



European Economic and Social Committee

CCMI/165

**Economic, technological and social changes
in advanced health services for the elderly**

OPINION

European Economic and Social Committee

Economic, technological and social changes in advanced health services for the elderly
(own-initiative opinion)

Rapporteur: **Marian KRZAKLEWSKI**

Co-rapporteur: **Jean-Pierre HABER**

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1. **Conclusions and recommendations¹**

- 1.1 The issue of socio-demographic ageing in Europe and the ethical, political, economic and social responses that need to be implemented not only pose a great challenge, but also provide opportunities for employment, training, economic development and innovation within the EU.
- 1.2 The Committee regrets that the growing needs of older people have not been anticipated in the EU's economic, social and health policies. It seeks to highlight the social and economic role of older people and the enormous potential they represent for employment, both via the silver economy and with regard to care needs and personal-service needs for the elderly.
- 1.3 In order to establish an accurate representation of the socio-demographic realities of ageing, an appropriate statistical measure of the situation is needed: as far as health economics is concerned, demographic ageing should be measured in a dynamic and fine-tuned way, in particular by including variables such as gender, healthy life expectancy, environmental epidemiology, etc. A panel of demographers, sociologists and doctors should therefore be asked to put together a set of dynamic indicators of demographic ageing.
- 1.4 The concept of care and personal services in institutions and at home should be clarified, since the term "personal services" encompasses a range of activities that may be implemented by providers with very different kinds of status.

Given the wide range of activities relating to personal services for the elderly, these services are not considered to be a coherent economic sector within the EU. An overall EU-wide legal definition of personal services for elderly people should therefore be considered.

- 1.5 The EESC recommends that the right to dignified ageing be recognised as a fundamental human right. It therefore believes that every effort should be made to promote equal access to high-quality care and services.
- 1.6 The EESC would like the EU digital strategy to take account of the continued use of paper, to make it easier for older people to understand the care they are receiving.
- 1.7 The EESC recommends that housing and ageing policies focus on innovative housing schemes (such as modular flats, group housing, intergenerational and supportive housing, etc.), which should be the subject of sustained attention and benefit from a specific funding programme from the European Structural Funds.
- 1.8 Each Member State should be encouraged to set up national and regional ageing observatories which would work on a collaborative basis with frontline economic and social services to:

¹ this opinion complements the EESC opinions of 13 December 2012 on "The Trends and consequences of future developments in the area of personal social, health and educational services industries in the European Union" – [OJ C 44, 15.2.2013, p. 16](#)– and of 14 February 2018 on "Industrial change in the health sector" – [OJ C 227, 28.6.2018, p. 11](#). It also takes into account the Commission's recommendations of 2.7.2008 on cross-border interoperability of electronic health record systems and of 6.2.2019 on a European Electronic Health Record exchange format.

- develop legal arrangements to protect the social and financial situation of elderly people;
 - develop the internal mobility (housing) and external mobility (activities, travel, leisure, etc.) of older people;
 - ensure that there is complementarity between home care services, retirement homes and any other alternative forms of housing for older people;
 - coordinate the efforts of caregivers, helpers and providers of personal services for the elderly around a care pathway for elderly people, overseen by a coordinating gerontologist and a nurse.
- 1.9 The EU should consider establishing a coordinating platform for the activities of ageing observatories with responsibility for, inter alia, offering continuous training and disseminating good practices by developing a public database of the best products, devices, equipment and architecture aimed at making the daily lives of elderly people safer. The EESC would like the EU to provide more active support for R&D programmes on epigenetics and the human and social factors that characterise elderly people, by identifying the main molecular and biological mechanisms of ageing. It recommends setting up an EU technology platform that would help focus R&D on innovations that protect the health of older people and prevent poor health.
- 1.10 The EESC calls for better use of digital technology innovations on the part of all stakeholders in the medico-social sector: telemedicine, sensors, a digital clinical card and digital medical records, home automation technologies and, more generally, the implementation of artificial intelligence in relation to older people.
It asks for innovation to be encouraged by putting an end to market fragmentation and corporatist approaches, which constitute genuine technical barriers. It draws attention to the lack of European standards and certifications for materials and equipment designed for older people.
- 1.11 The EESC calls for new digital technological tools to be pooled so as to stimulate a genuine market that covers the needs of older people, and ensure that investment in Europe is sustained. It believes that productivity gains arising from digital technology should be used to improve the well-being of older people and plans should be made for social workers and paramedics to be financially upgraded.
- 1.12 The vocational training of the sector should receive strong support. Issues such as nutrition, falls at home, violence towards the elderly and towards professionals, the use of digital technology at home, end-of-life care, etc., should be incorporated into specific programmes. The European Structural Funds, and the European Social Fund in particular, should ensure funding for vocational training for those involved in the care and personal services sector.
- 1.12.1 Given the different approaches in the EU, the EESC recommends defining a common framework that includes the best of existing training programmes, using a similar approach to the one taken when establishing Directives 2005/36/EC of 7 September 2005 and 2013/55/EU on the recognition of professional qualifications.
- 1.13 In order to prepare and strengthen the mobility of workers and services for the elderly, a European foundation for the training of gerontological nurses, carers and care assistants should be established, not only on a technical level but also on a social and human level.

- 1.13.1 Likewise, the social and financial status of people employed to take care of the elderly should be upgraded. The recognition of the concept of carer is also essential to establishing a coherent and effective ageing policy.
- 1.14 The EESC calls for a financial round table to be set up, bringing together the main stakeholders of the medico-social sector, the institutional market regulators (i.e. the state and local authorities), insurers and pension funds, so as to ensure the long-term survival of services and investments for older people, ensure jobs are adequately paid, and recommend a fair price for services. This central round table should be preceded by a series of decentralised preparatory meetings organised around the National Economic and Social Councils and the EESC.
- 1.15 The EESC recommends setting up a European communication policy aimed at developing greater intergenerational solidarity for the elderly, both economically and socially.

2. A concerted and ordered policy for older people

- 2.1 To gain an accurate representation of the socio-demographic realities of ageing, an appropriate statistical measure is needed, coupled with a social and health-based approach to the issue. We therefore advise:
- encouraging sociologists and demographers to carry out a detailed and forward-looking analysis of the socio-demographic dimensions of ageing (size and composition of households, links with children and other relatives, impact of households breaking up and reforming...);
 - put in place assessment tools in Europe to observe and compare Member State policies and to replicate best practice.
- 2.2 Prevention may reduce the impact of difficult ageing, as long as we measure the scale of the challenge, identify what is involved in ageing well (exercise, sociability, peace of mind, nutrition) and redirect both human and financial efforts towards this major issue, without imposing a burden on taxpayers and taking account of differences in financial systems.
- 2.3 Recommendations in this area need to be supported by scientific research. This research should focus on epigenetics and identify the main molecular and biological mechanisms of ageing that could potentially be improved by micronutrients and changes to the relationship between people and the environment. The production of quality bio-active compounds to combat cell degeneration should be better monitored and certified to ensure greater efficiency.
- 2.4 Services for elderly people fall under two complementary approaches: the institutional approach (residential care homes) and the live-in care approach. The efficiency of this complementarity can only be ensured by analysing the objectives and the substance of each of these approaches, precisely defining the kind of people they support, and better coordinating the stakeholders and their tools.
- 2.5 Information should be gathered and structured in order to evaluate – quantitatively and qualitatively – current needs in terms of residential care home places, bearing in mind that,

according to the literature, the majority of people aged 85 and over prefer live-in support (even in situations of severe dependency).

- 2.6 Digital medical cards and medical records should be introduced in all Member States. They would lead to a better understanding of health levels and would facilitate the introduction of a specific care pathway for elderly people.
- 2.7 A joined-up approach to work by – and therefore partnerships between – the various medical and paramedical services should be encouraged, with priority being given to the role of the coordinating gerontologist and the head nurse, whose role should be strengthened. Links should also be forged between institutional care services, outpatient care and services, family doctors and carers. This would lead to greater understanding of the demand for equipment and accommodation for the elderly.
- 2.8 In addition to professional services, the involvement of carers should be recognised and valued. The Japanese Fureai Kippu (FK) system is interesting in this regard².
- 2.8.1 The EU could be at the forefront of launching an intergenerational time bank pilot scheme in a dozen European cities and/or regions based on the Japanese FK scheme. It could then propose mainstreaming the scheme, should it prove to be effective, to those Member States that show an interest in taking part.

3. **A well-founded and efficient accommodation policy**

- 3.1 The problem of accommodation for the elderly is complex and sensitive. Any approach to this issue should systematically prioritise an individual's choice, as well as dialogue with their family and those close to them. A well-founded policy on housing for the elderly should take into account the following factors:
 - housing ages alongside its occupants. Costs relating to occupying unsuitable accommodation could become a factor in impoverishment, social marginalisation and the deterioration of health;
 - The choice can no longer be between live-in care and residential care homes. Alternative facilities exist. Their respective social and economic potential should be assessed and the facilities that need to be set up should be defined based on people's profiles and the illnesses they suffer from (day centres, night care facilities, community centres aimed at facilitating independent living, etc.);
 - A distinction should be made between "cognitive impairments" and the inability to function independently;

²

Japan (which is the fastest-ageing OECD country) has introduced the Fureai Kippu (FK) system, a local-level mutual assistance programme consisting which involves a "time bank" and raises public awareness of volunteering. In accordance with the principle of subsidiarity, it covers all support to elderly or disabled people that is not covered by health insurance.

- Grouping elderly people together in one place does not offer any cognitive advantages and the relationship between the mental and physical health of older people has now been scientifically proven;
 - Grouping elderly people together and taking over their care completely significantly increases their risk of becoming withdrawn and less resilient. This inevitably leads to medical treatment and an increased use of medication.
- 3.2 The policy on building residential care homes for dependant elderly people should be well thought through, as otherwise there is a risk of inefficiency and costs that elderly people themselves will find it difficult to cover. The geographical location of residential facilities is an important point to consider. Respect for the autonomy of the person's choice regarding their possible placement in a residential facility is a categorical imperative.
- 3.2.1 Dynamic and flexible building and urban policies are essential in order to prioritise the intermodality of accommodation, intergenerational aspects and social inclusiveness.
- 3.3 Technological advances in the area of home automation are a key component of the accommodation policies to be implemented. There should be a special focus on a competent and qualified human presence to support them.
- 3.4 The "age-friendly cities" initiative (promoted by the WHO) primarily aims to promote active ageing by optimising the health, integration and safety of older people. An age-friendly city establishes an inventory, evaluates the structures and services provided for older people and sets out a plan for implementing priorities and effects on the ground.
The EU could take the initiative by setting up a programme aimed at creating pilot age-friendly cities targeting diverse urban populations, from neighbourhoods in (very) large cities to semi-rural areas.

4. **Upgrading professionals and supported training**

- 4.1 In an ageing society, the focus should be on managing symptoms and their variability. More professionals are needed in order to develop systems and procedures. The number of persons working in rehabilitation and telemedicine will therefore increase.

Collective agreements agreed through social dialogue are needed in order to avoid a high turnover of workers in the sector, by insisting on improving the social status and remuneration of professionals.

- 4.2 In terms of statistics, in all scenarios examined, "home care" is the occupation expected to be the greatest source of job creation. Professions relating to care and support for vulnerable people overall should record strong employment dynamics, given that they are relatively less affected by economic conditions. Personal carers, care assistants and nurses were also among the occupations that would create most jobs.
- 4.3 All of the literature consulted comes to the same conclusion: care and services for the elderly offer a potentially huge employment market as there is a strong socio-demographic trend

towards ageing across the continent. The key issue concerns the viability of these poorly-paid jobs, with regard to their added value, staff dedication and the difficult working conditions involved.

- 4.4 Training for carers should also be supported as their presence and activities – in addition to those of professionals – are inextricably linked to the well-being of elderly people. The EU could also introduce a proactive policy of assisting caregivers by suggesting that Member States adapt their social legislation. This would involve granting carers a specific status.
- 4.5 The target audience for vocational training programmes in personal services for the elderly generally has few (or no) qualifications, and is unfamiliar with traditional learning and academic pathways. Nevertheless, they have empirical knowledge. There is therefore a need for a framework for developing new skills based on atypical knowledge (know-how and life skills). The EESC advocates an approach that, without neglecting cognitive learning, uses pedagogical methods that build on prior learning in order to define suitable competency profiles.
- 4.6 Access and training methods should be made easier for the target audience by making the route to acquiring the necessary technical expertise more flexible, via the following:
- ICT tools (and others) that provide access to theory and information;
 - providing special opportunities for exchange;
 - appointing a permanent mentor;
 - organising online communities to facilitate exchange of knowledge and practices.
- 4.7 The above points should be the focus of a specific Erasmus+ programme. In addition, the EU Budgetary Authority should initiate and support discussions through a budget line on "practical experience".

5. **A suitable funding policy**

- 5.1 The principle of universal access to personal services for the elderly can be modelled on that of Age Platform Europe: being accessible at a price that does not compromise quality of life, dignity or freedom of choice.
- 5.2 Elderly people remain direct and indirect players in our social fabric. When they lose their independence, they take on a passive social role: they create the direct and indirect jobs that are needed in order to provide them with a support network. At this point society, in turn, can draw upon and utilise all of its skills and resources to provide comprehensive care for its elderly.
- 5.3 Personal services for the elderly generally enjoy a high degree of support from public authorities, in the form of schemes aiming to provide viable responses to demand from private households. However, the commodification and monetisation of these services is changing the role of public authorities and the governance of these services. As providers of services to dependent persons, states and local communities tend to become market regulators, establishing procedures that aim to ensure the efficiency of the market and the trust of service users. This is primarily done in three ways: monitoring operators in the field, controlling the quality of

services and disseminating information. The EESC would like to see the Commission recommend that Member States ensure market transparency and quality performance from activities in the area of care and personal services for the elderly.

- 5.4 In order to ensure the genuine viability of demand in the area of personal services for the elderly, Member States should be encouraged to set up an autonomy insurance scheme, preferably as part of the social security system. This insurance should be inclusive, so as to fund services enabling effective autonomy. The autonomy insurance scheme should cover services at home as well as temporary or permanent stays in residential care homes.
- 5.5 While Member States' social security systems must incorporate this system, they will not be able to fund it solely through taxation. This funding should be considered alongside other sources – both public and private – including pension funds.

It would also be beneficial at this time for the Commission to carry out a broad study on the socio-economic outlook, addressing the issue of the viability of jobs in the area of personal services for the elderly in the EU. This study should consider different forms of public and private funding, propose investment mechanisms based on public-private partnerships and put forward various recommendations at both supranational and Member-State level. The exact form that this study will take should be outlined as part of a financial round table bringing together the key players responsible for care of the elderly.

Brussels, 15 May 2019.

Luca Jahier

The president of the European Economic and Social Committee
