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NETWORK

The FUTURE of LONG-TERM CARE

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3 KEY QUESTIONS:

- What do we want?
 - Providers, older persons and families, public bodies
 - What do we need?
 - To achieve what we all want
 - What can we afford?
 - Now and in the decades to come
-
- *Person-centred care, Deinstitutionalization, Quality increase, longer time at home, smaller ways of living, etc. = **more staff***



Long-term care has become a NO 1 (or 2 😊) issue in the last 5 years



Framework for countries to achieve
an integrated continuum of long-term care, 2022



EU CARE Strategy 2022



CALL to the governments of the world, 2023



Who cares_2020
Pricing in LTC,



Long-term care VISION 2030



United Nations Decade
of Healthy Ageing (2021–2030)



CALL to the governments of the world on Long-term care and Ageing





CALL to the governments of the world on Long-term care and Ageing

- a CALL to
 - Reform, reshape, transform, modify, create long-term system
 - To have/keep accessible and affordable long-term care
- **to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity.**



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3 biggest LTC CHALLENGES today

- FUNDING
 - Sustainable funding settings and systems
- WORKFORCE
 - Human resources, work migration, staff recruitment and retention, staff ageing
- DIGITALIZATION (and innovations)
 - Productivity increase, AI, robotics, etc.





Twenty-first century Welfare State Models in Europe

- Social democratic
- Liberal
- Conservative
- Central / Eastern European
- Mediterranean
- Undefined

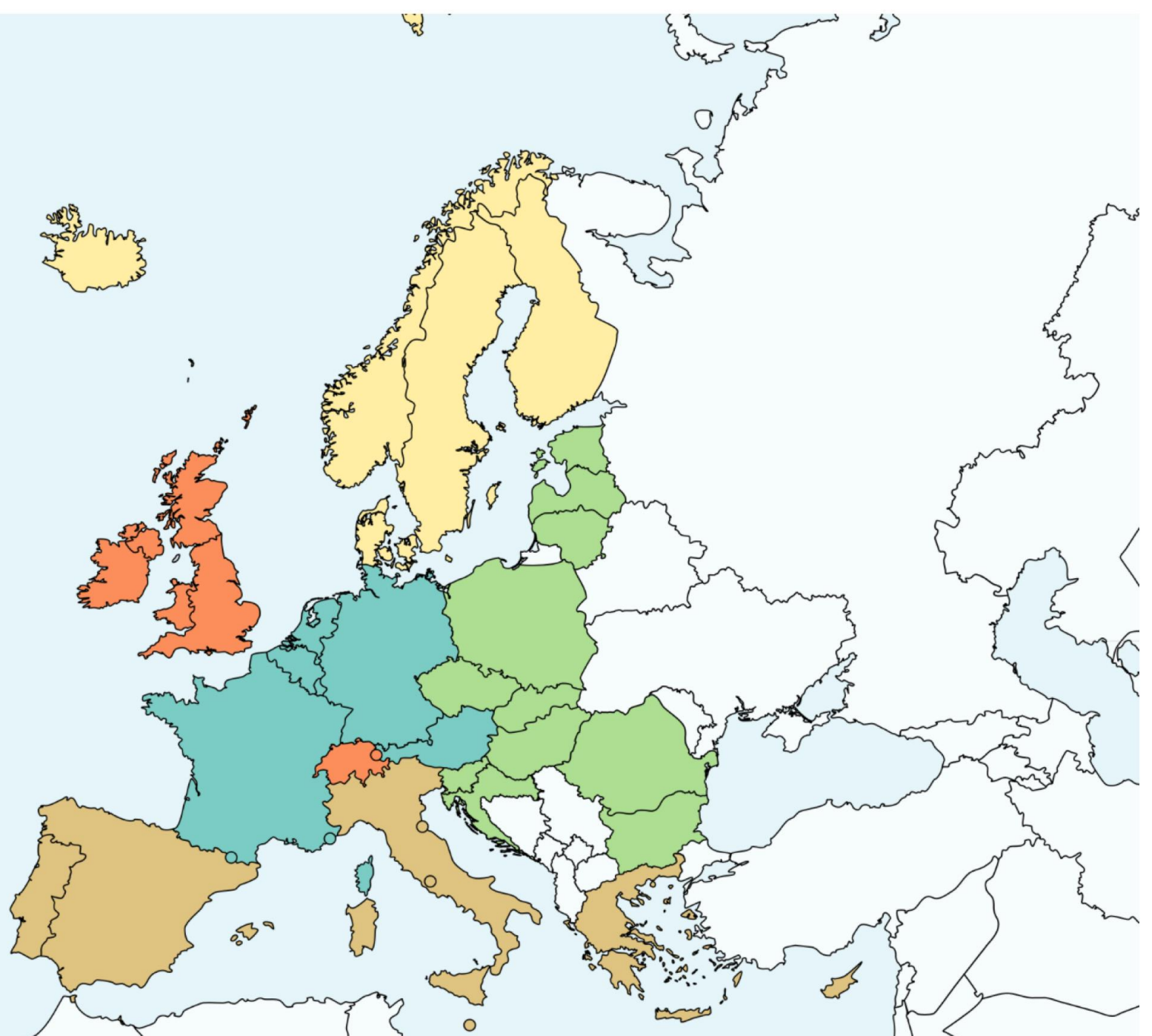


Figure adapted from mapchart.net



- The Scandinavian (welfare state)
 - high responsibility of the state for the entire population and provides a high level of benefits in kind.
 - usually tax-based models of a universalistic nature that promote an equality.
- Mediterranean model
 - primary responsibility and financing for care lies within the family, to which the state is only subsidiary.
 - either insurance-based or tax-based, but benefits are usually means-tested with relatively low levels of benefits.
- Continental models
 - typically insurance-based, and sit between the Scandinavian and Mediterranean models.
- Anglo-Saxon model
 - benefits are tax-based: however, the responsibility lies with the individual, and the state only supports in exceptional cases and with a relatively low level of benefits.
- Eastern Member States
 - hybrid welfare states, with strong reliance on family support and a tradition of residential care, which, however, is changing.
 - Such a diversity of welfare state models shows on the one hand that there is no unique structure in the Member States, but on the other hand that there will also be no 'one size fits all' solution.



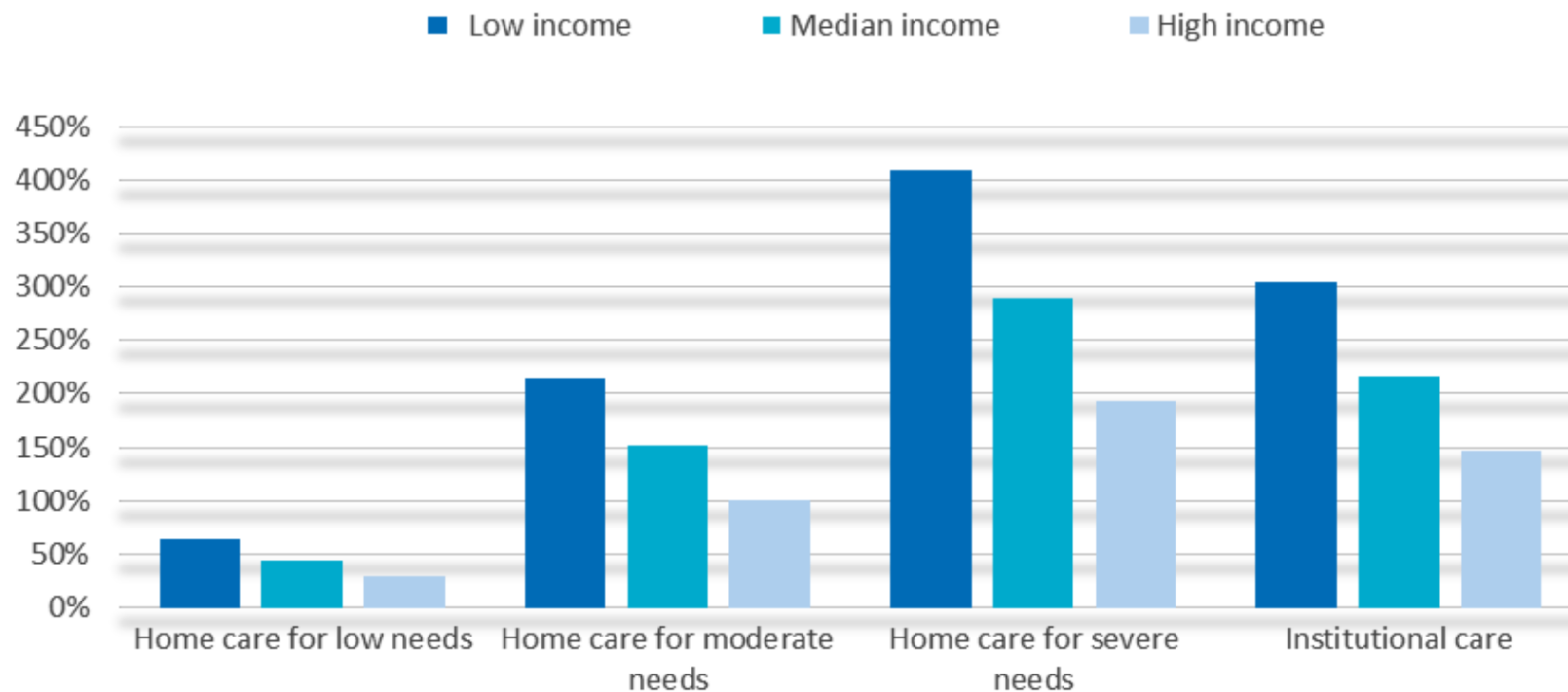
FUNDING

- Funding models – who should pay to what extent
 - Care recipient and his family
 - State
 - Regions, cantons, municipalities
- Social protection tools
- Shift of competences (de/centralization)
- Public x private (not-for profit x for profit)
- Responsibility of individuals and their family members



Figure 6: Total costs of long-term care as a share of the disposable income of people aged 65+ across different settings and different levels of need, without social protection

The total costs of long-term care for moderate and severe needs are not affordable across different settings without social protection



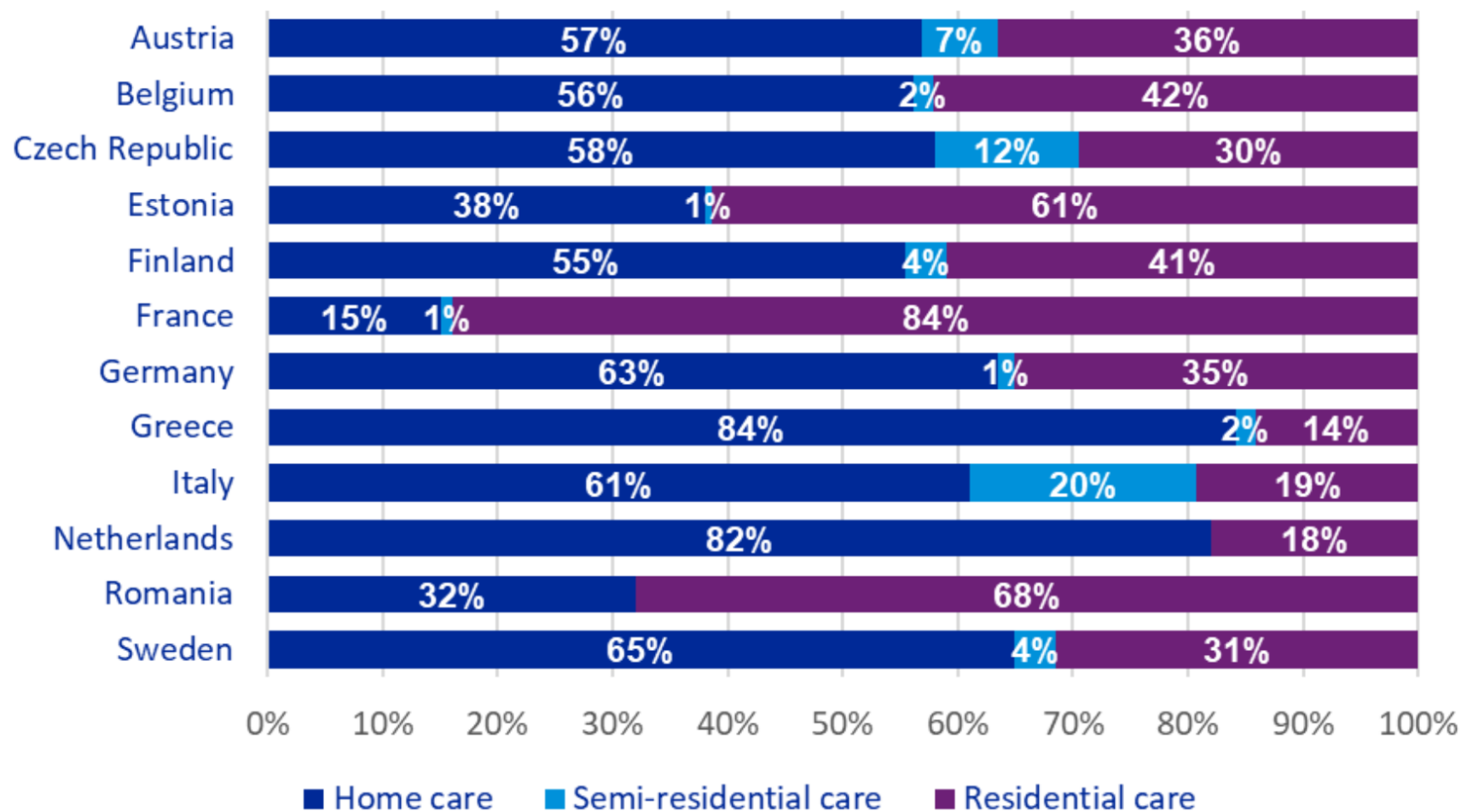
Note: Bars show unweighted averages for jurisdictions in 19 Member States. The costs of residential care include the provision of food and accommodation, so are over-estimated relative to homecare.

Source: OECD analyses based on the long-term care social protection questionnaire and the OECD income distribution database.



4.2.3. Long-term care supply in terms of care settings and ownership of long-term care providers

With respect to the number of care recipients catered by the long-term care services, the shares of residential, semi-residential and home care providers differs significantly in the analysed Member States (see Figure 2).





KPMG - 2022

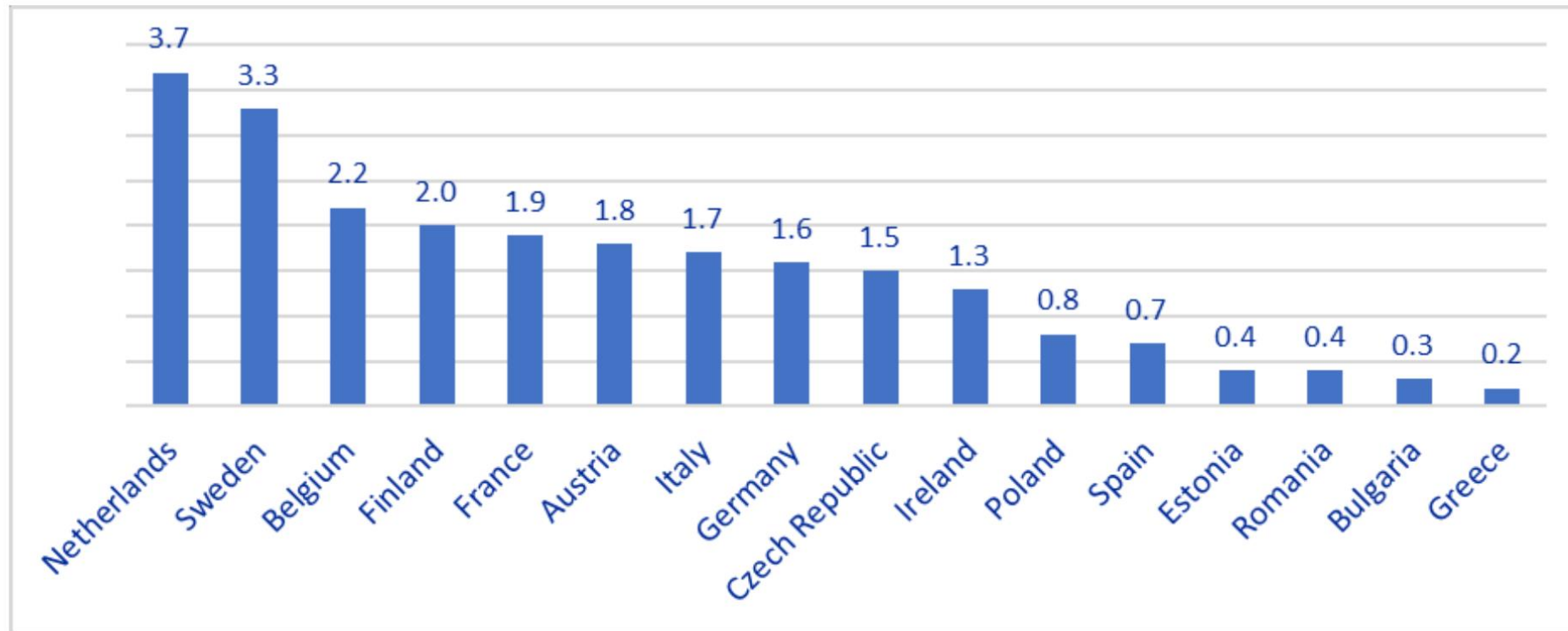


Figure 10: Public spending on long-term care as % of GDP⁵⁷

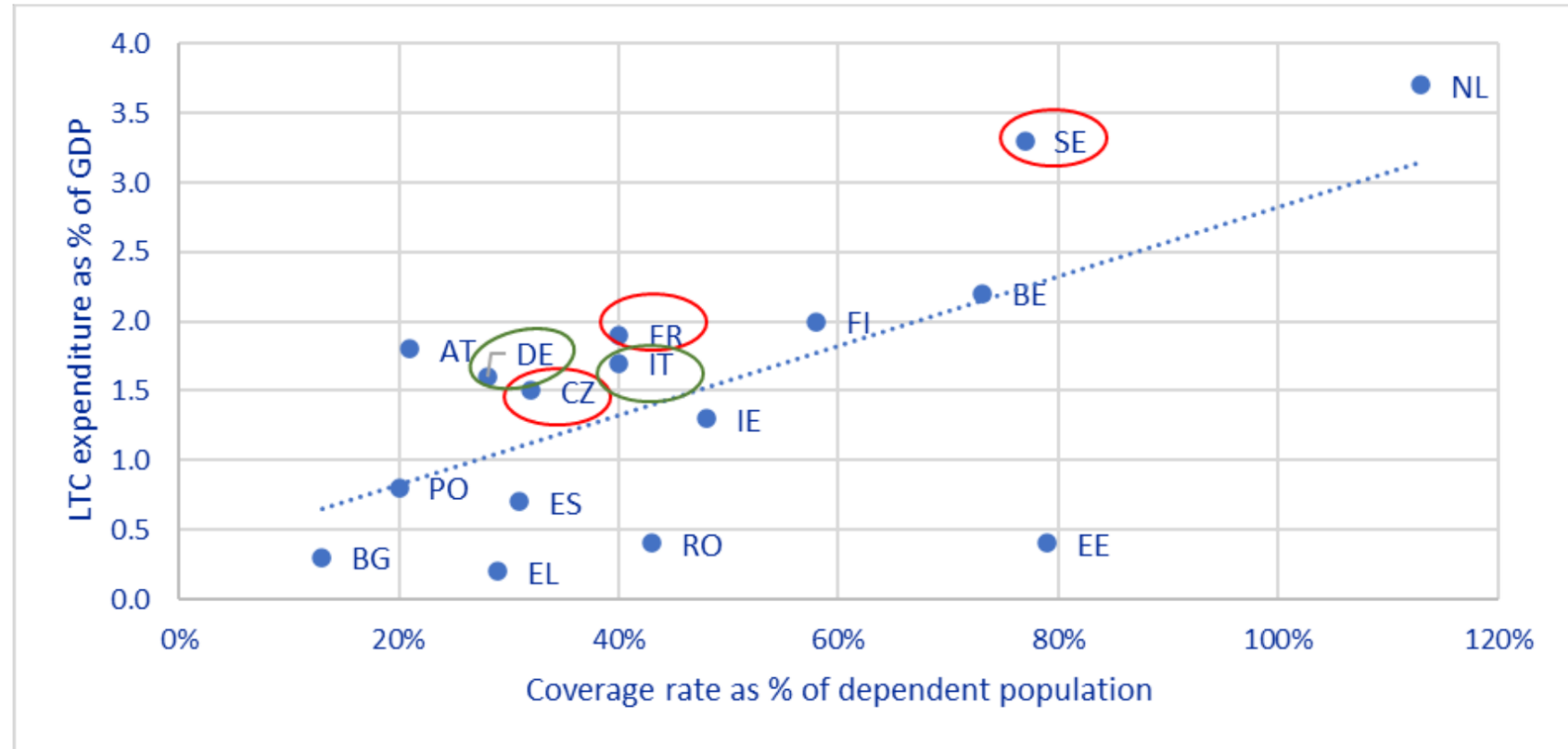


Figure 13: Comparison of long-term care expenditure and coverage rate⁸³



WORKFORCE

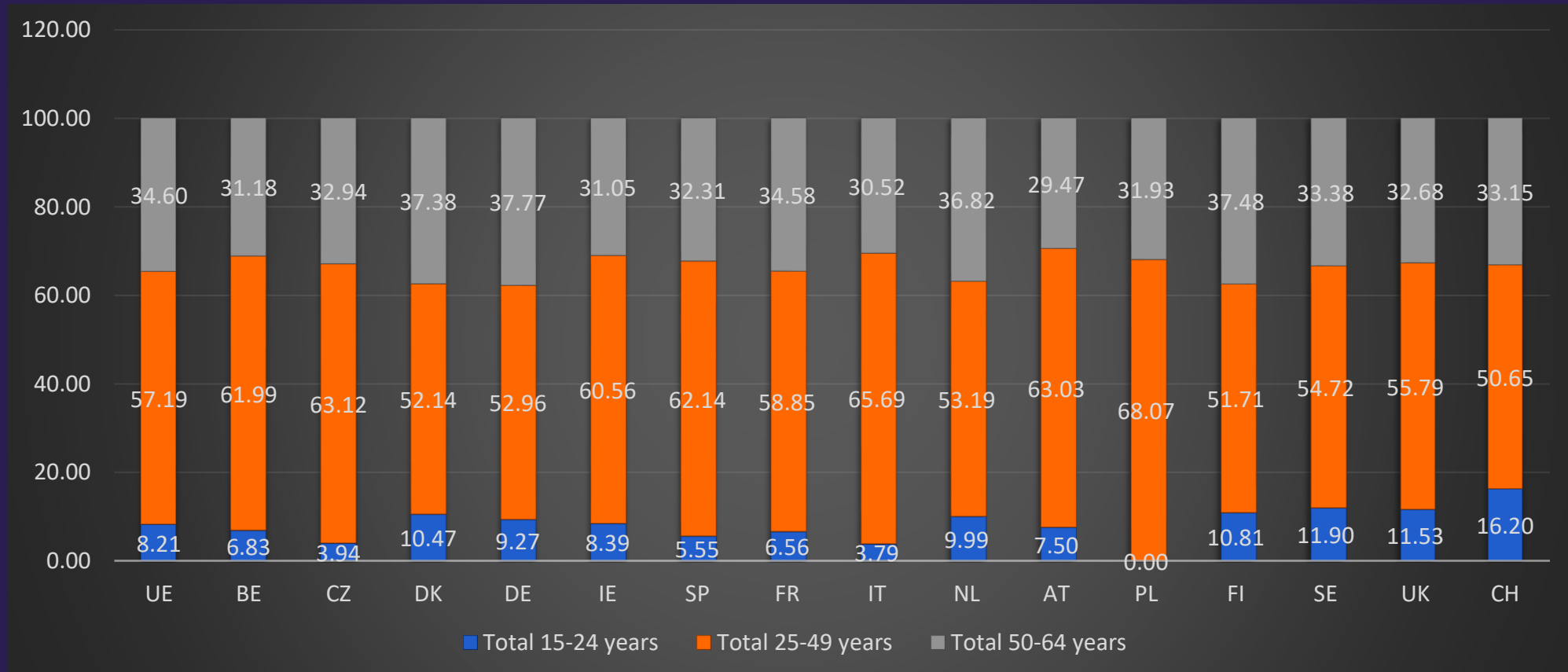
○ Human resources

- Bigger challenge than money
- Staff shortages and future needs
- Work migration
 - Legal work migration, foreign workers integration
- Staff ageing
- Retaining the staff
 - Low attractiveness of the sector, workload and safety, remuneration
- Domestic, live-in carers, undeclared work
- Most care depends on unpaid carers – mostly women, family members or volunteers, without formal training



Employment characteristics

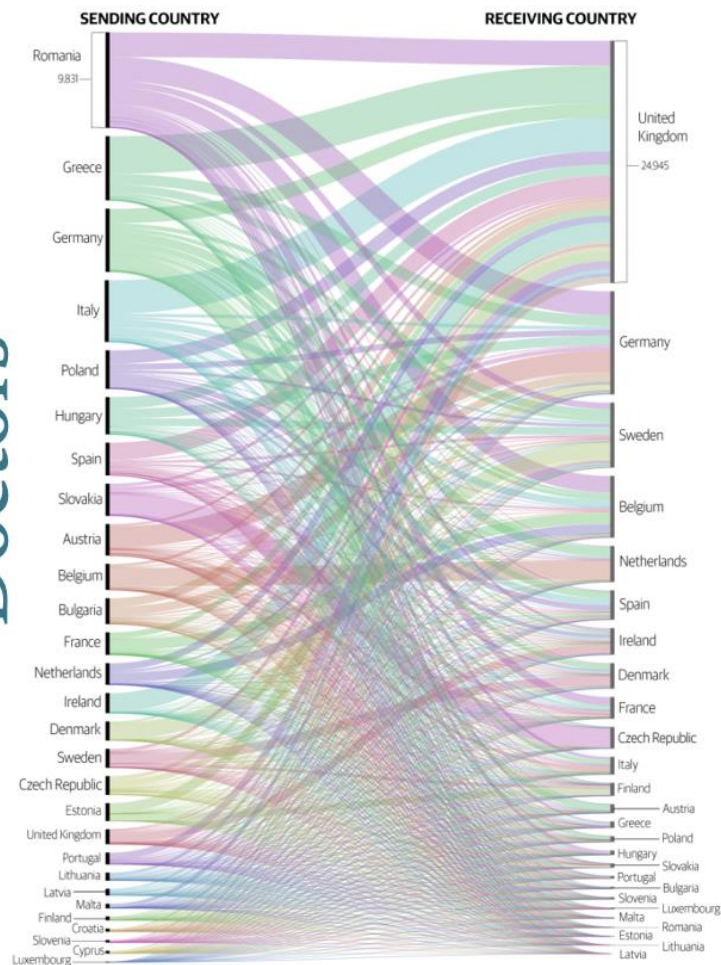
> The 50-64 age group represents more than a third of total employment in the social services sector (34.6%), compared to 29.6% for the whole economy.



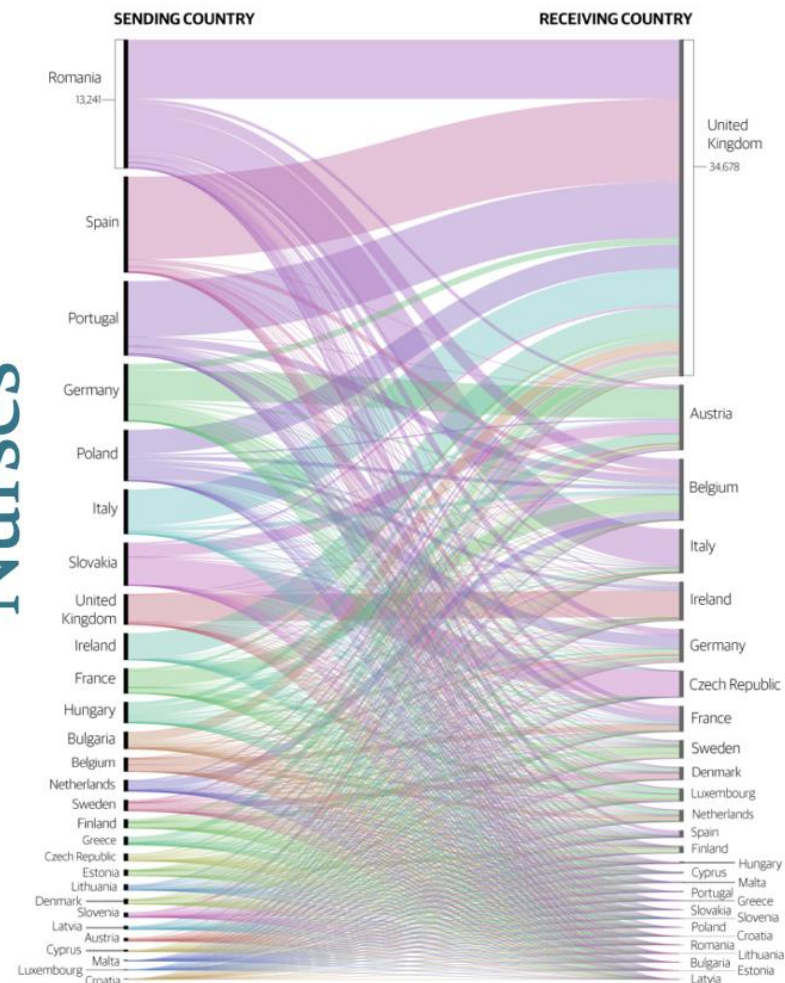


Setting the scene – movement across the EU

Doctors



Nurses



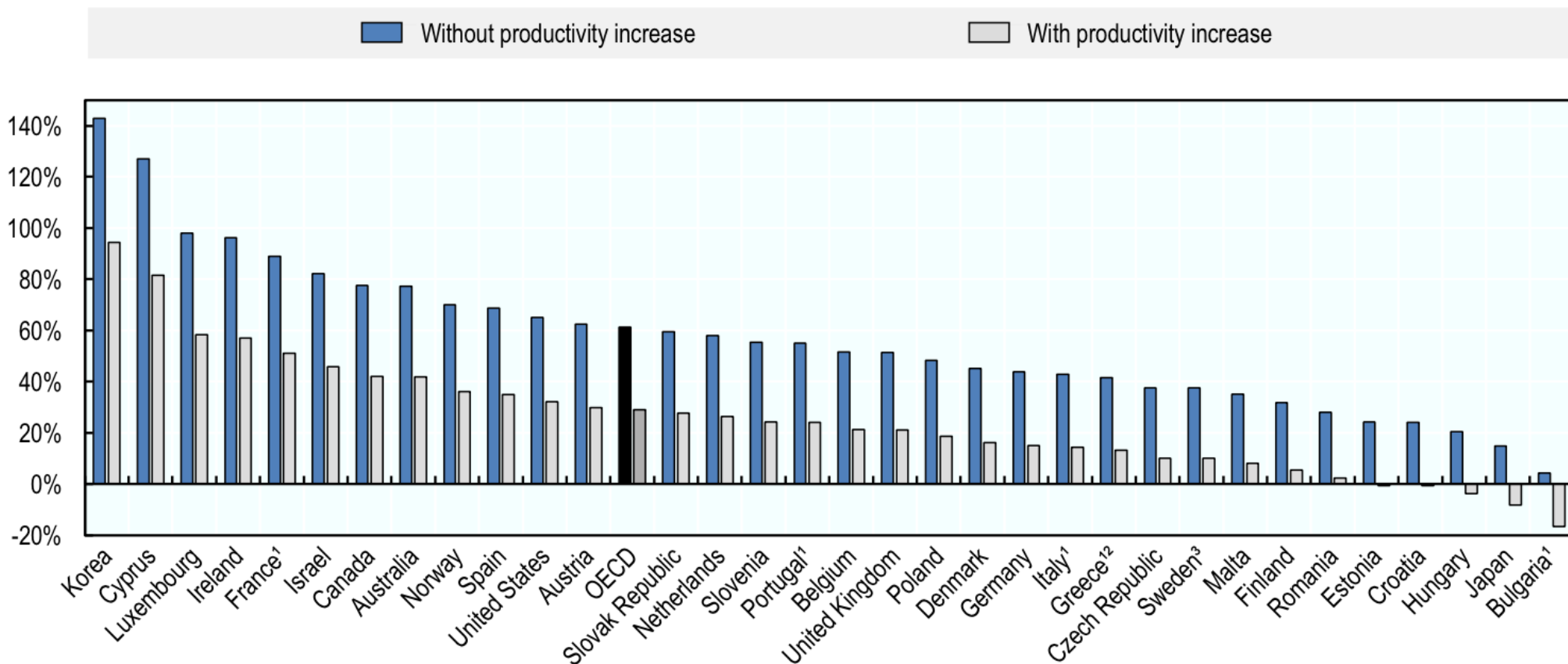
⁴ Hervey G. The EU exodus: When doctors and nurses follow the money, POLITICO. 2017



DIGITALIZATION and INOVATION

Figure 1.5. An additional 60% LTC workers are needed by 2040

Number of additional LTC workers needed by 2040 to keep the ratio constant as a share of the total number of workers in 2016





DIGITALIZATION and INOVATION

○ Digitalization

- False expectations
- Ethical issues (data protection)
- Affordability
- AI + robotics
- And what are the actual needs and expectations from the sector

○ New concepts

- New ways of living, volunteers programmes, shared living, shared jobs
- Innovations projects (UBER_care, Time bank, buurtzorg)
- DEI, small households





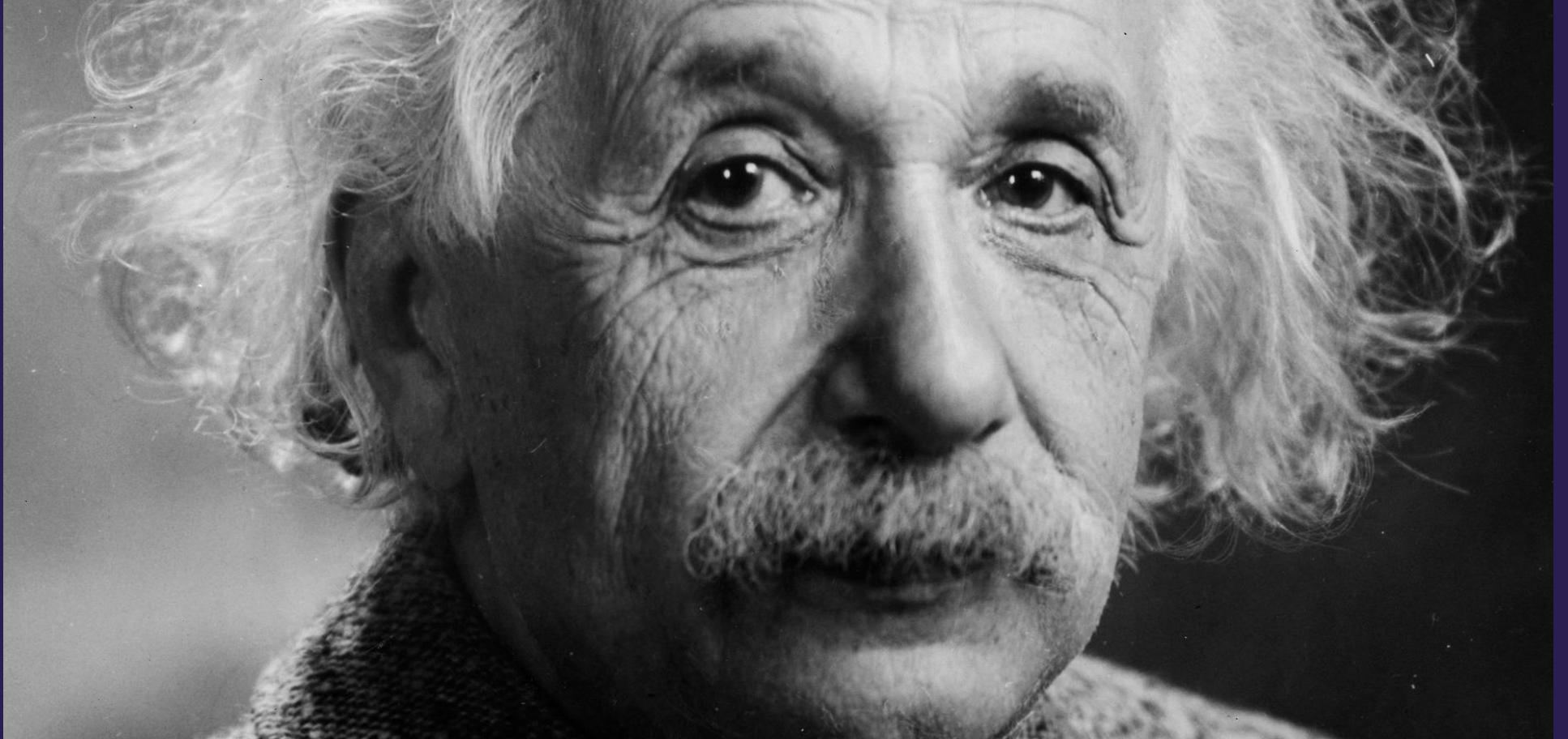
These challenges require changes

AND TO CHANGE is not easy



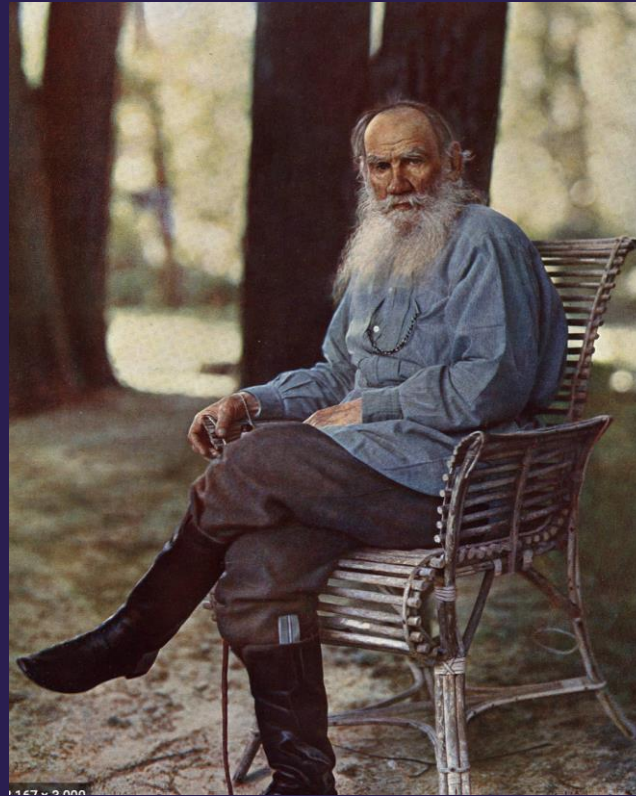


The measure of intelligence is the ability to change.





*Everyone thinks of changing the world,
but no one thinks of changing himself.*





If we talk about changes the first natural and common reaction is:

- Rejection (conscious of unconscious)
- Fear, anxiety of something we have no or low experience with
- Being suspicious
- Lacking the courage
- And sometimes we are afraid of failing





So if we talk about changes we could divide them:

- Macro changes – system changes that are in hands of governments, parliaments, public bodies
- Micro changes - that we can start doing ourselves (or initiate and accelerate the macro changes)





CHANGES are often reactions to:

- New facts, new findings
- Innovation, technologies
- Threats (collapses), crisis
- Changes in paradigms
- Result of some movements, trends





CHANGES require

- Courage (to step out of our box where we are secure and to admit that we are/will be wrong)
- Determination
- Endurance





YET

- It's not only the question of what we want
- It's the question what can we do with our limited capacities/resources
- Sometimes I can see we are not asking this question
 - We are not questioning/verifying the resources





And sometimes I can still see that the concept of ideal (one universal) life is applied

- Like we know the best what's a good quality life for people we provide care for
- Pseudo experts telling where older people
 - Should live
 - What to do during the day
 - What to eat
 - How to socialize
 - Etc. to be happy
- Our lives we have all lived in different ways
 - Alone, with people
 - Flat, house
 - Hygiene routines
 - Spending free time in different ways
 - Excessing , drinking, eating unhealthy stuff





And sometimes I can still see that the concept of ideal (one universal) life is applied

- And suddenly, at the end of our lives pseudo experts coming telling you
 - We know better what's good for you
 - Where you should live, eat, do
 - It's often experts from NGO sector having no direct experience in providing care yet positioning themselves into the lighthouse of good life and human rights, like the CARE GODS acting like they know better and more than we (people providing care very day) do
 - And yes - we should hear them out
 - We should discuss with them
 - And we should use our common sense, knowledge and experience



CONSIDER APPLYING FREE MARKET PRINCIPLES in social care with SOCIAL PROTECTION APPROACH

- Have a variability of LTC capacities (according to the demand) and let people choose (small, big, home, ambulant, hotelwise)
 - What they want, need
 - What day can afford
 - With a set minimum requirements for everyone and SOCIAL PROTECTION tools





CHANGE - who should:

- Initiate it?
- Propose it?
- Drive it?
- Accelerate it?
- Supervise it?



Let me conclude with Carl Sandburg's quotation that was used by the president Ronald Reagan while addressing the Congress.



All we need to begin with is a dream that we can do better than before. All we need to have is faith, that the dream will come true. All we need to do is act, and the time for action is now.

Thank for your attention.

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