



## **EFN POSITION PAPER ON EU CHALLENGES FOR LONG-TERM CARE**

The European Federation of Nurses Associations (EFN) represents over one million nurses and is the independent voice of the profession. The mission of EFN is to promote the interests, status and practice of the profession of nursing in the EU.

Europe acknowledges the challenge of providing high quality, accessible, and affordable long-term care, with the Social Policy and Health Council endorsing the 'open method of coordination' to address this. EFN believes that discussion is required on the key principles and strategies for long-term care; paradigm shifts in long-term care policy are required and addressing nursing issues in relation to this will improve the quality of life for long-term care patients.

### **EFN calls upon the Commission and European Parliament to:**

- Recognise that older people make a valuable contribution in terms of employment, economic growth and social cohesion to society and this will offset the economic costs of long-term care;
- Recognise that health and social care are interconnected; an integrated approach of service planning, financing and implementation is required and can best be met through the evaluation and improvement of assessment systems and exchange of best practice;
- Recognise the role and contribution of significant others providing care and to ensure their broader needs are met with regard to the European social agenda;
- Develop a competent, well-motivated sustainable professional workforce to deliver the increasingly diverse services needed to address an ageing population and long-term care within and across Member States.

### **ACCESSIBILITY**

There has been a significant shift in EU health policy regarding the challenges of long-term care, incorporating the blurred boundaries between health and social services. Access must be equitable and an appropriate mix of services to accommodate an increasingly culturally diverse ageing population.

Expectations of health care are increasing and improvements in the quality of care to meet them are urgently needed. In the final stages of life, choice – for example access to a single room, is fundamentally important to an individual's physical and emotional well being. There should be a well defined division of labour between domiciliary and institutional care, and social care and health care. Support systems need to ensure that there is access to professional care services before the personal care of a loved one becomes too heavy a load.

### **EFN recommends:**

- An EU regulatory framework to provide better information on service provision and prevent inequalities, next to the European right of absence to care for the sick and for children;
- Evaluation and improvement of assessment systems; exchange on best practice concerning free choice, quality of life and services available;
- European legislation for employment leave for carers of dependent persons;
- Need to focus on integrated care, patient experience and "frailty";
- More investment in privacy and amenities to ensure higher quality of life in nursing homes.

## **QUALITY & WORKFORCE**

The ageing EU population will result in more people requiring support at the end of life. This will be compounded by social contexts such as changing family structure and wider migration, employment and ageing of potential care-givers. For patients, quality means independence, empowerment and end of life choices. For carers, quality issues are informal and formal recognition, support, training, retention and a career which is attractive. For institutions, quality is determined by incentives, integrated care and measurable outcomes.

### **EFN recommends**

- National 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;
- Capacity building for carers to improve the quantity and quality of care for people with chronic diseases;
- Improved integration of significant others providing care in national health systems;
- Incentives and increasing the value of a career for those who care.

## **SUSTAINABILITY**

The number of patients in long term care will increase heavily in the future, and the current lack of professional carers needs to be addressed; voluntary care is only part of the equation. Acute care continues to receive more funding than long-term care. Experience shows that acute care and long-term care do not work well together as one system; rehabilitation services must play a stronger role to reduce delayed discharges in hospitals.

### **EFN recommends:**

- A shift of emphasis from acute care to preventative and rehabilitative care which will reduce burden on health care systems and increase population productivity;
- Care services tailored to individual needs to empower the patients. Member States should reward and support care given at home: more financial and innovative efforts are needed to ensure people can receive care and support in the setting of their own choice;
- Member States reward and support those providing care to significant others at home. This should also incorporate issues related to their income, employment, pension position, and 'carers leave';
- Projections of long-term care costs should take into account improvement in the quality of life, economic prosperity and social cohesion.

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