

EUROPEAN AGEING NETWORK

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Social Services & Job Creation

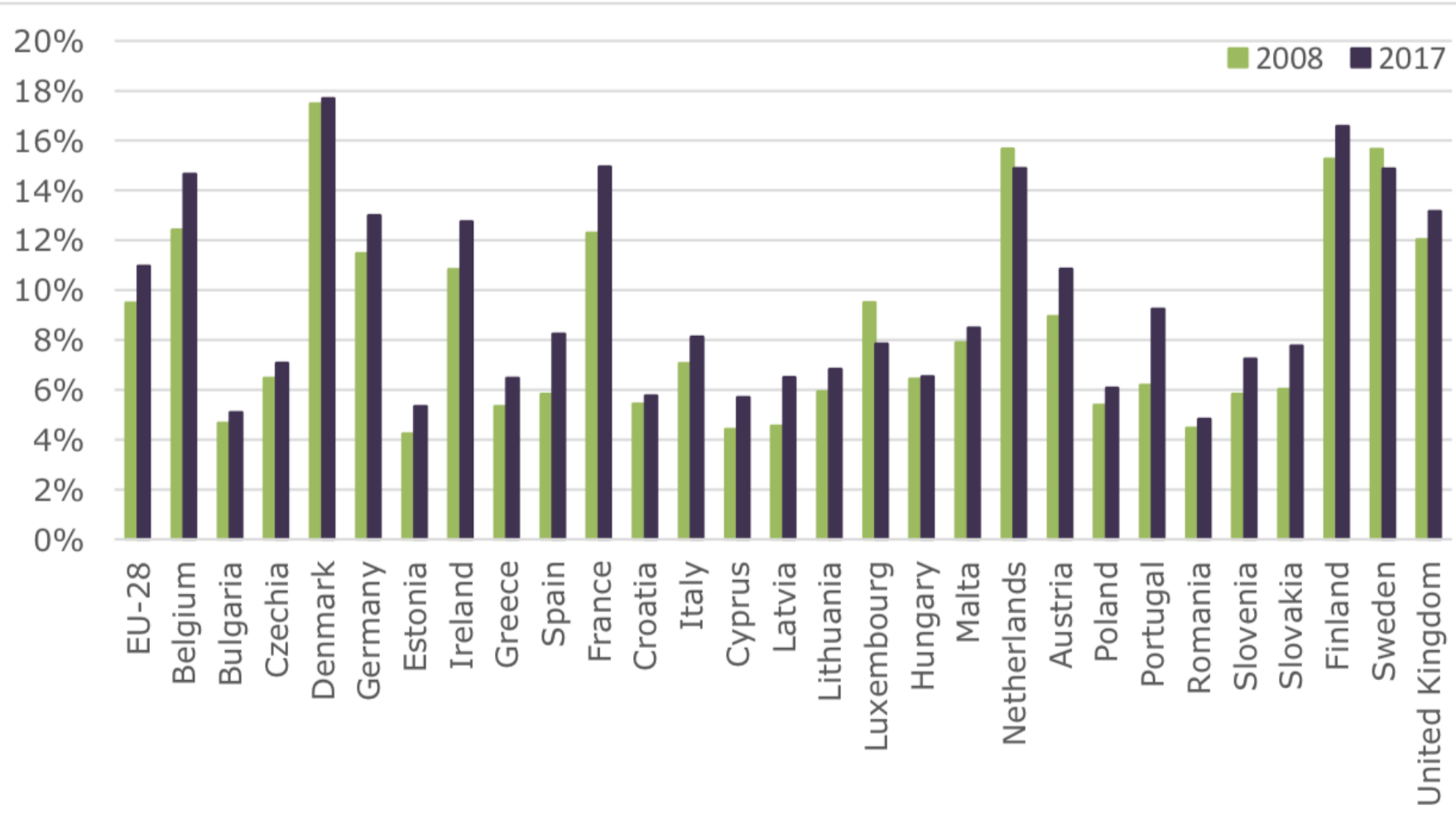
- Social services employers are also **Europe's biggest job creators** with
 - 11 million staff, 2 million new jobs created since 2008 and many more to come in response to the increase in demand
 - 5 % of EU workforce
 - Social services contributing to getting people excluded from the labour market back into jobs
 - Social services enabling better work-life balance options, thus increasing the employment rates of informal carers, often women
 - **The demand is continuously growing throughout EU**





Who is working in long term care

Figure 2 Employment growth in human health and social work activities, 2008 - 2017





LTC is predominantly a low-paid sector

- Current wages in the LTC workforce are low, especially for personal care workers, who often have lower salaries than nurses (Figure 4.6). In several countries, personal care workers are paid the minimum wage. In Portugal, for instance, the average annual salary of a personal care worker is around EUR 600 monthly, roughly the minimum wage (based on 12 monthly payments), while nurses are paid EUR 900. In Ireland, personal care workers (health care assistants) receive an average of EUR 10.40 per hour in the private LTC sector, which represents a wage 6% above the minimum wage but 23% lower than in the public LTC sector.
- Earnings in the LTC workforce are significantly lower than in the hospital sector when comparing workers in the same broad occupations .Across 11 EU countries, LTC workers received EUR 9 per hour (median wage), compared to EUR 14 for hospital workers. This wage difference contributes to explaining why hospital jobs are more attractive than LTC jobs. The wage difference can be large in some OECD countries (such as Israel, Canada and the United Kingdom).

Figure 2.4. The median age of LTC workers is 45 years old across OECD countries

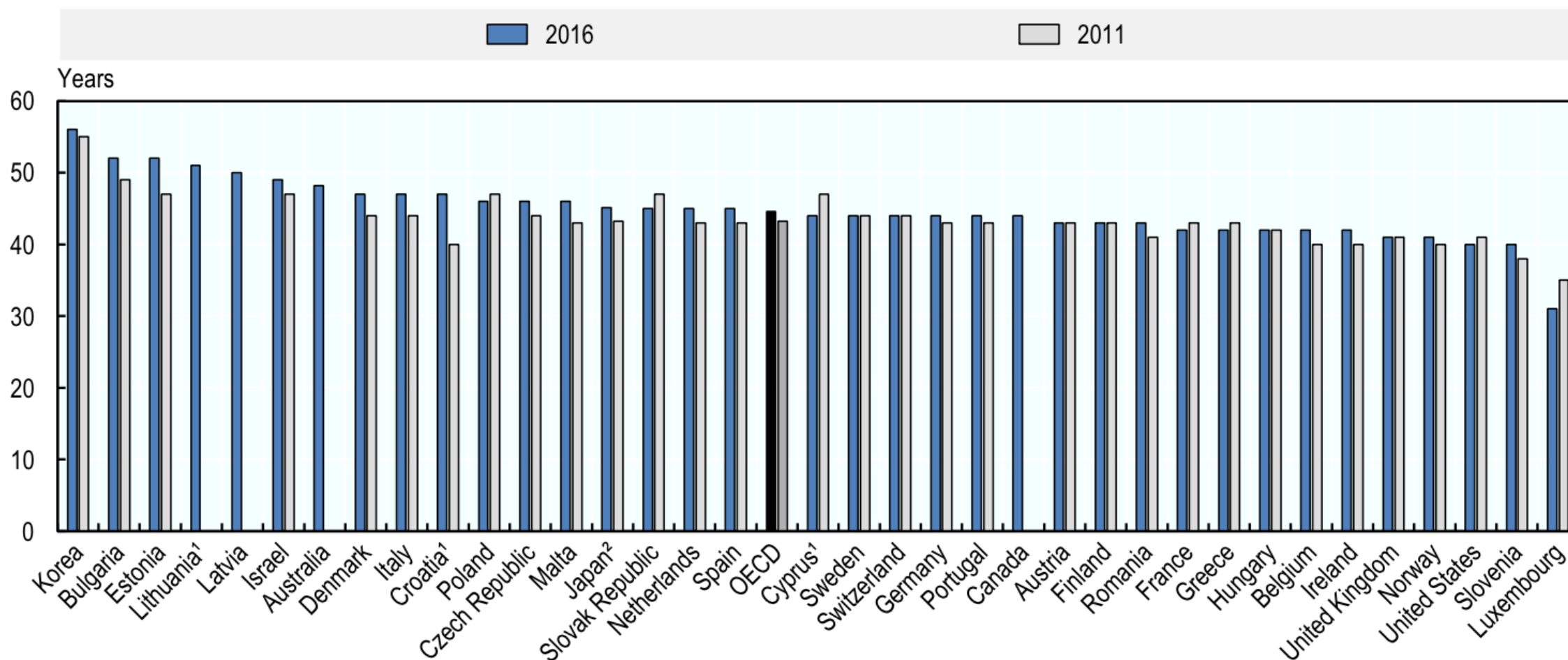
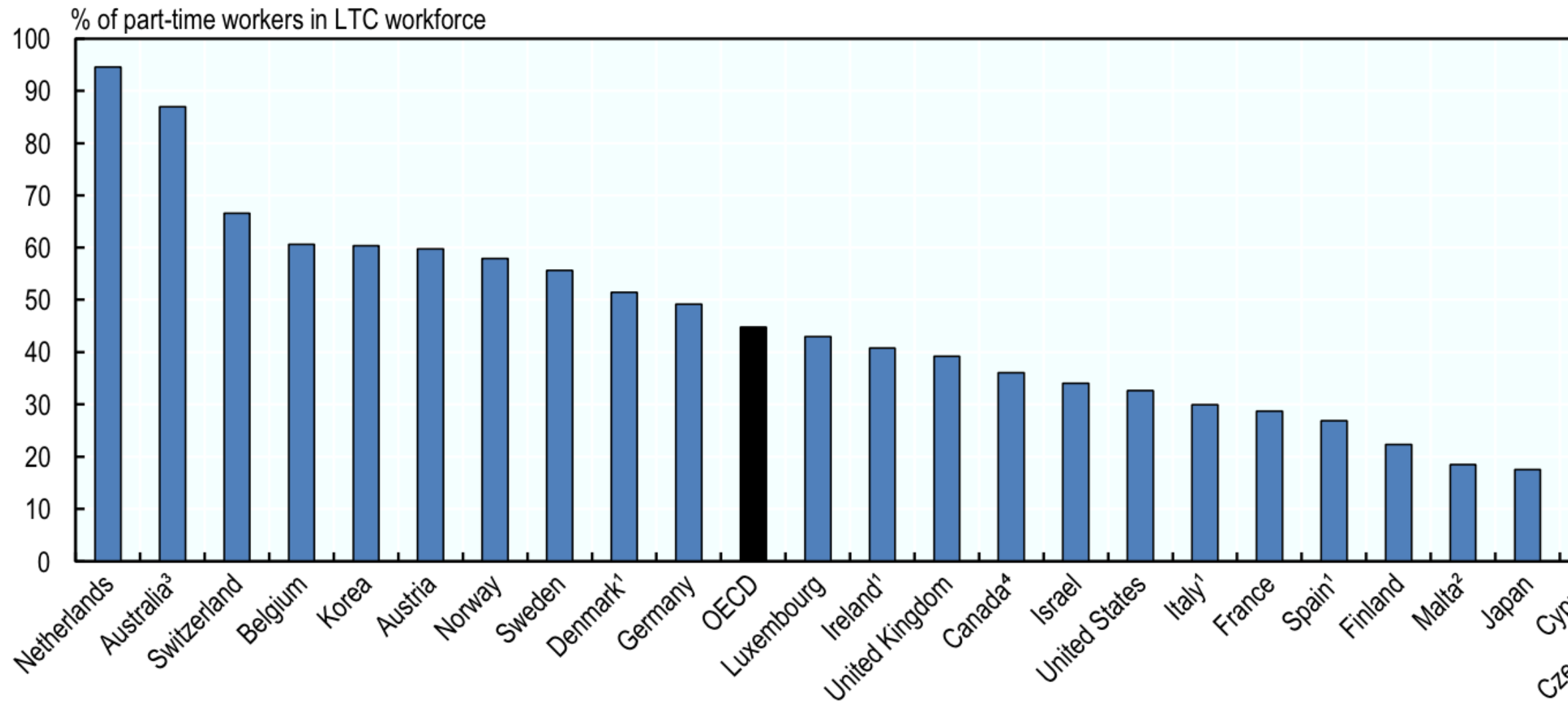


Figure 4.8. About 45% of LTC workers hold part-time positions across OECD countries

Share of the workforce reporting working part time, 2016





Is the current model sustainable?

Low status

Low pay

Low retention

Low productivity

High turnover

High migration

High physical and mental stress



SOLUTIONS

- **Remuneration**
 - COVID bonuses
- **Attractivity of the profession/of the sector**
- **Work load**
- **Campaigns (staying in the field, come and join us, become a nurse, using informal caregivers)**
- **Recruitment abroad**
 - Ethical issues
 - Recognition of qualification
- **Recognition of foreign qualifications/informal carers**
- **Aiming at groups demanding part time jobs**
- **Stay in the sector – intern jobs**
- **Digitalisation and technologies**

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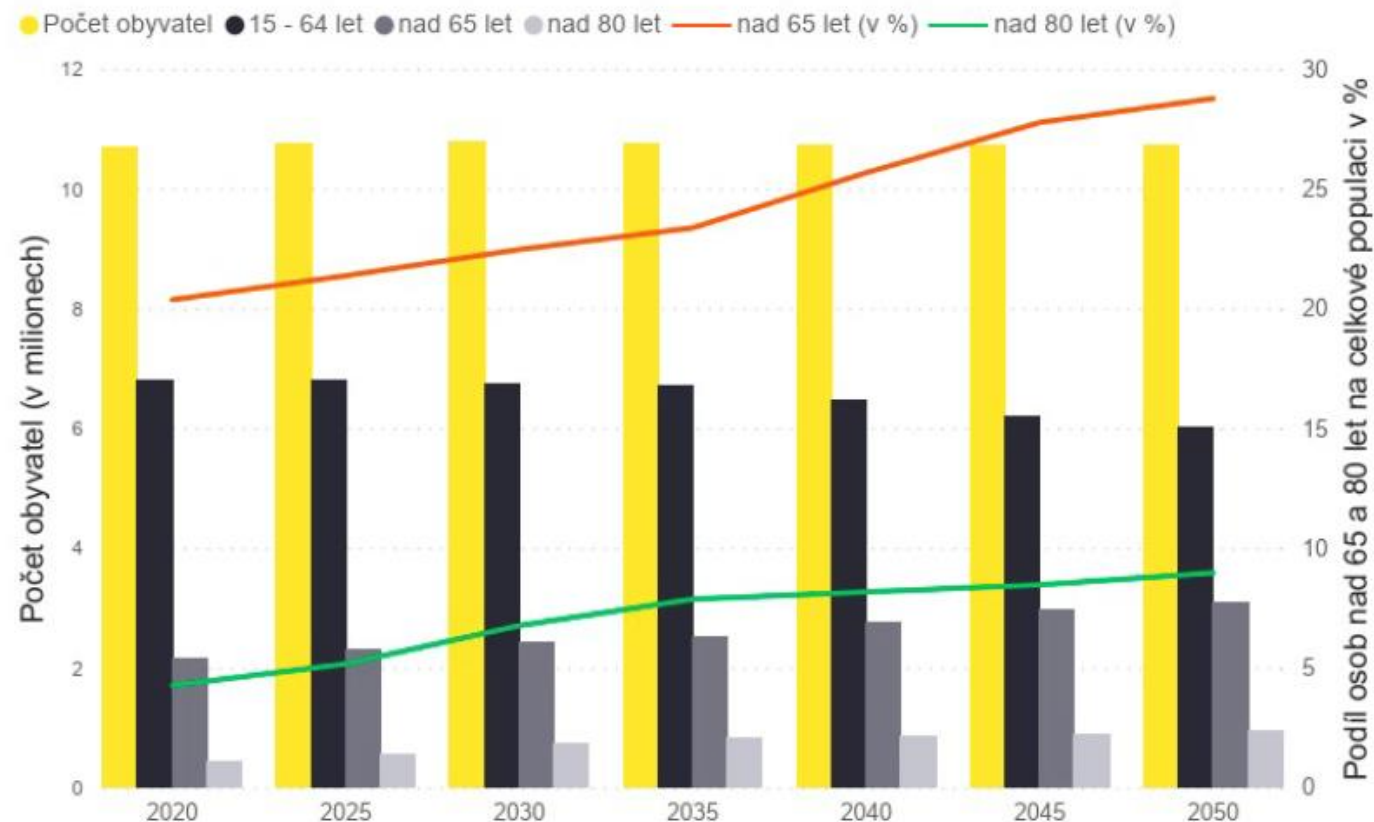
CZECH REP.



Při stávajícím tempu růstu počtu obyvatel se počet seniorů v roce 2050 zvýší ze současných 2,1 milionu (20 % z celkové populace) na 3,1 milionu (29 %).

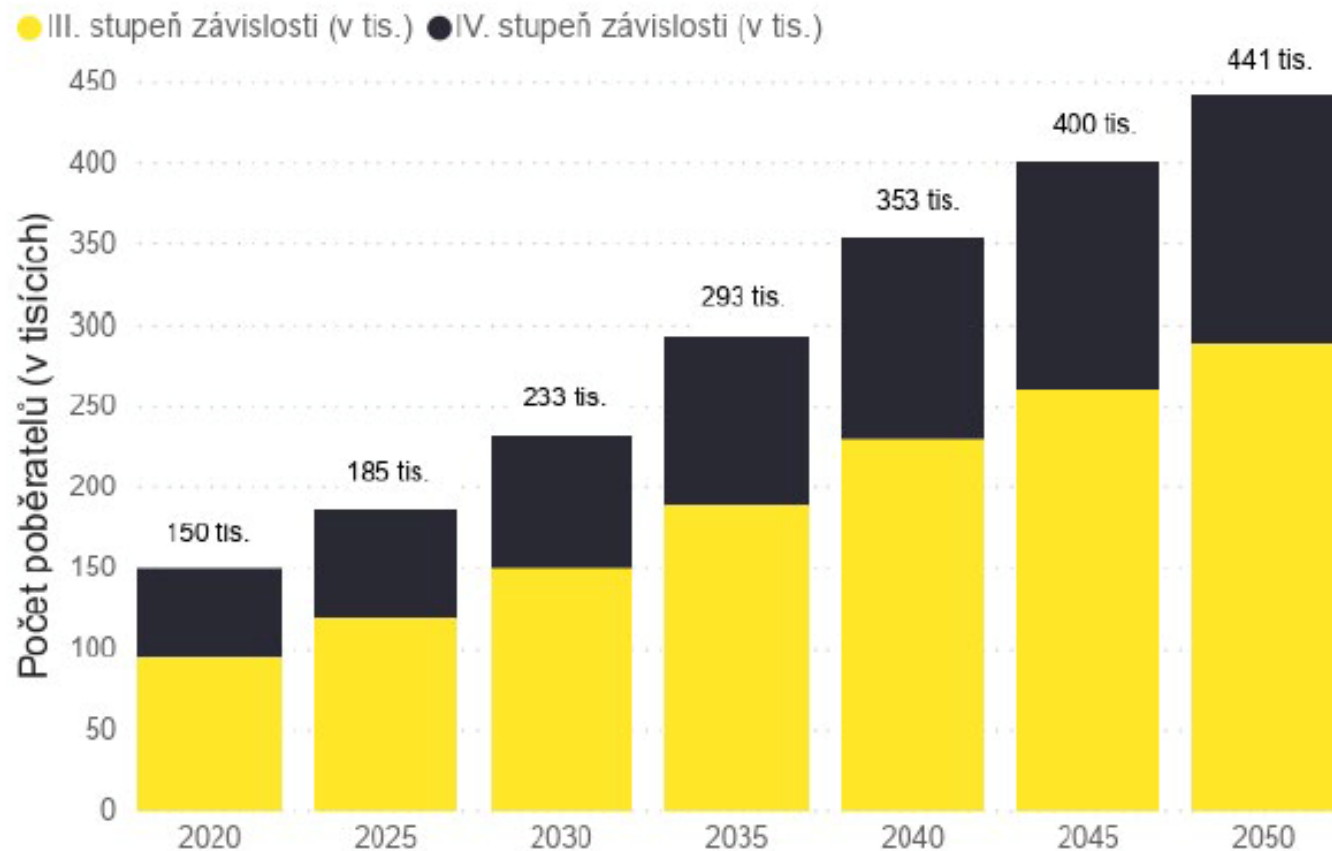
Ve věkové skupině nad 80 let dojde k nárůstu ze současných 441 tisíc (4 % z celkové populace) na 963 tisíc (9 %) v roce 2050.

Do roku 2050
vzroste populace
nad 65 let
o 1 mil. osob,
populace nad
80 let o 522 tis.



Graf 1: Vývoj obyvatelstva se zaměřením na cílové skupiny v letech 2020–2050

V souvislosti s růstem počtu seniorů lze očekávat, že se v příštích 30 letech zvýší počet osob závislých na péči (příjemců příspěvku na péči) až o 306 tisíc oproti 135 tisícům v roce 2018 (zdroj: Horecký & Průša, 2019).

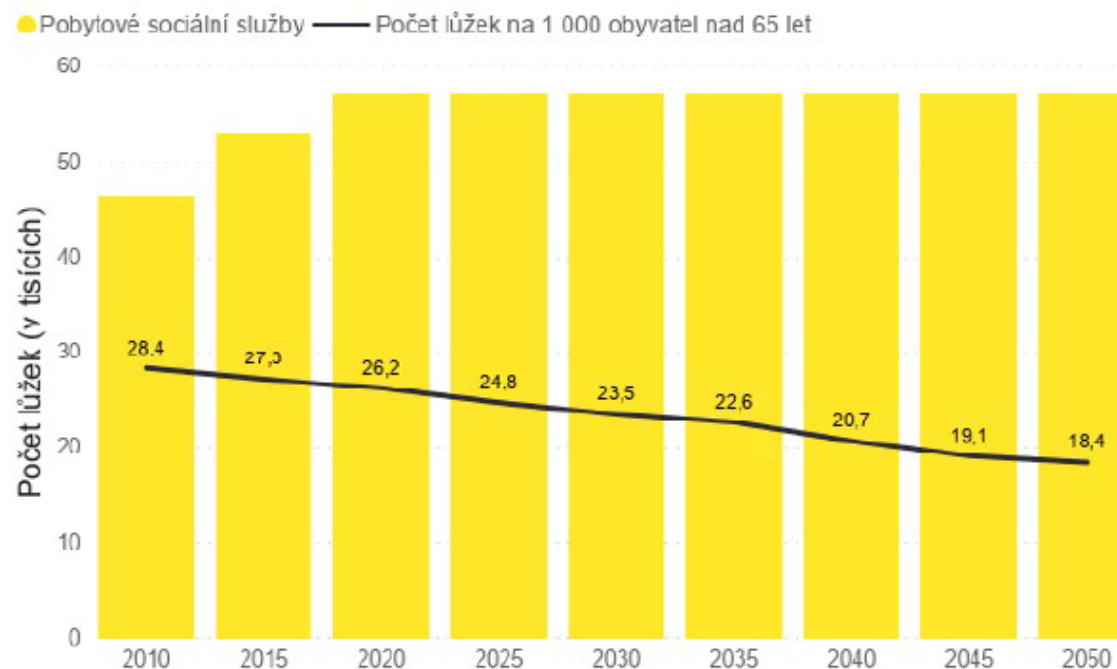


**Počet příjemců
příspěvku na péči
se do roku 2050
zvýší až 3,2krát
oproti
současnosti.**

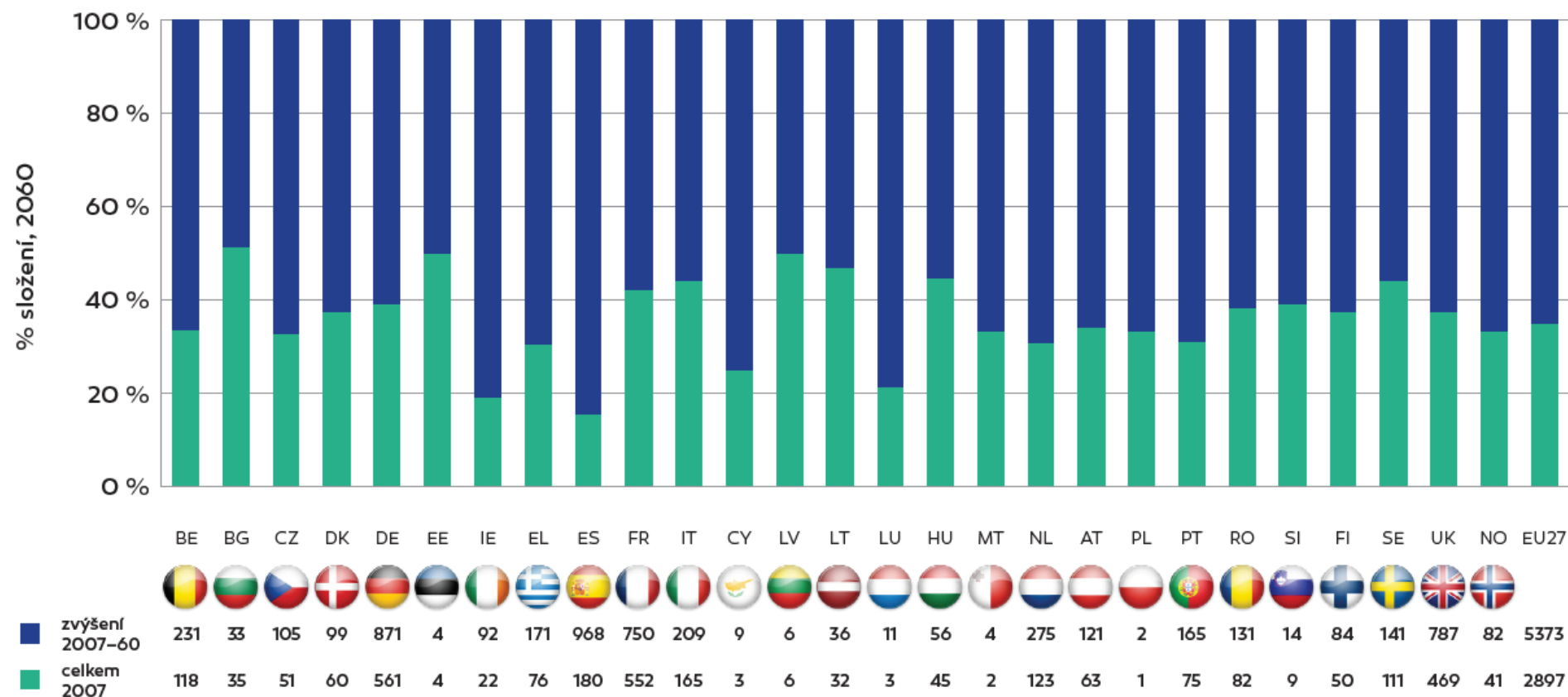
Graf 2: Očekávaný vývoj počtu příjemců na péči ve III. a IV. stupni závislosti do roku 2050 (zdroj dat: Horecký & Průša, 2019)



V roce 2018
připadalo na
1 místo v domově
37 seniorů. Do
budoucná toto
číslo poroste.



Graf 1: Pokud se kapacity pobytových sociálních služeb (domovů pro seniory a domovů se zvláštním režimem) nebudou rozšiřovat v souvislosti s rostoucí seniorskou populací a počet lůžek zůstane konstantní, pokrytí sociálními službami bude nadále klesat. Do roku 2050 by kleslo ze současných 27 na 18,4 lůžka na 1 000 obyvatel nad 65 let.



Obrázek č. 4 – Osoby závislé na péči, demografické scénáře, 2007-2060, péče v institucích.



Odhadovaný investiční náklad na vybudování těchto kapacit:

41,4 mld. Kč

(27,6 tis. míst x 1,5 mil. Kč)



Odhadovaný investiční náklad na obnovu stávajících kapacit:

28,6 mld. Kč

(57,1 tis. míst x 0,5 mil. Kč)

→ celkové investiční náklady 70 mld. Kč

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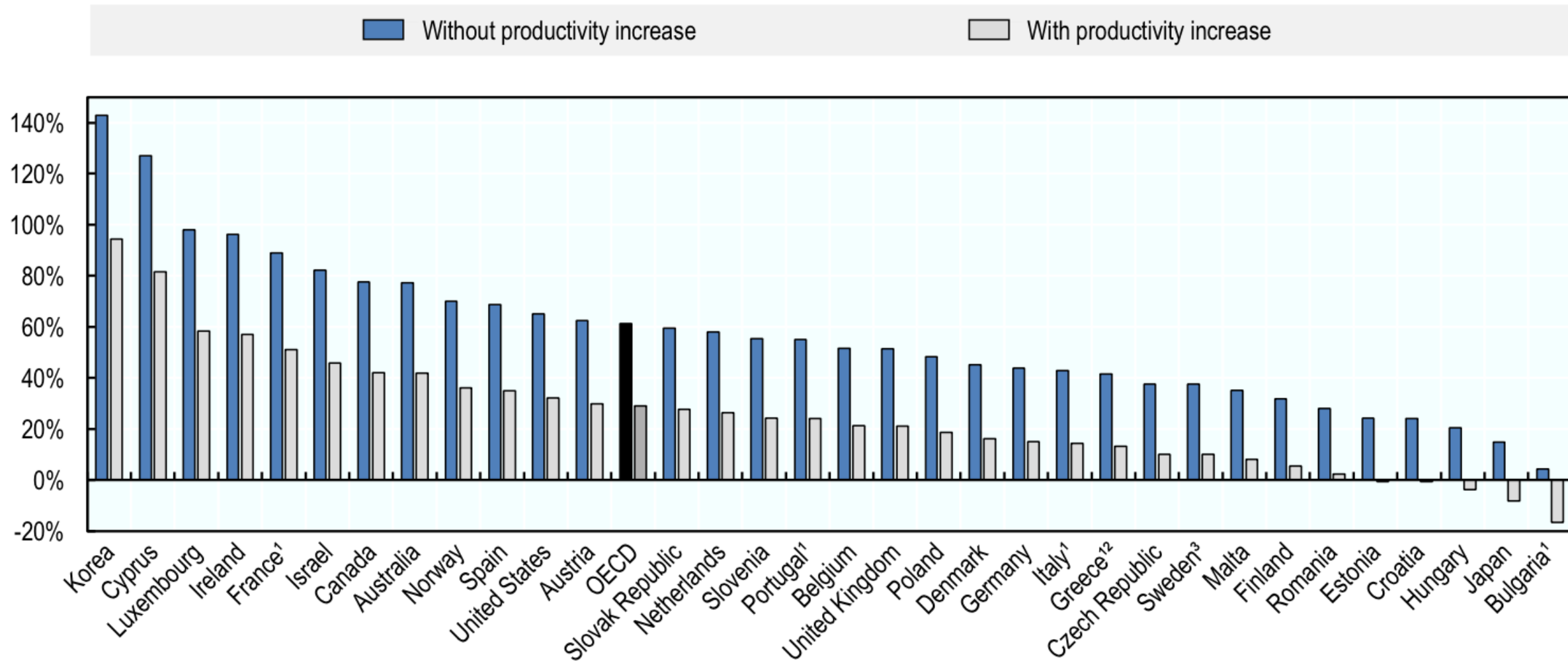


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Innovations and technologies

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

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





Innovation in long term care

- *Why are innovations in long term care crucial.*
- *Long term care services that are:*
 - *Sustainable*
 - *Accessible*
 - *Affordable*
- The European Pillar of Social Rights in 20 principles
 - Principle 18



INNOVATIONS

- **What is an innovation?**

- **Innovation** is the creation, development and implementation of a new product, process or service, with the aim of improving efficiency, effectiveness or competitive advantage.
- **To do more for less**
- **To do better with what we have**



INNOVATIONS in long term care

- Technology/digitalization
- New services, ways of living, care settings
- New approaches (Zeitvorsorge, buurtzorg, etc.)
- Community based services
 - Helpper – thuishelp, Belgium



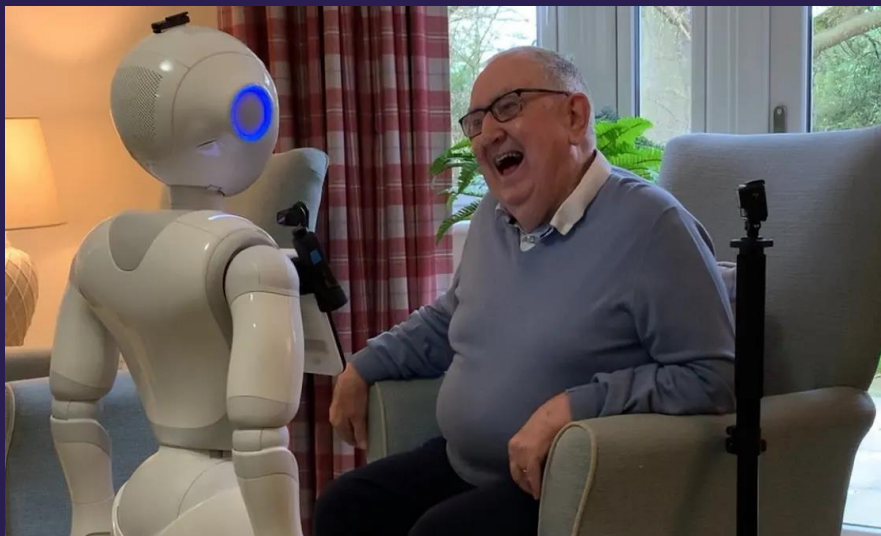
New TECHNOLOGIES in long term care

- **Sensors, cameras, alert systems**
 - Raising safety, reducing workload
- **New technology at home**
 - Smart watch, emergency button, GPS locator, smart “assisstant”
- **Telemedicine**



New TECHNOLOGIES in long term care

- **ROBOTS**
 - Still now well developed and accessible
 - Our technologies still cannot replace the human factor
 - To accept this replacement/change requires a change of thinking





VIRTUAL REALITY

- To train the staff
 - VR EDDIE - VIRTUAL REALITY DEMENTIA
 - VR MOVIES - be in the middle of the story
- VR programmes for seniors
 - Go and prospect your city
- VR for people with dementia





CONCLUSIONS

- **It's still a long way with well developed technology**
 - The market is smaller
- **We cannot rely just on technologies or innovations**
 - We have to redefine to social policies
 - Thus responsibilities, competences, participations
 - We have to find sustainable solutions considering the burden of informal care and live-in care

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Thank you for your attention

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