

# The EU Care Strategy: a watershed moment for unpaid carers and care workers across Europe?

## Episode transcript (automated)

The Care Matters podcast is brought to you by the ESRC Centre for Care and CIRCLE, the Centre for International Research on Care, Labour and Equalities. In this series, our researchers welcome experts in the field and those giving or receiving care to discuss crucial issues in social care, as we collectively attempt to make a positive difference to how care is experienced and provided.

### Becky Driscoll

Hello and welcome everyone to this episode of the Care Matters podcast series hosted by the Centre for Care. My name is Becky Driscoll and I'm one of the research associates at the Centre which is hosted by the University of Sheffield. So my role is focussed on making sure that we use our evidence to influence policy across all four nations of the UK. So often this means responding to government consultations, parliamentary enquiries and really looking for opportunities to shape the public debate on what care looks like.

I'm really excited that this episode is going to focus on the European Union Care Strategy, which was formally adopted in December 2022. Now, while the UK is obviously no longer a member of the European Union at the Centre for Care, we're very keen to have an international perspective and indeed we've got lots of international research partners that we look to work with really collaboratively. And it's really important, all of us at the centre that we look to learn from new approaches in different countries around the world as much as possible. So this episode, I'm really delighted to welcome two excellent guests to talk to me today about the EU Care Strategy.

So we're joined by Stecy Yghemonos and Zoe Hughes, really looking forward to great conversation today by means of introduction. Stacey is the Executive Director of Eurocarers, which is a European network working with and for informal or unpaid carers. Eurocarers brings together over 70 organisations from 25 countries around Europe who work collectively together to ensure that the growing care needs of the European population are addressed in a universal and equitable way, and that the vital contribution that carers make is valued, recognised and supported.

Zoe is a senior policy and research officer working for Care Alliance Ireland, which is a national network of voluntary organisations supporting family carers in Ireland. She joined the organisation in 2015 with qualifications in social work, social policy and Disability Studies, and she's previously worked with a number of different academic and voluntary sector organisations. So she's particularly interested in the topic of diversity with caring along with inclusive and participatory research methods. She coordinates policy and research functions of Caroline's Ireland, and she's written an award winning discussion paper series which aims to bring together less discussed and perhaps more challenging topics forward for consideration by professionals who support family carers.

She also somehow manages to find the time to undertake her doctoral work at University College Cork, where she's focussing on the topic of family care within the LGBTQ community. So with no

further ado, I'll perhaps come to you first, Stecy, and it would be great if you could perhaps give us a bit of background to the EU Care Strategy. So if you could summarise for us briefly what it's all about and why it's come about in 2022.

## Stecy Yghemonos

Sure. Hello, everyone. And first of all, thanks for having me as a contributor to the series. So the European care strategy was put forward, as you said, by the Commission actually a few months ago already, but it was formally approved earlier in December.

So it is a proposal put forward with two main objectives. The first one is to boost access to good quality, affordable and accessible care services across the EU. And the second objective is to improve working conditions and work life balance for carers, both professional and informal. So the strategy has a life course perspective and so it focuses both on child care and long term care, even though, of course our focus is primarily on on long term care. For those of us who are familiar with the decision making process.

The strategy package actually consists of a new communication and two proposals for council recommendations respectively on child care and long term care, both of which have been endorsed by Member States very recently. And for those of our listeners who are not familiar with EU jargon, communications essentially serve to define the context for action programmes and future policies and recommendations are used to suggest a line of action without imposing any legal obligation on Member States. In other words, none of these instruments. So the package, the strategy package is actually not binding on member states. Having said that, Member States are usually expected to oblige to the suggestions made.

As part of council recommendations in as I said, these recommendations were approved by member states a couple of weeks ago. If I may, I just want to build on what you said earlier in your introduction regarding the impact of Brexit and the fact that, of course the UK is not part of the Union anymore.

What we see based on, on our experience is an observer of the EU decision making process, but also as a contributor wherever we can is that usually these strategies and these initiatives, they tend to inspire action beyond the EU. So for example, Norway recently developed a national carers strategy and it's a direct by-product of the UK strategy. We know also, based on previous initiatives related to care and caring, a new level that the British Government also kept a close eye on those developments and maybe was also inspired to develop, you know, similar initiatives.

Now, the strategy came about, in my view, for two main reasons. The first one is, of course, the fact that due to demographic, ageing and increased longevity in Europe, we see a growing prevalence of age related diseases, chronic diseases, a growing demand for care and as a result, a pretty thorny challenge in terms of the sustainability and the quality of our care services. And these challenges concern pretty much the entire continent. So certainly all of the EU member states. So they there is an added value in having some sort of a coordination mechanism on caring, caring European level. The second reason, of course, is the pandemic, which has really acted as a catalyst by shedding light on the many limitations and weaknesses of our care systems, and then therefore also on the urgency of reinforcing these services.

So the commission proposal, the package is a direct response to calls from various stakeholders, including European parliaments, civil society organisations, social partners, but also national regional governments. The strategy does not mean that all countries are expected to put the exact same policies and support measures in place. But at least the strategy is a tool to ensure that all relevant objectives are pursued by all relevant actors on both formal and informal long term care. So the strategy is a great milestone, we believe, for the future of care and caring in Europe.

### Becky Driscoll

It's very timely, actually. There's been a lot of focus on what needs to change in social care across all four nations of the UK. So in Scotland obviously a real push to develop a national care service. Wales, lots of initiatives to improve working conditions. And in Westminster, House of Lords report looking at social care and trying to really reframe it, thinking about making sure for unpaid carers that it's a real genuine choice to want to care for their loved one. That's something they're forced to do by a lack of availability of services and also making sure that that social care support is seen as an enabler, something the title of the report is A Gloriously Ordinary Life, and I think that's a really inspiring well, it's an ordinary but inspiring vision that I think lots of people across the sector very enthusiastic signed up to. So the timing of it, I think even as you say, we're not a member state, I think hopefully there is the opportunity to learn from what's going on across many different European countries.

And I guess Zoe from your perspective it'll be really interesting to hear in the Irish context what is the added value that that Stecy talked about, that having an EU wide strategy brings as opposed to kind of everybody, different countries just going off and doing their own thing, cycle strategies.

### Zoe Hughes

So again, just, you know, this is the first time I'm speaking, so thank you very much for having me along and I really appreciate it. And coming from the Irish perspective, you know, we've had a national care strategy here that focuses on family carers, which is the term we use in Ireland on family carers for the last ten years know. So it's for us it's really good to see something at a European level that we can use to build on what we've done before and what has been in place in an Irish context. A lot of the a lot of the actions that were in our national care strategy are kind of part of the European strategy or they're, they're, you know, they're they're third links, if you don't mind, or they're very similar. So it's really good to see that. But also as a policy officer, you know, I want to be able to use the European strategy to be able to show, okay, you know, we're doing well, you know, on a policy level, but we need to keep going with it. We need to keep pushing. And I always like to I like to call it ammunition, and I know that's quite an aggressive term. But all of these policies that I can draw upon in my discussions and working towards changing the services on the ground is really, really helpful because I think a lot of it you kind of have to push from the top down on policy to get this the bottom up services working well for family carers and for those that they care for. So from that perspective, that's the real for us in Ireland anyway.

That's how I see the real added value of the EU care strategy. And again, it kind of goes a little bit of a way as well to increasing that recognition of the work that family carers do just on a daily basis, which I think is really, really important. You know, we can't focus on that too much because it could be an awful lot of lip service, you know, there can be an awful lot of well we have a policies in that case, you know, and the whole point of it then is to figure out ways to action that policy, which is a big bugbear of mine when it comes to policies in general, you know, we can have great stuff on paper, but it's about actioning them. And that's kind of where I always try and put my focus is on the at the actioning of those at a local level.

So anything we can do to put that pressure on our local and national actors of policy makers is so, so helpful, which is why it was so great to see this.

### Becky Driscoll

And you remind me and no one terminology is important for all of our listeners. So here in the UK and at the Centre for Care, I wouldn't say necessarily that everybody is using the same terminology consistently all the time, but certainly we tend to talk about unpaid carers to distinguish people who are caring for a partner or

family member, perhaps a friend or a neighbour, as opposed to somebody who's a care worker. They said it's their job, their ploy by an agency to go and support somebody. Where is this? The EU strategy talks about informal, informal carers and so you just mentioned the language of family carers. So Stecy, if I can come to you to say a little bit about the language in the care strategy and what's meant by that those times.

### Stecy Yghemonos

Sure. And this is a very important point indeed. So we speak about the informal carers, usually colleagues in Ireland speak about family carers indeed. And in the UK we speak about unpaid carers. We're essentially talking about the same people. So family members, friends or neighbours who provides what we say in our definition of usually unpaid long term care to a person with a disability, a chronic disease or any other long lasting care needs, or could be an addiction, for example, outside of a professional context.

So why do we speak about family carers at the EU level? Simply because at this stage the majority of the existing legislation in EU level, certainly international level is well, for example, the W.H.O. or the OECD. Well, that legislation tends to refer to informal care or informal carers. So in order to avoid confusion, we tend to stick to that wording just in passing. Based on the definition I just shared with you, it is very clear there's actually no easy or no perfect terminology, informal care. Well, there's some of my colleagues quite rightly would say that there's nothing informal by the informal care. It's very demanding and very intense when you speak about family care. Well, what about friends and neighbours and unpaid care? Nowadays in some countries, in regions, informal carers have access to some form of financial support. So I mean, none of these wordings is really meeting or ticking all of the boxes of the definitions. So unfortunately, there's no there's no perfect terminology.

### Becky Driscoll

Exactly. And I think whatever time analogy we use, for me, one of the real strength of the strategy is that it makes it very, very clear that we can't look at either unpaid carers or care workers in isolation, the two sides of the same coin, and that actually most member states, if not all across Europe, have relied far too much on the unpaid labour of caring for carers from the carers. And that this really needs to change is isn't sustainable. It's not sustainable on people in terms of their mental health, their physical wellbeing, how they're able to get by day to day financially and that we really need to be thinking of the two kind of hand-in-hand. So I wondered if it's this that certainly resonated with us in the UK. I want to say if that's something that you kind of equally recognised in Ireland?

### Zoe Hughes

Absolutely. Of course it is. Yeah. I mean the thing about it is, is that I like to think of the caring. Experience it. You know, use a bit of a flow return. But as kind of it's not just about one or two or even three people, it's about kind of a whole system around somebody who requires support. And it's always mutual. It's always, you know, it's never one way. It's everybody gets cared for. Everybody cares for lots of different people. So whether, you know, you're a family member or friend or a

neighbour who's caring in that way. Nine times out of ten there will be some level of formal or state support in some way, certainly in our lives anyway. The whether that's, you know, home help or home care or a service personnel assistance, there's usually some mix of that.

And if you discount one or the other, then that whole balance gets just shifted, you know. So it doesn't to me, it just doesn't make sense not to think about everybody in that relationship, the family, the wider family, the person obviously who is in receipt of care at the centre and then all of these other elements around that that creates that experience where ideally people can live for as long as possible with support in their own homes, communities where they've always been or where they would like to stay, as long as that's their choice, you know. And I think to do that, you need all of these different elements of care. And so when you're thinking about trying to find ways to enable people to do that, then you have to think about all those different elements.

So to take one out of it, which is make it so imbalanced, it would be like taking family carers out of the loop of care. It is it just doesn't kind of doesn't make any sense, you know, and a lot of people, you know, a lot of people who are in receipt of care, they don't necessarily I always find it in speaking to people, they don't necessarily want all of their care maybe to come from a family member because their do you know, they understand that family members need breaks, particularly when things are quite intensive.

And that's where then, you know, perhaps the more to use the term, the more formal or, you know, the paid care, I suppose, comes into it because it can get very, very intensive. And, you know, you have an emotional link there when it's a family member that can get quite intensive, you know. So I think having breaks and that's where that that paid peace comes in. I think I don't know if you agree, but that's how I see it. Anyway.

### Stecy Yghemonos

I completely agree. And actually we have quite a lot of convincing data showing that there's no way around, you know, the combination of professional and informal care. And, you know, even if we wanted to try and replace informally care by professional care, it would actually be very, completely impossible just for financial reasons.

And the value of informal care in Europe is so significant, so big that actually trying to replace informally carers by care professionals would entail more than doubling the current budget devoted to professional long term care, which was which is completely impossible because we're already struggling to maintain the current budget for long term care as is.

So yeah. So we certainly need to maintain some level of informal care into care mix. But at the same time as it was mentioned by both of you earlier, we need to ensure that informal care is and remains a choice for informal carers as well. So people should be able to choose to what extent and whether they want to be involved in provision of a bit of informal long term care in the first place. And so we also need to invest more proactively in the profession in long term care, good quality, professional long term care, and in particular in community based in-home care in order to alleviate the so-called burden. I'm saying so because some of my colleagues don't like to speak about the burden of informal care. But at least to ensure that there are alternative options to the provision of informal long term care and the combination of the two.

So alternative options to informally care and support to informal carers will create an ecosystem where people are able to decide whether or not they want to be informal carers and to what extent they want to be involved in the provision of informal care, as I was saying before.

So that's really what we're pushing for now. And the strategy, the UK strategy explicitly recognises the need of both options and the need to boost both options. But at the end of the day, you know, we believe that informally care should supplement professional care and not the other way round. And unfortunately, many countries at this stage care systems heavily relying on informally carers so that that. Needs to be rebalanced. That needs to be changed. So again, the strategy provides a great tool to at least guide member states towards this rebalancing.

### Becky Driscoll

I think that is certainly a very to me that strikes me as quite actually for a lot of member states quite a radical notion. Is quite far from where we are today to say that people should have a free choice whether they want to take on a caring role or not. And in particular, I think that would be quite radical in its implications in terms of gender equality. And that is a very strong theme that runs through the strategy that I think a lot of us would see as one of its real strengths.

So I wondered, what do you that to me that's really, really stood out. Is it the need to redistribute caring responsibilities, both in terms of the unpaid care, but also in terms of attracting men into the sector as well? I definitely pick that out as one of the strengths of the strategy. I wanted to put both of you in the European perspective and within the Irish context. So what you think would be some of the key strengths of the strategy?

### Stecy Yghemonos

Sure, I'm happy to start. So, yes, certainly the gender equality dimension is very strong, very prominent in the strategy. The idea is, at least on the side of the commission is fairly simple. Informal care is a major barrier to in terms of women's ability to access the labour market or at least good quality, full time jobs. Many family carers have to reduce their working hours. And of course, a typical informally carer in Europe is a woman usually between 45 and 75, so of working age. So given the also the limited remit of EU institutions in the field of employment and social affairs, it should also be said it still belongs to Member States to decide and shape their policies in those areas as they see fit. But the role of the Commission is to coordinate between Member States. So the Commission is really trying to use the policies where it has more power, let's say so economic governance, access to employment as an instrument to boost or to promote gender equality.

So in that context, the strategy is indeed used to say, okay, if we manage to rebalance the provision of unpaid care, both childcare and long term care between the collective and individuals, then that will give more women a chance to access the labour market. But then, as I said before, again, we need what, whether we like it or not, will need to maintain a share of unpaid care in the mix. And so another way of boosting gender equality is also to improve working conditions in professional care.

So to make sure that also more men are attracted to the sector, because obviously the idea is that if you improve salaries, if you improve training and working conditions generally, you know, more men will be attracted to join the sector. So the strategy the strategy also includes quite a lot of objectives or principles around these targets. And we can expect that indeed member states and again, by and large, all European states will probably take more initiatives in those areas in the future.

### Zoe Hughes

Yeah, I mean from an Irish perspective and from my perspective, I, I love data and this is where the research bit of my policy and research role comes in. And there's I was really pleased to see a kind of a focus on data on, you know, monitoring, on gathering information, on an onus on member states

to actually review targets and look at things and make sure that that, you know, the targets are being reached and that the work is being done. And for me, from a policy level, you just have to have that built into any sort of policy action plan or anything that's related to honestly anything that stretches anything. You know, that's a very broad thing for me to make. But that was I think that's one of the biggest weaknesses that we have in Ireland. We have lots of great policies on paper and we a previous senator, Senator Kent, her, she's no longer a senator, but she was fantastic and did a lot of a lot of work in disability care in Ireland, in our in our national government. And she once said to me that Ireland has an implementation deficit disorder. And I just really liked that phrase because it just shows, you know, we've got great stuff on paper, but the implementation of it can fall down sometimes, you know, when governments change when. National frameworks change. And I think having a focus on monitoring and on evaluation and on data gathering at an EU level which obviously spans, you know, a lot longer than our national governments. I think that's so helpful. I think it's so important for any plan like this to have that kind of built in is so important because without evidence, we can't know what we're doing well, we can't know what's being what we can learn from other member states. And that's part of the whole point of the EU is to work, is working together and learning from the different member states and finding out, okay, you know, that's fantastic over there.

Maybe we can maybe you can replicate that here. So I think that for me was one of the biggest strengths that immediately jumped out to me. There's lots of great stuff in it, you know, but I think, you know, like I say, it's, you know, implementation is the key on this. You know, having it written on paper can only go so far for the actual to making an impact on individual families, lives and individuals. And that's the whole point of stuff like this is to have impact. So without the evaluation, you know, how are you going to know what the impact is? So that for me was one of the bigger strengths of of the strategy.

### Becky Driscoll

I think the point you make about implementation is, is absolutely key is and I think a cynic could say, well, it's all very well and good to have these strategies on paper that they sound. They've got their very lofty aspirations. But what's the what's what difference is it actually going to make to somebody in real life on the ground? And so I guess I guess I would say, see that that sort of implementation deficit disorder, is that something you recognise kind of across Europe, all the other countries? Do you think that has made much more progress in terms of actually making, you know, translating aspirations on paper into action on the ground that we might be able to learn from?

### Stecy Yghemonos

Yes, certainly. I mean, generally speaking, I'd say that Nordic countries or Western European countries have probably been better or more active in the sector compared to other countries in Europe. But again, we have good hopes that now with the strategy that we change for various reasons, and I'll get to that in a second.

But first of all, let me say that, you know, the fact that we now have an EU strategy is not nothing. I mean, it's a major achievement in, quite frankly, on our side. It took us more than 15 years actually to convince member states in collaboration with the Commission, that there was an added value in having a coordinated approach on long term care at European level. So I mean, you know, it's not easy to convince 27 member states to sit down together at the same table to discuss common objectives. And now we have reached this point. But obviously, you know, as it was said by you in that and I agree, the strategy is, at the end of the day, own your strategy. It's a you know, it's a compass, it's a plan. It sets a direction. But now we are yet to see how that will be interpreted by

member states, of course. Now I believe the strategy could change a lot in terms of the gaps when it comes to the implementation across Member States and across Europe, again, for various reasons besides the, you know, the list of common objectives and common principles

First of all, the strategy is accompanied by funding, which is always a very nice incentive for member states and stakeholders to try and comply, at least with the or try and achieve the objectives. So for example, through the Structural Funds, Member States will be able to access additional financial support as long as they can demonstrate that they are doing their best to implement the strategy. The same applies to stakeholders and to some extent also outside of the EU. The Commission is also putting quite a lot of money in, for example, new research projects to collect additional data about, amongst other things, the situation and needs of informal carers and the identification also of potentially good or promising practises. So this is something for all of us to keep an eye on. And then the strategy is also entails that Member States will have to submit every year national action plans to monitor development and to keep track of progress.

And again, this is this is a voluntary process, but it's naming and shaming kind of exercise. Obviously, that means that every year member states will probably meet, discuss progress. And those member states who have even done so much maybe to implement the strategy will be diplomatically reminded by the Commission and fellow Member States of the need to, you know, to do more. And again, that's very useful when again, bearing in mind the limited role of institutions in those in those areas. So again, the strategy, you know, I don't mean to sound too optimistic or naively optimistic, but it certainly holds the potential to make a big difference.

### Becky Driscoll

Thanks, Stecy. And thinking about putting together the National Action Plan in Ireland, so what will that process look like? Who will be some of the key people who'll be involved? What do you think might be some of the quick wins that you might be able to make progress on? And what do you think might be in Ireland's some of the trickier areas or the basic going to be just much more challenging.

### Zoe Hughes

To answer your first question, who will be involved and what would it entail? I actually don't know. I'm looking forward to finding out what it's going to look like because we like I said, we've had a national care strategy here in the last ten years and it's really due for a renewal. So I don't know, like it didn't have. It didn't have. I'm a big fan of policies, having strategies, having a start date, an end date, a budget and an implementation plan. I think if you don't have those sort of three or four things, you know, it's heightened to nothing.

To use a phrase that we used in Ireland here, you're not going to get much traction on it. So I do hope that the action plans will tie in to our national care strategy or that they can be they can overlap, you know, to try and make it a bit more efficient. You know, let's not let's not do too many things. Let's not have to do two or three different things at once. But I would love to. See someone in Ireland have the, the main responsibility for caring and family carers in general.

It kind of now it fits easily in our political kind of policy landscape. It sits mostly through older persons, but then you know, then you know, to disability and then you have, you know, I mean, so it's an it's an uneasy mix in Ireland of where it might fit. So I really don't know how that's going to be managed. I, I do think that some of them the quick gains, quick wins. I'm always I was sceptical of that term when it comes to policy because. So that's quick.



I mean I hate how long policy takes, you know, change takes, but when things are done quickly, I was kind of go, oh, they don't. Well, like, are they done with the right kind of frame of mind, you know? And I think, you know, there's a lot of stuff within the strategy that actually Ireland is kind of already doing or is in the process of doing work life balance and that kind of stuff as well. So, you know, I think some of those will be will kind of be encouraged to be finished, open and in place a little bit faster. Um, but again, like a simple thing about that is that we have a piece of legislation in, in Ireland, it's the carers leave and it basically enables a person to take two years, up to two years of leave from their employment.

Their job is kind of kept for them to go back to after they finish caring and then they get a, you know, a social benefit, you know, to keep them out of poverty while they're there caring for someone who has an illness or a disability. And the take up on that is super, super low and we don't really know why in Ireland. So I do kind of wonder going, okay, well what's, what's that about? And how is that going to map on to the work life balance? Is there what's the appetite? You know, how how's that going to work? So I really don't know, to be honest with you. I don't know. It's shifting landscape in Irish politics at the moment. And, you know, we have a coalition in Ireland that's our major you know, government parties are all in coalition together.

So there's kind of lots of big personalities, lots of big, you know, policy issues that are being worked out. So I just I just don't know. I think some of the challenges will be I think one of the kind of preparation I kind of the one that really stuck out to me is looking at the kind of how services are provided and making those changes. So there's a point in the in the strategy I just picked it out was like making the services accessible means that different working time patterns might require care at atypical hours, for example, for shift or night workers. And I can see that being a real challenge from a kind of a home care perspective in Ireland, because in general it's very difficult to get overnight night time home care and it can happen, but it's very, very rare.

It's usually between the hours of 8 a.m. and 8 p.m. AM. Weekends might be a bit tricky as well by the staff. So then you're kind of back to encouraging staff in to the sector, making it more, you know, appealing. So I think that's that to me is a challenge and I think a lot of it's going to be challenging, but that's no harm. I think if things are too easy, are you then really pushing the boundary of what can be done?

[Becky Driscoll](#)

Thanks, Zoe. So I think you pick up on a really important point there, which is about making sure that there are good measures to say that unpaid carers can have a really healthy work life balance to make sure that juggling those different responsibilities in their life less and less stressful, really.

So I want you to ask you about what you both thought about what might potentially be one of the weaknesses in the strategy. And that's where they it focuses too heavily on unpaid carers of working age. I think often the conversation can be kind of focussed around employment and providing unpaid carers. We've seen as a barrier to being a productive citizen and I wonder if this is kind of a bit of an instrumental way of looking at things and if we might want to sort of frame the issue a bit differently?

[Stecy Yghemonos](#)

Yes. Well, first of all, again, let me reiterate that the strategy from our perspective when it comes to unpaid carers. So the group the group I represent is extremely comprehensive. Quite frankly, the commission did manage to take pretty much all of the right boxes in terms of the, you know, what the strategy includes when it comes to what needs to be done to support informal carers. The

strategy calls on Member States to do three things essentially. First of all, put in place instruments to identify and recognise informal carers. Secondly, develop support mechanisms, access to information, training, counselling, respite, the need to improve collaboration between informal and professional carers.

And then last but not least, the need to provide unpaid carers with financial support. So as you can see, it's a very impressive and very good list of at least ambitions. But you're right, obviously, nothing is perfect. And there are weaknesses in the strategy. And the main one from our perspective relates again to the mandate of the commission. We think the fact that he only has a limited. So we mandate in the areas of employment and social affairs.

And it's it concerns the fact that the strategy primarily focuses on carers of working age or informal carers who wish to combine caregiving responsibilities with professional responsibilities. And that comes at the expense of young carers who are still completely invisible on the EU policy agendas or older carers. And these people obviously also need support and they need to and they deserve recognition and, and we need to address their needs as well. So we are trying to encourage obviously the commission, but also through the implementation, implementation of the strategy, we will ensure to support Member States so that the expense may be the scope of the measures they are planning to put in place to these subgroups of informal carers as well. So that's one very clear weakness. Then in the run up to the launch of the of the strategy, high level EU officials in charge of the dossier mentioned several possible options that we expected to be more prominently included in the strategy. And then finally they are mentioned but only in passing. For example, the need to to ensure that the time spent providing care to a loved one is also taken into consideration the calculation of pension credits. That's a very important support measures of measures that could or should be put in place to supporting family carers.

And that's particularly, particularly important to gain in the context of gender equality and the gender pension gap. So we are also working hard with the Commission and in the future with Member States to ensure that these measures are also part of the package. Yes. And then again, I mentioned the need to provide financial support to informal carers. It's still interesting to see that in the strategy when the Commission calls on Member States to provide this financial support. The Commission adds as long as it does not deter informal carers from accessing the labour market. Which shows that the assumption is still that if we provide too many support measures to informal carers and certainly financial support, some people may prefer to actually stay at home and take care of a loved one rather than having an active, professional life.

And obviously, this is completely I mean, the best evidence that we disposal shows the exact opposite. Obviously, most carers, when presented with the possibility to receive good, you know, a good level of support, including financial support, still preferred to maintain an active social and professional life obviously.

So, you know, there's still quite a lot of a lot of work to be done in convincing policymakers and changing mindsets and addressing this false assumption that if we provide too much support for family carers, that we come at the, you know, the detriment of all of their moneymaking activities or their willingness to be productive citizens, as you phrased it, Becky. So great step forward with the strategy, but the battle is not entirely over yet. Still a few things that need to be made, that need to be tweaked, I suppose, as we implement the strategy.

## Becky Driscoll

And from your perspective, Zoe, would you agree with some of those issues that Stacey raised in terms of what might be missing or what might be framed in a slightly problematic way?

## Zoe Hughes

Yes, I have said it. I was I was biting my lip, not because I disagree with anything you said, just to be clear, but that that term in particular, productive member of society, I think is one of the most dangerous it's one of the most dangerous things in this.

When we're talking about this because by saying I'm not I'm not calling you on that, because that's the terminology that's so often used. You know, it's kind of like, you know, well, you can be a carer so long as eventually you're going to want to go back in and make money for somebody, right? Like that's the end game here. And it's like in some ways, like what is what is more productive than ensuring that someone is content and happy and that you are as well as a person, not as a not as a potential worker, but as a person and as a family that that works for you.

So I really you know, it's dangerous to give me a platform, so I'm really not going to I could go on for a long time about that. And so I'll save you all from that. But I do think that's in general, I always get concerned when I see that when I see the focus on, you know, working age because again, like Stacey said, it gets rid of inattention as so vitally important around young carers. It is a way, it's, you know, it takes, kind of takes older carers and particularly carers who are in there who are caring for each other, if you know what I mean. Like that, that idea that you are either cared for or you are a carer is so problematic because it kind of, it has this duality to it that it has this kind of binary thinking to it, that I'm really not a fan of binary thinking anyway.

But in this case it's so dangerous because it's the idea that you can't be disabled and be a carer, you can't be older and be a carer, you can't. And you know, in my bio I specifically said about that idea of intersectionality because you can be so many different things and being a carer is one section of it and it's about trying to figure out balance between all of those that work for the person and for the family in general. So I always have a real issue what there's, there's, you know, and it comes off up it comes up all over the place.

You know, this is not just an EU strategy, you know, issue. It's certainly comes up, you know, a lot of the time. Say, for example, you know, funding calls for supports for organisations in Ireland are so often, you know, it's funding for people of working age to enable them to go back to get into the labour market. You know, this is a real focus on that and a lot of family carers don't like that because and rightly so, because it kind of it gives the insinuation that well you're not really working, you're not really being productive, you're not really a part of society, you're not really doing this because you're not, you know, actually working, you know, and it's like, okay, you, you, you be on call for a sick person 24 hours a day, seven days a week and see how much work it is, you know? So it's just it's a language thing.

It's a terminology thing, maybe. But I think it's so important because it kind of it hints at where the value is really put in society so that that aspect of it is quite problematic for me. So I agree with I agree with what everybody said, but I just that that idea of a productive member of society and almost divorcing that from being a family carer is so problematic.

## Becky Driscoll

I think. And I think it comes back to that, that broader point that you were making earlier about. What we value. And I think you can see perhaps low levels of pay and poor working conditions is kind of a reflection of how little value society puts on this really, really important work and kind of the consequences that has for people's well-being as a result. So I'd just like to say a massive thank you to both of you for joining us. It's been a real pleasure to talk to you today. I guess finally, other kind of any final reflections you'd like to offer on the strategy and before we wrap up?

## Stecy Yghemonos

Yes. Well, I would say that even though you're based in presumably in the UK, if you're listening to this podcast, keep an eye on the strategy. I think the strategy can be a useful tool and a useful inspiration to also encourage your own government to be more active on the topic.

Also, it's always useful to learn from other member states and I know obviously the Centre for Care is very active and instrumental in that regard. So well. So yeah, keep an eye on the strategy and obviously we'll do our best to keep you informed, informed as well.

So thanks again for the opportunity to speak about the strategy today and looking forward to the next steps of our collective work then.

## Zoe Hughes

Yeah, so Stacey just kind of said everything I was going to say, to be quite honest with you. So I don't really have much else to us, except I definitely would agree. You know, I think one of the one of the big benefits of being part of the EU and part of this kind of, you know, you know, national international groups like Eurocrats, for example, you know, we're Care Alliance Ireland, we're a member of Europe. CARES has been so beneficial to learn from other places and other people at other member states and see what works really, really well, but also what doesn't work well.

You know, I think sometimes we focus a little bit too much on we have to learn for what's good. And I actually you almost learn more from what's not been working or has worked in the past and is now no longer fit for purpose. And I think, for example, our Irish strategy, it felt like it was really great when it when it came out in 2012, but it's a relic of its time now know. So I think that's really important to keep that in mind going ahead is that, you know, there's no we can kind of move and shift and move with the times. And I think the strategy, I think, is a good starting place for that. Maybe particularly when you take into consideration that hopefully the monitoring reports from the individual member states may be available for us to look at and that that way then that would be a really great to be able to see from other places what people are doing and how things are being done. So you and I just want to again say, you know, thanks for the opportunity to come along. It's been it's been great, actually. So thank you for that.

## Becky Driscoll

And perhaps we'll have and perhaps we'll have you back on again in five years time celebrating the enormous progress we've made across the EU. And I hope I'll be able to say that here in the UK we've also learnt a lot and implemented lots of measures that would improve people's wellbeing. So great. Thank you very much.