

Dear readers,

Here we are with the second issue of EuCaNews, the Newsletter of EUROCARERS, the European Association for carers! In this issue you will find, besides the periodical updates from the Executive Committee and from Christine Marking on recent EU policy developments, some interesting contributions from our members. These include an overview by Henk Bakkerode on the new members who have joined EUROCARERS from Central and Eastern Europe, and the presentation, by Licia Boccaletti and her colleagues, from the project “Life After Care” (LAC), which focused on what happens when caregiving ends and aimed to support the (re)integration or retention of former carers in professional or unpaid activities. Hanneli Döhner, one of the two new members of the Executive Committee, reports on the first three years of experience of the German national carers’ organization “wir pflegen”, while Marja Pijl analyses what help there is for carers from new Information and Communication Technologies (ICT). The issue finishes with a call for contributions to the conference “*Aging & Health in the Eastern Mediterranean Region*”, to be held in Cyprus on 18-20 September 2011.

As underlined already in the first issue, **your feedback, comments and ideas for the Newsletter are important** to help us understand how it can be improved. We would be pleased to include any contributions 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. So please do not hesitate to email them to us: we will use them for future editions of the Newsletter, which we hope to develop into a regular communication tool for EUROCARERS.

Enjoy reading and take care,

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## News from the Executive Committee

During the last Assembly General Meeting (AGM) in Dublin on 5<sup>th</sup> May 2011, elections were held to fill five vacancies in the EUROCARERS Executive Committee, which now includes following members: Robert Anderson (President), Hanneli Döhner (Treasurer), Frank Goodwin (Secretary), Giovanni Lamura (Vice President Research), Stanislav Trnovec (Vice President Carers Associations), Licia Boccaletti and Åke Fagerberg (please find below also their photos).

**Robert Anderson (President)**



**Hanneli Döhner (Treasurer)**



**Giovanni Lamura  
(Vice President Research)**



**Stanislav Trnovec (Vice  
President Carers Associations)**



**Frank Goodwin (Secretary)**



**Licia Boccaletti**



**Åke Fagerberg**



**Christine Marking  
(Adviser)**



**Marja Pijl  
(Adviser)**



## **Recent EU-level policy developments**

**by Christine Marking**

In this section, Christine illustrates recent developments at the European policy level, distinguishing according to the institution from which they originate.

### *EUROPEAN COMMISSION*

#### **Update on the “Active and healthy ageing innovation partnership” (AHA EIP)**

The Active and Healthy Ageing Innovation Partnership is being developed at full speed. During June (2011), stakeholder workshops were organised on the Partnership’s main themes aimed at feeding into the development of a Strategic Implementation Paper as well as gathering commitments from stakeholders with regard to the implementation of the Partnership.

In relation to the first theme, i.e. Prevention, screening and early diagnosis, the workshop was divided into three sessions addressing the following topics:

- 1 *Loss of function*: to delay the onset of functional decline. Among the suggested action lines coming out of the meeting is research on frailty;
- 2 *Early diagnosis and screening*: to reduce the prevalence of specific disease through the use of screening and early diagnosis. Screening programmes on early frailty and early diagnosis in relation to nutrition and providing emotional support to patients being diagnosed with a disease/condition are part of the suggestions for future action;
- 3 *Compliance and adherence*: to improve health outcomes through increased adherence, utilising innovative tools for patient empowerment.

In relation to the second theme of the Partnership, i.e. Care and Cure, the workshop consisted of sessions on the following:

- 1 *Integrated care*: to reduce long term disability and frailty of patients and reducing unnecessary hospitalisation;
- 2 *Chronic conditions management*: to reduce unnecessary and avoidable hospitalisation and develop new communication channels and means. Creating integrated teams including all health professionals, patients and carers, setting up multidisciplinary teams with advanced skills (e.g. geriatric) and supporting self- and informal care and empowerment of chronic patients through education, health and digital literacy are part of the planned activities;
- 3 *Evidence, cost-effectiveness and cost-efficiency*: demonstrating the utility of health technologies and innovations, linking research (clinical) with practice and developing the evidence base including solid indicators and monitoring tools will be part of the agenda.

In relation to the third theme, Independent Living, the workshop addressed the following aspects:

- 1 *Innovation in assisted living*: to promote and help people continue to function in an autonomous way by developing solutions for independent living and by creating an age friendly living environment.

- 2 *Innovation in social inclusion*: to obtain better mental health for older people by creating physical and digital (intergenerational) networks. Improved social (intergenerational) interaction of older people through activities in the real world and easy to use, accessible and affordable digital communication environments and support to and empowerment of informal carers would be part of the future activities.
- 3 *Innovation in ageing at work*: to prolong labour market participation and empowerment of carers by creating an age-friendly, flexible and healthy workplace. Informal carers should be empowered by creating a flexible working environment.

A meeting took place on 7 July to focus on preparing the next steps towards the development of the Strategic Implementation Plan, which will be agreed by the Partnership's Steering Committee in September. Carers UK is a member of the Steering Committee, and works closely with EUROCARERS to ensure a strong focus on carers and their issues.

*For more information:*

[http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing).

## *COUNCIL OF MINISTERS*

### **Meeting of the Employment and Social Policy Council**

The Ministers responsible for **social affairs** policies, who met on 5 June, addressed the following topics:

- *Demographic change and family policies*: The Council adopted a set of conclusions on the reconciliation of work and family life. This underlines that demographic change calls for policies that increase the birth rate, ensure better working conditions, improved child-care provisions and guarantee, well-functioning arrangements enabling career and family life to be reconciled. The conclusions aim at promoting policies favouring families and work-life balance in the context of addressing the demographic challenge and stress the importance of better support for reconciliation measures which would not only enable women and men to better balance work and family life, but also contribute to achieving major policy objectives of the EU, in terms of growth and jobs.
- *2012: Year of active ageing and solidarity between generations*: The Council was informed about the successful negotiations held with the European Parliament to designate 2012 as the Year of active ageing and solidarity between generations. The Year should encourage and support the efforts of member states, their regional and local authorities, social partners and civil society to promote active ageing and solidarity between generations, and to do more to mobilise the potential of the baby boom generations. In the meanwhile the Parliament has adopted a positive Resolution and is also in support.
- *Disability strategy*: Ministers adopted conclusions adopting the EU 'Disability strategy 2010-2020', inviting the member states and the Commission to adopt eight areas of action i.e. accessibility, participation, equality, employment, education and training, social protection, health and external action. The strategy provides a framework for action at European level and suggests measures to be taken by the states to address the wide range of situations encountered by persons with disabilities. Its objective is to permit those with disabilities to exercise all their rights and to participate fully in society and in the European economy.

## Polish Presidency: priorities

On 1 July 2011, Poland assumed the European Council Presidency of the EU. In the social domain, the Presidency will focus on following aspects:

- *Intergenerational solidarity*: the Presidency will promote measures facilitating work-life balance, including improved access to childcare and older people's care services, increasing and extending the professional activity of different social groups and increasing the importance of social dialogue for the achievement of social policy goals.
- *Active Europe*: the Presidency will launch a debate on employment, especially among older people. The debate will also concern the positive aspects of occupational activity. A review of the factors motivating and demotivating employees to maintain and prolong their occupational activity will be carried out.
- *Civic partnership*: in this area the Presidency will initiate a debate on the role and importance of non-governmental organisations and other partners in the implementation of social policy. An important event that will coincide with Poland's Presidency of the EU Council will be the summing up of the European Year of Volunteering 2011.

For more information: [http://pl2011.eu/en/program\\_and\\_priorities](http://pl2011.eu/en/program_and_priorities)

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## *Contributions from our members*

### **On membership: emerging Central & Eastern Europe**

*By Henk Bakkerode, member of EUROCARERS Executive Committee in 2009-2011*

During the latest General Assembly (G.A.) held in Dublin on 5 May, the Executive Committee was able to announce that EUROCARERS is represented by full, associate and/or observer members, in all EU member states. New members from five countries were endorsed by the G.A.: Cyprus, Luxembourg, Netherlands, Poland and Portugal.

During the G.A., several Central and Eastern European countries were brought into focus: presentations on carers' issues came from *Slovenia* (by Samo Zupancic), *Hungary* (Zsuzsa Szeman) and *Slovakia* (Slavomir Trnovec), while Slavomir Trnovec was elected as our Vice-President Carers' Organisations. Since the G.A., the *Hungarian Maltese Charity Service* (represented by Daniel Solymári and Alpár Lázár, Budapest) has found its way to EUROCARERS, and has applied for *full* membership. A warm welcome to Daniel and Alpár!!

Here we see only the start of the consolidation of these countries and members within the Association. Because, there is much more to mention!

On 20 June, a national Conference was organized in Poland by the UroConti Association (Tomasz Michalek c.s.), during which five Polish agencies decided to create a common national platform. Soon, one member intends to apply for membership of EUROCARERS, on behalf of all interested parties. Ake Fagerberg (Sweden, Exec. Board), Joanna Skand and Malla Heino (Finland) and Henk Bakkerode played an active role in the presentations on behalf of EUROCARERS.

In September, our Romanian member, the National Anti-Parkinson Association of *Romania* with Dan Raican as President, will have its national Congress in Brasov (Romania). At the event, national stakeholders will try to reach some sort of agreement about future co-operation on carers' issues. EUROCARERS will be represented there, too, and will take the recent successful Polish developments as a model of reference.

Last but not least: EUROCARERS is *also* an European wide support system, with mutual support for member organisations on carers' issues. The offer of several member-organisations is still valid: to support actively other members with advice, materials, training offers etc.

For more information, please contact our Secretary, Frank Goodwin: [info@eurocarers.org](mailto:info@eurocarers.org).

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## **On their way: life after caring<sup>1</sup>**

*by Federico Boccaletti, Licia Boccaletti, Barbara Leonardi and Loredana Ligabue, Anziani e Non Solo, Carpi, Italy*

Carers' problems do not come to an end when the caring period is over. In fact, as scientific researches demonstrate, former carers also have difficulties in reintegration in social and working life after many years dedicated to full time caring. For that reason, the action of *Life After Care* (LAC) project, financed under the EU Lifelong Learning Program "Grundtvig" for the years 2009-2011 - focused on what happens when care activity ends (normally after cared-for's death) and aimed to support the integration/reintegration/retention of former carers in professional or unpaid activities. The partners of the LAC Project were as follows: Sofia social cooperative, associated of ANS cooperative; Arco company working on the community welfare and social policies support field; Carers UK; Care Alliance and the Atheniens Association of Alzheimer that supports people affected by Alzheimer disease.

In relation to the LAC project, Sofia and Arco Italian partners have carried out research based on the idea that carers' everyday tasks need the development of several capacities, knowledge and sensitivity that – if acknowledged and enhanced – might certainly be useful also in other contexts. One critical aspect that emerged is that former carers who have difficulties in taking back their future after caring are not fully aware of capacities, abilities and knowledge acquired while caring. This set of skills could become social capital that might be re-invested in a new phase of their life.

The research is therefore focused on the one hand on the identification of motivations and effective skills developed within caring experiences, and on the other hand on the characteristics of the demand that might employ these skills (in paid and unpaid care services). At the same time, the study provides evidence of post-caring experiences that contribute to enlighten a phenomenon still rarely investigated by Italian and international literature. In order to fulfil these aims three different methodologies have been applied, one for each target group. The identification of skills acquired by carers during the caring experience is based on the method of the behavioural event interview. The identification of skills demanded by professional care services is made through a questionnaire filled by human resource officers or enterprises providing social services and public employment services officers. Finally, two focus groups have been organized aimed at deepening the knowledge of problems related to the insertion of former carers in volunteer organisations. Nevertheless, the survey underlined that caring experience – dramatic, hard, not-acknowledged as it is – can for carers be a great leverage for change and empowerment if it is supported adequately.

Another important aspect pointed out is that caring activities can not be carried out just by one person but it demands the integrated work of professionals, services, associations and especially by friends and family networks. Moreover researchers added that when carers understand the effective sense of their activity, even under the worst conditions, they can have a good transition to post-caring. In this case, it is important to note the crucial role of social and health workers who can facilitate both the individual carer's empowerment and the recognition of the skills they

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<sup>1</sup> This contribution represents the translated abstract of the article "Life after care: un progetto europeo per dare valore al lavoro di cura dei familiari", published in *Prospettive Sociali e Sanitarie*, 4-5/2011.

have acquired on the “job” that means the recognition of the importance and value of their activity.

According to the survey, many people, including among social/health workers and carers themselves, recognise caring as a valuable experience from the human and emotional point of view. However, few are able to acknowledge and enhance the legacy of knowledge, abilities, competences and resources left by this experience (initiative, interpersonal understanding, problem solving, flexibility, efficiency orientation and self-control have been the most common detected skills). A legacy that might be put in practice to positively overcome a difficult and thorny moment as transition to post-caring is. So that care experience can become a resource both for the carers (even in terms of employability) and territory (that could enhance and qualify what volunteers offer). However, it is important not to underestimate the risk of carers’ burn out and their possible temptation to give up any kind of caring activities. In order to avoid the mentioned risks, it is fundamental to support carers in their activities through a concrete aid and an adequate training that can both be useful tools to deal with post-caring situation. Following this logic, social and voluntary organizations and even companies working in this sector should re-think their “recruitment” system taking into consideration the social value that carers can receive from this important experience.

For more information please consult the website: [www.lifeaftercare.eu](http://www.lifeaftercare.eu)

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## **Recent developments in Germany: the first three years of experience of the German national carers organization “wir pflegen”**

*By Dr. Hanneli Döhner, member of the Executive Committee of EUROCARERS and of “wir pflegen”*

The association „**wir pflegen**“ (Interessenvertretung begleitender Angehöriger und Freunde in Deutschland e.V.) is the national carers’ organization in Germany, acting at local, regional and national level in the interest of carers of all ages, covering all caring situations. It is supplementing different organizations, which are mainly focused on special diseases, with the patient in the centre of interest, but often also supporting carers of these special target groups. It is based in Hamburg and established in 2008.

**wir pflegen** is a practical consequence of the results of the EU funded project “EUROFAMCARE – Services for Supporting Family Carers of Older Persons in Europe” (<http://www.uke.de/extern/eurofamcare/>), where 23 countries have been involved. As you know (see the last page for a summary of EUROCARERS’ story), the members of this project together with the network of another EU funded project CARMEN – on integrated care – were convinced that carers missed adequate recognition at political as well as societal level, so decided to found EUROCARERS. It was 2006, a time in which a real national carers’ organization with a comprehensive orientation, and not only disease oriented, did not exist in Germany. Consequently, **wir pflegen** was initiated in 2008 by the German research group of EUROFAMCARE.



*Members of **wir pflegen*** should actually care for a family member or a close person, have cared but have finished or any other persons who actively would like to support carers' interests – e.g. professionals from the fields of counseling, research or teaching. At present, there are ca. 120 members, mainly carers, with some regional focal points mainly in the North and the South of Germany. We have a lack of representation especially in East Germany, but this is, based on historically different orientations, a well known phenomenon for self-help organizations in general.

Based on the statutes the *board of **wir pflegen*** consists of a maximum of seven members (actually five) and carers should be in the majority. There have been some changes as it is clearly shown that it is a lot of work to do, different experiences and expertise is needed and it includes a big potential of conflicts between the interests of members in different situations and with different backgrounds. The co-ordinator of EUROFAMCARE Hanneli Döhner and initiator of **wir pflegen** is from the beginning up to today a member of the board. The board meetings (in person or through teleconferences) are in general every two months, some times more often, depending on actual topics to be discussed and decided. The minutes are available for members in the internal part of the website.

The work in the association is still only unpaid work, with the only exception of the technical support for the website by the webmaster and a student. The *annual budget* is very low, composed by membership fees (10 – 30 € per year per person and 150 € for some few local institutions) and some funding. In the last three years we have received funding from the health insurance company BKK (9.500 € per year), which was mainly used for the AGM combined with a workshop. What is mostly needed is a part-time position for a paid secretary position who takes care of the continuity of the work. Fundraising for this kind of association and especially for a secretary is really hard in Germany. This is why we also try to get involved in EU projects as an additional option. The fact that one board member of **wir pflegen** has been elected as a member of EUROCARERS Executive Committee gives a better opportunity to link the national to the European work and vice versa.

The work is oriented to eleven *guiding principles*, developed by **wir pflegen** members based on the guiding principles of EUROCARERS. The association seeks to raise recognition of, and support for, carers through influence on policy, training and service developments, especially in connection with the long-term care insurance, which is currently the main instrument for formal carer support.

There are two main organized forms of members' activities to fulfil the guiding principles and to make the voice of carers heard: first, local or regional, with the intention to establish regional groups of **wir pflegen** and secondly national in working groups focusing on the main topics decided by the annual general assembly.

A guideline for *regional groups* has just been accepted. One of the prerequisites to be formally a regional group is to have a minimum of five members. The membership fees of members organized regionally go to 50 % to the group. If they are successful in fundraising in their defined region, the money is only for regional activities. After meetings, minutes have to be written and to be published at the website. Every group is linked to one of the board members to assure transparency and support if wished.

At present there are four *working groups*: improvements in the care insurance (1), poverty through care (2), reconciliation of paid work and care (3), fundraising (4).

- (1) Improvements in the care insurance: This group has developed a position paper to improve the situation of those carers whose cared-for person opted for cash payments instead of in-kind benefits, because a family member wants to care on her/his own for the relative. The amount of money is much lower and the aim is to show the problems connected to convince the decision makers to change the situation. A first version of the paper has been handed over to the Minister of Health during a so called “Pflagedialog” (dialog of care), that was established as a counseling round for the ministry to improve the health care insurance and where **wir pflegen** has been invited to participate. The topic of this working group is linked to our guideline No. 9: “Financial security” as well as No. 5: “Free choice” for the care setting.
- (2) Poverty through care: This was the main topic of **wir pflegen** for the last time. The group has done a big job in recruiting carers in poverty or at real risk of poverty, who wrote or told their stories based on a given structure, which have been edited and then published in December 2010 on the website as an “advent calendar”. The group intends to continue its work by looking for more stories and new possibilities to publish it e.g. as a kind of case book. But this further work is mainly dependent on new funding possibilities. This engagement is linked to different guidelines but mainly to No. 9: “Financial security” and also to No. 4: “Equal opportunities”.
- (3) Reconciliation of paid work and care: As the biggest group of carers is in the age range of 55 to 65 years (working age), the wish to combine care and employment is crucial. Especially as women do the main amount of care and they also want to continue their work, because of financial reasons and social inclusion, this is a gender topic also. But the immense burden and the need for special support is not realized by society, politicians and employers. This work is mainly linked to guidelines No. 8: “Reconciliation” and No. 11: “Social integration”.
- (4) Fundraising: This group has worked on how to understand what kinds of funding are available and has prepared an overview of possibilities. Now, the challenge is to find supporting members who really go into depth to find out what funding organization could be a possible source for what kind of need and then to prepare proposals in connection with the board members. At the moment the group is preparing a proposal for a Foundation in Hamburg to get money for the IT equipment for the new office, which has been made available by the University Hospital without costs for **wir pflegen**.

Because we are still a young and small association, we need to cooperate with other organizations to get improved recognition of our aims. Since June 2011, we are a member of the national organization of more than 100 senior associations - BAGSO (<http://www.bagso.de/>). Next year, from 3 to 5 May 2012, they will organize the 10. Day of Seniors in Hamburg, which will be a very big event connected with a huge exhibition. **wir pflegen** will have the opportunity to organize a workshop and have a special stand free of charge.

Our German association has got some recognition on the political level and has got some good feedback, as these two examples show. The first concerns the award won by **wir pflegen** in 2010 in the “Transatlantic Competition Usable: Movers found – good examples of engagement of the generation 50+” (Transatlantischer Ideenwettbewerb: Bewegte gefunden – Beispielhaftes Engagement der Generation 50+: <http://www.koerber-stiftung.de/gesellschaft/transatlantischer-ideenwettbewerb-usable.html>). The second concerns the nomination of **wir pflegen** in 2011 as an example of good practice in the EU funded project: “INTERLINKS - Health systems and long-term care for older people in Europe – Modelling the INTERfaces and LINKS between

prevention, rehabilitation, quality of services and informal care” (for more information consult: [http://interlinks.euro.centre.org/model/example/WeCare\\_RepresentativeBodyOfInformalCarersRelativesAndFriendsInGermany%20](http://interlinks.euro.centre.org/model/example/WeCare_RepresentativeBodyOfInformalCarersRelativesAndFriendsInGermany%20)).

But we are struggling from day-to-day to find new members, which is extremely difficult. We try to have more of a presence at a local level, but this needs the engagement of members in the regions, which in turn requires a lot of support from the board. We are very engaged in looking for funding to make our efforts more sustainable and to get the resources to undertake more visible work and follow up initiatives instead of only doing administrative work, which can be distracting and takes up a good deal of time.

We do have to find the way to combine strategic work, which needs time and patience, with actual initiatives which many carers want – changes carers want to see now. Ideas have been developed, but more realistic approaches are needed – it is difficult without more money. Any advice from experienced people from established carers’ organizations is welcome. EUROCARERS could be a framework for improvements in the national organizations as well.

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For more information in German please refer to: [www.wir-pflegen.net](http://www.wir-pflegen.net).

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**Carers and Information and Communication Technologies (ICT)**

**By Marja Pijl, advisor of the EUROCARERS Executive Committee**



Most governments as well as the European Union have high expectations of the benefits of Information and Communication Technology (ICT). Now that the baby boom generation is reaching the age of 65+ and the labour force is shrinking because of declined birthrates, it is evident that there will be personnel shortages in the health and care sector. Can ICT in the care sector help? And if so, what will that mean for carers?

There are many projects going on, in which new devices and equipment are tested. Most projects deal with new tools for the cared-for person, such as alarms, environmental controls, GPS (Global Positioning System) based tools to help confused people get oriented or innovative

methods by which people with a chronic disease are given the equipment and trained to take certain measures themselves (e.g. blood pressure) and forward them to a medical centre where they are monitored.

Research concentrates on the effects of the use of such devices on the user, usually the cared-for person, and the personnel in the care sector. So far the results seem positive. In the research where the experiences of carers are explicitly studied, the outcomes are also promising. Many of the new devices mean that seriously impaired cared-for persons are empowered to do certain things themselves: turn on the light, shut the curtains, answer the doorbell, do their own shopping, banking and communicate with their doctors and nurses. This means that they do not have to call on a carer to help them. This can be a relief for their carers.

Other innovations have to do with monitoring the dependent person. These tools are especially effective in the case of beginning dementias. If carers can monitor the cared-for's actions from a distance they need not remain near them all the time and this will give carers more freedom of movement. Obviously this is an advantage. It also can reduce carers' anxieties when they can check what the cared-for person is doing during their absence and can get in touch when necessary.

Then there are the medical devices that a carer can learn to use, so that the care becomes easier, like a hoist to get the cared-for person out of bed, but there are also more technical instruments that carers may learn to administer. In a recent meeting of the Interest Group on Carers of the European Parliament, our secretary Frank Goodwin mentioned rather specialized medical treatment that some carers administer, such as dialysis at home, use of suction machines, changing dressings, administering oxygen, diabetes related tasks, managing incontinence and more. Such devices make it possible to keep patients longer at home or to discharge them earlier from the hospital. It is also possible this may reduce costs, and usually it is in accord with the wishes of the cared-for person and the carer.

In spite of the undeniably positive changes that ICT can make for carers and cared-for persons, it may be good to make a few cautionary remarks. We know that the answers of people who are involved in an experiment in which a new device is being tested may be positive, not only because of the new device, but even more so because they get extra attention, they feel they are important and they are listened to. When the new device is rolled out over a much larger population this effect is likely to disappear. In experiments, the best conditions are created so that outcomes will be positive. For instance, the equipment may be given free of charge to the people taking part. In "real life" situations, after the experiment is over, users are likely to be confronted with less favorable conditions and therefore new users may not be quite so positive.

If the introduction of new equipment is to be successful, certain prerequisites must be met. The potential users (persons in need of care and their carers) need to be aware of what is available and how it could be of use to them. There are already so many devices on the market, potential users cannot possibly be fully informed and will need guidance. If they are unfamiliar with ICT and the techniques they have to use to operate the equipment, they need adequate training and instruction and recourse to help when they run into problems. Also, there is always the possibility that the equipment will fail, due to a power cut, a computer crash or whatever. For people whose healthcare depends on ICT there needs to be a back-up system which can be used in case of an emergency. Users must know they are safe, even when they heavily depend on ICT. Will these

prerequisites be met, when ICT devices are being implemented on a large scale? Do financial planners take into account that such measures involve extra costs?

There are more questions that need to be considered. Once the use of ICT equipment becomes part of general practice: who will pay for the equipment? Are the costs of the equipment shifted to the users? Will there be any compensations? It is generally believed that ICT can make the lives of carers easier. Examples were given above. But does it really relieve the burden for carers? Chances are that even more tasks are relegated to carers. The house may be transformed into a hospital-like place and the carer may be asked to do the tasks of a professional nurse. This is a heavy responsibility and even heavier if carers have not had adequate training and do not have the necessary knowledge to deal with unforeseen situations.

When carers are given the equipment to monitor their cared-for persons, they are likely to be on duty 7x24 hours. Even though they have increased possibilities to leave the house and retain some of their social contacts, the fact that they are constantly “on call” must be extremely taxing. How often will such carers get a break? Will carers in paid employment be able to fully concentrate on their paid work when they know they are at the same time responsible for a dependent person at home? Is tele-working the solution? Many carers enjoy the different environment of the workplace. Tele-working reduces their opportunities to get away from the care environment, which can be beneficial for carers. How satisfying will tele-working be in the long run?

Issues such as these need to be carefully studied before we become too enthusiastic about the positive results of experiments with ICT. It is good for EUROCARERS and its members to be involved in the development of new devices so that we can make sure the advantages of ICT are not turned into disadvantages for carers.

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***Conference Call: “Aging & Health in the Eastern Mediterranean Region”***

18-20 of September 2011

University of Nicosia, Nicosia, Cyprus



The Cyprus Sociological Association and the Research Unit in Behaviour and Social Issues in collaboration with the SAGE Journal ‘Aging & Health’ and the University of Nicosia, and the Cyprus Alzheimer’s Association are organizing a Conference with the title: ***Aging & Health in the Eastern Mediterranean Region.***

**Conference theme:** Countries in the Eastern Mediterranean Region share certain geographical, historical, and cultural features that may influence health and patterns of aging. The region has also experienced disruption due to war and political and religious conflict. It is little understood how such disruption has influenced the lives of older people and their place in society. As in other parts of the world, the region is experiencing rapid rates of aging fueled by low and

declining fertility (esp. in Greece), outmigration of young people (esp. in Lebanon), and rising life expectancies. Systematic information on the health of older people in the region is lacking and the impact of rising numbers of older people on the larger society is not well understood. The conference aims to:

- Highlight groundbreaking work on the ageing process, which could help elderly people not only live longer, but also lead healthier and happier lives;
- Outline investigations into the best ways healthcare professionals can improve the care they provide to elderly people on a day-to-day living basis, (iii) identify and develop effective interventions that lead to improved health and quality of life in older age;
- Inform policy and practice including the development of services and technologies to support independent living;
- Increase capacity and capability in ageing-relevant research.

The conference will be divided initially into **eight topics** focusing *on the unique context of the Eastern Mediterranean countries and their people*:

1. defining and measuring quality of life
2. inequalities in quality of life
3. technology and the built environment
4. healthy and productive aging
5. family and support networks
6. participation and activity in later life
7. social policy perspectives and older people
8. medical research into aging and health.

**Who should attend?** All health care professionals who are active in promoting seniors' health: physicians; geriatricians; psychiatrists; psychologists; nurses; social workers; occupational therapists; administrators; health promoters; seniors; caregivers; students.

**Link for Information and Instructions for Abstract Submissions:**

<http://www.sociology.org.cy>.

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## About EUROCARERS

EUROCARERS was officially established in Luxembourg in December 2006. The origin of EUROCARERS 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 remarkably, especially in the last year, and includes now over 60 organisations and several individual associates from all 27 European Member States. Members of the current (2011-13) Executive Committee are: Robert Anderson (President); Stanislav Trnovec (Vice-President - Carers organisations), Giovanni Lamura (Vice-President - Research); Frank Goodwin (Secretary); Hanneli Döhner; Licia Boccaletti; Åke Fagerberg. The association can also count on the support of two advisers: Christine Marking and Marja Pijl. For more information on the members of the Executive Committee: [http://www.eurocarers.org/about\\_executive.php](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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EUROCARERS is a NGO & non-profit organisation registered in Luxembourg in 2006 (registration no.: F6854).

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