Consultation on the Green Paper on Ageing

Fields marked with * are mandatory.

Introduction

GREEN PAPER ON AGEING – Fostering solidarity and responsibility between generations

This Commission has put demography high on the EU policy agenda. In June 2020, it presented the report on the impact of demographic change setting out the key facts of demographic change and its likely impacts. The **green paper on ageing** is the first outcome to this report and launches a debate on one of the defining demographic transformations in Europe - namely ageing.

Never before have so many Europeans enjoyed such long lives. This is a major achievement that is underpinned by the EU's social market economy. One of the most prominent features of ageing is that the share and the number of older people in the EU will increase. Today, 20% of the population is above 65. By 2070, it will be 30%. The share of people above 80 is expected to more than double, reaching 13% by 2070.

This demographic trend is having a significant impact on people's everyday lives and on our societies. It has implications for economic growth, fiscal sustainability, health and long-term care, social cohesion and intergenerational fairness, and it concerns every age. In addition, the pandemic's disproportionate impact on older people – in terms of hospitalisations and deaths - has highlighted some of the challenges an ageing population poses to health and social care systems. However, ageing also provides new opportunities for creating new jobs, boosting prosperity, for instance in the 'silver' and care economies, and fostering intergenerational cohesion.

This consultation enables all European citizens, Member States and relevant stakeholders to provide their views on the green paper on ageing and contribute to the debate.

About you

*Language of my contribution

- ○ Bulgarian
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- ○ Dutch
- ◉ English

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*I am giving my contribution as
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- ○ Environmental organisation
- ○ Non-EU citizen
- ● Non-governmental organisation (NGO)
- ○ Public authority
- ○ Trade union
- ○ Other

*First name

Paul

* Surname

> DE RAEVE

* Email (this won't be published)

> efn@efn.be

* Organisation name

255 character(s) maximum

> European Federation of Nurses Associations (EFN)

* Organisation size

- ◉ Micro (1 to 9 employees)
- ○ Small (10 to 49 employees)
- ○ Medium (50 to 249 employees)
- ○ Large (250 or more)

Transparency register number

255 character(s) maximum

Check if your organisation is on the [transparency register](). It's a voluntary database for organisations seeking to influence EU decision-making.

> 87872442953-08

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Please add your country of origin, or that of your organisation.

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The Commission will publish all contributions to this public consultation. You can choose whether you would prefer to have your details published or to remain anonymous when your contribution is published. **For the purpose of transparency, the type of respondent (for example, 'business association, 'consumer association', 'EU citizen') country of origin, organisation name and size, and its transparency register number, are always published. Your e-mail address will never be published.** Opt in to select the privacy option that best suits you. Privacy options default based on the type of respondent selected

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The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

○ **Anonymous**

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The following questionnaire includes all the questions contained in the **green paper on ageing**.

You may provide your opinion in the text boxes under each question. Please feel free to either answer all the questions, or choose to answer the questions that are of most interest or concern you directly.

You can also upload your written contribution, if you so wish, by using the button available at the end of the questionnaire.

Laying the foundations (chapter 2 of the green paper)

1. How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?

2500 character(s) maximum

Active and healthy ageing involves creating opportunities for the population to improve their physical, social and mental health so they can actively participate in society and enjoy an independent and good quality life. However, this is a daunting task for Europe, which in recent years has seen how major demographic changes affecting all layers of the population have impacted society and economy. Within the field of healthcare, the implementation of policies promoting active and healthy ageing, but also children and young people, will be crucial to create environments and opportunities for people to have good quality lives. This is also a key topic for the nursing community. Nurses, being the largest occupational group in healthcare, provide most of the direct care and have a key role in promoting active and healthy ageing, and act as a health coach and help prevent non-communicable diseases by supporting healthy lifestyles. This central role for nurses in healthy lifestyles guidance was acknowledged and explored by the ENS4Care project (http://www.efnweb.be/?page_id=7060), that published a series of evidence-based guidelines for nurses deploying e-Health services. The first of these guidelines (http://www.efnweb.be/wp-content/uploads/Final-ENS4Care-Guideline-1-Prevention-pv.pdf), on prevention, provides examples of how individual nurses and social workers can use internet-based technology to promote healthy lifestyles. Also, digitalisation is part of the equation. The effective delivery of digital innovation in health and social care can greatly contribute to the provision of efficient and high-quality health services, supporting healthy ageing and children and young people lifestyle for a longer life expectancy. In the future, services will be increasingly provided at places other than social welfare and health care units. Electronic, mobile, outreach and home-based services will be developed in a variety of ways. The population wishes for individual, tailored health services. Furthermore, the significance of self-care will increase, and citizens will need support from professionals in its implementation. In the coming years, ageing and increasing chronic diseases will raise the demand for healthcare services, while the sustainability gap will make their funding more difficult.

2. What are the most significant obstacles to life-long learning across the life-cycle? At what stage in life could addressing those obstacles make most difference? How should this be tackled specifically in rural and remote areas?

2500 character(s) maximum

The need of investing in education and skills is essential to sustain innovation and productivity growth, especially in the current context of rapid technological change and an ageing population across Europe. Within this context, and from a nursing perspective, investing in high-quality education and training of nurses is of paramount importance to ensure that their skills respond to the rise of chronic conditions, requiring long-term treatments, and are up-to-date with the increasing use of digital health solutions. The EFN recognises the right and duty of life-long learning (LLL) across the life-cycle for nurses in the light of delivering high quality care and patient safety, helping to ensure that nursing practice is up-to-date, contributes to improving patient outcomes and increases the public confidence in the nursing profession. Further attention and commitment should be devoted to advance and promote LLL. The EFN encourages the EU Institutions to undertake legislative and not legislative initiatives to implement the Principle 1 of the European Pillar of Social Rights – Education – and namely to: Guarantee that high-quality training and access to LLL constitute a high priority in the European Commission policy agenda; Ensure that Directive 2013/55/EU is adequately transposed to national education programmes & that policy-makers guarantee access to LLL, which ensures evidence-based practice and, therefore, better quality care and outcomes; Adopt measures to guarantee access to LLL: available time, human resources and cost. Cooperation and agreements among competent authorities, employers and professionals' organisations should address these issues; Implement LLL in accordance with up-to-date research and scientific evidence in the nursing field; Include eSkills in the education and the training of nurses at both undergraduate and postgraduate level, as well as ensuring their LLL. The necessity for nurses, and all healthcare professions, patients and carers, to be equipped with the right eSkills to accompany the new technology facilitating health and social care services delivery, including e-services, is key to fully integrate IT solutions into existing health and social care pathways; Through the European Semester Country Reports and Country Specific Recommendations, promote among all stakeholders, including competent authorities and employers, the importance of LLL and the need to enable nurses to undertake LLL suitable to their needs & interests.

Making the most of our working lives (chapter 3 of the green paper)

3. What innovative policy measures to improve participation in the labour market, in particular by older workers, should be considered more closely?

2500 character(s) maximum

N/A

4. Is there a need for more policies and action at EU level that support senior entrepreneurship? What type of support is needed at EU level and how can we build on the successful social innovation examples of mentorship between young and older entrepreneurs?

2500 character(s) maximum

N/A

5. How can EU policies help less developed regions and rural areas to manage ageing and depopulation? How can EU territories affected by the twin depopulation and ageing challenges make better use of the silver economy?

2500 character(s) maximum

N/A

New opportunities and challenges in retirement (chapter 4 of the green paper)

6. How could volunteering by older people and intergenerational learning be better supported, including across borders, to foster knowledge sharing and civic engagement? What role could a digital platform or other initiatives at EU level play and to whom should such initiatives be addressed? How could volunteering by young people together with and towards older people be combined into cross-generational initiatives?

2500 character(s) maximum

N/A

7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

2500 character(s) maximum

From a nursing perspective, it is key to improve Primary Care, selfcare, health Literacy, advanced roles (especially the APN who is the care coordinator and the coach) - see ENS4care EU Guideline on Prevention - (http://www.efnweb.be/wp-content/uploads/Final-ENS4Care-Guideline-1-Prevention-pv.pdf) which raises that "securing the active engagement of citizens, families, carers and communities in making healthier choices and adopting health promoting behaviours is fundamental as is the support necessary to enable healthier options. To help engage citizens it is important to personalise the messages so that citizens have a better idea of their own health status, the health risks they face, and the opportunities that they can seize to reduce their risk of NCDs and improve their health. (…) The use of eHealth tools and technologies can empower citizens, carers and families to lead healthier lives and monitor and manage their health and social care challenges or conditions. Nurses and social workers may need to assess the health literacy levels of citizens, carers, families and communities to ensure that they are enabled to harness and gain maximum benefit from changing eHealth technologies. Moreover, solutions need to be flexible to ensure that citizens with different health literacy levels are able to make good use of them and take appropriate decisions".

8. How can the EU support vulnerable older persons who are not in a position to protect their own financial and personal interests, in particular in cross-border situations?

N/A

9. How can the EU support Member States' efforts to ensure more fairness in the social protection systems across generations, gender, age and income groups, ensuring that they remain fiscally sound?

2500 character(s) maximum

N/A

10. How can the risks of poverty in old age be reduced and addressed?

2500 character(s) maximum

N/A

11. How can we ensure adequate pensions for those (mainly women) who spend large periods of their working life in unremunerated work (often care provision)?

2500 character(s) maximum

When we talk about ageing, or long-term care, we think on informal care/carers, most of the time performed by family and friends, doubling the formal care workforce. The support to informal carers within the EU strongly differs in the type of contribution offered, with Southern and Eastern countries registering intense caring responsibilities impacting the professional career. This condition is certainly mostly affecting women, who often are nurses. Besides the challenges related to wages and working conditions, nurses face the gap in formal care supply leading them being informal carers to their family members when needed. This often forces those women, nurses, to leave their profession to perform in the informal setting, without any coverage from social protection or pension scheme. The European countries with pension systems are under great pressure. The nursing profession is the largest occupational group in the health sector and consists of a majority of female workers with variations in career paths poses due to family/social commitments which challenges the building pensions funds. The increase in mobility also affects the build-up of pensions and employees are confronted with incompatible and complex pension systems at European level. Guaranteeing the viability of public pension schemes, based on solidarity between and within generations, requires coordination at European and national levels of macro-economic, employment, social protection and fiscal policies. European governments should do more to achieve the Lisbon objective of 70% employment for men and 60% for women. Economic growth and increased productivity will contribute to stable pension systems. Furthermore, reforms in pension schemes should focus on taking account of changing working and family patterns and growing demands for flexible working time and care-leave arrangements and more opportunities for life-long learning. Reforms should be used to close the gender pension gap and be evaluated as to their gender impact. National Nursing Associations play a pivotal role in initiating changes and developing pension schemes for nurses and sharing best practice with each other. Involving nurses in these developments is essential. Professional Nursing associations and pension funds can build strong alliances in collective agreements.

12. What role could supplementary pensions play in ensuring adequate retirement incomes? How could they be extended throughout the EU and what would be the EU's role in this process?

2500 character(s) maximum

N/A

Meeting the growing needs of an ageing population (chapter 5 of the green paper)

13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

2500 character(s) maximum

The average life expectancy in the EU is one of the highest in the world and is continuing to rise. The ageing population, the rising burden of people living with chronic diseases, the workforce shortages, and others, are all decreasing the quality of care that Europeans is receiving. Therefore, the European health systems must adjust to these changes. A focus on prevention is imperative. Still 97% of health budgets are presently spent on treatment, whereas only 3% are invested in prevention. Governments, inter-governmental organisations, non-governmental organisations, civil society, corporations and others must play a major role in supporting the prevention agenda and reducing health inequalities. However, securing the active engagement of citizens, families, carers and communities in making healthier choices and adopting health promoting behaviours is fundamental as is the support necessary to enable healthier options. On the other hand, it is essential for the citizens/patient to get access to the healthcare provider, e.g. a doctor, a nurse, fluently. Especially nurses are a key group of providers when the social welfare and healthcare sector seeks new ways of delivering high quality and safe services to meet citizen's needs. Increasing attendance towards nurses will improve access to patient care, speed up the start of treatment, boost continuity of care, and enable more flexible and streamlined interventions in the facilities. Well-functioning basic healthcare also reduces the cost of specialised medical care. Moving care back to the community is a challenge, but politically and professionally a priority, with digitalisation supporting this process of change.

14. How could the EU support Member States in addressing common long-term care challenges? What objectives and measures should be pursued through an EU policy framework addressing challenges such as accessibility, quality, affordability or working conditions? What are the considerations to be made for areas with low population density?

2500 character(s) maximum

The provision of long-term care (LTC) services of good quality is a key priority for the nursing profession, advocating for paradigm shift in long-term care (LTC) policies to improve the quality of services and quality of life for long-term care patients. For the nurses, and EFN, long-term care is a priority within the framework of the European Pillar of Social Rights (Priority 18), promoting the right to affordable long-term care services of good quality, in particular home-care and community-based services. People need continuity and personal care that can no longer be provided by hospitals, and the development of an efficient primary and community care system is therefore central to the policy design within the European Pillar of Social Rights. Also, the effective delivery of digital innovation in health and social care can greatly contribute to the provision of efficient and high-quality LTC services. Having a complete overview of all the data concerning a certain patient is a key element for the quality provision of LTC, however, there are very few instruments in the area of patient movement and health data on an EU level. Therefore, it is key to invest in people-centred innovation technology, focusing on patient safety and empowerment. In this, the frontline perspective is of paramount importance to guarantee that policies and solutions adopted are fit-for-purpose. Furthermore, standardising needs assessment or care processes, and monitoring care processes and outcomes are effective tools to determine the needs of individuals, encourage the improvement of care quality and minimise variations in care for certain conditions. Such standards can indicate the right way to do things if based on best practices reflecting medical and nursing knowledge. Finally, strengthening community care & long-term care (mainly privatized in EU - for profit) is needed by developing a competent, well-motivated and highly educated nursing workforce to deliver the increasingly diverse services needed to address an ageing

population and long-term care within and across Member States. Therefore, we need national/EU legislation based on patient dependency and level of care to ensure appropriate nurse/patient ratios in health services for people in need of long-term care. Investing in advanced roles for nurses, with special regard to the APN and nurse prescribers, will positively increasing access to healthcare services for EU citizens.

15. How can older people reap the benefits of the digitalisation of mobility and health services? How can the accessibility, availability, affordability and safety of public transport options for older persons, notably in rural and remote areas, be improved?

2500 character(s) maximum

From a healthcare perspective, the digitalisation of health services is key, knowing that digitalisation is a crucial aspect of modern societies and health and social care ecosystems, with technology having an important role to contribute to enhancing patient safety and patient empowerment. It also facilitates frontline healthcare professionals' work, with electronic tools supporting them in their daily work and allowing an easy and fast collection of relevant data, to hopefully free up time for direct patient care. At EU level policy and political discussion is needed on the co-creation of a digital healthcare sector, with a diverse group of key stakeholders from different industry sectors, including MEPs, patient representatives, and policymakers. The Horizon Europe Research agenda and the digitalisation of healthcare ecosystem are two important dialogue themes, between the IT designers, the end-users, and the legislators, the European Commission, the European Parliament and the Council of the European Union. As Europe's population ages, the way we support older people has to change. It is socially and economically unsustainable to have the same proportion of older people being looked after in institutional care as today. Healthcare and social care are important elements in supporting older people to live safely and well at home. It is key to support them to live independent lives within the community by providing the right digital tools necessary to integrated care pathways between social and health services, as common access to home platforms, monitoring physical parameters, environmental and behavioural monitoring, as daily schedulers, medication management, falls prevention, exercises for cognitive faculties and coaching. The potential of ICT-enabled forms of support such as telecare and telehealth could be exploited in a radically more effective way if they were more systematically embedded within a 'whole system' approach to health and social care.

16. Are we sufficiently aware of the causes of and impacts of loneliness in our policy making? Which steps could be taken to help prevent loneliness and social isolation among older people? Which support can the EU give?

2500 character(s) maximum

To help prevent loneliness and social isolation among older people it is key to invest in primary care, community care. It is crucial the policeman, the postman and the nurse play a central and supported role in combatting loneliness.

17. Which role can multigenerational living and housing play in urban and rural planning in addressing the challenges of an ageing population? How could it be better harnessed?

2500 character(s) maximum

N/A

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