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EUROPEAN  
AGEING  
NETWORK

# EAN presentation

## CARE 4.0 change in competence

Vienna /AT/  
September 28, 2022

Dr. Jiří Horecký, MSc., MBA.  
European Ageing Network  
Global Ageing Network

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## **EUROPEAN ASSOCIATION FOR DIRECTORS AND PROVIDERS OF LONG-TERM CARE SERVICES FOR THE ELDERLY**

- **SINCE 1989**
- **RESIDENTIAL CARE**
- **22 COUNTRIES**
- **8 000 MEMBER FACILITIES**
- **800 000 BEDS**



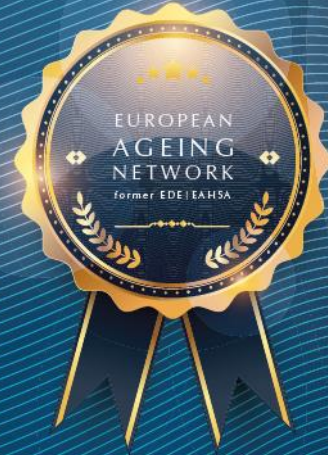
## **EUROPEAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGEING**

- **SINCE 2010**
- **ELDERLY CARE**
- **20 COUNTRIES**
- **3 000 MEMBERS**



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EUROPEAN AGEING NETWORK

# CERTIFICATE OF MEMBERSHIP

presented to

**QOLITY BV**

country

**THE NETHERLANDS**

We hereby certify that the above named organization is  
a member of the European Ageing Network  
and is entitled to the full benefits of such membership.

Jiří Horecký  
President

Adrianus Koster  
1st Statutory Vice-President



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former EDE | EAHSA



**10.000  
CARE  
PROVIDERS**

**25  
EUROPEAN  
COUNTRIES**

**1 MILLION  
SERVICED  
SENIORS**

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# We are across Europe

## EAN members



- AUSTRIA**
  - Lebenswelt Heim - Bundesverband
  - SeneCura Kliniken- und HeimebetriebsgmbH.
- BELGIUM**
  - L'Association des Directeurs de Maison de Repos
  - Brussels Confederation of Construction
  - OCMW Visies – VVOS
- CROATIA**
  - Udruga ravnateljica u djelatnosti socijalne skrbi hrvatske
- CZECH REPUBLIC**
  - Asociace poskytovatelů sociálních služeb České republiky
  - Roša Management s.r.o.
- ESTONIA**
  - Balti Sotsiaalteenuste Kvaliteedi Liit MTÜ
  - Eesti Sotsiaalasutuste Juhtide Nõukoda
- FINLAND**
  - Vanhustyön johtajat ja asiantuntijat ry
- FRANCE**
  - Association des Directeurs au Service des Personnes Âgées
  - Fédération Nationale des Associations de Directeurs d'Établissements et Services pour Personnes Âgées
  - Fédération Nationale Avenir et Qualité de Vie des Personnes Âgées
  - Adef Residences
  - SYNERPA
  - Atelier AA - Human Architecture
  - TIME4
  - KORIAN
- GERMANY**
  - Wohlfahrtswerk für Baden-Württemberg
  - Sodexo
  - Orpea Deutschland GmbH
  - Brüsseler Kreis e.V.
- GREAT BRITAIN**
  - St Monica Trust
- GREECE**
  - METROPOLITAN COLLEGE
- HUNGARY**
  - SZIME – Szociális Igazgatók és Szakemberek Magyarországi Egyesülete
- ITALY**
  - ANSDIPP - Associazione dei Manager del Sociale e del Sociosanitario
  - BFA/ADSA - Berufsgemeinschaft der Führungskräfte in der Altenbetreuung in Südtirol/ Associazione dirigenti servizi agli anziani dell'Alto Adige
  - Istituto Regionale Rittmeyer per i Ciechi
- LATVIA**
  - Latvijas sociālās aprūpes un rehabilitācijas institūciju direktoru asociācija
- LITHUANIA**
  - Asociacija Rupesinga Globa
- MALTA**
  - Villa Anna Teresa
- NETHERLANDS**
  - AadKosterConsult
  - ActiZ
  - DVA Dementia Village® Associates
  - QOLity BV
- NORWAY**
  - Sintef Technology and Society, Dpt. Medical Technology
- POLAND**
  - Ogólnopolskie Stowarzyszenie Organizatorów i Menadżerów Pomocy Społecznej i Ochrony Zdrowia
  - Koalicja "Na pomoc niesamodzielnym"
- PORTUGAL**
  - ALI
  - Residencias Montepio
- ROMANIA**
  - A.D.I.V. - Association of Institution Directors for the Elderly
  - Federatia Furnizorilor de Ingrijire pe Termen Lung
- SLOVAKIA**
  - Asociacia poskytovateľov sociálnych služieb SR
- SLOVENIA**
  - Skupnost socialnih zavodov Slovenije
  - Caretronic
- SPAIN**
  - ACRA - Associació Catalana de Recursos Assistencials
  - LARES
- SWEDEN**
  - Micasa Fastigheter I Stockholm AB
- SWITZERLAND**
  - Spectren AG/Almacasa



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# EAN training programme



# EAN training programme

New EAN curriculum is based on so called „Teaching units table“. This table divide full time education and alternative forms of education into lines according to the modules and set MIN and MAX teaching units

There are 4 versions of these tables:

- BASIC only
- ADVANCED only
- PROFESSIONAL only
- All levels step by step: BASIC + ADVANCED + PROFESSIONAL

Module number	Module name	LEVEL of certificate					
		BASIC		ADVANCED		PROFESSIONAL	
		Minimum number of teaching units	Maximum number of teaching units	Minimum number of teaching units	Maximum number of teaching units	Minimum number of teaching units	Maximum number of teaching units
1	The structures of long-term care and networking	16	40	48	48	48	120
2	Care concepts and the future of care	0	32	16	32	16	88
3	Professional ethics, awareness and profile	24	48	48	48	48	112
4	The legal basis for the management of care/social facilities	16	48	32	48	32	128
5	Human resources management, leadership	32	48	64	56	64	144
6	Business and financial management, fundraising	16	40	48	56	48	128
7	Strategic and organisational development	16	32	32	40	32	112
8	Quality, risk, emergency and crisis management in care, health and the social economy	16	48	32	64	32	152
9	Facility management	8	16	16	16	16	48
10	Process and project management	8	32	24	24	24	80
11	Digitalisation, technologies	8	16	16	32	16	80
12	Communication, public relations, marketing	16	32	32	56	32	128
13	Country-specific topics	0	24	8	40	8	80
Alternative forms of education	Peer group	0	8	8	24	16	40
	Study trip and internship	0	0	0	16	24	56
	Conference, event, workshop	0	8	8	24	16	40
	Assignment, seminar paper	0	0	8	24	24	48
	Learning project	0	0	0	50	0	200
	Consultation	0	0	0	8	0	32

## E-Qalin

E-Qalin is a comprehensive, innovative and dynamic quality management system which is oriented towards practice in the following areas:

- residential care for older people
- community care
- services for people with disabilities
- social work.

The EAN currently co-owns  
the E-Qalin GmbH company





# EAN reports



*We as the European Ageing Network (EAN) fully realize that the role of providers will and shall be crucial in those processes and changes for the providers are the experts, knowing the demands of public authorities, the needs of clients, the expectations of family members and the possibilities of the employees.*

Available in:












# EAN reports



*One of the main goals of the European Ageing Network (EAN) is to help enhancing the quality of long-term care. Nutrition is an important part of the quality of elderly care and good nutrition promotes generally health related quality of life. Therefore it is important to not only be aware of this fact and make nutrition an element of the complex approach to elderly but also to share good practices examples, knowledge, recommendations and innovative solutions.*

## Available in:

-  ENGLISH
-  FRENCH
-  CZECH
-  GERMAN
-  SLOVENIAN
-  CROATIAN
-  SPANISH

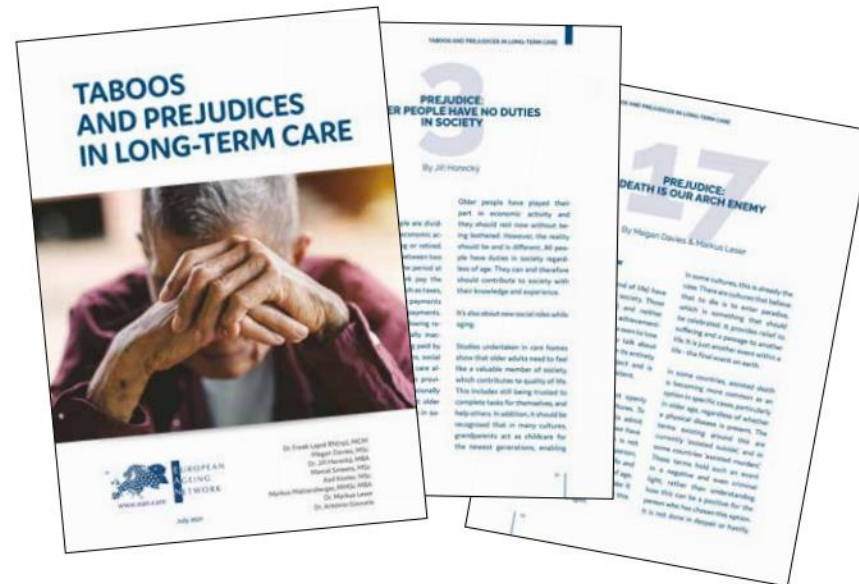
# EAN reports

## DOGMAS AND TABOOS IN LONG-TERM CARE

The aim of the working group is to describe main dogmas and taboos in long term care. The working group consists of LTC experts across Europe, the outcome is planned to be published in 2020.

*Prejudices and taboos are everywhere in society. In an ageing population, more and more stereotyping of older people is taking place. A general term for this is ageism, used by Robert Neil Butler in 1969, to describe discrimination against the older population based on old age and the ageing process. The EAN has a sense that ageism is stuck being used in more general,*

*not particularly concrete terms. Therefore, the EAN has formed a working group of experts to give the EAN membership more insight about what prejudices and taboos exist about old people in the context of residential care facilities. The goal of this report is to give the EAN members tools to deal with prejudices and taboos.*

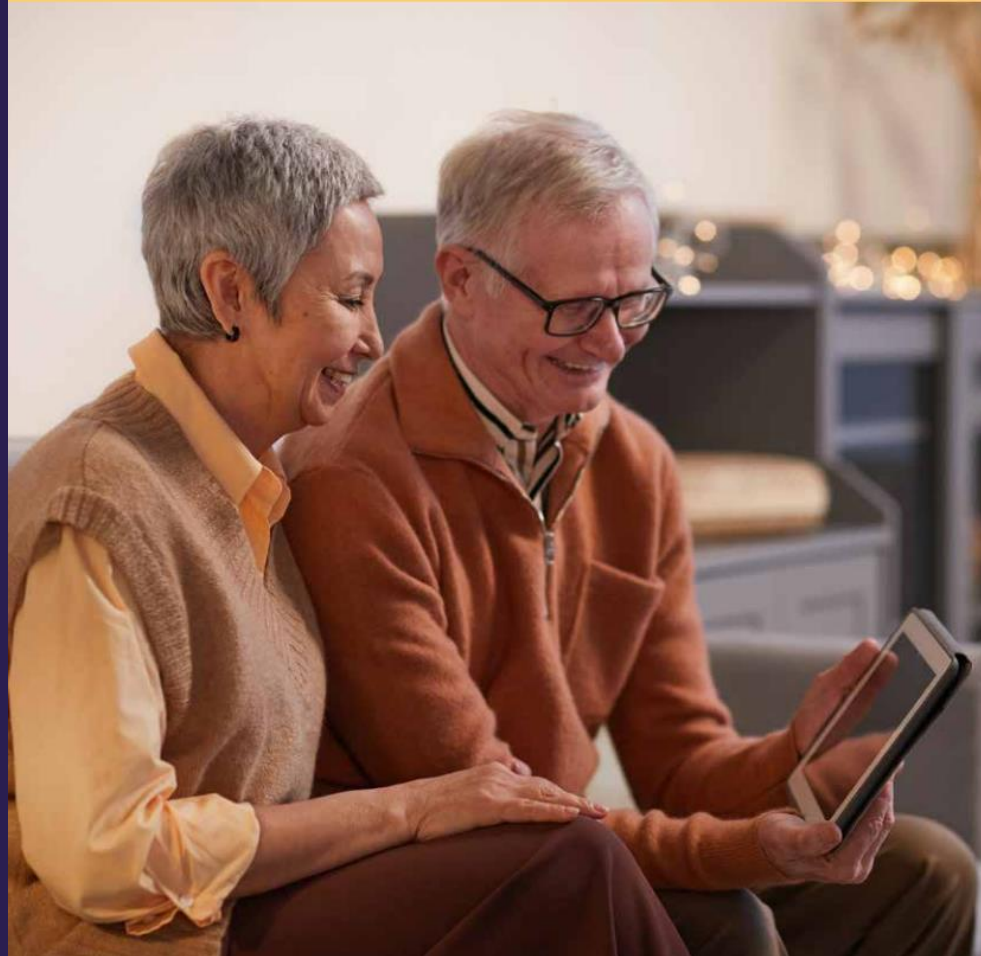




## New EAN working group starts in 2022

### DIGITALISATION & ICT IN THE ELDERLY CARE SECTOR

The working group will focus on challenges, opportunities and best practices in the domain of digitalisation and ICT, as well as the cost-effectiveness and appropriate investment strategies.



The European Ageing Network (EAN) is the European trade association of elderly care and service providers. Following its vision on elderly care in 2030, EAN strives for better quality of life of older persons, while maintaining the high quality of care.

In line with that vision, EAN recognizes the importance of digitalization and ICT in high quality care provision and its positive effects on quality of life. To better understand challenges and to take more advantage of ICT and digitalization, EAN has set-up a working group Digital care.

## EU projects

# EAN running EU projects



- ICT4Elders (digital skills)
- AVEC (Against Violence in Elderly Care)
- UNIC (Personal budgets)
- OLDER-EU (Best practice sharing)
- PROCARE (Burnout syndrome prevention)
- FOREIGN WORKERS IN SOCIAL SECTOR
- HELPDESK (Social services Helpdesk on EU funds)



# Congresses & Conferences



- 2022:** 3rd EAN Congress  
Austria  
*Care 4.0 – Change in Competences*
- 2021:** 2nd EAN Congress  
Alicante, Spain  
*Workforce in Long term care in Europe*
- 2019:** ANSDIPP Congress (EAN as a supporting partner)  
Matera, Italy  
*Evolution of Personal Care Models and Health and Social Care Integration in the Third Millenium*
- 2018:** 1st joint EAHSA - E.D.E. Congress  
Prague, Czech Republic  
*Is there a future of long-term care in Europe?*
- 2017:** 15th E.D.E. Congress, Torun, Poland  
*Care home director today and tomorrow. Pressure, concessions, compromises and solutions*
- 2016:** 6th EAHSA Conference, Lyon, France  
*THINK EUROPEAN – ACT LOCALLY: New business models and success stories in the provision of care, housing and services for the elderly.*
- 2015:** 14th E.D.E. Congress, Montreux, Switzerland  
*From managing to networking.  
Building partner networks in long-term care.*
- 2014:** 5th EAHSA Conference, Netherlands  
*Innovation in ageing services: pathways to the future*
- 2013:** 13th E.D.E. Congress, Tallinn, Estonia  
*Let's network our care! Technology in care - opportunities and limits.*
- 2012:** 4th EAHSA Conference, Malta  
*Active ageing - the challenge for providers.*
- 2011:** 12th E.D.E. Congress, Prague, Czech Republic  
*The big taboos in long-term care*
- 2010:** 3rd EAHSA Conference, Stockholm, Sweden
- 2009:** 11th E.D.E. Congress, Luxembourg, Luxembourg  
*Time out!*
- 2008:** 2nd EAHSA Conference, Vienna, Austria  
*Creating and Sustaining Quality European Aged Care.*
- 2007:** 10th E.D.E. Congress, Berlin, Germany  
*Overcoming borders, shaping the future.*
- 2006:** 1st EAHSA Conference, Brussels, Belgium  
*Informal discussions*



# EAN networks



EAN

membership



## EAN voice at European level



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# European affairs

(in co-operation with Marcel Smeets – EU affairs consultant in Brussels)

- **Goal**  
to monitor and influence EU institutions, to prepare and to represent EAN members
- **Focus**  
on issues related to public/ private elderly care, funding, quality of care, social affairs, sustainability, research
- **Means**  
by drafting statements, organising meetings with MEPs, EC officials and stakeholders, networking in EU platforms (a.o. SSE, FESE, AGE-Platform), EAN Newsletter
- **Recent activities & achievements**  
EU Care Strategy, Corona/ Recovery & Resilience Funds, Helpdesk for Social Services



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Helps. Cares. Protects.



with people in mind

### MEMBER OF:



### MEMORANDUM OF UNDERSTANDING:



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## CHANGE in Long-term care

Dr. Jiří Horecký, MSc., MBA.  
European Ageing Network  
Global Ageing Network



## The line of this congress is:

- finding new ways, solutions, approaches,
- LTC settings including digitalization, using AI, robotics,
- finding solutions about staff recruitment and retainment, upskilling, reskilling,
- finding new funding models that would be sustainable and would secure long-term care that's assessable and affordable for the years to come.



# These challenges require changes

## AND TO CHANGE is not easy



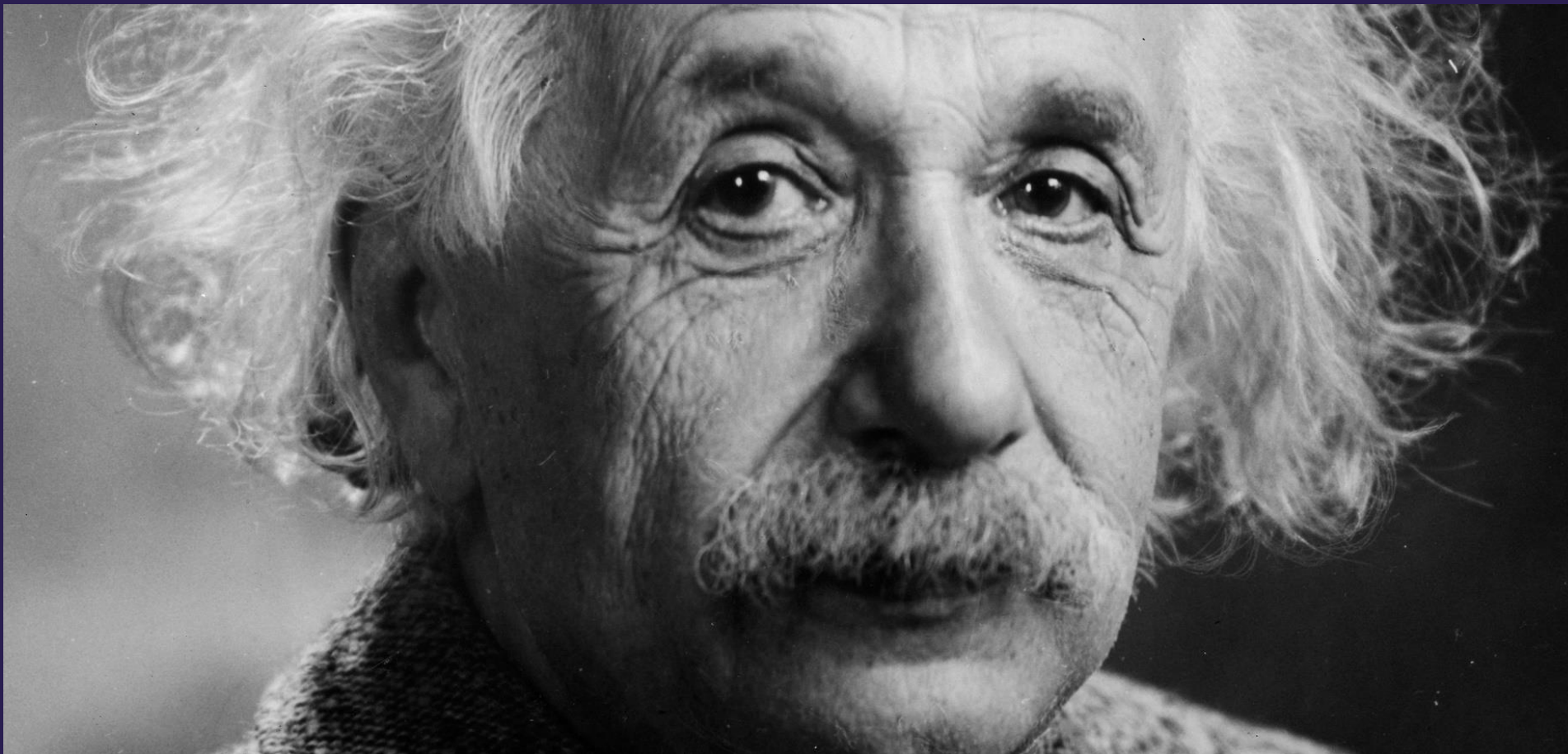


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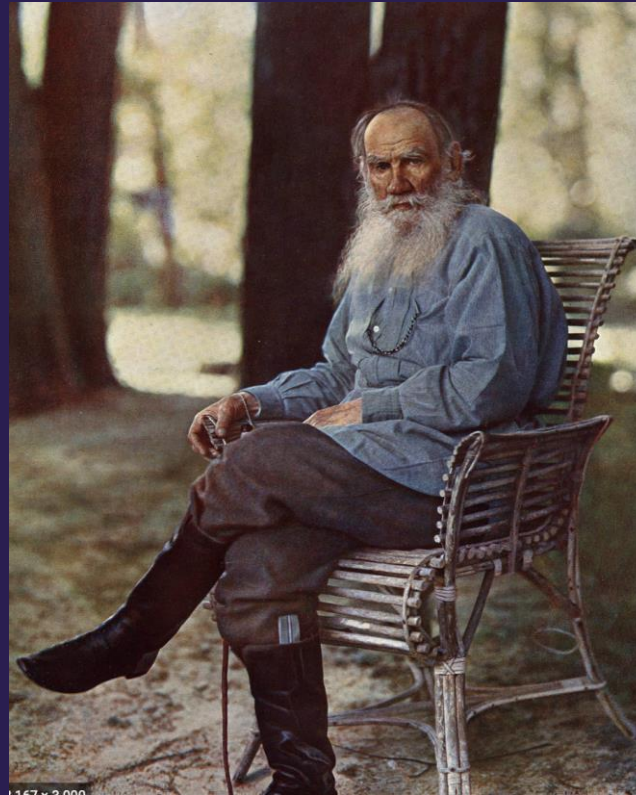


*The measure of intelligence is the ability to change.*





*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)
- 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





# WHY do we need CHANGES in the LTC sector

- **Lack of resources**
- **Financial resources**
  - Funding models
  - Shift of competences (de/centralization)
  - Public x private
  - Social protection
  - Responsibility of individuals and their family members
- **Human resources**
  - Bigger challenge than money
  - Lack, future needs
  - Work migration
  - Staff ageing
  - Retaining the staff
  - Domestic, live.in carers, undeclared work





# WHY do we need CHANGES in the LTC sector

## ○ Digitalization

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

## ○ New concepts

- New ways of living
- Innovations projects (UBER, Time bank, buurtzorg)
- DEI, small households
- Smaller capacities
  - More workers per client







# 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/SOCIAL PROTECTION





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**And indeed this topic, arguments, discussion, speeches about new ways, approaches but also about current challenges and problems will be opened and discussed at this great event.**



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



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*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.*



**Here and now in VIENNA.**

Thank for your attention.

Jiří Horecký

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