



Newsletter Jan-Feb 2021

European Commission publishes green paper on Ageing



Dubravka Šuica, Vice-President for Democracy and Democracy, has presented a green paper to launch a broad policy debate on the challenges and opportunities of Europe's ageing society. The green paper sets out the impact of this pronounced demographic trend across our economy and society and invites the public to express their views on how to respond to this in a public consultation.

Debate on ageing

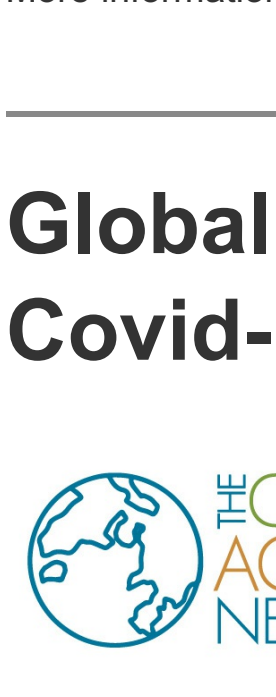
The green paper frames the debate on ageing by setting out the speed and scale of the demographic changes in our society, as well as the impact this has across our policies and the systems we need to ask ourselves in response. This covers everything from promoting healthy lifestyles and lifelong learning to strengthening health and care systems to cater for an older population. It underlines the need to bring more people into the workforce, highlights the opportunities for job creation and looks at the impact of ageing on our careers, wellbeing, pensions, social protection and productivity.

The green paper takes a life-cycle approach, reflecting the universal impact of ageing on all generations and stages in life. In doing so, it highlights the importance of striking the right balance between sustainable solutions for our welfare systems, and strengthening intergenerational solidarity.

The Commission has put demography high on the EU policy agenda. The Commission's June 2020 report on the impact of demographic change showed that in the last 50 years, life expectancy at birth has increased by about 10 years for both men and women. The Green Paper on Ageing is the first outcome of this report and launches a debate on the main issues related to ageing in Europe and will be followed by the long-term vision for rural areas that will also look into the question of depopulation.

You can find the green paper on ageing [here](#).

EAN and international partners launch consensus statement on vaccination



IFA, the International Federation on Ageing, together with leading European patient, professional and advocacy organizations such as EAN have launched a consensus statement based on the findings from the "Mobilizing Patient Groups to Change Vaccine Policy" expert meeting. The statement represents delegates joint commitment on a number of key changes required to improve vaccination among at-risk groups in Europe, for both existing vaccines such as pneumonia and influenza, as well as new vaccines to prevent against COVID-19.

The recent COVID-19 pandemic has highlighted the shortcomings of governments and health systems in managing large scale epidemics. It has also amplified the need for a stronger and unified approach in safeguarding the health of at-risk populations.

The European Commission has stated the need for strengthened cooperation against VPDs, and the need to bring immunization services closer to citizens. This requires dedicated efforts to reach out to the most vulnerable in society through civil society organizations including NGOs, government and community-based providers. Civil society has an important role to play in educating at-risk populations of older adults and those with underlying diseases on the simple action of being vaccinated that could save their lives and the lives of those around them.

The expert meeting "Mobilizing Patient Groups to Change Vaccine Policy" in December 2020, at which EAN participated, was a response to these calls for action with the purpose to:

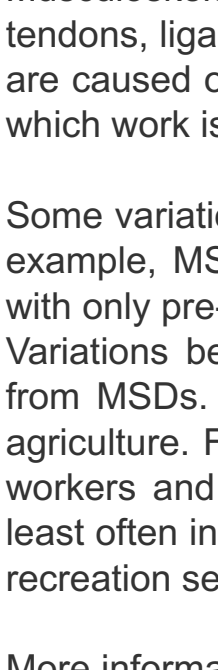
- Contribute to new and strengthened partnerships and broader coalition-building in accordance with objectives set out by the European Commission Joint Action on Vaccination and inform EU vaccination and health policy for adults.
- Determine how to best imply policies and strategies to address low uptake rates of adult vaccination, particularly in underserved populations.
- Using the COVID-19 pandemic as an entry-point, determine cost-neutral actions that could be undertaken to catalyze changes and policy action in adult vaccination.

Joint commitment

- Vaccination throughout life must be a key pillar of expanded prevention strategies in order to save millions of lives. Infrastructure for immunization can no longer be built only on paediatric immunization. Strategies must be targeted to older people who are at higher risk of severe disease – including those with chronic or underlying conditions. At the same time, a targeted approach must be implemented to improve vaccination rates among health and social care workers being both important sources of vaccination information as well as potential vehicles of infections.
- Solidarity, cooperation, collaboration, and accountability across sectors and disciplines is key to building a unified voice and actions of multi stakeholder groups to ensure existing vaccination uptake targets are met and improved.
- The social and economic value of vaccination is intrinsic to the business case of government investment. Health care systems must be encouraged to reorientate and invest in health promotion and prevention including sustainable and expanded vaccination pathways, such as pharmacies and other community-based vaccination providers.
- Ending immunization inequity is a fundamental responsibility for all stakeholders promoting adult vaccination to ensure no person is left behind in receiving vaccination.
- Effective communication strategies must engage trusted local messengers who better understand concerns and can address misinformation. Underserved groups must be targeted to ensure vaccine confidence is increased, using clear, evidence-based, and accurate information and actions that address local concerns. Civil society (including individuals at-risk to VPDs themselves) must be integrated into these initiatives.
- Existing evidence, materials, and strategies must be used to encourage alignment with international and regional recommendations, enhance technical and operational consistency, and avoid duplication of resources. For example, mandatory indicators and thresholds from ECDC or EU WHO on vaccine coverage and disease incidences should also be utilized, with data disaggregated by sex, comorbidities, and age. This data can help counteract misinformation and attitudes that fuel vaccine hesitancy among both health care workers and older adults.

More information about the joint statement can be found [here](#).

Global Ageing Network publishes Covid-19 research report



The new GAN research report is a summary of interviews conducted with providers and other stakeholders in 11 countries. These individuals graciously shared how they experienced the global pandemic from February through December 2020.

While the insights shared here don't address the introduction of COVID-19 vaccines, which occurred after the interviews took place, they do address a range of other issues and challenges that providers encountered.

The report serves as a chronicle of the 2020 provider experience and offer some lessons and observations for our path forward. This report should cause us to consider deeply how we care for and support people in their later years—individuals who have played an integral role in building the societies we now enjoy.

"Organisations that provide care, services, and supports to older adults have been on the front lines of fighting COVID-19, working tirelessly to keep residents, clients, and staff safe," says "More often than not, these providers have carried out this important mission without adequate resources, personal protective equipment (PPE), testing, or staff. They have largely been left to figure it out on their own", says Katy Smith Sloan, CEO of the Global Ageing Network (GAN), the international network of leaders in ageing services businesses, researchers, and advocates spanning of which the European Ageing Network (EAN) is a member.

The GAN Covid-19 research report can be found [here](#).

European Parliament discussed Covid consequences in residential care settings

The Social Affairs and the Civil Liberties committees of the European Parliament have discussed the consequences from the COVID-19 crisis for people living in residential institutions. Members of Parliament looked into the current situation in residential institutions for the elderly in Europe, in terms of social exclusion, degraded quality of care, neglect and abuses. The working conditions of workers of residential institutions and access to long-term healthcare will also be addressed.

Commission Vice-President Dubravka Šuica (in charge of democracy and demography) and Commissioner for Equality Helena Dalli presented their views, as did representatives of the EU agency for Fundamental Rights, the European Network of National Human Rights Institutions (ENNHR), the Age platform, the European Disability Platform and the European Association of Service Providers for Persons with Disabilities.

The joint committees' session can be viewed [here](#).

EU update guidance on adapting workplaces and protecting workers in time of COVID-19



In a world of work severely affected by the pandemic, employers and workers have to implement new procedures and practices to prevent the spread of COVID-19 within the workplace. While vaccination will lead to the relaxation of measures, it is not clear to what extent, or when, 'normal' work activities resume.

Occupational safety and health (OSH) offers practical support for adapting work to the new circumstances, and contributes to suppressing transmission of COVID-19. To help in this process, EU-OSHA has just released a revision of the OSH EU guidance that was published last year. The document includes examples of measures, which can help employers achieve an appropriate safe and healthy work environment when undertaking or resuming activities.

Read and share the updated EU guidance (25 language versions) via [this link](#).

New OSHA-EU report about MSDs prevalence

Musculoskeletal disorders (MSDs) remain the most common work-related health problem in the European Union (EU), with roughly three out of every five workers in the EU-28 reporting MSD complaints.

The evidence-based reasons for this and for the variations in prevalence include:

- the widespread and increasing amount of repetitive work and work involving lifting heavy loads (reported in 54% of establishments in 2019, up from 47% in 2014[1]);
- new and emerging risk factors such as prolonged sitting (reported in 59% of establishments) and psychosocial factors such as work-related stress, which are also on the rise;
- new risks from new technologies, new working processes and new ways of organising work;
- demographic factors such as the ageing EU population (up from 21% in 2014 to 26% in 2019);
- public health issues such as obesity and a lack of physical exercise.

MSDs concern workers in all sectors and occupations. Besides the effects on workers themselves, they lead to high costs to enterprises and society.

Musculoskeletal disorders (MSDs) are impairments of bodily structures such as muscles, joints, tendons, ligaments, nerves, cartilage, bones and the localised blood circulation system. If MSDs are caused or aggravated primarily by work and by the effects of the immediate environment in which work is carried out, they are known as work-related MSDs.

Some variations in the prevalence of MSDs can be explained by sociodemographic factors. For example, MSDs are reported more frequently by female workers, older workers and in those with only pre-primary or primary education. Variations between sectors are also significant, with blue-collar workers more likely to suffer from MSDs. The prevalence of MSDs is above average in sectors such as construction and agriculture. For example, the percentage of workers reporting backache is 52% in construction workers and 60% for agriculture workers, while the EU average is 46%. MSDs are reported least often in financial and insurance activities and in the education, arts, and entertainment and recreation sectors.

More information can be found [here](#).

New EAN training program for managers in social services



The year 2021 is the last year of the project that results in a new structure of education for managers in social services. The new program will be based on modification of the current EAN program created in the 1990s. EAN entrusted the project management to the Association of Social Services Providers Czech Republic.

The participants of the project are also Romanian University Universitatea Alexandru Ioan Cuza din Iași, Austrian umbrella organisation Lebenswelt Heim - Bundesverband and 3 VET providers from Austria - Institut für Bildung im Gesundheitsdienst, Bildungszentrum der Jesuiten und der Caritas gemeinnützige Ges.m.b.H. and Wolfgang Rath.

The new training program will contain of written curriculum, which will be available online and for free. If any training institution would like to carry out the training according to the program, it would be necessary to be certified by EAN. The accreditation process starts by submitting the scheduled study curriculum to EAN Examination Board. The examination board of EAN compares the submitted curriculum with EAN curriculum and decide whether to get the accreditation or not.

The new education program according to the EAN accreditation is based on a modular platform. It is very flexible to reflect the current state in the social services area across states and their specific needs and conditions. The new EAN curriculum consists 3 levels with different content and time span. Every level of the program (basic, advanced, professional) involves a range of minimum and maximum number of lessons so that every provider can adjust the program on demand, according to the needs and expectations. Both presence (full-time) and distance on-line training is involved, as well as internships, workshops, peer groups, e-learning and conferences.

The final version of the EAN curriculum is going to be completed in April 2021 and subsequently presented at conferences and workshops in the Czech Republic, Austria, Romania and also within EAN General Assembly. Educational institutions may submit the applications for accreditation to EAN by September 2021. It is already known that the Educational Institute of ASPP Czech Republic is highly interested in the training and would apply for accreditation.

You can find more information [here](#)



Co-funded by the Erasmus+ Programme of the European Union

Three EASPD research tender calls



The European Association of Service providers for Persons with Disabilities (EASPD) is looking for researchers or research teams to carry out studies on "Delivering on-line support services", on "Models of innovative practices focusing on supported decision-making mechanisms" and on "Social services workforce recovery strategies after COVID-19 & pandemic-readiness".

One of EASPD's key aims is to work for the promotion of innovation in the health and social care sector, in particular regarding persons with disabilities, but also the provision of quality services.

More information about the tenders can be found [here](#).

Eldicare Project enters final phase



Co-funded by the Erasmus+ Programme of the European Union

Despite of limitations caused by the COVID-19 pandemic and after consequent necessary adaptations, the project Eldicare – Matching Skills in a Growing European Silver Economy, funded by the European Commission under the Erasmus+ Programme, whose main aim is to design two curricula for atypical/undeclared elderly caregivers, got into its final phase. Considering the results of the Scoping Analysis and State of the Art Review, two VET curricula have been developed, which meet industry and labour market needs and enhance the employability of aspiring elderly care professionals across Europe.

The learning objectives of the first curriculum – Training for A-typical Caregivers (EQF level 4) – are to acquire basic knowledge of conditions, health and safety issues, to familiarise with handling of information, ICT skills and basic administration systems, to enhance communication, empathy and interaction in elderly care, to improve problem solving skills, as well as safeguarding and management of critical situations. It has a total duration of 53 hours and consists of four units. The second curriculum – ICT Focused Training for the Elderly Care Sectoral Providers (EQF level 5) – has a total duration of 46 hours and consists of four units as well. Its learning objectives are to enhance health related skills, to familiarise learners with documents, code of conduct and basic administration systems, with digital resources, ICT skills, information and data literacy, to enhance problem solving skills, as well as legal, data protection and financial issues. Both curricula have already been certified by ACQUIN, a member of European Association for Quality Assurance in Higher Education and registered in the European Quality Assurance Register for Higher Education.

Online learning platform

Also with respect to the consequences of the pandemic which seriously hinders face to face trainings, an online learning platform has been launched. It includes the learning material, created by the project consortium. This material is openly accessed by any person that serves as atypical caregiver, by professionals working in the elderly sector or by any person who is interested upon these thematic fields. The platform also serves for the piloting process carried out in the respective project countries. You can find more information concerning the online platform and the above-mentioned curricula [here](#).

Another project objective that has been realised is the Psychometric Tool. It should test the mental capacity of elderly care workers and aims to ensure the appropriateness and mental health of elderly caregivers. It consists of 27 questions and can be filled in 20 minutes. Upon completion one receives results represented on a descriptive scale. The online tool can be found [here](#).

For more information you can visit the project website [here](#).

Join us for our social summit to discuss how the EU can better support social services

One year on from the COVID-19 pandemic, social services continue to provide essential care and support to millions across the continent, especially those most excluded.

Yet, this is done in often difficult conditions with costs increasing, income decreasing and major challenges like staff shortages impacting the ability to provide quality care and support.

Join us on the 16th March to discuss with key European stakeholders on what the European Union can do to better support social services.

SAVE THE DATE
Social Summit
Social Investment: Key to a fair recovery
Tuesday 16th March 2021
14:00 - 16:00 CET

Upcoming conferences and meetings

March 2021

- 16 Mar
Social Summit - Joint conference of the Co-ordinated action

May 2021

- May
EAN General Assembly

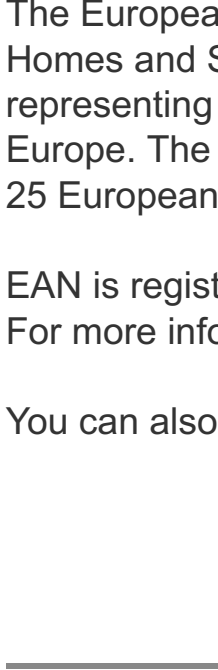
October 2021

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

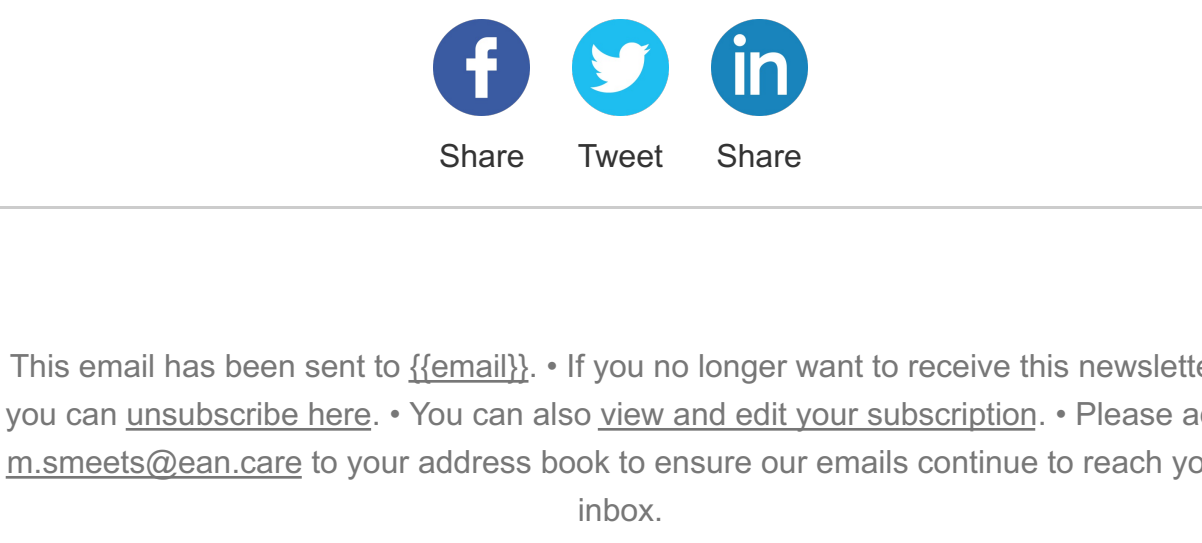
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with people in mind



Going further for health



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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 25 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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