



EUROPEAN AGEING NETWORK
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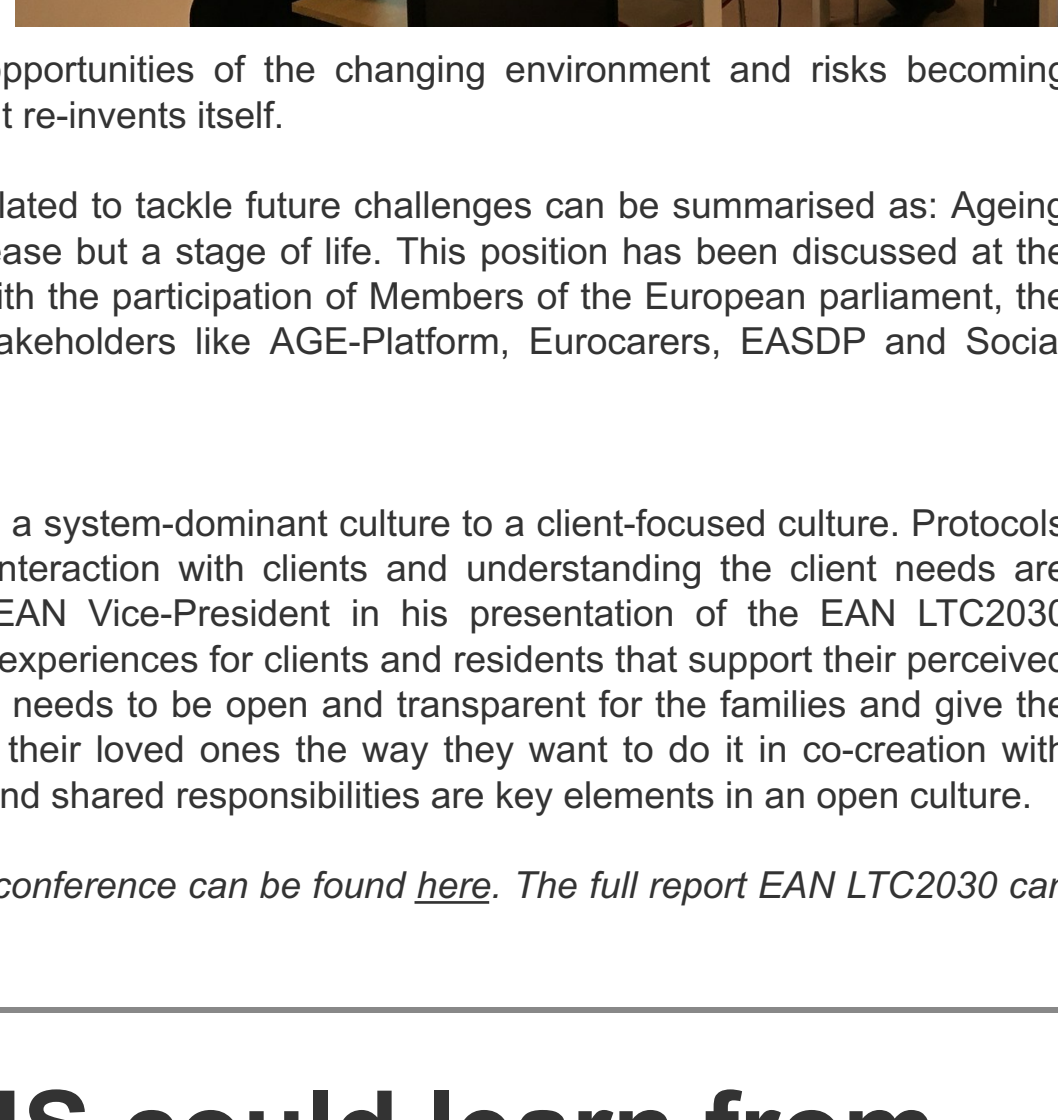


Newsletter November 2019

EAN presents its LTC 2030 Vision

On Friday 22 November, the European Ageing Network has presented its Long-term care vision 2030 at the conference *Future of long-term care in Europe*. More than 80 LTC-managers from all over Europe, together with the European Commission and stakeholders in elderly care, discussed policy implications and formulated recommendations for the new European Commission and new members of Parliament.

In its LTC2030 Vision, EAN concludes that governments are in denial. They are delaying a real emerging societal crisis and need to undertake a critical re-appraisal of their policies and strategies. But also business is failing to play a positive and constructive part in realising and addressing opportunities and challenges presented by the challenges and the needs of the elderly. And the aged care sector itself continues to relax in its traditional "comfort zone" of government support, is failing to meet the challenges and opportunities of the changing environment and risks becoming unable to remain viable unless it re-invents itself.



The vision that EAN has formulated to tackle future challenges can be summarised as: Ageing and becoming old is not a disease but a stage of life. This position has been discussed at the conference, in presence and with the participation of Members of the European parliament, the European Commission and stakeholders like AGE-Platform, Eurocarers, EASDP and Social Services Europe.

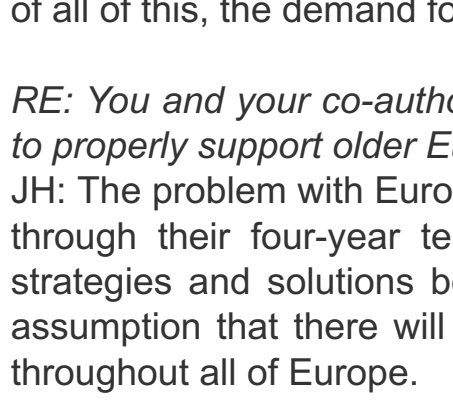
Cultureshift

"The culture needs to shift from a system-dominant culture to a client-focused culture. Protocols and procedures are not key, interaction with clients and understanding the client needs are dominant", said Aad Koster, EAN Vice-President in his presentation of the EAN LTC2030 Vision. The goals are to create experiences for clients and residents that support their perceived quality of life. The culture also needs to be open and transparent for the families and give the opportunity to them to support their loved ones the way they want to do it in co-creation with staff. Shared decision making and shared responsibilities are key elements in an open culture.

All presentations shown at the conference can be found [here](#). The full report EAN LTC2030 can be downloaded [here](#).

What the US could learn from Europe's Long-Term Care Challenge?

LONG-TERM CARE 2030



(The interview below has been conducted by Robert Espinoza, Vice President of Policy of PHI. As the US's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care. The article has been published on 18 November via PHI media)

Our population is growing older worldwide – a demographic shift that's compelling various countries to rethink how they're supporting older people and how their long-term care sectors are structured and financed.

The eldercare workforce—direct care workers, in particular—are central to long-term care programs, yet many countries are struggling to recruit and retain enough workers to meet demand. (For example, PHI estimates that the U.S. will need to fill an estimated 8.2 million direct care job openings across settings by 2028.)

A recent report from the European Ageing Network (EAN) speaks directly to these issues, outlining a long-term vision for prioritizing long-term care and meeting the needs of older people throughout the European Union. (EAN is comprised of more than 10,000 long-term care providers—organizations and individuals—throughout the majority of Europe. These providers together support more than 1 million older Europeans.)

The report, Long Term Care 2030, aims to compel providers and provider associations throughout Europe to transform their long-term care systems and bolster services and supports for older people. The report provides a vision (and conceptual model) for improving long-term care in Europe by 2030, describing sector-wide challenges and offering recommendations.

I met the President of the European Aging Network, Dr. Jiří Horecky, when he presented the report's findings at a September 2019 international summit of eldercare workforce leaders in Toronto, Ontario, hosted by the Global Ageing Network. (I presented on the U.S. direct care workforce at this gathering.) Horecky is one of six co-authors of Long Term Care 2030.

RE: As noted in the report, Europe is incredibly diverse across countries, histories, and cultures—and its approach to aging services also varies by country. What are some of the common aging-related challenges faced by European countries?

JH: European countries do have very different histories, languages, and styles of living, but they face very similar problems regarding long-term care. We have shortages of staff—up to 1.5 million caregivers and nurses are needed right now. The costs of long-term care, health care, and social security are rising very fast due to the demographic change of aging. Also, family values are changing, we face urbanization, and families are increasingly fragmented. Because of all of this, the demand for social services is rising at a very rapid pace.

RE: You and your co-authors wrote that "governments are in denial" about what will be needed to properly support older Europeans in the years ahead. What are the roots of this denial?

JH: The problem with European governments is their short-term thinking. Politicians think mainly through their four-year terms in office. But for long-term care and aging issues, we need strategies and solutions beyond this period. In terms of strategies, we need to start with the assumption that there will not be one perfect approach to long-term care policy that will work throughout all of Europe.

RE: According to the report, average life expectancy at birth will continue to rise in Europe in the years ahead; from 2016 to 2030, life expectancy will increase from 83 to 85 years for women and from 77 to 80 years for men. In addition to a rapidly aging and increasingly older population, what are some of the other primary factors shaping the long-term care sector throughout Europe?

JH: One of the most important factors is the prevalence of dementia. The number of people in Europe living with dementia doubles every 20 to 25 years. That's a huge issue in long-term care and generally in society. The other challenge is the "dependency ratio," or the number of economically active people compared to older people. Whereas 15 to 20 years ago, that was ratio was 6 to 1, in just a few years, it will be 2 to 1, or two working people for every older person.

FROM 'LONG-TERM CARE 2030'

"Workforce related consequences and implications is the other key area where there will be major challenges and implications for management and organization. Suitably trained and qualified staff is becoming an increasing challenge and this involves major implications across the entire aged care sector.

A major fact, with big implications, is that reliance on staff from other countries is not a sustainable option. New recruitment and training strategies need to be developed. "Care and Service" must be developed and promoted as professional work. This requires developing jobs/professions that have much broader skill sets than those that currently exist, including 'nurses.'

The sector needs urgent action now to re-invent itself. Major industry wide initiatives are critical to create a modern, positive, professional and career-based image of the sector."

RE: The report highlights several workforce-related challenges facing long-term care in Europe, including a general lack of "suitably trained and qualified staff." What explains this problem?

JH: Compensation for caregivers is not good and the caregiving profession is marginalized in most European countries, which are some of the main reasons (among others) for this shortage. In response to this shortage, a few countries have resorted to hiring workers from other European countries, but that causes problems for the original "poorer" countries.

RE: In fact, you and your co-authors observed that European countries cannot rely for long on other countries to fill workforce shortages in long-term care. Why is that?

JH: One reason is that economic growth in central and eastern European countries is much higher than in the western European countries, which compels improvement in salaries and wages. In other words, those countries are offering more economically for their workers, and their citizens are slowly coming back from countries like Great Britain, Germany, and Austria, among others. We need other solutions, such as better compensation, programs that recruit workers from countries outside of Europe, and new models of long-term care provision.

FROM 'LONG-TERM CARE 2030'

"[T]he changes in role models and expectations outlined above need to be taken into account with appropriate new training material, while fresh images of the career of caring for the elderly need to be presented. Whereas in the past it was mainly traditional carers with nursing expertise that were required, in the future multi-professional teams will be needed to satisfy all these demands. Not only will nursing staff with expertise in geriatric care be required but also therapists, doctors, psychologists and social workers. In addition to financing the necessary structures, decision-makers must also take steps early on to ensure that suitably qualified workers are available on the labour market. Here again, it is important to appeal to the sense of responsibility of society and government, because the individual institutions themselves have only a limited capability to influence the situation."

RE: What has been the reception to Long Term Care 2030?

JH: The feedback has been positive, though it's not a perfect solution for everyone in the long-term care sector. The report and vision are meant for providers and provider associations. We have also recently added policy recommendations to our vision.

RE: Building on this report, what do you hope to accomplish over the next few years?

JH: The main goal of this report is to spark an expert discussion within the European Union and the different European countries about the future of long-term care. We are also working on a future report that will explore the main dogmas and prejudices shaping long-term care.

RE: What primary lesson could this report offer to long-term care leaders in the U.S.?

JH: The underlying problems, current threats, and future challenges in long-term care throughout Europe are not that different from what's being discussed in the United States. Sharing knowledge, as well as innovative solutions and approaches, would benefit all of us.

Improved health means old age now starts at 70

In the UK, 65 years of age has traditionally been taken as the marker for the start of older age, most likely because it was the official retirement age for men and the age at which they could draw their State Pension.

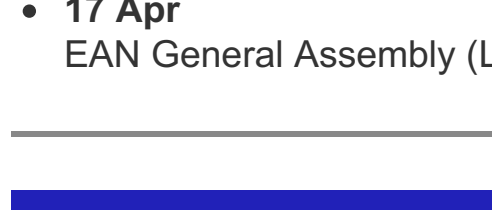
In terms of working patterns, age 65 years as the start of older age is out of date. There is no longer an official retirement age, State Pension age is rising, and increasing numbers of people work past the age of 65 years. People are also living longer, healthier lives. In 2018, a man aged 65 could expect to live for another 18.6 years, while a woman could expect to live for 21 more years. So, on average, at age 65 years, women still have a quarter of their lives left to live and men just over one fifth.

An important further consideration is that age 65 years is not directly comparable over time; someone aged 65 years today has different characteristics, particularly in terms of their health and life expectancy, than someone the same age a century ago.

In a number of respects, it could be argued that the start of older age has shifted, but how might this be determined? Should we just move the threshold on a few years – is age 70 really the new age 65? Or, might there be a better way of determining the start of older age?

(Source: ONS-UK)

SecureHospitals project launches online platform



The SecureHospitals.eu project has launched a new online platform dedicated to cybersecurity in hospitals and care centers. The platform seeks to provide information on cybersecurity solutions for all types of actors involved in a healthcare system by hosting repositories of knowledge materials, training offers, consultancy and technical solutions.

The digitisation of medical and care services resulting in an increase in patient data, together with technological advancements that make cybercriminals more capable, has made the healthcare industry the most targeted and vulnerable sector towards existing and emerging cybersecurity threats. To tackle this challenge, the SecureHospitals.eu project seeks to raise awareness and boost training initiatives on cybersecurity in healthcare via the newly launched platform and several training opportunities coming up next year.

You can register on the platform as a provider of training, consultancy services or technical solutions. As a healthcare professional you can navigate all repositories to learn more on cybersecurity and how you can change your practices to make your organisation more secure. You can also create a profile to connect with the Community of Practice and exchange experiences in a virtual meeting space. Visit the platform and learn more here.

The platform can be found [here](#).

SecureHospitals seeks to aggregate knowledge on existing cybersecurity practices across healthcare organisations, analyse, elaborate and disseminate the information as a means of achieving common understanding among practitioners on best practices and strategies. Cybersecurity needs to become an integral part of the organisation's strategic and policy documents, not as a formality but as good practice. The surveyed sample shows that hospitals might be a small step ahead of the social care organisations in understanding the potential impacts.

Cybersecurity is an ongoing and fluid effort, as new risks and threats emerge relative to the exponential growth and reach of the technology, processing power. Moore's laws suggest that the processing power doubles every 18 months, however the cycle is much faster and accelerating now, and innovative approaches, such as artificial intelligence. More information about the project can be found [here](#).

OSHA-EU publishes new report on MSDs: prevalence, costs and demographics in the EU



European Agency for Safety and Health at Work

Work-related musculoskeletal disorders (MSDs) remain the most common work-related health problem in the European Union and workers in all sectors and occupations can be affected. Besides the effects on workers themselves, they lead to high costs to enterprises and society. This latest report, following on from the Agency's previous research, aims to give an updated overview of the current European situation as regards MSDs, and a detailed insight into the causes and circumstances behind work-related MSDs.

The new report pulls together and analyses existing data relating to MSDs from the main EU surveys and administrative data. These data are completed and enriched with data from national sources. The report aims to provide a well-founded evidence base to support policy makers, researchers and the occupational safety and health community at EU and national levels in their task of preventing work-related MSDs. More information can be found [here](#).

Launching in October 2020, the *Healthy Workplaces Lighten the Load*-campaign will focus on work-related MSDs. Despite significant efforts to prevent them, these disorders remain the most common work-related health problem in Europe – affecting approximately 60% of workers (Eurostat's 2013 Labour Force Survey).

A 2019 ESENER study also reveals some worrying trends. Some 65% of companies reported repetitive hand or arm movements in workers, up from 52% in 2014. Lifting or moving people or heavy loads was to 54% from 47% and prolonged sitting was shown to now be the third-most reported common risk factor in European enterprises, affecting 59%.

The upcoming campaign will focus on 7 priority areas, including how to prevent MSDs and how to establish an ergonomic and sustainable working environment. The importance of early intervention and staying physically active will also be highlighted.

The new website will be already up and running in April 2020, giving access to a selection of campaign materials.

Upcoming conferences and meetings

January 2020

- 28-29 Jan AgeingFit, the leading European event dedicated to innovation in the Healthy Ageing sector (Nice, FR)
- 30 Jan EAN Board meeting (Frankfurt, DE)

April 2020

- 15-17 Apr 8th Associations World Congress (Cascais, PT)
- 17 Apr EAN General Assembly (Lisbon, PT)

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European Ageing Network (EAN)

The European Ageing Network (EAN) is the new association of the European Association of Homes and Services for the Ageing (EAHSA) and the international umbrella organisation representing national associations for directors and providers of long-term care services in Europe. The European Ageing Network groups more than 10,000 care providers, is present in 28 European countries, and is servicing millions of older people in Europe.

EAN is registered in Luxembourg, has its Secretariat in Prague and a branch office in Brussels. For more information, or for a membership application, contact info@ean-care.

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