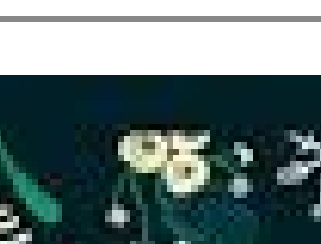
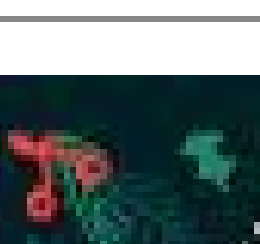




EUROPEAN AGEING NETWORK
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Newsletter Winter 2020



Expert Panel publishes opinion on organisation of resilient health and social care following COVID-19

The European Commission has published the opinion of the Expert Panel on Effective Ways of Investing in Health on the organisation of resilient health and social care following the COVID-19 pandemic.

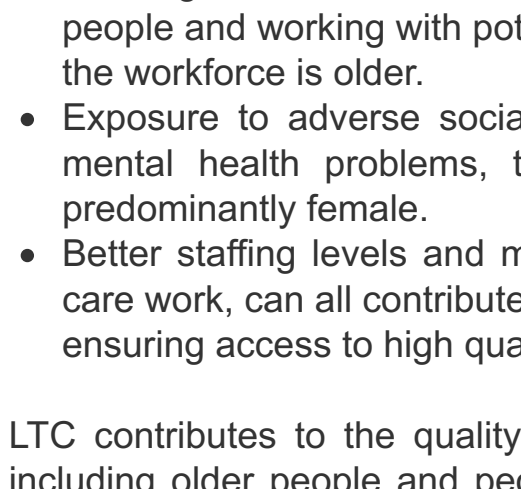
The opinion identifies the building blocks of resilient health and social care, explores the elements and conditions for capacity building to strengthen health system resilience, addresses healthcare needs of vulnerable patients at times of crisis, and defines a blueprint for resilience testing of health systems.

- The Panel's recommendations include:
- creating adaptive surge capacity, taking into account solidarity mechanisms within and across borders;
 - investment in primary care and in mental health;
 - patient data disaggregation to ensure equity-driven decision making;
 - strategies to monitor and reduce disinformation;
 - linking databases across systems and sectors, in line with an integrated whole-of-society approach;
 - providing specific training on dealing with socially deprived and minority groups;
 - developing a resilience test toolkit and implementation methodology for health systems.

The opinion was discussed with stakeholders in a public hearing on 20 October 2020 and formally adopted by the Expert Panel during their meeting on 25 November 2020.

You can find more information about the Expert panel [here](#), and the opinion can be found [here](#).

Social Employers/ FESE strongest EU social services employers' representative



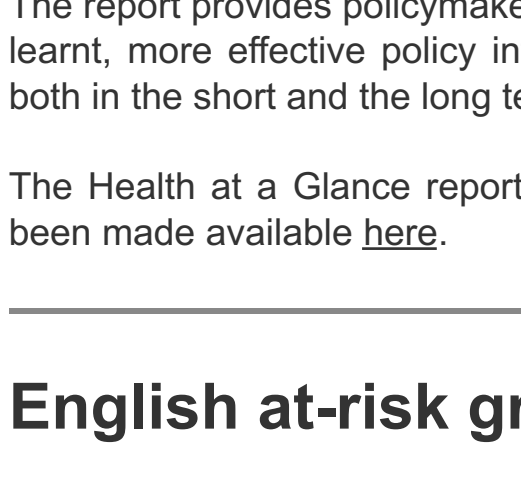
The latest representativeness study of Eurofound provides information allowing for an assessment of the representativeness of the actors involved in the European sectoral social dialogue committee for the local and regional government (LRG) sector, including social services. Their relative representativeness legitimises their right to be consulted, their role and effective participation in European sectoral social dialogue and their capacity to negotiate agreements.

With 25 affiliated social services employer organisations in 16 Member States, Social Employers has the strongest representativeness among the social services employers. The largest employer organisation is affiliated to Social Employers in 13 Member States. This is the case for Austria, Belgium (Wallonia, umbrella organisation not specifically sector related), Bulgaria, France, Germany (the largest or one of the largest), Lithuania, Luxembourg, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia and Spain. Social Employers is most representative for the employer organisations in the non-profit and for-profit parts of social services. EPSU is the most representative European trade union organisation for social services. EPSU has 80 affiliated social services trade unions in 27 Member States.

The aim of Eurofound's representativeness studies is to identify the relevant national and European social partner organisations in the field of industrial relations in the EU Member States and the United Kingdom. Representativeness is a criterion used by the Commission to identify the 'management and labour' whom it must consult, and who may initiate social dialogue. In 2006 the European Commission mandated Eurofound to carry out studies on the representativeness of European sectoral social partner organisations. These 'representativeness studies' are designed to provide basic information needed for the setting up and functioning of sectoral social dialogue committees at European level. The sectoral social dialogue committees are the mechanism used by the Commission to consult management and labour.

The full study can be found [here](#).

Long-term care workforce: Employment and working conditions



The long-term care (LTC) sector employs a growing share of workers in the EU and is experiencing increasing staff shortages. The LTC workforce is mainly female and a relatively large and increasing proportion is aged 50 years or older. Migrants are often concentrated in certain LTC jobs. This report maps the LTC workforce's working conditions and the nature of employment and role of collective bargaining in the sector.

It also discusses policies to make the sector more attractive, combat undeclared work and improve the situation of a particularly vulnerable group of LTC workers: live-in carers. The report ends with a discussion and policy pointers on addressing expected staff shortages and the challenges around working conditions.

- Key findings include:
- Around 6.3 million people work in the long-term care sector in the EU – up by one third in just one decade – while 44 million people provide frequent informal long-term care to relatives or friends.
 - The proportion of workers aged 50 years or older is higher than in other sectors, and is increasing at a faster pace: from 28% in 2009 to 38% in 2019.
 - Working conditions in the sector are characterised by physical challenges such as lifting people and working with potentially infectious materials – the risks being high in the sector as the workforce is older.
 - Exposure to adverse social behaviour at work means there is a high risk of developing mental health problems, thereby accentuating gender differences as the workforce is predominantly female.
 - Better staffing levels and more training, with public funding leveraged to set standards for care work, can all contribute to improving working conditions, addressing staff shortages, and ensuring access to high quality long-term care.

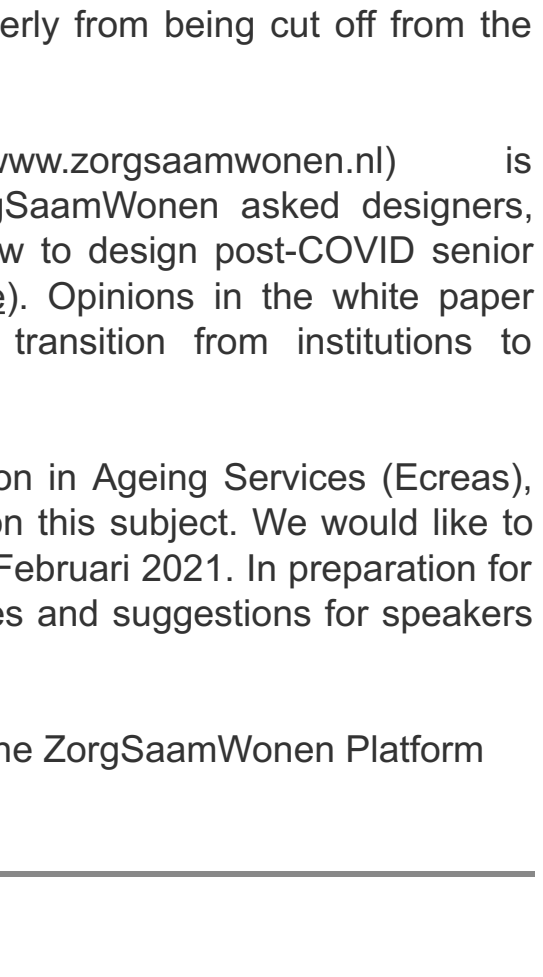
LTC contributes to the quality of life and employment prospects of people with LTC needs, including older people and people with disabilities, enabling them to enjoy their rights (in line with the European Pillar of Social Rights (EPSR) and the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)). The LTC workforce is key in delivering a person-centred quality service.

In this report, LTC is defined as 'a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care. LTC workers include people who provide such LTC services. They work in residential care, home care (in sheltered or non-sheltered homes) and community (day) care services, which can be publicly or privately provided or financed. LTC workers may also be privately employed by households.

You can find the full Eurofound report [here](#).

New consultation on Health and Safety at work open until March 2021

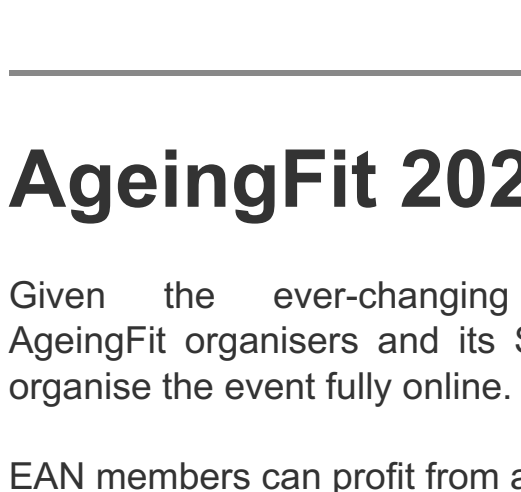
The current consultation concerns an initiative for a future Strategic Framework on Health and Safety at Work. The workers' safety and health at work is a matter of broad interest. For this reason, this public consultation is collecting the views of all interested citizens and organisations. Contributions are particularly sought from national or regional public authorities active in the area of occupational safety and health and employers' organisations.



The current EU Strategic Framework on Health and Safety at Work ends in 2020 and a new one will be adopted in 2021. The objective of this public consultation is twofold. The information and opinions collected will be used to take stock of the current EU Strategic Framework. At the same time it will also provide input to prepare and improve the new one for the period (2021-2027).

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

OECD launches Health at a Glance 2020



The OECD has launched the publication 'Health at a Glance: Europe 2020'. The report provides comparisons of health status, risk factors to health, health expenditure, access to care and quality of care in 36 European countries.

The 2020 edition also includes a special chapter analysing how resilient European health systems have been to the COVID-19 crisis. It provides a much-needed preliminary assessment of the effectiveness of European countries' COVID-19 containment and mitigation measures, health systems capacity, testing strategies, measures to protect vulnerable groups and continuity of care for non-COVID patients.

The report provides policymakers with high-quality evidence from which valuable lessons can be learnt, more effective policy interventions developed, and build more resilient health systems, both in the short and the long term.

The Health at a Glance report is available [here](#). A factsheet summarising the report has also been made available [here](#).

English at-risk groups receive free vitamin D supply

More than 2.5 million vulnerable people across England will be offered free vitamin D supplements for the winter, the government has announced. All care homes will automatically receive a provision for their residents, while individuals on the clinically extremely vulnerable list will receive a letter inviting them to opt in for a supply to be delivered directly to their homes.

Deliveries will be free of charge, starting in January, and will provide 4 months' worth of supplements to last people through the winter months. The supplements will support general health, in particular bone and muscle health. This is particularly important this year as these individuals are more likely to have been indoors for extended periods due to measures introduced to stop the spread of COVID-19.

Evidence of the link of vitamin D to COVID-19 is still being researched with larger scale trials needed. In the meantime, the Secretary of State has asked the National Institute for Health and Care Excellence (NICE) and Public Health England (PHE) to re-review the existing evidence. (Source: gov.uk)

China to create 5.000 age-friendly communities from 2021 to 2025

China plans to create 5.000 age-friendly communities around the country in the next five years. People aged 60 or above totaled 254 million last year, accounting for 18 percent of the Chinese population. And the number is predicted to surpass 300 million in 2025 and reach 500 million in 2050.

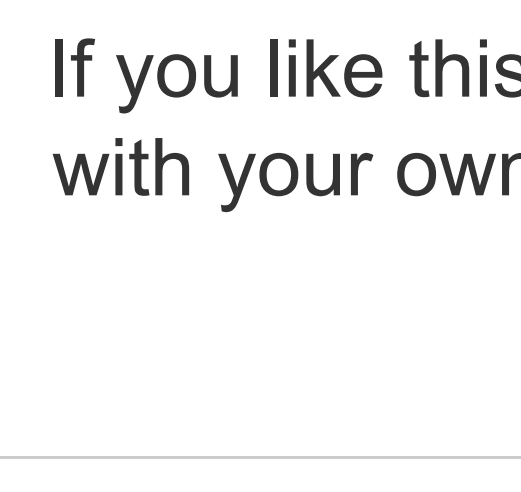
Creating age-friendly communities are not a new thing as the World Health Organization (WHO) launched a Global Age-Friendly Cities Project, which began in 2006 and was estimated to cover 158 million people from 533 cities in 37 countries.

According to the WHO, in an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to "age actively" – that is, to live in security, enjoy good health and continue to participate fully in society.

In the Chinese mainland, the first batch of pilot age-friendly communities were identified in September 2009 and included Jianhua District in Qiqihaer city, northeast China's Heilongjiang Province and Xuanwu District in Nanjing City, east China's Jiangsu Province.

In recent years, many other Chinese cities including Shanghai have launched age-friendly communities. Recently, more attention has been given to the digital divide between younger and older generations in China. Stories of older people not being able to take the bus or trying to figure out how to show their health kit code have led to discussions about helping bridge the digital gap. (Source: cgtv.com)

Designing for post-COVID senior housing and care



The COVID-19 virus has unexpectedly invaded our society. Sometimes literally into our homes. Due to the mandatory lockdowns we have spent a lot of time in our home and neighbourhood.

This has led to a reevaluation of a pleasant home and living environment, although for some people it led to a painful confrontation: too small housing, inaccessible homes and neighbourhoods, lack of contacts, loneliness. The importance of a comfortable home and pleasant neighbourhood is clearer than ever. Especially for elderly people who are particularly vulnerable to the virus.

Some predict more of these viruses and infectious diseases in the future. Should we design residential buildings and independent living facilities for the elderly in a different way? What is important in the design of elderly housing related to Covid-19 and other infectious diseases. Secure remote contact, private bathrooms, easy cleaning, individual access to the outdoors and sufficient space to feel at home? How can we prevent the elderly from being cut off from the outside world once again?

The Dutch platform ZorgSaamWonen (www.zorgsaamwonen.nl) is the national platform on housing, care and well-being. ZorgSaamWonen asked designers, architects, builders and seniors to reflect on the question 'How to design post-COVID senior housing'. The result is a white paper (available in Dutch [here](#)). Opinions in the white paper ranged from wider corridors and galleries to the radical transition from institutions to independent living and care at home.

Together with the European Centre for Research and Education in Ageing Services (Ecreas), ZorgSaamWonen wants to encourage a European exchange on this subject. We would like to invite the members of the EAN to an open online discussion in February 2021. In preparation for the webinar we would like to receive comments, good examples and suggestions for speakers in January 2021.

Comments can be sent to [Yvonne Witter](mailto:Yvonne.Witter@zorgsaamwonen.nl) or [Danielle Harkes](mailto:Danielle.Harkes@zorgsaamwonen.nl) of the ZorgSaamWonen Platform

UNIC-project kicks-off

On October 20th and 21st, the European Ageing Network (EAN) has participated in a virtual session of the EU-funded UNIC-project. All the project actions were discussed and roles were attributed.

The UNIC project aims to develop, test and validate a set of innovative tools to help key stakeholders to implement Personal Budgets funding model.

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.

This project has received financial support from the European Union Programme for Employment and Social Innovation "EaSI" (2014-2020).

AgeingFit 2021 goes digital

Given the ever-changing circumstances surrounding the covid-19 pandemic, AgeingFit organisers and its Steering Committee have concluded that the best option is to organise the event fully online.

EAN members can profit from a 15% rebate. Ask for your code via the [EAN Secretariat](#).

Upcoming conferences and meetings

- January 2021**
 - 26-27 Jan AgeingFit conference (virtual)
- March 2021**
 - 16 Mar Social Summit - Joint conference of the Co-ordinated action
- April 2021**
 - April 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

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 serving 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.eu.

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