

Dear readers,

Here we are with the third issue of 2014 of EuCaNews, the Newsletter of EUROCARERS (or EuCa), the European Association Working for Carers! In the first section (“News from the Executive”), you will find a short presentation of the two new staff members – Stecy Yghemonos and Francesca Centola – who started working last September at the new Eurocarers central office in Brussels. This is a big step for Eurocarers, who warmly welcomes them and looks forward to a long and happy collaboration working with each other. After Christine Marking’s usual update on recent EU policy developments – which includes an overview of the most relevant new Commissioners and EP Committees - the “Carers in Action” section presents two contributions: one from our member Howest University College of West Flanders, focused on an EU-funded project on Human Resource Strategies for Working Carers, which analyses the strategies that companies might adopt to support deal with their employees who are informal carers; and one from Henk Bakkerode on the “My PD Journey” projects, dealing with the management of Parkinson’s Disease. The section dedicated to research provides you with an update on the SmartCare project, and a summary of recent research activities involving the Carers Association in Ireland. Finally, the “In brief” section contains some short “snippets” of information about various issues.

Please keep in mind that **your feedback, comments and ideas for the Newsletter are important** to help us to improve it. So please do not hesitate to send us any contribution relating to your own organisation, experiences or relevant events, which you would like to disseminate to a larger audience interested in caregiving issues in Europe. Please try to keep your contributions as concise as possible (i.e. 1.500 words maximum).

We wish you a good read and a colourful autumn,

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NEWS FROM THE EXECUTIVE COMMITTEE

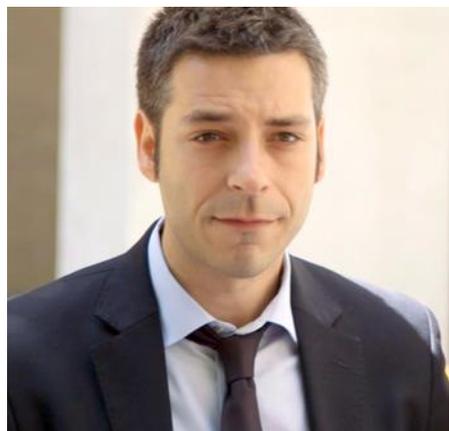
In this section of the Newsletter, we usually report the core issues discussed during the meetings (face-to-face or via teleconference) that take place periodically between the members of the EUROCARERS Executive Committee. This time, however, we are going to briefly present the two new staff members who have just started to work at the new premises Eurocarers has established in Brussels, thanks to the EU-funding granted by the PROGRESS programme.

Eurocarers' new central office and its staff

Starting on 15 September, Eurocarers can now count on a small but very important bureau located in Brussels, specifically and precisely in Rue du Commerce 22 (you can find the contact details on the last page). This fantastic result was made possible by the funding granted by the EU for 2014 (and hopefully for a four year period), as part of the institutional support provided by the PROGRESS programme, to which Eurocarers applied last year. More importantly, Eurocarers will now be in the position of having two valuable staff members working in its Brussels premises, Stecy Yghemonos, as Director, and Francesca Centola, administrative officer. Below you will find a short biosketch of both, in the hope that you will soon have the opportunity to know them personally, in one of the next events organised by Eurocarers, or by phone or e-mail in case you need information or their help for any Eurocarers-related matters.

Stecy Yghemonos – Director of Eurocarers

Stecy has extensive experience of business development, and project design and management, and has worked in the social and health fields for more than 11 years. He has played a leading role in international ventures aiming to promote and defend important rights such as universal and equitable access to health, the achievement of Millennium Development Goals, press freedom, children's rights and participative democracy.



In his previous job, Stecy was Manager for a not-for-profit organisation which fostered learning between countries in what works to improve health and tackle health inequalities, particularly through action on the social determinants of health. He built up the portfolio of work, including in the framework of the EU Employment and Social Investment (EaSI) programme, to develop and lead several initiatives which brought together partners and stakeholders to improve health. He has worked with several parts of the EU institutions, World Health Organization and Civil Society.

Francesca Centola - Administrative officer at Eurocarers

After completing a Masters Degree in International Relations and Diplomatic Studies, Francesca specialized in International Protection of Human Rights. She has great familiarity with European Union's decision making process and funding opportunities, as she has worked for three years in the euro project field.

In her previous job, Francesca was Transnational Project Coordinator for a European network of NGOs and local authorities whose aim is to create more inclusive and fair societies. She was in charge of the whole life cycle of EU funded projects, from the preliminary researches to the proposal submission, through the partner search to the coordination of the project, including financial management. She has experience of both the institutional world (she has been a consultant for a United Nations Institute) and civil society (she has worked for Amnesty International and as human rights researcher).



From all of us, we would like to wish a warm welcome to both Stecy and Francesca, and good luck for a reciprocally profitable and successful cooperation with Eurocarers!

EU POLICY DEVELOPMENTS

Updates on recent EU policy developments

By Christine Marking (adviser to the Executive Board)

Interest Group on Carers continues in new European Parliament

The Interest Group on Carers was launched by Eurocarers seven years ago and has been one of the most active since. The aims of the Interest Group are to bring together interested Members of the European Parliament and relevant stakeholders in order to

- 1 *Serve as a forum for debate:* to discuss and debate European policy development for their impact on carers and their interests
- 2 *Initiate policy action:* to take initiatives that can lead to/influence EU policy initiatives, i.e. Parliamentary Questions, amending policy proposals, discussions with the relevant policy makers, host events/hearings on carers and their interests

Over the years, many topics, themes and policy proposals with a bearing on carers have been discussed and debated, and the Group has made an important contribution to putting carers and their issues firmly on the EU agenda. One of the main activities will be to actively advocate the development and implementation of an **EU Carers' Strategy**.

In the European elections in May, the four co-chairs of the last Parliamentary term were all re-elected and they are willing to continue their work with the Interest Group. These are:

- Marian Harkin (Ireland – Liberal);
- Jean Lambert (UK – Greens);
- Heinz K Becker (Austria – Centre right);
- Sirpa Pietikainen (Finland – Centre right).

The first meeting will be held on 15 October, addressing the recent report on Long term care, published by the Social Protection Committee. The meeting report will be published on the Eurocarers website as soon as it is available.

For more information on the report and the Social Protection Committee:
<http://ec.europa.eu/social/main.jsp?catId=758>

A new term of office for the European institutions

A new Commission

A new College of Commissioners will take office in November for a period of five years. In July, after considerable debate in the Council, former Luxembourg Prime Minister Jean-

Claude Juncker was accepted as president-elect of the new European Commission. He was put forward for this role by the European People's Party and supported by the other large Parliamentary factions. This was the first time the European Parliament has claimed a role for itself in selection of the Commission President. After his election, Mr Juncker started the process of putting together the next College of Commissioners, which will take office in November.

The procedure

The Commission is composed of one national of each Member State and each of these Commissioners is in charge of a portfolio. Candidate Commissioners are proposed by the individual Member States. After approval by the European Parliament, the new Commission are formally appointed and take office.

Before agreeing, Parliament evaluates the Commissioners-designate on the basis of their general competence, European commitment and personal independence. It also assesses their knowledge of the prospective portfolio and their communication skills. This is done by looking at the candidates' CVs, submitting a series of written questions to them as well as a three hour public hearing with the parliamentary committee(s) responsible for the portfolio that the candidate will be concerned with.

The Commissioners

The Commissioner-designate for social affairs is Belgian MEP Marianne Thyssen (EPP). Mrs Thyssen has a long and impressive track record in policy making, both at national and at EU level, and was chair of the Belgian Christian-democrat party between 2008 and 2011.

The Commissioner-designate for health is current Lithuanian health minister Vytenis Andriukaitis (centre-left of Lithuanian Social Democratic Party). Mr Andriukaitis is a trained cardiothoracic surgeon. He became a member of the Lithuanian Parliament in 1992.

Commissioner-designate for research is Portuguese Carlos Moedas, current Secretary of State to the Prime Minister.

Eurocarers has worked with MEPs to ensure that the Commissioner designate for social affairs (where many carer-related issues are debated) would be asked questions in relation to carers and this effort has paid off. In response to a set of written questions from MEPs prior to her hearing, Mrs Thyssen stated the following:

*"My motivation will remain the same for the next five years: devoting myself to the welfare and well-being of all Europeans, and promoting the social market economy as envisaged by Article 3 of the Treaty. Employment is the first priority of all Europeans, and it will also be mine as a member of the Commission. Having a job, and being able to exercise it in safe conditions, is the best guarantee for prosperity and human dignity. Moreover, it is a source of self-esteem, self-development and a prerequisite for a happy life. The social market economy should also include an adequate safety net with a strong social protection for people who cannot work (anymore) due to illness, disability, age, **temporary or permanent care responsibilities**. At the same time, a healthy society encourages people to take responsibility*

if they can, but cares for those who risk falling behind and cannot cope, especially people threatened by exclusion and/or poverty. That will be my double motivation”.

Eurocarers will prepare welcome letters for the three Commissioners as soon as the Commission has been confirmed by the European Parliament on 21 October.

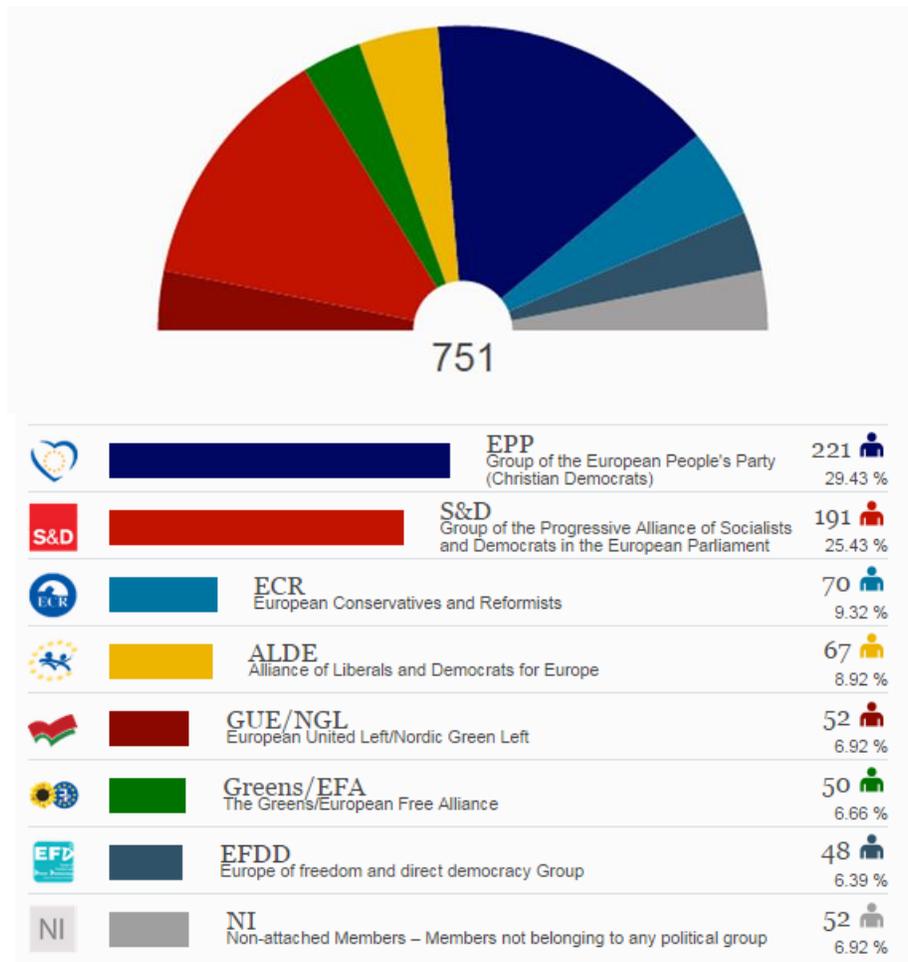
For more information:

http://ec.europa.eu/about/juncker-commission/structure/index_en.htm and

http://ec.europa.eu/about/juncker-commission/commissioners-designate/index_en.htm

A new European Parliament

After the May European elections, the political balance in the European Parliament has remained unchanged, despite a rise in anti-European MEPs. Out of a total of 751 seats, the centre-right European People’s Party (EPP) now has 221 seats (265 in the previous Parliament) and the Socialists and Democrats (S&D) 191 (previous Parliament: 184). The right-wing Conservatives and Reformist Group (ECR) has become the third largest faction, with 70 seats (44 previously), with the centrist liberal group, the Alliance of Liberals and Democrats for Europe in fourth place with 67 seats. The Green parties won 50 (previously 55) and the far-left Confederal Group of the European United Left 52 (previously 43) seats.



Contrary to expectations, United Kingdom Independence Party leader Nigel Farage managed to form a political fraction consisting of 48 MEPs. This European Freedom and Direct Democracy Group (EFDD) brings together Eurosceptics from France, Lithuania, Latvia, UK, Italy, Sweden and the Czech Republic. This means a substantial strengthening of the political power of these anti-Europeans; as a formal faction, they now have the right to financial support and chairmanships of Committees and other Parliamentary bodies. The French Front National and Dutch Freedom Party also tried to create a specific formal faction but they did not succeed; they are not part of the EFDD, as Nigel Farage was opposing their participation. Some 52 MEPs are not attached to any formal political group.

At the first plenary session in July, the composition and chairmanship of the various Parliamentary Committees was agreed, and first Committee meetings were held in July. The most relevant Committees for Eurocarers are:

- the Committee on Social Affairs and Employment (EMPL, chaired by left wing MEP Thomas Händel (Germany, GUE-NGL)
- the Committee on Environment and Health (ENVI), is chaired by centre-right MEP Giovanni La Via (Italy, EPP).
- the Committee on Industry and Energy (ITRE), chaired by centre-right MEP Jerzy Buzek (Poland, EPP)

For more information: <http://www.elections2014.eu/en>

CARERS IN ACTION

The Importance of a Human Resource Strategy for Working Informal Carers

By Herlinde Dely, Céline Baele, Kaat Cornelis and Sarah Janssens (Knowledge Point Informal Care, Howest University College of West Flanders, Belgium)

'Informal Care is the extra care or support which is given, for free, on a regular basis, temporarily or for a longer time span, to a person with physical, mental or social needs. This care is given by one or more people in their social network and happens outside of professional activities or organized volunteer work' (definition by Kennispunt Mantelzorg¹).

The project

Until March 2015, *Kennispunt Mantelzorg* will be working on a **European Social Fund (ESF) project** that aims to develop a Human Resource strategy for companies who have informal carers amongst their employees. These informal carers combine the care in their own social environment with a paid job. Our goal is to produce a guide with tools for companies that wish to develop a company-specific and 'informal care-friendly' human resource strategy.

To attain this goal, we are running a trial in three companies, which are partners in this ESF project. One is a profit company, the other two are social profit. Together with the partners, we look into ways in which they can optimally meet the needs of informal carers amongst their employees. These company-specific guidelines will then be generalized into a more universal format in order to develop a human resource strategy for meeting needs of informal carers. This format will be published on our website in 2015, and will be freely accessible for any company interested in this matter.

Relevance

One out of five Flemish adults is an informal carer (Vanderleyden & Moons, 2010). Many of them are around the age of retirement, and most are women. There are some tendencies in society that give reason to worry. First, the systematic increase in the age of retirement. Secondly, women are encouraged to a higher degree to take part in paid employment. Furthermore, the formal care infrastructure does not grow to the same extent as the group of those in need does. This means there is a growing population of people with needs against a diminishing pool of (possible) informal carers. More people are forced into a scenario which combines informal care with a paid job. Actually, for many informal carers it is *important* to be able to keep their job. This could be because of financial needs, but as well because of the social contacts the job situation offers, and the satisfaction of doing different, fulfilling tasks at work. The paid job offers an opportunity to think of something else than just the caregiving, and establishes the possibility of a wider range of expression.

¹Kennispunt Mantelzorg (Knowledge Point Informal Care) is a research group about Informal Care in the Bachelor Nursing of Howest (Howest University College of West-Flanders), Bruges, Belgium.

People are stimulated to use different talents and skills. We can imagine this affects their sense of self and well-being in a positive way. Nevertheless, we should not ignore that for many of them the double task of both a paid job and the informal care is much too heavy a load. Often these employees, trying to meet their respective responsibilities, bump into organisational issues, since both tasks can be incompatible with each other at times.

With our project, we would like to raise the awareness in companies of this topic (the combination of informal care and paid work). It is a problem that often remains hidden, until maybe the moment when someone gets sick or decides to stay at home because the combination becomes too much. The employment of informal carers is a topic that manifests at the crossroad of care and employment, and because of that, often remains untouched by both companies and professionals in caregiving.

Outlines of the strategy

We structured the Informal Care-friendly Human Resource Strategy along **three lines**. First of all, it is essential to have a **vision** about what it means for a company to be informal care-friendly. This includes knowledge and awareness about the topic, and choices of the company in how they want to meet the needs of the informal carers amongst their employees. This vision can be part of, or linked to, existing values, strategies and the mission of the company (e.g. work-life balance, family-oriented strategies, etc.).

The main focus should be on the second line, which is a **culture of open communication**, in general, but also more specifically about the topic of informal care, within the company. This helps raise a wide-spread awareness about the topic, which is beneficial both for the informal carers, but also for their colleagues, because it nourishes empathy and mutual understanding amongst them. There should be sufficient focus on both the top down and the bottom up communication: the ideas of the company about what it means to be informal care-friendly should be explicitly communicated and employees can help build them, or give feedback. It is also important for employers to stay open to the stories of their employees, and to actively create ways to stay in touch with them. Part of our guidelines comprises a format for a semi-structured talk between employees and their supervisors, about the topic of informal care and the impact on the career of the employee. There is also a format for workshops about the topic, both for employees and employers/supervisors, and a competency profile for an internal 'Informal Care-Coach' in the company.

It is crucial to activate as many channels for communication as possible. There should be sufficient room for questions and understanding. People should feel welcomed with their stories, even when the company is not able to do more for him or her. The credo is that *all needs can be acknowledged, but not necessarily all of them can be met*. It is precisely this one-on-one dialogue that is at the core of our whole Human Resource Strategy for Informal Carers. Since every situation of informal care, every company and every employee is different, there is no standard 'menu' to apply to the situation of an individual informal carer. The best solutions are sourced in creativity and dialogue. Transparency and discretion are key words.

The third line is in a way the 'outcome' of the first two: it is a list of **possible interventions** a company can make to meet the needs of informal carers. As said before, they serve only as

an example, and it often proves to be good to develop solutions that are adapted to the person, the company and the moment. A good communication in the surrounding team(s), and an awareness of the impact on other employees and on the company as a whole, are crucial. For designing the solutions, a company can build on its existing strengths (e.g. flexibility), and should of course also guard its own boundaries/limitations. We close by saying that employees are often happy to meet the company 'half' way, by giving an extra hand whenever it works for them, out of gratitude and loyalty.

Advantages of an Informal Care-friendly Human Resource Strategy

It is exactly this loyalty that is fed by a human resource strategy that is sensitive to informal carers, as well as the productivity of employees, the mutual support amongst colleagues, involvement and retention of experienced workers. There seems to be less absenteeism and there is a positive impact in terms of employer branding. All of these are possible positive outcomes of an Informal Care-friendly Human Resource Strategy (Yeandle et al., 2006).

References

Vanderleyden, L. & Moons, D. (2010). Informele zorg in Vlaanderen. *Studiedienst van de Vlaamse Regering*, p. 1 - 27.

Yeandle, S., Bennett, C., Buckner, L., Shipton, L., & Suokas, A. (2006). Who cares wins: The social and business benefits of supporting working carers. *Carers UK*, pp. 1 - 47.

For more information please contact kennispuntmantelzorg@howest.be or visit the website of Kennispunt Mantelzorg: www.kennispuntmantelzorg.be.



This project is supported by the European Social Fund and the Flemish Government.

Updates on the "My PD Journey" project

By Henk Bakkerode (former Executive Member)

A detailed update on the project "My PD Journey", coordinated by the European Parkinson Disease Association (EPDA), was circulated at the end of August, listing the main achievements of the project so far, as well as the future steps to be undertaken. I'm currently involved as representative of Eurocarers in the Strategic Committee of the project, which in the coming months will be mainly focused on identifying "main beacons of good practises in disease care" regarding these patients (and their carers!).

My PD Journey is a new EPDA European initiative, which will help people with Parkinson's disease live a fuller life. It will help bring together people with Parkinson's, carers, healthcare professionals, policymakers and society representatives. The initiative aims at:

- investigating and seeking to address multiple challenges in the healthcare environment, including lack of evidence/data, late diagnosis and referral throughout the disease progression, inefficiencies in healthcare organisation and delivery, lack of multidisciplinary and integrated care;
- improving healthcare delivery and creating a sustainable environment that ensures optimal and timely access to appropriate diagnosis, treatment and care across Europe for all people diagnosed with Parkinson's.

My PD Journey was launched on 12 February 2014 in London, when a draft plan was created with main prioritised activities outlined. For each activity, key deliverables, timelines, a project lead and the skills/expertise that will be required in the teams were also produced. The activities (with an update on progress) are:

- ***a European Inventory of National Pathways for Parkinson's disease:*** once completed, this will audit how treatment and care is currently provided all over Europe, and identify where gaps in treatment and care currently exist, while showcasing national examples of best practice that could be replicated elsewhere;
- ***a Simple Composite Quality of Life Scale:*** the project will develop a simple scale of motor and non-motor symptoms of Parkinson's disease showing with just one number the severity of the disease;
- ***Multidisciplinary Team Working:*** My PD Journey will seek to demonstrate the value of multidisciplinary teams (MDT) in delivering high quality Parkinson's disease and show that an MDT approach enhances the quality and cost effectiveness of Parkinson's care and support.

For more information, please contact Henk Bakkerode: h.bakkerode@upcmail.nl.

RESEARCH ON THE MOVE

An update on the “SmartCare” project

By Marja Pijl (former Secretary, Member and Advisor of the Executive)

At the beginning of October, there was a meeting in Brussels of the User Advisory Board (UAB) of SmartCare, in which Brigid Barron and myself represented Eurocarers. SmartCare is a very large European project in which 24 regions take part and within each region the project works with several health and social care providers. Its aim is to contribute to the integration of health and social care services by means of information-gathering and information-sharing with the use of newly developed information technology.

SmartCare will look at the integration of health and social care services of two categories of patients: either older patients being discharged from hospital or older patients with complicated care needs living at home. The UAB is supposed to represent the perspective of end users.

In the meeting, one important issue was: who are the end users? The researchers who will evaluate SmartCare distinguished two kinds of end-users: professional workers and older patients. The UAB unanimously agreed that Family Carers are neither professionals nor patients and therefore strongly recommended the addition of Family Carers as a third category of end-users, whose experiences need to be taken into account.

Earlier, the UAB had already decided that the best way to get an idea of what SmartCare means in practice is to go and visit the sites and discuss with those involved how the project is getting along. The first visit will be to the SmartCare project in Barbastro, Aragon, Spain at the end of November. We discussed extensively what kind of information we want to get from the participants in the project and made sure we all agreed on how to do this. You will hear more from us after the visit to Barbastro.

For more information, go to the project’s website, where you will also find a dedicated section with all news concerning SmartCare: <http://pilotsmartcare.eu/home/>.

In case you would like to receive the quarterly Newsletter of this project, please contact Mayte Hurtado at: mhurtado.himsa@gmail.com.

Recent research activities from The Carers Association, Ireland

In recent times the Carers Association has been involved in a series of research-related activities, among which the most relevant are the following:

- the research programme to “Estimate and describe the extent and nature of the contribution of family carers to the process of caring for the frail, ill and people with disabilities in Ireland”, which in a first phase has included a scoping study in collaboration with the Work Research Centre and Trinity College Dublin to analyse via case studies the dimensions of caregiving for victims of stroke and COPD;
- a three year pilot project on telecare enhanced supports in association with Emergency Response and NUI Galway;
- a pilot study of the new InterRAI Carer Needs Analysis module in association with the HSE;
- a number of Genio-led projects relating to innovation in the Health Service in different parts of the country;
- and the OPRAH (Older People Remaining at Home) project in North Dublin.

For more information on these activities, please contact Frank Goodwin at: goodwinfp@gmail.com.

IN BRIEF

A recent document on how to improve incontinence management: Recently, the final outcome document of the Global Forum on Incontinence (GFI), an international event organised by SCA every second year to debate incontinence-related issues, has been released after extensive consultation. This report – whose full title is “**A Summary of Stakeholder Perspectives on the Optimum Continence Service Specification**” - captures the key findings and outcomes of the stakeholder discussions during the country breakout sessions of the GFI. It reflects the views and perspectives of GFI participants on the current barriers to better continence care and the applicability and implementation of the recommendations of the Optimum Continence Service Specification in their respective countries. Hopefully it will contribute to further dialogue in order to improve the quality of life, the delivery of services and the overall organisation of continence care, whose management represents a major daily challenge to many carers across the world. The document can be freely uploaded under this weblink: [Summary of Stakeholders Perspectives on Optimum Continence Care](#).

New publication in Dutch (and long summary in English) on informal care in the Netherlands: Our colleagues from Movisie (Netherlands) informed us that the Netherlands Institute for Social Research (SCP) has recently published a new publication about possibilities and boundaries for informal care in the Netherlands. While the publication is in Dutch, at the end of it there is a 16 page long summary in English: <http://www.scp.nl/dsresource?objectid=37182&type=org>.

Latest issue of the Carers Association Newsletter: In case you are interested in knowing more about what is happening in carers-related matters in Ireland, please have a look at the latest issue of the Carers Association Newsletters, which can be freely downloaded here: http://www.carersireland.com/newsletters_recent.php

TV documentary on young carers: UK based TV Channel 4 has commissioned a one-off documentary titled “Britain’s Youngest Carers”. In the 60 minute long programme, young carers are introduced from across the UK who take care of their parents on a daily basis, as well as experts who work with these young people to help them cope in a situation that can be a huge strain. For more information please refer to: <http://www.channel4.com/programmes/britains-youngest-carers>.

The International Alliance of Carer Organizations (IACO): the equivalent at global level of Eurocarers is IACO, an international organization founded in 2012 by caregiving organizations from seven countries, which that provides cohesive direction, facilitates information sharing, and actively advocates for family caregiving at an international level. IACO members include both non-governmental organizations and multinational corporations that demonstrate an understanding of family carers, a willingness to collaborate and communicate, and a commitment to the IACO vision of establishing a global understanding and recognition of the integral role of carers to care recipients, health and social care systems, and society. For more information on IACO, please go the website: www.internationalcarers.org.

About EUROCARERS

EUROCARERS was officially established in Luxembourg in December 2006. Its origin lies in two European networks: Carmen, a network on integrated care and Eurofamcare, a research network on carers of older persons. In the Carmen project researchers, practitioners and policy makers, among them representatives of the carers' movement, found each other and came to the conclusion that it was time for carers to be heard at European level. The Eurofamcare network - consisting of researchers who mapped the situation of carers of older persons and the policy measures developed for this category in the EU and who did quantitative research on the support of carers of older persons in six countries - also diagnosed a strong need for carers to make themselves heard in Europe.

Representatives of the two networks and other interested persons met in Maastricht in 2004 on the initiative of NIZW, the Dutch Institute of Care and Welfare (later reorganised into the two organisations Vilans and Movisie), to discuss the feasibility of establishing a European organisation and decided to go ahead with this task. Christine Marking had written a preparatory paper which helped those who met in Maastricht in formulating decisions about some crucial issues. An interim board was established consisting of: Brigid Barron, President; Patrick Michielsseune, Treasurer; Marja Pijl, Secretary; and the following other members: Judy Triantafillou, Isobel Anderson, Hanneli Döhner, Caroline Glendinning and Henk Nies. Several working groups were formed. Geraldine Visser and Nicoline Tamsma made a report of the meeting. Several meetings took place in the following months and some activities were already developed before EUROCARERS was formally registered in Luxembourg at the end of 2006.

Since then, the association has increased, and includes now over 60 organisations and several individual associates from all European Member States. Members of the current (2014-15) Executive Committee are: John Dunne (President), Hanneli Döhner (Vice President Carers Associations), Elizabeth Hanson (Vice President Research), Marijke Steenbergen (Treasurer), Licia Boccaletti, Helle Lepik and Marja Tuomi. In addition, the Executive is supported by four advisers, Christine Marking, Frank Goodwin, Giovanni Lamura and Katherine Wilson. For more information on the members of the Executive Committee: http://www.eurocarers.org/about_executive.php.

For more information on the aims and guiding principles of EUROCARERS please go to the link: <http://www.eurocarers.org/about.php>.

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