Towards social, supportive and sustainable elderly care in the European Union

EP 2024 MEMORANDUM

European Ageing Network

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The European Ageing Network (EAN) is representing more than 10.000 elderly care service providers in Europe. They are servicing millions of older people in 30 European countries.

It is the EAN's vision and mission to improve the quality of life for older persons and support them in making each day a better day for by providing high quality housing, services and care. EAN brings together experts from around the world, lead education initiatives and provide a place for innovative ideas in senior care to be born. EAN's members pave the way to improve best practices in aged care so that older people in the European Union can live healthier, stronger, more independent lives.

With a view on the upcoming elections of the European Parliament, the European Ageing Network is contributing to the policy discussions by this Memorandum, stipulating crucial issues and proposing policy alternatives.

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EAN'S VISION
ON FUTURE LONG-TERM CARE
FOR OLDER PEOPLE

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We start from the vision that ageing and becoming old is not a disease but a stage of life.

In EAN's view, older people are not ill by definition, but may be by situation – and occasionally. Elderly care therefor is foremost a social service, and to a lesser extent, a medical one. That means that we have to create a service quality culture instead of considering older people in an over-medicalised way. Elderly care should not be aiming towards quality of care but towards quality of life. Quality of life in its final stage is the value that we are striving for.

This means we should focus on social support and services, to enable older people to live their preferred, independent, and worthy life. Health and medical care are secure elements in the background but are not the dominant elements in the services and support for older people. Therefore, elderly care providers are "life assistants" and with a new role for nurses and doctors supporting quality of senior life. Prevention is an element that is part of our support and services to maintain the health and independency of the older persons. This approach prevents the increasing demand of support and care in later stages of life. And last but not least, support and services for older people is not a cost factor but an economic opportunity with job creation and technological and social innovations.

According to this concept, aged-care institutions will no longer consider themselves as a “large building”, but as a service centre/ focus/provider that enables older people who are reliant on care to continue to live independently in their preferred home environment or live in a sheltered environment that is home-like. It will no longer be essential for infrastructure to be centralised and large, but instead small and de-centralised and with connected and complex services. In such a model, collaboration between primary healthcare professionals and the local community will become more important than ever before. It is the community and neighbourhood that are becoming more important. In the future, providers will become "designers" of the entire living space for the older persons following a supporting care pathway.

Long-term care for older people should vary depending on needs and expectations and includes assistance with activities of daily living (ADLs) such as washing, dressing, and mobilising or assistance with instrumental activities of daily living (IADLs) such as managing medication and finances and needing assistance with food preparation and house maintenance. Care can also include types of medical care. Long-term care can take place at home, or alternatively it can be provided in residential homes.

Both home care and long-term residential care are designed to support older people at a time when a decline in physical or mental capabilities cause an increased need for assistance. The choice between remaining at home with care or moving into long-term residential care depends on individual circumstances, including finances, support networks, and preferences of older adults and their family members.

OUR WISH LIST FOR REALISING OUR VISION IN THE EUROPEAN UNION

In order to ensure social, supportive and sustainable elderly care provision in the European Union, we urge to re-think current elderly care models and re-formulate framework conditions. EAN thinks staff potential, digitalisation, care pathways and funding are key in this.

1. Staff potential

The changing and growing demands of elderly care require the availability of a workforce with the right skills and flexibility – adapted to the needs of older persons. The EAN Workforce Summit (2022) made clear that in all Member States, elderly care providers struggle with high numbers of staff absenteeism due to both a mental as well as a physical burden, that attractiveness and esteem are low and that strict regulations hamper flexible workforce planning. In some Member States, another factor is exacerbating the problem even more: the need to achieve qualifications for many positions, which requires lengthy education programs.

Any workforce-related call to action starts with the premise that workers are the heart and soul of any long-term care for older people. If we cannot attract and retain, nurture and develop, and innovate and progress with this workforce, then we will continue to suffer major challenges in the quality and delivery of long-term care for older people.

EAN'S EU POLICY POINTER

Call for a European Elderly Care Workforce Agenda

In order to improve recruitment and retention of elderly care professionals and to facilitate continuous professional development and lifelong learning, there is a need for a European Elderly Care Workforce Agenda, that includes a regular monitor and assessment of health and social care workers labor markets and that identifies early on trends in order to improve workforce planning and forecasting and the implementation of appropriate labor market measures.

The European Elderly Care Workforce Agenda should also prioritise the immediate and substantial investment in the education, training and remuneration of elderly care workers and promote training and accreditation arrangements for those currently not formally recognised for their training and skills. Developing a career path and safe and healthy working conditions in the sector are key priorities in order to build an attractive and positive image of working in the elderly care sector.

2. Digitalisation

As the number of older people grows, European long-term care systems are ill-equipped to provide needed services, particularly to the vast majority of older persons who will be living in their homes and communities. Technology and ICT have proven added value during the COVID crisis and can play a critical role in new models of care and support that enable older people to live as independently as possible, support family, caregivers, and give long-term care providers the tools they need to deliver high-quality care.

The EAN Digital Care Summit (2023) identified technology and ICT as a key ingredient in any future European long-term care system. It also identified a gap between what is believed to be helpful and not practiced, yet. Uncertainty about effectiveness, efficiency and cost-benefits turn out to be a hurdle to roll-out and implement already available solutions.

Any technology and ICT-related call to action starts with the premise that technology and ICT are not a goal, but an instrument to provide quality of long-term care for older people while easing carers' work. Many of the challenges associated with later life – for both older people themselves as well as for (formal and informal) carers can be mitigated to some extent by using technology and ICT. If we are not able to identify and to articulate the real needs and possible solutions, then we will continue to suffer major challenges in the quality and delivery of long-term care for older people.

EAN'S EU POLICY POINTER

Call for a European Digital & Technological Transition of Care Strategy

In order to unlock the potential of technology and ICT in elderly care, we have to understand the real needs of both older people as well as of staff on the one hand, and the possibilities and limitations of technology and ICT on the other. There is a need for a European Digital & Technological Transition of Care Strategy, that outlines the way towards implementation and optimal instrumental use of technologies and ICT-solutions to the benefit of older people, carers as well as for industry.

Such a European Digital & Technology Care Strategy should focus on and inspire for real innovations and guide data availability and data exchange between health and social care providers, across the European Union, while taking into account privacy and security issues. The European Health Data Space may be an important element in this, but is not sufficient.

3. Care pathways

The aim of a care pathway is to enhance the quality of care across the continuum by taking preventive measures, improving risk-adjusted patient outcomes, promoting patient and carers' safety, increasing their satisfaction, and optimising the use of resources. It takes the older person as a starting point for care and support of his independent living.

Old age is a stage in life and not a disease. However, the support and care of older people currently is in the form of medical and nursing care. This perspective leads to a high degree of medicalisation with multiple protocols and care and support based on the precautionary imperative. Every uncertainty in the life of the older person is seen as a risk and needs to be prevented by a zero-tolerance policy, sometimes by authorities or the sector itself. A lot of check-lists and procedures lead to bureaucracy, that does not add value to the quality of life of older persons and their carers. Also, a medical strategy makes caring for older people costly.

Future elderly care is person-centred, not system-centred. Older people move from a healthy status at home to hospitalisation and, eventually via some care home, back to their own home-setting – and evidently back again. Today, older people cross system boundaries and care spheres which are not always compatible, nor additional and supplementing and, hence not efficient.

EAN'S EU POLICY POINTER

Call for a European Green book on Ageing well

In order to guide and inspire Member States, the European Union should take the lead and drive a paradigm shift in which following elements should reflect:

Shift from care to prevention and inclusion

Care providers need to aim more for prevention and inclusion. Be active in a stage that the need for care and services is not present. Activate communities to include older vulnerable people in the neighbourhood in community activities and even residents of nursing homes and care homes. Keep people socially involved and try to let them feel useful.

Shift from quality of care to quality of life

There is currently too much emphasis on the quality of care or the care activities (technical quality) and far too little attention on the way the care is provided (functional quality) and the effect of the quality of care on the quality of life. New concepts like positive health and service quality need to be implemented in order to get more client focus in elderly care and services.

Shift from "institutional" to "home"

Ageing in place is a term that is misunderstood: it is interpreted as staying in your current home. That can be the case but it can also be in the form of a diverse range of other housing options that are life-career resistant with some shelter. A “home” is the place where the older persons feels safe, at ease, well-appreciated and where he prefers to live. Current vast lines between the classical concepts of institutional care homes and community care organisations may fade and make space for new, mixed models where people get service and ADL support via an institution, but at their “home”.

Shift from “strictly professional” to “co-creation within social network”

Providing care is not the mere domain anymore of the “care professional”. For too long institutional settings have been closed systems. When one of your loved ones enters into a nursing home, you would have to leave them and the world outside the nursing home is suddenly a world in which your loved one is separated from you. Co-creation with family involves the family in the direct care environment which maintains emotional relationships. Formal and informal carers are all carers, that should work in supportive environments.

Shift from a medical focus to a “social and service approach”

The “medical model” is still dominant in elderly care. This has the consequences that the care is too medical by giving the final responsibility to a physician. A social and service approach related to the quality of life should be dominant without denying that medical care plays an important role in the background when the client has no health problems. Most people live in an institutional setting because of social problems. As an example, dementia is caused by a disease but in this state of life, no 24 hour medical care is needed. Palliative care needs also to refocus to the quality of life. It seems contradictory but the quality of life includes also the quality of dying.

Shift from one-size-fits-all to "lifestyle"

Lifestyle is part of someone's identity. "One size fits all" denies the uniqueness of a life that a resident has lived and makes people objects instead of individuals.

Shift from system-dominance to "client focus"

The way care and services are organised is based on the most efficient way and according to sometimes irrelevant regulations. This affects the daily rhythm of a resident negatively and thus the experienced quality of life. If, for example, the resident wishes to sleep in on a day, then the organisation of care must be organised according that wish and not the other way around

Decrease staff intensity with technology

The array of technological applications is broad and can quite radically transform the elderly care industry in a dramatic way. Technology can never replace human contact but it can decrease the need for staff in various situations. Think of home automation and detection systems and assistive technology that can increase the degree of independence of the elderly person.

The new European Green Paper on Ageing well should oblige Member States to annually report progress.

4. Funding

Long-term elderly care services and support are expensive and largely financed through public transfers or personal finances (when available), and wages. Particularly in the European Union, older people depend heavily on public transfers, which support almost two-thirds of their spending. As the numbers of older adults grow, Member States will have no choice but to invest more in the support of older people's needs, to give them agency and to protect their rights, including the right to long-term care and support. In European Member States, population ageing will put increased financial pressure on these older adult support systems, unless patterns of taxation and benefits change.

Apart from more public financing, EAN calls for opening and creating opportunities for private investments in quality elderly care. In many Member States, elderly care and support services are (partly) delegated to private (and often for-profit) providers. Input and outcomes of these arrangements vary a lot and success and added value is difficult to judge as there is no European framework of reference.

Any private financing of elderly care starts with the premise that profits never can be a goal, but only an instrument to invest in the availability and quality of long-term care for older people while compensating any financial risk. There is a need to clarify the concepts of services of general economic interest (which are basic services that are carried out in return for payment, such as postal services), non-economic services (such as the police, justice and statutory social security schemes) and social services of general interest (those that respond to the needs of vulnerable citizens, and are based on the principles of solidarity and equal access. They can be both of an economic or non-economic nature. Examples include social security schemes, employment services and social housing). Internal market rules, competition legislation on the one hand and social entrepreneurship and general interest are not balanced, yet.

EAN'S EU POLICY POINTER

Call for a European Care Funding Framework

The transition to community-based, person-centred high-quality, affordable, accessible and sustainable long-term care systems is not just a cost factor, but an investment. In order to unlock the potential of private initiative and funding in elderly care, there is a need for a European Care Funding Framework, that outlines the way how social entrepreneurship and social impact investment in elderly care service on the one hand and internal market and competition law on the other can match and that provides clarity for private investments, elderly care providers and Member States.

Such a European Care Funding Framework could supplement the EU's long-term budget, the so called Multiannual Financial Framework (MFF). MMF sets the spending priorities for the annual EU budgets over a seven-year period. It greatly translates the EU policy objectives into action. It defines objectives, priorities and conditions of EU funding respectively the policies EU funds are supposed to finance.

CALL FOR A NEW EUROPEAN PARLIAMENT'S INTERGROUP ON AGEING

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Finally, EAN calls for the creation of a new European Parliament's forum for discussing elderly care issues. Intergroups can be formed by Members from any political group and any committee, with a view to holding informal exchanges of views on particular subjects and promoting contact between Members and civil society. Especially ageing and the future of care and service provision for the older people are issues that cross borders of Member States and go beyond the boundaries of political groupings.

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