



**ACE**National  
action for carers and employment  
led by **CARERS** UK



**News release**

**For release Tuesday 12 June 2007**

## **New European movement for carers**

**Carers' organisations to lobby Commission and MEPs for greater support**

Eurocarers – a new platform for carers within the European Union – is to be launched on Tuesday 12 June in the European Parliament in Brussels.

The President is to be Baroness Pitkeathley OBE, who has spearheaded the cause of carers so successfully in the UK, in Europe and across the world.

With every one of the 27 European Union member states facing at least a doubling of the population over the age of 80 in the coming decades, all EU states will have a large and growing group of adults who will need to be cared for in older age.

Eurocarers is to be a lobbying and campaigning platform to give a voice to the estimated 100 million carers living within the EU who provide unpaid care to a partner, relative or friend in need of help because they are ill, frail or disabled. They need greater rights and recognition. They need practical, financial and emotional support.

The new organisation – Eurocarers – currently comprises representatives of 15 organisations and research bodies from nine countries – Belgium, Denmark, Finland, France, Germany, Ireland, Netherlands, Sweden and the UK. Members have come together to influence policy within the European Institutions to ensure that the invaluable contribution of carers is recognised across Europe.

Demographic projections to 2050 show, for example, that in Cyprus and Ireland the number of people over 80 years will quadruple, and even in countries where the total population is expected to fall significantly, countries such as Poland will have an increase in its 80+ population of 226 per cent.

**Baroness Pitkeathley, the President of Eurocarers, says:**

“This presents both a wonderful opportunity and a new challenge to ensure that we learn from the experiences of each other and give carers a voice at the European level. Having worked with Carers UK over the years, I’ve seen enormous changes for carers in the UK, but we also know from countless research programmes that there is still much more to do.

“It is vital, too, that in an enlarging Union we help carers in the new member states make their voice heard.”

Tuesday 12 June 2007 also sees the launch of a European Parliament Interest Group on Carers made up of MEPs from all parties, which will be closely linked to the work of Eurocarers.

**Marian Harkin MEP**, who has supported the Interest Group on Carers in the European Parliament, says:

“I am delighted to be involved with the Interest Group in the European Parliament. The Interest Group will enable us to bring the issue of caring onto the European agenda and it is crucial in ensuring the recognition of, and reward for, their work. They are the largest single workforce in Europe and they are the glue that holds society together.”

Carers UK, which has played a leading role in this European movement for carers, will provide the secretariat for Eurocarers. Imelda Redmond, Chief Executive of Carers UK, says: **(Please insert your own quotes here from your own organisation and amend as you see fit)**

“The launch today of Eurocarers is another landmark in our campaign to secure a better deal for carers. We are really looking forward to working with our new partners to make the case for carers at the European level.

“The stark demographic reality is our cue to develop sound policies and services for the growing numbers of carers. We look forward to pushing ahead with a shared agenda to improve the lives of carers across Europe.”

- ends -

### **Further information**

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### **Notes to editors**

1. Demographic facts and figures compiled by the University of Leeds, May 2007, are available on the numbers above.
2. Baroness Pitkeathley is available for interview. Spokespeople from member countries are available.

3. *Baroness Pitkeathley OBE*  
 Jill Pitkeathley has spent a distinguished career in the public and voluntary sectors after her original training as a social worker. She first joined the carers' movement in 1986, creating the (then) Carers National Association - now Carers UK - and becoming its first Chief Executive. She was raised to the peerage as Baroness Pitkeathley of Caversham in the Royal County of Berkshire in the first list of the Labour Government in 1997. She is Deputy Speaker in the House of Lords and Deputy Chair of Committees. From 1998-2004 she was Chair of the New Opportunities Fund. She is currently Chair of the Children and Families Court Advisory and Support Service (CAFCASS) and Future Builders Advisory Panel.
  
4. The full list of founder members is:
  - Belgium**  
 - Faculteit Politieke en Sociale Wetenschappen, Universiteit Antwerpen (Faculty of Political & Social Sciences, University of Antwerp)
  - Finland**  
 - Omaishoitajat ja Läheiset -Liitto ry (Association of Care Giving Relatives and Friends in Finland)  
 - Finnish Network For Organisations Supporting Family Caring
  - France**  
 - Association française des aidants familiaux (French Association for family carers)
  - Germany**  
 - Universitätsklinikum Hamburg-Eppendorf (Institute for Medical Sociology, University of Hamburg)
  - Greece**  
 - Athens Association for Alzheimer's Disease and Related Disorders
  - Ireland**  
 -Caring For Carers Ireland
  - Netherlands**  
 - Landelijke Vereniging voor Mantelzorgers en Vrijwilligerszorg (National association for carers and volunteer help)  
 - Vilans, Kennis die Werkt in Zorg (Knowledge that works for care)  
 - MOVISIE (Netherlands centre for social development.)
  - Sweden**  
 - Anhörigas Riksförbund (Carers Sweden)
  - United Kingdom**  
 - Carers UK  
 - CIRCLE (Centre for International Research on Care, Labour and Equalities), University of Leeds  
 - The Princess Royal Trust for Carers  
 - Social Policy Research Unit, University of York
  - Denmark**  
 -Myra Lewinter, University of Copenhagen
  
5. Marian Harkin MEP represents the North and West Constituency of Ireland in the European Parliament. She is a member of the Group of the Alliance of Liberals and Democrats for Europe (ALDE) in the European Parliament. She is a member of the Committee on Regional Development and a Substitute Member of the Employment & Social Affairs Committee.
  
6. *About Carers UK*  
 Carers UK is the leading campaigning, policy and information organisation of and for carers. Carers UK continues to make a difference to carers' lives by: campaigning for a better deal for carers; informing carers of their rights and what help is available; training and advising professionals who work with

carers; working across the UK through its membership and networks of branches and affiliates. For more information, visit [www.carersuk.org](http://www.carersuk.org) or for advice on your caring situation call CarersLine on T. 0808 808 7777. Visit [www.carersuk.org](http://www.carersuk.org)

7. This work has been funded as part of the Action for Carers and Employment project (ACE). ACE National is a development partnership led by Carers UK and funded by the European Social Fund's Equal programme which raises awareness of the barriers facing carers who wish to work, and tests and promotes ways of supporting them. Visit [www.acecarers.org.uk](http://www.acecarers.org.uk)
8. The European Year of Equal Opportunities for All in 2007 will seek to make people in the EU more aware of their rights to enjoy equal treatment and a life free of discrimination. The European Year is the centrepiece of a framework strategy designed to ensure that discrimination is effectively tackled, diversity is celebrated and equal opportunities for all are promoted. Carers give so much to society, yet their reward is often poor health, financial hardship and social exclusion.

# CARE AND CARING IN EU MEMBER STATES

## How the population is changing – projections to 2050

The overall population of the EU25 is expected to fall, very slightly (by 1%, or 3 million people), between 2004 and 2050. This very stable EU picture disguises significant differences between states, which face a range of different pressures. A key issue is that over this period **ALL EU25 states can expect large increases in their population of very aged (80+) people** - ranging from Sweden, where this age group will almost double in size (+95%), to Cyprus and Ireland, where it will more than quadruple (Cyprus +319%, Ireland +313%). Detailed data shows that:

- **5 states expect a large increase in total population (+10% or more):**  
*Cyprus (34%), Ireland (36%), Luxembourg (42%), Malta (27%), Sweden (13%)*  
Very large increases in the 80+ population are also expected in four of these states:  
*Cyprus (319%), Ireland (313%), Luxembourg (279%), Malta (254%)*
- **3 states expect a modest increase in total population (+ 5-10%)**  
*France (9%), the Netherlands (8%), UK (8%)*  
They will also have large increases in the 80+ population:  
*France (163%), Netherlands (191%), UK (150%)*
- **7 states expect their total population to be relatively stable (+/- <5%)**  
*Austria (1%), Belgium (4%), Denmark (2%), Finland (0%), Greece (-3%), Portugal (-4%), Spain (1%)*  
These states also expect very large increases in the 80+ population:  
*Austria (204%), Belgium (173%), Denmark (140%), Finland (174%), Greece (227%), Portugal (181%), Spain (199%)*
- **3 states expect a modest fall in population (- 5-10%)**  
*Germany (-6%), Italy (-7%), Slovenia (-5%)*  
Yet despite this they expect very large increases in their 80+ population:  
*Germany (187%), Italy (158%), Slovenia (252%)*
- **7 states expect their total population to fall significantly (-10% or more)**  
*Czech Rep (-13%), Estonia (-17%), Hungary (-12%), Latvia (-19%), Lithuania (-16%), Poland (-12%), Slovak Rep (-12%).*  
Yet, even here, large increases in the 80+ population are expected:  
*Czech Rep. (164%), Estonia (124%), Hungary (131%), Latvia (131%), Lithuania (171%), Poland (226%), Slovak Rep.(210%)*

**These important developments will mean rapidly rising demand for care throughout the EU.** They are driven mainly by changes in birth rates, movements in population (mainly among the non-elderly), changes in labour market opportunities, and increases in life expectancy.

## Life Expectancy and Years in Poor Health

Increases in life expectancy, seen throughout the EU, result from social, environmental and health factors. **Advances in medicine and healthcare now enable people of all ages to live longer with illnesses, disabilities and diseases which in the past would have ended their lives.**

Estimates of the number of years of life expectancy in both good and poor health are available for 19 of the EU25 states. These show that in 2003, the number of years in which people are likely to be living in poor health were significantly greater for women than for men in all states. **During their years in poor health, care at home is likely to be a crucial support for most people.**

### WOMEN AND POOR HEALTH in the EU

**The 12 states where women can expect, on average, to live in poor health for 15 years or more are:**

*Czech Rep. (15.4 yrs), Denmark (19.0 yrs), Finland (25.3 yrs), France (19.0 yrs), Germany (16.7 yrs), Hungary (18.9yrs), Ireland (15.3 yrs), Malta (15 yrs), Netherlands (22.1 yrs), Portugal (18.7 yrs), Sweden (20.3 yrs), UK (19.8 yrs).*

**There are also 5 states where women can expect, on average, to live in poor health for 10-15 years:**

*Austria (12.0 yrs), Belgium (12.4 yrs), Cyprus (11.8 yrs), Greece (12.9 yrs), Spain (13.4 yrs).*

**Finally, there are 2 states where women can expect, on average, to live in poor health for fewer than 10 years:**

*Italy (8.1 yrs), Poland (9.9 yrs)*

### MEN AND POOR HEALTH in the EU

**The 3 states where men can expect, on average, to live in poor health for 15 years or more are:**

*Finland (17.8 yrs), France (15.3 yrs) and Sweden (15.4 yrs)*

**There are 9 states where men can expect, on average, to live in poor health for 10-15 years:**

*Denmark (12.1 yrs), Germany (10.7 yrs), Hungary (14.9 yrs), Ireland (12.4 yrs), Malta (11.6 yrs), Netherlands (14.5 yrs), Portugal (14.4 yrs), Spain (20.1 yrs), UK (14.7 yrs).*

**Finally there are 7 states where men can expect, on average, to live in poor health for fewer than 10 years:**

*Austria (9.7 yrs), Belgium (8.5 yrs) Cyprus (8.6 yrs), Czech Rep. (9.3 yrs) Greece (9.8 yrs), Italy (5.9 yrs), Poland (8.0 yrs),*

**IN THEIR YEARS IN POOR HEALTH, MOST PEOPLE WILL NEED CARE - VERY OFTEN the UNPAID SUPPORT OF CARERS**

## **Carers and Employment across the EU**

Eurobarometer data\* provide comparable data, for 2002, based on surveys conducted in each state, about the **unpaid caring responsibilities** of those aged 15 or over in the EU 25 states.

These surveys asked respondents about the '*extra family responsibilities*' they had '*because they look after someone who has a long-term illness, who is handicapped or elderly*'.

This shows that **both men and women provide unpaid care**, with the percentage of men who are carers only a little smaller than the percentage of women (21% compared with 23% in the EU15, 25% compared with 28% in the EU Accession countries. Respondents were asked both about the support they gave to those living with them and to those who were living in a separate household. This showed that men are more likely to care for those they live with. Across the EU25, **11% of adults provide care to someone in their own household** (and 9.9% of all adults who are in paid work are carers), while **15% of adults give care to someone in a different household** (with 15.7% of all adults who are in paid work having this type of caring role).

### **EVEN AHEAD OF FUTURE POPULATION AGEING, ALL EU STATES HAVE A SIGNIFICANT PROPORTION OF ADULTS WHO ARE CARERS.**

However, the proportion of adults with caring responsibilities is much larger in some states than in others, ranging from 15.8% (in Spain) to 43.6% (in Latvia). Variations in rates of caring probably relate to differences in the number of people requiring care, the availability of alternative sources of support, and national/cultural variations in what people understand by 'extra family responsibilities'.

**In all the EU25 states, a significant minority of carers combine their unpaid caring roles with paid employment** - ranging from 15.4% (Spain) to over 43% (Latvia and Finland).

**The 12 states where 25% or more of carers are in employment are:**

***Austria (26.6%), Belgium (28.6%), Czech Rep. (34.2%), Denmark 26.4%), Estonia (34.4%), Finland (43.4%), Latvia (43.8%), Lithuania (35.8%), Netherlands (30.3%), Poland (27.1%), Slovak Rep. (25.1%), Sweden (26.6)***

**The 13 countries where between 15 and 25% of carers are in employment are:**

***Cyprus (24.6%), France (19.8%), Germany (23.6%) Greece (19.7%), Hungary (24.5%), Ireland (23.5%), Italy (17.5%) Luxembourg (15.5%), Malta (18.6%), Portugal (16.3%), Slovenia (23.2%), Spain (15.4%), UK (22.7%)***

**CARERS ARE A LARGE AND GROWING GROUP  
THROUGHOUT THE EU  
AND IN ALL MEMBER STATES**

**MANY ALREADY COMBINE PAID WORK AND UNPAID CARE**

**THEY NEED  
RIGHTS, RECOGNITION AND SUPPORT**

## Demographic change and carers in Europe

	Population (millions) <sup>(1)</sup>			Very old population (80+) (millions) <sup>(1)</sup>			Life expectancy at birth <sup>(1)</sup>				Years in poor health or with disability (2003) <sup>(2)</sup>		Carers <sup>(3)</sup>	
	2004	2050	%	2004	2050	%	Men		Women		Men	Women	All (%)	Carers in employment (%)
							2004	2050	2004	2050				
Austria	8.7	8.2	1	0.3	1.0	204	76.2	82.8	82.1	87.2	9.7	12.0	25.5	26.6
Belgium	10.4	10.8	4	0.4	1.2	173	75.5	82.1	81.6	87.5	8.5	12.4	26.8	28.6
Cyprus	0.7	1.0	34	0	0.1	319	76.3	81.9	80.8	85.1	8.6	11.8	23.2	24.6
Czech Rep.	10.2	8.9	-13	0.3	0.8	164	72.4	79.7	78.8	84.1	9.3	15.4	31.9	34.2
Denmark	5.4	5.5	2	0.2	0.5	140	75.2	81.4	79.6	85.2	12.1	19.0	24.6	26.4
Estonia	1.4	1.1	-17	0	0.1	124	65.5	74.9	76.9	83.1	**	**	33.5	34.4
Finland	5.2	5.2	0	0.2	0.5	174	75.3	81.9	81.9	86.6	17.8	25.3	36.4	43.4
France	59.9	65.1	9	2.6	6.9	163	76.2	82.3	83.4	87.9	15.3	19.0	21.8	19.8
Germany	82.5	77.7	-6	3.4	9.9	187	76.1	82.0	81.7	86.8	10.7	16.7	25.0	23.6
Greece	11.0	10.7	-3	0.4	1.2	227	76.4	81.1	81.4	85.9	9.8	12.9	19.8	19.7
Hungary	10.1	8.9	-12	0.3	0.8	131	68.5	78.1	76.8	83.4	14.9	18.9	21.2	24.5
Ireland	4.0	5.5	36	0.1	0.4	313	75.5	82.2	80.7	86.8	12.4	15.3	25.5	23.5
Italy	57.9	53.8	-7	2.8	7.2	158	77.3	82.8	83.2	87.8	5.9	8.1	18.2	17.5
Latvia	2.3	1.9	-19	0.1	0.2	131	64.9	74.3	76.2	82.5	**	**	43.6	43.8
Lithuania	3.4	2.9	-16	0.1	0.3	171	66.5	75.5	77.6	83.7	**	**	33.1	35.8
Luxemburg	0.5	0.6	42	0.0	0.1	279	75.0	81.8	81.4	86.7	**	**	16.8	15.5
Malta	0.4	0.5	27	0.0	0.0	254	76.2	81.8	80.7	85.0	11.6	15.0	21.8	18.6
Netherlands	16.3	17.6	8	0.6	1.6	191	76.2	81.1	80.8	85.2	14.5	22.1	31.4	30.3
Poland	38.2	33.7	-12	0.9	3.0	226	70.5	79.1	78.5	84.4	8.0	9.9	24.6	27.1
Portugal	10.5	10.1	-4	0.4	1.1	181	74.2	81.2	81.0	86.7	14.4	18.7	17.9	16.3
Slovenia	2.0	1.9	-5	0.1	0.2	252	72.6	79.8	80.2	85.1	**	**	21.4	23.2
Slovak Rep.	5.4	4.7	-12	0.1	0.4	210	69.7	77.7	77.8	83.4	**	**	23.5	25.1
Spain	42.3	43.0	1	1.8	5.3	199	76.6	81.7	83.4	87.3	10.1	13.4	15.8	15.4
Sweden	9.0	10.2	13	0.5	0.9	95	78.1	82.6	82.4	86.6	15.4	20.3	27.0	26.6
UK	59.7	64.2	8	2.6	6.5	150	76.4	82.4	80.9	86.7	14.7	19.8	21.7	22.7
<b>EU25</b>	<b>456.8</b>	<b>453.8</b>	<b>-1</b>	<b>18.2</b>	<b>49.9</b>	<b>174</b>	<b>75.4</b>	<b>81.6</b>	<b>81.5</b>	<b>86.6</b>	<b>11.5*</b>	<b>15.2*</b>	<b>22.7</b>	<b>22.5</b>

<sup>(1)</sup> Economic Policy Committee and European Commission (2005) 'The 2005 EPC projections of age-related expenditure (2004-2050) for the EU25 Member States: underlying assumptions and projection methodologies' in European Economy Reports and Studies No. 4 Brussels.

<sup>(2)</sup> Source: Eurostat On-Line Database (\* - EU15, \*\* Data unavailable), calculated as the difference between the *life expectancy at birth* and the *health life years at birth*.

<sup>(3)</sup> Source: Alber, J. and Kohler, U. (2004), European Foundation for the Improvement of Living and Working Conditions 'Health and Care in an Enlarged Europe', Luxembourg, Office for Official Publications of the European Communities, 2004, using data from the Eurobarometer (1999) and Candidate Countries Eurobarometer (2002) surveys: 'Some people have extra family responsibilities because they look after someone who has a long-term illness, who is handicapped or elderly. Is there anyone living with you who has a long-term illness, who is handicapped or elderly, whom you look after or give special help to? And do you provide some regular service or help to such a person NOT living with you.' The target population is the population of any nationality of an EU Member State, aged 15 years and over, resident in any of the Member States. The regular sample size (in the sense of completed interviews) in standard Eurobarometer surveys is 1000 respondents per country, except in the UK (1000 for GB, 300 for N Ireland) and Luxembourg (500 or 600).