



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

# **MITIGATING THE IMPACT OF DEMOGRAPHIC CHANGE IN EUROPE *TOWARDS A EUROPEAN CARE GUARANTEE***

**2023**

**Policy Paper**



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# Eurodiaconia

## EXECUTIVE SUMMARY

Eurodiaconia's review of the Long-Term Care (LTC) sector across Europe highlights persistent challenges faced by its member organisations, focusing on workforce shortages, increasing demand due to ageing population, shifts in family structures, and the need for improved integration between healthcare and social care systems. This policy paper underscores the urgent need for social innovation, digitalisation, and a transformative shift to community-based care models. The report showcases best practices among Eurodiaconia's members, illustrating innovative approaches to providing LTC services across various European countries. These initiatives include holistic home care projects, community-based services, and programs promoting independence while catering to specific needs, such as dementia care. Eurodiaconia's comprehensive vision for the future of LTC includes advocating for a system that empowers users to make choices about their care, emphasises high-quality home care integrated with community-based care, fosters a well-supported and qualified workforce, encourages solidarity within local communities, and seeks better coordination. Our recommendations to the European Commission and Member States advocate for stronger coordination between healthcare and social care policies, investment in workforce training, facilitation of cross-border qualifications recognition, and the promotion of digitalisation while upholding human-centric approaches.

## RECOMMENDATIONS

To the Member States:

- Prioritise integrating health and social care services, promoting cross-sectoral coordination.
- Collaborate with stakeholders for comprehensive national LTC plans aligned with the European Care Strategy.
- Invest in training and upskilling of formal and informal care workforce.
- Facilitate recognition of nursing certificates obtained outside the EU and reduce over-reporting during care delivery.
- Provide financial support for apprenticeships in the care sector and regulate agency care staff to ensure equitable support.

To the European Commission:

- Ensure EU funding supports the transition from institutional to community-based care, offering guidance and technical assistance.
- Implement the European Care Strategy swiftly, establishing a European Care Guarantee for quality, person-centred services.
- Dedicate funding streams for LTC reforms and promote awareness through a European Year of Long-term care.
- Support exchange programs for care sector workers under Erasmus+ initiatives.

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# WHO WE ARE

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

## OUR ORGANISATIONAL VALUES

- Love
- Courage
- Dignity
- Hope
- Trust

## OUR MISSION AND VISION

Inspired by our Christian faith, our vision is of a Europe where social injustice is eradicated and each person is valued, included and empowered to realize their fullest potential, particularly the most vulnerable and marginalized.

Eurodiaconia is a network of churches and Christian organisations that provide social and health care services and advocate for social justice. Together we work for just and transformative social change across Europe.



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# INTRODUCTION

In a time characterised by unprecedented demographic shifts and evolving healthcare requirements, providing quality affordable long-term care (LTC) has emerged as a central challenge across Europe. With an ageing population and the consequent prevalence of chronic diseases on the rise, the need for efficient, affordable, quality and sustainable long-term care services is greater than ever. As Europe confronts the challenges posed by an ageing population, policymakers are compelled to develop comprehensive strategies that not only ensure the accessibility and affordability of long-term care, but also guarantee the delivery of good-quality services tailored to the specific needs of diverse communities. Care work is essential work but is often undervalued, not given the recognition it deserves, and its conditions are often not reflecting the essential value it adds to the society.

This policy paper evaluates the present landscape of long-term care provision in Europe, building on Eurodiaconia's member's experiences. It identifies key challenges, and opportunities within the current framework and also proposes Eurodiaconia's vision for the provision of long-term care.

Eurodiaconia is a European network of churches and Christian NGOs with a membership of 58 organisations in 32 European Countries providing social and healthcare services and advocating for social justice in Europe. With over 30 000 service centers, approximately 800 000 staff, and over 1 million volunteers around Europe, Eurodiaconia has consistently contributed to EU-level debates on quality, availability, accessibility, funding, and staffing in social services. Moreover, Eurodiaconia members have decades of experience in providing long-term care services to the most vulnerable persons in society.

This policy paper, therefore, sheds light on the best practices and innovative models that have proven effective in meeting the complex and multifaceted demands of long-term care provision across the network. In addition, it aims to outline a set of policy recommendations that can serve as a road map for policymakers, stakeholders, and healthcare practitioners. These recommendations can facilitate the development of a sustainable, inclusive, and resilient long-term care system that respects the dignity, autonomy, and well-being of Europe's ageing population.



### **Long-term care (LTC)**

*“Long-term care (LTC) means a range of services and assistance for people who, because of mental and/or physical frailty, disease, and/or disability over an extended period, depend on support for daily living activities and/or need some permanent nursing care.”*

## **WHAT IS LONG-TERM CARE?**

This policy document adopts the European Commission's<sup>1</sup> definition of long-term care, which is as follows:

*“Long-term care (LTC) means a range of services and assistance for people who, because of mental and/or physical frailty, disease, and/or disability over an extended period, depend on support for daily living activities and/or need some permanent nursing care. The daily living activities for which support is needed may be the self-care activities that a person must perform every day, namely activities of daily living, such as bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet, and controlling bladder and bowel functions, or may be related to independent living, namely instrumental activities of daily living, such as preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.”*

The importance of long-term care as a policy priority is recognised at European level, as it is enshrined through Principle 18 of the European Pillar of Social Rights which states “Everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services” s, highlighting the importance of accessible, high-quality long-term care services for all Europeans.

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<sup>1</sup> European Commission, Directorate-General for Employment, Social Affairs and Inclusion “Long-term care”



However, in reality, long-term care can be provided by both formal and informal carers, and the way in which formal care is provided varies across Europe. The organisation and delivery of long-term care in formal and informal settings face similar challenges.

## **EU POLICY FRAMEWORK**

In September 2022, the European Commission published the first-ever care initiative, the European Care Strategy, with the aim to ensure quality, affordable, and accessible care services across the European Union. The strategy aims to improve the situation for both care receivers and caregivers, including both professionals and informal carers, establishing the following three fundamental principles as policy priorities for Member States: services, workers and social fairness. The European care strategy was accompanied by two Council recommendations; on the new Barcelona targets on early childhood education and care and on access to affordable, high-quality long-term care adopted in December 2022. In line with one of the recommendations for Member States, and to ensure sound policy governance in long-term care, Member States have since appointed long-term coordinators and contact points to design and monitor national reforms in the implementation of the care strategy. However, the challenges plaguing the sector still persist as elucidated in this paper.

# CURRENT TRENDS IN LONG-TERM CARE

## EUROPE'S AGEING POPULATION

Europe's population is ageing rapidly, with increased life expectancy. Already, in Germany, the proportion of persons under the age of 18 is lower than the EU average, whereas the proportion of those above the age of 65 is higher than the EU average (21.1%), as of 2022. By 2070, it is projected that life expectancy in the EU will be extended by 7.4 years for men and 6.1 years for women<sup>2</sup>. The number of people aged 65 or over is expected to rise by 41% over the next 30 years.

An older population poses a challenge for pensions and for social and the healthcare sector. With people living longer, the demand for accessible, affordable, and quality health and long-term care will increase, given that health problems and disabilities are common at older ages. In the EU, 7% of the adult population reports severe long-lasting limitations on their usual activities, usually associated with the need for regular care and support.<sup>3</sup> The number of persons needing long-term care is foreseen to increase from 30.8 million in 2019 to 33.7 million in 2030 and 38.1 million in 2050.<sup>4</sup> This is amidst a shrinking working-age population coupled with low birth rates. As such, Europe is faced with the urgent need to support and strengthen the provision of quality long-term care services to be able to meet the growing care needs. Moreover, population ageing has outpaced the growth of workers in the long-term care sector, leading to an undeniable struggle with attracting and retaining sufficient staff to provide care for persons in need of care.<sup>5</sup>

## DEMOGRAPHIC CHANGES

Demographic changes in recent years are having a direct impact on the provision of long-term care in Europe and globally. Increased life expectancy (people living longer), reduced

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<sup>2</sup> European Commission (2021) Directorate-General for Employment, Social Affairs and Inclusion "Long-term care report. Trends, challenges and opportunities in an ageing society", Publications Office of the European Union

<sup>3</sup> Eurostat (2023) "Functional and activity limitations statistics"

<sup>4</sup> European Commission (2021) Directorate-General for Employment, Social Affairs and Inclusion "Long-term care report. Trends, challenges and opportunities in an ageing society", Publications Office of the European Union

<sup>5</sup> OECD (2020) "Who Cares? Attracting and Retaining Care Workers for the Elderly"

birth rates, smaller households, and growing urbanisation are reshaping the demographic structures of EU countries.

With the current EU average number of children per woman at 1.8 in 2018, below the level needed for population stability without migration (2.1 is the level considered needed), there is a clear demographic shift. These challenges directly affect the delivery of (long-term) care services. Almost no region in Europe has a birth rate at this level and some regions even have a rate of less than 1.25, like in Malta and Spain with 1.13 births per woman and 1.19 respectively<sup>6</sup>. At the same time, the working-age population is projected to decrease. In 2019, it was estimated at 59% of the entire population. By 2070, it is expected to decrease to 51%.<sup>7</sup> And the number of children and young people aged 0-19 is projected to decrease by 12.6%.

Moreover, intra-mobility is also a key driver of demographic change. In some cases, the movement of skilled social care workers is creating a care drain in some EU member states. These demographic changes directly impact the delivery of long-term care services due to the acute workforce shortages. Therefore, there is a need for public authorities to invest and build resilience in long-term care systems considering these demographic changes.

In addition, with the increasing number of women participating in the labour market and other changes toward increased gender equality, family patterns of care are changing. A large amount of care in the past has been provided by informal carers (mostly women), but with demographic changes coupled with increasingly complex care demands, Europe can no longer depend on informal carers. In the EU, 8% of the 65+ population (7.1 million people) receive informal care, however, there are still unmet care needs. Only 20% of those in need of care report to receive care and 50% report they need more care be it formal or informal.<sup>8</sup> Therefore, there is a dire need for more high-quality formal and informal care. Also, measures should be taken to support the evaluation and validation of the skills of informal carers to enable those interested in transitioning to formal care activities to easily get recognition. Other provisions to ease the pressure on informal carers could be enhanced social insurance contributions for carers, care leaves for employed carers and care counselling.

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<sup>6</sup> Eurostat (2023) "How many children were born in the EU in 2021?"

<sup>7</sup> European Commission (2020) "The impact of demographic change", Publications Office of the European Union

<sup>8</sup> European Commission (2021) Directorate-General for Employment, Social Affairs and Inclusion, "Study on exploring the incidence and costs of informal long-term care in the EU", Publications Office of the European Union, <https://data.europa.eu/doi/10.2767/06382>

## BEST PRACTICES OF EURODIACONIA'S MEMBERS

For instance, Eurodiaconia's member, **Ecumenical humanitarian organisations (EHO)**<sup>9</sup> from Serbia, with its home help and home care project under the License of the Ministry of Labor, Employment, veterans and social issues, provides help to elderly persons, those with physical and psychological limitations and those who are unable to live independently without daily support. This support encompasses support in daily activities (securing food, personal hygiene and home hygiene, medical checkups, heating and repairs in the household, social and cultural activities), care and supervision, when the family support is not available or enough. Services are intended for the population of elderly people over 65 years old, sick people and people with disabilities who need medical or social help, making it possible for these groups to stay longer in their homes. The project accommodates 200 people on a monthly basis, with the support of 16 nurses and carers.

**Slezská diakonie**<sup>10</sup>, with its remarkable 16 care centers and services for elderly persons, promotes a dignified, independent way of living, protection and enforcement of user rights and autonomy when it comes to decision-making. One of its missions is to preserve or improve the life of informal caregivers ("a relief service") and users, supporting the social inclusion of beneficiaries and providing them with personal assistance temporary stay, avoiding institutionalisation. Some services are tailored for persons with diagnosed dementia, memory disorders and combined disabilities. The Rainbow House Ostrava is a home for people with disabilities, adapted for the life of people in wheelchairs, completely barrier-free. Field care service ELIM Stonava provides individuals support in managing personal and household needs of the elderly, so that they can stay in their home environment as long as possible. The mission of the SAREPTA Komorní Lhotka home for the elderly is to provide residential social services to seniors whose health and social situation requires the help of another person, maintaining the highest level of self-sufficiency. Its renovation was completed under the

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<sup>9</sup> EHO project "Home Help and Home Care"

<sup>10</sup> Slezská Diakonie

project "Improving the home for the elderly SAREPTA Komorní Lhotka".

Eurodiaconia's Swedish member **Samariterhemmet Diakoni**<sup>11</sup> opened a senior center in 2017 to create a social context, whereby people over 65 in Uppsala municipality can meet each other and nurture their physical, mental and social health with different stimulating activities, such as singing, musical and creative workshops, sewing, guitar and cooking lessons, drinking coffee with friends, book discussions, physiotherapy, excursions and pilgrimage.

**John BOST Foundation**<sup>12</sup> in France welcomes adults with psychological and/or physical difficulties, whether they suffer from mental illness, disability or pathologies of old age for medium and long-term stays. The Foundation offers care and support pathway for patients/residents with ageing-related disorders or dependencies. Some of their services include individual and group psychotherapy, physiotherapy, psychomotor skills, dental care, occupational therapy workshops, excursions, leisure stays, and worship meetings. The John BOST Foundation became the manager of the establishments and services "John BOST Foundation – Le Refuge Protestant", which offers a reception in an Accommodation Establishment for Dependent Elderly People (EHPAD), a Home Help and Support Service (SAAD) and Support in Medical Care and Rehabilitation (SMR).

## THE IMPACT OF COVID-19

The 2019 COVID-19 pandemic outbreak exposed care system fragmentation, gaps, profound inequalities, and structural vulnerabilities. It exacerbated pre-existing structural flaws, such as the lack of quality services and staffing shortages. According to the European Public Service Union (EPSU), between 2019 and 2021, 421,000 care workers left the care sector due to low wages and poor working conditions.<sup>13</sup> Workers in the care sector are often dissatisfied with the remuneration, limited career prospects, and working conditions, in addition to the physical and mental stress associated with the job. This situation worsened with the outbreak of COVID-19, thereby precipitating the mass exodus of care workers who moved to other sectors. Consequently, there remains an

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<sup>11</sup> Samariterhemmet Diakoni

<sup>12</sup> John BOST Foundation

<sup>13</sup> EPSU press release (2021) "EPSU report reveals hundreds of thousands of long-term care workers leaving the sector"

urgent need for reforms and strategic investment to tackle recruitment and retention challenges in the LTC sector.

## **MAKING THE MOST OF DIGITALISATION**

The use of digital tools in the long-term care sector is increasing. This includes telehealth services, remote monitoring, electronic health records, and assistive technologies that assist elderly persons in maintaining their independence and connection. Also, the outbreak of COVID-19 accelerated the uptake of digital tools in the long-term care sector, as digitalisation became crucial to enable communication between elderly persons and their families. Consequently, the lack of digital skills increases the risk of an elderly person being left out of social contact, increasing the experience of loneliness.

As such, the increasing use of digitalisation must be designed as a means of enhancing care provision with a human-friendly approach. This increased digitalisation could have the following advantages: improved quality of care, monitoring of the effectiveness of care and medication, high standards and reliability, a reduction in accidents and acute care, optimisation of care processes, support for the entire care chain, resource allocation (cost savings), and personalised care. For instance, smart watches can be used to follow the functioning of heart and allow for a timely reaction from medical personnel to prevent heart attack. Also, digital tools can take over certain labourious or hazardous tasks of care workers, improving case management and occupational safety and health at work.<sup>14</sup>

Although digitalisation in long-term care has diverse opportunities, there are also potential risks associated with digitalisation if not well implemented. Digitalisation itself, may reduce personal contact between care users and caregivers thereby reinforcing loneliness.

Moreso, digitalisation can exacerbate existing inequalities, as some elderly people, especially those in rural areas, may not be familiar with or have access to digital tools, leading to disparities in accessing care. To avoid this divide, providing training and support for caregivers and care users to enhance their digital literacy can help bridge the gap and ensure that everyone can benefit from digitalisation in the care sector.

Also, there need to be clear guidelines to ensure the right usage of data and the protection of privacy when digital tools are used. Furthermore, conducting regular assessments and feedback from care users and carers can help identify any potential issues or concerns related to digitalisation, allowing for timely adjustments.

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<sup>14</sup> Thissen et al. (2023), "The European Care Strategy, A chance to Ensure Inclusive Care For All", FEPS and FES Europe

## BEST PRACTICES OF EURODIACONIA'S MEMBERS

For example, Eurodiaconia's member **Philantropy ("Čovekoljublje")**<sup>15</sup>, after conducting a comprehensive analysis of the status of health and social protection users in Serbia, developed two sets of digital guidelines for health and social protection, informing users about their rights and services available in five different cities.

Whereas **Fundația Filantropia Timișoara**<sup>16</sup>, a member of Eurodiaconia from Romania, developed a platform "Partener Social"<sup>17</sup> with data on beneficiaries, such as social security number, vulnerability situation, which can be used to provide tailored support after evaluating the needs of beneficiaries.

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### **Good practice (1): Finland – the DigiHelper Project "Improving Elderly Persons Participation and Reduction of Loneliness by means of digital skills", Caritas Saatio**<sup>18</sup> **Finland**

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*Digi Helper is a project developed by Caritas Saatio Finland. The project has four main objectives: To improve elderly persons participation in society, to alleviate loneliness by offering interesting volunteering activities to people of different ages and to help curb loneliness. The project established a digital café on Teams during COVID pandemic in 2021. They have continuous digital sessions where elderly people get digital guidance outside the home. Some of the activities include teaching the participants how to use a tablet, a smartphone or how to independently initiate a video call.*

#### **Results of the project:**

- ✓ *The guidance has increased the elderly person's participation and strengthened their independence, enabling them to manage their own affairs online.*
- ✓ *It has increased their confidence as they have been able to learn about digital issues in a calm and trustworthy environment, and also in the comfort of their homes.*
- ✓ *Also, the skills learnt in digital guidance have alleviated loneliness, helped them to connect with different social media groups and given them different options to participate remotely in activities that interest them.*

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<sup>15</sup> Covekoljublje (Philantropy)

<sup>16</sup> Fundația Filantropia Timișoara

<sup>17</sup> Partener Social Romania

<sup>18</sup> Caritas Saatio

- ✓ *Using the WhatsApp app has also helped to alleviate loneliness, video calls have increased the feeling of safety. The project has seen progress in the number of participants from 62 persons in 2019 to 290 participants in 2022.*

## **SOCIAL INNOVATION**

Social innovation is needed to sustain the growing demand for long-term care in Europe. Social innovation, as defined by the European Commission, refers to new ideas that meet social needs, create social relationships, and form new collaborations-creating better ways to tackle some of the most challenging social problems of our times. These innovations can be products, services, or models addressing unmet needs more effectively. <sup>19</sup>However, social innovation still requires substantial investment to assure continuity and scalability, and commissioning and delivering organisations need to form partnerships. Furthermore, innovation is crucial for ensuring that services continue to address emerging social requirements and the corresponding demands of long-term care service users, which are increasingly becoming complex. Promoting innovation in service delivery is crucial to ensuring that the principles enumerated in the European Pillar of Social Rights (EPSR) remain relevant.

### **BEST PRACTICES OF EURODIACONIA'S MEMBERS**

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**Good practice (2): Germany – Transnational Lab Strategy to Promote Innovation Structures in the field of Home Care<sup>20</sup>, Diakonie Baden and other partners implementing the D-Care Labs project funded by ERDF, IPA and ENI**

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*"In the framework of the EU project "D-Care Labs: Developing Labs to Facilitate Home Care Innovation and Entrepreneurship in the Danube Region," sustainable interregional innovation structures to enable the creation of innovative home care services and products were established. Nine regional D-Care Lab innovation programmes offer social entrepreneurs (e.g., social start-ups) and intrapreneurs (e.g., social service providers) a space for developing practicable and marketable solutions with the support of various stakeholders (e.g., innovation experts, beneficiary groups, and public authorities). In this way, new, improved, and more solutions shall better address the needs of home care beneficiaries (older people, people with disabilities, children with special needs) to have access to high-quality care and to enable them to stay in their familiar surroundings. The transnational partnership enables the spread of excellent solutions across the Danube Region. Therefore, the newly formed structure fills an*

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<sup>19</sup> European Commission (2016) "This is European Social Innovation"

<sup>20</sup> D-CARELABS (2020-2022) - Developing Labs to Facilitate Home Care Innovation and Entrepreneurship in the Danube Region



*important gap and contributes to the implementation of the European Care Strategy. It is based on 10 European country reports-Austria, Bosnia and Herzegovina, Bulgaria, Croatia, Germany, Hungary, Moldova, Romania, Serbia and Slovenia.”*

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### **Good practice (3): Czech Republic – Working Group on Implementation of Assistive Technologies, Slezská Diakonie**

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*Slezská Diakonie has established a new working group on implementation of assistive technologies with the sole focus on assistive technologies in LTC services, both in residential and community settings.*

## DEINSTITUTIONALISATION

The shift from traditional institutional settings such as large residential facilities towards community-based services, home-care provision, and promotion of independent living is an ongoing process across different EU member states. However, reforms and transformation from large care homes to smaller, community-based settings such as group homes, supportive housing require significant investment, be it in infrastructure or in the workforce. Besides investment, establishing quality criteria and developing national deinstitutionalisation plans, are some of the ways forward for promoting deinstitutionalisation and community-based care. For instance, Spain has set up a participatory initiative - National Deinstitutionalisation Strategy 2024-2030, led by the Ministry of Social Rights<sup>21</sup>, based on community and personalized care model where people can choose where to live and be integrated in the community. Moreover, several principles underlie the path towards deinstitutionalisation; creation and expansion of community-based services to ensure availability of services, respect of individual rights, including the right to choose the type of care they want and providing flexibility in funding mechanisms by allocating resources based on individual needs and priorities rather than sustaining institutional structures.

### BEST PRACTICES OF EURODIACONIA'S MEMBERS

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#### **Good practice (4): Austria – Community Nurses pilot project-financed by the National Recovery and Resilience Plan, Diakonie Austria<sup>22</sup>**

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*In the framework of the Austrian National Reform and Resilience Plan, a project with the value of 54million Euros 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 need-oriented. The CNs 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 project aims at addressing 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 will run for three years.*

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<sup>21</sup> National Deinstitutionalisation Strategy 2024-2030 in Spain

<sup>22</sup> Diakonie Austria

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### **Good practice (5): Finland – Elderly Care Campus, Hoivatie<sup>23</sup>**

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*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 everyday care services, such as cleaning and shopping. The campus will develop a safe and dementia-friendly environment.*

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### **Good practice (6): Germany – QuartrBack<sup>24</sup> project 2015-2018, funded by the Federal Ministry of Education and Research, Evangelische Heimstiftung**

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*The aim of the QuartrBack project was to strengthen and improve the quality of life, social participation, autonomy and self-determination of people with cognitive limitations or dementia-related changes through the targeted use of technology. The resources of the individual and his or her individual support system should be preserved, and it should be possible to remain in one's own home and in the neighbourhood with the usual social connections. As part of the project, a helper network web app was developed that, if necessary, sets off an "intelligent emergency chain" with the involvement of helpers (relatives, volunteers and professionals).*

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<sup>23</sup> Hoivatie

<sup>24</sup> Evangelische Heimstiftung, Institute for Nursing and Aging, „QuartrBack project“

# PERSISTENT CHALLENGES EURODIACONIA MEMBERS FACE IN THE DELIVERY OF LONG-TERM CARE SERVICES

Challenges that have been earlier identified<sup>25</sup> in the past by Eurodiaconia members continue to persist at the time of this paper:

## WORKFORCE CHALLENGES

Key concerns have included addressing acute workforce shortages in the care sector by enhancing the training of care professionals, improving working conditions, and providing decent wages. According to 2023 data, Austrian<sup>26</sup> and Hungarian<sup>27</sup> government have allocated budget to increase the hourly wages of the care sector for next year, by 10.65% and 11.1% respectively. The Federal Ministry of Health in Germany<sup>28</sup> increased the long-term care insurance benefits for home care in June 2023. Sweden is one of the few countries in Europe that offers geriatric care training in the general curriculum and/or requires nurses to follow such a training when they are working in the LTC sector<sup>29</sup>. In Lithuania, under the EU Structural Funds integrated care project, mobile teams of social services and personal health care professionals provide integrated home care services, tailored to individual needs for social and home care services<sup>30</sup>. Besides these efforts, some countries develop their own online platform for matching recent graduates and carers to particular jobs in the care sector.

The provision of quality long-term care hinges on having a qualified care workforce.

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<sup>25</sup> Eurodiaconia (2022) "Research on demographic change in Europe and the future of long-term care"

<sup>26</sup> Austrian Trade Union press release (2023) "Significantly higher wages for employees in denominational retirement and nursing homes"

<sup>27</sup> Eurofound (2020) "New public health-care service contracts with pay rise for doctors, measure HU-2021-1/1243 (measures in Hungary)", EU PolicyWatch, Dublin

<sup>28</sup> The Federal Ministry of Health in Germany "Care Support and Relief Act (PUEG)"

<sup>29</sup> OECD (2020) "Who Cares? Attracting and Retaining Care Workers for the Elderly", OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/92c0ef68-en>.

<sup>30</sup> OECD (2022), "Integrating Services for Older People in Lithuania", OECD Publishing, Paris, <https://doi.org/10.1787/c74c44be-en>.

However, the long-term sector has faced chronic staff shortages due to difficult working conditions. According to our members from Germany, work shortages and training of workforce are some of the challenges of LTC sector. In Czechia, for instance, our members have observed that most young people do not want to work in the care sector, the workforce is ageing, and the providers are faced with difficulties in recruiting and retaining a qualified workforce. To address these shortages, immediate increased public investments must be made in training, recruitment, retention, and protection of the long-term care workforce. Also, increased public expenditure can contribute to better wages in the long-term care sector. The image of care work can be improved with better recognition of informal and formal carers, with better and higher wages, strengthened social dialogue and finally with advancing of training systems, both in-work and extracurricular.

To tackle the issue of skilled workforce shortage, Eurodiaconia's members, **Diakonie Deutschland**<sup>31</sup> and **Evangelische Heimstiftung**<sup>32</sup>, have been particularly active in organising trainings for nursing specialists and assistants in geriatric, health and pediatric nursing, with specialized curricula and hands-on experience in nursing homes, hospitals and mobile services. Upon completion of this training, the participants receive an internationally recognized certification.

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<sup>31</sup> Diakonie Deutschland "General nursing training"

<sup>32</sup> Evangelische Heimstiftung "Nursing education"

## INCREASE IN THE NUMBER OF ELDERLY PEOPLE LIVING WITH DEMENTIA OR MEMORY DISORDERS

Our members continue to witness an increase in the number of older people with dementia or memory disorders. Currently, more than 55 million people have dementia worldwide, over 60% of whom live in low and middle-income countries. Annually, there are nearly 10 million new cases.<sup>33</sup> Closely related to this is the increase in the number of persons with disabilities, thus increasing the demand for care. In residential care settings, this poses more challenges to the provision of LTC services as more skilled workers are needed to attend to the needs of service users. In 2019, dementia cost economies globally 1.3 trillion US dollars, approximately 50% of these costs are attributed to care provided by informal carers (e.g. family members and close friends), who provide on average 5 hours of care and supervision per day.<sup>34</sup> Dementia can impact a bilingual person's ability to communicate in their second language, as research shows that elderly persons with dementia tend to revert to their mother tongue as dementia progresses<sup>35</sup>. This underlines the need for a diversified workforce in terms of language competence and culture, or interpreters and translations into the native tongue of beneficiaries, to adequately accommodate the needs of people with dementia (from practicalities to sharing thoughts and feelings). In Greece, more than 450.000 of persons over 60years already suffer from dementia-related diseases and the number is projected to increase in the coming years. As such, the Greek government has announced a comprehensive action plan to tackle dementia.<sup>36</sup> In Estonia, the government has set up competence centers to train public care workforce on tackling dementia.

Also, Eurodiaconia members report an intensification of care needs especially amongst persons with dementia. People living with dementia use more LTC and spend longer time in residential care than those without dementia.<sup>37</sup> Furthermore, the current trend is that the elderly people prefer to stay as long as possible at their own home and by the time they eventually move into care facilities, it is usually when they require more medical support.

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<sup>33</sup> World Health Organization "Dementia"

<sup>34</sup> *Ibid.*

<sup>35</sup> Alzheimer's Society "Losing your English: 'Reverting' to your mother tongue as dementia progresses"

<sup>36</sup> Euractiv (2023) "Greece adopts plan to prevent dementia 'pandemic'"

<sup>37</sup> sm-Rahman, A., Meinow, B., Hydén, LC. et al. (2022) "Long-term care use among people living with dementia: a retrospective register-based study from Sweden". BMC Geriatr 22, 998. <https://doi.org/10.1186/s12877-022-03713-0>

## **SHRINKING NUMBER OF INFORMAL AND FAMILY CARERS**

With societal changes and increased participation of women in the labour market, there is a decrease in the number of informal carers. 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 increasingly in the labour market and traditionally take care of their family members. Thus, reconciling paid work with family responsibilities, addressing gender imbalance in the care sector are some of the ways to support formal, informal and family carers. In the future, due to lower birth rates the financial sustainability of families and informal carers will be under increased pressure. Measures are needed to support informal carers such as validation of their skills and easing the transition into formal care systems for carers interested in making the switch. Financial support initiatives are also crucial for informal carers, such as stipends or tax deduction mechanisms.

## MIGRATION AND CARE DRAIN

Many care professionals move from Eastern European countries to Western countries attracted by higher salaries and better working conditions, 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. Also, according to a survey, about 98% of live-in elderly care workers in Austria constitute of migrants mostly from Slovakia and Romania.<sup>38</sup>

Romania and Lithuania are equally facing similar challenges, with more young people going through training to work in the care sector but migrating for better opportunities in other countries. Improving the working conditions and increasing wages in countries of origin would be a solution to address the care drain challenges there. For instance, professionalisation of skills of refugees and migrants that arrived in the EU, and recognition of diplomas obtained in foreign countries, can address workforce shortage, and unemployment.

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<sup>38</sup> Amnesty International (2021) "Austria: Women migrant care workers demand rights"



## **INCREASING NUMBER OF PEOPLE WITH LOW INCOME AND HIGH CARE NEEDS**

More and more families are struggling to afford care with the rising cost of living. According to an article on Euractiv<sup>39</sup>, millions of Europeans are depriving themselves of essential goods such as healthcare and food for financial reasons. According to a survey by Ipsos and the French charity Secours Populaire, nearly one in three Europeans say they live in precarious conditions, despite annual inflation in the eurozone falling to 5.5% from 6.1% six months ago. These findings corroborate what Eurodiaconia members are telling us; with the increasing numbers of persons with low income, care has become an essential need many persons cannot afford. This inability to afford long-term care services can have a significant impact on the individual's well-being given that LTC are crucial for these individuals to perform every activity independently due to either chronic illness, disability or ageing. As such, lack of access to LTC services may result in a reduced quality of life for persons in need of assistance. Moreover, the absence of appropriate care can contribute to health deterioration, the individual may experience complications leading to increased hospitalisations which puts a strain on health systems.

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<sup>39</sup> Euractiv (2023) "More than one in three Europeans go without health care, skip meals"

## **LACK OF COORDINATION BETWEEN HEALTH AND LTC POLICIES**

In most EU Member States, the competencies for health and LTC policies are split, which makes coordination between the different authorities, service-providers, beneficiaries and their families, as well as allocation of funds ineffective. Eurodiaconia members would like to see better coordination between the health and the LTC sectors. Coordination between healthcare and long-term care systems is a major challenge in countries where Eurodiaconia members are represented, and it requires an institutional answer. The health care system is highly developed with established professions and hierarchies unlike the long-term care systems. Coordination will involve a set of practices that come into play during the process of active service provision, analysing the role of actors and adapting to different national realities.<sup>40</sup> Furthermore, it is important to highlight that the provision of LTC should be supportive and person-centered with a participatory approach, involving all stakeholders in the decision-making process, from respective authorities and institutions, service providers, caregivers to caretakers and their families. The provision of care must be tailored to individual wishes, needs and care pathways of beneficiaries, to promote healthy ageing, ensure sound coordination and effective use of funds for LTC initiatives.

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<sup>40</sup> Bahle, T., Ariaans, M., Koch, K., & Wendt, C. (2023) "Healthcare and Elderly Care in Europe" Cheltenham, UK: Edward Elgar Publishing. <https://doi.org/10.4337/9781802204070>

# EURODIACONIA'S VISION FOR THE FUTURE OF LTC

Based on the persistent challenges Eurodiaconia members continue to face in the provision of LTC services. They envision that the following elements should be incorporated for the future of LTC system<sup>41</sup>:

- A system with strong public intervention that guarantees the user's freedom of choice in choosing the type of care he or she would like to receive.
- 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 that benefits from qualified care professionals and well-trained volunteers.
- A system with enough qualified workforce supported by fair working conditions that attract 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, has access to person-centred, affordable, and high-quality care, whenever needed throughout the life span.
- A system that ensures high-quality service provision and in which contracts have adequate duration.

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<sup>41</sup> Eurodiaconia (2022) "Research on demographic change in Europe and the future of long-term care", pg. 21

# RECOMMENDATIONS TO THE EUROPEAN COMMISSION AND TO MEMBER STATES

## TO THE MEMBER STATES:

- Member States should **prioritise the integration of health and social care services**: It is crucial to ensure that persons in need of health and social care can have easy access to care. National authorities need to strengthen cross-sectoral coordination mechanisms and promote joint working between health care and social care systems.
- Collaborate with relevant stakeholders, including civil society and social partners, to craft comprehensive national plans aligned with the European Care Strategy. These plans should outline strategies for effective implementation, emphasising the intersectionality of health and social care.
- **Invest in training, skilling, and upskilling** of both formal and informal care workforce.
- Facilitate the **recognition of nursing certificates** obtained out of the EU, ensuring that qualified professionals can contribute to the health and social care sector.
- Reduce over-reporting during care delivery processes.
- Local, regional, and managing authorities should provide **financial support for apprenticeship training** in the care sector encouraging the development of a skilled and resilient workforce.
- Develop policies to enable **better use of digitalisation in the long-term care sector** by improving access to innovative technologies and providing opportunities for both users and workers to be trained in using these technologies.
- Ensure social services should always be driven by the values of empathy, compassion, and dignity. The use of digital tools and AI should complement human efforts rather than replace them. Prioritise a human-centric approach to digitalisation in social services, emphasising the importance of human control and oversight. Ensure that automated decision-making systems are subject to regular human review, and decision-makers have the authority to intervene when needed.

- **Regulate the growth of agency care staff:** In Finland, for instance, the shortage of formal caregivers has rapidly opened the recruitment market to private recruitment agencies who often pay better salaries to the detriment of not-for-profit providers who usually offer slightly lower salaries. This has an enormous impact on caregiver circulation in Finland because not-for-profit long-term care providers are struggling to retain their staff. Ensure adequate support to non-for-profit sector so that it can continue to provide quality support through adequately skilled staff and better working conditions.

## TO THE EUROPEAN COMMISSION:

- The European Commission, in cooperation with Member States, should ensure that **EU funding effectively supports the transition from institutional to community-based care**, by means of monitoring, policy guidance, technical assistance, and capacity-building of managing and planning authorities and providers.
- The Commission should ensure that central to all EU policy initiatives is the **right of people to live in their homes** if they wish and that communities are provided with the right type of support to make it happen.
- Ensure **quick implementation of the European Care Strategy** and move to establish a **European Care Guarantee** that guarantees everyone living in the EU access to quality care services and sets a framework for Member States to adequately fund and structure the delivery of high-quality and person-centred services.
- In addition to cooperating with Member States to 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 home care**; the Commission should equally allocate a **new funding stream** to accomplish reforms in the long-term care sector.
- Dedicate a **European Year of Long-term care**, raising awareness about the importance of care professions for the entire society and promoting greater recognition of this sector among the general public in view of attracting young people both boys and girls and other inactive people to aspire to take up jobs in the sector.
- Provide opportunities for **exchange for workers in the care sector under the Erasmus+ programs**.

# Eurodiaconia

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