

The EU policy agenda and carers

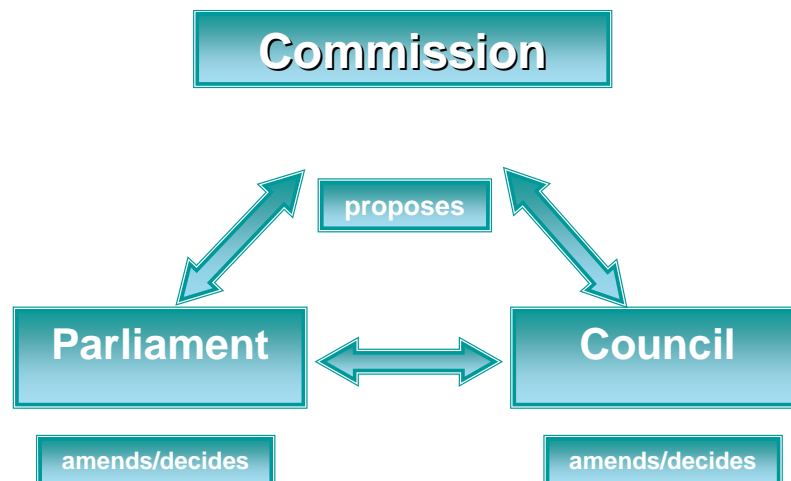
Issues relating to care provided by relatives, neighbours and friends are slowly moving up national policy agendas. One of the facilitating factors in this process is policy makers across the EU realizing that the population is ageing; and, while the vast majority of older people are living healthy and independent lives, the risk of becoming frail and dependent does of course increase with age.

Of course, family care is being provided to people of all age groups by people from all age groups; providing care is not limited to older people. However, the 'greying' of society has helped to make an increasing need care more visible, underlining a growing need for care, as well as the need to adapt health and social security systems (and budgets) to this growing reality.

Along with this realization, there is a growing awareness of the crucial role played by unpaid carers. Without this invaluable resource, health systems would simply not be able to cope, nor would they be financially sustainable. This increasing awareness is also reflected by the growing number of carers organizations in countries across the EU. But how about the EU policy agenda? And how does the EU impact on carers? What can be done by carers themselves to make the EU take initiatives that will support them?

How does the EU work?

In order to answer that question, it is important to understand how the EU actually works and how policies are being developed and agreed. And contrary to what is often being believed, the process is not even that complicated, as the graphic below demonstrates:



This of course needs a little explanation. Three main EU institutions are involved with proposing, adopting and implementing legislation: the European Commission, the Council of Ministers and the European Parliament. Each of these has a specific role and specific responsibilities:

- the European Commission prepares proposals for new European laws, which it then presents to the European Parliament and the Council of

Ministers. It manages the day-to-day business of implementing EU policies and spending EU funds. The Commission also keeps check on whether Member States abide by the European treaties and laws, and can act against rule-breakers, taking them to the Court of Justice if necessary. There are 27 Commissioners — one from each EU Member States and these are assisted by about 24 000 civil servants, most of whom work in Brussels. While this may seem like a large number, it is actually smaller than the governing bodies of medium-sized cities like, for instance, Edinburgh.

The Commission represents and upholds the interests of the EU as a whole and is independent of national governments; in other words, they do not represent the governments of their home countries. Instead, each of them has responsibility for a particular EU policy area. The President and Commissioners are appointed for a period of five years, coinciding with the period for which the European Parliament is elected. A new Commission took office in February 2010.

- The Council of Ministers is made up of representatives (Ministers) of each of the Member States, and is the highest decision-making body of the EU: all proposed needs to be agreed by the Council before implementation. In many cases, the Council must reach agreement with the European Parliament to be able to make a new law.
The Council consists of ministers from the national governments of all countries which are part of the EU. Council meetings are attended by whichever ministers are responsible for the items to be discussed: for instance, proposals for legislation in the social domain will be addressed by the Social Affairs Council, with ministers responsible for social affairs attending; health issues will be dealt with by the health ministers and so forth.
Each country has a number of votes in the Council , which broadly reflects the size of their population. Most decisions are taken by majority vote, although sensitive issues (e.g. foreign and security policy) require unanimity.
Up to four times a year the Heads of States of the Member States meet as the European Council. These meetings, better known as 'European summits', set the framework for overall EU policy development.
- The third EU institution, the European Parliament, is the EU's only directly-elected body. The Members of the European Parliament (MEPs) are there to represent the interests of EU citizens, and they are elected once every five years by voters across the EU's 27 Member States. The last election was held in June 2009.

The Parliament consists of 736 members, who sit in the cross-country political groups with different affiliations, as of 736 MEP, organised as follows:

- ❖ European People's Party (Christian Democrats) – PPE (265 MEPs)
- ❖ Progressive Alliance of Socialists and Democrats – S&D (184 MEPs)
- ❖ Alliance of Liberals and Democrats for Europe – ALDE (84 MEPs)
- ❖ Greens/European Free Alliance (55 MEPs)
- ❖ European Conservatives and Reformist Group – ECR (54 MEPs)
- ❖ Confederal Group of the European United Left/Nordic Green Left (35 MEPs)
- ❖ Europe of Freedom and Democracy Group (31 MEPs)
- ❖ 28 non-attached MEPs

The Parliament also has a power of 'political initiative': it can urge the European Commission to come forward with legislative proposals.

The European Parliament normally holds its (monthly) plenary sessions in Strasbourg and any additional plenary sessions in Brussels. On the occasions of these sessions legislative proposals are debated, amended and adopted. There are also 20 Parliamentary Committees, each addressing a certain policy area, which do the preparatory work for plenary sessions. For instance, social policy is being addressed by the Committee on Employment and Social Affairs.

The Committees draw up, amend and adopt legislative proposals (proposed by the European Commission) and own-initiative reports, which are then being sent to the plenary session for adoption of the Parliament as a whole.

The EU: a 'black box' or room to manoeuvre?

Despite what is often said about 'the Brussels bureaucracy' and the distance between the EU and its citizens, the EU institutions are relatively open to cooperation with outsiders. The Commission, for instance, is simply too small to have extensive knowledge on all the policy files it needs to address in-house; it needs the input from outside organisations and individuals. This openness to outsiders and civil society organisations also applies to the European Parliament. After all, its Members (MEPs) are elected by European citizens, and they will need to address citizens' concerns in their work. However, it is more difficult to have access to the Council of Ministers, and attempts to influence their decision making are usually carried out at national level.

Influencing EU policy making: a growing role for civil society organisations

Civil society organisations are increasingly becoming players in the EU policy development process, and this development looks set to continue. Since policy decisions on health and social issues do directly or indirectly affect the lives of carers and patients, regardless of what level these are taken, it is important for carers and patients themselves to be actively involved in policy development. Active involvement is the only way to ensure that policies reflect their needs, requirements and preferences. Policy engagement has been the case at local, regional and national level; however, advocacy and interest representation at EU level is a relatively new phenomenon.

In the early days, EU lobbying was primarily a 'company' and high level diplomacy activity, and there were few EU-level civil society organisations. However, this situation changed dramatically in the early '80s, due to the increasing 'power' and transparency of the EU and its decision-making processes. In addition, the increasing level and range of EU activities in relation to health and social policies made it more relevant to become involved with these processes.

In order to influence policy development effectively, it is important to speak with one voice. This is why in recent years European umbrella organisations have formed in a huge number of areas – including carers. These organisations represent the interests of their members and try to advocate these with the European Commission and the European Parliament. For instance, in the health arena, national organisations of and for patients joined together to form representative EU entities which would be listened to by EU level policy makers.

Today there are some 15,000 lobbyists active in Brussels, distributed as follows: European trade federations (32%), consultants (20%), companies (13%), civil

society groups, including patient and health groups (11%), national associations (10%), regional representations (6%), international organisations (5%) and think tanks.

The particular growth of social interest and patients' organisations and the increasing prominence of their profile have also been due to a further combination of two parallel developments. Firstly, these organisations themselves have become increasingly professional and vocal. At the same time, EU level policy makers have become acutely aware of the gap between the EU and civil society (as demonstrated by several Member States' 'no' votes on the Lisbon Treaty). Conscious efforts are being made to better reach and involve EU citizens and to actively engage representatives of civil society in a number of policy development and initiatives. There are an increasing number of EU-wide public consultations, whereby the European Commission actively seeks the views of the citizens, and the creation of advisory and discussion platforms of which representative organisations can become member, such as the Health Policy Forum. In addition, the EU provides funds to a relatively large number of civil society organisations for their core work and actively provides space for them in policy deliberations. In other words, the need to stimulate civil dialogue and to include the voice of the citizens in the debate is explicitly recognised.

An example: Eurocarers

Carers across the EU are also starting to become more organised and active at EU level. The establishment of Eurocarers in 2004 is a clear demonstration of this development. The formation of the organisation happened as a result of two European wide projects on care, as it was felt that the EU level should take better account of carers and their issues. Eurocarers is described as 'a European organisation with the aim to advance the interests of carers, and represent and act on their and their organisations' behalf, irrespective of the particular health need of the person they are caring for'.

Among the principal aims of Eurocarers are the exchange of experience, expertise, good practice and innovations, as well as contributing to national and EU policy development by acting as a voice for carers and advocating their issues.

One of Eurocarers main activities is monitoring and analysing policy development for advocacy opportunities. As Member States are responsible for most of the policies which impact on carers (healthcare provision, social security, employment policies, pension policies...) and the actual EU policy remit is limited, it is important to be creative and to closely look at policy developments for their potential links with carers issues; so called 'points of entry' need to be found. Some current examples include the development of a EU action programme on disability, or the plans to develop a European Year on Volunteering. Another recent example is an initiative taken by the European Commission on the workforce for health – this focuses on 'formal' care provision, but offered many possibilities to underline the need to improve the cooperation between formal and informal carers, and to highlight the huge contribution made by informal carers.

Once such a point of entry – a policy initiative, with a direct or indirect impact on carers issues- has been identified, Eurocarers prepares a critical position statement or a letter to the European Commission, outlining its views as well as concrete proposals for action. Furthermore, contact is then made with 'friendly' MEPs in the European Parliament, who will help to table amendments to shape a proposal and to ensure that carers issues are being taken into account. A good and recent example was a Eurocarers statement in response to a European consultation on the development of an overarching EU level strategy for the next ten years, which will help build sustainable societies and economies. This

'EU2020' strategy will have a strong focus on censuring a 'productive and dynamic' European workforce; and given the fact that many carers are having great problems combining their care responsibilities with the responsibilities of paid employment – which could undermine their productivity as well as their commitment, Eurocarers underlined the need for EU2020 to take the interests of carers into account and ensure initiatives that will help to better balance work and care. Another recent example Eurocarers sending a letter to the new Commissioners in charge of health and social policies, welcoming them to their new positions and outlining the issues that they should put on their policy agendas for the next 5 years.

Quite a number of these statements and letters have been prepared over the last 5 years, and this has helped Eurocarers to become visible as well as credible in the eyes of policy makers. Needless to say, Eurocarers also takes pro-active steps, suggesting concrete ways to support carers to policy makers.

An annual autumn seminar in Brussels has also supported raising awareness of the existence of the organisation and of the issues carers are facing. Actively trying to meet and cooperate with other interest organisations has also paid off in terms of credibility. An improved website and General Assemblies combined with seminars (one of which was held in Stockholm in the Spring of 2008) make a further contribution towards strengthening the organisation, and this in turn will strengthen advocacy and lobbying efforts at EU as well as national levels.

An alliance of friends in the European Parliament

One of the most important initiatives taken by Eurocarers was the creation of an 'Interest Group' on Carers in the European Parliament.

It is clear that, in order to effectively influence EU policy making, strong links and working relations with the three EU institutions are an absolute must, and as outlined above, the European Parliament provides the best opportunities for forging strong links with its Members. MEPs have the possibility to instigate a number of different policy actions and their powers are increasing. For instance, the Parliament can produce Own Initiative reports on issues of their choice; they have the power to amend Commission legislative proposals in a number of policy areas; they are on equal par with the Council of Ministers in an increasing number of instances; and they have the right to ask critical questions to the Commission.

There are of course many ways to build relations with MEPs, varying from ad hoc contacts when a relevant issue is being discussed (least effective) to forming interest/working groups on certain issues (more effective), and Eurocarers decided to try to set up such an Interest Group. Interest Groups are informal European Parliament groups, bringing together MEPs with a common interest in a specific issue or policy field. It usually aims to discuss European policy issues and to take initiatives that can lead to/influence policy initiatives. Ideally, these are composed of MEPs representing the various political factions and nationalities, in order to enhance its credibility and its influence. In other words, an Interest Group is a cross-party group, providing a forum for debate and for initiating policy action. Interest groups usually meet around 4 times a year, and the secretariat for the meetings is provided by an outside body, in this case Eurocarers.

The initiative was successful, and some 40 MEPs supported the initiative during the Parliament's previous term. Several meetings were held, which involved the participation of high-level Commission officials, and which led to direct changes of focus within a number of policy initiatives. After the June 2009 elections, renewed efforts were made to re-establish the Group, and this is also looking positive: at this point in time, some 25 MEPs have already registered their support. This means that Eurocarers has direct access to a broad and powerful

coalition which can work as an internal pressure group within the European Parliament. It enables Eurocarers to call on the Group as a whole as well as on individual members to propose and support policy initiatives.

In conclusion...

Carers and their invaluable support are increasingly being recognised; the opportunities for advocacy are there. The voice of carers is increasingly being organised and listened to. At EU level, the creation of Eurocarers is proving to be a major step forward towards better advocacy.

However, creating Eurocarers as a powerful and representative organisation and building its capacity is representing a true challenge, mainly due to a lack of resources. However, despite this, and thanks to the determination of a highly committed Executive Committee and advisors, the organisation has made serious progress in terms of getting – and keeping - carers issues on the EU policy agenda.

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