

**National Reports on the
implementation of the**

**Council Recommendation on access
to high-quality Long-Term Care:**

**POLICY TAKEAWAYS
FOR INFORMAL CARERS**

A rapid review of the reports produced by Member States under the European Care Strategy, assessing progress, identifying gaps in care-friendly policies, and highlighting the reports' added value for the carers' movement.



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Introduction

More than two years ago, in September 2022, Eurocarers welcomed the adoption of the **European Care Strategy** – a significant step forward in recognising the vital contribution of informal carers and the impact of caregiving on their social and professional lives. The Strategy rightly acknowledged that professional and informal care go hand in hand and urged Member States to identify and support informal carers without delay.

But is this initiative translating into tangible improvements for informal carers across the European Union?

The publication of the national reports on the implementation of the Council Recommendation on access to high-quality long-term care (LTC) - or national LTC reports - in autumn 2024 marks a crucial milestone in the implementation of the Strategy. These reports, submitted by EU Member States to the European Commission, assess various aspects of long-term care, including accessibility, availability, quality standards and affordability. They also examine workforce development issues within the long-term care sector, as well as support systems for informal carers. In doing so, the reports offer Eurocarers a valuable opportunity to evaluate and reflect on Member States' commitment to addressing the needs of informal carers.

This policy brief provides a concise analysis of the reports, equipping carers' organisations with insights on how to leverage this new tool to advocate for informal carers' rights in their respective countries.

It offers a reflection on the role and structure of the national LTC reports, as well as the coverage of key aspects of informal carers' empowerment captured by both the Council Recommendation and Eurocarers' messaging, namely:

- The inclusion of informal care(rs) as a specific topic worthy of attention;
- Carers' identification mechanisms;
- Efforts to facilitate cooperation between informal carers and care professionals;
- Support measures targeted at informal carers;
- Carers' social protection and/or access to adequate financial support; and
- Informal carers' participation in policy governance and monitoring.

Setting the context

The National Long-Term Care reports present actions taken to translate the Care Strategy across the EU

The **national Long-Term Care reports** outline the actions taken by Member States to implement the **European Care Strategy** across the EU. These reports are a **critical component** of the Strategy, where Member States present the policies they have adopted or planned to implement in alignment with the common approach agreed at the European level.

While the responsibility for designing and delivering long-term care services primarily rests with EU countries, Member States have agreed to a **voluntary, concerted approach** to address the shared challenges they face, particularly in light of demographic change. These challenges include the inadequacies in long-term care provision, severe shortages in the care workforce and unsustainable financing.

With the adoption of the **[Council Recommendation on affordable high-quality long-term care](#)** on 8 December 2022, Member States committed **to improving access to affordable, high-quality long-term care for**

all those who need it. This includes addressing the adequacy of social protection for long-term care, the challenges faced by both formal and informal carers, and long-term care governance. Alongside activities directly undertaken by the European Commission (e.g. data collection, research funding, mutual learning programmes, policy dialogues, technical assistance), these commitments form the basis of the 'European Care Strategy' - a set of shared objectives supported by EU instruments. Importantly, this Strategy adheres to the principle of subsidiarity, meaning it does not impose binding legislative measures on Member States, thereby allowing them full autonomy in their reform efforts.

Member States have further pledged to appoint a **[long-term care coordinator](#)** or establish another appropriate coordination mechanism to support the implementation of this Recommendation at the national level. They have committed to sharing the measures they have taken or plan to take within 18 months of adoption. This forms the basis for the **national Long-Term Care reports**, which Member States have submitted and are publicly available **[online here](#)**.

While being highly heterogeneous, the national reports follow a common structure

The LTC reports vary significantly in length (from 10 pages for Lithuania to 152 for Spain) as well as in the level of detail provided. Some simply list relevant policies, while others offer a more comprehensive overview of the current landscape and future projections, positioning the report as a valuable instrument for transparency and monitoring.

Nevertheless, the vast majority of reports adhere to a shared outline (see Annex 1), which includes an assessment of the baseline situation, the policy measures implemented and/or planned, the remaining challenges and areas where EU support is needed. This structured approach enhances readability and facilitates comparisons between reports. Navigating the reports is further simplified when policy measures are grouped according to the relevant article of the Council Recommendation. For instance, measures related to informal carers correspond to **Article 9**.

Article 9 of the Council Recommendation on affordable high-quality long-term care

It is recommended that Member States establish clear procedures to identify informal carers and support them in their care-giving activities by:

- a. facilitating their cooperation with long-term care workers;
- b. supporting their access to the necessary training, including on occupational health and safety, counselling, healthcare, psychological support and respite care, as well as supporting them in balancing work and care responsibilities;
- c. providing them with access to social protection and/or to adequate financial support, while making sure that such support measures do not deter labour market participation.

What is the added value of the Long-Term Care reports?

Firstly, the very fact that all Member States provide a public report **demonstrates their commitment to the European Care Strategy**. Each report outlines expectations regarding EU support, with the final section highlighting the added value of various tools in driving national reforms. For example, Cyprus is considering submitting a Technical Support Instrument (TSI)¹ request to assess the comprehensiveness LTC system.

Several Member States also report **on how they are using—or planning to use—EU funding instruments for LTC**. Estonia, for instance, highlights the availability of funding under the current ESF+² programming period to help local municipalities develop supportive services for informal carers. The Recovery and Resilience Facility³ is mentioned by France, Italy, Latvia and Portugal, among others. In some cases, EU support is complemented by collaboration with international organisations, such as Greece's engagement with the OECD and WHO.

Crucially, the publication of these reports enhances **transparency and accessibility**. Even when not highly detailed, they consolidate policy components spanning different policy areas, ministries and public

departments. This makes it easier for Member States to learn from one another and allows external stakeholders, including civil society organisations, to compare progress and contribute to public dialogue.

However, most LTC reports lack a strategic approach, setting a policy plan likely to overcome identified obstacles. The mix of past, present and future measures can be confusing. For example, the Irish Report refers to the National Carers' Strategy as an active document, however in 2017 it was agreed by the Department of Health that the actions contained in this Strategy had been exhausted and no further annual progress reports would be compiled. The Programme for Government agreed in 2020 committed to review and update the National Carers' Strategy. However, with the dissolution of the Irish Government in November 2024, pending a General Election this commitment was not delivered. The new Programme for Government agreed in 2025 makes no commitment to deliver a refreshed National Carer's Strategy.

On the contrary, some reports offer detailed insights into **particularly ambitious LTC reforms**, as seen in Spain and Portugal. These examples can **serve as inspiration** for other actors and strengthen the case for further action.

1. See Glossary

2. Id.

Notably, the reports also describe the consultation processes involved in their drafting or in the development of current LTC plans. This aligns with the strong governance guidance provided in the Recommendation, which stresses the importance of involving relevant stakeholders, including users (cf. Article 10b).

In sum, while the reports vary in strategic depth, they represent a crucial tool for fostering policy dialogue and driving improvements in LTC.

However, **a notable weakness is the absence of a structured follow-up process.** The initial Council Recommendation had envisioned Member States submitting “subsequently regular progress reports”, but this provision was later removed. The final version only suggests the possibility of “integrating subsequent reporting within a wider scope”.

Do these reports address informal carers' concerns?

While the Council recommendation primarily focuses on formal services and the workforce, it also provides detailed guidance on informal carers, aligning with most Eurocarers' demands. This marks a significant breakthrough in recognising their role. But is this recognition reflected at the national level?

Eurocarers' review of the national reports aims to assess the current level of convergence regarding the recognition and support of informal carers, as promoted by the Council.

Eurocarers' analysis of the reports: methodology

Eurocarers has carefully reviewed all LTC reports to assess the extent to which the Council recommendation's guidance on informal carers has been considered. The table on the next page outlines, for each country, which of the key components of Article 9 are addressed. A cell is marked in green if the report mentions an existing or planned policy, or identifies a challenge related to that component.

In addition, we examined the terminology used to refer to informal carers, the presence of a definition, the existence of a distinct and comprehensive policy for carers (such as a plan or strategy), whether integrated care is mentioned as an objective, the involvement of informal carers or an organisation representing them in governance, whether the remaining challenges identified included informal carers, and the mention of EU funding instruments.

While this template does not necessarily reflect the full reality or effectiveness of national policies for informal carers, it provides an indication of the extent to which Member States align with the EU's approach to informal care and the level of visibility given to informal carers on their policy agendas.

Informal care appears in most reports

While strategic plans specifically focused on carers remain rare, there are notable exceptions, such as the Netherlands' **Carer Strategy**, Portugal's revision of the **Carer's Statute** and its implementation, and **France's 'Acting for Carers'** strategy, which includes support measures, a carer's allowance and carer's leave.

	The report concerns Informal Carers	Terminology	Definition provided	Mention of a distinct initiative for carers (plan, strategy...)	Integrated care as an objective	Formalisation or status for informal carers	Assessment that takes the situation of carers into account	Facilitating cooperation with LTC workers	Training	Training on occupational health safety	Counselling	Health care and/or prevention	Psy. support	Respite	Access to social protection and/or adequate financial support	Support for WLB	Carers' Participation in the governance	Informal care mentioned in the 'Remaining challenges'	Mention of EU funding instruments
AUSTRIA		Informal carers																	
BELGIUM		Informal caregivers																	
BULGARIA		Informal carers																	
CROATIA		Family carers																	
CYPRUS		Natural person or informal carer																	
CZECH REPUBLIC		Informal carers , 'caring person'																	
DENMARK		Informal carer																	
ESTONIA		Informal carers																	
FINLAND		Informal carer																	
FRANCE		Caregivers, family caregivers																	
GERMANY		Family caregivers/informal carers																	
GREECE		Informal carers																	
HUNGARY		Caring family members																	
IRELAND		Informal carers																	
ITALY		Informal carers																	
LATVIA		Informal caregivers																	
LITHUANIA		Informal long-term care services																	
LUXEMBOURG		Care provider																	
MALTA		Informal carers																	
THE NETHERLANDS		Informal carers																	
POLAND		Informal carers, carers																	
PORTUGAL		Informal caregivers																	
ROMANIA		Informal carers																	
SLOVAKIA		Informal care																	
SLOVENIA		Informal carer																	
SPAIN		Non professional carers																	
SWEDEN		Relatives																	

Several other countries report initiatives related to carers or express a commitment to better understanding their needs. For example, the Czech Republic has established a **Working Group on Support for Informal Carers** and Sweden has appointed a **Special Investigator** to analyse and propose effective, individually tailored support measures.

In some cases, policies for carers are embedded within broader initiatives related to the care workforce as in Greece with the development of a comprehensive framework for formal and informal care. Measures for carers can also be part of strategies concerning specific diseases, such as for example Malta's **Active Ageing and Community Care programme** and the **National Dementia Strategy 2024–2031**.

On a less positive note, some countries are still lagging behind in defining long-term care (LTC) as a clearly delineated policy area, which makes it more difficult to adopt an ambitious and comprehensive approach. In Poland, for example, the reform's priorities include establishing a **consistent national definition of 'long-term care'** — encompassing both health and social assistance — and clarifying the concepts of **'informal carers'** and **'informal care'**.

Identification of informal carers

It is reassuring that **all reports refer to informal carers** in some capacity, even if only to highlight the need to reduce the reliance on informal care, as seen in Lithuania. Most reports also adopt the EU's terminology of 'informal carer'. However, some countries use terms that tend to confine informal care to the family context, such as 'family carer' (Croatia), 'caring family members' (Hungary) or 'relatives' (Sweden). Others, while using 'informal carers' for the purpose of the report provided in English note that different terminology is used at the national level. For example, in Luxembourg, the recognition of informal carers' status has led to the designation 'care provider'.

Remarkably, **only three countries include a definition of informal carers in their reports**. While such definitions may exist in the national regulations of other countries, including them in the reports would have facilitated comparisons across Europe. Indeed, the legal criteria for recognising someone as an informal carer can vary significantly — whether in terms of family ties, the type or intensity of care provided — which, in turn, affects carers' access to social rights.

Beyond countries where a formal status for informal carers already exists, such as France and Belgium, recognition of informal carers appears to be gaining ground, though in diverse forms. In 2021, Slovenia formally recognised the role of informal carers, defining them as "a relative of a person entitled to LTC who has left the labour market to provide care and who is entitled to monetary compensation (1.2 times the minimum wage), social insurance, training and 21 days of respite care per year". Croatia reports on the "expansion of the circle of people granted the carer status", adopted in 2022. In the Czech Republic, informal carers can now access social services alongside other vulnerable groups, while Romania is considering the possibility of informal carers being recognised as personal assistants for dependent elderly persons.

Eurocarers' Finnish member organisation, Carers Finland raised that only recipients of an allowance granted to carers under certain conditions, in their country are considered in their Report. However, all carers — regardless of their specific circumstances — deserve attention. A broader definition and understanding of informal care should therefore be adopted, given its significant societal impact. This aligns with the message promoted by Eurocarers and Carers Finland.

Regrettably, several countries⁴ make **no mention of any identification or formal recognition of informal carers**.

4. Bulgaria, Cyprus, Hungary, Latvia, Lithuania, Poland and Slovakia.

Facilitating the cooperation between informal carers and care professionals

Eleven countries⁵ explicitly reflect the Council Recommendation's guidance to facilitate cooperation between informal carers and long-term care workers. In Portugal, the revised Informal Caregiver Statute (2024) establishes a "professional liaison with healthcare and social services, recognising caregivers as part of the care system". In the Netherlands, the Ministry of Health, Welfare and Sport, the Association of Dutch Municipalities (VNG), Health Insurers Netherlands (ZN) and Mantelzorg.NL (the association of informal carers) are exploring ways to allow healthcare professionals greater flexibility to collaborate with and support informal carers.

The delivery of integrated care — an approach essential to including informal carers as part of the care team — is deemed important in **twelve countries**.⁶

Support measures targeted at informal carers

A majority of countries mention planned or implemented support measures for carers. Training is the most frequently cited measure, referenced by 23 Member States, often with the aim of assessing, standardising and enhancing training support already provided by local authorities. In Latvia, for example, a pilot project led by the State Agency for Social Integration and funded by the Recovery and Resilience Fund, offers training modules for informal carers. This initiative aims to develop a competence programme that will be made available to all carers nationwide.

Counselling and respite care are mentioned in 17 and 15 reports, respectively. However, less positively, protective measures focusing on

the (mental) health of informal carers remain scarce — whether in the form of healthcare or health prevention (mentioned by 8 countries), psychological support (8 countries), or attention to occupational health and safety in training (3 countries).

Additionally, there is a noticeable lack of attention to the diversity of carers' profiles and the need for tailored approaches to supporting them. The only specific sub-group of informal carers highlighted is young carers, though this focus is mentioned in just three countries: Austria, Belgium and Sweden.

Access to social protection and /or adequate financial support

More than two-thirds of the reports (**19 countries**) mention measures to improve informal carers' access to **social protection** and/or **adequate financial support**. This includes **benefits, insurance** and payments linked to contracts with local authorities, for example.

Work-life balance measures are referenced in **17 reports**, with initiatives such as additional **carer leave rights** in Germany, the option for recognised carers to work or undertake training for longer hours in Ireland, and the possibility for carers in Romania to opt for **half-time work** with financial compensation⁷.

5. Austria, Belgium, Czech Republic, Ireland, Italy, Luxembourg, Netherlands, Portugal, Slovenia, Spain and Sweden.

6. Belgium, Czech Republic, Denmark, Finland, Greece, Ireland, Italy, Lithuania, Luxembourg, Netherlands, Portugal, and Romania.

7. "From 2022 onwards, the informal caregiver (..) may benefit from a reduced monthly working schedule of half-time, with the payment, from the local budget, on the basis of a contract concluded with the public social assistance service, of an allowance equivalent to half the gross basic salary of the home caregiver. In accordance with the principle of subsidiarity, in addition to the amounts provided for in the local budget, at least 30% of the amount of the allowance shall be allocated from the state budget." In Report for Romania.

Participation of informal carers in governance

The Council's Recommendation contains precise indications as regards a 'sound policy governance in long-term care', including "involving relevant stakeholders, for example, social partners, civil society organisations, (...) care recipients and other stakeholders, at national, regional and local levels in the preparation, implementation, monitoring and evaluation of long-term care policies". It also calls for "gathering lessons learned, successful practices and feedback on long-term care policies and practices, including from care receivers, caregivers and other stakeholders, in order to inform policy design".⁸

While there are signs of efforts to consult stakeholders, assessing the effective participation of carers' organisations remains challenging due to the lack of comprehensive information in the reports. **Only five countries**⁹ clearly mention **carers' organisations** as stakeholders involved in the LTC reform process. However, even in these cases, the drafting of the reports themselves did not involve carers' representatives.

For a few countries, the reports do not acknowledge Eurocarers' members' involvement in policy dialogue on LTC. For example, in Denmark, Carers Denmark participates in a think tank focused on implementing new legislation on LTC for older people, alongside various organisations. Similarly, Carers Finland contributed to discussions on LTC development, though not to the drafting of the Finnish report.

Overall, despite their efforts, informal carers remain underrepresented across the EU, highlighting the need for targeted action to strengthen their advocacy capacity. In Slovakia, the Chamber of Caregivers is too newly established to have participated in relevant policy discussions.

This is echoed in the **Estonian Report**, which mentions "an initiative aimed to establish a network advocating for the interests of informal carers, a network that is currently lacking".

8. Cf. Article 10

9. Belgium, Germany, Ireland, The Netherlands, and Poland.

How carers' organisations can use the LTC reports

Eurocarers members are best positioned to craft advocacy strategies tailored to their national, regional and local contexts. They can leverage their country reports and this analysis as tools to raise the profile of carers' interests. While these reports may not fully capture the reality of policy implementation, they do reflect the level of government commitment to improving long-term care and supporting informal carers.

We hope that this rapid analysis will assist Eurocarers members in assessing their government's commitment to informal carers and allow them to compare their national reports with those from other countries from the carers' perspective. Based on their findings, they may:

- Liaise with other stakeholders (such as users' organisations, care workers' associations, and policymakers) to build alliances around the gaps identified in their Report and advocate for the comprehensive implementation of the European Care Strategy.
- Engage in dialogue with their **national coordinator** to discuss the inclusion of informal carers in the design, implementation and monitoring of LTC policies.
- Raise awareness in the national media by highlighting the positive approach to informal carers promoted by the European Care Strategy

and shedding light on the situation in their country.

- Share feedback on their advocacy efforts within the Eurocarers Policy Working Group, contributing to members' capacity-building.

At the European level, Eurocarers will continue to represent carers' perspectives on the impact of Article 9 of the Council Recommendation to EU institutions. This work will be crucial in the lead-up to the next milestone – the European Commission's 2027 report on the implementation of the Care Strategy.

What next?

Despite their limitations and varying levels of advancement in addressing informal care, the national LTC reports mark a significant breakthrough. They should be viewed as a starting point for developing comprehensive LTC strategies that genuinely align with the challenges at hand. With this objective in mind, carers' organisations should promote the following key developments:

Ongoing follow-up:

A structured follow-up process must be established to monitor developments in this rapidly evolving policy field. This process should be built on a participatory approach, ensuring that the European Care Strategy remains a guiding framework for action, regardless of political changes.

A holistic approach to informal care:

Informal care must be recognised in its entirety – as a widespread and multifaceted reality that spans all stages of life, involving individuals in need of care of all ages. It should be supported by a comprehensive strategy encompassing training, tailored support, health promotion and

disease prevention, work-life balance, access to social rights and formal care provision. Informal care should not be seen simply as a tool for LTC provision or as a barrier to accessing the labour market but as a fundamental societal reality with life-changing implications for many.

Involvement of informal carers:

Informal carers or organisations representing them must actively participate in the design, implementation and evaluation of LTC policies to ensure that solutions are based on human rights and shaped by their real-life experiences.

Sustained financial commitment:

Member States should fully utilise existing EU funding to strengthen LTC systems and support informal carers. Moreover, preparations for the post-2027 funding period should demonstrate a strong commitment to LTC reforms centred around people's needs.

Glossary

EU instruments supporting the implementation of the Care Strategy

► **Technical Support Instrument (TSI)**

The Technical Support Instrument (TSI) is the EU programme that provides tailor-made technical expertise to EU Member States to design and implement reforms. The support is demand-driven and does not require co-financing from Member States.

See: https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/technical-support-instrument/technical-support-instrument-tsi_en

► **European Social Fund Plus (ESF +)**

ESF+ stands for the European Social Fund Plus, which is a funding programme established by the EU to support projects aimed at improving social inclusion, promoting employment, and investing in education and skills development.

See <https://european-social-fund-plus.ec.europa.eu/en>

► **Recovery And Resilience Facility (RRF)**

The EU Recovery and Resilience Facility (RRF) is a key component of the EU response to the economic and social impact of the COVID-19 pandemic. It is part of the NextGenerationEU recovery plan, which was introduced in 2020 to help the EU member states recover from the crisis, promote green and digital transitions, and enhance economic resilience.

See: https://commission.europa.eu/business-economy-euro/economic-recovery/recovery-and-resilience-facility_en

Useful resources and references

► [List of national coordinators and contact points](#)

► National Long-Term Care Reports, 2024 available [here](#).

► [State of long-term care: conceptual framework for assessment and continuous learning in long-term care systems](#), WHO, November 2024

► [Long-term care report, Trends, challenges and opportunities in an ageing society](#). Social Protection Committee, 2021

► [Annual Report 2024 of the Social Protection Committee](#) including a synthetic analysis of the overall implementation of the Council Recommendation on access to affordable high-quality long-term care (p.70-80).

Annex I

Reports' standard structure

(This grid, apparent for example in the Report for Latvia, seems to have been followed in most reports)

1. Context and baseline

The context section should aim to establish the baseline for reporting. As such, it should outline the specificities of the LTC system design and identify the gaps or remaining challenges in relation to the policy objectives of the Recommendation.

► 1.1. Diagnosis of the gaps and remaining challenges

This section provides a brief assessment of the national situation in relation to the building blocks of the LTC Recommendation, identifies challenges to be addressed (if there are any). To the extent possible, the assessment, identification of challenges and good practices should be mapped with the relevant articles/ letters of the Recommendation. It could rely, inter alia, on Semester Country Reports/ Country Specific Recommendations/ National Reform Programmes/ Recovery and Resilience Plans, 2023 SPC Annual Report, 2021 EC-SPC report on LTC.

► 1.2. Stakeholders' involvement

This section explains how the various stakeholders were involved in reviewing national LTC policy in relation with the LTC Recommendation and in defining national measures to address the identified challenges.

2. Policy objectives and measures (to be) taken

The section on overall policy response and measures (to be) taken would explain how the key objectives of the Recommendation are followed up in the national context, by providing details on how the Member State intends to close the gaps, if any, in relation to the specific provisions of the Recommendation. This should be underpinned by an outline of the measures adopted or planned to be adopted, including, to the extent possible, information on the type of measure, target group, timeline, funding, expected

impact etc. To ensure synergies and contain the administrative burden, cross-references can be made as relevant to additional sources providing more detailed information for the relevant measures reported.

► 2.1. Overall policy response

This section describes how the gaps identified in relation with the objectives of the Recommendation have been/ will be addressed. It provides a breakdown of the overall policy response into a list of concrete measures, mapped to the extent possible with the relevant articles/ letters of the Recommendation

► 2.2. Detailed description of the measures

This section provides further details for each of the measures listed in the previous section. For each measure, MS should provide a detailed description. This could include, for example, information on the aim, type (e.g. legislative reform, investment, etc.), target group (definition and size), results and impact (expected or achieved), timeline, financial resources (national and/ or EU funding), implementing body(ies) and cooperation with stakeholders, evaluation and cross-linkages with other measures.

3. Remaining challenges and needs for EU support

As a way forward, the report could mention potential remaining LTC challenges not addressed by those measures already taken/ planned. It should also highlight concrete needs for further EU support and potential contributions from the Member State to the EU level policy dialogue in the area of LTC (e.g. good practice, high-level initiatives or networking opportunities, etc.).

► 3.1. Remaining challenges

This section describes any potential remaining LTC challenges not addressed by those measures already taken/planned. Reflections on why they cannot be addressed at national / regional level are welcome.

► 3.2. EU support

This section should highlight concrete needs for further EU support, including in relation with remaining challenges not addressed by planned/ already taken measures, and highlight potential contributions from your MS to the EU level policy dialogue in the area of LTC (e.g. good practice, high-level initiatives or networking opportunities, etc.).



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