EUROPEAN AGEING NETWORK

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Newsletter Autumn 2020

Dear EAN members,

we are facing another wave of SARS-CoV-2 outbreak in most of the European countries. We are more experienced, have more knowledge and information than in the springtime - yet we are missing the workforce and the numbers of COVID-19 positive clients are rising. In some countries the clients are once again isolated in the residential facilities. Some countries are facing some kind of lockdown.
It's my hope that we will soon overcome this hard trial and that we will be able in the first months of 2021 to meet in person to strengthen each other and share our experience. We are bringing to you our next newsletter bringing an overview about EAN activities, bringing you news from the European perspective and information in these hard times.

Stay healthy and take care.
Jiri Horecky, EAN president

EAN-members meet to discuss COVID

EAN has continued its periodical virtual member meetings to exchange on COVID and to share best-practices among its membership. The meeting cyclus started in March and has been continued for the current wave.

During the virtual meetings, EAN-delegations report about the situation in their respective country and share experiences. At the last meeting in October, 11 delegations participated.

The earlier meetings laid the basis for the intensive co-operation with European social services representatives and for current structural meetings with the European institutions. EAN has drafted a comprehensive document of lessons learned, which was shared with the Commission representatives.

Both the lessons learned as well as the 12 key statements - Covid-19 reflections documents serve as a basis for the negotiations EAN and social service stakeholders are conducting to pilot a EU helpdesk for social service providers to access EU funds to overcome the extra costs of the current COVID crisis.

You can find the Lessons learned document and statements via the EAN website.

European Commission issues directive on adequate minimum wages

The European Commission has proposed an EU Directive to ensure that the workers in the Union are protected by adequate minimum wages allowing for a decent living wherever they work.

When set at adequate levels, minimum wages do not only have a social impact but also reduce wage inequality, help sustain domestic demand and strengthen incentives to work. Adequate minimum wages can also help reduce the gender pay gap, since more women than men earn a minimum wage. The proposal also helps protect employers that pay decent wages to workers by ensuring fair competition.

The current crisis has particularly hit sectors with a higher share of low-wage workers such as cleaning, retail, health and long-term care and residential care. Ensuring a decent living for workers and reducing in-work poverty is not only important during the crisis but also essential for a sustainable and inclusive economic recovery.

President von der Leyen promised to present a legal instrument to ensure that the workers in our Union have a fair minimum wage at the start of her mandate and repeated her pledge in her first State of the Union address on 16 September 2020. The right to adequate minimum wages is in Principle 6 of the European Pillar of Social Rights, which was jointly proclaimed by the European Parliament, the Council on behalf of all Member States, and the European Commission in Gothenburg in November 2017.

You can find more information about minimum wages and the Directive here.

EU Parliament launches Intergroup on intergenerational solidarity

MEPs from four political groups have come together to form an Interest Group that will work together with civil society and the other EU institutions on promoting these principles.

Interest Groups bring together MEPs from any political parties with a view to holding informal exchanges of views on particular subjects of interest and fostering contact with civil society.

On 23 September AGE-Platform organized jointly with Members of the European Parliament and COFACE-Families Europe an online debate on solidarity between generation as a response to the COVID-19 crisis, with the participation of European Commission Vice-President for Demography and Democracy, Dubravka Suica and Kirsten Leube from the German Presidency of the Council of the EU. The event, co-hosted by MEP Milan Brglez and Jaroslaw Duda, also marked the official launch of the Interest Group on Solidarity between Generations.

The COVID-19 crisis has shown that solidarity between generations is more needed than ever. Lack of resources and mismanagement have put the lives of many vulnerable citizens at risk, including many older persons. Families got mobilized to provide care as schools and long-term care services were closed. These developments emphasize the need for addressing ageing and demographic change in a way that upholds the core European principles of human rights, equality and solidarity.

The work of the Interest Group on Solidarity between Generations will be supported by AGE Platform Europe, and COFACE-Families Europe, the EU civil society network representing the interests of all families.

WHO launches portal for global data on the health and well-being of older people

On the International Day of Older Persons, WHO has launched the first data portal that brings together in one place data on global indicators for monitoring the health and well-being of people aged 60 and over.

Data is included for indicators such as: percentage of older people aged 60 years and over; healthy life expectancy at age 60; major causes of death in older people; prevalence of common impairments such as hearing and vision loss; percentage of older people receiving long-term care in residential facilities and in their home; and the percentage of older people living in an age-friendly environment. Also included are indicators for tracking the progress of government commitments to promote the health and well-being of older adults.

Data in the portal is disaggregated by age, sex and country to allow a comprehensive understanding of trends across different population groups, and to better manage progress towards global goals. Through maps, charts and tables, the portal offers tailored options for visualization and analysis of the data.

During the Decade of Healthy Ageing (2020-2030), endorsed by the World Health Assembly in August 2020, the portal will remain a gateway for accessing all global data related to older persons produced by WHO, other international organizations such as the UNDESA, the ILO, the World Bank and the OECD, as well as academic institutions such as the Institute for Health Metrics and Evaluation.

By the end of 2020, users of the portal will be able to create country profiles as background for conducting situational analyses and initiating policy dialogues with stakeholders. Data will be updated as and when new estimates or information become available.

Expert Panel on effective ways of investing in Health Hearing on ‘the organisation of resilient health and social care following Covid-19 ’

The Expert Panel on effective ways of investing in health (EXPH) is an interdisciplinary and independent group established by the European Commission in 2012 to provide non-binding independent advice on matters related to effective, accessible and resilient health systems in the form of opinions.

The aim of the hearing was to provide stakeholders with an opportunity to share their views on the draft opinion of the Expert Panel on ‘The Organisation of Resilient Health and Social Care following the Covid-19 Pandemic. The draft opinion was made available on the Expert Panel.

The Panel members presented the main elements of the opinion: the building blocks of resilient health and social care organisation, the elements and conditions for capacity building to strengthen health system resilience, healthcare provision for vulnerable patient groups and how to sustain such provision in a system under stress, and an approach to develop and implement “resilience tests” of Member State health

More information about the opinion of the Expert panel can be found here.

Social employers publish statement on resurgence and resilience after COVID

FEDERATION OF EUROPEAN SOCIAL EMPLOYERS

After the impact of COVID-19 breakout on the social services sector, the Social Employers together with the European Federation of Public Service Unions (EPSU) agreed on a joint position paper on Preparing the social services sector for the COVID-19 resurgence and increasing its resilience.

In this joint position paper, the Social Employers and EPSU provide a set of recommendations for the preparedness of the sector to secure protection and safety for service users and workers. The recommendations respond to the challenges that the social services sector faced and is still facing due to the pandemic.
The paper also highlight
s the role of the European Institutions & Member States and the role of Collective Bargaining and Social Dialogue. Social partners play a key role in ensuring occupational health and safety by agreeing possible solutions, measures and initiatives, promoting the recognition of the sector and exchanging of good practices.

You can find the position paper here.

THE VALUE OF HUMAN LIFE

The ongoing global pandemic of the coronavirus SARS - CoV-2 has been, and still is, not only a test of today's society but has also shown many of its "sore spots". One of them is making decisions about the value of human life.

For many decades, healthcare in Europe has been accessible for everyone as a matter of course and is something that does not have to be fought over, that no one is questioning, and that has become part of today's Europe. Until March 2020 that is, when the situation was so critical that the provision of health care was conditioned by age. Some Italian and American hospitals refused to hospitalize people who were over 60, 65 or 80 years old. Among other things, it was this shocking and unknown experience for us up to now that care is only for the "younger ones" which frightened the politicians of many European countries, awakened them and forced them to immediate reactions. What was the logic of patient selection? And what is the value of seniors' lives?

The value of life

By value we mean the amount of money we get for goods and services. But life is not exchangeable, that is, convertible to money. When we determine the value of life, we have to also deal with ethical concepts and ethical dilemmas if at all possible rather than with economic principles and approaches. In practice, we encounter a simple approach that de facto determines the value of life according to how much time we have left. The same logic to this selection was followed by some European hospitals during the coronavirus age. Although we rely on an economic approach when discussing or determining the value of life, human life is priceless for its vicinity and for its loved ones. If someone close to us dies, we would give or more precisely sacrifice a lot so that we can return or prolong his life for a while. The pain and suffering experienced by close ones, loved ones and survivors is priceless.

When thinking about the value of life, two great ethical concepts often clash - the utility theory and the theory of moral categories. According to the utility theory (e.g. Jeremy Bentham, 18th century, England), a moral solution is the one that maximizes the utility of an act. Each utility can be quantified, then it is justified to calculate the value of the expected economic activity of a human or similar parameters. In theories of moral categories, life is of the highest value. For example, in John Locke’s Moral Philosophy, the right to life is inalienable and one cannot give it up even by consent unlike the other two fundamental rights which are freedom and property. In practical life, it will be good to ask what purposes we consider the value of life for. If this is for example for insurance purposes, then an economic justification is appropriate. If the right to health care is decided in a multi-individual situation, then other values should be involved such as the question: "For how many people will the death of this person be an irreplaceable loss?" Decision-making should never be mechanical based on one simple principle such as the patient's age.

How the cost of life is calculated

The main need to quantify the value of life in money is litigation because of the purposes of compensation, reparations or redress. These compensations for wasted human life have a long history in the field of law, especially in the United States. Even in the Czech Republic, we encounter the quantification of the value of life in judicial practice. The Civil Code of 1964, valid until the end of 2013, quantified it numerically at CZK 240,000.
For these purposes, it is based on a person's economic activity and how much money he can earn in his whole life. The problem with such a simple or rather simplified calculation of the value of life is that it involves only the economic activity of a human in the course of his work and profession. However, a human naturally creates worth outside his profession. It is neither possible nor realistic to create a pattern or algorithm that would evaluate all these components and details.

Vertical and horizontal assessment of human life
There are two possible views on the value of human life. For easier illustration, let's name them as vertical and horizontal conceptions of the value of life. The horizontal concept takes us through time. The more time we have left, the more valuable our lives are. After all, this is in line with the approach of the courts, but also of hospitals in times of crisis. The more economic activity, but also social contacts we can expect from an individual until the end of his life, the greater his value is. It is a bit of a Spartan approach to life (when the measure of the value of life was the fighting ability of the individual). And in this logic, if we have a limited possibility of saving human lives, we decide preferentially for those who have a higher "profitability".

The vertical view is completely the opposite. It reflects the overall lifelong contribution of a person to his loved ones, family, other people and society. It is a converse view, a turned concept. It is the individual who, through his efforts, his activities, i.e. his life, has created the most worth or work that has a "greater" value. Here then, we do not look at a human in the way of his future returns, that is, what he will do for us or for society. We look at him from the other side - what he brought to our society, how he contributed to it for most of his life, what was his work.

Senior burden
The first and foremost - the economic point of view pro futuro is the reason why the world's professional societies (Global Ageing Network, European Ageing Network, CommonAge Australia) have united in 12 theses, of which the third and sixth theses state:
"During the coronavirus crisis, hospitals were prioritised over nursing homes. The aim was to make provision for sufficient intensive care beds should ventilation become necessary. The over-80s were told to stay where they were and to write their living will in such a way so as not to deprive anyone of an intensive care bed."
"In many countries, old-age policy is fiscal policy. As soon as people become very old and vulnerable, any investment by the state is no longer seen as worthwhile. With each passing year towards death, very old people then become a cost burden for society. A fundamental social attitude like this robs the elderly of their dignity."

Yes, these two theses are a classic conflict between that horizontal and vertical perception of the value of human life.

What's right then?
There are extraordinary situations where a person or community is forced to choose between human lives. In some situations, such as a sinking ship, people make their decisions according to established patterns based on certain generally accepted values tested by history. For example, children are saved first, then women as bearers of the future of the human race. However, there are other patterns that say that the weakest and most vulnerable should be saved first because, unlike the strong, they have less chance of saving themselves. In both models, the moral category of respect for human life is applied and in both, on this basis, a rational reflection on the consequence of the decision is manifested. It can be seen that in real life the two theories do not have to oppose each other.
If the readers of this article expect a final resolution, a clear statement of what is actually right, they will be disappointed. This question does not have a clear and therefore correct answer. It is more of a question of values. Everyone perceives it differently. Readers under the age of 40 are very likely to identify more with the horizontal concept. Likewise, perhaps pragmatists or people oriented to "survival" would also. Older people, the age group of 45+, perhaps more likely 50+, will be more aware of the vertical concept and fully and absolutely rightly expect to take into account and reflect on everything they have done for society, they are doing, and will still be doing.

In 1983, the President of the United States, Ronald Reagan wrote: "The real question is not when human life begins, but what the value of human life is."

We determine this value ourselves regardless of the formula that someone uses to approach our lives, including ourselves.
Let us not perceive and judge the value of human life solely on the basis of what one can or cannot do. Let us be not only generous in our judgments, but also wise, and let us judge the human life from a retrospective point of view, that is, with respect for everything that a person has done for others in his life.

Dr. Jiří Horecký, MBA
President of European Ageing Network

EAN to participate in EU-project on personal budgets in elderly care

The European Ageing Network (EAN) has entered a partnership in the EU-funded UNIC-project. The aim of the UNIC project is to develop, test and validate a set of innovative tools to help key stakeholders to implement Personal Budgets funding model.

UNIC
TOWARDS USER-CENTRED FUNDING MODELS FOR LONG TERM CARE

Firstly, the UNIC project will develop and test innovative approaches to LTC provision; with few policy reforms as transformative (for all stakeholders and in all areas of Long-Term Care provision) than the use of Personal Budgets. Secondly, UNIC aims to develop sustainable multi-level partnership models, with significant effort placed on building such partnerships across Europe between persons with support needs, service providers and public authorities. Finally, UNIC's aim is to use social innovation in LTC policy planning and monitoring, through a project which will support the development of Personal Budgets for the first time at European level. These tools, together with a set of policy recommendations & capacity building activities, will result in a comprehensive preparatory reform mechanism to support public authorities in the deployment of a user-centred funding model – based on the concept of personal budgets – for Long Term Care

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ELDIcare - Matching skills in a growing European silver economy

Eldicare is a project funded by Erasmus+ programme. Its principal aim is to offer a way out of the grey market of atypical/undeclared elderly caregivers, through education and training in ICT and health issues, modernizing the way elderly care is provided by designing two fresh market-driven curricula.

The project is an answer to the latest statistical findings that show how rapidly European society is ageing; during the last decade the share of the population aged 65 years or over has substantially increased in the EU, reaching almost 18 % of its total population. According to Eurostat the share of this group will comprise almost one third of the population by 2080. Such demographic transition will naturally have serious social impact. What will certainly massively grow is the demand for formal carers and skilled workers focused on needs which were previously informally met by families, labourers with no qualification etc.

You can find more information about this project here.

INSCRIPTIONS FOR LARES and EAN MEMBERS

INSCRIPTIONS: lares.org.es

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Upcoming conferences and meetings

November 2020

- **9 Nov**
  EAN Working group Nutrition (virtual)
- **17 Nov**
  EAN Working group Dogmas (virtual)
- **25-27 Nov**
  LARES virtual congress
- **25-27 Nov**
  "Long-term care in Poland - today and tomorrow". Live broadcast will be available free of charge on www.opiekadlugoterminowa2020.pl

January 2021

- **26-27 Jan**
  AgeingFit conference (Lille, FR)

April 2021

- **April**
  EAN General Assembly meeting (Lisbon, PT)

October 2021

- **11-13 Oct**
  Alzheimer Europe Conference (Bucharest, RO)
- **27-29 Oct**
  EAN & LARES European Congress (Alicante, ES)

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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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