

***Eurocarers'
contribution
to the***

***EU Consultation
on the Green
Paper on Ageing***

March 2021
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**EURO
CARERS**

European Association **Working for Carers**

Eurocarers' contribution to the EU Consultation on the Green Paper on Ageing

29/03/2021

Laying the foundations (chapter 2 of the green paper)

1. How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?

1/ Protect the health of informal carers

Most EU citizens are, or will be at some point in their life, providing care informally to a dependent relative or a friend, be it intensively or more sporadically. In Europe, 80% of Long-Term Care (LTC) is provided by informal carers. While informal care can be rewarding, it does not come without a cost:

- The correlation between caregiving and physical and mental health is well established. In particular, research has highlighted the negative consequences on carers' health, by focusing on the stress and burden associated with caregiving. Evidence shows an accrual of negative effects: carers first experience distress and depression, soon accompanied by physiological changes and impaired health habits which ultimately lead to illness.
- The prevalence of mental health problems among informal carers is 20% higher than among non-carers and particularly high for people who provide very intensive care (more than 20 hours per week). Depressive disorders, anxiety, anger and hostility are indeed frequently associated with heavier caring duties (OECD, 2011).

More recently, researchers have started to identify positive aspects of caring, such as the positive contribution it can make to satisfaction with life and psychological wellbeing, provided that appropriate support is available. Therefore, it is key for informal carers to benefit from tailor-made health prevention measures and adequate support

References

- Predictors of satisfaction with life in family carers: evidence from the third European Quality of Life Survey, Oliveira D. et Hlebec V., 2016
- Help Wanted? Providing and Paying for Long-Term Care, OECD Health Policy Studies - OECD Publishing, Colombo, F. et al., 2011
- Physical and Mental Health Effects of Family Caregiving, Schulz R. et Sherwood P., 2008

2/ Support active ageing through training for informal carers of older people

Carers directly contribute to the health and well-being of older people. It is crucial that they are aware of the importance of supporting older people's participation in society according to their needs, desires, and capacities, and are offered adequate information and training to help the person they provide care to remain active.

Reference: TRACK project (<https://eurocarers.org/track-2/>)

2. What are the most significant obstacles to life-long learning across the life-cycle? At what stage in life could addressing those obstacles make most difference? How should this be tackled specifically in rural and remote areas?

Informal care responsibilities have been identified as an important barrier in accessing life-long learning, as they limit the availability and mobility of carers who often struggle to provide daily care in combination with professional and other family responsibilities.

This has a detrimental impact on their social and employment prospects: young adults with care responsibilities are more at risk of being NEETs; carers of working age face difficulties to (re-)train and are therefore disadvantaged in relation to finding their way in and on the labour market.

Besides, while caring duties often need to be taken on without warning and without preparation, carers lack access to tailored care-related training likely to help them provide adequate care while preserving their own health and wellbeing.

On the other hand, experienced informal carers who have developed comprehensive competences ranging from medical to soft/transversal skills (communication, time management, digital competencies...) do not see these skills recognised and valued. In many contexts where carers have been away from the labour market due to long periods of caregiving, validation of their skills would usefully strengthen their self-confidence and increase their chances of accessing employment.

Consequently, informal carers should be considered as a priority group in the design of life-long learning policies and programmes.

ICT-based solutions have the potential to support carers in rural and remote areas, via blended training modules, combining face-to-face and online sessions. Yet, these opportunities remain out of reach for some carers who have limited access to ICT devices and lack digital skills. It is of vital importance to provide carers with the skills they need to access training facilitated by ICT. Indeed, while some promising initiatives allow carers to access life-long training online and help guide the shift to ICT-based solutions, they remain scattered; they should be scaled up and better integrated in the provision of social, health and LTC services.

References:

- European Foundation for the Improvement of Living and Working Conditions; webpage on the topic 'NEETS' <https://www.eurofound.europa.eu/topic/neets>
- Eurofound, European Quality of Life Survey 2016, 2017.
- Informal caregiving and learning opportunities, an overview of EU countries, Eurocarers, 2016

Making the most of our working lives (chapter 3 of the green paper)

3. What innovative policy measures to improve participation in the labour market, in particular by older workers, should be considered more closely?

At least 27% of female and 17% of male workers aged 50–64 - a group whose employment rates have been increasing over the past 15 years - are caring for someone living with a disability or long-term health condition. Combining care and employment can be especially challenging for this age group, making it difficult for them to access or retain employment. While the adoption of the Work-Life Balance Directive in 2019 and the establishment of a new right to a carer's leave of 5 days per year represents a major breakthrough in the recognition of informal care as such, this entitlement remains far from providing carers with the time off they need to juggle their responsibilities.

The participation of older workers with caring responsibilities in the labour market can only be sustained in genuinely carer-friendly workplaces, combining the full implementation of the Work-Life Balance Directive with complementary measures such as awareness raising, practical support, flexible working conditions and real opportunities for financially-compensated time off.

Benchmarking schemes and consultancy developed by carers' organisations can usefully boost employers' awareness and commitment to provide appropriate support for carers helping them to combine work and care. This is the case for example of the 'Werk & Mantezorg' scheme developed by the carers' organisation MantelzorgNL in the Netherlands, involving 389 organizations.

The promotion of work-life balance for working carers should be discussed with relevant stakeholders, including carers organisations, at national level, and supported by continued mutual learning, research and transnational exchange at EU level.

In addition, as stated above, the competences and skills gained while providing care should be more widely recognised and validated, thereby supporting participation in the labour market of 50+ people who have either not entered or left the labour market to provide regular care to a relative. Sadly, though informal carers often develop extremely valuable skills, be they soft skills (communication, time management, coordination ...) or technical skills related to specific care situations, the possibility of validation of these informally acquired competences remains over limited (see also Q2).

References:

- Eurofound, European Quality of Life Survey 2016, 2017.
- Werk & Mantelzorg: <https://www.werkenmantelzorg.nl/aan-de-slag/de-4-stappen/>

4. Is there a need for more policies and action at EU level that support senior entrepreneurship? What type of support is needed at EU level and how can we build on the successful social innovation examples of mentorship between young and older entrepreneurs?

As mentioned above (Q 3), appropriate work-life balance measures are key to support the active involvement of people aged 50+ in the economy. As regards entrepreneurship - like for other forms of work - support to informal carers should be accessible regardless of the type of work/employment.

5. How can EU policies help less developed regions and rural areas to manage ageing and depopulation? How can EU territories affected by the twin depopulation and ageing challenges make better use of the silver economy?

Challenges related to the accessibility, affordability and quality of LTC services are of concern to all EU countries; however, less-developed regions and territories, affected by depopulation and ageing, are more severely affected. These challenges must be addressed by the EU for principle 18 of the Pillar of Social Rights to be put in practice for all EU citizens.

The EU can play a key role in supporting and guiding the public investment needed in formal care with a priority to home- and community-based care, as well as in support targeted at informal carers. Ambitious EU-level standards are required to monitor efforts as part of a comprehensive strategy on care, rooted in both research and the exchange of good practices.

Importantly, the complexity, diversity and fast-changing nature of LTC systems mean that policies and initiatives aiming to deliver progress must be based on a comprehensive understanding of the LTC 'ecosystem' of a given area, and the involvement of all stakeholders - including primary users and informal carers -, by means of a participatory process. The EaSI-funded InCARE project is currently implementing this approach, contributing to outline the conditions for effective and sustainable social innovation in LTC.

Taking into account the specificities of each geographical area, it is essential that carers can easily access information on the support available for them in their immediate environment. To this end, the national carers association MantelzorgNL and the Dutch Ministry of Health, Welfare and Sports launched a comprehensive website during the Covid-19 crisis, showing where and how carers can find help depending on the extent of their needs.

Likewise, the 'Silver Economy' could contribute to positive developments in the field of LTC, provided that it addresses the specificities of a given territory and that solutions are designed through a participative process, qualitative, accessible and affordable.

References:

- Challenges in long-term care in Europe, Spasova S., Baeten R. and Vanhercke B., 2018
- Social Innovation in LTC in Europe: Towards a common narrative for change, InCARE Policy Brief, Ilinca S. et al, 2021
- InCARE project: <http://incare.euro.centre.org>
- The Care Ladder for Informal Care (Zorgladder Mantelzorg): <https://www.mantelzorg.nl/zorgladder-mantelzorg/>

New opportunities and challenges in retirement (chapter 4 of the green paper)

6. How could volunteering by older people and intergenerational learning be better supported, including across borders, to foster knowledge sharing and civic engagement? What role could a digital platform or other initiatives at EU level play and to whom should such initiatives be addressed? How could volunteering by young people together with and towards older people be combined into cross-generational initiatives?

1/ Valuing the skills of experienced carers

A number of older people, having provided informal care to one or several relatives in need of care over substantial periods of time, have become experts by experience. Some are willing to share their experience and engage in their communities, thereby contributing to a better understanding of carers' needs, better support to other carers and to advocacy campaigns for the recognition of carers' contribution to society.

Evidence shows that informal carers who face difficulties in managing their caring role truly value the possibility to meet and exchange with people who have experienced similarly challenging situations. Mutual aid groups create a secure space for peer support and can therefore efficiently meet some of support needs of carers, complementing the required public support. Experienced carers of all ages can also play a key role in helping to design LTC services through co-production methods. Their testimonies can prove extremely powerful to raise awareness about the challenges faced by carers.

In turn, volunteering in the carers' movement can be rewarding for experienced carers, help them maintain an active social life (whereas the caring experience often contributes to isolation), and further develop their skills.

The impact of these activities can be strengthened by ICT-based tools, such as online mutual aid groups, opening the possibility to overcome distances and borders.

For older experienced informal carers to be able to develop such a meaningful role as volunteers, they should have the possibility to access adequate training (e.g., group dynamic, ICT skills...) and engage in structured initiatives developed by stakeholders (carers' organisations, local authorities, services providers...) in the field.

2/ Despite a growing momentum, care remains a mostly invisible and undervalued activity. Awareness should be raised about the positive value of care within our society. Initiatives aimed at supporting cross-generational volunteering around care should contribute to highlight the positive aspects of care and build the foundations of a care(r)-friendly society.

References:

- Care4Dem Erasmus+ project (<https://eurocarers.org/care4dem/>)

7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

Eurocarers advocates for a society where older people in need of care and their relatives have the right to choose the care arrangement that best fits their needs and preferences; there should be various qualitative options, including care at home, and a range of combinations of formal and informal care.

Informal carers should be offered adequate support (including information, training, counselling, financial support, respite care, work-life balance ...) so that they can provide quality care in full respect of rights and autonomy of the older persons, in a sustainable manner, without putting their own health and well-being at stake. Regular assessments should ensure the possibility to adapt care arrangements to the (changing) needs of the person in need of care as well as his/her carer.

Moreover, it is essential that a rights-based approach to improving access to LTC, would be subject to public debate at national, regional and local level, and that structured dialogue with representatives of users and other stakeholders be put in place to ensure that they are involved in the design, implementation and evaluation of policies and services that concern them. Alongside older people, informal carers should be allowed to play a key role in voicing the needs of their relatives or friends as well as their own needs, improving their place and recognition in our society.

At the societal level, action should be taken to combat ageism and any form of discrimination affecting older people and their informal carers, and promote positive representations of ageing and care.

Reference: Enabling carers to care, an EU strategy to support and empower informal carers, 2019

8. How can the EU support vulnerable older persons who are not in a position to protect their own financial and personal interests, in particular in cross-border situations?

In a context where citizens' mobility across the EU has been encouraged to match the needs of the labour market, many care relationships take place cross-border. Workers who have moved and settled in a new country may still care at a distance for older relatives in their country of origin, which - among other issues - involves coordinating care providers remotely and travelling to their relatives on a regular basis.

During the current health crisis, the limits imposed to the free movement of persons within the EU prevented many citizens to fulfil their responsibilities as carers, with dramatic consequences on the health and wellbeing of older people concerned, especially in a context where formal health and LTC services have been starkly reduced.

It is therefore key for the EU to recognise the contribution of informal carers as a cornerstone of LTC provision in the EU, and encourage member states to grant carers formal recognition,

opening the way for the cross-border recognition of carers, ensuring that their need for mobility is ensured at all times.

Various guardianship arrangements and measures supporting assisted or shared decision making exist across member states, providing useful legal tools to enable informal carers to support older people and adults with diminished capacity who are not in a position to protect their own financial and personal interests. While the focus of these arrangements is rightly placed on the 'relevant person', it is informal carers who are most likely to bring the legislation to life by assuming the role of a decision supporter or 'intervenor', and as such successful implementation is predicated on their willingness and ability to assume the various decision support roles. In Ireland, carer advocates have expressed concern at the considerable responsibility placed on the shoulders of informal carers assuming the role of decision-supporter, without adequate regard to supporting their needs or addressing any challenges they may encounter.

The EU could support comparative research and mutual exchanges in this area, showing and promoting best practices that support both carers and older people.

References:

- Legal capacity and decision making: The ethical implications of lack of legal capacity on the lives of people with dementia, Alzheimer Europe, 2021.
- Submission to the HSE 'Relevant person - a recalibration for the centrality of rights or just more semantics?', Family Carers Ireland, 2019

9. How can the EU support Member States' efforts to ensure more fairness in the social protection systems across generations, gender, age and income groups, ensuring that they remain fiscally sound?

The rise in life expectancy has resulted in more severe care needs caused by dementia and/or multimorbidity. The risk of LTC needs disproportionately affects people from a low socio-economic background and women, fuelling social and gender inequalities among older people, since accessing adequate LTC often entails significant costs. Against the backdrop of insufficient LTC provision, the risk of LTC needs also has a detrimental impact on the situation of older people's relatives, who are expected to contribute to the costs of LTC and/or provide care informally. The mutualisation of the LTC risk, as it has been done for health, would contribute to more equal societies; it represents a necessary adaptation of our social protection systems to the challenges of demographic change.

Combined with consistent support to informal carers, it would also ensure that informal care is provided to older people on the basis of a free choice and underpinned by values including intergenerational solidarity and family/friendly bonds rather than by tensions and the feeling that the older generation is a 'burden' for the working-age generation. The significant role played by informal carers in LTC provision in all countries is here to stay (44 million people provide such care to family or friends regularly compared to 6.3 million people working in the long-term care sector). An adequate policy-mix, combining support to informal carers, public intervention in LTC in order to pool risks and resources, and investment in LTC services, is needed to allow informal carers to keep providing their invaluable contribution to the sustainability of our social protection systems.

The EU should guide member states towards a modernisation of their social protection systems providing an extended coverage of the risk of LTC needs and comprehensive support for informal carers, building on comparable data, transnational research and mutual learning.

References:

- Mutual Learning Workshops on Long-term Care, Final Outcome Report, European Commission, 2019
- Shaping the future of long-term care: A good outcome will benefit all, blog post, Eurofound, 2020

10. How can the risks of poverty in old age be reduced and addressed?

Informal carers provide an invaluable contribution to the sustainability of our LTC systems, while meeting the widespread preference for receiving care at home, at a time when the shortcomings of institutionalised care are becoming more and more apparent. Yet, evidence shows that providing informal care is a determinant of poverty across the life cycle, including in old age.

Indeed, providing care - especially intensive care - to a relative often entails a substantial economic cost. Informal carers may be forced to cut down their working time or leave paid employment altogether (hence reducing their income), while contributing to the costs associated with the chronic condition of the person to whom they provide care (out-of-pocket expenditure for essential medical costs, additional material, treatments not covered by health insurance, housing adaptation, etc.). They also tend to fall through the cracks of social protection systems, as conditionality criteria accompanying social benefits rarely take caregiving responsibilities into account. In 2016, 54% of working-age carers that were not in employment had difficulties making ends meet. In addition, reduced income during working age contributes to a carers' inadequate financial situation in old age.

Moreover, informal care responsibilities are identified as an obstacle in achieving education and life long-learning, accessing to the labour market, progressing one's career, etc. which, in turn, reduces access to adequate pension in old age.

The risk of social exclusion faced by carers should be addressed via a comprehensive 'active inclusion' approach across the life cycle, combining pathways to inclusive employment during the working life, access to services and person-centred support and adequate income, including pensions. The economic situation of older people with caring responsibilities should be granted particular attention in EU policies aimed at fighting poverty.

Reference:

- Help Wanted? Providing and Paying for Long-Term Care, OECD, 2011

11. How can we ensure adequate pensions for those (mainly women) who spend large periods of their working life in unremunerated work (often care provision)?

Replacement for income lost during periods of caregiving and social security contributions, in particular pension contributions, are interrelated features which are key to protect carers

against poverty over the life course. The lack of access to adequate pensions for those who have devoted important periods of their life to caregiving is an important gap in social protection, with considerable repercussions in terms of (female) poverty in old age.

Informal care is now clearly identified as a driver of the gender pension gap. Women indeed tend to provide much more unpaid work than men in the household, including LTC for relatives. This results in more frequent and lengthier absences from the labour market and, in turn, to lower pay and pension rights. The risk of poverty increases with age, especially in retirement, when women receive retirement benefits that are - on average - 40% lower than those of men. Pension schemes continue to reflect the 'male breadwinner model'. Many women (especially older women who have not had any formal employment during their lifetime) can only rely on survivor benefits, calculated in relation to the pension of the late spouse.

Alongside comprehensive work-life balance policies likely to support women combining care responsibilities with paid employment, member states should formally recognise the role of carers and adequately credit periods of care in the pension system. The EU must swiftly fulfil its commitments in the matter as stated in the Action Plan on the European Pillar of Social Rights, i.e., map out best practices and promote transnational exchanges. Furthermore, the EU must address the lack of data regarding the accessibility and adequacy of pensions for carers across member states.

Importantly, ensuring carers' access to adequate pension should be a key objective of the member states' plans on social protection, and the High-Level Expert Group set up to study the future of the welfare state.

Reference:

- Enhancing the Rights of Informal Carers: the way forward - Eurocarers' Response to the Consultation on the Social Pillar Action Plan, 2019

12. What role could supplementary pensions play in ensuring adequate retirement incomes? How could they be extended throughout the EU and what would be the EU's role in this process?

Ensuring carers' access to adequate pensions requires that reforms be undertaken concerning all pension pillars, including supplementary pensions. Member States and occupational pensions providers should ensure to provide pension credits for career breaks and period of reduced working-time linked to informal LTC responsibilities, protecting the accrual of carers' pension rights, as recommended by the High-Level group of experts on pensions.

Some mechanisms have been introduced by major companies to mutualise parental leave within their occupational pension schemes, a form of redistribution covering some non-contributory periods. Such practices should inspire the design of innovative solutions aiming to mutualise carer's leaves and part-time working periods within pensions schemes, as part of the development of care(r)-friendly workplaces.

Reference:

- Final report of the High-Level Group of Experts on pensions, December 2019

Meeting the growing needs of an ageing population (chapter 5 of the green paper)

13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

As highlighted above (cf. Q. 9), informal carers are and will remain a cornerstone of the sustainability of our LTC systems. Recent data suggests that replacing informal by professional care would result in a substantial increase in the share of GDP devoted to LTC (130% on average for the EU). A recent study shows that the value of informal care in the Netherlands amounts to 22 billion euros a year, and would amount to between 32 billion to 40 billion euros if replaced by professional care. Ensuring the sustainability of LTC in the future requires proactive investment in meaningful support to those informal carers who are increasingly faced with challenging care situations (complexity of care to be provided to people with a non-communicable disease over long periods, increasing pressure to juggle care and work responsibilities, health crisis entailing restricted support, etc.)

Sustainable LTC systems should also be rooted in the recognition of the value of care work. Improving working conditions in the formal care sector, including through the revaluation of the wages of formal care workers, would not only contribute to improving the quality of care, stability of the care workforce and attractiveness of the sector, but would also generate further social and fiscal contributions. Accordingly, the formalisation of undeclared care workers, and regularisation of migrant care workers, would allow to integrate them into the formal labour market.

While investing in LTC services and implementing comprehensive Work-Life Balance measures is more than needed to support women's participation in the labour market, informal carers whose desire is to devote themselves to care for a given period should have access to both a status and adequate financial compensation.

Moreover, sustainable improvement in integrated LTC provision may be achieved through innovative approaches building on local community strengths and synergies, aimed at facilitating a participative approach towards common desirable outcomes (see reference to the InCARE project under Q. 5). At regional and national level, addressing the fragmentation of actors and improving the governance of LTC may contribute to a more efficient integrated care delivery.

References:

- S. Spasova and B. Vanhercke, Old Age Care in Europe's Income, Wealth, Consumption, and Inequality, 2021
- Informal care is not free, Ecorys, 2021: <https://www.mantelzorg.nl/professionals/nieuws/mantelzorg-is-niet-gratis-de-waarde-is-22-miljard-per-jaar/>

14. How could the EU support Member States in addressing common long-term care challenges? What objectives and measures should be pursued through an EU policy framework addressing challenges such as accessibility, quality, affordability or working conditions? What are the considerations to be made for areas with low population density?

Two interrelated initiatives should be undertaken by the EU to support member states in addressing common long-term challenges.

Firstly, an EU legislative initiative on LTC should be put forward, whereby member states commit to upward convergence in the provision of accessible, affordable and good-quality LTC services, with a priority for home and integrated community care, centred around users. Compulsory targets should be adopted in this objective, along the same lines than the targets adopted by the Council in Barcelona in 2002 concerning childcare.

This framework should seek to address issues regarding both formal AND informal LTC, including through ensuring good working conditions in the formal sector and comprehensive support for informal carers.

Secondly, the EU should encourage a holistic approach to tackle all the facets of the informal care experience across the life cycle (e.g., lack of awareness of carers' contribution, stigma and discrimination, obstacles to access to employment and education, training, recognition of skills, lack of respite care, specific difficulties of older informal carers etc.). Our vision of a care(r)-friendly environment is set out in our comprehensive proposal for an EU Strategy on Carers (document attached to the submission). While some countries and regions are already starting to recognise and support carers, the EU should build on positive developments and define joint social standards for carers, in line with the Social Pillar Action Plan.

Importantly, all relevant EU funding instruments (Recovery and Resilience Facility, European Social Fund+, EU4Health horizon 2020, ERDF...) should be mobilised to contribute to these policy objectives.

Reference:

Enhancing the social rights of informal carers, the way forward. Eurocarers' contribution to the public consultation on the Social Pillar's Action Plan, 2020.

15. How can older people reap the benefits of the digitalisation of mobility and health services? How can the accessibility, availability, affordability and safety of public transport options for older persons, notably in rural and remote areas, be improved?

The fast-developing digitalisation of our society holds huge potential in supporting older people's access to health and enabling informal carers to care, provided that a series of conditions is met.

Equipping informal carers with ICT devices, and the skills required to use them, is essential to protect informal carers from social exclusion and to make sure that they can tap into the potential of ICTs to improve their situation.

The lack of accessible and reliable information is one of the key concerns expressed by informal carers. While supporting them in improving their digital health literacy, it is crucial that ICT-based services are co-designed in order to efficiently address their needs as regards access to information, training and support likely to help them provide care while preserving their own health. Their added value of ICT- based solutions in this respect is well documented; however, the upscaling of the many promising pilot projects undertaken is yet to be achieved.

It needs to be borne in mind that ICT-based solutions are not the only tool available to address issues related to access to health, and should be developed as a complement to face-to-face solutions. Therefore, the EU should support investments underpinned by a balanced approach regarding the digitalisation of health, ensuring that face to face health services remain accessible to all.

Reference:

- Digital health literacy: how new skills can help improve health, equity, and sustainability, EuroHealthNet, 2019
- Challenges and recommendations for the deployment of information and communication technology solutions for informal caregivers: scoping review, Alhassan Yosri Ibrahim Hassan, 2020

16. Are we sufficiently aware of the causes of and impacts of loneliness in our policy making? Which steps could be taken to help prevent loneliness and social isolation among older people? Which support can the EU give?

A study showed that 8 in 10 people caring for loved ones have felt lonely or socially isolated in the UK in 2017. While social isolation is considered as a health risk factor in today's Europe, only limited attention is paid to the isolation and loneliness commonly associated with informal care. Older informal carers are even more at risk than other age groups. Many pay a high price for their isolation in terms of mental ill health. The COVID-19 crisis is visibly aggravating these effects and has made informal carers more isolated, vulnerable and invisible than ever before.

Urgent action is needed to provide informal carers with a comprehensive set of support measures likely to break their isolation and counter their loneliness. Respite care is an important form of support to alleviate the burden and stress of caregiving, allowing carers to free up some time to meet their social and personal needs. Teaching stress-management techniques is also useful to prevent informal carers' burn-out and draw their attention to their own wellbeing and life satisfaction. Peer support also proves very efficient to break carers' isolation.

Considering the many obstacles informal carers face to access adequate support, ICT solutions bear great potential to help them break their isolation. Various innovative solutions have been tested that show the added-value of online training and mutual support groups for carers.

As mentioned earlier (Q.7), comprehensive support should be offered to informal carers not only to empower them to provide care but also to prevent their loneliness and isolation, with a

specific focus on older carers. The EU should support Member States' effort towards carers, through a coordinated EU strategy for carers.

Policy initiatives should also seek to give carers visibility and value their contribution in order to combat the lack of awareness regarding their contribution as well as the stigma and discrimination they face. These are important elements to pave the way towards carer-friendly societies. A European Day of Informal Carers could contribute to this objective, building on the experience of the European Carers Day to Recognise, Support and Empower Informal Carers Across Europe, launched by Eurocarers in 2020.

References:

- Carers UK study: <https://www.carersuk.org/breaking-isolation>
- A systematic narrative review of the experiences of informal carers of people with dementia and mental illness, N. Greenwood, 2018.

17. Which role can multigenerational living and housing play in urban and rural planning in addressing the challenges of an ageing population? How could it be better harnessed?

Eurocarers advocates for age-friendly housing defined holistically and on the basis of a life course approach, considering our homes as a place that supports our independence and autonomy, allows us to remain active and healthy, promotes our social inclusion and engagement within our communities whilst respecting our lifestyle choices and evolving needs as the years go by. This is beneficial to both older people and their informal carers. Age-friendly housing is therefore relevant for all citizens and holds tremendous potential to impact on our health and wellbeing, social interactions and capacity to participate in community life.

Multigenerational aspects of housing projects certainly contribute to their age-friendliness, as it facilitates social bonds across generations, thus preventing older people from feeling lonely and more socially excluded. This is the case for example of the multigenerational house in Lodz (Poland), funded by the Cohesions Fund under the Operational Program Technical Assistance 2014 – 2020, analysed in the project Home4Life on certification for ageing in place.

It also has the potential to create an environment that is supportive to the professionalisation of informal carers, for example in France where foster care is being developed for older people by the Organisation Fédération Nationale des Aidants et Accueillants Familiaux, allowing them to benefit from multigenerational living with professional carers in adapted housing in a rural area.

While promising, innovation in the area of multigenerational living housing remains scattered and insufficient. Developing age-friendly housing will require a tailored approach given the specificity of housing markets across countries or regions. Multigenerational housing is one example and to ensure that it can be further mainstreamed it would be essential that the EU takes on a decisive and prominent role in supporting innovation, as well as the exchange and upscaling of good practices - - for instance, by realising synergies with the Green Deal and the new European Bauhaus initiative and by retrofitting the existing mainstream housing stock – where 98% of the population lives.

References:

- Home4life Project on certification of ageing in place: www.homes4life.eu
- Project 'Relais Fil Bleu' in France: <https://fnaaf.org/relais-fil-bleu/>

ATTACHMENT: Eurocarers' strategy