



EUROPEAN COMMISSION CONFERENCE

Affordable high-quality long-term care: catalysing dialogue and action
under the European Care Strategy
12 November 2024
Final report

EUROPEAN COMMISSION

Directorate-General for Employment, Social Rights and Inclusion
Directorate D - Social Rights and Inclusion
Unit D2 — Social Protection

E-mail: EMPL-D2-UNIT@ec.europa.eu

*European Commission
B-1049 Brussels*

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Manuscript completed in December 2024

Luxembourg: Publications Office of the European Union, 2024

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PDF ISBN 978-92-68-23199-9 doi:10.10.2767/0310654 KE-01-24-029-EN-N

1. Welcome and opening

The moderator, **Ms Adelina Comas Herrera**, Director of the Global Observatory of Long-Term Care, welcomed participants and explained that the European Commission organised the event to take stock of actions taken under the European Care Strategy (ECS), exploring long-term care (LTC) challenges and ways to address them through joint actions, collaborations, and commitments at European and national levels.

Several poignant SLIDO questions helped to prepare delegates for the day's programme, from which it was revealed that around 56% have experience of using LTC, and some 57% have provided it to someone. The question 'What comes to mind when thinking about LTC?' led to a telling word cloud featuring notions of family, responsibility, support for older people, burden, gender, challenges, ageing, dignity, and more. In terms of what is most important for strengthening LTC systems, prominent words included sustainability, dignity, future, solidarity, equality, respect, and social inclusion.



A [Euronews 'Real Economy' clip](#) showed the challenges to LTC with limited public spending (only 1.7% of GDP in 2022, EU-wide), and offered examples from Slovakia and broader EU trends. Today, around 6 million people work in the care sector, with 3.1 million workers specifically employed in the LTC sector (as nurses and personal care workers) in 2023 and many other domestic workers providing support to persons with LTC needs. Another 1.6 million are needed by 2050. Some 52 million people in Europe provide LTC informally, mostly women. Of the formal LTC workforce, 90% are women. The Care Strategy focusses on improving access quality and availability of LTC, with around EUR 6.6 billion being mobilised under the European Social Fund Plus (ESF+), alongside other funding streams.

In his opening address, **Mr. Stefan Olsson**, Deputy Director-General in the European Commission's (EC) Directorate General for Employment, Social Affairs and Inclusion (DG EMPL) acknowledged the "enormous challenge" that LTC presents for governments but also personally, as "something everyone will face at one point". He mentioned the incoming EC College, and the timeliness of the event during a transition period; a moment to take stock of policies but also plan ahead in light of

the approaching MFF (from 2027), and to galvanise different stakeholders – policymakers, civil society, long-term care providers, international organisations, social partners, etc. Indeed, teamwork and dialogue like this event are essential for progress. The event aims therefore to pass a strong message of the overall importance (political, economic, individual) that the EU, Member States (MS), and citizens place on LTC.

Key challenges for the future include the expected doubling of people aged 80+ (by 2050) and thus growing demand for LTC. Half of those aged 65+ today already have unmet care needs. Meanwhile, the EU workforce is likely to decline by 1 million annually in the same timeframe, placing pressure on all sectors but especially on overall less attractive sectors like LTC. Around 8 million women in Europe are not in work due to ongoing care responsibilities, insufficient access to formal care services, and lack of work-life balance measures. Economically, the 'unpaid care penalty' for women across the EU is estimated at EUR 242 billion annually. This also means that the investing in long-term care can empower more women labour market participation and also create new jobs opportunities for filling the estimated at least 1.6 million more carer jobs.

Unless addressed, issues like difficult working conditions, low pay, non-standard work arrangements, and other factors will continue to hamper recruitment and retention in the sector. Making it more attractive is vital, to improve job quality and to also tackle the gender imbalances. All of this calls for significant policy shifts and major public investment – with the costs offset through taxed professional care and, by implication, greater effort to codify LTC within the wider social protection systems.



Stefan Olsson also talked about technology's role and global differences in approaches to technological assistance in LTC. He sees it as important together with human interaction.

OSHA's report on health, safety and working conditions in the LTC sector and other EU-level actions aimed at generating knowledge on LTC such as mutual learning opportunities, policy briefs, research and intelligence exercises, such as Horizon Europe and Digital Europe, were mentioned. He underscored the importance of strategic partnerships, such as the one between the EC and World Health Organization (WHO) leading to the much-anticipated 'State of LTC Toolkit'.

The “real responsibility” rests with the Member States, he stressed, as they implement the 2022 Council Recommendation on LTC. “Two intensive years and a lot has been done,” he concluded, but now it is time to “sit together, go further and [look at] how to feed it into the next policy cycle.”

2. Global perspective on long-term care – a high level panel

The panel started with a first round of questions to the six panellists eliciting some fresh ideas from national, international and EU perspectives. The Member States viewpoint was delivered by Ms Rute Guerra, Deputy Director-General of the Strategy and Planning Office of the Ministry of Labour, Solidarity and Social Security of Portugal, and Chair of the Social Protection Committee (SPC), whose Annual Report outlines how EU countries are implementing the Council Recommendation. She responded to a question about the most pressing issues and dynamic/ambitious reforms being seen on the ground.

Ms Guerra emphasised global trends causing mounting pressure on social protection mechanisms and LTC affordability and availability. Though differences exist across Europe, some common and persistent challenges include sustainable funding for LTC systems, diminished administrative capacity to implement new measures and increase efficiency, regional disparities and labour shortages, and poor enforcement and awareness of care-worker rights. Many Member States have strategies and comprehensive action plans in place but reported gaps in sufficient and rightly skilled workforce, digital infrastructure, home care provision, and more. Overall, Member State reforms are well-aligned with the Council Recommendation (i.e. affordable coverage, coordination/communication between providers, timely provision, etc.) and, despite the stated challenges, a range of innovative actions have been observed.

She went on to outline which EU-level support measures are seen as most useful to Member States in their LTC reform and investments packages, and where there is still scope for improvement (e.g. visibility/awareness of EU funds and access to them, simpler application processes, best practices dissemination and other added value measures to LTC). SPC has supported efforts together with the EC to fill knowledge gaps (e.g. Cyprus peer review) and improve monitoring of implementation at Member State level. Going forward, a more robust framework on voluntary guidance for social services, further technical support on training design, comparative data, and aligned reporting, as well as insights on the implications of caregiving and pension impacts are also highly valued by Member States.

Dr Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems, World WHO Regional Office for Europe, answered a question about how to tackle the strain that ageing populations place on health and LTC systems. She said WHO’s newly re-elected Regional Director put forward four new priorities for the next five years, with one focusing on demographic changes and how they affect health and long-term challenges in coming years. All the talk about struggling finances means we risk missing the positive story that humanity is living longer, she stressed: “Ageing is living [and] that should be celebrated.” However, gaps exist, such as women being more likely to age in poor health. Further, functional impairment, disability, etc. are only one part of the picture, with a need to go towards a quality of life, not only medical approach to LTC.

Poor mental health in all ages can be a catalyst for physical deterioration, she added. Mindsets need to be tuned to preventing deterioration – physical and mental – through earlier diagnosis and intervention, and greater emphasis on “intergeneration solidarity”. She announced WHO’s upcoming child and adolescent health report and made the connection between early-age attitudes and

ultimate health outcomes (“where we age and live”). Workforce issues and fragmented approaches to LTC are also key challenges, she said: “We’re playing false games [putting] firewalls between health- and LTC systems and moving boundaries all the time.” Older people are “ping-ponged” from nursing home to hospital to homecare, and “we are stuck in this ... vicious cycle”. Unless we get LTC systems right, health systems will face unprecedented pressure, hence requiring a more holistic approach, including the ethical use of robots and assisted technology. Optimised digital solutions are a pillar in WHO’s framework supporting a skilled workforce, but a current mismatch of digital savviness among users presents a challenge to be addressed.

Answering a follow-up question, she expanded on how gender imbalance in LTC responsibilities affects society, the economy, and individuals in different ways. Talking about the life-course impacts and preconceptions surrounding women and care is important, considering the reality of many women being expected to balance work and care responsibilities for children and older people without sufficient support: – based on the notion that “informal care is a female job”, This socialisation starts young, as, she mentioned an upcoming EU wide survey among school children that identifies clear gender stereotyping among adolescences. The added pressure on young girls carries through to a lifetime of expectations “Something is going on that needs unwrapping,” she stressed, Policies on pensions need to factor in lower lifetime contributions from women taking leave to provide LTC, as well as other mitigating circumstances affecting women more significantly (i.e. precariousness due to migrant/visa status, vulnerable living and physical conditions, etc.). We need to look at the bigger picture and cooperate more because tackling each pillar on its own creates a vicious cycle, she concluded.

Mr Mark Pearson, Deputy-Director for Employment, Labour and Social Affairs at the Organisation for Economic Co-operation and Development (OECD), also approached the topic from an international angle. He was asked what similarities he sees between the EU and the rest of the world, and what can be learned from those to improve LTC. He acknowledged the difficulties in governments increasing funding for social areas and LTC, and offered some observed practices from around the world

Preventing or delaying poor health generates big savings (For instance, 60% of people 65+ have two or more chronic diseases; tackle that and LTC expenditure can be reduced 13%). Japan and Norway emphasise integrated community approaches which coordinate health and social care. In terms of targeted spending that factors in need severity and ability to pay, he points towards the US using a means-tested scale system. Maximising the impact of money spent as a product of the system in place is clearly a prominent discussion worldwide, he suggested. Paying for quality of care is key; 4% of people in LTC institutions get healthcare-acquired illnesses annually. “It is horrendous for the people involved ... [poor quality] is a signifier of our failures in the sector,” he stressed, offering Australia’s Charter of Care Rights (star rating) and Canada’s 15% blanket pay rise for care staff as robust responses.

Sustainable finance is critical to securing high-quality and affordable LTC especially in light of predicted demographic changes. Up to a 250% increase in GDP spending could be needed to cover growing demand for LTC and increased coverage by 2050. As this increase in expenditure is unlikely, he points out, governments can change the nature of funding, over-relying on labour income-based social security systems and looking at other sources of tax and possibly at insurance. He mentioned the Japanese model for AI and robot-care assistance, which may not necessarily work outright in Europe, but elements could be adopted to boost digital efficiency, “making ends meet [through] greater efficiency”.

Ms Chidi King, Chief of the Gender, Equality, Diversity and Inclusion Branch, part of the Conditions of Work and Equality Department of the International Labour Organization (ILO), gave an account of the “care economy” and what strategies are needed to address key workforce concerns in LTC. The fact that these issues are rising up the political agenda is positive and shows that ‘care’ and ‘support’ are now recognised as fundamental to society. ILO figures demonstrate this: 748 million women and men are currently outside the labour market due to care obligations worldwide. These people are needed back in the economy now, she said: “It’s a ticking ... clock [and] maybe time is up!” The current situation has negative implications for pension systems, which are not being paid into, and visualises gender inequalities, as the majority of those unable to work due to care obligations are women (708 million globally).

Disconnections between the health- and LTC systems have consequences for the quality and availability of care for those in need. Ms King also stressed the importance of policies on leave for LTC responsibilities, which need to be in synch with other care-leave conditions – part of the ‘leave package’ to support people at work and help them balance work and home responsibilities. Ageing populations are a documented issue, but we also need to prepare for other factors like climate change, she said, which adds complexity to the delicate balance needed for LTC (competition, cost, requirements, demand for care), so we need to “invest in it now and explore all challenges [together]”. Here, strategies for improving working conditions and pay levels for LTC workers are key, especially for vulnerable workers such as domestics and live-in carers. Some lessons learned were offered and the “elephant in the room”, she said, is working conditions for LTC, which should be an essential part of universal social protection systems – gender responsive and inclusive worldwide. Ms King mentioned how Covid had a devastating effect on everyone, but especially health- and care-workers in terms of occupational health and safety (OHS), working hours, stress, burnout risks, etc. Low pay, lack of agency and union representation, poor recognition and value given to skills, social protection, privacy, and rights all add to the precarious conditions facing LTC workers, leading to high dropout rates.

Mr Olsson gave an update on progress since the Care Strategy was adopted two years ago. He said the political window is open, and LTC continues to stay at the top of the agenda. National contact points for LTC and policy dialogue are now in place and benefiting everyone. Different ministries in Member States are engaged in EU-supported reform programmes. Dialogue with social partners and civil society is strong and gaining in granularity based on concrete policies and tools, which are set to continue under the incoming European Commission’s social, employment and skills policy agendas.

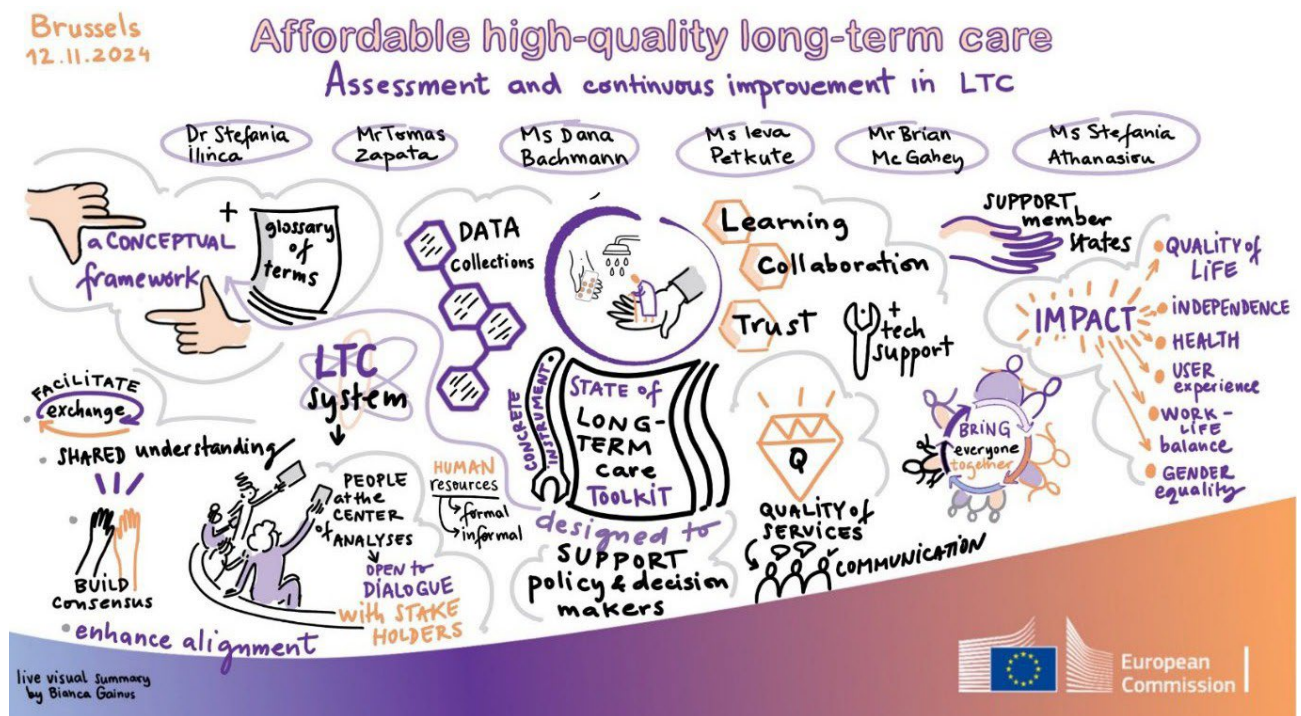
Delegates asked several questions (onsite and online). One focused on what impact climate change is likely to have on LTC and how to increase resilience in the face of it. **Dr Azzopardi-Muscat** said the WHO’s four new priorities also include climate change, updated heat health action plans for institutions and facilities, and preparedness plans (prepare, mitigate, adapt, and respond) for climate-related events.

Another question compared LTC to cancer management, incorrect hospital admissions, and the stigma associated with care at home. Here, Mr Pearson agreed hospital stays are costly and avoiding them can generate huge savings. Some countries do homecare well, others perhaps took it too far, he said, but all could do much better to boost homecare and prevent hospitalisation. Data on “life courses” needs to be better, he added, and combined with health- and care-sector data to unlock potential savings and boost efficiencies.

Another question dealt with the negative language (burden, cost, etc.) attached to LTC and ageism. On that, **Mr Olsson** emphasised the importance of talking about “dignity”, which also came up during

the SLIDO poll at the start. It is challenging, he conceded, because policies are competing for scarce budget and tough language can be a tool to raise the profile of the policy, which can sometimes overshadow the “human rights and dignity” aspects. In reality, we need to present both sides, he concluded.

Another participant asked how to bring LTC back into the public domain and stop the commodification of care in private hands. **Ms King** responded, saying that LTC is a “mixed economy” with private and public actors, but ILO sees the state as having “primary responsibility” for providing and regulating care services, and cost is a clear issue in that. Maybe it is good idea to “flip the narrative”, though, and see it as an “investment not a cost” to individuals or the public purse. The biggest cost is not investing in the care workforce, she said. “We’re seeing the reality of that playing out [and] need to act now”, prioritising all sectors of the care economy not just LTC, so people can age with dignity, and pay into “pension pots”. **Mr Pearson** also stressed the differences in the LTC systems across countries and that still majority of care is provided through the public sector. He stressed that what matters more than the private vs public distinction is the regulatory environment and the rights provided for the people receiving care.



3. Assessment and continuous improvement in LTC: the ‘State of Long-Term Care’ approach

After a short break, the day continued with a panel session dedicated to the launch of the ‘State of LTC’ [Toolkit](#) – a deliverable of the European Care Strategy achieved through a strategic partnership with WHO. **Dr. Stefania Ilinca**, Technical Officer for LTC at the WHO’s Regional Office for Europe introduced the toolkit’s purpose (to help Member States implement the Council Recommendation on LTC), how it came together, what it includes (e.g. concept and glossary, implementation guide, data-collection templates, plus sample reports), and how Member States can benefit. She highlighted the need for common terminology, structured data-collection, inclusive approaches (stakeholder engagement), and an agreed framework for analysing and applying information to better policymaking and action on the ground. The Toolkit took 18 months to build and involved 200+ experts Europe-wide, and it is needed to kickstart/accelerate ambitious long-term strategies and plans in Member States. It is not a benchmarking tool, or standardised indicators, she stressed, but rather evidence and experience in LTC systems to facilitate exchange and build consensus, partnerships, and capacities. She explained the components with a series of slides ([find here all presentations](#)).

Broadly, the framework is made up of five main parts, 25 analytical domains, and over 250 measures and indicators at both population- and care system levels, with the “nitty gritty” (inputs to outputs to outcomes and finally impacts) focusing on needs, preferences and expectations in terms of assistive care, prevention, mitigation, reversing functional decline, etc., with emphasis on reducing LTC use/demand. *Inputs* include communication, financing, innovation, data, and monitoring. *Outputs* are essentially “care services” from professional suppliers to users, with influences on quality of care, benefits, etc. *Outcomes* include access to care, breadth of coverage, resilience of systems, affordability, cost-effectiveness, etc., the “the things we all care about”. *Impact* includes work-life balance, gender equality, etc., and drivers of the overall LTC system are collaboration and consensus, learning and knowledge-building, adapting and planning for meaningful engagement with stakeholders, and interpreting and developing all these elements. The Toolkit can help with all that, she said, by enabling system evaluations, guiding national strategies, actions plans and reforms, strengthening data-collection and monitoring, supporting policymaking and priority setting, and boosting multi-stakeholder engagement (“blueprint for participatory action”).

Country implementations were discussed, and several panellists were invited to give their inputs from the pilots. **Mr. Brian McGahey**, Assistant Principal Officer in the Older Persons Strategy Unit of the Department of Health in Ireland, spoke about the value of structured assessment and consensus-building in a highly dynamic policy field, to deliver the “right care at the right place, and at the right time”. The pilot was also well timed to see how Ireland had progressed in the six years since major reforms were introduced. He mentioned their multi-departmental approach (diverse expertise), and the challenges of coordinated oversight without a single “overarching strategy” for LTC. Unlike many Member States, Ireland has a mixed (private and public) landscape of service providers, requiring extensive engagement with non-state actors, but he said more active consensus-building between different services (e.g. aged care and health) is needed. The Toolkit pilot process helped to bring together senior stakeholders and create a structured platform for various service areas to boost quality. The resulting Ireland LTC Report gives a useful “snapshot and pathway” for positive dialogue.

Ms Ieva Petkute, President of the Association ‘Dementia Lithuania’ (DL), spoke about stakeholder engagement as a key component of the process. As a young organisation representing carers, she said, it is the key in developing person-centred services, as well as creating the culture of mutual

respect between the service users and the policy makers. Taking part in the Toolkit pilot was a valuable experience to strengthen her organisation's awareness of the importance of not normalising the lack of access to the services and of the lack of perception that informal caregivers are providing service. It has also strengthened her organisation's efforts to increase service user representation in LTC system. In addition, it helped to consolidate the organisation's position and informed their efforts to advocate for the National dementia strategy, encompassing LTC, in their interactions with the government.

Ms Stefania Athanasiou, Head of Cabinet of the Secretary General for Social Solidarity and Fight Against Poverty, Ministry of Social Cohesion and Family Affairs, Greece, said the Toolkit pilot came at the right time as her country was working on implementing the Council Recommendation. It helped frame initial stakeholder meetings, brought together all actors (NGOs, private and public sector), many of whom were unaware of the roles they were playing in the overall LTC system. The Toolkit was useful to set and design the Greek national strategy for LTC, to “think out of the box” when setting key pillars. Realising it needed to be people-centred pre-empted open and cross-sectoral dialogues and engagement using common terminology/understanding of what was needed for the National Action Plan. The pilot gave a solid foundation for the steps to follow.

Tomas Zapata, WHO's Regional Advisor on Health Workforce and Service Delivery, explained how the Toolkit can be integrated into his organisation's work programme. Stressing the growing importance of LTC in Europe, he said it is both timely and useful for WHO in order to: 1) build a picture of LTC in and beyond the EU, provide better technical support, and inform national policy dialogues and reforms by maximising synergies; 2) align health and LTC services, promote shared terminology and partnerships (e.g. WHO resilience strategies); and 3) link the Toolkit to ongoing WHO work in rehabilitation, disability, and other themes. He spoke about the Bucharest Declaration, Framework for Healthcare Workforce, and other initiatives. Priorities going forward include tackling issues with informal workers, optimising LTC performance to achieve more with fewer resources, and improving access to and the overall quality of LTC.

Ms Dana Bachmann, Head of Social Protection Unit at DG EMPL then explained how the idea for the Toolkit materialised, and in turn how the Commission can now support Member States using it. When preparing the ECS, she said, “we realised the agenda was ambitious so we would need concrete tools for Member States ready to engage with it”. She thanked the previous speakers for their pioneering spirit and testimonies. Moving forward, the Toolkit needs to be “ownership-led and demand-driven” by countries and regions prepared to undergo this “deep assessment process” and address any gaps revealed. The Technical Support Instrument managed by DG Reform provides a flexible and easy-to-access mechanisms to support Member States to design reforms and policy measures, underpinned by thorough self-assessment as provided by the Toolkit. ESF+ also plays key role in each Member State, she said, with lots of actions likely to benefit from this sort of self-assessment before deploying funds. It can really serve as a platform for exchanges between different partners; planting seeds and mobilising action and reform at local, regional as well as country level.

The morning session was wrapped up and the onsite audience was invited to take part in a ‘family photo’ in the foyer before lunch. Delegates mingled and looked at the *live drawings* created by a graphic artist/ animator during the previous sessions.

4. Parallel sessions: A closer look at policy responses to key long-term care challenges in Europe

The audience made their way to their choice of session discussing major policy issues in LTC. Each workshop had its own moderator and speakers to provide directions and stimulate dialogues, and a rapporteur to deliver the findings/key messages during a plenary panel debate after the break. The subjects discussed in each session were as follows:

Session 1 – No one left behind: pathways for making long-term care affordable for all (affordability)

Session 2 – Elevating quality: pathways to more options and excellence in long-term care (quality and availability)

Session 3 – Beyond applause: pathways to improve attractiveness of the long-term care sector (LTC workforce)

Session 4 – Pathways to supporting informal caregivers (informal carers)

5. Shaping the future of long-term care in Europe: a joint commitment for action (panel discussion)

The moderator introduced the speakers for the panel who answered a series of questions related to the parallel session themes.

Ms Zoe Tzotze Lanara, representing the European Economic and Social Committee (EESC), and rapporteur of the opinion on 'The Health Workforce and Care Strategy for the future of Europe'.

Ms Anne Karjalainen, representing the European Committee of Regions (CoR), and rapporteur of the opinion on 'The implementation of the European Pillar of Social Rights from the local and regional perspective'.

Mr. Giulio Romani, the Confederal Secretary of the European Trade Union Confederation (ETUC).

Ms Mariya Mincheva, Vice President of the Bulgarian Industrial Association (BIA) and the Chair of Business Europe's Working Group on Social Protection.

Ms Nathalie De Wulf, representing the International Social Security Association (ISSA).

Ms Heather Roy, President of the Social Platform and Secretary-General of Eurodiaconia.

Ms Katarina Ivankovic-Knezevic, Director for Social Rights and Inclusion of the Directorate-General for Employment, Social Affairs and Inclusion at the European Commission (DG EMPL).



Focus on affordability and social protection for long-term care

Context: Principle 18 of the European Pillar of Social Rights states that everyone has the right to affordable long-term care services of good quality. The Council Recommendation highlights the need for LTC to be affordable, enabling people in need of long-term care to maintain a decent standard of living and protecting them from poverty and social exclusion due to their long-term care needs as well as ensuring their dignity. The growing demand for long-term care increases pressure on public expenditure, while also calling for improving the cost-effectiveness of long-term care provision, for example, via health promotion and preventive policies, better integration and targeting of services, collecting data and evidence, and using new and digital technologies. Policies conducive to sustainable funding for LTC are also important, particularly in the context of an ageing population and decreasing workforce in the Union. The workshop explored best practices, innovative approaches, and policies that deal with all this.

The rapporteur from the affordability session (**Ms Diana Dovgan, CECOP**) presented the take-aways, which included the need to improve data on LTC, especially on whether public support is reaching those most in need, and broad agreement on the need for more public expenditure on LTC in line with ageing population trends the extent to which one can rely on private contribution in LTC, where and how to invest in technology and finding the right balance and pathways between residential settings and homecare. Delegates looked at countries establishing new dedicated social protection branches for LTC with examples from Slovenia, and at how France's universal coverage and decentralisation scheme works in practice, and the challenges that come with that. Participants explored the social economy's contribution to the care sector and how "cheapest price" criteria in public procurement impacts quality in LTC. For more granular information on activities at the Member State level, the audience was encouraged to consult the latest annual report from the Social Protection Committee (and its dedicated chapter on LTC thematic reporting)

Speaking in the session, the World Bank's expert **Mr. Ali Hamandi** discussed how countries approach adequate coverage, the priorities they choose (e.g. promoting ageing in place), how expenditure for LTC is generated, where it goes, efficiency considerations and other factors to analyse country performance. Achieving adequate coverage and ensuring affordability requires hard decisions, including on how to improve the level of financing (e.g. by diversifying revenue streams and looking beyond income taxes) and how to improve efficiency to contain the cost of LTC.

But the way data is collected, and remaining gaps makes a balanced assessment of LTC "adequacy and sustainability" very complicated.

OECD's expert **Ms Ana Llana-Nozal** explored the questions of whether public spending is really protecting those who need LTC and face large costs and how can adequate protection and financial sustainability be balanced. To answer these questions, we need to estimate the costs that older people face and the benefits and services they receive, across the range of LTC needs, and for any level of income and wealth. What is clear is that, in many countries, long-term care is unaffordable, especially for those with severe needs and on low income, and out-of-pocket costs remain high in spite of social protection. While social protection does not always reduce poverty risks sufficiently, the various policy options available include increasing the funding, targeting it better, and spending better, including through prevention and rehabilitation, promoting healthy ageing and reablement outside hospitals, making use of innovative technology and integrating the different care pathways.

On a related note, **Ms Silvia Ganzerla**'s intervention focused on healthy ageing as a game changer. Speaking on behalf of Eurohealthnet, she stressed that healthy longevity implies reducing avoidable deaths and serious disability through life course, leads to reduced needs of LTC, and requires a holistic approach (including healthy nutrition and lifestyle, physical activity, social engagement, age-friendly environment, mental wellbeing, fighting ageism). She called for a radical shift towards health promotion as well as integrated health and social care, which is person-centred, flexible and available in the community and at home.

Ms Tina Lipar from Slovenia's Ministry of Solidarity-based Future said her country's pursuit of "uniform accessibility and availability" was a driving force behind its adoption of the LTC Act last year, which introduced compulsory LTC insurance to secure a stable source of funding for high-quality LTC based on a person's needs and preferences. These characteristics are assigned using profiles or "categories of need" which are in turn matched to the service programme.

Ms Mouna Abdesselem from France's Ministry of Solidarity, Autonomy and Gender Equality explained their LTC system and how ageing and disability (the "fifth branch") fit into wider social security policy. "We have 'universal coverage' because we cover people with different needs and who can live in their own housing and institutions ... policies are decentralised, and the intervention of departments is specific to their territory and (local) political projects."



Ms Ivankovic-Knezevic was then asked to discuss ongoing Commission initiatives concerning poverty prevention beyond affordability of LTC. She spoke about the incoming Commission's policy agenda, the need for better coordinated social and disability policy at EU and national levels, and how that all feeds into LTC systems. Member States highlighted priorities for EU support: sustainable and targeted funding, better health and safety for formal and informal workers, support for the ageing workforce, emphasis on standards and qualifications, and greater use of assistive technology including AI (where appropriate) for care management, among others.

Delegate questions covered funding business models, tailored public procurement (PP) practices for LTC, and social investment to avoid poverty in old age, especially for the large majority of women caregivers. **Ms Ivankovic-Knezevic** confirmed the importance of including social criteria in PP, which is hotly discussed in Cohesion Policy, and looks set to be on the incoming Commission's agenda. She added that the gender pension gap accumulates over time so the Anti-Poverty Strategy must tackle that holistically, especially considering the "sandwich generation" – caring for parents and children at the same time – but also "in-work poverty" and quality housing for the elderly. These issues are reflected in both the Care Strategy and the Guidance on Independent Living, she noted, adding that prevention is very important, starting at an early age and followed throughout life.

Focus on quality and availability

Context: The topic of quality is vital not only for people needing LTC but also for those providing care, and society and the economy at large. More attention to quality can also slow the physical and mental deterioration of those in LTC, helping them maintain autonomy for longer and avoid unnecessary hospital admissions, thus alleviating pressure on resources. LTC quality depends heavily on adequate funding and workforce, but also on 1) availability of quality care options, 2) person-centric care provision, and 3) quality management.

Workshop rapporteur **Mr. Philippe Seidel, Age Platform Europe**, said participants agreed on the need for reforms on the LTC service 'quality' side, looking at holistic examples in Member States. Discussion on how to move towards more home- and community-based systems offering better quality of care, more choice, and personalised options for those needing it led to the Danish example of decentralised home-care planning, in place of rigid metrics such as 'X visits per day'. In this approach, care-provider and -receiver agree a programme delivered by a single (integrated) point of contact for all services, whether cleaning, food delivery, nursing, etc. Other models with varying merit were discussed, and ideas such as focusing on outcomes (not abstractions), social inclusion, independence, lifelong health, and sense of purpose in life were raised.

Ms Ketri Kuper, Ministry of Social Affairs of Estonia, talked about their efforts to organise homecare more effectively for a better overall balance of residential versus home care, and explained their accelerated digital transformation and related programmes and pilots in areas such as loneliness and dementia.

Mr. Manuel Veguín García spoke about IMSERSO, the Spanish agency responsible for older people and different policies such as isolation and loneliness, and the new LTC person-centred and community-based care model in Spain presented in a citizen-led National Strategy covering aged care, childcare, people with disabilities, and migrants. The Strategy has five main axes and seven focus areas, with deinstitutionalisation, autonomy, flexibility, and freedom of choice as driving themes.

Ms Teija Hammar, Finnish Institute for Health and Wellbeing, and **Ms Seija Viljamaa**, Ministry of Social Affairs and Health of Finland, presented the customer counselling and guidance system, which has been used in Finland for several years. The principle of centralised counselling and client guidance is to provide support and help clients preventively in a timely manner and without delay. Based on "Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons Elderly Care" Act, the person's needs for assistance and

services must be evaluated using the Residents Assessment Instrument (RAI). The first RAI assessment is conducted during the client guidance when evaluating what kind of services an older person requires and decisions are made about the service packages.

Mr. Martin Lichte talked about European Social Network’s LTC data-collection as part of the European Social Services Index, provided an overview of quality frameworks and some insights into how quality could be promoted via public procurement processes.

Ms Annika Charlotte Hassenkam from the Danish Ministry of Senior Citizens, spoke about her government’s recent transition from a more bureaucratic to an ownership-based, values-driven approach to LTC, centred on “self-determination for the individual senior citizen, trusting employees and management in elderly care, and close interaction and involvement with relatives, local communities and civil society”.

Ms Alicia Gómez Campos spoke about European Platform for Rehabilitation’s EQUASS quality management framework to enhance the quality of social services for individuals needing assistance, care, and support. Focused on autonomy and choice, the certification system works on tailoring services to individual needs and preferences. Efforts are underway to align and work with new priorities (e.g. quality of life) and other quality frameworks, and she mentioned EPR’s role in the EU-funded VET project focused on service quality in vocational education and training, and community care.

The panel moderator asked **Ms Zoe Tzotze Lanara** how the EESC and its members can help improve LTC quality and availability. She said, “We started [talking about LTC] not knowing if anyone would pay attention, but this event shows it matters.” She welcomed the ESC and urged the Commission to be ambitious on the “ownership and implementation” side, despite obvious challenges in Member State. Europe is at a turning point, demanding a paradigm shift such as adopting a European Care Guarantee in the spirit of the Youth Guarantee, she said, with affordability, accessibility and sustainability at its core.



Ms Roy was asked for practical examples of how civil society can help LTC provision. She introduced Social Platform's model as one example, bringing together the non-profit sector and organisations representing the interest of care-service users, and underlined the need for "good practices on the advocacy side" as well as secure financing. Better public procurement for LTC services should be a priority. The sector needs well-paid, well-trained workers with opportunities to develop in their job and offer better service.

Ms Ivankovic-Knezevic responded to a question about LTC's position in the broader context of social services and disability policy saying that it was at the foreground when developing the ECS and Disability Strategy, and that it drew on the existing EU level measures, such as the Voluntary Quality Framework for social services, which some Member States embed into their laws and systems, making it a national reality. She touched on other EU level social policies such as minimum wages for LTC workers, links with the European Disability Card, and other elements.

Focus on carers (formal workforce and informal carers)

Context: Workforce plays a crucial role in providing quality care and supporting the well-being of people with care needs across the EU. Demographic trends point to significant job creation opportunities in the future, with long-term care needs expected to increase. However, the sector is struggling to attract workers due to poor working conditions, low pay, limited career advancement opportunities, and gender disparities. The ECS and the Council recommendation on LTC set out specific EU actions in this area and called on Member States and social partners to address the challenges of the sector. The ECS also recognises the crucial role of informal carers and the high societal and economic value of caring for loved ones; hours of LTC provided by *informal carers* is worth an estimated 2.5% of EU GDP, higher than the public expenditure on LTC. It is contended that people with caring responsibilities should have a choice about the extent to which they want to combine care with paid work, and they deserve access to services to help reconcile their caring responsibilities with professional lives.

Workshop rapporteurs, **Ms Kewan Mildred, Eurodiaconia** and **Mr. Sebastian Pablo Gonzalez Hajdu, COFACE**, shared take-aways from the workshops on 'formal workforce' and on 'informal carers'.

A broad range of actors discussed pressing issues in **formal care** and potential solutions. Occupational health and safety (including mental wellbeing) can be particularly challenging to monitor for domestic or undeclared workers. Sectoral dialogue and collective bargaining are needed to improve working conditions and wages. Continuous training and upskilling as well as assistive technologies are important for long-term resilience of the workforce. These issues are of relevance in the context of increasing workforce shortages due to the ageing workforce and low retention rates in the sector. Considering best practices by Member States, the measures implemented by Ireland's Strategic Workforce Advisory Group, such as a premium minimum wage for the sector, were noted.

Mr. Lorenzo Munar, European Agency for Safety and Health at Work, explained how his organisation uses healthcare and care sector data on emerging occupation health and safety risks coming from the 'OSH Pulse' survey, to develop targeted analysis for these sectors as part of a long-term research project. The first deliverable of the project, a report on OSH in figures in the health and social care sector was recently published. It includes around 200 figures, 30 tables and policy pointers. He explained what goes into it, how it works, and gave sample findings (e.g. 70% of residential care-workers think that they are at risk).

Ms Samantha Howe, European Federation of Public Service Unions, introduced the main topics in the work programme of the sectoral social dialogue for social services with regards to workforce challenges in the care sector. A framework agreement is being negotiated between trade unions and employers' organisations in the sector on staff retention and attraction focusing on dimensions such as occupational health and safety, working conditions, workforce diversity, capacity, and career development. **Mr. Sylvain Renouvel**, Federation of European Social Employers, addressed similar concerns as **Ms Howe**, and commented on how employers are adapting to a changing landscape coinciding with an ageing population.

It means service provision is also changing with more “community-based” care and digitalisation. He touched on leave for illness, stress, and the impacts on service quality and labour markets, but also on helping individuals return to work, and work-life balance. He further referred to the results of the Commission-funded [IWorCon](#) Project, which focussed on capacity building and developed 10 recommendations on how to improve working conditions in Social Services.

Mr. Thomas Bignal, European Association of Service providers for Persons with Disabilities, presented the Care4Skills project which contributes to the implementation of the Pact for Skills for the LTC Sector. The Erasmus project aims to improve training for LTC workers including digital skills and the use of AI and assistive technologies to save time and improve efficiency, especially as remote consultations increase in the move to greater personalised care and community-based support. “We need to make sure that workers [and] management know how to do that, [and] the target of the project is to make sure that 60% of professionals are trained.”

Mr. Tommy Sheridan, Department of Health, Ireland, talked about his country's efforts to support LTC healthcare assistants and home-care services. He explained the public-private care-provider “mix” and the intensive engagement between the department and social partners to come up with a set of recommendations to address the recruitment and retention challenges in the sector. Introducing a premium of the “living wage” as a minimum is considered a major breakthrough to make LTC a more attractive work sector, which also helps to “re-address societal values” in this area.

Mr. Jiri Branka, European Agency for Vocational Education and Training, Skills and Qualifications (CEDEFOP), outlined the key messages from a policy brief linking changes in LTC with insights on the challenges of upskilling and reskilling an ageing workforce. He pointed out that local and general care-sector data are hard to disaggregate when looking at them from different perspectives; training, certification, wages, work conditions, and so on. Common to all is, the longer people live, the more care services are needed, leading to increased demand for workforce. Furthermore, the workforce is ageing, and Member States will face the double challenge of replacing the workforce that will retire and filling in new jobs driven by increased demand for LTC.

For **informal care**, four main areas stood out: access to information and support (such as via a toolkit for informal carers), training (e.g. Austrian Red Cross programme), addressing persistent gender equalities in informal care (work-life balance and the impact of the Work-life balance Directive), and learning from Member States' best practices and policy reforms (e.g. Portugal, Italy, Denmark, Belgian-Flanders).

The session moderator opened by introducing the draft Toolkit for informal carers (developed by the WHO in partnership with the European Commission with the aim to support informal carers and self-care, stressing the importance of everyone “doing this work together” to get it ready in 2025).

As WHO’s chief architect of the Toolkit, **Dr. Stefania Ilinca** clarified in this context that we are really talking about a “training course for informal caregivers” who effectively have a “dual role” as care-givers but also as recipients – the stress of the job can place them in “vulnerable situations”, so they also “need support and protection”. She added that it is very much a balance of “care and care processes” with key questions being where informal carers can get support and information about rights and services.

Ms Claire Champeix introduced Eurocarers network representing the interests of informal carers as covering 77 organisations in 27 countries working on accessible solutions and recommendations for policymakers. While care-givers have similar concerns and common needs, she still believes “resources can be personalised”, and that can be built around greater self-awareness of their role, that they ‘are’ carers within a “larger group” with their own needs (practical and mental support, training and help to re-enter the labour market, etc.).

Ms Cornelia Zwicker spoke about Red Cross Austria’s project “Innovative Community Care Centers” (I-CCC, supported by the European Union funding) helping to integrate local services, and improve training and support for informal carers. An online platform in Austria provides information on, for example, diseases as well as online courses, tips, videos and guidance on important topics such as violence prevention against older people, self-care, and financial concerns. She further highlighted that besides trainings and knowledge increase, peer support and counselling was much appreciated by informal carers.

Dr. Jolanta Reingarde of the European Institute for Gender Equality presented the CARE survey about gender gaps in unpaid care the first edition of which was in 2022 – see [event presentations](#) for findings/charts (e.g. 60% of women assess their health as good to very good, but for long-term carers it drops to 51%). Gender issues are prominent today for a reason, she said, and gender inequalities in time spent for care is a key factor in the Gender Equality Index. “Women are under heavier pressure to adjust their working and social lives for care demands to the detriment of job prospects, health and wellbeing,” she said, adding that care means self-care, long-term care, childcare, housework and care for the environment. Gender gaps in care are narrowing not due to men’s substantially different role but rather women’s decreased engagement in such activities overall – but it is slow going and work-life balance remains challenging.

Ms Katja Lenzing from DG JUST discussed where informal care fits into the European Directive on Work-Life Balance. For example, in *force majeure* cases, carer leave, and flexible working are possible but not remunerated, so tend to be less attractive to men. Care leave is a “relative right” and differs from an “absolute right” like parental leave. She said progress transposing the Directive in Member States was slow and several missed the August 2022 transposition deadline. Many have gaps for example in parental leave and the flexible working arrangements, and in particular for part-time work or flexible hours, and carers’ leave is also a problem (only eight Member States currently grant it). Flanking measures are being used together with Equinet to “make sure that flexible workers ... are not unfavourably treated”. Awareness-raising of these issues is important to combat stereotypes and boost implementation.

Representing Portugal's Ministry of Labour – Solidarity and Social Security, **Mr. Nuno Silva Marques** talked about legal reforms in his country leading to terms and conditions that recognise informal caregiving. The reform distinguishes “primary informal caregiver” (providing permanent care) from “non-primary and informal caregivers” by their level of rights and duties. Informal care rights are more codified and linked to health- and social-care professionals. “Intervention plans”, the right to psychological support, and training are also included. A job-support scheme was created on the notion that no one should be in a worse position after re-entering the workforce.

Ms Mincheva was asked, from the employers' perspective, to comment on the interplay between LTC challenges and those facing EU labour markets. The trend of fewer working hours, acute labour shortages, financial pressure and yet increased needs are going to make the goals of affordable, accessible, available LTC tougher for cash-strapped governments. She talked about broadening the labour base and needing to find different sources for financing long term-care, but there is little



evidence of the tangible new models focused on efficiency and proactive labour market policies to achieve that. In the current context of tight public budgets and changing social protection needs, rethinking national systems and improving the efficiency of existing schemes is essential. This means directing resources towards areas with the best social outcomes and identifying where savings or reallocations could be made across different schemes. In this regard, a call for a yearly report on the main trends at national level with

respect to financing social protection was made. This topic will frame our future lives, she said, and is much bigger than the care-sector on its own. “It affects everything and everyone [so] we’ll need a constructive way ahead.”

Mr Romani was asked to share examples of interesting practices from the national level and future plans to protect and support caregivers. He said Europe is clearly heading towards a “social transition”, not just a “green and digital” one, and that the importance of workers to the economy will grow accordingly. But the poor shape of the care sector now means it faces an uphill battle. Challenges include 1) workforce shortages now, which are worsening; 2) too many undeclared workers with no training and exposed to OHS risks, both physical and mental; 3) affordability concerns (pensions not sufficient to cover costs); 4) lack of well-functioning LTC systems; and 5) pressure on family to care for ageing members. So, we need a “multifaceted and holistic public LTC policy” to deal with these challenges, one that embeds good-quality, affordable LTC for everyone within national social protection systems and supports collective bargaining in LTC. He said the EC could do a feasibility study and develop projects to investigate the economic potential of LTC, while social partners could help to make the sector more attractive to women and men,



address discrimination and ensure health and safety in the sector. Social partners can also contribute to designing public policies to dignify LTC, since LTC is an important topic for the future social dialogue in Europe.

6. Closing



In her closing remarks, **Ms Ivankovic-Knezevic** was pleased that so many different perspectives were aired during the event, and that a strong sense of “ownership and implementation” could be observed. The ‘State of LTC’ Toolkit was successfully launched for Member States to take up, and she thanked the workshop participants and especially the countries who shared their practices for their contributions. Discussions pointed to the need for more action on different levels, she said. Financing and funding are key, and she noted EU support to Member State reforms, the EU funding streams ESF+ and ERDF, accompanied by the Technical Support Instrument (TSI) especially in healthcare and LTC. Workforce remains “the elephant in[the] room, as already mentioned”. Key to all this, she stressed, is smooth coordination and budget allocation between the national and local levels (because LTC mostly lies in the hands of local authorities), correct prioritisation.

Other noteworthy topics, she added, were the need to address OSH concerns (for formal and informal carers), the ageing workforce, skills, standards and qualifications, how to better use assistive technology and digital tools in care management, with due regard to individual preferences and ethical aspects. “We need to jump on that train and use AI – if not we’ll miss it!” the Director said. On future actions, she said the Commission is committed to its work on LTC, implementing ECS actions in tandem with initiatives envisaged under the Council Recommendation on long-term care, and Member States must now deliver on their national plans.

The **moderator** drew the day’s proceedings to a close, underlining the positive and concrete contributions from all speakers and the audience as a springboard for new initiatives and responses to the challenges facing long-term care going forward, especially as a new Commission begins its mandate. A shared commitment and the need for joint action remain key to making lasting and meaningful change, she concluded.

The audience saw some key moments and visual memories formed during the day, represented in live drawings by the graphic artist. Instructions were offered about how to see all visuals from the day, the availability of other conference materials, and the delivery of the event proceedings report in the weeks following the event.

Thanks were given to the organisers and all participants on- and off-line, and everyone was urged to keep up the momentum shown during the event in the challenging weeks, months and years ahead.

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