelines and in accordance with the Stability and Growth Pact, Member States are to sustain sound budgetary positions while improving the quality and sustainability of public finances in order to ensure growth, high level of employment and social cohesion.

Response: a three-pronged strategy:

- increase the revenue base and reduce the cost of transfers by raising the employment rate,

¹ the way competences are shared between EU and national level

² As stated in the Amsterdam and Nice treaties.

- run down public debt at a fast pace so that lower interest payment can offset some of the projected increase in spending on pension and healthcare,
- reform pensions systems in order to maintain them on a sound financial footing.

1.2 Ageing and the employment dimension

Challenge: the workforce is ageing and shrinking. This will impact on productivity and growth.

Context: regaining conditions for full employment is one of the Lisbon strategic goals and employment is the key element of the social policy agenda. The EES key objectives are: full employment by increasing employment rates; quality and productivity at work; cohesion and an inclusive labour market which are interrelated and mutually supportive in the context of anti-discrimination measures (Council Directive 2000 / 78 / EC).

Response: Member States should focus their national strategies on promoting the employment of older workers (55-64) by maintaining their working capacity and employability and combating early retirement practises. Overall female employment rate should also be increased.

1.3 Ageing and the social dimension

Challenge: a growing proportion of older people and an increasing life expectancy will put pressure on social protection systems such as demand for pension, health care and long-term care.

Context: Pension policies differ considerably across Member States. EU has adopted the Open Method of Coordination (OMC) in the field of pension in order to support policy co-ordination. A proposal has been put forward for the extension of the OMC to the field of health and long-term care and its synchronisation with the pension and employment cycle in 2006.

Response: there is a need for modernising and improving social protection systems, in order to guarantee the adequacy, the financial sustainability and the adaptability of pensions, together with ensuring access to quality health and long-term care for all.

By shaping the future of employment, social and economic policies, and defining the next challenges to be prioritised, we believe the EU has a real impact on a large range of policies which will influence the situation of family carers in Europe. This paper intends to give a broad overview of the EU actions and policies which impact on informal carers.

The report is divided in three parts:

- EU competences and working processes in the social field: The General Policy Context
- the way the EU impacts on family carers issues in their debate on care and long-term care for the elderly: Caring for the Elderly: A European Issue?
- the on-going and future EU policy processes that might impact on national carers policies: Future Trends

2 The EU political dimension

2.1 The EU social model

The EU is promoting a specific social model, upon which all EU Member States agree even if its implementation differs greatly from one country to the other. The European Social Model is articulated around a set of shared values: “the quest for economic prosperity linked with democracy and participation, the search for consensus, solidarity with the weakest members, equal opportunities for all, respect for human and labour rights, and the conviction that earning ones living through work is the basis upon which social welfare should be built” (Diamantopoulou, 2003).

⇒ **The notion of a “EU Social Model” as a building block of the European identity.**

For the European Commission, the provision of a high level of social protection has to be guaranteed. On the other hand, the systems of social protection have to be consistent with achieving sustained economic growth and a high level of employment on a sustainable basis.

2.2 Social protection systems

Social protection systems are the expression of Member States social dimension. They include health care, old age, family benefits and long-term care. They enable people to obtain appropriate medical and long term-care by providing patients *and their families* the resources they need in order to face costs that may exceed their budget.

In line with the social model’s values, the EU Charter of Fundamental Rights stipulates: “the Union recognises and respects entitlements to social security benefits and social services providing protection in case such as ... dependency in old age...” (art. 34).

Social protection benefits, including the reduction of the risk of poverty and improving the state of health of the people, is not questioned and has to be guaranteed.

In this context, “the EU considers that the main challenges for the sustainability of social protection systems are the ageing of the population and changes to employment and family patterns” (COM(2004) 304). The policy context in which the EU tackles health care and social protection issues is highly relevant to understand its role and its approach on the issue of family carers.

2.2.1 Towards Adequate pensions in the European Union

In the above document, AGE outlined current policies in the Member States and at the European level on pensions. The core message is that 'adequate pensions' are not only important for older people, but to the whole of society. This is because, it is a recognition of older people's contribution to national social security systems and of their role in helping the younger generation with their income and time in old age.

AGE made the following recommendations:

- People need to have an 'adequate pension', which does more than prevent poverty and that this should be under the 1st Pillar
- Pensions should be indexed in line with average earnings to allow pensioners to keep up with society's progress in prosperity
- Governments should ensure that pension systems take into account the 'life course' of women who have had caring responsibilities, part-time work and career breaks
- People should have easy access to information about the build-up of their pension rights

Most pensions schemes are based on the post-war male life course, which assumes that the man is the main breadwinner, whilst the woman is the homemaker/carer. This pattern is no longer largely relevant in European societies and reform of systems must take into account the reality of women's lives, that is, atypical work patterns, divorce, increasing number of single parents, and give credits for care of children or older people.

With regard to gender equality in pension systems, there are two important factors. Firstly, the poverty rate among older women is higher than for older men, especially in those Member States where the pension scheme is based on earning over a lifetime. This calculation does not take into consideration earnings that are lost through caring for children or older people, and part-time work. Secondly, women have a longer life expectancy than men, which means that their pensions are more likely to be eroded by inflation. Lastly, the fact that there is still a gap between women and men's earnings also contributes to unequal pensions in later life.

On the Open Method of Coordination (OMC) on pensions, AGE concludes that it could have an impact on national pension reforms but needs better National Strategy Report on Pensions, which set out a strategy based on the agreed common objectives, and which can be measured by comparable statistics and reliable indicators.

Furthermore, the OMC process needs to be more open and to move from a purely intergovernmental exercise in to a more open and democratic process,

actively involving stakeholders such as national parliaments, the European Parliament, and organisations representing older people.

2.3 Streamlining social protection policies

In 2003, the Commission (following the mandate given by Member States) called for the synchronisation of the social protection process³ based on the agreement reached in the Lisbon Strategy that economic, employment and social policy need to be developed jointly, in order to guarantee a positive and dynamic policy interaction. This is known as the “streamlining process”.

Streamlining has become a key issue in European policy processes. The main idea is to re-organise existing EU co-ordination processes around a few key points. This process aims at ensuring a greater coherence, transparency and effectiveness in policy co-ordination and focus is put on the medium-term.

⇒ **The Streamlining process is coordinating employment, social protection and social inclusion policies.**

The “*Spring Report 2004*”⁴ calls again for the coordination of national policies to be stepped up in order to support the modernisation and development efforts in the sector undertaken by all 25 Member States. It also calls for the integration of health issues into the Lisbon strategy and the streamlining process. In the view of the Commission, streamlining the issue of elderly care will contribute to strengthening the political messages in favour of the modernisation of social protection systems and to ensuring that they are in line with the other coordination processes under the “Lisbon Strategy”.

⇒ **The results will be:**

- Greater consistency with existing social protection processes (pension reform, social inclusion), with which many areas of common interest exist. As part of the streamlining of these processes, one important task will be to identify issues which could constitute general objectives for all the branches of social protection, such as issues relating to gender, the role of health care in active ageing or the role of social protection systems in employment promotion measures. Family carers policies could be considered there.
- Closer coordination with other political processes, including the European Employment Strategy, in particular with regard to the challenges of the ageing workforce in these sectors, and the broad economic policy guidelines. As a result of the streamlining, issues of health and long-term care should be better reflected in the Lisbon Strategy, in line with their importance to citizens. As provided for in the Spring Report 2004, the Commission will be examining, by 2005, the

³ COM (2003) 261 final

⁴ Strengthening the social dimension of the Lisbon strategy: Streamlining open coordination in the field of social protection

arrangements for incorporating public health in the Lisbon Strategy, and its contribution to growth and sustainable development.

Integrated Guidelines for Growth and Jobs (2005-2008): This report sets out the ‘first integrated guidelines for growth and jobs for the period 2005-2008’ as requested by the 2005 Spring European Council, and approved in June 2005. The guidelines are a reflection of the priorities identified at the European level and ‘represent a concrete step in the process of refocusing and embracing the Lisbon strategy’. The aim of the guidelines is to provide a ‘stable and coherent framework’ in which the Member States can implement strategies to tackle low economic growth and increase job creation. The guidelines are presented in three parts: the Macroeconomic level; the Microeconomic level; and Employment guidelines.

The guidelines reflect on the impact of Europe’s ageing population and the consequences of this on public finance, on the labour supply, and on the long-term growth rate.

One of the solutions proposed by the guidelines is for the Member States to reduce debt and to increase the employment rates and the labour supply. The guidelines acknowledge that in addition to this, Member States also need to reform social protection systems taking into account the consequences of an aging society. In particular, the guidelines encourage the Member States to look at policies which affect retirement decisions and how to extend working lives.

In terms of targets set at the Lisbon European Council to increase the employment of women and older workers, there are still gaps.

- The guidelines will be used by the Member States to draw up National Reform Programmes, which will outline the policies to tackle growth and employment, taking into account the ‘domestic policy requirements’.

2.4 European values in the globalised world

2.4.1 Presidency Conclusions, March 2006

One of the objectives of the European Council meeting was the take stock of the progress made on the implementation of the Lisbon Strategy and to confirm the priorities for its re-launch: in particular priorities for increasing growth and employment. The Council also stressed that the agreement on the financial perspectives for 2007-2013 was important, as funding would be needed to implement policies to achieve the Lisbon priorities.

In this respect, the Council also welcomed the presentation by the Commission of the communication on the social agenda, which will also “help to achieve the Lisbon Strategy objectives by reinforcing the European social model based on the quest for full employment and greater social cohesion”.

The priorities identified included: raising employment rates and extending working life; reform of social protection systems, including pension reforms; sustainable funding to maintain the social model.

The policy proposals to increase employment rates focus on measures to reconcile work and family life, such as the provision of childcare, although elder care is not mentioned, and the development of 'innovative forms of work organisation'. Active aging strategies were also deemed important to encourage older people to stay on in the labour market for a longer period.

The European Commission outlined its proposals on reform and modernisation of policies to preserve the common European values to maintain the 'high levels of prosperity, social cohesion, environmental protection and quality of life' (page 3). In particular this refers to the financial viability of social systems – pensions, welfare, and health and long-term care.

The report emphasised that the Commission does not advocate one particular social model, but that policies should be built on the following elements:

- Shared values in favour of a 'social market economy', which is reflected in the legislations and actions of the member states and the EU.
- The role of the state in the delivery of high quality services on social protection.
- EU policies such as the Single Market and the Structural Funds to reinforce national systems.

Among the priorities addressed include ageing, that is, the ageing population and the falling birth rate, in particular:

- The need for more 'family friendly policies' to halt the declining fertility rate;
- Measures to increase the number of people participating in the labour market, such as women and older workers.
- The challenge to public finances to meet the cost of an ageing population at a time when growth will be lower, especially spending on pensions, health and long-term care.

These reforms are meant to take place within the framework of the Lisbon agenda, that is, the modernisation of social systems accompanied by economic reforms. The Commission stresses that while the design and delivery of social systems remains the responsibility of the member states, the EU can establish policies to ensure the success of national reforms and the pursuit of social justice and economic prosperity.

2.4.2 The Mid-term Review of the Lisbon Strategy

In this document the Commission outlines its policy recommendations for the mid-term review of the Lisbon Strategy, given that progress on implementing

the reforms had been mixed, because of an overloaded policy agenda, lack of coordination and conflicting priorities. This progress was measured by comparing growth within the EU and those of its competitors.

The Commission chose to put the focus on the creation of growth and jobs and on policies, which would facilitate this, arguing that, this emphasis would help to modernise Europe's social model. The Communication proposes a partnership between the Member States and the EU for growth and jobs and to simplify the action programmes and the reporting process on the agreed Lisbon reforms.

In the context of creating more and better jobs, the primary concerns are to attract more people into work, encourage people to stay in work longer through the implementation of active ageing policies and to modernise social protection systems to protect people through this period of change.

Social NGOs were dismayed by this stress on growth and jobs, which they felt sidelined the social agenda, which was meant to support the Lisbon goals and targets. NGOs were concerned by the Commission's proposal to exclude the OMC on Pensions, Social Inclusion and Health from the Lisbon Strategy, which they felt were essential to achieving social cohesion in the EU.

2.4.3 Conclusions of the Hampton Court European Summit on Growth and Jobs

The UK presidency, under the leadership of Tony Blair scheduled an informal meeting on the 27 October 2005 on Growth and Jobs. The main aim of the meeting was to discuss how to maintain and strengthen social justice and competitiveness in the EU, in the context of globalisation and the place of Europe in the new emerging economic order, and the security of European citizens.

There was broad agreement between the heads of state and government on the following: to support innovative research and development; to reform universities and develop centres of excellence; to take more coordinated action against illegal immigration, whilst recognising the benefits of legal migration; and to promote measures to reconcile work and family life.

In preparation, for the meeting, the European Commission issued a Communication on European values in the globalised world, on which there was broad agreement on future economic and social policy. The Commission proposed to set up an adjustment fund to offset the 'social impact' of globalisation. Although, how this fund would be allocated and used remains to be negotiated.

AGE wrote to the Heads of State and Government, urging them to take into consideration shared values of social justice and solidarity in their deliberations. Age agrees that reforms are necessary, but that these should

promote equality and focus on the financial sustainability of social protection systems.

2.4.4 Presidency Conclusions, December 2006

The European Council at the end of 2005 continued its discussions on the future of Europe and the need for 'economic reforms and social modernisation' in the context of the challenges presented by globalisation and demographic change. The Council reiterated that these reforms must be underpinned by the commonly accepted European values of social justice and solidarity in the context of sound macroeconomic policies.

In this respect, the implementation of the National Reform Programmes of the Member States, which outline their policies to increase employment and economic growth, are an important measure of progress. These issues will be monitored and evaluated under the Austrian presidency.

3 Caring for the Elderly: A European Issue?

The European Commission has been progressively given the mandate to tackle health care and long-term care systems for the elderly. Promoting a high quality and sustainable health care has been one of the four key objectives of the concerted strategy for modernizing social protection since 1999.

This move has increasingly developed to take shape in 2001 in the first Communication on “The future of Health care and care for the elderly; guaranteeing accessibility, quality and financial viability”. Member States handed in answers to a questionnaire on national challenges and policies in 2002, the results of which were analysed into a Joint report which synthesises national replies (March 2003).

In April 2004, the Commission released its proposal to go further in this cooperation: the April 2004 Communication “Support for the national strategies using the OMC” was discussed by Member States. They were asked to make an updated report related to the Commission’s proposals for the Spring 2005 Council.

3.1 Evolving family patterns

Family patterns are evolving and the traditional image of strong enlarged family support networks and neighbours is no longer suitable. The increase in divorces and the expansion of reconstructed families blurs the lines of responsibilities for the care of older relatives.

Living arrangements have also evolved, with an increased number of people living alone and a rise in mobility of workers. This leads to risk of social isolation of the elderly.

⇒ Carers' availability is predicted to diminish due mostly to the increasing female employment participation rate, the extension of working life and the increase in the dependency ratio. Furthermore, trends in retirement laws and pension reform are tending to extend the number of years workers are to stay in employment. As a consequence, middle-aged adults will be caring for older relatives while they are still in the labour market.

It has been recognised that changes are also occurring in terms of willingness to provide care but also to receive care. This has led to the analysis that both parties (care givers as well as care recipients) tend to increasingly favour “associational solidarity” rather than “functional solidarity” (Fotakis, 2003). On the one hand, care recipients are showing a preference to remain independent from their families. On the other hand, the attitude to institutional care is almost everywhere negative.

The World Health Organisation is the EU principal partner in the planning and development of future health policies, including active ageing. The provision of care for ageing population has been identified as a key common challenge and attention is given to the balancing and sharing of caring activities between informal carers and formal care providers.

⇒ **Focus is put on access and quality (through staff training) of long-term care but also on the need of assistance for carers themselves (through better information, material or personal assistance and support) (WHO, 2002, p38).**

3.2 The EU approaches to ageing and care for the elderly

3.2.1 With regard to financial sustainability:

Member States are expected to focus on the regulation of demand and supply. On the demand side, educated and informed patients might become more demanding in term of quality of services provided. Managing the demand can also be addressed by enabling people to remain healthy longer through preventive measures (related to health strategy on healthy ageing). On the supply side, the macro as well as the micro-economic level have to be considered: controlling national budgets attributed to providers (related to the BEPG) but also ensuring improvement in the training and qualification of staff (related to the EES).

3.2.2 With regard to access for all:

The increasing need and demand for long-term care has been recognised as “a major social risk “ (COM (2002) 774 final, p8). This approach is directly related to the social inclusion process. As traditional informal care systems are seen as no longer to be relied upon due to changes in family structures and individual participation in the cost for formal long-term care might exceed income and wealth, there is a risk of exclusion of the most vulnerable. An urgent need for adequate social protection mechanisms has been identified. Member States are required to implement the ongoing major policy changes, with particular attention to be given to the identification of the complex needs for health care and social support.

3.2.3 With regard to quality:

Difference is made between structural, process and outcome quality criteria. Attention is given to the adaptability of long-term care structures to the needs of patients. Member States are invited to share good practices with the view of developing ways of evaluating medical treatments, health care products and the structure of health care systems (COM (2001) 723 final, p14).

The Commission's first task when dealing with health care and long-term care has been to evaluate the level of the future demand. It recognises that people are living longer and healthier lives. Life expectancy has increased thanks to medical progress, availability of care as well as healthier life styles. If those trends are to remain, the demand for health care and long-term care might not be directly proportionate to the increase in the number of older people.

3.2.4 With regard to family providing care

According to the Commission's analyses, demographic ageing will have two important effects on the health care and elderly care sector: the increase in the number of people older than 65 years (+ 64 % between 2002 and 2050, according to the base scenario) and in the number of those aged older than 80 (from 14.8 million to 37.9 million by 2050).

- These trends testify to improvements in Europeans' state of health but may also mean that there will be more age-related illnesses and more people in long-term care.
- The ageing of the population is accompanied by a growing number of old people living alone, because of greater family mobility, and a higher female employment participation rate, even though women still perform the largest share of informal care work.

⇒ **“The response to the needs of this population group will include developing a wide range of services, including care at home, which will be chosen by ever more people, and specialised institutions, as well as closer coordination between care providers often working in isolation (intensive care, primary care and social services).” (COM (2004) 304)**

It is interesting to note that the EU acknowledges in this report the fact that long-term care is: *“provided mostly by relatives, usually spouses and descendants who continue to be the main providers of long-term care”* (COM (2002) 774 final, p8). This implies the full recognition of the existence of family carers as main care providers and carer allowances and support as best practices (tax incentives for carers or cash benefits for care provision, when care is provided by family members, directly to elderly people).

Following Eurostat surveys, the Commission recognises that informal caring is mostly provided by family, relatives, friends and neighbours. Most carers from inside the family are the children of the elderly. The majority of informal carers are women (Eurostat, 2003, p88), more particularly spouses, daughters and daughters in law.

As a consequence, the Commission started developing measures for family carers of older relatives in its recommendations to reconcile work and caring responsibility, making work pay and active ageing policy, as part of its employment policy.

⇒ **The development of EU policies concerning family carers is necessarily linked to employment and gender policies.**

3.2.5 Green Paper on Demographic Change

The European Commission issued a Green Paper on “Demographic change: a new solidarity between the generations” in 2005. This paper prioritised consultation from policy stakeholders on: the consequences of the raising life expectancy; the falling fertility rate; the contribution of immigration; and the ageing workforce.

The Commission’s intention in launching this consultation was to pool proposals on how the issues identified could be tackled at the European level, on the grounds that ageing is a phenomenon which is affecting all the Member States. Moreover, the Commission stressed that the demographic changes will have an impact on *all* aspects of society, for example, the organisation of work, the design of housing and transport, and voting behaviour.

The actions, which are needed to tackle the impact of demography will require more than policy changes. More crucially, what is needed is a change in the culture and attitudes in society, which have assigned roles for women and men, especially in relation to childcare, care of dependent older people and the segregation in the labour market.

The main criticism of the Commission’s Green Paper was that it appeared to be based on an approach, which attempts to change demographic patterns rather than focusing on and responding to the reality of societal changes.

3.3 Are health care and long-term care for the elderly policy contents for a future coordination of EU policies?

The increase in demand for health care and long-term care has been identified at EU level as one of the greatest challenge population ageing is causing to health and long-term care systems in the short, medium and long term in terms of access, adequacy and viability. Since 2001, the European Commission has been given the mandate by Member States to reflect on common challenges posed to health care systems by European population ageing.

In its 2001 Communication, the Commission proposed its main work lines on this issue, namely to:

- Promote the financial sustainability of health care and long-term care systems while
- Ensuring access for all and
- Ensuring the quality of care provisions

The EU approach to care for the elderly is to prepare for a foreseen increase in needs. This analysis relates to the financial sustainability aspects of an age-

ing population in terms of public financing of health care and long-term care needs. It also tries to evaluate what will be the future long-term care needs and the improvements needed to adapt European long-term care systems to the identified challenges (for instance the EU recognises the need to answer the increase in severe disability for people aged 85 and above, or the increase in mental disability, such as Alzheimer disease and the need for health and long-term care to adapt to age-related diseases).

The April 2004 Commission Communication calls for the definition of a common framework to support Member States in the reform and development of health care and long-term care using the “open method of coordination”. It proposes “common objectives for the development and modernisation of health care provision and funding, which would allow Member States to define their own national strategy and benefit from the experiences and good practices of the other Member States”. This coordination of national policies would complement the other three main areas of social protection – pensions, inclusion and “*Making work pay*” — which have been coordinated more closely since 2000.

⇒ A formal cooperation at European level on health care and care for the elderly is called for by the European Commission.

3.3.1 Update on the OMC and health and long-term care

The Member States have submitted to the Social Protection Committee preliminary reports on the issues and challenges, reforms, examples of good practice, and medium term policy proposals on health and long-term care at the national level.

These submissions have been used to define eight key themes on health and long-term care on which future policies will be drafted. Common indicators have been defined linked to the agreed common objectives in these two fields. It is expected that the European Council will approve these objectives in the Spring of 2006.

The Commission and the member states have agreed that the OMC will be applied to health and long-term care from 2006. The member states will draw up their National Action Plans on their strategies in these two fields. These NAPs will then be assessed on the basis of the agreed common objectives.

3.3.2 The Preliminary National Policy Statements on health Care and Long-term Care

In November 2005, the Commission published the preliminary national policy statements on health and long-term care. The review gives a summary of the main issues on access, quality and financial sustainability ‘to help prepare the

structure for the future work on health and long-term care within the streamlined OMC on social protection and social inclusion'. The document also presents 'examples of specific policy measures' from the Member States, which is very helpful in identifying good practice.

The review highlights the fact that Member States 'show a strong preoccupation with ensuring adequate long-term care provisions and the means to balance informal and formal care', given that due to the ageing society, changes in family patterns, and more women working outside the home, the 'stock' of carers is increasingly insufficient. Many of the reports 'draw the attention to the large current reliance on informal unpaid care (family or relatives) which...is likely to be reduced'. However, it is significant that the reports also draw attention to the fact that in general, people expect the state to be involved in the organisation of long-term care.

The review gives examples of countries, which have made specific provisions for family carers such as: counselling and information services for family carers; allowances and compensation for informal carers; fiscal benefits and tax exemptions; work leave to care for relatives; preparing ways to combine care allowances with other income; training for carers; informal carers network.

With regard to the provision of formal care, Member States have made references to the fact that they want to increase 'tailor-made' care for people who wish to stay at home.

The review also states that the increasing demand for long-term care also presents opportunities for job creation in the health and care sectors and is therefore, relevant to the Lisbon Strategy, but also warns that there may be shortages unless a strategy is developed to recruit and retain workers. Shortages, it warns will restrict access to long-term care, especially in certain geographical regions or for people requiring specialist care. More importantly, the review acknowledges that general disinterest in the profession is also related to the lack of a career structure and the everyday working conditions. The report gives examples of policy areas, which could be improved such as: financial incentives such as wage increases; improved working conditions; career structure.

The review also addresses the question of predicting the cost of the future demand for long-term care and how this can be minimised. Therefore, it makes visible policies on active aging and encouraging people to be both physically and mentally active. In addition to this, it also stresses that developing more home care facilities and helping informal carers to replace hospital or formal care. On the other hand, the report states that an active ageing policy can help to extend people's working lives and make informal carers available for the employment market.

The review stresses that policy coordination is an important factor, as changes in one area impact on others. For this reason, it is recommended by the Social

Protection Committee, that the OMC could be useful in promoting good practice in these fields, and advises that the consultation and involvement of relevant actors should be enlarged.

Table 1: European Foundation for the Improvement of Living and Working Conditions “Health Care in an enlarged Europe”, table 19, page 60.

**Table 19: Types of informal care activities
(% giving informal care of the indicated type)**

Countries	Within the family	Outside the family	For elderly people (60+)	For children
AT	21.4	8.6	20.8	5.7
BE	19.6	10.8	18.2	4.2
FR	16.4	7.4	15.5	2.1
DE	20.3	11.2	20.9	7.3
LU	12.5	5.1	12.9	2.3
IT	12.8	5.8	13.5	1.0
EL	15.8	4.6	17.5	1.0
PT	15.1	3.3	13.8	0.8
ES	13.6	2.9	11.2	1.8
IE	21.5	11.0	20.7	8.5
NL	18.9	17.5	25.9	1.6
UK	17.5	6.8	15.2	4.8
DK	20.7	6.2	17.4	3.9
FI	31.7	12.4	30.3	10.8
SE	22.0	8.3	18.7	6.8
CZ	26.4	8.3	23.9	4.8
SK	21.1	2.6	16.4	3.1
SI	18.8	3.9	15.2	3.8
HU	19.7	2.3	12.8	6.8
PL	21.2	4.3	16.0	6.6
EE	27.3	9.0	22.8	9.7
LT	26.6	9.6	24.5	6.4
LV	38.9	9.2	28.2	11.7
MT	20.4	3.4	14.4	2.6
CY	18.5	4.6	17.6	2.2
BG	29.9	4.6	25.7	6.1
RO	22.1	5.0	19.3	3.3
TR	23.7	2.5	17.3	4.4
CC 13	23.2	4.0	18.1	5.2
EU 15	17.2	7.8	16.8	3.8
AC 10	22.5	4.9	17.5	6.2
EU 25	18.1	7.3	17.2	4.2

Source: Eurobarometer 51.0, Q37; Candidate Countries Eurobarometer 2002.1, Q22: ‘Some people have extra family responsibilities because they look after someone who has a long-term illness, who is handicapped or elderly. Is there anyone living with you who has a long-term illness, who is handicapped or elderly, whom you look after or give special help to? And do you provide some regular service or help to such a person NOT living with you?’

4 The EU other trends that will impact on family carers policy

Even though the EU started only recently to discuss the issue of long-term care for the elderly and has limited competences in this field, other policies decided jointly by Member States at EU level may impact directly in the future on the situation of family carers and the very ability of informal carers to continue providing this care.

In particular, some of these decisions will have an impact on the number of persons providing care, in particular women and people in their 50's or older.

- Equality between gender means that more women are integrated in the labour market and therefore have less time to take care of children or dependant relatives.
- Sustainable pension and care systems mean that adequate financing is needed through longer work period and will impact on the availability of these persons to be present for older relatives.

The European Commission established a High Level Group 'to identify the main challenges, opportunities and pathways for action for the European Union over the period 2006-2010 in the field of employment and social policy' in the context of the Lisbon Strategy. The Group took a long-term perspective on determining trends affecting social policy, such as the impact of the recent enlargement, demographic changes, and globalisation, which are impacting on all the Member States. However, from the outset, the Group made it clear that its deliberations will be 'based on the necessity to keep the balance between economic and social policy'.

The Group defined five major policy areas, to meet future social policy challenges: the European Employment Strategy; reforming the social protection systems; fostering social inclusion; allowing European couples to have the number of children they desire; developing a European immigration policy.

The Group also wanted to convey five key messages which would inspire the social policy agenda: to improve the contribution of social policy to growth, competitiveness and social cohesion; to extend working life; to foster social inclusion and invest in children and young people; to create a new demographic dynamism; to promote good governance in social affairs throughout Europe.

The report raises the question of family care, but this is often in the context of extending the working life of women and men. For example, the report identifies the fact that the lack of good quality care facilities for dependants, children and older people, has a direct link to the level of participation of women in the labour market.

The Group believes that the provision of care services would also lead to new job opportunities in this sector. Furthermore, it recommends that learning needs of people who are underrepresented on the labour market should be given priority.

The report also recognises that working patterns are becoming more 'diverse and irregular' and need to take into account changing training needs, periods of care for children or older people, and career breaks.

The report concluded that economic and social policies need to be developed in conjunction, because in the past, economic policy was developed without an assessment of the impact on the social domain and vice versa.

With regard to the process on social protection and in particular on Social Inclusion, the Group stated that this policy makes explicit the 'commitment of the EU to the social wing of the Lisbon objectives'. On Social Inclusion, the Group gives priority to five issues, one of which is ageing. On ageing, the Group recognises that the increased life expectancy will lead to an increased demand for long term care services, including carers, who it is acknowledged are mostly women, who are vulnerable to social exclusion, from the labour market and the education system, because of their caring duties.

The report recommends that the Member States should promote services for long-term care and 'ensure equal opportunity with regards to access to services'.

4.1 The future shape of the labour market

The EU approach to employment policies (via the European Employment Strategy) and equal opportunities have impacted or might impact further on political development of direct concerns for informal carers in the Member States or at EU level. Different trends promoted at EU level will shape the future labour market, and therefore impact on the care availabilities.

4.1.1 Reconciling work and family life policies

Broadly speaking, attention by Member States was very much on gender mainstreaming in the first years after the start of the Luxembourg process. It evolved to focus on the reconciliation of work and family life, including the provision of childcare facilities in several Member States. Guidelines 18 in the Employment guidelines 2002 on gender equality concerned "Reconciling work and family life". The main objective of this guideline was to adopt family-friendly policies in order for women and men to be able to reconcile their work and family life. The reconciliation of work and family life should be facilitated by the availability of care services for children and frail elderly people.

The guideline on reconciling work and family life calls on both Member States and the social partners to:

- design, implement and promote family-friendly policies, including affordable, accessible and high-quality care services for children and other dependants, as well as parental and other leave schemes
- consider setting a national target, in accordance with their national situation, to increase the availability of care services for children and other dependants;
- give specific attention to women, and men, considering a return to the paid workforce after an absence and, to that end, examine the means of gradually eliminating the obstacles to such a return.

The Commission edited a Joint Employment Report (COM (2004) 24) providing the first assessment of the progress made by Member States in implementing the new Employment Strategy agreed for 2003-2006. It concluded that policy measures to reconcile work and family life vary greatly between Member States. The main policy initiatives refer to the quantity and quality of childcare provision, more flexible work organisation (including leave schemes, flexible and part-time work, atypical contracts and other flexible forms of employment practices). Member States are expected to integrate societal changes and their impact on working patterns' regularity in their labour policies. Transition periods (including care periods) into working life are to be accounted for, hence ensuring the existence of a balance between flexibility and security.

Since 1999, although a few Member States have introduced some new initiatives, little attention has been given to care for other dependent persons, in particular the elderly. Most Member States focus on childcare and give less priority to care for other dependants. However, the approach to care and women in employment has evolved from focusing only on childcare only to integrate the notion of "other dependents" in 1999, and of older dependant relatives.

4.1.2 Active ageing policies

One of the main priorities given to the Member States is the promotion of Active ageing policies, whereby employment rate of older workers (55 to 64) should reach the target of 50 %. This is meant to be realised through a preventive approach, following a set of objectives such as: creating more jobs and better quality in work; making work pay; promoting higher and adaptable skills at work and making work a real option for all. Practically, this implies providing incentives for workers to retire later and for employers to hire and keep older workers, that is, adjusting tax-benefit mechanisms, employment and pension rules to enhance incentives for older workers to stay longer in employment and to discourage early exits from the labour market. Efforts to discourage early retirement should be pursued in all member States. In addition, Member States should promote access to training for all regardless of age and develop

lifelong learning strategies, in particular workplace training for older workers. Finally, improvement in the quality of work should provide an attractive, safe and adaptable work environment throughout working life, including the provision of part-time work and career breaks.

The gender issue should also put at the forefront in Member State labour policies, with an increase in female employment participation rate.

4.1.3 Corporate social responsibility policies

The role of the workplace in devising family-friendly policies has come to the fore in recent years, with the social partners and private organisations also having more say in the provision of care. In its overall employment policy, the EU is giving precedence over the active participation of the social partners, together with the notion of social responsibility of companies. The problematic of carers is therefore also looked at as an issue to be dealt with not only at the policy making level but also inside the society itself and at workplace level.

In the European Context, the common term for new responsibilities of business in more social matters is “Corporate Social Responsibility” (CSR). In a Green Paper launched in 2001, the Commission defined CSR as “*a concept whereby companies integrate social and environmental concerns in their business operations and in their interaction with their stakeholders on a voluntary basis*”. In its draft joint employment report (COM (2004) 24), the Commission called on enterprises, in the context of CSR, “*to recognise the benefits of an age diverse workforce and make adjustments to their employment practices to retain experienced workers longer*”.

Difficulties faced by carers in employment in conciliating care and work responsibilities have consequences for employers, mainly loss of staff and reduction in productivity and performance levels of employees with caring activities. In the context of CSR, employers are expected to take positive actions in favour of carers in employment.

Trade Unions have also a role to play in representing carers in employment’s needs as part of their collective bargaining activities. Social partners should be shaping the “*legitimacy of the eldercare and work issue*” (Eleri Phillips, 1995, p27).

4.1.4 Policies promoting formal care

The European Foundation released results from a recent study on Health Care (Albert J. and Kohler U., 2004, p54) which reveals that 59 % of EU citizens consider it “a good thing” to strengthen the family responsibility in looking after elderly parents (four out of five in Accession Countries). The study reveals the preference of people in the EU for domestic care over residential care and for family support models rather than formalised help. It shows that EU Member

States are divided in their views on desirable forms of care (Albert J. and Kohler U., 2004, p74):

- the family model enjoys the highest support in Catholic countries,
- formal or institutional care is preferred by a vast majority in Scandinavian countries,
- continental European countries are in between those two views.

The report concludes: *“the marked heterogeneity of care preference in the EU will make attempts to arrive at a coordination or convergence of care policies in Europe extremely difficult and, on the basis of (the) data, there is little doubt that the family support model will become strengthened after enlargement”*.

The 2002 Commission’s proposal for a joint report on health care and care for the elderly acknowledged the existence of difference in care provisions amongst Member States and stated that: *“Social Protection mechanisms will affect the way of providing care. If more support is available for long-term care institutions than for care at home, then it is likely that more people will live in institutions”* (COM (2002) 774 final, p9). This pragmatic approach reveals that the EU sees institutional care as a complement to informal care and recognises the role played by families in the long-term care for the elderly. It also recognises the complementary role institutional care can play in the provision of care for the elderly.

The April 2004 Communication recognises the importance to develop more and better quality jobs in order to meet the challenges posed by the increase in needs. The Commission notes that in 2002, health and long-term care represented around 10 % of total employment in the Union of 15, and between 4.1 and 7.1 % in the new Member States. “With 1.7 million new jobs created between 1997 and 2002 in EU-15, it is the second largest creator of jobs. To meet the challenges posed by demographic trends and technological progress, it is vital to have a sufficient number of trained professionals and to give them quality jobs. The ageing of the workforce will make itself felt here in particular. In 2002, in EU-15 and EU-25, 11 % of the workforce in this sector was aged between 55 and 64, and the proportion was even higher for doctors. Above all, a large proportion of workers in this sector (27 %, in both EU-15 and EU-25) are in the age range 45 to 54, which could lead to a demographic time bomb in the years to come. These people will retire at a time of general ageing of the population, which means that the health and social services sectors will have to compete with other sectors to recruit new staff.

⇒ Improving the quality of jobs will thus be essential to ward off early retirement, in particular of those people with the hardest and most stressful jobs and those aged older than 55, as well as to promote recruitment. Improving the productivity and effectiveness of care providers will also be a key element in the sustainable development of this sector.

Immigration is considered by most Member States as an important source of additional labour supply, but only for professions or sectors encountering recruitment difficulties.

The EU has determined staff shortages in the field of health care and long-term care. The Commission (COM (2002) 774 final) determined that staff shortages might explain the lack of capacity in institutional long-term care. Furthermore, long-term care does not necessarily require medical skills and is often carried out by an immigrant population.

⇒ The EU has not taken clear position on long-term care staff shortages and immigration, however, it recognises that there is now an urgent need to define a policy framework on the recruitment of migrant labour

4.1.5 Green Paper on an EU approach to managing Economic Migration

The European Commission launched a consultation on the Green Paper on managing the recruitment of economic migration in 2005, in which it asked policy stakeholders to contribute to defining the conditions for admissions for third country nationals.

In this consultation, the formulation of the questions, the emphasis on procedures, and the protection of the domestic labour market for indigenous workers, presented migration as a question of technical procedure, rather than the management of human beings from a life-course perspective.

Immigration, however, is crucial to understanding the future of policies on family carers in two respects:

- The recruitment of migrant care workers, in the formal and informal sectors, both documented and undocumented, is already changing the face of services in the public sector in some member states, and also impacting on the demand for formal care in others, for example, in Italy. An evaluation needs to be done of the employment by public authorities of formal care workers and their training needs, especially, language training.
- The recruitment of migrant care workers, both from Eastern and Central Europe and Third World Countries, has tended to confirm the undesirability of jobs in the care sector, which tend to be low paid, have unsociable hours, and low social status.

As in previous policy-making on migration, it is assumed that the migrant is a worker who will return 'home' after the end of the employment contract. In this respect, the experience of migration and integration in the member states has not been taken into account in this consultation, especially the issue of social protection.

Finally, existing policies which impact on family carers and older people, both at the European and national levels need to better integrate the race dimension to take into account the needs of family carers and older people of migrant origin in policies and services.

4.2 The future shape of women' participation in the labour market

“Equal opportunity for all” is an aim enshrined in the very heart of the European Social model. Equal opportunities imply a gender dimension, whereas the EU is committed to ensure a gender equal society. Article 3 of the EC Treaty (Amsterdam Treaty) stipulates that: *‘in all the activities [...] the Community [the EU] shall aim to eliminate inequalities, and to promote equality, between men and women’*. The EU is committed to promote equality between men and women and eliminate inequalities in all its policies and actions (gender mainstreaming⁵).

In 2000, the Commission edited a Communication launching the new Community framework strategy on gender equality for 2001 – 2005 (COM (2000) 335 final). It sets a dual strategy for gender equality, where mainstreaming of the issue was to be mutually supported by specific actions. The proposed framework strategy encompassed five inter-related fields of action, each one having different objectives:

- economic life,
- equal participation and representation,
- social rights,
- civil life,
- gender roles and stereotypes.

4.2.1 Tackling inequality at work

The employment dimension of equal opportunity aims at tackling gender inequality in the working environment. Member States are expected to integrate and mainstream the gender equality objectives in policy actions, to increase the employment rate of women, to decrease women's unemployment rate, to tackle the segregation of the labour market and to close the gender pay gap. Equal opportunity is particularly relevant for carers since the majority of informal elderly care providers are women. People with caring responsibilities can be faced with difficulties and work / life arrangements can become real chal-

⁵ Directive 2002/73/EC of the European Parliament and the Council of 23 September 2002 amending Council Directive 76/207/EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions. Art 1: *“Member States shall actively take into account the objective of equality between women when formulating and implementing laws, regulations, administrative provisions, policies and activities in the areas referred to in paragraph 1”*.

lenges. Caring activities can impact on people's participation into working life, their ability to work full-time, together with their ability for a life-course integration in the job market. Caring is therefore seen as a gender related issue, whereby women are particularly at risk of suffering from inequalities in employment, directly in link with their caring activities. The Commission has set up a Group of experts on Gender and Employment, which main task is to assist the Commission with analysis and research in the area of gender equality in the labour market.

4.2.2 Promoting social inclusion of (older) women

Equal opportunities is also integrated into the Social inclusion process, in close relation the employment dimension. Caring activities can have negative impact on women integration in the work market. This can lead to a form of social exclusion. The gender dimension did not feature strongly in the first National Action Plans for Social Inclusion submitted in 2001, but in July 2002 the Ministers agreed to enhance this aspect of the plans which added great impetus to gender mainstreaming. The 2003 National Action Plans put more emphasis on specific actions on gender.

Policies on pensions have integrated the equal opportunity dimension by recognising that most pension schemes have traditionally been designed for men who support a family and work full time without taking a career break. Furthermore, it was underlined that, in many EU countries women's pensions remained, on average, significantly lower than men's. Member States are meant to gradually adapt their systems in line with developments in the social and economic role of women and men. However, the effects of such changes are not likely to be felt for some time (COM (2003) 98 final).

4.2.3 Lisbon mid-term review from a gender perspective

The European Parliament's Committee on Women's Rights and Gender Equality held a Hearing on the future of the Lisbon Strategy from the point of view of the gender perspective which stressed, among other points, the need for:

- An integrated approach to gender equality and the Lisbon strategy.
- data and statistics from the member states on the establishment of 'facilities for childcare and the care of dependent persons' in order to evaluate these measures. Furthermore, it urges the member states to provide for these measures in the National Action Plans.
- Specific innovative measures to promote the employment of women by reducing disparities in wages between women and men, the active participation by women in lifelong education and training, and the promotion of new forms of work such as teleworking.

The Committee pointed out that part-time work, which is still dominated by women, must be a choice, as it is prone to irregular hours and can lead to social exclusion and compound poverty.

Finally, the Committee called for ‘an integrated approach to equality between women and men, in order to foster a systematic approach based on the gender dimension, and to monitor progress in women’s employment rates in all sectors.’

4.3 Other related policies

A number of other policies may have a direct impact on the situation of carers:

- EU policies concerning people with disabilities, as carers have to tackle disability related to old age,
- EU health strategy, as the nature of caring work is directly related to health degeneration,
- New technologies

4.3.1 Disability

The EU has agreed on the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities and follows the World Health Organisation’s Classification of Functioning, Disability and Health. The Member States of the United Nations are under the obligation to eliminate any discriminatory provisions and create the legal bases for measures to achieve the equality of persons with disabilities.

The Treaty of Amsterdam, Article 13 refers to the prohibition of discrimination based on disability with respect to equality of a person with a disability. In 1996, the EU adopted the Resolution on equality of opportunity for people with disabilities and set a strategy whereby co-operation between Member States was strengthened and disability issues were mainstreamed in the political context.

The 2003 European Year of People with Disabilities followed the *Madrid Declaration* which proclaimed: “Non discrimination plus positive action results in social inclusion”.

The objective 2 of the Social Inclusion Programme aiming at developing policies to preventing the risks of exclusion calls for Member States to: “*exploit fully the potential of the knowledge based society and of new information and communication technologies and ensure that no-one is excluded, taking particular account of the needs of people with disabilities*”.

Political conclusions of the Joint Report on social inclusion (COM (2003) 773 final) states that, even if employment is a critical factor for social inclusion of

people with disabilities, it is more and more acknowledged that social exclusion goes beyond unemployment.

4.3.2 Public Health

Health policies remain under Member State competencies. The EU's main role is to complement national policies, to encourage cooperation between the Member States and give support in a number of actions. In accordance with Article 152 of the Treaty on Public Health, the EU seeks to ensure a high level of human health.

The Treaty stipulates that the objective of ensuring a high level of human health protection must be incorporated in the definition and implementation of *all Community policies and activities*.

Efforts to promote healthier life-style with a lifelong perspective and healthy ageing policies are directed to ensure this phenomenon and therefore postpone and reduce health care needs and demand. Healthy ageing, tackling health inequalities and promoting healthy lifestyles are since 2003 some of the core priorities of the EU Action Programme on Public Health. A targeted effort to increase information on health care and better health would also help in reducing and maintaining health care demand levels.

4.3.3 New technologies

Developments in technology may also be an important factor to the ability of elderly people to remain independent longer. Within the 6th European Framework Programme for Research and Development (FP6), priority has also been given to investigate and promote technologies applied to ageing of the population.

5 Concluding remarks

The issue of eldercare in the context of an ageing population is an important element of the EU debate on full employment, and the approaches Member States adopt to increase the participation rate of older workers and women.

The EU acknowledges in its latest report discussing long-term care policy future the fact that long-term care is “provided mostly by relatives, usually spouses and descendants who continue to be the main providers of long-term care”. However, due to the limited competence of the EU in the field of health care so far, this recognition has led to no concrete steps in terms of recognising their contribution and proposing measures.

⇒ **With the future adoption of the OMC in the field of healthcare and care for the elderly, AGE calls on the Commission and Member States to dedicate a large attention to the situation of family carers. In the future guidelines that should be drafted according to the OMC, at least one guideline should press Member States to tackle the issue of family carers, and ask them to develop and exchange good practices on measures supporting informal carers.**

Carers however are recognised in EU policies through the gender equality and employment policies that are currently being developed.

⇒ **AGE calls on the Commission to continue integrating carers of older dependent in its policies, and to recognise the important role they play in society. The Commission should press Member States to develop measures geared to answer their needs and improve their situation.**

The situation of family carers has been researched at EU level but no specific status has been given to informal care despite the European Employment Strategy calling on Member States to take measures to help reconciling work and family life. As informal carers are mainly women, the gender dimension of family care is central in the implementation of policies in favour of informal care in the context of equal opportunities measures. Equal opportunity is a fundamental principle of the European Social Model and has therefore very strong implication in the development of strategies at EU level. Active ageing policies will impact greatly on the ability of informal carers to dedicate time for their caring responsibilities. Staff shortages in the long-term care field has been acknowledged, due mainly to the lack of formal training in the field and an ageing workforce.

⇒ **Whatever the future developments, i.e. reform of social security, family carers cannot be expected to compensate the lack of resources needed to care for an increasing number of older dependant. Caring for our elderly is a collective responsibility and sound policies must be proposed to come up with this challenge.**

⇒ AGE's recommendation to reconcile the Lisbon objective of full employment and the challenge of an ageing society is that informal care involving more than 4 hours a day should be acknowledged as a form of employment and duly compensated for in terms of wages, pension rights and social protection for the informal carer. Promoting more flexible working arrangements and compensating carers for time spent providing care to a dependent person should help increase the employment rate of women and of older workers and help the EU member States respond adequately to the challenge of a rapidly ageing society.

The impact of an aging population on future policy-making in this area, at the national and European level, is likely to be determined by both the constraints of national public expenditure and social pressure to provide good quality care for older people, especially the very old.

The Working Group on Ageing Populations of the Economic Policy Committee of the Council of the European Union in a recently published report aimed to assess this impact by looking at the 'age-related public expenditure projections ...covering pensions, health care, long-term care, education, unemployment transfers and contributions to pensions/social security systems". In assessing the impact of an increased life expectancy on the demand for health and long term care, it states that the following factors need to be taken into account: the growth in age-specific disability rates; the involvement of the public sector in the provision/financing of long-term care services; changes in the balance between the share of formal care provided in institutions and at home; the impact of higher female employment rates; the balance between public pension and private schemes; trends for smaller families which limit the pool of formal carers.

It also states that 'policy measure, which can reduce disability, limit the need for formal care amongst elderly citizens with disability, or which favour formal care at home rather than in institutions can have a very large impact on public spending". Therefore, it can be concluded that these factors will be prioritised in future policy-making, however, it can also be concluded that up to now, the Member States have yet to fully assess the economic contribution of informal family carers to long-term care, the focus remains on pensions systems and active ageing policies. However, the launch of the OMC on health and long-term care, could have some impact, through the exchange of information on good practice, on giving visibility to the situation of informal carers of older people.

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Com (2006): Impact of Ageing populations on public spending on pensions, health and long-term care, education and unemployment benefits for the elderly, Economic and Policy Committee, Council of the European Union

6.2 Other EU bodies

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Council Recommendation 92 / 241 / EEC of 31 March 1992 on childcare

Council Directive 96 / 34 / CE of 3.6.1996, OJEC L 145 of 19.06.96, p. 4-9

Council Directive 2000 / 78 / EC establishing a general framework for equal treatment in employment and education and establishment of a EU Charter of Fundamental Rights which recognises “the rights of the elderly to lead a life of dignity an independence and to participate in social and cultural life” (Art 25)

Council Directive 2002 / 73 / EC of the European Parliament and the Council of 23 September 2002 amending Council Directive 76 / 207 / EEC on the implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions

Council Decision of 22 July 2003 on guidelines for the employment policies of the Member States

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6.3 Speeches

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6.4 Conference abstracts

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6.5 European Foundation for the Improvement of Living and Working Conditions

Albert J. and Kohler U. 2004. Health Care in an Enlarged Europe. European Foundation for the Improvement of Living and Working Conditions. Dublin. 98p.

Salvage A.V. 1995. Who will care? Future prospects for family care of older people in the European Union. European Foundation for the Improvement of Living and Working Conditions. Dublin. 89p.

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Eleri Phillips J. 1995. Working and Caring: Developments at the Workplace for Family Carers of Disabled and Older People. European Foundation for the Improvement of Living and Working Conditions. Dublin. 51p.

6.6 Other international bodies

Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2002 Revision and World Urbanization Prospects

Hennessy, P., 1995. Labour market and social policy, Occasional Paper N°16, Social protection for dependent people: perspectives from a review of OECD countries, OECD, 1995.

6.7 European funded research:

EUROFAMCARE - <http://www.uke.uni-hamburg.de/extern/eurofamcare/>

The main aims of the EUROFAMCARE project was to provide a European review of the situation of family carers of elderly people in relation to the existence, familiarity, availability, use and acceptability of supporting services. These aims were achieved through the following: six-country comparative study, representing the different types of welfare-states in Europe, on family carers; Pan-European review, in the six countries as well as 17 others, on the support, relief and expertise of family carers; A socio-economic analysis of the contribution of family carers. In addition to this, the project is also a member of a network, Eurocarers, comprising NGOs and academic experts, which contributed to the development of a European charter for carers.

ACTION - <http://www.action.hb.se/English/EDefault.htm>

The main aim of ACTION project is to support frail older people and their families to maintain or enhance their quality of life via the use of user-friendly information and communication technology in the comfort of their own homes. The target group is older people living at home in need of care and / or support, their family carers and professional carers.

CARMEN

<http://carmen.projects.boercroon.com/servlet/nl.gx.bnc.client.http.ShowObject?id=273150>

Integrated Care and Services for Older People

Health and social care for older people are becoming an increasingly complex system, characterised by growing productivity on the one hand, and persistent inefficiencies or lack of client-focus on the other hand. One of the core problems is the fragmented and weakly co-ordinated system of service provision. Supported by the European Union, a consortium of 40 organisations in 11 countries is developing a European network on integrated care and services for older people, called: CARMEN. It seeks to find an evidence-based answer to the problem.

PROCARE - <http://www.euro.centre.org/procare/>

Providing integrated health and social care for older persons - issues, problems and solutions. The project will identify structural, organisational, economic and social-cultural factors and actors that constitute an integrated and sustainable care system with enhanced outcomes for all actors involved.

MERI - http://www.shef.ac.uk/socst/staff/staff_page_elements/j_cook/meri.pdf

Mapping Existing Research and Identifying Knowledge Gaps concerning the situation of Older Women in Europe. 13 country Framework 5 project running for 2 year from September 2002. The main aim of this project is to increase knowledge about the specific living conditions and problems of older women across the partner countries. The project is designed to identify research and publication gaps on the life situation of older women and contribute to the development of European research in this area.

OASIS - <http://oasis.haifa.ac.il/index.htm>

Oasis is an international research project, funded within the 5th Framework Program of the European Community and is registered there as contract No. QLK-CT-1999-02182, acronym: "Oasis". Its goal is to deepen the understanding of the interplay between family culture, intergenerational relations, and service systems and their impact on elder's autonomy and quality of life. This research project is built upon a partnership between institutions and researchers from Germany, Israel, Norway, Spain, and the United Kingdom, coordinated by The Center for Research and Study of Aging at the University of Haifa, Israel.

CARMA

<http://dbs.cordis.lu/fep-cqi/srchidadb?ACTION=D&SESSION=130052004-6-17&DOC=1&TBL=EN PROJ&RCN=EP RCN A:67453&CALLER=PROJ FP5>

Care for the Aged at Risk of Marginalization - CARMA aims to enhance the well-being of the growing aged population in Europe. CARMA will pool the resources of academic research institutions, social service providers and educational institutions to analyse current social care services for the aged from a multitude of angles: Among others, with longitudinal studies on coping skills of the aged, a comparative study of care arrangements, and a comprehensive literature review. The findings of all these studies will be discussed and developed further in conferences with the partners and external experts, and will be integrated into Guidelines and Protocols for Policy Makers, Social Service Providers, and Private Networks.

FIWE – <http://www.soziologie.uni-jena.de/fiwe/index.htm>

“Formal and informal work in Europe“ - The overarching goal of the project is to analyse the changing relationship between formal and informal work, the role of divergent national institutional and cultural frameworks for those pat-

terns of work and finally the contribution of formal-informal-work patterns to the social integration.

FELICIE – Future Elderly Living Conditions in Europe

http://www.ined.fr/bdd/projrech/admin/m_projet_phare.php?idprojet=P1323

Future Elderly Living Conditions in Europe. The core objective of the project is a 2000-2030 forecast of needs of the population aged 75+, through demographic methods. Three methods (static / dynamic, multi-state and the most complete micro-simulation methods) will be considered; all are based on a birth cohort approach. The projected elderly population will be classified by sex, age and marital status; health conditions, family situation and socio-economic position will be considered in interaction thereafter. The method draws mostly on the demographic concept of population renewal. Tomorrow's old-age people are today's young adults, whose present position and personal antecedents are known to be different from their predecessors'.

SHARE - <http://www.share-project.org/>

The Survey of Health, Ageing and Retirement in Europe (SHARE) is an ambitious project which collects data about Europeans aged 50 and older in order to shed light on one of the most dramatic challenges in the years to come – population ageing. In the following SHARE and its accompanying projects are presented. We detail objectives, milestones, deliverables and current status. A special focus is the description of the cross-national and interdisciplinary nature of the project which introduces considerable complexity and necessitates scientific and managerial innovations.

6.8 Other EU funded projects on health and socio determinants of health

SEDHA – The Socio economic determinants of healthy ageing in 11 European countries (coordinated by Department of Public Health, Erasmus University Rotterdam)

<http://www.eur.nl/fgg/mgz/mgzprojects/prjct1tm54/project022.html>

SOCIOLD - The socio-economic and occupational effects on the health inequality of the Older workforce (coordinated by the university of Aberdeen, Scotland and the University of Macedonia, Greece)

<http://www.abdn.ac.uk/sociold/>

ECUITY III – The Dynamics of income, health and inequalities over the life cycle (coordinated by the University of Antwerp)

<http://www.eur.nl/bmg/ecuity/>