



Informal carer policy in well-developed LTC systems: Good practices and remaining challenges*

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Introduction

Informal carers are family members or friends who provide unpaid care to individuals affected by illness, disability, or old-age-related frailty. Across Europe, long-term care (LTC) systems rely heavily on informal care: an estimated 80% of all LTC¹ is provided informally (Ecorys, 2021). While caregiving can be a meaningful role, it frequently places a heavy strain on carers, especially when care needs are intensive or continue over lengthy periods (Lindt et al., 2020). The consequences can include adverse effects on caregivers' well-being, physical and mental health, labour market participation, and long-term financial security (Bauer & Souza-Poza, 2015; Brandt et al., 2023).

With rising demand for care due to demographic ageing and workforce shortages in the LTC sector, informal carers have become more visible, and governments in many Western countries have begun to develop targeted support measures (Rocard & Llena-Nozal, 2022). These include financial transfers such as carer allowances, paid or unpaid care leave schemes, social insurance coverage and pension credits for time spent in caregiving, respite services, and access to training and psychological support (Courtin et al., 2014; Rocard & Llena-Nozal, 2022).

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In this Policy Brief, we provide an overview of how selected European countries with relatively extensive formal LTC systems support informal carers. Intensive informal caregiving is typically more substantial in contexts where formal services are weaker, but we assume that it is precisely in countries with strong LTC systems that most progress has been made in designing and implementing policies for carers. These cases can serve as valuable examples for policymakers and models for other countries.

¹ The World Health Organization (WHO, 2022) defines LTC as being provided over longer periods and including "a broad range of personal, social, and medical services and support that ensure people with, or at risk of, a significant loss of intrinsic capacity (due to mental or physical illness and disability) can maintain a level of functional ability consistent with their basic rights and human dignity."

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We selected Finland, Germany, Lithuania, and the Netherlands as case studies. This selection is based on an international benchmarking exercise in which we identified countries that combine comparatively high investments in LTC with relatively favourable outcomes for informal carers. In addition, we narrowed our selection by applying a typology of LTC regimes (Kraus et al., 2010) to represent countries with different welfare models. We assume that the favourable outcomes are partly attributable to the implementation of support policies for informal carers in these countries and therefore consider these policies as examples of good practice.

To gain a comprehensive understanding of informal carer support in the selected countries, we conducted 16 semi-structured interviews with experts from research, carer organisations, and public administration, between May and June 2025, complemented by a review of academic and grey literature. While the interviews revealed that Finland, Germany, Lithuania, and the Netherlands are countries with comparatively well-developed public support for informal carers, these countries, too, face some challenges in further improving their support systems.

Social policies for informal carers in Finland, Germany, Lithuania, and the Netherlands

Finland, Germany, Lithuania, and the Netherlands have all implemented support measures for informal carers, although their focus differs across the four main categories of informal carer policies (Rocard & Llena-Nozal, 2022): financial support, social security benefits, care leave, and support for carers' well-being (see Table 1).

Financial support

In terms of financial support, Finland is the only one among the four countries with a national carer allowance for informal carers. A distinctive feature of the Finnish carer allowance is that it comes with a set of linked support measures, meaning that carers have access to different types of support once their eligibility for the allowance is confirmed. This is a recommended approach in terms of providing access to comprehensive support without multiple application procedures. In contrast, some municipalities in the Netherlands provide small monetary tokens of appreciation, but these are neither consistent nor comparable to Finland's nationwide allowance. Germany, Lithuania, and the Netherlands do not stipulate a dedicated carer allowance, though they offer financial support during certain

Informal carers can be supported through financial benefits, social security contributions, care leave options, and measures to increase their well-being



types of care leave.² Germany also provides interest-free loans for informal carers during unpaid care leave. While this option is reportedly not very popular, it illustrates the range of financial support mechanisms developed to support carers.

Social security benefits

To avoid gaps in social insurance coverage arising from informal care, social security contributions for informal carers are publicly funded in Finland, Germany, and Lithuania. Germany offers the most comprehensive package, including pension, accident, and unemployment insurance. Finland provides pension and accident insurance, while Lithuania offers pension and unemployment insurance. The Netherlands is the only country of the four without any such benefits for informal carers. While some countries have also introduced health insurance coverage for informal carers (Rocard & Llena-Nozal, 2022), in the four case studies analysed, this did not play a role, as informal carers are covered through different systems.

Paid and unpaid care leave

Regarding statutory leave from regular employment, Finland has the least generous paid leave options, offering carers five days per year. In comparison, Germany permits 10 days, while Lithuania (for carers of adults) and the Netherlands permit up to two weeks. During these periods, carers in Finland receive their full salary, compared with 90% in Germany, 70% in the Netherlands, and 65% in Lithuania. These general *short-term* leave options often fall short when informal carers assist family members with *long-term* care needs. In some countries, longer leave options also exist, but are typically limited in terms of eligibility.

Lithuania is notable for its broad support for caregivers of minors with disabilities or severe illnesses. For instance, caregivers of children under 18 with serious health issues can access 180 days of paid leave, with even more extensive leave available for those caring for children with particularly severe conditions. Furthermore, in Lithuania, some informal carers may also be eligible for unemployment benefits during caregiving periods, provided they remain available to return to employment again. Germany's regulations are characterised by various unpaid leave options: full-time leave of up to six months, and part-time leave (with a minimum of 15 working hours per week) for up to two years. However, access depends on company size, as these entitlements only apply to companies with a minimum of 15 (for up to six months) to 25 (for up to 24 months) employees. In smaller companies, employers may grant such leave voluntarily.

² Additionally, these countries provide financial support to people in need of care—though to varying degrees—which may serve as indirect compensation for informal carers. In our analysis, however, we focused only on benefits specifically directed at informal carers themselves.

Short-term care leave, even if fully paid, does not make a big difference to informal carers who deal with long-term care needs



Table 1. Support measures for informal carers in Finland, Germany, Lithuania, and the Netherlands

	Finland	Germany	Lithuania	Netherlands
Financial support	<ul style="list-style-type: none"> Allowance with 3-4 levels, minimum €472 (in 2025) 	<ul style="list-style-type: none"> Financial support during some types of care leave Interest-free loans available together with all types of leave except short-term leave 	<ul style="list-style-type: none"> Financial support during some types of care leave Unemployment benefit in case of contributions during previous 30 months 	<ul style="list-style-type: none"> Financial compensation during some types of care leave Small amounts of monetary support in some municipalities
Social security benefits	<ul style="list-style-type: none"> Pension insurance Accident insurance 	<ul style="list-style-type: none"> Pension insurance Accident insurance Unemployment insurance 	<ul style="list-style-type: none"> Pension insurance Unemployment insurance 	<ul style="list-style-type: none"> Not available
Care leave	<ul style="list-style-type: none"> Temporary childcare leave for suddenly ill children (1-4 days, 100% income) Absence for compelling family reasons (period unspecified, unpaid) Agreement-based absence to care for a loved one (period unspecified, unpaid) Informal care leave (5 days per year, unpaid) 	<ul style="list-style-type: none"> Short-term leave (10 days, 90% income) Care time (6 months, no financial compensation) Family caregiver time (24 months, no financial compensation) Support in final phase of life (3 months, no financial compensation) 	<ul style="list-style-type: none"> Sickness benefit in case of inability to work due to care (65% of income) Adult (14 days) Child (21 days) Child with disability younger than 7 (120 days) Child younger than 18 with serious illness (180 days) Child younger than 18 with especially serious illness (364 days) 	<ul style="list-style-type: none"> Emergency leave (couple of days, 100% income) Short-term (2 weeks, 70% income) care leave Long-term care leave (6 weeks, unpaid) Flexible working (from home, any time) All: care for first and second degree relatives, household members, friends or neighbours
Support for carers' well-being	<ul style="list-style-type: none"> Information Counselling Training Health and wellbeing check-ups 	<ul style="list-style-type: none"> Information Care counselling Care courses Community care points 	<ul style="list-style-type: none"> Information Counselling Daily support e.g. transportation, food, clothing Psychosocial or crisis management assistance 	<ul style="list-style-type: none"> Through MantelzorgNL and partner organisations Information Legal advice Training Phone line Care points
Respite care	<ul style="list-style-type: none"> 2-3 days per month 	<ul style="list-style-type: none"> Substitute care Short-term respite care 	<ul style="list-style-type: none"> Respite care Up to 720 hours annually per care recipient 	<ul style="list-style-type: none"> Respite care Can be applied for at municipality For some included in supplementary health insurance If person receives care under LTC or youth act, paid through these → no regulations as to the amount of respite support that carers should be able to rely on



Support for carers' well-being

All countries provide some form of support for carers' well-being. All four countries offer information and counselling for carers through websites, phone lines and/or community care centres. Self-help groups and training courses are also available, though mostly provided by NGOs at the municipal or regional level and varying considerably in scope and coverage. In terms of health support, beyond regular access to healthcare services, Finland is the only country with systematic health and well-being check-ups specifically for informal carers. Lithuania also offers psychological support, but in a less structured way. In Germany and the Netherlands, no national programmes address carers' physical or mental health directly, although regional or NGO-based initiatives may exist.

Respite care, where care is provided by formal care services at home or in a facility for a limited period of time, is a key support measure that fosters carers' well-being by enabling breaks from their caregiving responsibilities. Finland, Germany, and Lithuania all have systematic provisions. In Finland, carers can access two to three days of respite care per month, while in Lithuania, they may claim up to 720 hours (i.e., 30 days) per care recipient per year. Germany contributes about €3,500 annually to the beneficiary's respite care costs. In the Netherlands, respite care is arranged at the municipal level and sometimes included in supplementary health insurance. Certain recipients under the LTC or youth law are also entitled. However, compared to the other countries, Dutch provision is less systematic and lacks national regulations defining carers' entitlements.

Varying values and priorities

The differences in carers' support across these countries reflect variations in welfare state development, values, and policy priorities. For example, care leave does not play a significant role in Finland's support system, while Germany, Lithuania, and the Netherlands provide more options in this regard. This means that, while Finland does not differentiate between different types of carers, the other countries emphasise support for working carers more strongly. The role of the state also differs: the Netherlands organises support mainly at the municipal level. In Finland, support is organised at the county level, but national legislation still stipulates basic types of support and eligibility, whereas in Germany, both the national LTC insurance system and the social assistance schemes of the Länder cover support services in cash and in kind.

The definitions of informal carers vary across countries

The definitions of informal carers in regulations also vary across countries, reflecting different visions of informal care. For example, care leave in Finland can only be used by household members, while in the Netherlands, first- and second-



degree relatives, household members, friends and neighbours are eligible for care leave. These contrasts highlight that, while all four countries acknowledge the importance of informal carers, they pursue support strategies shaped by different welfare traditions and policy goals.

The countries studied have not only implemented a variety of measures to support informal carers but have also pursued different approaches to advancing informal carer policies and involving a broad range of stakeholders in these processes. The experts we interviewed highlighted several examples of advancing stakeholder engagement to improve informal carer policies. In the Netherlands, they referred to the implementation of an informal carer agenda and advice from the country's Social and Economic Council to policymakers. In Germany, they pointed to the recommendations of the Independent Advisory Board on Work-Care Reconciliation (Unabhängiger Beirat für die Vereinbarkeit von Pflege und Beruf, 2023). Experts from both Finland and Lithuania emphasised the importance of strong carer organisations and their active involvement in the policy process.

Challenges and ways forward

Informal carers have become more visible, but they increasingly compensate for the lack of formal care services

Experts from all four countries noted that informal carers have become more politically visible in recent years and that meaningful measures to support them have been introduced. At the same time, they emphasised the need for greater awareness of carers' living, working and caring conditions, more sustained political attention, and stronger political will to advance comprehensive policies in this domain. Across countries, experts stressed that, although informal carers are politically recognised as a group in need of support, there is still a lack of political will to move beyond incremental, piecemeal reforms, as underlined by a Finnish expert:

"At the moment, it seems that we are going in the direction that it's more and more difficult to get public services, which means that [...] families are forced to take more responsibility. And so, I think the informal care situations—the light ones and also the demanding ones—are getting more and more common, and I think that our system should react to that, should invest in those persons." (I13)

We identified three main areas that experts considered most relevant for improving informal carer policies: addressing non-take-up of support measures, strengthening and broadening the set of support measures, and recognising differences among informal carers when further developing support measures.



Addressing non-take-up of support measures

One of the challenges identified across all four countries is that informal carers do not use the support measures they are entitled to. For example, experts from Germany highlighted that most of those eligible for different types of leave to reconcile work and care responsibilities never use any of these measures. Experts discussed various reasons for the non-take-up of support measures. Among them were a lack of self-identification as informal carers and overburdening among the target group, the absence of proactive outreach to inform carers about available support and bureaucratic application procedures, as well as a mismatch between the design of support measures and carers' preferences. Pointing to bureaucratic hurdles and the need to reduce them, one German expert, for example, explained:

“People who should actually be entitled to support, and for whom this support should be easily and readily accessible, are overwhelmed with bureaucracy because they are not trusted. Every person is viewed as a fraud and a swindler. [...] The measures are not designed to be used. [...] And in this sense, some measures that look good on paper are simply not realistic.” (I01)

Expanding support measures

Core challenges in improving carer support include addressing the non-take-up of measures, increasing the eligibility and generosity of existing measures, and accounting for the diversity among informal carers in developing new measures

Expanding support measures was the second major challenge that experts identified. For example, in Finland, experts highlighted that the current system only supports those providing care above a certain threshold of intensity. As a result, around 50,000 formally registered informal carers are eligible for support, while an estimated additional 300,000 receive little to no assistance (Ilmarinen, 2025). While prioritising intensive caregiving is understandable, experts stressed that those providing lower-intensity care may also require help. Timely support for these carers could help prevent overburdening and more severe consequences later on. Instead, however, eligibility criteria in Finland have tightened in recent years, making it increasingly difficult to access the carer allowance and related services.

“The services are kind of more difficult to access. And then, at the same time, the informal care allowance has also become less available. So, what is left is informal care without support [...] So, it's a difficult situation in that sense.” (I12)

Experts warned that, as informal care becomes more prevalent, driven by population ageing and cuts to formal services in some countries, public support is



paradoxically becoming harder to access, with benefits restricted to only the most severe cases. Ensuring broader eligibility, they argued, is a matter of both fair-ness, not abandoning those who shoulder caregiving responsibilities, and sustainability of the system; providing support to informal carers early diminishes the risks that they themselves will develop care needs early on and helps them to fulfil their caregiving role over longer periods of time.

Beyond widening eligibility criteria, experts also recommended increasing the generosity of existing measures to add new forms of support (depending on what was already available in each country), and harmonising measures across municipalities and regions to overcome regional inequalities.

Recognising different groups of informal carers

As a third issue, the experts we interviewed highlighted that informal carers are not a homogeneous group. Different subgroups of informal carers need different types of specific support. Their needs may stem from the particular condition of the person receiving care, or from characteristics of the carers themselves, such as their age, gender, employment status, or history of migration. For example, for carers of working age, flexible leave options and coverage of their lost income are particularly relevant, while for older carers, who have already reached retirement age, it is often their own health that is at risk when caring without proper support. Recognising these differences and addressing them is one of the main challenges in further developing effective support measures for informal carers. However, the subgroups requiring targeted support will vary from country to country, depending on what is already available in terms of informal carer support and wider welfare policies.

Key takeaways

Further development of formal LTC services and improvement of support measures for informal carers ideally complement each other

Various countries with relatively well-developed formal LTC systems, such as Finland, Germany, Lithuania, and the Netherlands, have introduced social policy benefits and services to support informal carers. Compared with other countries, they can be considered good practice examples of supporting informal carers. However, these rather advanced countries also face remaining challenges in providing adequate support for informal carers. We particularly highlighted the importance of addressing the non-take-up of support measures, expanding existing measures in terms of scope, eligibility, generosity, and national coverage, and acknowledging the diversity of informal carers in the further development of support policies. These issues were identified as relevant across all four countries and are equally important to consider in the development of support systems in other contexts.



While formal services should be the cornerstone of LTC systems, it is important to recognise that informal caregiving plays a vital role in many families. Some carers face substantial emotional, financial, and time-related challenges that cannot be fully mitigated by formal services, and it has been shown that formal support does not necessarily replace informal care (Verbakel, 2018). The future development of LTC systems should, therefore, emphasise accessible and high-quality formal care while also acknowledging the need for supplementary support for those informal carers who are ready to take on responsibility but require support in terms of financial compensation, flexible care leave, or tailored respite opportunities. Providing these additional forms of support would not undermine the service-based model but would ensure that no carers are left without adequate help in situations where formal care is insufficient or temporarily unavailable.



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