

# EP2019 Memorandum

## The European Ageing Network

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 European Ageing Network'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. It 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 everywhere 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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# More socialised, less medicalised elderly care

The current practice in elderly care is very much focused on medical challenges of ageing, and not so much on social well-being and participation of older people. According to the European Ageing Network (EAN), elderly care facility residents have to be facilitated in developing a new social life concept for their end-of-life stage. There is a clear need for a more social and less medical centered approach in elderly care. A paradigm shift, co-creation and socialised care are key in response to future challenges.

Medicalisation of elderly care refers to the current practice of providing medical solutions to broad social problems facing older persons. This approach is destined to bring about serious economic and socio-cultural dilemmas in the coming decades due to the aging trends. Assigning medical answers to social needs is both expensive and inadequate.

Helping to maintain and sustain older people's highest possible level of functioning and the best quality of life has been the undertaking of community-based services. Yet, the medical world has little knowledge of the array of services that can and should be provided, which would not only complement medical care, but could help to improve it.

Older people need a combination of expert geriatric medical care and skilled supportive social services to be healthy and independent for as long as possible. Historically, the medical community and the social services network have not connected in any formal way. Now, both entities should start seeking to partner to realise better health outcomes for older people, while maintaining a sustainable service delivery mode.

## EAN's policy pointer

*Medicalisation often means negation of existing social problems and marginalisation in nursing homes and residential care settings. Social support to the elderly by a well-balanced system of health and social welfare emphasising their autonomy and dignity is an alternative to medicalisation. Its goals should include reducing inequalities, lowering financial burdens, rationalising medico-social support and creating the conditions indispensable to an active independent life for older people.*



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# Towards an EU Elderly Care Workforce Agenda 2030

Activities that contribute to ageing well, such as personal and home care services and housework services and secure and appropriate housing, all have an important job-creation potential. Demand for care, household and housing services is expected to increase due to the trend to population ageing in all Member States, combined with the expected decline of the number of potential carers within the family circle. The stark reality is that by 2020 the EU will face a shortfall of up to 2 million workers in health and social care sector.

Over 21.5 million people work in the health and social care sectors. There are currently five million people in Europe providing social care services at home and 13 million people in the healthcare workforce. Employment in personal and household services of the total workforce is nearly 5%.

Most jobs will require highly qualified people (more than 5 million), while the need for skilled personnel will also be very significant (around 3 million). Around 200.000 job openings will exist for lesser qualified people. Adequate and high quality training and education is essential to recruit and to retain elderly care workers.

## EAN's policy pointer

*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 an EU Elderly Care Workforce Agenda 2030, that includes a regular monitor and assessment of health and social care workers labour markets and that identifies early on trends in order to improve workforce planning and forecasting and the implementation of appropriate labour market measures.*

*The Agenda 2030 should also prioritise the immediate and substantial investment in the education and training of elderly care workers and promote training and accreditation arrangements for those currently not formally recognized 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 sectors.*



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# From care homes to homes with care

Today's elderly care residencies are inspired, designed and built on the basis of hospital models. In general, this has led to an environment wherein staff and care professionals are prominent and where residents are not in the lead. But both residents as well as staff have changing expectations and requirements and call for adapted and stimulating environments for working and living.

High quality elderly care is dependent on an environment that is physically, emotionally and mentally stimulating - both for residents as well as for staff. Whatever setting and whatever design, it is clear that both residents as well as staff hang onto their identity, personal growth, autonomy, security, connectedness, meaningfulness and joy. These basic human needs make people thrive - independent of age and capabilities.

Independent and assisted living is every older person's dream. The transition from institutional to community-based socio-medical services (de-institutionalisation) is too often considered as socially desirable and as a cheaper option for care. De-institutionalisation requires a sound back-up plan for the community and hence, a re-organisation of the socio-medical care chain.

## EAN's policy pointer

*The European Ageing Network (EAN) calls for a new approach of elderly care residencies as a true home for older people with specific needs, and where care professionals are a guest to do their work and to accept the fact that older people have freedom of choice to decide upon their preferred living environment, being it at their home, in a nursing home or in a combined setting.*



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# A new Parliament's forum for discussing elderly care issues

EAN 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 of political parties.

## EAN's policy pointer

*The European Ageing Network (EAN) calls for a dedicated Intergroup in the new European Parliament to provide a forum to discuss issues that are crucial for the elderly care in Europe.*



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The European Ageing Network, EAN

[www.ean.care](http://www.ean.care) - [info@ean.care](mailto:info@ean.care)