

Eurocarers'
Position Paper
December 2019

**EU Structural and Investment
Funds should better
SUPPORT POLICIES AIMED
AT INFORMAL CARERS,
building on the expertise of
carers' organisations**

The context

The vulnerability of informal carers is a threat to our health and social care systems.

Informal carers are a cornerstone of our health and social care systems, but they are also identified as a vulnerable group, in great need of support. Indeed, while providing care to a relative who is dependent because of age, disability or chronic disease, can be a source of personal satisfaction, it is also one of the life circumstances that contribute to isolation, poverty and social exclusion. Carers can experience significant financial hardship as a consequence of their caring role. Their caring responsibilities can act as a barrier to entering or remaining in paid employment. In particular, young carers are at greater risk of not completing their formal education and are less able to enter into higher education, reducing their life chances and increasing their social exclusion.¹ The unequal sharing of informal care between men and women intensifies gender inequalities in employment, particularly for women². Furthermore, research has traditionally highlighted the negative consequences on carers' health, by focusing on the stress and burden associated with caregiving.

While more and more countries are developing policies aimed to support and empower carers, the social risks they face are now recognised at EU level. The Directive **on work-life balance for parents and carers adopted last June 2019 foresees that member states put in place a series of measures** "in order to encourage workers who are parents, and carers to remain in the work force". More recently, EU Ministers for Employment and Social Affairs identified that "people with caring responsibilities" are in a vulnerable position in the labour market, and should be provided better employment opportunities³.

At the same time, light is being shed on their massive contribution to long-term care provision, which cannot be sustained in the long run against the current demographic background, unless further support is provided. The number of countries for which the EU Semester refers to informal care has increased. While informal care was mentioned in 8 countries only in 2018, and in 10 countries in 2017, the issue was raised concerning 17 countries in the 2019 cycle⁴. Also, long-term care has been considered as a priority for investment in 9 member states, according to Annex D to their Country Reports, pointing out to the need to reorganise long-term care systems in a way that is sustainable, both for member states' finances and informal carers' well-being and social inclusion. This will only be achieved through investing in both formal long-term care services and adequate support to informal carers, considered as key partners in care, in accordance with the integrated people-centred model of care, as defined by the World Health Organisation⁵.

¹ See the ME-WE Policy Brief: Enabling young carers to pursue their goals in life and reach their full potential <https://me-we.eu/wp-content/uploads/2019/05/Me-We-European-brief.pdf>

² See Gender Equality Index 2019, Work-life balance European Institute for Gender Equality, 2019

³ See the outcome of the December Employment, Social Policy, Health and Consumer Affairs Council meeting <https://www.consilium.europa.eu/media/41736/st14932-en19.pdf>

⁴ See Eurocarers' Briefing 'European Semester 2019: how to build on the increasing focus on care, accessible here: <https://eurocarers.org/publications/european-semester-2019-how-to-build-on-the-increasing-focus-on-care/>

⁵ Read more on the World Health Organisation 's Framework on integrated people-centred health services here: <https://www.who.int/service-delivery-safety/areas/people-centred-care/framework/en/>

A range of social innovations are being co-created with carers in the framework of the Erasmus + and Horizon 2020 programmes.

Since its creation, Eurocarers has been working to support organisations representing informal carers accessing EU funding opportunities to develop innovative projects in the area of care, building on their expertise, in order to contribute to EU policy objectives of social inclusion, access to employment and modernisation of health and long-term care systems.

A large number of Eurocarers' members, be it carers' organisations or research organisations, are regularly involved in EU transnational projects in the areas of life-long learning and research, respectively funded under the Erasmus+ and Horizon 2020 programmes, addressing the issues related to informal care from a variety of angles: development and access to innovation based on new technologies, life-long learning and recognition of skills, health prevention... hence co-producing a series of practical tools and actionable recommendations.

However, despite their efforts, organisations working with and for carers hardly ever access the 5 European Structural and Investment Funds (ESIF⁶), through which over half of EU funding is channelled.

Awareness, participation, access to funding: in 2019, informal carers' organisations remain far from benefiting from ESIF.

As part of a regular follow up of our members' use of EU funding, Eurocarers undertook an internal survey in November 2019, asking members about their experience on three main aspects: awareness, participation in the programming, and access to funding opportunities.

In total, 17 organisations contributed, reflecting in total the situation in 14 countries: Belgium, Bulgaria, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Malta, Norway, UK, Sweden.

Members' awareness of the opportunities offered by ESIF

Only half of the respondents shared that they were aware of funding opportunities offered by the ESIF in their country, likely to support their initiatives. The European Social Fund is the instrument that most of them identify as likely to offering funding opportunities in the area of informal care. Eurocarers' members from several countries (DK, BG, DE, EL, NW) do not even identify ESIF as a potential source of funding for their activities.

Participation

With the notable exception of the Estonian carers' organisation, none of the organisations were involved in the programming of the current funding period 2014-2020, either directly or indirectly through a wider platform at national/ regional level. The main reasons why organisations were not involved are mainly that they were neither invited nor even aware of the process, and a lack of resources.

Interestingly, the Italian explained that ESF calls in Italy are usually reserved for VET organisations

This lack of participation opportunities is all the most regrettable that participating was considered as a positive experience by our Estonian member, as *"it gave the organisation a better understanding of future opportunities and priorities"*. Furthermore, all of the respondents would consider participating in the process as relevant.

⁶ European Structural and Investment Funds (ESIF) are: European regional development fund (ERDF), the European social fund (ESF), the European agricultural fund for rural development (EAFRD), Cohesion fund (CF), European agricultural fund for rural development (EAFRD) and the European maritime and fisheries fund (EMFF).

Concerning the upcoming funding period (2021-2027) also, members point out to the fact that they were not aware of the process, nor invited, and that they won't have the necessary resources to engage anyway. Generally, they depict a situation where NGOs seem left aside of the funds' programming.

Access to funding

Recently, only 3 Eurocarers' member organisations applied for funding under one of the ESI Funds. The main reasons why the wide majority of responding organisations did not apply are, in order of importance, *"the lack of resources needed to go through an application process"*, *"the lack of awareness of funding opportunities relevant to their activities"*, *"the lack of calls targeting NGOs"*, *"the difficulties to build needed partnerships"*, *"the 'fact that the calls' criteria seem too restrictive"*, and that *"the application process seems too burdensome"*.

The Estonian application to an ESF call didn't succeed: whereas it was in line with the objectives of the Operational Programme (*"Increased labour market participation or improved coping of people with special needs, care burden or coping difficulties who have received welfare services"*) it has been considered that the activation measures proposed (building up self-confidence and preparation for returning to the labour market) would not be efficient enough with regards to the expected output (measured by the number of people in employment 6 months after benefiting from the measures).

On the other hand, two applications succeeded in the last years.

In France, 'La Compagnie des Aidants' succeeded in leading an application to a European Regional Development Fund grant managed by the regional authorities of "Ile de France". They responded to a call for proposal published in 2016 concerning the development of e-Health, under the objective 2 of the Regional Operational Programme, i.e.: foster education and professional training, including improving people's employability (<http://www.europeidf.fr/action-europeenne/programmes-action/feder-fse-iej>). The project was delivered, and more than 700 people registered to the online training (see here: <https://lacompaniedesaidants.org/inscription-formation/>). Though, administrative difficulties occurred leading to a delay in the payment of the grant, creating difficulties for the organisation.

In Sweden, the project [Motivation leads to success](#) is being implemented by a partnership lead by Regional Association of Kalmar County and including the Swedish Family Care Competence Centre, as well as various local authorities. This project is good example of an ESF project integrating the issue of caring, building on the outcome of an Erasmus + project. Overall, the project aims at preventing school drop-out among teenagers, through improved collaborations between professionals, enhanced knowledge and new tools for motivating students. A horizontal sub-project is more specifically working with Young Carers (15-18 years), to create an innovation that supports them to complete secondary education, which in turn leads to inclusion in society and better health. This sub-project is led by Eurocarers' member, the Swedish Family Care Competence Center, and builds on the Erasmus+ project [EDY-CARE](#), which is currently being completed by a partnership including various carers' organisations.

Alongside these projects, we observe the development of ambitious programmes supported by the EU focusing on informal care, without carers' organisations being involved. For example, the INTEREG project 'In for Care' in the North Sea Region gather mainly local authorities (see : <https://northsearegion.eu/in-for-care/about/>).

Conclusions:

Today, carers' organisations seem left aside of the participation and funding opportunities linked to ESIF, whereas informal care is a key element in addressing the many pressing challenges in the area of health and long-term care commonly faced by member states.


This is all the most regrettable that these funds, and in particular the European Social Fund, appear as a particularly relevant vehicle to scale up the many outcomes of relevant transnational projects, and address care and caring issues within a wider policy framework in an integrated way. Indeed, a diversity of tools are now available, which have been co-designed with carers, tested and evaluated, often in cooperation with local authorities.

If we want the Social Pillar to translate into concrete improvements in the life of informal carers and people in need of care, we should make a wider use of these tools, which contribute in particular to the principles 9 on Work-Life Balance⁷, and 18 on Long-Term Care⁸. They could usefully be considered in the development of ambitious EU funded projects aimed at fostering social inclusion and employment at local and regional levels.

Besides, carers' organisations bring to a partnership the needed users' perspective, their knowledge and expertise, building not only on their experience in the field but also on their participation in the wider carers' movement.

In order to ensure that carers' organisations contribute to an efficient implementation of ESIF likely to deliver on the social inclusion of informal carers and the access to health and long-term based in the community, Eurocarers recommends the following:

- In the programming period, Member States and Managing Authorities should make sure that informal carers are included among potential beneficiaries of the funds, and that carers' organisations are involved in the planning and programming process.
- Member States should ensure that information on the opportunities offered by ESIF for projects addressing care and caring issues are disseminated widely and in particular in direction of carers' organisations.
- The engagement of representative carers' organisations should be an essential requirement for potential applicants presenting projects in the area of informal care and caring.
- When reviewing the use of ESIF by member states, the European Commission should take into account the extent to which carers' organisations have been involved in the process, and in relevant projects. This aspect should be reflected in the Semester.
- Member states should reinforce the capacity of carers' organisations, who often are limited by lack of resources. In parallel, the process should be made more accessible to small organisations.



For more information about this
Position Paper, please contact
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⁷ Principle 9 on Work-life balance: "Parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services. Women and men shall have equal access to special leaves of absence in order to fulfil their caring responsibilities and be encouraged to use them in a balanced way."

⁸ Principle 18 on Long-term care: "Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services."