ACCELERATING THE DIGITAL TRANSITION

A stepping stone for sustainable elderly care in Europe

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EUROPEAN AGEING NETWORK

2024

Accelerating the digital Transition
A stepping stone for sustainable elderly care in Europe

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Digitalisation of social services in Europe is another Expert Report in a roll of up-to-date topics and challenges European Ageing Network has been contributing.

It's our aim to open current issues and discussions about the needs and future of the Long-term care sector.

The group of experts on digitalisation in social services from several European countries have been meeting and working together for over a year to collect European experience, needs and challenges and to summarize them into the 2024 EAN Expert Report.

The digitalisation of social services and especially in the long-term care is increasingly vital in today's interconnected world. It enhances the accessibility for digital platforms make social services more accessible to a wider range of people, including those in remote areas or with physical disabilities. This accessibility can bridge gaps and ensure that those who need support can easily access it. When we discuss the future of digitalisation of social services it is also about efficiency. Digitalisation streamlines processes, reducing paperwork and bureaucratic hurdles. This efficiency can lead to faster responses to requests for assistance and quicker delivery of services to those in need. Digitalisation is also about digital data. Digital platforms allow for better data management, enabling social service providers to collect, analyse, and utilise data more effectively. This data-driven approach can lead to improved decision-making, better resource allocation, and more targeted interventions.

Digitalisation is also about new technologies, smart monitoring systems using AI, creating new avatars for older people, robotics in the long-term care sector, virtual reality for older people but also as a training tool for the staff, specific assistive technologies and many other systems, solutions, tools, approaches.

Overall, the digitalisation of social services holds great promise for improving accessibility, efficiency, effectiveness, and accountability in the delivery of support to those in need. However, it's essential to ensure that digitalisation efforts are inclusive and equitable, so that they reach all members of society, including those who may face barriers to accessing digital technologies.

By launching this report we would like to open and stimulate the expert discussion about the needs, possibilities, challenges, sustainable solution and future of social services in the frame of Digitalisation.

Ing. Jiří Horecký , Ph.D., MSc., MBA
President, CEO
European Ageing Network

EUROPEAN AGEING NETWORK

The European Ageing Network (EAN) groups **more than 10.000 care providers across the European continent.** Members represent all types of organizations and individuals active for older persons and all types of ownership including for profit, not-for-profit and governmental organizations. It is their vision and mission to improve the quality of life for older persons and support them in making each day a better day by providing high quality housing, services and care.

12.000
CARE PROVIDERS

The European Ageing Network (EAN) is present in 25 European countries. With EAHSA well represented in Northwestern Europe and E.D.E. in the South-East, the combination makes of the European Ageing Network a truly pan-European organization. EAN does not stand alone in pursuing its vision, values and mission. It is affiliated with the Global Ageing Network (GAN), a global network with its office in Washington D.C. EAN and GAN bring together experts from around the world, lead education initiatives and provide a place for innovative ideas in senior care. They pave the way to improve best practices in elderly care so that older people everywhere can live healthier, stronger, more independent lives.

27
EUROPEAN COUNTRIES

The members of the European Ageing Network (EAN) are servicing over 1 million older people in Europe. Longevity is one of the biggest achievements of modern societies. The Europeans live longer than ever before and this pattern is expected to continue due to unprecedented medical advances and improved standards of living. By 2020, a quarter of the Europeans will be over 60 years of age. Combined with low birth rates, this will require significant changes to the structure of European society, which will impact on our economy, social security and health care systems, the labor market and many other domains of our lives.

MILLIONS OF OLDER PEOPLE

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EUROPEAN AGEING NETWORK

As professionals we seek to improve the quality of care and supervision. Common training standards, reciprocal visits and observation, congresses and symposia all foster professionalism among care home directors and a greater understanding of the various forms of care and assistance.

Creating humane living and working conditions in our homes is the vision we are all striving for in the EAN.

Austria
Belgium
Bulgaria
Croatia
Czech Republic
Estonia
Finland
France
Germany
Greece
Hungary
Italy
Ireland
Latvia
Lithuania
Malta
Netherlands
Norway
Poland
Portugal
Romania
Slovenia
Slovakia
Spain
Sweden
Switzerland
United Kingdom

1. INTRODUCTION

The European Ageing Network (EAN) is the European trade association of aged care and service providers. Following its vision on aged care in 2030, The EAN strives for better quality of life of older adults, while maintaining a high quality of care. In line with that vision, The EAN recognises the importance of digitalisation and Information and Computer Technology (ICT) in high quality care provision and its positive effects on quality of life. To better understand challenges and to further take advantage of ICT and digitalisation, The EAN has set-up a working group 'Digital Care'.

Buzzword or not, the time for a digital transformation of aged care is now. The digitalisation of European aged care urgently needs a boost. Ageing, staff shortages and older people's quality of life require new methods of delivering aged health and social care services and a smart, wise and cost-effective transition in the sector. The ageing population in Europe is growing rapidly, creating a higher demand for innovative solutions to support older adults and their caregivers. The primary concerns for care recipients are enhancing independence, improving quality of life, and ensuring safety and wellbeing. There is a need for tools, and their implementation, to assist carers and informal caregivers in providing effective and personalised care while also reducing their workload. The digital transition of aged care in Europe seems to stumble behind other care sectors like hospitals and primary care. The EAN found a lack of vision and underlying strategy, a lack of funding and insufficient skills and training as the main reasons for this gap.

Age-tech is booming across Europe. The concept of Age-tech comprises a wide range of digital technologies, products and solutions that particularly address the needs and demands of the ageing population and can support aged care providers and support older adults to live a healthy, active and independent life. Age-tech solutions include teleconsultation, emergency response systems, tracking devices, home safety, and security. Other Age-tech areas are mobility devices e.g. walkers, scooters, power-assisted wheelchairs, in-car technologies such as parking assistance or GPS navigation; aids for vision/hearing impairment and other assistive technologies. Equally importantly, Age-tech devices can help both formal and informal caregivers to perform their services more effectively, safely and efficiently.

ABOUT THE WORKING GROUP DIGITAL CARE

The Working group Digital Care had the main objective to support and guide EAN members in dealing with digitalisation and Age-tech issues and to provide the association with input for discussion and positioning.

The working group focused on many aspects of digitalisation and new technologies and has based its opinions and suggestions on discussions about:

- **Digitalisation**
  What do we understand by digitalisation and new technologies? What needed, and what is nice to have? Which solutions do older people and care staff really need?

- **Technologies and devices**
  When do we define new technologies and their use as solutions, and when do we consider them as a problem? What is the cost-effectiveness of developing and applying technologies? How do we handle ethical issues, if any? And what are the main drivers for digitalisation and best practices?

- **Data**
  What is the worth and value of data? Which data is relevant and how do we collect, protect, and share it. Who owns the data and how can we promote cyber security and privacy;

- **Skills, training and education**
  What do we need to know, or learn if not known, for a successful digital transition? And who needs to know what? How can we best educate and train users – both older adults and staff?

- **European Health Data Space**
  What is the impact of this new regulation? How can aged care play a role in data collection, data mining and research? How can the sector connect to other healthcare spheres and promote interoperability? How should aged care providers prepare?

- **Rights and obligations**
  Who is responsible for what, when it comes to ICT and new technologies? How do we deal with ethical issues?

During 13 meetings from September 2022 to January 2024, the Working group members discussed the above-mentioned issues, searched for best-practices and inspiration in other sectors and tried to bring order and priority in the various options and scenarios. It has resulted in the organisation of the Digital Care Summit in Malta (April 2023) and in this report.

This report reflects the discussions, observations and opinions of the Working group members. It is structured as follows:

- **State-of-play**
  On the basis of an online survey conducted with EAN members, the Working group has tried to describe the current landscape and identified the current visions and strategies regarding ICT and digitalisation.

- **Wishlist of aged care providers and industry partners**
  A survey and discussions made it clear that a broad palette of ICT visions and strategies exist in the aged care sector. The Working group has identified a set of common elements and translated them into a "wish list" of aged care providers. The Working group also acknowledges the fact that successful ICT and technology strategies in aged care require close cooperation with ICT and technology providers. As aged care providers, the industry has its own views and opinions on

useful and successful digitalisation strategies. This industry wish list can bridge the digitalisation gap. However, the list of what is needed for the successful implementation of digitalisation tools are mostly the same for both care providers and industry partners.

- **Skills, training and education**
  The working group found that role of digital skills in health and aged care has never been more critical. To navigate the digital transition, both health and care professionals as well as older adults themselves need a comprehensive set of digital skills.

- **Recommendations and policy pointers**
  The Working group has ambitions to guide EAN members through the ICT and digitalisation jungle. Finally, it suggests a way forward and identifies key framework elements to be handled.

Composition

The working group (WG) consists primarily of EAN members with an interest and experience in ICT and digitalisation in their daily practice. It was expressively intended to involve industry partners in this work.

The WG was chaired by Věra Husáková and coordinated by Jiří Horecký and Marcel Smeets.
The EAN Working Group consisted of the following experts:

- Věra Husáková, SeneCura (CZ)
- Clémence Lacour, FNAQPA (FR)
- Ulrika Olsson, Arjo (SE)
- Cornelia Sicher-Planinschetz, Myneva (AT)
- Sjoerd Becx, ActiZ (NL)
- Michiel Kooijman, ActiZ (NL)
- Jessica Grausgruber, SeneCura (AT)
- Jiří Horecký, EAN President (CZ)
- Marcel Smeets, EAN EU Executive Consultant (BE)

Acknowledgements

The EAN wishes to thank all working group members and industry partners for their valuable contributions and much appreciated cooperation. It is thanks to the EAN Secretariat that all these volunteers were able to meet, plan and work successfully together.

2. THE DIGITAL AND TECHNOLOGICAL TRANSFORMATION OF AGED CARE

The time for a digital transformation of aged care is now. The digitalisation of society has received a speed boost and consumers expect providers to keep up. Healthcare and long-term care, especially aged care, seem to lag behind.

Digitalisation is a mindset that has an impact on the entire care organisation, from business operations and internal processes and last but not least, care provision. There is a clear vision as a basis and the end care receiver and staff as the main focus. The digital transformation holds the power to significantly enhance care, operations, and satisfaction for both older adults and staff.

Enabling older people ...

A recent report on Ageing in a Digital World - from Vulnerable to Valuable published by the International Telecommunication Union, the United Nations specialist agency for information and communication technologies (ITU), highlighted that (digital) technologies can play a fundamental role in enabling older adults to overcome age-related disabilities and give them the opportunity to have an independent and healthier life. This will further empower older individuals to become active participants and functional contributors to their respective communities in the context of sharing valuable life skills, knowledge, and experiences with younger generations.

Digital technologies have a fundamental role to play in unlocking the full potential of older adults. ICTs, if developed and delivered in accessible formats, could give everyone, including older adults, access to and use of digital information products and services. Additionally, if designed and implemented to consider digital inclusion for everyone, it can ensure the creation of digital environments in which everyone benefits from and is empowered by technologies to contribute to society at large. In particular, age technology, namely all technological products and services designed with and for older adults, has the potential to help boost development and inclusion.

... And support staff

It is not only older adults who can benefit from the digital and technological transition in aged care. Digital tools and technology can assist in addressing health and care staff issues, such as challenges related to recruitment and retention of health and social care professionals, adverse demographic trends in workforce, and difficult or unsafe working conditions.

With the use of Age-tech in workplaces, care organisations can increase productivity and efficiency at a rapid pace. Processes that were once manual and time consuming can now be achieved in a quick and efficient manner with digital tools, applications, and systems. Also, for (health) care professionals implementing assistive technology can reduce overload of work and prevent burnout. It enables organised, structured and better workflows and allows better use of time which results in fewer medical mistakes. Assistive technology enables and motivates staff to provide good, organised advanced care, which satisfies those being cared for.

Skills and knowledge

To foster the transition to an ICT and technology driven environment, older persons and staff will need to have the skills and knowledge to use digital technologies effectively. In the context of COVID-19, older persons who were connected to the internet, had appropriate ICT devices, and were technologically literate, were far better positioned to deal with the reality of sudden lockdowns. Not only for their own health and welfare, but also to keep in touch with family members and stay abreast of the latest information and health-based guidance notices. Such individuals were also able to overcome the general feeling of being isolated during periods of self-quarantine or lockdown.

However, without proper policy support, digital transformation could also increase the risks of digital exclusion, particularly among the older generation.

Therefore, to ensure that the process of digital transformation is inclusive for all people regardless of age, gender, ability, or location, some fundamental "A" pillars should be considered:

- Access to ensure connectivity
- Affordability of the internet and devices
- Accessibility, which is enabled through policy Adoption, development of Accessible ICT-devices, products, and services
- Appropriate of technology, to ensure that all can use.

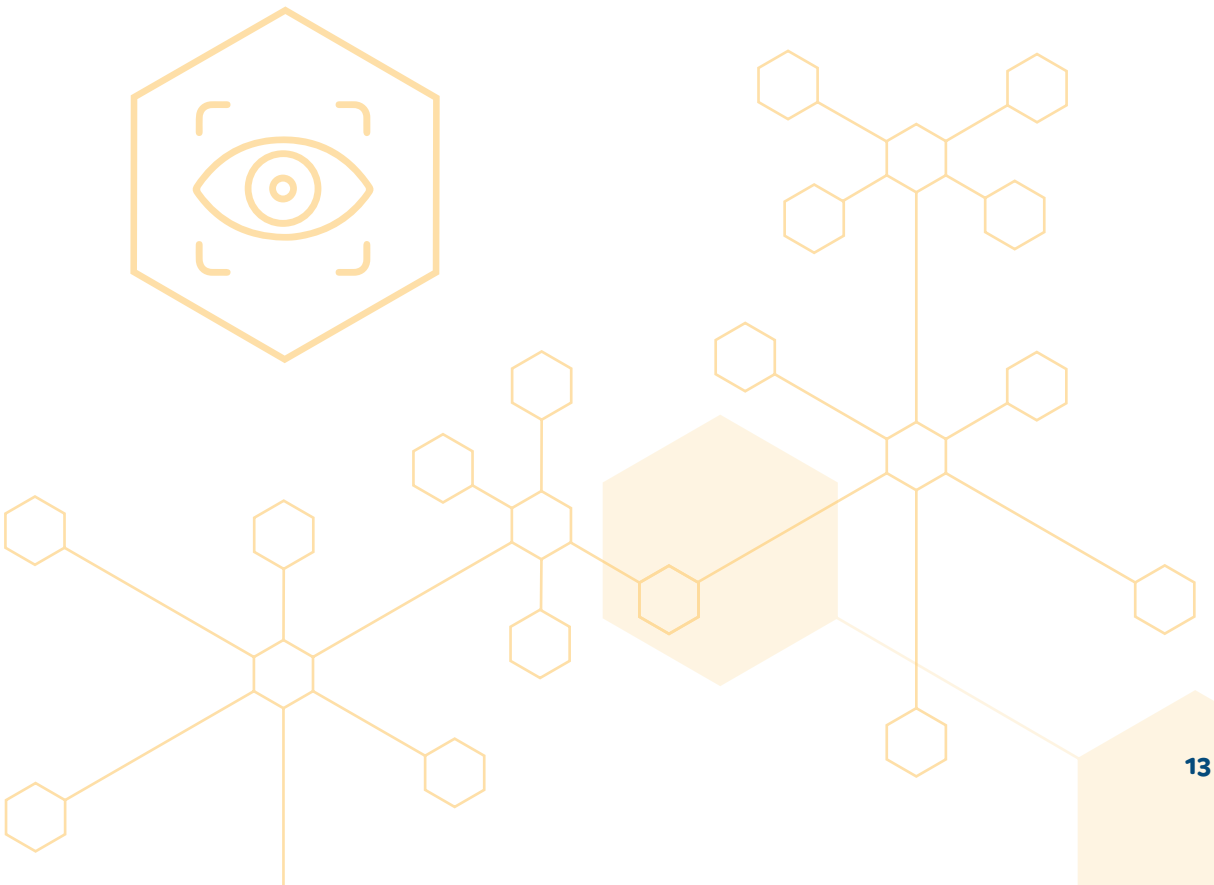
Digital transformation is fundamentally reshaping the care of older persons in all its aspects. Artificial intelligence (AI) improves home monitoring for older persons by continuously monitoring irregular activities or patterns related to health issues. For example, in terms of fall prevention. AI-based devices are providing voice-based assistance to remind older persons of their medication schedule. Smart wearables powered by AI are also providing a convenient means with which to monitor and detect inconsistencies in biometric data and sound an alarm in case of falls or home intrusion. In addition, machine learning enables AI-based monitoring systems to carry out predictive analytics to assess risk levels, make recommendations based on real-time data, and subsequently facilitate timely medical care.

Virtual reality (VR) is also being used to improve the mental health of older adults and tackle isolation. VR enables older adults to visit their favorite locations and travel to places where they used to live simply by putting on a VR headset. The feeling of loneliness and isolation has profound impacts on the mental health of older citizens. VR can create a new virtual space, or even recreate a memory of the past, where older adults can be joined by family members and friends to socialize and engage in activities that they may no longer be able to engage in because of the ageing process. Additionally, VR can provide a unique brain-stimulating experience that encourages older adults to stay mentally active. Through Virtual Reality, older adults can play games that require them to move around or perform simple exercises that would keep them mentally active, with positive impacts on their quality of life.

Accelerating digitalisation

The Working group has identified a number of priorities for improving and accelerating the implementation and use of Age-tech:

- A vision (from the government and care providers) is needed about where digital care should go, as guidance. It is proposed that a short and long-term vision be drawn up. There must be direction as to what has to be worked towards as aged care organisations and guidance must be provided that leaves room for practice (not just supervisory or testing). For example, there is a need for agreements on various roles and preconditions surrounding digitalisation (including GDPR); the current health and aged care systems are too fragmented
- More focus is needed on the implementation, safeguarding and scaling up of digital care that has shown benefits and added value (in terms of costs/benefits and effects). Care must be inclusive
- Investment programs should be set up with a limited number of objectives and rewards for good behavior. Do not allow a system on the market that cannot communicate with other (information) systems. Do not allow products (including software) on the market without proper evidence. If you want to curb growth in expenses, you may have to allow costs to rise first
- Attention must be paid to transition costs, retraining costs and loss of production. The costs and benefits need to be considered carefully.



3. A BUSINESS CASE

The social and healthcare systems in Europe vary considerably from country to country. They are strongly influenced by political, economic, and cultural differences. There are similarities and differences that need to be considered regarding the digitalisation process. In Europe, a one-size-fits-all solution is not possible as each country has its own challenges and priorities depending on decisions made by local governments along with different reimbursement systems.

Nevertheless, there are several similarities within the digitalisation of care across Europe. While each country may have its unique approach and challenges, common trends and themes emerge as they adopt digital health solutions. Some notable similarities include:

- **Electronic Health Records (EHRs) and Interoperability:**
  Many European countries are investing in the development and implementation of EHR systems to digitize patient records. Interoperability efforts aim to ensure seamless data exchange between different healthcare providers and systems.

- **Regulatory Standards and Certification:**
  European countries often adhere to common regulatory standards for digital health solutions. Certification processes and quality standards contribute to the reliability and safety of healthcare technologies.

- **Telemedicine and Remote Monitoring:**
  The adoption of telemedicine and remote monitoring solutions has increased across Europe. This includes virtual consultations, remote patient monitoring for chronic diseases, and the use of telehealth platforms to improve accessibility to healthcare services.

- **Patient Portals and Engagement:**
  European countries are implementing patient portals and digital communication tools to engage patients in their care. These platforms often provide access to personal health records, appointment scheduling, and communication with healthcare providers.

- **Health Apps and Wearables:**
  The use of health apps and wearable devices for tracking and monitoring health parameters is common. These tools empower individuals to take an active role in managing their health and wellness. In addition, these tools can lower the burden of work for caregivers.

- **Data Security and Privacy:**
  Ensuring data security and privacy is a shared concern across Europe. Efforts are already made to align digital health initiatives with data protection regulations, such as the General Data Protection Regulation (GDPR).

- **Cross-Border Healthcare and Health Information Exchange:**
  Some initiatives focus on facilitating cross-border healthcare and health information exchange between European countries. This is particularly relevant for individuals who seek medical care in different countries within the European Union.

- **Integration of Artificial Intelligence (AI):**
  The integration of AI and machine learning in healthcare applications is a shared trend. AI can be used for tasks such as diagnostics, predictive analytics, and personalized medicine.

- **Standardisation of Health Data:**
  Efforts are underway to standardize health data formats and coding systems, enhancing the consistency and interoperability of digital health solutions. The healthcare IT landscape is dynamic, and standards are continuously evolving to address emerging challenges and technological progress.

- **Public-Private Partnerships:**
  Collaboration between public healthcare entities and private technology providers is common. Public-private partnerships often play a role in the development and implementation of digital health strategies.

- **Focus on Preventive and Population Health:**
  There is a growing emphasis on preventive healthcare and population health management. Digital solutions are employed to identify and address health risks at the population level.

While these commonalities exist, it's important to note that the pace of digitalisation and specific priorities may vary among European countries due to differences in healthcare systems, policies, and cultural factors. Additionally, ongoing collaboration at the European Union level contributes to shared strategies and best practices in the digitalisation of care.

Having a holistic view when examining return on investment (ROI) is essential because it allows for a comprehensive understanding of the many various factors that contribute to the overall success or failure of an investment.

There are suitable business cases for digitalisation in the care process. They should align with the specific needs, challenges, and goals of the healthcare or caregiving organisation. Another key part is to have the perspective of long-term sustainability. This meaning that focusing solely on short-term financial gains may lead to decisions that sacrifice long-term sustainability. A holistic view considers the enduring impact of an investment on the organisation's overall health, reputation, and ability to adapt to changing circumstances.

THE KEY ELEMENTS ARE:

- **Improved Patient Outcomes:**
  Demonstrate how digitalisation can lead to improved patient outcomes, such as better health monitoring, enhanced disease management, and increased patient satisfaction.

- **Efficiency and Cost Savings:**
  Highlight how digital tools and technologies can streamline processes, highlight areas of risk, reduce administrative burdens, and ultimately lead to cost savings for the organisation. This might include improved appointment scheduling, reduced paperwork, and optimised resource allocation.

- **Costs and Benefits Beyond Financials:**
  While financial returns are crucial, a holistic view considers non-financial benefits and costs as well. This may include factors like environmental sustainability, social responsibility, and employee wellbeing, which may not be directly measurable in monetary terms but contribute to the overall value of the investment.

- **Enhanced Care Coordination:**
  Showcase how digital solutions can improve communication and coordination among healthcare providers, leading to more integrated and patient-centred care. This can include electronic health records (EHRs), telemedicine platforms, and collaborative care management systems.

- **Remote Patient Monitoring:**
  Emphasise the benefits of remote patient monitoring, especially for patients with chronic conditions or those who require ongoing care. Digital tools can enable real-time monitoring, early intervention, and proactive management of health conditions.

- **Capacity Building and Training:**
  Funding for capacity building and training programs to provide the necessary digital skills.

- **Increased Access to Care:**
  Illustrate how digitalisation can expand access to care, especially for underserved or remote populations. Telemedicine, virtual consultations, and mobile health applications can bridge geographical gaps and reach a broader patient base.

- **Patient Engagement and Empowerment:**
  Showcase how digital tools empower patients to actively participate in their healthcare. Patient portals, health apps, and educational resources can contribute to increased engagement, leading to better adherence to treatment plans and healthier lifestyles.

- **Data-Driven Decision Making:**
  Emphasize the value of data analytics in healthcare. Digitalisation allows for the collection and analysis of vast amounts of health data, leading to more informed decision-making, personalised treatment plans, and predictive analytics for disease prevention.

- **Compliance with Regulatory Requirements:**
  Highlight how digitalisation can assist in meeting and exceeding regulatory standards, such as data privacy and security requirements. Ensuring compliance with healthcare regulations is crucial for the success of any digitalisation initiative.

- **Workforce Productivity, Safety and Satisfaction:**
  Illustrate how digital tools can enhance the productivity and job satisfaction of healthcare professionals. Streamlining administrative tasks, providing access to real-time patient information, and reducing burnout can contribute to a more satisfied and effective workforce.

- **Scalability and Future-Readiness:**
  Demonstrate how the chosen digitalisation strategy is scalable and adaptable to future technological advancements. Consider how the organisation can stay ahead of emerging trends and ensure long-term sustainability.

- **Return on Investment (ROI):**
  Develop a clear financial model that outlines the expected return on investment. Consider both short-term gains, such as cost savings, and long-term benefits, such as improved patient outcomes and market positioning.

The EU should prioritise investments in digital health infrastructure, technologies, and skills development to address the most pressing challenges in healthcare. In addition, funding for research and development in digital health technologies is inevitable. To ensure a harmonised approach, collaboration, and coordination of the funding among EU member states should be encouraged. Sharing best practices and creating joint funding among EU Member States is crucial.

When building a business case for the digitalisation of care, it's crucial to involve key stakeholders, including healthcare professionals, IT experts, administrators, and, when applicable, patients. The industry needs to get closer to healthcare professionals and patients – and healthcare professionals and patients must be open to this close cooperation. Tailor the business case to the specific context and goals of the organisation to ensure its relevance and effectiveness. The technical solution is not always useful for all stakeholders. Involvement is essential to implement systems that users like and are easy to use. It is of crucial importance to match the solutions to the expectations.

4. SURVEY AMONG EAN MEMBERS

The current state of play on digital data and technology in long-term care was mapped through a questionnaire among EAN members in the spring of 2023. Members from 13 countries contributed to this survey. The outcomes were presented at the EAN-summit on digital care in Malta and discussed at the workshop on digital care in Glasgow.

The main findings of the survey:

- Digital tools in care have clear and proven advantages in long-term care but are still very scarcely implemented
- In a lot of countries, we need to catch up with the digitalisation of care data both for primary and for secondary use
- The lack of vision on digital care is considered the main obstacle for digitalisation of long-term care.

About the questionnaire

Clearly, the digital transformation in long-term care can only start with the actual availability of digital data. This requires that caregivers in long-term care are able to process personal electronic data for the provision of health and social services in electronic patient (or client) files. Without these data for primary use there can, in fact, be no data processing for secondary use. The processing of electronic data initially collected in the context of primary use is for scientific purposes, benchmarking and/or quality assurance, innovation and policy making.

The need to catch up

Firstly, the survey shows a large variety in the level of implementation. In the Nordic countries (Sweden, Norway) all care providers work with digital files, and have already done so for years.

In Sweden, digital maturity is generally high. In the National Patient Overview licensed healthcare personnel can access other healthcare providers' medical record information on joined patients, provided that the patient has given their consent.

In most western European countries (France, the Netherlands) the long-term care sector is on its way to a full implementation of digital data for primary use. On the other hand, in 50% (n=12) of the countries the implementation level of Electronic Patient Files (EPF's) is less then 25%. So, in general we can conclude that the digitalisation of data for primary use is falling short. Given the clear advantage of EPF's in terms of patient safety, integrated care, and administrative burden there is a clear urgency for these countries to invest in EPF's.

The data used for secondary use in long-term care – i.e., for benchmarking or scientific research, is very limited in most countries. Exceptions to the rule are seen in Norway, Sweden, Switzerland and France.

SWITZERLAND

"Our system for evaluation and tariffing care (BESA) sends anonymised data to analyse them. We get feedback for every Almacasa-site and can benchmark. We don't have to put in data separately which is very good. It's no extra work."

In France, the national health data system was introduced in 2016. It is managed by the French health data hub and health insurance. One of the tasks of the health data hub is to collect and make health data available for projects of public interest for research, study and assessment in the health sector.

Cross border exchange of data for secondary use is non-existent or very limited according to the contributors of the survey. Nevertheless, the need for cross border exchange is undisputed; especially during the Covid 19 pandemic where the lack of aggregated data was considered a major problem by most contributors.

Personal health environment

A personal digital health environment is a place where all medical information is stored: from care providers, from your own records and from apps that monitor health and exercise, for example. It is an online environment to which only you have access. It is up to you who you share that information with. A personal health environment has been fully implemented in Sweden, largely implemented in France and Norway, and scarcely implemented in Lithuania and the Netherlands.

In France, a personal health environment "My health space" has been implemented. It was generalised for all citizens in January 2022. It allows storage of personal information and for individuals to share personal information with health professionals. It includes health records and offers a secure messaging system.

FRANCE

"We have defined interoperability as a characteristic of a (ICT) product or system to work with other (ICT) products or systems. It allows different technologies to communicate and work together seamlessly, creating efficiencies. In this area a lot of work needs to be done. The countries with a high level of EPF's mentioned that EPF's in medical care and social care are poorly integrated. Systems seem to be very pillarized, with limited and difficult mutual access to patient data. In addition, contributors often mention the lack of interoperability between EPF's as an obstacle for integrated care."

LATVIA

"The health care system has its own electronic patient file that is seen by medical personal. Social care institutions have their own local customer registration system, which is visible only to the employees of the specific institution. Electronic data are available with limited access."

SPAIN

"There are no standards for interoperability at the national level. However, there are interoperability processes established at the regional level in Catalonia."

LITHUANIA

"The social care system does not yet have the possibility to use e-programs of health sector."

SWEDEN

"A lack of common standards for the digital structures and systems built up of different care providers is an obstacle to effective nationwide digital communication."

Skills

Digital skills are a key factor in implementation technology in long-term care, the importance of skills has been underlined by all contributors. New technology and new working methods need to be based on the needs of those who will use it, both the client and informal carers and/or the care provider.

BULGARIA

"In the National strategic document Digital transformation of Bulgaria for the period 2020-2030 is envisaged to encourage investment in upskilling and reskilling, in particular in the area of digital skills acquisition. Maximum efforts should be aimed at reducing the differences in competences between different age groups in terms of skills related to information and communication technologies."

ROMANIA

"Digital challenges for Romania include connectivity especially in rural areas, lack of digital skills, below EU average digitalisation of schools, households, companies and public services. Existing capacities are not sufficient to ensure a high level of network security and adequate cyber risk management. Of particular importance is the IT education of older adults, at a basic level, as a method to combat their social exclusion. Education programs in digital skills are in the basic programs, sometimes offered in company, or are often only to a limited extend in vocational education programs."

SWEDEN

"Education programs are being offered to care workers, in order to make them sufficiently skilled to work with digital tools Included in the basic education. There are also various training platforms aimed at different personnel groups, for example basic computer use, digitisation of healthcare, digital documentation, inspiring e-health solutions, data security."

AUSTRIA/ CZECH REPUBLIC

"The SeneCura Academy offers the possibility of recording programs and introducing and holding training courses in this area."

THE NETHERLANDS

"Vocational training schools offer only minor programs to enhance digital skills: using technology in care, working with electronic patient files, and supporting clients and informal carers in using technology. This outcome clearly underlines the EAN's involvement in the ICT4Elderly and the upcoming Care4Skills Project."

Digital tools, successful but scarce

Digital tools in long-term care such as medication dispensers, telemonitoring, telemedicine, fall prediction, smart diapers and GPS-trackers (life circles) are generally considered as a big asset for long term-care, the survey shows. The use of these tools saves time for staff, reduces administrative burden, helps older people in maintaining independence and autonomy and are often easy to use and accepted by clients. Nevertheless, these tools are very scarcely implemented.

FRANCE

"Technology and digital tools have been introduced in France to some extent: medication dispenser, fall prediction and smart diapers. But they are not implemented on a large scale. You will find them only in some organisations. Professional caregivers aren't always able to afford the equipment."

SWEDEN

"Since 2020, there has been an increase in all types of welfare technology in long-term care, both in ordinary housing and institutions. Some examples include digital locks for the staff, so ordinary keys and the time-consuming exchange of them, are not needed. Another example is digital monitoring, especially at night. Alarm sensors such as door alarms, fall alarms and motion detectors GPS-tracking (life circles) and geofencing, Mobile documentation, for example smart phones, tablets, digital pens - documents on site with digital planning tools, scheduling, registering visits and taking notes and more Video support for coordinated patient planning."

Lack of vision

Asked for the reason for this scarce implementation the contributors mentioned as main obstacles:

1. lack of vision (58%) **2. lack of funding** (25%) **3. lack of worker's skills** (8%).

Ethical, moral and legal issues do matter but are not mentioned as a main obstacle of the implementation of digital tools. For the working group on digital care, this outcome clearly underlines the necessity of a position paper on Digitalisation in Long Term Care, to support EAN members to take a position in digital care and enables them to get the support of stakeholders for these necessary innovations.

> ***FRANCE***
>
> *"An important reason is the lack of vision and evaluation. The market is teeming with offers and it is difficult to identify what is really useful and helpful."*

What is needed? The survey provided some steppingstones for a digital agenda for the long-term care:

- An awareness that digital solutions in long-term care are a necessity for sustainable long-term care systems.
- A national policy that expresses goals, allocates resources, implements, follows up and has long-term management.
- A European policy aiming at standards for interoperability, cross border data exchange and programs for improving and teaching skills to care workers, clients and their family.
- Competence at all levels - from decision-makers to staff and individuals.
- Cooperation is important to be able to share information and supply good examples.

5. PROVEN PRACTICE FROM THE GROUND

Digital tools

The use of Age-tech in aged care is growing but the number of tools that have been researched in the field and are afterwards proven to be effective (HTA) however, still stays behind. Various underlying reasons contribute to the delay of this process, such as financing issues or the conservation of the usual patterns according to aged care is being provided, which makes out of the box-thinking unattractive. The context of these patterns has the base of so-called 'care lust', wherein the focus is on providing care no matter the situation. Instead, when using the earlier mentioned person-centred approach, many proven, as well as promising tools, are fit to be used in aged care. A few of these very effective tools are outlined below.

Medication dispenser

One famous example of a tool that has already been on the market for a relatively long time, but has not been implemented broadly, is medication dispensers. This device supports the client at set times in the correct use of medication, by popping out the required pills together with a signal. This gives the client the opportunity to retain their self-control when it comes to taking medication and therefore reduces physical care dependence. Care professionals then have increased time for other care activities.

Compression stockings support

Compression stockings are well known for being inconvenient to use and create a physical burden for care professionals. Not so long ago, a small device was introduced, which stretches the compression stocking automatically, by rolling it over some kind of handle. Consequently, the client can put on the compression stockings on their own, boosting independence and self-autonomy. For the care professional, it saves time and improves working conditions. The updated (Dutch Helpsoq) version looks very promising since the newer version of the product also allows the client to remove the compression stockings independently.

Bedsense

Bedsense technology improves both the client's sleeping pattern, caregiver workflow. Useful data is sent from a sensor plate placed beneath the mattress to an app that visualizes a clients' movement, posture, and safety (falling out of bed) during the night. The information received is important to coordinate care visits to different clients. Furthermore, the bed setup can be perfectly adjusted to meet client specific needs, which makes visits less burdensome. Therefore, this technology not only increases efficiency in the care process, but more importantly takes the next step in person-centred care.

6. THE AGE-TECH WISH LIST OF AGED CARE PROVIDERS AND INDUSTRY

In order to support EAN members in dealing with digitalisation and find their way in the world of Age-tech, the working group developed a wish list where aged care providers and Age-tech industry meet. There are important differences in deployment, roll-out and use of ICT and digital solutions in the European countries. The point is to identify, with a common vision and principles, which digital and ICT solutions are useful/helpful for older people and aged care providers - what do aged care providers expect from Age-tech providers and finally, what are the best practices.

Why are Long-Term Care providers using new technologies? Because they don't really have a choice. Digitalisation and ICT solutions are needed for communication and for data collection. They are also needed to improve safety and quality of life of clients, staff and family caregivers. Finally, they are needed for optimisation of resources and increased productivity and efficiency. An additional 60% of long-term care workers will be needed by 2040 if the share of the total workforce is to remain constant at its 2016 level. Productivity increase will be a key issue. The coronavirus pandemic has accelerated these needs.

The progress in security or efficiency should never be at the expense of the person being cared for. For example, geolocation should always promote security and freedom. There is no point in proposing solutions that only promote security. Age-tech should remain instrumental to the quality of life of clients and the quality of work for staff.

Moreover, ICT and digital solutions can, to a certain extent, replace physical presence, but they are not meant to replace human contact. They should be used to support staff in order to release time for more personal and human focused activities. In other words, it should promote the quality of life, care and the workforce.

Hence, to be integrated and play a decisive role in the care pathway, Age-tech should:

- Provide a better risk prevention and access to care for older people.
- Support staff and reduce the burden of work.
- Save time for staff and informal carers and increase the time they have available for quality of life activities.
- Help older people live independently: it should increase their safety and autonomy. For example, detection and assistive technology can increase the degree of independence of the older people. Technological solutions can support older people in living independently (smart home solutions). They can take the form of assistive products either at home or in care home, or technical products which increase the feeling of security.
- Facilitate social connections and interactions with the community. As a matter of fact, Age-tech should reduce loneliness, never increase it.
- Age-tech must not be used without the knowledge of the person being supported. Consent must also be sought systematically. To be more specific, Age-tech should be legally and ethically compliant. Telehealth, monitoring technologies, GPS-tracking or detection technologies bring up ethical and privacy issues. Especially when used to help people living with dementia.

To get back to the wish list, Age-tech should:

- Ideally, be easy to use and learn, and be easily accepted by staff and older people.
- Staff need new competencies to comply with new technologies: Age-tech require new skills and awareness of professionals. There is a need for training programs on digital skills for professional in both initial and ongoing vocational training.
- Age-tech should also be considered with the new generations in mind. Expectations and acceptance of staff, clients and relatives for ICT solutions is related to their generation. Older generations may have lower acceptance than younger generations. As a "generational issue" it is expected that that the issue of acceptance will be less pressing in the near future than it is today. With respect for the current generation of staff and older people, the care sector must focus on the next generations. Furthermore, it must drive this shift in order not to lag. Age-tech can indeed be a source of attractiveness for the younger generations who will expect the same level of digitalisation as in other sectors.

In order to be useful for aged care providers and ICT providers, Age-tech should be as simple and effective as possible. It should therefore:

- Be usable in multiple settings; interoperable and integrated; modular and connectable.
- Be multi-deployable and scalable.
- Be up to date.
- The maintenance and support of the technologies themselves and their associated systems is a challenge, there should be a good product support.
- Moreover, aged care providers should be consulted when developing these new technologies.

Lastly,

- Age-tech should be based on a sound business model (affordable, cost effective).
- In terms of reimbursement, variations between countries, healthcare systems and insurance models are so numerous that it is difficult to propose a 'one size fits all' answer. Nonetheless, it appears that ICT and digital solutions should be viewed as an investment and ideally, should be part of the normal reimbursement system.
- Knowledge on Age-tech should be facilitated. Countries are developing knowledge/proof centres to gather, evaluate and share knowledge in certain fields. In the care sector, such a centre would promote the emergence of the best practices of ICT and digital solutions.

Despite the differences in the European states, it is clear that Age-tech play a decisive role in the care pathway. In order to be key for the workforce and older people, they should be based on the quality of life and of work, while also being financially sustainable. Skills of staff and of older people are crucial. Consensus should always be sought with users as the use of these new technologies develops.

7. EMBRACING THE DIGITAL TRANSITION THROUGH SKILLS

In this era of ever-changing technology, the need for health and aged care professionals to develop digital skills is more crucial than ever. The winds of change blow every five years and require us to be prepared for changes that remain uncertain. Flexibility is key in this ever-evolving landscape. While we are aware of the impending changes, the specific skills that will prove themselves over time remain elusive. In this uncertainty, the only certainty is the inevitability of change. We must be adaptable and willing to learn and redefine the skills that will be important in the years ahead.

The ongoing digitalisation of the healthcare system underlines the central importance of trust. The relationship between caregivers and care receivers, which is built on trust, is undergoing a paradigm shift in the digital age. Trustworthiness is becoming not just a virtue, but a prerequisite in the era of digitalised care.

In the future, the landscape of digital interaction will continue to change. Tools such as ChatGPT, while effective, are challenging traditional trust paradigms. The emergence of automated, non-human interfaces raises questions about their trustworthiness. It is imperative to recognise the boundary between human and machine and understand that ChatGPT, while powerful, serves as a trusted, albeit non-human, resource.

When navigating this dynamic landscape, the need goes beyond individual skills and encompasses the organisational level. Now more than ever, digital skills need to be embedded into the healthcare governance structure, the workforce, and the integrative care of older people.

Digital Skills for Managers

The journey into the digital future begins with leaders who can adeptly navigate this landscape, setting the course for the entire organisation. Digitalisation is, at its core, an organisational evolution. Managers are the drivers of change and play a key role in shaping the digital landscape. Their digital skills are therefore crucial not only in steering the organisation towards technological competence, but also in setting the direction for staff and residents alike.

Best Practice: SeneCura's Onboarding programme for new managers

The onboarding programme for new managers implemented by the SeneCura Group is an example of the successful integration of digital skills in the healthcare sector at Austria's largest private nursing home operator.

In the crucial first six months of their employment, newly appointed managers benefit from a comprehensive digital learning platform. This holistic programme not only comprises digital elements, but also includes coaching, mentoring and leadership impulses, providing a well-rounded approach to leadership development.

A key facet of this comprehensive onboarding programme is the integration of digital tools and online training via Zoom. The digital dimension accelerates the learning process, fostering digital literacy among new managers and ensuring a seamless onboarding experience.

The SeneCura Group adopts a proactive approach by consolidating onboarding sessions from various central departments into a unified training calendar accessible through Outlook. This calendar not only streamlines the onboarding process, but also promotes transparency, as Zoom links for sessions are easily accessible to all new managers.

Benefits:

- Efficiency and accessibility: Centralising resources and meetings maximises efficiency and ensures that new managers have seamless access to the information they need.
- Transparency and collaboration: The shared calendar promotes transparency and allows all stakeholders to stay informed about ongoing onboarding activities. Q&A sessions become collaborative forums where new managers can interact with experts and peers.
- Integrated development: The integration of coaching, mentoring and leadership impulses emphasises the holistic development approach and prepares new managers for the complex demands of leadership in the healthcare sector.

Digital Skills of Healthcare Staff

To navigate this digital environment, healthcare professionals need to have comprehensive digital skills. This includes skills in managing electronic health records, conducting secure telemedicine consultations, and using data analytics to improve patient care. In addition, healthcare professionals must balance these technical skills with interpersonal qualities such as empathy and communication to provide holistic care in a technology-driven environment (Source: American Medical Association).

During the digital transformation of the healthcare system, the promotion of digital skills in various areas is essential. This begins with healthcare managers, who play a central role in guiding organisations through the digital age. This integration sets the direction for staff and residents and promotes a coherent and adaptable approach.

Ensuring the digital literacy of healthcare professionals remains paramount. Ongoing initiatives emphasise the importance of tailored training that considers the evolving nature of digital tools in healthcare.

At the same time, the digital skills of older people are proving to be a crucial factor in promoting their active participation in the digital age. The initiatives emphasise the importance of targeted online courses that equip seniors with basic digital skills for various online activities.

These collective efforts emphasise the importance of promoting digital skills at all levels of the healthcare sector. From professionals and managers to employees and seniors. Fostering digital literacy is key to navigating the evolving healthcare landscape and ensuring a harmonious and technologically competent future for all.

8. EU-PROJECTS AND INITIATIVES WITH AN EAN INVOLVEMENT

The EU-funded „DDSkills" project (2020 – 2022) has been instrumental in closing the digital skills gap for healthcare professionals. By developing tailor-made training courses, DDSkills empowers caregivers and healthcare professionals, including occupational therapists, psychologists, social workers, and nurses, to maximise the potential of new technologies. These courses cover a wide range of technological devices, from sensors to virtual reality headsets, and provide cross-national certification that ensures standardised recognition of competencies (Source: DDSkills Project).

DDSkills finds that there is a significant need for new knowledge and skills among professionals providing care and support. Although many participants use digital tools in their work, ongoing education and training remain essential.

Digital Skills for Older People

In a world rapidly dominated by technological breakthroughs, it is essential to also improve the digital skills of older adults. Eurostat data show that a significant proportion of older people have never used a PC (Source: Eurostat). The EU-funded „ICT4Elders" project (2020 – 2022) aims to bridge this digital divide by offering a basic online course on ICT. This course teaches older adults basic digital skills and makes it accessible to seniors without prior ICT knowledge (Source: ICT4Elders Project).

After completing the ICT4Elders programme, participants gain the ability to:

- Use electronic devices, web browsers, applications, and online banking
- Conduct online transactions, including shopping and financial management
- Use communication, entertainment, and health applications effectively
- Assess the credibility of websites and applications and address internet safety concerns.

SOCIAL EXCLUSION VS DIGITAL EXCLUSION	
Social exclusion	**Digital exclusion**
Deterioration in material condition, unemployment	Inability to find a job in the rapidly developing IT sector, inability to work in jobs that require IT knowledge.
Limited communication in society	Impossibility to stay in touch with members of an information technology-based society through the tools, which this society uses.
Limited possibility of using public services	Limited possibility of using electronic government services (data box, citizen's portal, public registers, etc.).
Discrimination	Discrimination based on digital illiteracy of people, who don't have access to ICT.

Care4Skills

The Care4Skills project aims to develop and implement a new strategic approach (Blueprint) to sectoral cooperation on skills needed to reinforce the essential work of long-term care providers in Europe. During the course of 4 years, the Care4Skills project will deliver many important results, which will be strong pillars to the main one which is a sustainable Sectoral Skills Strategy for the long-term care sector.

Partnership for Skills in Long-Term Care

The long-term care sector largely includes care for older adults and support for people living with disabilities. The sector is undergoing changes and is growing rapidly, marked both an increase in demand, as well as evolving expectations as to what people want from long-term care services. Long-term care is also impacted by both the digital transition, and the transformation of the sector towards home and community-based care.

The European Care Strategy highlights all these aspects, demonstrating the cross-European difficulties affected by the sector. It also points towards the need to upskill and re-skill long-term care workers, who are often insufficiently trained in areas such as digitalisation and person-centred care and support. This impacts the quality of the care and support provided, as well as the quality of the jobs created.

9. DIGITAL SKILLS AS AN ADVANTAGE OR REASON FOR EXCLUSION OR INCLUSION

One of the imperative aspects of the usability of technology is the targeted building of digital literacy, both for seniors and employees. Although the situation varies from country to country, unfortunately the existing e-literacy roadmap in most countries does not give enough emphasis to digital literacy in general, let alone for seniors. We would like to encourage countries to be more active in this area, just as we are ready to be active, to be part of future plans and to participate in increasing the digital literacy of clients and employees.

An inactive approach in this area can lead to the problem of social exclusion, where all clients of social services are at risk, not just the older population. There is already a gap between those who have ICT skills and can use them to their maximum benefit in life and those who are unqualified in ICT skills. Over time, the gap between the two groups is widening and it is becoming increasingly difficult to approach the group more able to use ICT to meet a variety of needs.

The recent Covid-19 pandemic has further widened the gap, with potentially alarming consequences for the not only the digital but also the social exclusion of older individuals. The Covid-19 pandemic and the subsequent social distancing measures and restrictions on movement have significantly altered the landscape, further highlighting the risk of digital, and by extension social, exclusion of older people. Clients of old people's homes during the pandemic were at risk of "feeling doubly excluded", both from physical contact but also from social participation in digital events.

Manifestations of such exclusion among the older population as a consequence of digital exclusion include limited social contacts and isolation, as well as general mistrust and fear. It can also manifest itself in reduced trust in institutions (banks, authorities) or in access to the exercise of political and civil rights, not least in the health sector.

The main objective should therefore be to focus on improving ICT skills.
Main Areas for ICT training for the older population:

- Digital communication tools and applications
- Social media platforms
- Solving technical problems and identifying needs and responses
- Protecting devices, personal data, and privacy
- Online shopping, E-banking services, and public services
- Managing, storing, and exchanging data, information, and content
- Browsing, using search engines, evaluating information

Within this target group, however, we must also think about the barriers that will accompany this goal and that will be behind the success or failure of our joint efforts to increase the digital literacy of seniors.

Main barriers to improving ICT skills within the older population:

- The fact that the ICT field is very complex (e.g. difficulty in choosing the right device)
- Applications and software often undergo updates/changes
- Lack of awareness/information and difficulty in understanding new technologies
- Lack of skills, knowledge, education/training, and familiarity with ICT (e.g. difficulties in using touch screens)
- Lack of proper support and programs that promote ICT literacy for older people
- Insecurity and fear
- Reluctance or refusal to adapt to new things
- Memory difficulties

In the implementation of individual digitalisation strategies or even just individual elements of digitalisation, we should all (companies, providers, governmental and non-governmental organisations) have the common goal of social solidarity or social equity to prevent digital exclusion as a consequence of the digitisation of social services and the digitalisation of society in general. In this context, proactively communicating the benefits of digitalisation and its use, and increasing digital awareness, both among clients, employees, and the general public, will certainly help.

EAN POSITION PAPER

Boosting the digital transition of elderly care in Europe

The European Ageing Network is an association of European aged care providers and strives for high quality care for older people in Europe. The EAN, with more than 12,000 member organisations from 27 European countries and servicing millions of older people, continuously shares experiences and best practices to make aged care more effective for older people and more satisfying for its staff.

What is Age-tech and why now?

- **The concept of Age-tech comprises a wide range of digital technologies,** products and solutions that particularly address the needs and expectations of the ageing population and can support aged care providers/staff and support older people to live a healthy, active, and independent life.
- **In order to bridge the digital transition gap in Europe,** The EAN identified a number of priorities for improving and accelerating the implementation and use Age-tech:
- **A vision (from all stakeholders, including authorities and care providers) is needed as to where digital care should go, as guidance.** It is proposed that a short and long-term vision be drawn up. There needs to be direction as to what must be worked towards as aged care organisations and guidance must be provided that leaves room for practice (not just supervisory or testing). For example, there is a need for agreements on various roles and preconditions surrounding digitalisation (including GDPR), the current health and aged care systems are too fragmented
- **More focus on the implementation,** safeguarding and upscaling of digital care that has shown benefits and added value (in terms of costs/benefits and effects). Care must be inclusive
- **Investment programs should be set up with a limited number of objectives and rewards for good behaviour.** Do not allow a system on the market that cannot communicate with other (information) systems. Do not allow products (including software) on the market without proper evidence. Stimulate care providers to cooperate digitally. View digitalisation of care as an investment, not just a cost factor. If you want to curb growth in expenses, you may have to first allow an increase in costs
- **Attention must be paid to transition costs, ongoing (re-)training,** and the costs relating to a lack of effective or incorrect implementation and loss of production. The costs and benefits need to be considered carefully.

In order to achieve this the European Ageing Network (EAN) calls on all stakeholders to rapidly unlock the potential of Age-tech.

1 Age-tech and a digital transition are not a 'nice to have', but an urgent need

The use of Age-tech and the digital transition of aged care is not just a hype, or a nice to have, but an absolute necessity in order to sustain high quality aged care. Older people and staff are calling for digital and technological assistance in their daily lives and work. In this sense, Age-tech is not the future, but today's reality already.

2 Age-tech and a digital transition find their added-value in a clear vision

In order to unlock the potential of Age-tech, there is a need for a holistic vision on the digital transition of aged care, including needs assessment, cost-effectiveness, implementation, and adoption. All of these elements are not just supplementing, but complementing and instrumental.

3 Age-tech and the digital transition are a multi-stakeholder issue

The uptake of Age-tech and the digital transition are not a matter of aged care providers alone. Success depends on the cooperation between all stakeholders: from staff to older people, from industry to governments, from investors to funders. Together, they should work on the creation of an electronic and personal health and wellbeing environment that goes beyond the walls of the institutions.

4 Age-tech and a digital transition must be seen as an investment, not as a cost-factor

Based on a holistic vision and a sound strategy to implement cooperation between all stakeholders, Age-tech and the transition process will turn out to be a profitable investment, providing return on investment that goes beyond financials. Especially in aged care, Age-tech can have a preventive effect and a laissez-faire attitude can turn out to be more costly.

5 Age-tech and the digital transition should look not only focus on the current generation of older people, but also on younger generations with other needs, expectations and skills

The potential of Age-tech and the digital transition will grow with the shift of age cohorts. Younger generations will be more used to, better skilled and more adaptive to new Age-tech solutions. Younger generations will not only be better prepared to use Age-tech, but will also expect to be better supported in their growing older and in old-age.

6 Age-tech and the digital transition empower and engage older people and carergivers

Age-tech plays an important role in the concept of Ageing in place and helps older people and caregivers (both formal and informal) to create a supportive and safe home environment for older people. Age-tech can improve living and working conditions, it can strengthen autonomy and should be person-centred. In this sense, Age-tech can also fit into the concept of positive health.

7 Age-tech and the digital transition tap into a source of valuable data

Age-tech opens a world of data collection, data mining and data analysis, if used correctly and done wisely. Wearables, sensors and other technical solutions provide useful data for primary and secondary use. Data availability and exchange, interoperability and research may be profitable for predictive application, preventative actions, benchmarking and process optimisation. There is a huge data hunger, as the recent Covid-19 crisis has clearly shown.

Age-tech has the potential to help older people live more independently, safely and comfortably, and to reduce the burden on informal caregivers and healthcare providers. It has the power to transform the future of ageing and aged and social care for the better.

The EAN is determined to take the driver's seat and take control of shaping future care for older people through a technological and digital transition of today's practice with the support of effective and efficient Age-tech.

Prague, May 2024

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