



**Eurodiaconia**  | *Connecting faith  
and social justice  
through action*

## **Research on demographic change in Europe and the future of long-term care**

July 2022

**Eurodiaconia** is a European network of churches and Christian NGOs providing social and healthcare services and advocating social justice.

## Mission

Eurodiaconia is a network of churches and Christian organizations that provide social and health care services and advocate for social justice. Together we work for just and transformative social change across Europe, leaving no-one behind.

## Vision

Driven by our Christian faith, our vision is of a Europe where each person is valued for their inherent God-given worth and dignity and where our societies guarantee social justice for all people, including the most vulnerable and marginalized.

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## EXECUTIVE SUMMARY

This study report has been developed for Eurodiaconia, a European network of churches and Christian NGOs providing social and healthcare services and advocating for social justice, in the period April-June 2022. It highlights the main challenges faced by their members, not-for-profit service providers, in the delivery of long-term care (LTC) services across Europe, proposes Eurodiaconia's vision for the future of LTC, and advances policy recommendations on the European and national levels.

This study report is mainly based on the information collected from Eurodiaconia's members through semi-structured interviews and feedback gathered during two workshops, coupled with a literature review of recent EU sources.

The provision of LTC is, first of all, affected and influenced by the challenges related to demographic change and the aspirations of users about the type of care they would like to receive. The main challenges related to demographic change that members have identified include the continuous increase in numbers of older people, issues related to loneliness and isolation, a greater proportion of older people with dementia or other memory disorders, the ageing of people with disabilities, the lower availability of family and informal carers due to changes in societal and family patterns, migration and the subsequent care drain. Finally, increasing numbers of older people prefer receiving care at home. However, in many countries LTC provision is not sufficiently structured and equipped for home care provision.

The analysis continues with the description of the main challenges Eurodiaconia members face in their provision of LTC services. These challenges can be regrouped around three dimensions: a) funding, lack of availability of services and staffing; b) the need to adapt the services to the rapidly changing needs; c) legislative and policy frameworks. These challenges are common to all members; however, their intensity varies from one country to another. It should not come as a surprise that these challenges have been exacerbated during the COVID-19 pandemic, which in some cases has also created opportunities to develop new creative solutions and foster innovations. It is the common view of Eurodiaconia's members that these challenges will remain in the future and grow in prominence, if governments and decision-makers do not take appropriate measures in a timely manner.

The study report puts forward Eurodiaconia's vision for LTC and recommendations to the EU and national levels to address and at least mitigate those challenges.

## 1. ABOUT THIS PUBLICATION

This study report was developed for Eurodiaconia in the period April-June 2022. Eurodiaconia is a dynamic, Europe wide community of organisations founded in the Christian faith and working in the tradition of Diaconia, who are committed to a Europe of solidarity, equality and justice. The network includes 56 organisations in 32 European Countries providing social and health care services and advocating for social justice. With over 30 000 service centres, approximately 800 000 staff and over 1 million volunteers around Europe, Eurodiaconia has been at the forefront of contributing to the EU-level debate on quality, accessibility, funding, staffing, and social services availability.

The ongoing COVID 19 crisis has exacerbated existing challenges which the long-term care (LTC) sector was already facing, due to chronic underfunding. It has made issues such as staff shortages and insufficient availability of LTC facilities even more visible. Demographic change is furthermore expected to significantly increase the need for long-term care over the next years and decades.

This report is meant to provide a contribution in view of the European Care Strategy that has been announced by the European Commission. This strategy will address the shortcomings in the provision of LTC.

The report has three main objectives:

- highlighting the main challenges faced by not-for-profit long-term care providers, aggravated by demographic change and the COVID-19 pandemic, as well as some possible solutions
- proposing Eurodiaconia's vision for the future of LTC
- putting forward policy recommendations to the European and national levels to address the identified challenges and strengthen not-for-profit LTC provision.

***Over 30 000 social service centres, approximately 800 000 staff and over 1 000 000 volunteers are involved in providing Diaconal social services.***

The key target audience of this report are the EU institutions, namely the European Commission, the European Parliament, and the Council of the EU, as well as national, regional and local authorities sharing responsibility for the planning, design, financing and delivery of LTC, as well as LTC (not-for-profit) service providers.

The present study, firstly, gives a brief overview of demographic change and long-term care provision in Europe, based on a literature review. Secondly, it highlights the main challenges

encountered in the provision of LTC by Eurodiaconia members, including those linked with demographic change and the COVID-19 pandemic. It also identifies some possible solutions that have been utilised by members in the attempt to mitigate those challenges. Thirdly, it develops a vision for the future of LTC based on the input of Eurodiaconia members that were interviewed. It concludes by putting forward recommendations to the EU, national and regional institutions that have direct or indirect responsibility for the design, planning, financing, delivering and commissioning of LTC services across the EU.

## 1.2 Methodology

The research significantly drew from the work of Eurodiaconia and its member organisations, as well as from other not-for-profit service providers and NGOs representing users and informal carers.

The methodology used for this report is based on:

- Desk research on LTC and demographic change in Europe (Eurodiaconia's reports and papers; most recent comparative EU level reports; reports, papers and reactions from EU social service providers and NGOs)
- Semi-structured interviews with 8 Eurodiaconia member organisations working on LTC
- Workshop on LTC with Eurodiaconia members (11 May 2022)
- Review of the draft report by Eurodiaconia Secretariat
- (Online) meeting with Eurodiaconia's Secretariat and contributing member organisations to collect input and get feedback on the first draft version of the report (9 June 2022).



## 2. BACKGROUND

### 2.1 Definitions

The concept of ‘**demographic change**’ describes a population’s age structure adjusting to changes in living conditions. Consequently, changes in the composition of a society’s age structure are the result of social shifts. Half of Europe’s population growth between 2005 and 2050 has been and will be due not to births, but rather the fact that increasingly more people are living longer and longer. If one speaks today of the challenge of or the adjustment to “demographic change”, then this usually means the challenges or adjustments that come with an ageing society.<sup>1</sup>

This report applies the definition of LTC agreed by the Social Protection Committee in 2014:

*“Long-term care is defined as a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care. The daily living activities for which help is needed may be the self-care activities that a person must perform every day (Activities of Daily Living, or ADLs, such as bathing, dressing, eating, ...) or may be related to independent living (Instrumental Activities of Daily Living, or IADLs, such as*

*preparing meals, managing money, shopping for groceries or personal items...).”<sup>2</sup>*

### 2.2 The context: a brief overview of demographic change and long-term care provision in Europe

This section is based on a recent EU literature review and gives a brief overview of demographic change and long-term care provision in Europe, as well as related challenges.

#### **The European population is ageing.**

Increasing life expectancy in conjunction with low birth rates is projected to lead to an increasing weight of older population groups in the EU. The number of people aged 65 or over is projected to increase by 41 % over the next 30 years, (from 92.1 million in 2020 to 130.2 million in 2050), while the number of people aged 80 or over is projected to increase even more, by 88 % (from 26.6 million in 2020 to 49.9 million in 2050). As a consequence, the old-age-dependency ratio is projected to increase significantly, from 32 in 2020 to 52 in 2050 – an increase of more than 62 %. Although many older people are living healthier lives, with ageing the need for LTC services becomes more important, especially for the oldest. Among those aged 65 or over, 47.8%

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<sup>1</sup> Observatory for Socio-political Developments in Europe (2010), Demographic change in Europe – an overview, Working paper no. 4, p. 4

<sup>2</sup> European Commission and Social Protection Committee (2014), Adequate social protection for long-term care needs in an ageing society. Joint Report, p. 11

have disabilities, thus increasing the demand for support.<sup>3</sup>

**Immigration from third countries and intra EU mobility** can on the one hand mitigate the negative impacts of ageing in receiving regions, by providing workforce to the care sector and by increasing the number of younger people in those areas. On the other hand, it can aggravate already adverse demographic trends and contribute towards care drain in Eastern countries and other third countries, namely in the regions which are facing population decline. Rural and remote areas often lack adequate social services, including LTC.

**LTC has a strong gender dimension.** Women live longer than men, often alone, have less earnings than men, with the consequence that more older women than men are in need of LTC and are less able than men to afford it; most of informal care is provided by women and most of the care workforce is made of women. Increased mobility and labour market participation by women, who are the majority of informal carers, means that they become less available to provide long-term care to others in their social environment.<sup>4</sup>

**The way in which formal care is provided varies a lot across Member States.** Differences in the use of care reflect personal preferences and differences in family structures, as well as the availability and affordability of

formal long-term care services. The extent of coverage of long-term care costs by the state may also explain the choices being made. Long-term care is not defined as a specific social security branch or distinct policy field in most Member States, but is covered by different social and health policies and provisions.

In many Member States, competencies in terms of regulation, funding and service provision are split between the national, regional, and local institutional levels. The provision of LTC may be closely interlinked with (or be part of) policies such as those in healthcare, social care, housing and housing support services, and for people with disabilities.<sup>5</sup>

Long-term care is typically funded from various sources. The financing of the long-term care system is either mainly tax based (e.g. in AT, FI, RO, ES, SE) or mainly insurance based (e.g. in BE, CZ, DE). Some Member States use mixed financing systems (e.g. in FR, EL, NL).<sup>6</sup>

The Joint Report of the European Commission and the Social Protection Committee identifies the following key trends in LTC provision:

- prioritising homecare and community-based care over residential care, especially in Nordic countries, due to the preference given to more user-centred care options and deinstitutionalisation

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<sup>3</sup> European Commission and Social Protection Committee (2021), Joint Report. 2021 Long-Term Care Report. Trends, challenges and opportunities in an ageing society, p. 18

<sup>4</sup> *Ibid.*, p. 19

<sup>5</sup> *Ibid.*, p. 31

<sup>6</sup> KPMG (2021), Study on the long-term care supply and market in EU Member States, p. 22-23

- the use of homecare differs a lot across Member States
- people in need of LTC often do not use (more) formal care services, because they are not affordable and/or not available
- the availability of residential care varies a lot across Member States: in Nordic countries residential care for older people was highly developed, while now there is preference for homecare or community-based services; in southern and eastern countries, residential care has increased due to high demand of services; semi-residential care (daycare

centres) is provided in almost all Member States

- informal care is still a major source of long-term care across the EU, as around 53 million people provide informal care in the EU-27.<sup>7</sup>

At the European level, the European Pillar of Social Rights has devoted one principle (principle 18) to LTC. The COVID-19 pandemic has put LTC systems under increased pressure in the Member States. This crisis, with high mortality rates in elderly homes, has put into question if LTC settings are the right ones.



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<sup>7</sup> *Ibid.*, pp. 31-35

### 3. WHAT ARE THE KEY CHALLENGES IN THE DELIVERY OF LONG-TERM CARE?

#### 3.1 Main challenges related to demographic change and the type of care people would like to receive

This section highlights the views of Eurodiaconia members regarding the most important challenges linked to demographic change and how they affect the provision of LTC services. Members' views confirm the findings from the literature review.

- **Continuous increase in the number of older people:** for example, the Italian member reported that in Italy the percentage of people over 70 in relation to the total population is among the highest in Europe. Members have observed that many people are living longer, often in good conditions, but alone; in this way, **isolation and loneliness** become additional issues.
- **Increase in the number of elderly living with dementia or memory disorders:** a consequence of this is that in residential care, the concentration of older people with dementia is very high. This causes more challenges to the provision to LTC services and affects the well-being of users with dementia, whose social interactions become more difficult.
- **People with disabilities are reaching higher ages,** thus increasing the need for care: this is a new phenomenon that is not sufficiently taken into account in estimates about care needs.
- **Shrinking number of family and informal carers,** due to societal and family patterns, namely the increased participation of women in the labour market. This issue is dominant in countries with a family-based system of care, such as Germany, where most elderly people have two adult children who often need to care for their older parents and their children. This is especially difficult for women, who participate more and more in the labour market and traditionally take care of their family members. In the future, due to lower birth rates, people will have on average one child only, and the financial sustainability of family and informal carers will be under increased pressure.
- **Migration and care drain:** many care professionals move from Eastern European countries to Western countries attracted by higher salaries, leaving older parents and children behind. This phenomenon is widespread and increases care staff shortages in Eastern European countries. For example, according to the estimates by Bundesverband für häusliche Betreuung und Pflege e.V. (VHBP - Federal Association for Home Care and Nursing e.V.), in Germany there are about 700,000 Polish care workers and during the COVID-19 pandemic, the demand for homecare workers increased. The Polish Ministry of National Education reported that in 2018 up

to 20% of Polish children may be left behind, because parents move to another EU country for work.

### **Good practice case no. 1**

#### **Germany, Diakonie Württemberg in cooperation with Diakonie Poland and other church organisations: 'FairCare' campaign**

In Germany, most elderly and sick people wish to be cared for at home. Often, they require more than the medical services of a nurse. They also need help with day-to-day activities, such as shopping, cooking, washing and getting dressed.

According to the estimates by Bundesverband für häusliche Betreuung und Pflege e.V. (VHBP - Federal Association for Home Care and Nursing), in Germany there are about 700,000 Polish care workers of whom only less than 100,000 come legally through recruitment companies.

Care givers from Eastern Europe often work under very poor working conditions in Germany. They must be available around the clock and have no health and pension insurance. To tackle this situation and ensure compliance in the employment of caregivers coming from Eastern European countries, with labour and social protection laws, Diakonisches Werk Württemberg started the FairCare campaign in cooperation with the Association for International Youth Work and the Association of Protestant Women in Württemberg. Diakonie Poland and AIDRom in Romania joined this campaign too. Diakonie Poland carried out the campaign and the pilot project from 2012 to 2015.

In the framework of this project, Diakonie Württemberg in cooperation with the Association for International Youth Work set up a placement service for caregivers from Eastern Europe, who are hired to support elderly or sick people in their day-to-day activities. The caregivers placed through FairCare are legally employed in Germany and in accordance with labour law standards, benefitting from occupational and health protection.

With a multilingual team, this service offers counselling and advice to users who need to be cared for at home, to their families, and to caregivers from Eastern European countries.

During the COVID-19 pandemic, the demand for homecare workers increased. Due to the stricter travel regulations and the confusing situation at the borders, the entry (but also the departure) of caregivers from other EU countries to Germany was significantly more difficult. FairCare also had to face these new challenges with creative solutions to ensure the care of people in need of care. All caregivers who were on an assignment were advised not to leave but to extend their assignment period. For the entry and exit of the workforce, appropriate work certificates have been issued for the border crossings, thus ensuring safe and uncomplicated crossings.

- **People want to choose the type of care they want to receive:** very often older people prefer staying at home, however in many countries LTC provision is either non-existent or not sufficiently structured and/or equipped for home care provision. Some members are of the opinion that with the care settings in place, caring for users with high care needs at home is not realistic. The Joint Report of the European Commission and the Social Protection Committee on LTC provides that one of the consequences of giving priority to homecare and community-based services has been that the availability of residential care has been decreasing in several (Nordic) Member

States over recent years. Moreover, the shift towards de-institutionalisation can become a challenge when it is not matched with sufficient investment in affordable homecare and community care services, and with action to ensure good working conditions in de-institutionalised settings.<sup>8</sup>

### Good practice case no. 2

#### **Austria, Diakonie Austria: 'Community Nurses' Pilot projects – financed by the National Recovery and Resilience Plan**

In the framework of the Austrian National Reform and Resilience Plan, a project with the value of 54 million € was awarded for the implementation of 150 Community Nurses (CNs) in Austria. Diakonie Austria is one of the beneficiaries of the project. The pilots for CNs are intended to address the lack of services and to develop a type of care that is needs-oriented.

The CNs's task is to connect people with care needs to service providers (of medical and social services). Their role is to inform people in need of care about care services and prevention, as well as to promote networking between service providers, volunteers and the local community.

The aim is to address unmet needs of the population, to improve well-being, to strengthen health literacy and thus to ensure that older people can remain in their own homes as long as possible by empowering them and their relatives.

The project has the duration of three years.

<sup>8</sup> European Commission and Social Protection Committee (2021), Joint Report. 2021 Long-Term Care

Report. Trends, challenges and opportunities in an ageing society, pp. 31-32

### 3.2 Main challenges met by Eurodiaconia members while providing LTC services

This section highlights the main challenges Eurodiaconia members face while providing LTC services. They can be regrouped around three topics: a) funding, lack of availability of services and staffing; b) the need to adapt the services to the rapidly changing needs; c) legislative and policy frameworks.

These challenges are common to all members; however, their intensity varies from one country to another. Some of the challenges are common to for profit service providers. Members consider that these challenges will remain in the future and they will become more important if appropriate measures are not taken by governments and decision-makers in a timely manner.

#### Challenges related to funding and staffing:

- **Funding available from public authorities is inadequate.** All Eurodiaconia members agree that levels of funding are inadequate. Not only can they not increase salaries which results in difficulty coping with ordinary provisions, but they cannot make investments in care infrastructures or IT and technology which are necessary to align with the green and digital transitions. They face difficulties in developing specific interventions to address increased mental health problems and

disabilities among older people.<sup>9</sup> Sustainability of not for profit service providers is often at stake, as cuts in funding go in parallel with an increase in running costs of operations (e.g. energy, heating, and inflation). The COVID-19 pandemic and the war in Ukraine have worsened the situation.

- Closely linked to the lack of funding is the issue of a **lack of availability of services**. Some members started having waiting lists for people in need of LTC, as resources are not sufficient to keep up with the demand of the evolution of care needs and the necessity of developing new services. For example, the Spanish member highlighted that there is a general lack of community-based services in Spain.
- **Challenges related to staff** include shortages of qualified staff, inadequate working conditions and ageing of staff. **Shortages of qualified staff** is an issue across the sector. Employers face difficulties both in recruitment and retention, although Eurodiaconia members face more difficulties in recruiting rather than retaining staff. The ratio between the number of users and the staff is not balanced, especially because care needs have been intensified, namely those of people with dementia and other memory disorders or with disabilities. This causes a lot of stress among care

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<sup>9</sup> For example, the Czech member highlighted that in their country the standards for residential care

infrastructure are too strict and high-level comparing to what is possible with available resources.

workers, diminishing their work-life balance. This is the main reason why many care professionals leave their jobs. Additionally, care professions are not attractive enough. Care work is physically hard work, workers are confronted with time pressure, as in certain countries time measurement is imposed for individual tasks, and the **salaries are not at the same level as in other professions, such as healthcare for example.** Overall, Eurodiaconia members report that they have serious difficulties in increasing the salaries, because of a lack of funding.<sup>10</sup> Furthermore, the **ageing of the staff** represents another issue in LTC services as many staff personnel are not able to carry out the heaviest tasks due to age or health conditions. By contrast, some members report that in LTC services for children with disabilities, they are able to attract younger staff.

- **Impoverishment of families who are often asked to pay fully or in part for care of relatives.** More often compared to the past and especially where care has been heavily relying on family structures, users and their families are requested to pay fully or in part for the services they need. As average wages and pensions become

increasingly inadequate in relation to the cost of living and there is a general impoverishment of the population, the issue of inadequate public funding is particularly worrying if solutions are not found rapidly. Diaconia Valdese reported: *'Users do not receive enough money from authorities to pay for the services they need. The amount authorities pay now for allowances is the same as in 2013.'* Eurodiaconia's Lithuanian member highlighted that in their country LTC provision is guaranteed for free only for three months per year, and after this period users have to pay out of their pocket.

- **Increasing number of people with low income and high care needs:** this is the consequence on the one hand of the general impoverishment of families who are not able to sustain the increasing costs of care, and on the other hand of the fact that in many countries there is an increasing number of people who do not have access to any type of care. For example, in Scotland there is much greater need to tackle the increased number of substance abusers who have complex social, health and mental health issues. In Greece, there has been a continuous flow of homeless people for which services do not exist. The Greek Evangelical Church reports that in

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<sup>10</sup> It is interesting to note that in Germany, studies from the last decade show that people working in nursery or care often left their jobs after 7-8 years. A positive development is that a recent study has shown that 500 former care professionals would like to go back to the sector, because working conditions have improved.

There are differences in salaries from public, not for profit and for profit providers. Companies tend to give good salaries to young staff, while not for profit employers give similar conditions to all.

their LTC services they are often obliged to accept older homeless people and leave the others out, because there aren't enough

places. This is in striking contrast with their mission to provide care to all those who need it.

### Good practice case no. 3

#### Spain, Bet-san, an elderly home promoted by the Evangelical Church of Catalonia

Bet-san is a non-profit Private Foundation founded by the Spanish Evangelical Church in 1969, when it was inaugurated by Pastor Samuel Capó i Ferrer. For many years this pastor had been raising awareness among the members of the Evangelical Church of Catalonia on the need to create a home where evangelical Christians and elderly people without resources could live out their later years, as they were discriminated against in catholic elderly homes. Bet-san started as a residence with the capacity to host 45 people, later a day care centre service was opened and a unit specialising in care for people with dementia was set up.

They offer assisted living, nursing home and day care services with the aim of providing support in the activities of daily life, promoting autonomy and fostering the well-being of users.

With a qualified team providing comprehensive and personalised care, they offer users continuity to their life by valuing their tastes, preferences and desires. They also want the Bet-san residence to be a place of life and participation. To this purpose, they have a suggestion box at everyone's disposal and their staff and management of the centre have available office hours to answer queries. Furthermore, they want to encourage participation through the Participation Council, where representatives of users, families, employees, the organisation and the public administration facilitate dialogue to offer new proposals and improve the running of the centre.

A team composed of a physiotherapist, an occupational therapist, a social educator and a psychologist plans a programme of meaningful activities for rehabilitation, stimulation, and interaction, to foster users' capabilities, autonomy and mobility as long as possible.

They also provide animal-assisted therapy and music therapy. In addition, they offer support and assistance to families and friends considering the positive links and their participation as a key element in the care of the person. Ancillary services are hairdressing, podiatry, shopping, and accompanying users to external visits.

#### Challenges related to the need of adapting the services to rapidly changing care needs:

- **Intensification of care needs:** members generally report an intensification of care needs, especially among people with dementia. A general trend is that elderly people want to stay at home as long as possible. As they enter care facilities later compared to the past, and therefore in worse health conditions, it requires more medical support.
- **Increased medicalisation of care:** the growing complexity of care and the social needs of LTC users is a challenge everywhere and for all types of service providers. COVID-19 also displayed an increased medicalisation in residential care. This requires care settings to have adequate equipment and workforce, namely doctors and nurses, alongside social workers and other types of care professionals. At the same time, a vision of medicalised care as a means of keeping people alive as long as

possible is emerging in many countries. Some Eurodiaconia members do not agree with this vision of care, as they prefer to ensure that users live autonomously for as long as possible. Other members think that the right balance should be found between medicalisation of care, morality and quality of life. This is an ongoing lively debate.

- **Lack of affordability of digital technologies:** In the Eurodiaconia network there is consensus that digitalisation of care is an opportunity. Particularly during the pandemic, it allowed families to keep connected with their relatives in need of care. However, where there is insufficient funding or insufficient investments into the technological infrastructure, it becomes a challenge, namely for not for profit service providers.

#### Good practice no. 4

##### Finland: Hoivatie – Elderly care campus

Hoivatie is developing a project to create a campus for older people, where they can live at home until the end of their life. On the campus, Hoivatie will provide a mix of palliative care, homecare, intensive homecare, assisted living and residential care, with the use of digital and technological tools. Older people will not have to change the place in which they live, even when their care needs increase. Hoivatie will also set up a daycare centre and will provide different types of every-day care services, such as cleaning and shopping. The campus will develop a safe and dementia-friendly environment.

#### Challenges related to legislative and policy frameworks:

- **The implementation of public procurement rules is problematic in many countries:** the main reasons are because contracts are awarded on the basis of price and not of quality, the inadequate duration of contracts, tendering is not transparent, and some members are concerned about corruption. In some countries, it is difficult for a not-for-profit service provider to win contracts through tendering, because for-profit service providers cut salaries of staff to become more competitive, while Eurodiaconia members do as much as possible to guarantee

decent working conditions for their staff. There is no consensus among members about the ideal duration of contracts. The Scottish member suggests that framework contracts with a duration of six years, with renewable annual contracts with the possibility to review the prices in line with inflation could be a solution.

- **Lack of coordination between health and LTC policies:** in most Member States, the authorities responsible for health and LTC policies are different, and often competencies are split into different governance levels. This makes coordination between the different authorities and providers, as well as the

allocation of funds, ineffective. Considering the increased medicalisation of care, coordination between health and LTC policies should be an urgent priority for governments and policy-makers.

- **Considerable differences in the availability, quality and affordability of services across regions in the same country:** Lack of availability of services is a common challenge in rural and peripheral areas in all countries. Furthermore, because LTC is often a regional competence, in many countries it is possible to remark striking differences in the level of provision (availability and quality of services) and in the level of funding across regions in the same country, causing issues of equality in the access to LTC. The Spanish member argued that regions in Spain have a different level of sensitivity when it comes to LTC, and it is particularly the level of funding that is influenced by politicians' views.
- **How quality standards are monitored by the responsible authorities:** quality standards are monitored in a very different way not only across countries, but also in the same country. Members report that in some cases, quality standards are applied too rigidly, without leaving any room for flexibility. In other cases, checks are not strict enough, or there is no consistency in the application of the rules from one service to another.

### **Specific challenges related to the COVID-19 pandemic:**

The COVID-19 pandemic exacerbated the above-mentioned challenges and created new ones for service providers. It has had a major impact in Southern and Eastern European countries where social and care services have been underfunded for at least a decade, as a consequence of fiscal consolidation measures or lack of investments.

The **already low ratio between users and staff became more important** during the pandemic, because a lot of staff got sick or had to be isolated for some time. Replacement of staff was exhausting, personnel had to work longer hours and to face unknown and dangerous situations. This created a lot of stress which affected family life. Handling this required a good level of mental resistance, bravery and good team work. As many services were shut down and had to be provided online, staff had to adapt their skills and ways of working to the online environment. They also had to train users and their families on how to use tablets and other digital tools or technologies. During the pandemic, retention of staff was more challenging, as many care professionals left the sector or moved from the care to the health sector, where the various professions benefit from better recognition and higher salaries .

COVID-19 related restrictions (material restrictions, restrictions in contacts between users and with their families, isolation etc.) had an **impact on the emotional lives of users and their families**. Many users experienced depression, anxiety and suffered from social isolation and lack of human contact. It

was in particular observed that users with dementia regressed faster than before and after having not seen their relatives for two months, could not recognise them anymore. When contact was possible, it was by distance or behind masks. Especially in the first year of the pandemic and where protective equipment was not sufficiently available, residential services had to face the risk of COVID-19 spreading within the homes, causing deaths or serious health issues for the users and the staff. For some members Covid-19 was also an economic challenge, as they had to anticipate a lot of money to buy protective equipment.



### 3.3 Measures taken by Eurodiaconia members to address the challenges

The table below illustrates some of the measures taken by Eurodiaconia members in the attempt to overcome or mitigate the identified challenges.

CHALLENGES	POSSIBLE SOLUTIONS	CHALLENGES	POSSIBLE SOLUTIONS
STAFF SHORTAGES	<p>Running a University college providing education for nurses, together with other diaconal institutions (NO)</p> <p>Lobbying government to ensure they pay tuition fees for students of nursing schools (NO)</p> <p>Migrant people studying gerontology as a way of integration (ES)</p>	IMPROVING USERS' QUALITY	<p>Organising 15 min. encounters to enable users to meet their families during COVID-19 coupled with training on how to handle anxiety (IT)</p> <p>Mixed housing solutions between students and older people, to alleviate loneliness and isolation (ES)</p> <p>Campaigns on mental and physical health, sharing hope, giving correct information about challenges (CZ)</p>
INADEQUATE FUNDING	<p>Joint lobby work with welfare organisations towards the government to increase the level of funding, which led to an instrument to define the appropriate staff quantity and the ratio user/staff in elderly homes (DE)</p> <p>Lobbying government to change social protection law (RS)</p> <p>Creation of 'elderly grants' (so called 'borse anziani') (IT)</p>	PUBLIC PROCUREMENT IMPLEMENTATION	<p>Working with government to extend the duration of contracts for social services (NO)</p> <p>Working with contracting authorities to make them understand the importance of focusing on quality award criteria instead of price (RS)</p>
IMPROVING STAFF WORKING CONDITIONS	<p>Counselling services for the staff on how to be empathetic with users while keeping the right distance (IT)</p> <p>Networking with organisations delivering psychological support (RS)</p> <p>Intensive staff support: building a sense of belonging, trainings in IT, technical and social skills, and age management policy (CZ)</p>	ORGANISATIONAL CHALLENGES	<p>Setting up an innovation working group to develop new ideas and solutions and allocate time to study EU funding opportunities(CZ)</p> <p>Preparing a project of Smart NGO – development of complex IT solutions for administration of processes (CZ)</p>

## 4. Vision for LTC in the future

This section illustrates the vision that Eurodiaconia members have for the future of LTC. It is interesting to remark that, although members were interviewed separately, common elements emerged from most of interviews.

The foundations for a good LTC system in the future include the following components:

- a system with a strong public intervention that guarantees the user's freedom of choice in choosing the type of care he or she would like to receive
- a high-quality homecare system integrated with assisted living and community-based care, based on small scale facilities with infrastructure adjusted to the needs of residents
- a system which benefits from qualified care professionals and well-trained volunteers
- a system with enough qualified workforce supported by fair working conditions that attracts people to the care sector
- a system in which services engage with neighbourhoods and are integrated in and connected with the local communities, with housing solutions and areas that are accessible and elderly-friendly, and that can host a variety of generations living in the same buildings or areas
- a system that empowers users and fosters their autonomy as much as possible
- local communities that show more solidarity towards their members and in particular the most vulnerable
- better synergies and coordination between healthcare and social care policies and systems
- adequate funding is available for LTC, including allowances and personal budgets given directly to the users to choose the service they prefer
- a system that offers not only palliative care, but also preventative care
- an EU Care Guarantee that ensures a rights-based approach, guaranteeing that everyone, including people in vulnerable situations, have

### EU Care Guarantee



access to person-centred, affordable and high-quality care, whenever needed throughout the life span<sup>11</sup>

- a system that ensures high quality service provision and in which contracts have adequate duration.

Diakonie Austria has developed a reform model, which translates those elements into a practical recommendation, which is illustrated in the box below.

#### **Good practice no. 5**

##### **Austria: Diakonie Austria – SING Reform model** ('Seniorenarbeit Innovativ Gestalten', 'Innovative design of the work with elderly people' in English)

In the context of national discussions around a necessary care reform, Diakonie Austria came up with a reform model for the Austrian care provision. To date it could not be implemented due to lack of funding. The model is built on three guiding principles:

1. Autonomy
2. Welfare mix
3. Community-orientation.

People in need of care want to share responsibility for shaping care options and settings. To be able to do this, they need to receive transparent information, personalized advice and appropriate care services.

In SING, a professional caregiver supports people with care needs in deciding how they want to be cared for. Currently, people with care needs have to adapt themselves to the service provision system. In the future, the care system should cater a person's needs. In this model, the role of the professional caregiver is to identify the user's care needs as precisely as possible and to refer the user to the services available in the local area. If specific services lack in one region, the professional caregiver forwards the information to the local NGOs and authorities, which in turn can then develop offers to fill these gaps.

In the model, the social service system of the future will not be based on standardized services that are planned years in advance. On the contrary, all relevant actors will work together with family members and volunteers to quickly implement innovative services and on a small scale. The welfare mix will be as colorful as people's needs.

Following a community-centered approach, the services will be available in proximity to a person's home. Professionals and family members will come together to create a sustainable network to connect neighbourhoods and families. The aim of this network will be activating human resources, giving professional support to family caregivers, involving volunteers, and providing expertise and tailored services from professionals.

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<sup>11</sup> Eurodiaconia (2022), Eurodiaconia input to the Commission consultation on a European Care Strategy

## 5. RECOMMENDATIONS

### 5.1 Recommendations to Member States, regional and local authorities

The following recommendations are addressed to the relevant national, regional and local authorities on the basis of the division of competence in each country.

- Reform the care systems to provide a shift from residential care to homecare, assisted living and community-based care that are user-centred and of high quality. Ensure that this transition is implemented progressively, to avoid that residential care settings are closed down before having implemented other care options.
- Rethink the integration of the health system with LTC, including by developing the provision of healthcare and LTC at home, when possible, through the combined use of the support provided at home by nurses, nurses aids and social workers with digital tools.
- Discuss any bill of law related to LTC with service providers, including not-for-profit providers, organisations representing users and their families and other relevant stakeholders. Promote participatory approaches to decision-making in LTC.
- Design and implement LTC services that put users at the centre of care, empower them to take decisions in the most possible autonomous way, promote independent living as much as possible, including providing users with personal budgets to pay for the type of care they choose.
- Irrespective of the financing system and source of funding, provide adequate funding to ensure high quality and affordable LTC services to all people who need them.
- Invest funding in adequate infrastructure, IT and technological equipment for LTC and recognise increasing running costs for residential care and community-based services.
- Ensure diversity in the provision of services through a mix between public and private service providers, including not-for-profit, to enable users to choose the services and the type of provider they prefer, following a needs and demands based approach. Recognise the role and expertise of not for profit service providers.
- Improve the implementation of public procurement by awarding contracts on the basis of quality criteria instead of price only by setting an adequate duration of contracts (a minimum of three or four years) and including a mechanism to adjust the funding related to potentially faster rising costs due to external circumstances.

- Ensure that the care sector benefits from different professional profiles, with varying qualifications, roles and responsibilities: nurses and associate nurses taking care of nursing and aids and assistants taking care of users' daily needs.<sup>12</sup> Organise an awareness raising campaign with the dual aim of increasing the societal recognition of careers in the care and social services sector and of recruiting more young people by providing them with information on various career options. Organise information sessions held by care professionals in schools, addressing also boys.
- Facilitate social dialogue in the sector by ensuring the participation of representatives from the public, private for-profit and non-profit sectors to develop collective agreements for the various professions in care and social services which are common to the three sectors, with the ultimate aim of improving working conditions.
- Invest in adequate resourcing and support of informal and family carers, such as information about their rights, subsidies, counselling and training, group back up, quality respite services, adequate protection such as medical insurance and reimbursement of costs incurred.
- Develop or reform policies linked with income support and raise the level of minimum wages if they are not adequate to support low-income families and people in need of care to ensure that access to LTC services and support is available and affordable for all. Ensure adequate minimum income for informal caregivers.

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<sup>12</sup> In Finland, the regulations in place allow only nurses to work in LTC services. The use of aids and assistants is banned. For the Finnish member, this is a major barrier in recruiting enough staff and it is not in line with the reality of care work, which does not only include nursing, but also accompaniment, keeping company and helping with users' daily needs such as shopping, washing, recreation, cooking, cleaning etc.

## 5.2 Recommendations to the European institutions

- Establish a European Care Guarantee that guarantees everyone living in the EU to access quality care services. These care services should be available, affordable, and of good quality to meet individual needs and fulfill the right to dignity and independent living. The European Care Guarantee should set a framework for Member States to adequately fund and structure the delivery of high quality and person-centred services, leaving no one behind in access to LTC, namely low-income people and people in vulnerable situations. This framework should include life-cycle care strategies, covering decent working conditions, training opportunities for carers, and support for informal and family carers.
- In cooperation with Member States, ensure that the European Social Fund+, the European Regional Development Fund and the Recovery and Resilience Facility effectively support the transition from residential to community-based care and homecare, by means of monitoring, policy guidance, technical assistance and capacity-building of Managing Authorities and stakeholders.
- Develop an EU Skills for Care Initiative to develop a common reference for qualifications in the care sector, to define clear career paths, and to raise the professional status of care professions. This Initiative should also aim at improving up- and re- skilling opportunities for professionals in the care sector, identifying skill gaps and needs, as well as setting a framework to recognise skills acquired through experience, such as through informal care work to facilitate access to formal employment in the sector.
- Launch specific calls for proposals from EU funding programmes to support mutual learning, peer reviews, exchange of good practices, exchange of staff, development of joint training across Member States on all the issues related to qualifications, training, working conditions, skill shortages, recruitment, retention and ageing of staff.
- Use all the legislative, policy and funding tools to approximate national care systems, supporting those countries and regions where the provision of LTC services is of poor quality or not in line with the principles of the European Voluntary Quality Framework for social services. Closely monitor the reforms carried out by Member States. Issue Country Specific Recommendations to those countries where the provision of LTC and the working conditions in the sector need to be substantially improved.
- Dedicate a European Year to LTC, raising awareness about the importance of care professions for the whole society and improving the recognition of this sector among the general public in view of attracting young people and other inactive people to the sector.

- Review the Voluntary European Quality Framework for social services and carry out a comparative analysis of quality systems in the LTC sector across Member States. Organise peer reviews and mutual learning exchanges to enable the relevant public authorities to learn from each other.
- Promote a permanent dialogue between the Commission, Member States and relevant stakeholders, to discuss present and future challenges for LTC, identify and exchange possible solutions.
- Develop mobility strategies and migration policies between receiving countries and the countries of origin by involving social partners and civil society organisations to avoid unnecessary care drain and that children and older people in the countries of origin are not left behind. Promote the application of ethical recruitment practices.<sup>13</sup>

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<sup>13</sup> Social Platform (2011), Recommendations for care that respects the rights of individuals, guarantees access to services and promotes social inclusion, p. 20

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