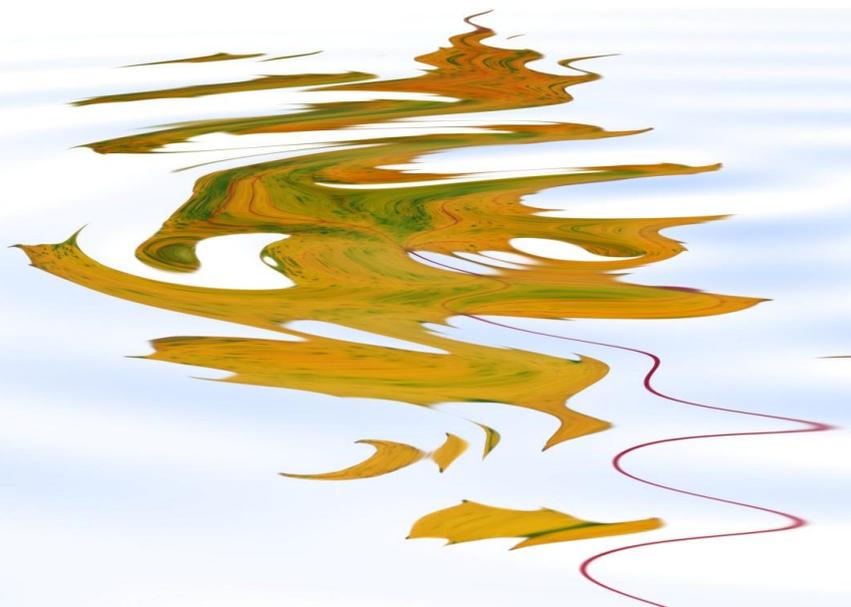




AN AGEING EUROPE

Challenges of the European Senior Service Sector





AN AGEING EUROPE: Challenges of the European senior service sector

Leonardo da Vinci project no. 134320-LLP-2007-DK-LMP



The report has been developed by the team:

Denmark

Caesar Szwebs
cs@amunordjylland.dk
Helga Pinstrup
hp@amunordjylland.dk

Germany

Jeanette Schmidt
jeanette.schmidt@leg-nrw.de
Ulrich Burmeister
ulrich.burmeister@leg-nrw.de

Italy

Francesca Scocchera
f.scocchera@cooss.marche.it
Claudio Sdogati
c.sdogati@cooss.marche.it
Elisabetta Piangerelli
e.piangerelli@cooss.marche.it
Diego Mancinelli
d.mancinelli@cooss.marche.it

Poland

Maria Bogowolska-Wepięć
maria.bogowolska-wepiec@umwd.pl
Antoni Zwiefka
azwiefka@umwd.pl

Portugal

Vanda Duarte
vanda.duarte@soprofor.pt
Pedro Pires
ppires@soprofor.pt

UK

Graham Smith
graham.smith@strath.ac.uk

PROJECT PARTNERSHIP

AMU  Nordjylland

AMU Nordjylland International Department, Denmark

www.amunordjylland.dk



LEG Arbeitsmarkt- und Strukturentwicklung GmbH, Germany

www.leg-as.de



Cooperativa Sociale COOSS MARCHE ONLUS, Italy

www.cooss.marche.it



Urząd Marszałkowski Woj. Dolnośląskiego, Wydział Zdrowia, Poland

www.umwd.dolnyslask.pl



Sociedade Promotora de Formacao, Lda, SOPROFOR, Portugal

www.soprofor.pt



University of Strathclyde, Senior Studies Institute, Scotland

www.strath.ac.uk/cil/seniorstudiesinstitute/



Disclaimer

The project is being funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Acknowledgements

We would like to express our gratitude to all those who supported us in our research work. We would like to thank them for all their help, support, interest and valuable comments.

Austria:

Katharina Meichenitsch, Institute for Social Policy, Department of Economics, Vienna University of Economics and Business Administration, Vienna

France:

Carole Finifter, Chargée de Direction, Responsable de Formation, Centre AFPA, Montpellier St Jean de Vedas

Guy Beauthauville, Responsable Service Emploi, Pôle Emploi Services Hérault, Montpellier

Sonia Arnaud, Conseillère technique, URIOPSS LR, Montpellier

Jean Claude Ricourt, Responsable de Formation, Centre AFPA, Montpellier St Jean de Vedas

Greece

Mata Kaloudaki, Research Centre of Women's Affairs, Athens

Ioannis Athanasiou, Help at Home Programme, Athens

Netherlands:

Frits Tjadens, VILANS, Expertise-center on long-term care, Utrecht

Sweden

Hans Dahlin, Victum Kompetensutveckling, Helsingborg

UK:

The Age and Employment Network (TAEN),

Dr Jo Valis, NHS Education, Scotland

EU in general:

Bettina Brenner, CEDEFOP - European Centre for the Development of Vocational Training, Thessaloniki, Greece



CONTENTS

Acknowledgments	4
1. Introduction	6
2. Mapping the European Senior Service Sector	8
2.1 Common features and differences	10
2.2 Responsibilities and variety of services	11
2.3 Trends and strategies	13
3. Challenges	16
3.1 Ensuring sufficient recruitment and retention strategies	16
3.2 Need of new collaboration patterns	18
3.3 Matching changes in demand for senior services	19
3.4 Balancing service level funding	21
3.5 Housing measures to support independence	22
3.6 Technologies to support independence	23
3.7 Changes in competence areas and in VET	24
3.8 Long term care and special groups	26
3.9 Challenges of globalisation and migration	27
3.10 Changing the image of the care sector	27
4. Chosen Model Solutions	28
4.1 Lobbying for senior citizens	28
4.2 Counteracting Illegal Employment	30
4.3 Changing image of the sector and patterns of employment	30
References	33

PART II (CD-ROM)

Country Profiles

Austria

Czech

Republic

Denmark

England/Wales

Finland

France

Germany

Greece

Ireland

Italy

Lithuania

Netherlands

Norway

Poland

Portugal

Scotland

Slovakia

Slovenia

Spain

Sweden





1.

Introduction



The main objective of this study¹ is to provide a pan-European review of the senior services sector, identifying current practices and challenges as well as potential opportunities for the sector in light of demographic and societal changes across Europe².

These anticipated changes are expected to have a significant effect on the senior services sector in the future with many contributing factors, such as demands on state budgets, increased cost of living in retirement and lack of support via health and social care services. A key challenge, therefore, is to identify potential solutions to assist both individuals and the senior services sector to respond to these changes.

This mapping exercise should be seen together with another publication “Job Profiles of the European Senior Service Sector. Typology and Developments”³, giving a complete picture of job profiles that currently exist within senior services in Europe. We hope that both papers will be helpful in further work with potential solutions that

¹ The study is one of the publications of the Leonardo da Vinci project no. 134320-LLP-2007-DK-LMP LMP “4 Leaf Clover Quality Model for Senior Service Sector”, conducted in 2008-2009

² The project supports the positive approach viewing the challenges as a development potential, see the Communication of the Commission: “The demographic future of Europe – from challenge to opportunity” (DG EMPL 12th October 2006). Demographic Future (30-31 October 2006)
Green Paper “Confronting demographic change; a new solidarity between the generations” (11/12 July 2007); DG REGIO: Regional policy responses to demographic challenges (25/26 January 2007),

³ All project publications are available for download from the project Web site www.senior-service-sector.eu

can positively impact and influence areas such as training and education, recruitment practices and working patterns of workers in the sector.

The project team behind the reports examined a broader thematic spectrum of existing projects, research and publications to define future boundaries of the senior services sector. This research includes elements such as personal care, technological developments, health and wellbeing, care at home and appropriate housing for the older people. Furthermore, the researchers conducted study visits and interviews in the academic and political environments of the countries identified.

The contents of this report illustrate common features of the senior services sector across a range of chosen European countries, setting out responsibilities and the variety of services which exist. The report also outlines a range of challenges which exist now, and in the future, before highlighting a range of innovative solutions that have taken place in various countries across Europe. These show elements of best practice in addressing some of the key challenges outlined in this report.

Finally, a comprehensive list of country profiles is presented showing, in greater depth, the research carried out in each country with a listing of various statistical data also presented.

Aalborg- Glasgow- Ancona- Essen- Lisboa- Wroclaw 2009



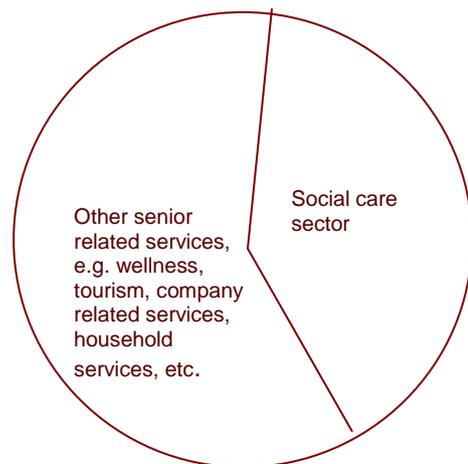
2.

Mapping the European Senior Service Sector

In order to emphasise the changed boundaries of the future social care sector the term **senior service sector** will be used in this paper.

The senior service sector extends beyond traditional social care tasks⁴ and may be categorised in 5 broad areas:

1. Primary care sector (e.g. medical care for older people in residential homes)
2. Person related and household related services (e.g. home care, social assistance, cleaning)
3. Company related services (e.g. concierge/property caretaker)
4. Services related to the residential area (e.g. community helpers, district nurses)
5. Not for profit social services (volunteers)



Senior service sector

⁴ The English definition of *social care* is synonymous with the concept of 'care' (DE: Pflege, DA: omsorg/pleje; PL: opieka; IT: cura; PT: cuidado) as provided in other European countries. Social care *services* can be targeted towards all kinds of special need groups, for example, children and families, disabled, the elderly and people with addictions. For the purposes of this report, a focus will be on older people living at home and in need of support services. In addition, it will consider individuals who reside in care homes and the related job roles required to service these homes. The scope of this study examines the area of *residential care for the elderly* as only one of the elements associated with future service provision for the older population.

Currently , in most countries there is a clear distinction between the primary (medical) and secondary (social care) care services. The first one is constructed on services made by highly professionalized and highly educated personnel, The services are standardised and typically funded by public funding or insurance (although private health insurance is rather seldom in the European context).

The area of social care, on the contrary, is more customer focused, i.e. is build to support daily routines and way of living of older people. It can be seen in the design of residential care, both of housing and the content of services themselves.

It must be added, however, that in some countries, when it comes to the working areas of long-term care for older people, there are unclear boundaries between the hospitals (or hospitals-like institutions) and care rendered in residential homes (e.g. specialised Alzheimer units in many countries or the French concept of *l'Hospitalisation a domicile (HAD)*).

The sector of *primary care* (general practitioners – family doctors, community clinics, hospitals etc.) was interesting for this research only when it concerns the issues of communication and collaboration between the primary health system and social care institutions or home environments of older people (e.g. in the case of telemedicine).

The term *seniors*, commonly refers to retired people aged 65 or 67+. This can vary depending on profession or job. In this report the user group of the senior services sector is *seniors* aged 60+, regardless of whether they are employed or retired. The common feature is that they start using the diverse range of services accessible to senior citizens, for example, moving into specially designed housing or using specially developed forms for technology to aid care or wellness.

2.1. Common features and differences

Despite differences in political approaches and institutional frameworks, health and social services in all European Member States face similar challenges in adjusting to demographic ageing, changing employment and family patterns, evolving technological developments and funding issues.

The complexity of the situation is made worse by the fact that, on one hand, there will be an increase in demand for workers in social care (more intensive recruitment and retention schemes) and, on the other hand, a changed profile of service users accessing care services, which means a higher degree of professionalisation of the work force due to increasing quality expectations.

Informal Care

In almost all of the studied countries, there is a strong correlation between care of the older people and informal care. This is more prevalent in countries such as Ireland, Slovenia and Italy, where a high percentage of older people, who still live independently, rely on family members to provide care at home without any significant state assistance.

In terms of cost, this practice is saving local governments/states an inordinate amount of money and requires further support to allow family members to continue carrying out this work, particularly given the current economic climate.

Education

The educational requirements for employees working in the social care sector vary throughout Europe depending on the job role. Scandinavian countries, for example, require carers employed within the sector to have obtained one of the two educational profiles which currently exist. The qualification is modular and consistent with other sectoral systems. However, in other European countries, such as Greece and Poland, educational standards are in the process of being introduced. In the UK and Ireland the competency based qualifications of care workers have recently been reviewed against the established competence and quality standard system. Generally, most countries are currently reviewing existing educational systems with a view to raising the standards of quality and professionalism in the sector.

Government/State Involvement

Most government or state policies tend towards encouraging and supporting older adults to live in their own home for as long as possible by, for example, using preventative measures such as home care support. Many countries have privatised systems with regards to institutional care homes, where residents, and in some cases families, have to fund their care.

Assistive Technologies

Many countries are already piloting and embracing assistive technologies. Northern European countries appear to be more advanced in this than Southern European

ones, with certain functions such as health and safety, controlled remotely and others, for example, voice activated door opening systems, controlled locally by residents in housing communities.

Recruitment and Retention

There are major shortages of qualified care workers across all countries. This poses challenges for government policy relating to migrant workers, as is the case in Norway. In addition, policies that include other groups which would not normally be targeted for recruitment purposes, such as male applicants and individuals changing career, are also under review. This provides challenges for competency-based educational systems to recognise prior achievement and skills in order that a greater number of potential workers can be recruited into the sector.

2.2. Responsibilities and variety of services

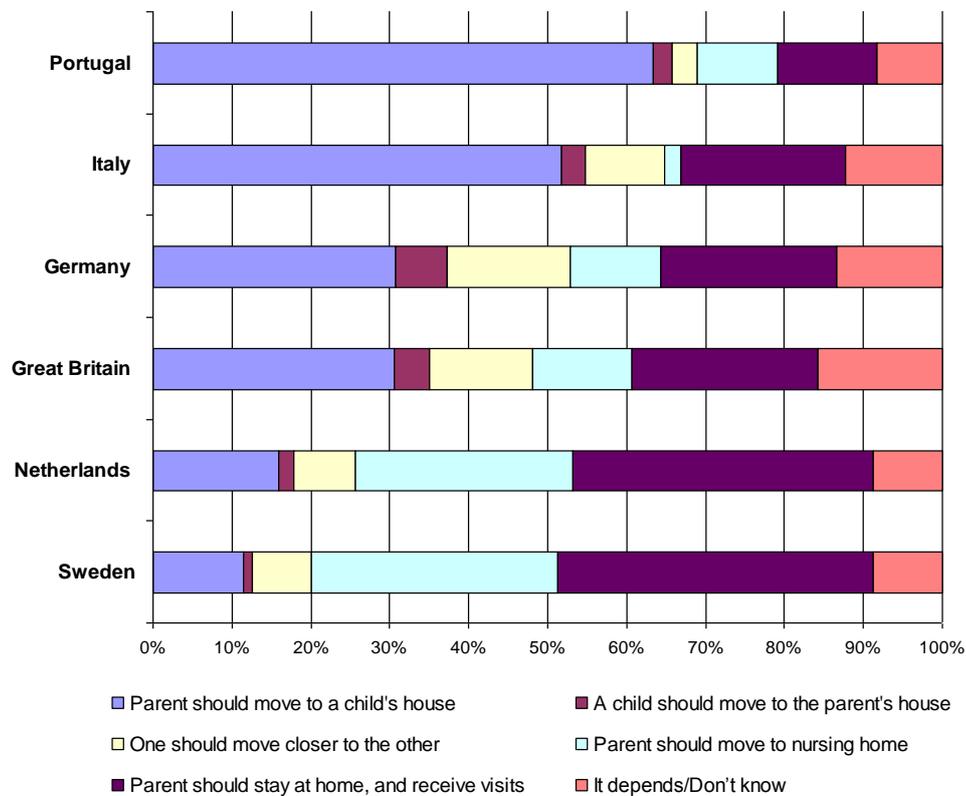
Local authorities and voluntary organisations are typically the providers of various services to allow individuals to remain at home longer and later in life, though the private sector also plays an important role by providing long-term, residential care facilities.

There are distinct differences between European countries in the way healthcare and social services are both funded and delivered. Two main financial models are apparent:

- Countries where the social care sector has a public obligation, and provision is funded mainly through general taxation; and
- Countries where an insurance-based system exists or services are funded privately.

When looking on national divisions of responsibilities between formal and informal care more culturally dependent map of Europe appears. There is a tendency of classifying the less and more family-oriented European societies according to a North-South cut reflecting degree of support expected from family members versus institutional help, where on the axis there are Scandinavian countries and the Netherlands on one side and the Southern Europe on the opposite one, with the continental Europe being a “mixture”.

The next table shows this difference. In Eurobarometer survey⁵ people younger than 40 have been asked on their opinion on living arrangements for their parents when they become frail.



Most studies show that, despite mentality changes and labour market pressure, informal care area will be not diminished, but rather its nature will change, where in greater degree informal carers will collaborate with specialised actors of the formal care system, dependent on the character of the specific care tasks.⁶ When the wider scale of service measures for older people appears in the local area, this traditional way of thinking about responsibilities slowly changes⁷

⁵ Eurobarometer 50.1 1998 The question in the survey was: "Let's suppose you had an elderly parent who lived alone. What do you think would be best if this parent could no longer manage to live on his/her own?"; see more in Cecilia Tomassini Older People, Family and living arrangements, in Focus on Older People Office for National Statistics (UK) 2007; Evert Pommer a.o., Comparing Care. The care of the elderly in ten eu-countries, The Netherlands Institute for Social Research, The Hague, 2007, p. 12-16

⁶ Project OASIS (2000-2003), *Old age and autonomy: the role of service systems and intergenerational family, solidarity*. Haifa: Center for Research and Study of Aging.2003

⁷ K. Glaser a.o, Revisiting convergence and divergence: support for older people in Europe, Eur. J. Ageing (2004)

2.3. Trends and strategies

Across Europe similar trends are observed, for example, seeking solutions for funding to provide adequate and fit-for-purpose residential housing or financially supporting informal carers to continue their role. In some instances regional differences are apparent, for example, Scandinavian countries appear more receptive and progressive with assistive technologies, whereas putting trust into strengthening the possibilities for family caring is more prominent in Western and Southern European countries.

There are several new and non-traditional strategies for improving the efficiency of the public health service and reducing the burden it will face when the grey wave starts in earnest within a few years.

The state and construction of welfare systems, where the support measures for older people are included, are differentiated in the European countries and there is a clear division line between the Northern Europe on one side and South and East European countries. The social care systems can be roughly be categorized into 3 groupings:

1. Welfare system with long tradition and differentiation of services, typically tax-prepaid, examples: Scandinavian countries
2. The mixed model where the well developed structure is both public and private responsibility; the recruitment and education processes have been vaguely defined and left up to free market forces; examples: United Kingdom, Ireland and Germany
3. The countries with minor focus on the welfare system; examples Poland, Portugal and Greece

In the first group of countries there are clear trend of reforming the system as for the quality of services and making the recruitment and education systems more open and flexible so the new groups can be easily incorporated into the labour market. The example of this is the Welfare System Reform in Denmark started in 2008.

In the second group there is a strong trend for professionalization of the social care sector. In the UK, and Ireland legislation is in place to raise the education standards of care workers by introduction of a minimum level entry qualification for care workers. In

other countries, such as Italy, reviews are currently underway to improve the professionalization of the care industry.

The third group of countries is establishing the systematic approach in the social care sector. It includes:

- the extension and new concepts for home care and residential care including discussion on funding principles
- standardisation of the service concepts in job places (functional job and competence descriptions, basic quality and monitoring systems)
- standardisation of the education and training approach, which includes elaboration of the central competence files, launching the competence-giving courses for the sectoral work places. These processes are visible in Poland and Portugal.

There is almost an explosive interest of the leading technological companies in assistive technologies and telemedicine⁸. Robotics and sensor technology has potential to be an essential factor to diminish a vast shortage of health and care staff. The communicative technology can link staff and users, as well as how it can improve collaboration between the levels in the health and care sector.

Use of technology must be seen as a way of working more intelligently and more efficiently. It plays supporting role; it will not take over the human element in any way. The core of the care tasks are based on the inter-personal elements and the assistive technology will provide extra help in situations where the care tasks are more demanding and time consuming and resources from health and care workers are scarce or not available⁹. The concrete example is the political agreement in Denmark on putting forward the 'work force saving technologies' in Denmark. The initiative is supported by ABT fund, where €400,000,000 for the period 2009 to 2015 has been assigned for introduction of the technological solutions, primarily in the care sector for older people.

⁸ See for instance the results of the 9th Conference of the Advancement of Assistive Technology in Europe, San Sebastian, 3-5 October 2007

⁹ The systematic view on the technological solutions can be found in another publication of this project: "Technology and care" see www.senior-service-sector.eu

Another element of elder care that will increase in importance is customer influence. Older people should be able to choose their providers. There is expected increased customer interaction in all the service levels.

All these changes increase the need for communication between operators providing elder care. For instance there is a need of wider access to the databases containing information. This includes service providers from the municipality as well as private sector providers. Transport firms, administrators and relatives will also need access to relevant information. This will require secure and easy-to-access IT solutions.

Having older people staying in their own homes means a greater need for services that are available 24 hours a day, seven days a week. In most countries this kind of solutions are on its way, where there is a balanced combination of a professional multiskilled home care service, as well as IT to support self-care at home. IT can help people keep in touch with their service providers, and also enables their staff to work as effectively as possible.



3.

Ten challenges for an ageing Europe



The challenges of the European senior services sector can be summarized into the following key issues:

1. Short-fall in recruitment versus increasing service-user demand and its differentiation
2. The introduction of new political agendas and development strategies in order to professionalise and standardise the sector
3. Long-term care and care for special groups in terms of resource consumption, quality schemes and more advanced form for communication between the primary sector of medical care and social care institutions.
4. Differentiation and expansion of the professional boundaries of elderly services compared with changing societal patterns, which sets new demand for cross-sectoral and cross organisational collaboration.

The following sections present various challenges which are common across most of the European countries studied. It aims to set out the agenda for building strategies on a local, national and European level.



3.1.

Ensuring sufficient recruitment and effective retention strategies

The ageing of Europe's population has associated implications for recruitment into health and social service jobs. The sector will have to compete with other sectors for a diminishing pool of talent, in particular, younger people. For instance, by the year 2015, economic research institutes estimate that in Germany there will be a requirement for roughly 2 million jobs related to caring for the older people. Even

though the shortages are imminent, there are only a few local and national recruitment strategies to counteract this development.

Recruitment of new groups

There is an awareness among politicians and decision makers that one option for creating recruitment strategies is to identify non-traditional groups and tap in to the 'hidden' labour market. Some solutions include utilising skilled migrant workers or developing senior friendly work places, where older adults could be convinced to work longer, especially early retirees.

Further possibilities include encouraging 'career changers', such as workers from other sectors, looking for new job opportunities or unemployed adults looking to re-enter the labour market, but who have no prior experience of the care industry. Within both these groups, there may be a higher number of men available and attracted to this predominantly female¹⁰ sector.

The hidden problem

A key problem facing many countries is the existence of the 'black' labour market, illegal workers who are working in the sector partly to solve labour shortages and often at a significantly lower salary level than 'legal' workers. In countries such as France, Germany and Italy, up to 50% of care tasks are said to be undertaken by illegal workers. The situation is exacerbated by forcing salaries down for other, legitimate workers.

Companies operating legally face a challenge in offering competitive salaries to potential workers, as legal workers often seek higher salaries. The only advantage they can offer to customers is appropriately trained personnel and a higher standard of service.

Many local and national politicians are often accused of turning a blind eye to this problem as the existence of an illegal work force in this sector helps to partly solve the acute labour problems. There are exceptions to this rule. The region of Trentino in Northern Italy piloted a project, supported by the Equal programme, on 'amnesty' (work permit) and training of the illegal workers in the care sector¹¹.

The aging workforce

The age profile in the main job functions across the social care sector is similar in most countries. Statistics show that almost 30% of employees will have the opportunity to leave the labour market through early retirement. Retention policies should be

¹⁰ Cf. 2 Danish Equal projects: SOS-mx "Social and health sector mainstreaming laboratory" and "Mpowerment2men" – both working on strategies for attracting male work force to the social care sector

¹¹ Equal project "Promo Care - La promozione delle donne immigrate nei servizi di cura", coordinated by Federazione Trentina delle Cooperative SCARL

established in order to make work places more attractive for older workers (50+). Currently, political initiatives are focused mainly on increasing the age of retirement, thus making early retirement financially unattractive.

At the same time, policies and strategies should also be made to attract younger workers to stay longer in work places. The average length of service in the social services sector is four years, resulting in a comparatively high turnover of staff. Many workplaces have adapted to this problem, however, there is a need to review retention strategies to enable a greater retention of staff which will also help to reduce recruitment costs. Another solution is switching from part-time to full-time working for the female group of employees having problems with balancing family-work tasks. In this case more flexible organisational routines should be launched in order to meet the special needs of this group.¹²

There is a need to adapt existing educational models for both older and younger workers. For example, many older applicants may have extensive work experience and skills, but no industry specific qualification. The skills gained may fit with the job role, however, the lack of a formal qualification may render them unsuitable to the employer. In order to make the educational system more flexible, there is a need for work-based and life-based qualifications together with the possibility of shorter educational modules filling the identified qualification gaps.



3.2. New collaboration patterns

There are already settlements and villages predominantly occupied by certain nationalities, which set new and different requirements for local health and social care services. The current model of service provision in healthcare and social care has been established on a simple relation between one provider and individual user. Staff operating in the market where the needs are more and more varying and are related to different branches and work areas are unable to respond in this simple model of work organisation. This is not only the matter of extending their work functions and competence areas, but a question of new collaboration and organisational patterns involving actors coming from the formal and informal systems of care and other sectors (e.g. wellness, prevention, tourism) and the question of coordinating the efforts. In the most countries, especially when the formal social care sector is weak, the fundamental issue for diminishing the burden of primary sector (e.g. hospitals) is to organize a merged model of collaboration between the hospitals, family doctors and home care

¹² See Eurobarometer 2006 on possible solutions to the future problem of shortages in the work force due to population ageing – survey conducted in 25 EU countries., in “ Europe’s Demographic Future: Facts and Figures, Commission Staff Working Document, Brussels 2007, p. 53

and social care institutions. In this case the communication platform is critical where the vital patient information can be transferred between the systems and institutions (for instance unification of Electronic Patient Journals, tools of telemedicine and use of ICT and mobile technology in monitoring, assessment and ordinary communication between the patient and the health and care systems).

Finally more and more assistive technology solutions emerge in different national research environments, but there is apparent lack of collaboration between the scientific teams (internally), representatives of social care institutions and user groups. There is lack of development of common multidisciplinary approaches with the immediate possibility of testing and implementing the solutions in concrete practical settings as coherent solutions for local and national care systems¹³. As a result this market is unstructured with lack of transparency, valorisation of experiences and dissemination of achievements. Many projects and rather one-off exercises focused on technology itself instead of be human-centred¹⁴.



3.3. Matching changes in demand for senior services

Expectations of older people from the 'war generations' are very different from the 'baby boom' generation, born in the late 1950's/early 1960's, the latter of which will have different expectations in relation to care in later life. 1968 generation can be taken as a symbol of the value "revolution", visible in changed attitudes towards family patterns, housing forms, active life profile, perception of life quality etc. The typically formulated expectations for the senior life are not only having good health (avoiding sickness) but also maintaining independency in one's choices and in one's daily existence and maintaining an active form of life ; cultivating different type of leisure activities and expecting high quality of services when becoming dependent.

The consumption and behaviour pattern for the present generation of 45-55 year olds is visibly different to that of earlier generations. Many older retirees are healthier and wealthier than previous generations. This is highlighted in the use of services such as recreation, entertainment and travel. Financially, many retired people have the money

¹³ See the proceedings of the 9th and 10th AAATE (Association for Advancement of Assistive Technology in Europe) conferences, "Challenges for Assistive Technology" 3-5 October 2007 , San Sebastian and "Inclusion between the past and future" 31 August-2nd September 2009, Florence

¹⁴ See "Access to Assistive Technology in the European Union" Directorate-General for Employment and Social Affairs, Unit E. 4, 2003 with systematic information for the following countries: Denmark, France, Germany, Italy, the Netherlands, Spain, Sweden, United Kingdom

to spend on these luxury services, which perhaps was not the case from the preceding generation.

Users in the future will have different needs and problems than those of today, as in the future, it will consist of both new generations of older people and younger service users, who will all require a more diverse service offering to meet their needs. The older people in the future will be better educated, have more resources and be in better health than those of today. They will also, to a greater extent than the older people of today, be accustomed to, and expect to, make decisions about their own existence. This brings challenges in relation to added value, recruitment and family care.

Finally, there is a demand on most public authorities, who are responsible for home services and elderly care, to publish comprehensive quality standards for the various services offered, when the users of the services will be more and more demanding.

A special characteristic of person-related and social services is that on the one hand, the work with people may not be fully normalised and/or standardised. On the other hand, service provisions and its consumption are combined together in one act. The producer and the consumer are directly related to one another (the customer as co-producer). Empathy and professionalism, flexibility and commitment are expected of the service provider. The changes, patterns and variety of care services have consequences for increasing costs for provision.

The new consumption profile of older people combined with prolonged healthy periods of senior age will create demand for new kind of services and merging professional boundaries with other sectors and branches. It could mean that housing companies will offer special services and trained staff to attract elderly users. There are already attempts in training property technicians to be more senior-minded.

Focus on health promotion and prevention of chronic diseases can be profitable as long term strategy for public service providers, even on municipal level. The day activity centres will have more and more activities devoted prevention of specific disorders, which means demand for qualified personnel.

Another example of new senior service fields is the field of wellness and tourism where seniors can become preferred target group. Partly because of changed consumption profile of older people, partly because it is easier to get public support to this kind of

activities due to their relation to the notion of active ageing and prevention of chronic diseases. The good illustration of this trend is currently launched campaign by the Spanish government “Europe Senior Tourism” available to the citizens of most countries of the European Union (www.europesenior tourism.eu). The 80.000 places for the winter season of 2009-2010 is subsidized by the Spanish government and the autonomous regions of Andalusia and the Balearic Islands. The program offers therefore affordable prices and ready stay packages with combination of tourism, therapy, wellness, sport and training (ICT). The similar national project has been launched for French seniors 60+ (“Seniors en Vacances”) organized by l’ANCV (National Agency of Vacation Vouchers) and National Tourist Agency for over 45 destinations in France. (www.ancv.com). The objective is to break the loneliness and isolation, providing welfare, and illness prevention. In 2009 there are plans for reaching 100.000 seniors.



3.4. Balancing service level funding

One of the major topics emerging in discussions of an ageing Europe is that of impact on public expenditure with special focus on pensions, social protection systems, health and social care problems¹⁵. Countries with well developed welfare systems have already established financial mechanisms for diminishing the future pressure on public finances (e.g. Government Pension Fund of Norway – the largest in Europe).

The discussions take different foci dependent on the set-up of national healthcare systems and strategic priorities. This research looked on the issue from the user point of view - to what degree the user should self-fund, and what contribution should be made by the state or local authority/municipality.

The research shows there is awareness that, in the future, individuals should be prepared to part-pay for senior services, even in the countries where the welfare systems traditionally are tax-financed. In this context, a further issue was raised - to what degree should private service providers complement the public services and informal care, and how could common quality standards be created. Furthermore detailed description and categorisation of care tasks should be made accordingly.

¹⁵ Europe’s Demographic Future: Facts and Figures, Commission Staff Working Document, Brussels 2007; The impact of Ageing on Public Expenditure: Projections for the EU-25 Member States on Pensions, Healthcare, Long-Term Care, Education and Unemployment Transfers (2004-2050), European Economy, Special Report, No.1 2006; Adelina Comas-Herrera and Raphael Wittenberg (ed.), Long-Term Care Expenditure in an Ageing Society, The London School of Economics 2003 . (European Study of Long-Term Care Expenditure: Investigating the sensitivity of projections of future long-term care expenditure in Germany, Spain, Italy and the United Kingdom to changes in assumptions about demography, dependency, informal care, formal care and unit costs. Report to the European Commission, Employment and Social Affairs DG).



Housing measures to support independence

Independent living

The vast majority of older people in 2020 will continue to live in their own home. This future scenario is supported by a conscious strategy in all European countries to support independent living for the elderly in response to changing aspirations, especially among the new generation of older people who are considerably more independent and individually oriented. The benefits of individuals living in their own homes include keeping active and independent for a longer period of time, as well as a greater sense of health and wellbeing. Making homes more accessible is, therefore, a high priority task to enable as many people as possible to continue living at home even in declining health or mobility.

With age comes an increase in the likelihood of developing age-related illnesses, which may require individuals to make adjustments to their home and indeed, may set new standards for housing in the future. For some individuals, the need for professional care may be especially great as they require continuous monitoring, support and assistance.

An alternative to individuals living on their own is the option to move into specialised housing for older people, for example, protected dwellings or sheltered accommodation. These are generally independent apartments with periodic help/care on site.

The isolation of older people

The isolation of the elderly in urban areas may be due to personal circumstances, for example, widowers with no family and no social network to rely upon. In rural and mountain areas, social isolation among the elderly is exacerbated by geopolitical factors such as:

- Removal of services and consequent lack of care services in small villages due to the decrease in potential users; and
- Closing and consequent reduction of community services, such as post offices, banks, shops and markets due to the decrease in customers and consumers.

As a result of these factors, there is a rising and growing risk of reduction of social links and of social capital, both in terms of the individual and of the community, for example,

in most of hinterland areas of Italy. This is one of the main causes of isolation for older people who experience such loneliness and exclusion.



3.6.

Technologies to support independence

For individuals

A potential solution to supporting independent living in later life is the innovative use of 'intelligent' technology. Re-designing and adapting the physical environment of the interior of a home, and introducing technological solutions can help prolong independent living and provide assisted support when necessary. One solution which may prove to be popular in the future is the concept of 'smart' or 'intelligent' houses where computers and engineering technology ease the daily life for older people who may suffer from disabilities. It should be noted that individuals living at home will require different levels of supported technologies to those implemented within public and private institutions.

Furthermore, when e-services are more and more dominating in communication between the user and the provider, much more attention should be rendered towards the universal and user-friendly design of such services and the IT competences of the users.

For care staff

New technologies are already influencing current communication practices within the senior services sector. For example, different categories of care employees use personal digital assistants (PDA) or mobile phones in their daily work routines.

Changes in information-sharing patterns will influence the competence profiles and organisational routines. This presents opportunities for increased collaboration between the primary care sector (family doctors, hospitals) and social care institutions, independent elderly houses and the older people themselves. On-line tools can provide daily monitoring and a contact platform for very simple messages, for example taking medication, to be given to the individual from the care professional. More advanced tasks such as monitoring the progress of individuals with diabetes can also be done utilising these on-line methodologies.

With a growing life expectancy and a larger population of older people, the incidence of chronic and physical illnesses is also increasing. It sets new challenges for technological solutions when such a large population of older people are expected to live independently, and in their own home or specially designed community dwellings.

The example of how a simple use of robotics can help solve some social and emotional problems experienced by older people with cognitive disorders is the robot toy Paro.

This toy has been used and evaluated successfully in nursing homes in Japan, Sweden and Denmark¹⁶.

Some key issues that may affect the introduction of technological solutions in the future include:

- Defining the new quality standards for the nursing and care services, where for instance issues as need assessment
- The level of technological expertise required by staff at different levels
- Educational opportunities to strengthen competences of staff
- Establishing who should have responsibility for smart home technology
- Demand of experience-sharing and valorisation projects in this unstructured market of technological experiments
- New collaborative models between research institutions and formal and informal care environments



Changes in competence areas and in vocational education and training

There are several reasons that put educational measures on the top of the strategic agenda. These are:

- Demands of professionalization of the sector together with introduction of quality standards
- Market based developments which set demand as for flexibility and variety of services
- Technological solutions waiting to be implemented within various fields of senior service sector, which requires new qualifications of different staff categories. It can be within new communication systems (PDA, monitoring on-line), new organizations of tasks (when e.g. cleaning robots will be introduced), pedagogical competences to introduce users in tackling technological solutions etc.
- Changing formal job profiles with consequences for the competence area
- New groups in recruitment processes, for instance applicants from other branches and different countries, which demands new approach in flexible

¹⁶ See the web site <http://www.paro.jp/english/> and the articles in scientific and professional media

educational models combined with systematic validation of non-formal and informal competences

Changes in job profiles are connected to changing expectations related to the variety and quality of services within the senior services sector. This should cover a much broader range of skills giving a greater degree of flexibility across job roles within the sector. Job profiles should also include ICT and more specialist technological skills that may play a more prominent part of job roles in the future. In the long term new models and job profiles may emerge as a result of the use of technology, for example, a role solely responsible for the use of assistive technologies, both in home environments and within the care home. Currently this issue is almost absent in the discussions on the impact of the assistive and ICT technology on care services.

Education of care workers is a common theme consistently raised throughout the research. In the UK, legislation is in place to raise the education standards of care workers by introducing a minimum level entry qualification for care workers. Most Scandinavian countries have similar policies. In other countries, such as Italy, reviews are currently underway to improve the professionalization of the care industry.

There is visible reassessment of the care professions and attempts to make educational systems more flexible in countries such as Austria, Germany, Italy and the UK. This, combined with the creation of functional job descriptions and introduction of quality standards, aims to address the challenges faced. Good examples of this are the Care Standard Act (2000) in the United Kingdom and the inclusion of care professions in the Portuguese National Catalogue of Qualifications in accordance with the European Qualification Framework¹⁷ (2007). In addition, the informal workforce (volunteers) is increasingly involved in on-going training and education, as is the case in Germany (e.g. Hospizbewegung) and in rural parts of Finland, where the formal system does not exist.

The quality principles in the sector mean, generally, standardisation of the services, especially in countries where the social care system has been based on informal work resources mainly. In Scandinavian countries, where the social care tasks are assigned the public authorities mainly, it means fine tuning of the quality descriptions in order to

¹⁷ Catálogo Nacional de Qualificações (CNQ) managed by Agência Nacional para a Qualificação; www.catalogo.ang.gov.pt

meet the requirements of the changing society and expectations to the welfare services (Denmark: velfærdsreform, 2008-9).



3.8.

Long term care and special groups

Increase in age-related illnesses, as dementia is expected to be doubled in the next 15-20 years. With a growing life expectancy and a larger population of older people, the incidence of physical illnesses and problems is also increasing.

The increase of people suffering from dementia represents a particular challenge for the informal as well as the professional care system. Nursing care insurance still does not offer a sufficient financial basis for outpatient treatment of people who require 24-hour care.

Also, the number of people suffering from chronic illnesses increases significantly with age. These include cancer, heart disease, vascular conditions such as stroke and blood clots, fractures, and respiratory diseases. For these groups, the need for professional care is especially great, since patients are highly dependent on continuous monitoring and help. Increasingly, more people suffering from chronic illnesses reach old age, not least as a result of advances in medical and pharmaceutical developments. In this context, a new and extended understanding of the care tasks and the relevant professionalization are necessary.

There already special long-term strategies launched in the field of prevention/diminishing of chronic illnesses and for older people suffering from Alzheimer or dementia being the primary threat to the public finances in the future (examples of Norway, Denmark and France)



3.9.

Challenges of globalisation and migration

And finally, there is an increase in the number of people coming from another ethnic background than the given country. These groups are often isolated from the society by language or cultural reasons. There are 2 possible origins of these societal phenomena:

1. It can be elderly migrants or migrants who grew old in the given country with unsucceeded integration.
2. The migrant pensioners dwelling in South European countries, typically Spain and France, as a part of the phenomenon called in France heliocentrism, 'wandering after the sun'. There are already settlements and villages

predominantly occupied by certain nationalities, which set new and different requirements for the local health and social care services.



3.10 Changing the image of the care sector

Currently, there appears to be a growing, negative perception of social care homes across Europe. Firstly, negative publicity in the media is influencing public perception of institutions, portraying them as poor service providers with low standards of care and accommodation. This has a significant impact on the political debate due to the public exposure this generates. Secondly, the stereotyping of employees who work in the sector as being poorly paid, unprofessional and lacking in ambition to learn and develop exists.

Media campaigns¹⁸ to combat these negative perceptions and improve the image of the sector to the general public are starting to be seen, for example, in Denmark. It is hoped that by carrying out these campaigns, the negative perceptions will not adversely affect potential workers, particularly younger people, choosing the industry as a viable and rewarding career choice.

¹⁸ Danish Ministry of Social Affairs in collaboration with FOA (trade unions) and KL (Association of Danish municipalities) initiated campaign "Det der virker" about attractive work places in social care (2003)



4.

Chosen model solutions



4.1. Lobbying for senior citizens

Denmark: ÆLDRESAGEN (DaneAge Association)



DanAge is a national lobby organisation for older people and was founded in 1986. The association now has approximately 525,000 members, around a quarter of the nation's 50+ population. DaneAge's big achievement is that policy makers, both at a local and national level, have recognised the key role it plays in influencing legislation and decisions impacting on older adults. The organisation's main lobbying priorities

include:

- provision of adequate pension incomes for retired people
- a quality health and care system
- adequate home help provision delivered to a high quality
- flexible housing provision and multi-generational local communities
- a labour market appreciating and utilising the skills and resources of seniors

Main activities:

Information

- six annual issues of a magazine with a readership of 735,000 (read by 50 % of all Danes aged 60+; in the top three of all Danish magazines)
- information, views and policy recommendations on our website, www.aeldresagen.dk
- daily contact with media (newspapers, TV, radio)

Providing assistance, support and counselling for those who need or want it

- 5,500 volunteers engaged in social-humanitarian work, strengthening the networks of older people living alone, escorting them to hospitals, etc.
- counselling service, providing counsel within legal, social, financial and health matters; this service is free-of-charge, confidential and impartial

Providing knowledge, tools and education to help people make informed decisions that ensure a life on their own terms (pension plans, housing arrangement, late career, etc.)

- an annually updated handbook with facts and advise on legal, social, financial and health matters
- courses for employees aged 50+, to assist them decide on career and/or retirement

Meeting places, activities, networking for people wanting to meet others, to experience or be entertained, or to learn

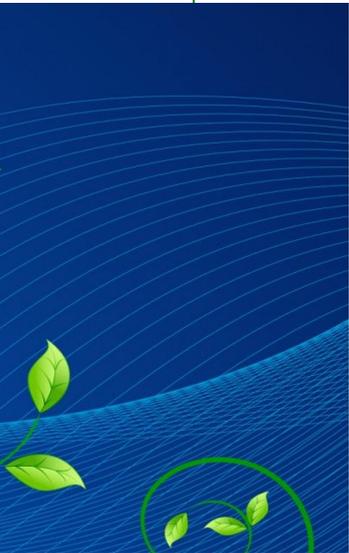
- 50,000 membership activities every year, within areas such as hiking, gymnastics, Nordic walking, petanque, the Internet, language courses, card games, dance classes, etc.
- www.aeldresagen.dk offers the opportunity for creating communities for people interested in the same subject, such as genealogy and family history

Value-added membership benefits

- in terms of special discounts on insurance products, bank services, car rentals, opticians; special travel offers, through endorsed providers based on strategic partnerships with number of companies.

4.2. Counteracting the illegal employment

Germany: Service Pool 'Gewerkstatt Bochum' and 'Zukunftswerkstatt Düsseldorf'



Since the mid 1990's there have been three service pools in NRW, Germany: CASA BLANKA, Düsseldorf, agil und prompt, Bochum and Picco Bella, Aachen. The aim of the service pool is to create legal employment which ensures appropriate national insurance contributions from employees in household-related and person-related services and reduces the existing phenomenon of illegal employment. To this end, the pool assists unemployed individuals to achieve qualifications through specially designed educational modules. Upon completion, individuals are employed in the service pool. This newly developed, tiered, re-integration system has successfully placed 80% of the female target group with particular barriers to employment back into the labour market.

Casa-Blanka Düsseldorf: http://www.zwd.de/zwd/casa_blanka/index.php?navid=21

agil und prompt Bochum: <http://www.gewerkstatt.de/>

4.3. Changing image of the sector and patterns of employment



In Denmark, like most countries in the European Union, care sector employees are predominantly female. Tipping the gender balance in that sector by making it more attractive for men was the ambition of a Danish project 'SOS-MX Social og Sundheds Mainstreaming Experimentarium' (Health & Care Sector Mainstreaming Laboratory).

The project involved key players within the care sector to take a more holistic and gender sensitive approach, which focussed on recruitment, education and guidance.

Following extensive research, the project identified gender balance challenges, the results of which have been published in the document 'Florence Nightingale in Retreat'.

At the same time, the project showed a variety of attractive job opportunities available to male applicants. The media were also included to help publicise the various career opportunities and ensure as wide a circulation as possible.

Within the care sector, more male employees are considered to be distinct advantage, with many managers keen to see more male applicants for care positions. The climate in the workplace tends to be improved if both men and women are equally represented, with flexibility enhanced due to variations in work preferences. In addition, many of the older residents appreciate a balanced gender staffing profile.

Consequently, there is a keen interest, and pressure, to ensure recruitment of more male caretakers. As there is an increased need for trained personnel, a major task is to attract more men to consider caretaking as a profession and to undertake the appropriate training. The Danish system generally provides a substantial amount of apprenticeships as well as on-the-job training. The work of the SOS-MX reflects this fact.

One of the objectives of the SOS-MX project was to create new visions and ideas for the training sector, both in schools and via on-the-job training. The survey undertaken in the preparatory phase showed that key actors (professionals and trainers) generally find the training environment too female orientated. They actively seek balancing measures, but realise that a joint effort is required, with schools, unions, and employers playing important roles.

Positive media coverage: One of the challenges facing the sector is the negative media reporting which focuses on stress in the workplace and a lack of available resources. The media fail to report the fact that a majority of staff find their jobs demanding, but also very satisfactory with a good variety of duties. The survey also shows that co-operation in the workplace is mostly excellent, and that management is non-bureaucratic and flexible. In collaboration with the Film School in Ebeltoft, SOS-MX is investigating the possibility of making a series of television programmes that show the day to day life within the care sector. Both sexes will be represented on-screen. The idea is not to present the sector as being more glamorous than it is. Rather, it is to ensure that the general public become better acquainted with the realities of the care industry and acquire a better opinion of a sector that often suffers isolation from the rest of society.

Career opportunities: Training and jobs in the care sector have often been portrayed as 'dead-end' jobs with few career prospects. Due to recent educational reforms, a greater transparency has been created and initial training will be credited to allow candidates who wish to proceed into nursing or into further education, to do so. Managerial jobs are also more accessible in the care sector with an expectation that men would like to know about them specifically. These quite favourable career opportunities are still, for some reason, not widely known. Educational reform measures include better guidance practices that promote long-term opportunities. The project will critically evaluate written materials and suggest new approaches with a stronger focus on careers.

Role models: More men are required in the care sector. For those men who are considering a career in care of the older people, male role models may help to convince them that the career is a worthwhile and rewarding choice. There is a need to emphasise that care work is standardised. The research provided up to date data on the gender status of the Danish care sector. The final analytical report 'Florence Nightingale in Retreat' which covered this area was distributed to over 1000 professional organisations and social partners in the sector.

Generating transfer and sustainable change: The project results, originating both from the research and from the outputs of four development groups, influenced guidance and training provision, recruitment practices and work environments. In particular, the Social and Health Care School of North Jutland, representing the only educational channel for employment options in the sector, altered its recruitment practices to be more gender sensitive. The school experience clearly shows an increasing number of male applicants as a direct result of the media campaign, especially the distribution of a DVD which was sent to career and counselling organisations.

The main benefit of the project was increasing the awareness of the key players involved in the care sector and that a new, more holistic approach has to be launched in order to respond to future challenges.



References

Avramov, D., Maskova M., Active ageing in Europe, Population studies, No. 41, Directorate General III – Social Cohesion, Council of Europe Publishing 2003

Coomans, G., *Europe's changing demography: Constraints and bottlenecks*, Demographic and social trends issue paper, No. 8, Seville, Joint Research Centre (JRC) and the Institute for Prospective Technological Studies (IPTS), 1999,

European Study of Long-Term Care Expenditure. Investigating the sensitivity of projections of future long-term care expenditure in Germany, Spain, Italy and the United Kingdom to changes in assumptions about demography, dependency, informal care, formal care and unit costs, Report to the European Commission, Employment and Social Affairs DG .

Europe's demographic future: facts and figures, Commission staff Working Document, Brussels 2007

European Commission (EC), The future of healthcare and care for the elderly: Guaranteeing accessibility, quality, and financial viability, COM(2001) 723 Final, Brussels, 2001

Gaymu, Joëlle , Determinants of the living arrangements of older people in Europe. *European Journal of Population / Revue européenne de Démographie*, 2006

Gaymu, Joëlle , Future trends in health and marital status: effects on the structure of living arrangements of older Europeans in 2030. *European Journal of Ageing* 2008

Hank, Karsten , Proximity and Contacts Between Older Parents and Their Children: A European Comparison. *Journal of Marriage and Family* 69(1) 2007

Health and long-term care in the European Union, December 2007. Special Eurobarometer 283/ Wave 67.3

Healthy Ageing, *A Challenge for Europe*, The Swedish National Institute of Public Health R 2006:

Office of Science and Technology (OST), *Healthcare 2020*, Report of the Foresight Healthcare Panel, London, Department of Trade and Industry, 2002

The future of health and social services in Europe, European Foundation for the Improvement of Living and Working Conditions 2003

The Impact of Ageing on Public Expenditure: Projections for the EU-25 Member States on Pensions, Healthcare, Long-Term Care, Education and Unemployment Transfers (2004-2050), European Economy, Special Report, No.1 2006

Vignoli, Daniele, Individual and Contextual Correlates of Economic Difficulties in Old Age in Europe. *Population Research and Policy Review* 2009



This study provides a pan-European review of the senior services sector, identifying current practices and challenges as well as potential opportunities for the sector in light of demographic and societal changes across Europe.

These anticipated changes are expected to have a significant effect on the senior services sector in the future with many contributing factors, such as demands on state budgets, increased cost of living in retirement and lack of support via health and social care services. A key challenge, therefore, is to identify potential solutions to assist both individuals and the senior services sector to respond to these changes.