
ERWG Meeting 2024 – 12 November 2024

Gran Canaria, Spain

World Café Discussion – Group 3: Community-based solutions for supporting informal carers

Summary of discussion:

- What is the best level of intervention to make a change? It depends! The definition (and boundary) of ‘community’ is not fixed, and changes based on the context. It could be a municipality, a neighbourhood, a building. We should approach discussions on ‘community’ with an open mind, and consider that the locus of intervention is different based on the context.
- Community is influenced by the surrounding natural environment, especially in the case of rural communities and communities living on islands – physical isolation and remoteness have an impact on how people come together within the community and how they relate to the world outside the community.
- The built environment also greatly influences how people are able to come together and create community:
 - New architectural projects coming up in various parts of Europe (example provided by Henk from the NL) where houses are not built in a row but in a block, so that there is a common outdoors area in between the houses, that people have collective responsibility on. Conversations need to be had on what people want to get out of this shared space.
 - Different examples of intergenerational building/intergenerational living (social agreement to share care in exchange for low rent). Many countries have initiatives in place to support young students to move in with older adults that need some level of support, in an attempt to provide solutions to the housing crisis and some level of informal care. In Italy this model did not prove very effective due to the age gap between the individuals involved, but a new model has worked more effectively instead: pairing an adult with some social fragility (recovering from addiction, leaving prison) and an older adult in need of some support.
- Community-based solutions in support of informal carers do not happen magically out of nowhere, it takes nurturing the community and providing infrastructure to coordinate care – also through professional interventions. Professionals working in this field take different names (‘social prescribing’ in the UK, ‘community connectors’ in Spain) and their role is essential to ensure that effective initiatives run at community level.
 - Without this level of investment and support to communities, it is not a given that they are able to mobilise to provide informal care. Example provided by Andere: in the Basque Country there is no habit/infrastructure for community care, and they only saw it happen during COVID (time of crisis), but then things shifted back to ‘normal’.

- Community-based solutions exist more spontaneously among minority groups that traditionally are used to provide support for each other in the face of adversity and discrimination: LGBT+ community, ethnic minority groups.
- Positive examples of some community-based initiatives: families taking over children with disabilities for two weeks per year offering respite care to the parents (Ireland); dementia cafes; art clubs for carers and people in care; radio and tv broadcast initiatives in support of informal carers (Greece); befriending projects
- It is perhaps useful to blur the boundaries between paid/unpaid care, community/institutional support. Community and volunteers should be a third pillar to the provision of care, there is not just formal and informal care - there can be professional aspects blended into community care, and sometimes they are necessary for community care to run effectively.