



# **Growing old with dignity** **The challenges of long-term** **care in Europe**

# Acknowledgements

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# Foreword

Caritas Europa is a network of 49 Caritas organisations in 46 countries across Europe, including in all Member States of the European Union and the vast majority of Council of Europe member countries. Caritas member organisations are particularly concerned about the way in which economic and social developments are impacting on the people who are experiencing poverty or situations of vulnerability, among whom include elderly people, often in need of long-term care (LTC). The Caritas Europa network works tirelessly to promote dignified elderly care, responding to the challenges facing Europe's ageing society, whilst also advocating for greater recognition of care workers. This report focuses on the long-term care of elderly people, and how to address some of the challenges in this field in Europe through European policies and innovative practices. It draws on the vast experience of the European Caritas network. Caritas member organisations in Austria, Belgium, Bulgaria, Czechia, Georgia, Germany, Luxembourg, Moldova, Poland, Romania, Serbia, Spain and Ukraine contributed to an extensive questionnaire on this topic, which served as the basis of this comparative report. Other members such as Caritas Slovakia and Switzerland have also been actively involved in Caritas Europa's work on long-term and live-in care, and their ongoing work in this area has also informed this report.

Caritas organisations are essential actors in the fight for social justice and against poverty and social exclusion. They assist and provide services to people in need, also by presenting alternatives to address unfair structures, policies and measures. This Caritas CARES! European report is an important instrument in this endeavour, since Caritas informs local, regional, national and European authorities and formulates recommendations, based on its daily service delivery and advocacy work.

This report has been produced with the support of Michelle Murphy of Social Justice Ireland, the participating Caritas Europa staff, Caritas member organisations, as well as Caritas member in the Fair Care Task Force, all of whom I would like to warmly thank.

Together, we aim to ensure that the voices of the people in the most marginalised situations in our societies are listened to, and acted on, by policymakers at national, EU and Council of Europe levels

**Maria Nyman**  
Secretary General

**The Caritas Europa network works tirelessly to promote dignified elderly care, responding to the challenges facing Europe's ageing society, whilst also advocating for greater recognition of care workers.**



A beneficiary of a Caritas inclusion programme. **Credit:** Caritas Poland

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A nurse conducts a course for nursing college students. **Credit:** Armenian Caritas



# Executive summary

**Population ageing is the defining global trend of our time and demand for long-term care (LTC) is soaring, but public spending is not keeping pace with demand.<sup>4</sup> The median age of the population of the EU27 is projected to increase from just under 43.7 years in 2019 to 48.2 years in 2050.<sup>5</sup>**

This report provides an overview of current trends in LTC as it applies to the aging population and based on the perspectives and experiences of care recipients relying on the services of Caritas care staff. Caritas Europa, with its network of 49 Caritas organisations in 46 countries, has been at the forefront of providing LTC services for an ageing population throughout Europe.

The Caritas staff involved in the data collection process shed light on some of their own experiences and practices. Not surprisingly, Caritas' experiences mirror the general key trends and demographic changes pertaining to LTC seen across Europe. Essentially, these trends relate to the affordability, availability, accessibility and quality of LTC, and they reflect, among others, the:

- increased number of older people and, thus, dependency on LTC services and support;
- increased demand for LTC services by people aged 65 and over;
- persistent major barriers to LTC in terms of affordability, accessibility and coverage;
- increased vulnerability of many older, poorer people;
- insufficient public expenditure on LTC at national level and lack of public investment in LTC;
- challenges in recruitment and retention of LTC staff;
- continued reliance on informal care in many countries;
- very limited statistical data on the diversity of LTC workers, particularly live-in care workers and those working irregularly in non-standard employment;

4. See Un Social Report 2023 <https://www.un.org/development/desa/dspd/world-social-report/2023-2.html>, accessed 15/02/23.

5. The median age refers to the age that divides a population into two numerically equivalent groups, cf. [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Median\\_age](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Median_age), accessed 14/03/23.

- very little control or protections for live-in care workers due to their placements in private households;
- low remuneration for LTC workers and low valorisation of this sector, with the majority being migrant women;
- concern about undeclared LTC workers in the EU and their likelihood of facing poor working conditions and exploitation;
- concern regarding the emigration of care workers from central and eastern European countries, both EU and non-EU, to other western European countries and particularly to EU Member States, for better pay and conditions, and the impact this has on the families and communities left behind;
- concern about the lack of qualified care personnel, especially in countries from where care workers are emigrating; and
- the feminisation of poverty.

Beneficiaries socialise as part of a Caritas inclusion programme.  
Credit: Caritas Poland



Our findings also refer to the lack of integration between social and health care, an increasing overemphasis on bureaucracy rather than on social impact, a misplaced marketisation and commercialisation of social care services, and a lack of investment in not-for profit service provision, including social economy<sup>6</sup> initiatives, and home and community-based solutions, including investments in adequate and comprehensive live-in care services, which could fill this gap. Combined together this creates a social care sector that needs targeted attention and support. Overall, the experience of Caritas organisations demonstrates that the present LTC infrastructure, services and support across Europe are inadequate to meet the needs of the present population, evident by the above list of trends. This situation is further aggravated given the unequal access, the high costs, and the growing waiting lists for professional social care services.

Our findings refer to different levels of spending and investment, from one country to the next – with a generally unsustainable underfunding in the care sector overall – which has contributed to the current crisis in the social care sector in Europe and its over-reliance on “cheap labour”, often provided by mobile and migrant women care workers, informal carers, as well as those active in the undeclared sector. This also alludes to the phenomena of “care drain” and

emigration and the repercussions of insufficient upward social convergence between EU Member States.<sup>7</sup>

This imbalance is a major contributing factor to the phenomenon of the feminisation of poverty across Europe. Such emigration can impact negatively not only on the children and elderly parents left behind, but also on the entire community without adequate care services or personnel remaining. This, in turn, highlights the need to improve the valorisation of this sector and the working conditions and pay of the LTC workers. Not surprisingly, our findings highlight the significance of migration, and the important contributions migrants are making to the provision of LTC across Europe, and thus the need to expand regular labour migration pathways for purposes of work.

For Caritas, it is vital that governments do not resort to merely facilitating migration as the solution for addressing the labour market shortages in the LTC sector, as this just puts a “band-aid” on the problem rather than addressing the root causes, namely that there is too little valorisation of this essential job sector, often extremely low salaries for LTC workers, not enough career development opportunities, and major inequalities within and between EU Member States and between EU and non-EU countries. It is thus vital to address social asymmetries across the EU in order for Europe to achieve greater upward social convergence

## The data for this report is based on the vast experiences of the Caritas Europa network in terms of ensuring the dignity of the elderly.

and strong social welfare systems across the continent. A long-term vision for reforming the current LTC systems is necessary, to ensure quality, affordable and accessible care that is available everywhere, including in rural settings. To achieve this, governments must reform their LTC systems and increase public investment in LTC, so that quality services and support are offered, obtainable, and affordable for all, particularly for those who are in situations of vulnerability and in most need.

Based on these and other findings, recommendations for policymakers have been formulated to support the Council of Europe, EU and national governments in reforming the LTC systems, which are currently underperforming in the context of demographic change. Considering the recent adoption of the Council Recommendation on access to affordable, high-quality LTC, agreed by Ministers in the EU Council,<sup>8</sup> Caritas' recommendations should not only be relevant for national governments in the design of their LTC action plans and strategies but should likewise be important for the EU institutions and non-EU governments in Europe to consider in modernising their LTC systems. This is relevant considering the certainty of the increasingly ageing population and the understanding that the need for LTC is not only a national issue but one that crosses borders and deserves a European solution, if not a global approach.<sup>9</sup>

6. The social economy encompasses a range of entities with different business and organisational models. They operate in a large variety of economic sectors, including health and social work activities. The social economy covers entities sharing the following main common principles and features: the primacy of people as well as social and/or environmental purpose over profit, the reinvestment of most of the profits and surpluses to carry out activities in the interest of members/users (“collective interest”) or society at large (“general interest”), and democratic and/or participatory governance. The term social economy refers to four main types of entities providing goods and services to their members or society at large: cooperatives, mutual benefit societies, associations (including charities), and foundations. Social enterprises are now generally understood as part of the social economy (<https://ec.europa.eu/social/main.jsp?catId=1537&langId=en>).

7. When referring to upward social convergence in this report, we are speaking of a process by which the European Union draws on its capacity to propel least-performing Member States toward best-performing countries in both the economic and social dimensions. It is when the performance of EU Member States in a given domain or range of domains aims to improve and to reduce the overall gaps and imbalances between Member States.

8. Council Recommendation, 2022: <https://www.consilium.europa.eu/en/press/press-releases/2022/12/08/eu-ministers-adopt-recommendations-on-early-childhood-and-long-term-care/>, accessed 08/12/2022.

9. It is anticipated that some lessons will be able to be drawn from Asia's response to its ageing population, since this region is already facing major challenges. See, for instance: <https://www.grid.news/story/360/2023/01/30/what-does-a-world-with-billions-of-old-people-look-like-asian-countries-are-searching-for-answers/>, accessed 28/02/2023.

# Recommendations

## Public investment

**Recommendation 1: The EU should adopt a “golden rule”<sup>10</sup> for social investment and social infrastructure for Member States as part of the fiscal framework.**

The adoption of a “golden rule” to allow Member States to invest in social infrastructure and social innovation would support them in implementing the Council Recommendation on LTC and in revamping and modernising their care systems.

**Recommendation 2: The European Commission should introduce a Social Convergence Mechanism<sup>11</sup> to the European Semester process,**

in order to ensure a balanced approach to social, economic and environmental policy at EU level and that macro-economic policy does not undermine or inhibit progress towards social or environmental goals. A Social Convergence Mechanism would provide a counter to the current focus on fiscal and economic policy at the expense of social goals and enable Member States to deliver real social progress in areas such as LTC, work-life balance, secure employment, and countering poverty and social exclusion. Such a mechanism would also foster an environment for productive social investments as it would help Member States to identify which areas of social investment should take priority for public expenditure.

**Recommendation 3: All governments – the EU and its Member States, as well as non-EU countries – should prioritise a person-centred approach in the provision of LTC,**

ensuring quality care and dignified care work. As social services of general interest, LTC services must serve a clear social function, facilitating social inclusion and safeguarding the fundamental human rights of all people in need of care,<sup>12</sup> as well as orient quality criteria and financial incentives towards this goal so as to guarantee the right to care for everyone regardless of their financial situation. Investments in not-for-profit service provision, such as through social enterprises, are known for this and should be encouraged.

## Access to high-quality, affordable care

**Recommendation 4: The European Commission should propose an EU Care Guarantee.**

An EU Care Guarantee would support and complement the Council Recommendation on LTC, respecting the principles of participation and freedom of choice, and supporting the monitoring and implementation thereof. It would also create supportive conditions for social care services across Europe and help efforts in addressing social asymmetries across the EU relevant to Member States' care strategies. This requires the establishment of a very comprehensive system of benefits, supports and services.

**Recommendation 5: Linked to the Work-Life Balance Directive,<sup>13</sup> Member States should adopt care schemes allowing workers, who wish to exit their current jobs temporarily in order to provide care for relatives, to receive poverty-proof wages.** This should be in combination with adequate education and training opportunities for the informal carer.

**Recommendation 6: The European Commission should develop a binding minimum income framework<sup>14</sup> to ensure Europe's poorest have access to a minimum form of income support, in combination with guaranteed access to services, including LTC.** Older people on the lowest pensions are more likely to have unmet care needs simply because they cannot afford LTC services. Addressing income inadequacy and recognising the reality that the cost of care is well above the minimum income and low pensions will be core elements of delivering the Council Recommendation on LTC and balancing the regional inequalities/disparities that exist within the EU and between the EU and non-EU countries.

A nurse checks up on a patient's health.  
**Credit:** Jakub Žák/  
Caritas Czech Republic



10. The “golden rule” refers to when the government borrows only to invest but not to fund current spending. So, it refers to investments in public and/or social capital stock which provide future benefits and is financed by debt, and thus excluded from balanced-budget rules.

11. Ahead of the Belgian and Spanish presidencies of the Council of the EU, a proposal for a Social Convergence Mechanism is being discussed at EU level and may be adopted around the launching of this publication.

12. The right to care is a human right, which interlinks with other human rights such as the right to health, and housing, among other rights. According to the European Pillar of Social Rights, everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services. (<https://ec.europa.eu/social/main.jsp?catId=1606&langId=en> linked to the right to health and other rights, employment, etc.)

13. The Work-Life Balance directive explicitly recognises that “A continued rise in care needs is predicted, because of an ageing population and, consequentially, the concomitant increase in the prevalence of age-related impairments. The rise in care needs should be taken into account by Member States when they develop their care policies, including with regard to carers' leave.” (Consideration 27 - <https://data.consilium.europa.eu/doc/document/PE-20-2019-INIT/en/pdf>). However, five days of (unpaid) care leave will not be sufficient to bridge the current and future care needs gaps. Moreover, the directive recognises that “The current Union legal framework provides limited incentives for men to assume an equal share of caring responsibilities. The lack of paid paternity and parental leave in many Member States contributes to the low take-up of leave by fathers.” In order to increase the availability of informal care and to ensure that care responsibilities are shared more equally between men and women, it is necessary to extend the possibility to take paid care leave.

14. Caritas Europa, 2022: <https://www.caritas.eu/wordpress/wp-content/uploads/2022/01/Position-Paper-on-Minimum-Income-2022.pdf>, accessed 16/02/2023.

## Better working conditions

**Recommendation 7: Member States must transpose the Directive on Adequate Minimum Wages into national law as quickly as possible, and to its fullest extent**, covering all types of workers, including LTC workers, adhering to the international indicator of 60% gross median wage and 50% gross average wage, and ensure regular monitoring of the implementation thereof, particularly in the LTC sector. This would help address the issue of low pay and in-work poverty in the LTC sector, particularly in those EU Member States with very low statutory minimum wages and those where collective bargaining needs to be improved.<sup>15</sup>

**Recommendation 8: Member States should engage in social dialogue and collective bargaining in order to improve wages and working conditions in LTC.** Such collective bargaining should also contribute to high-value care jobs, opportunities for career progression, access to training, upskilling and reskilling opportunities so as to improve qualifications, the recognition of educational and professional qualifications and work experience attained abroad, including soft skills, as well as respect for employees' rights, all of which are preconditions to ensuring the quality of service, treatment and respect for the dignity of users of care services.<sup>16</sup>

**Recommendation 9: Member States should step up efforts to quickly transpose and fully implement the Work-Life Balance Directive**, allowing workers to take care leave so as to care for family members, and including financial support to compensate for the related wage loss.

## Care migration and mobility

**Recommendation 10: National governments should expand regular labour migration pathways for people with different skill sets** (including low and medium skills) to work in the EU under fair and non-discriminatory workplace conditions, and prioritise secure and sustainable residence statuses with clear, efficient and accessible administrative procedures that enable access to the social security system in the host country and avoid the risk of precariousness and exploitation. Flexibility is needed to ensure that the rights and residence status of migrants are not tied to one employer or one sector, so as to avoid workers falling into irregularity when a job situation changes or in cases of exploitation.

**Recommendation 11: Member States should de-escalate heated debates around regularisation and instead consider it as a real policy option**, among a menu of options, that could contribute to addressing labour shortages in the LTC sector as well as protecting the working conditions of care workers. Seen in the broader context of expanding regular migration pathways and addressing informal economies and exploitation, governments should: strengthen the prevention and protection of migrant workers from exploitation; offer incentives to employers to hire workers on formal contracts; facilitate the issuance of stable residence permits through regularisation schemes; and collaborate more closely with the European Labour Authority (ELA), to increase political will and public investments in labour inspections and judicial institutions, enforce existing rules and regulations around informal work, and sanction employers who violate the law. The European Commission should ensure that the ELA is equipped with the necessary personnel and funding to ensure migrant labour mobility, social security coordination and the fight against labour exploitation, whilst also encouraging Member States to enforce sanctions on employers who engage in exploitative practices and permit undeclared work.

## Care migration and mobility (cont.)

**Recommendation 12: National governments should recognise that the development of mobility partnerships with non-EU countries to fill labour shortages in the LTC sector is only a temporary solution** to a larger issue, namely the lack of recognition and inadequate remuneration for essential LTC workers, the majority of whom are migrant women. Considering that Member States already rely on mobility partnerships outside of the EU, it is vital to remind them that they must ensure decent working conditions and fair and dignified wages in accordance with local standards, training and professional LTC and nursing-services support as well as respect for labour rights.

**Recommendation 13: European institutions and EU Member States must prevent and reverse further growth in the east-west divide in relation to LTC.** Action must be undertaken to promote upward social convergence and address the challenges that care drain presents to countries inside and outside of the EU, such as the impact of this divide in terms of LTC infrastructure and investment and on the movement of mobile LTC workers from poorer

European countries to more affluent Member States. Member States must ensure that labour migration policies do not contribute to care drain by, for instance, ensuring safeguards, ethical recruitment, facilitating circular labour migration, promoting family unity and the reunification of migrant workers, including low and middle skilled workers, so as to ensure that the right to family life is respected. Member States must also guarantee that the jobs carried out in the field of care, whether carried out by national or foreign workers, have the same guarantees, salaries, labour protection and benefits as other workers.

**Recommendation 14: The European Commission should continue supporting Member States to apply strategic national upskilling actions to build career pathways and professionalisation in the LTC sector and to foster related skills development** The European Commission should continue supporting Member States to apply strategic national upskilling actions in order to build career pathways and professionalisation in the LTC sector and to foster related skills development, thus living up to 2023 as the European Year of Skills, and making use of the European Skills Agenda to respond to the upskilling and reskilling needs across Europe.<sup>17</sup> Considering the number of mobile and migrant care workers across Europe, implementing some form of non-bureaucratic skills testing – that recognises and confirms the skill level, competencies, and certificates of the LTC workers throughout Europe – would be important, as this would ensure minimum standards are maintained for delivering quality care. This could likewise contribute to greater recognition of higher/highly skilled LTC professionals and so prevent/lower the risks of them working beneath their qualifications and pay grades in different Member States.

**Recommendation 15: The European Commission, the Council of Europe and national governments should ensure the mainstreaming and harmonisation of efforts that support equality between women and men across all policy areas**, particularly as it relates to the LTC sector, the labour market and poverty concerns.

15. National governments should strongly consider using a basket of goods and services at real prices, established at national level, to determine the cost of living, which can then be used to determine the purchasing power of the minimum wage.

16. This should also link with the Directive on Transparent and Predictable Working Conditions (transposed 01/08/22), since Caritas further advocates for written employment contracts.

17. The Pact for Skills, one of the flagship actions of the European Skills Agenda, can support organisations in gaining access to knowledge on upskilling and reskilling needs, advice on relevant funding instruments to boost the skills of LTC workers in their regions and countries, as well as partnership opportunities within their communities.

## Chapter 2

# Introduction

**Everyone needs access to affordable, quality social and health care that allows them to maintain their dignity and autonomy as much as possible throughout their life cycle.**

This is more important now than ever considering there will be a much greater need for long-term care (LTC) in the coming decades due to Europe's ageing society.<sup>18</sup> The median age of the population of the EU27 is projected to increase from just under 43.7 years in 2019 to 48.2 years in 2050.<sup>19</sup>

Against this backdrop, the quality of life and dignity of the care receiver should be of primary concern. This requires access to relevant social and healthcare provision, but there are currently too few qualified care workers and, consequently, LTC is not easily accessible or affordable, thus negatively affecting those who need it most. This has also increased inequalities among those delivering LTC, which has further resulted in the mobilisation of LTC workers from certain regions or even countries to other regions and countries - what Caritas refers to as care migration and mobility - in order to fill these shortages in the provision of LTC.

Considering the complexity of these issues, Caritas member organisations have been considering this reality and its related repercussions for some time now, reflecting on the following questions:

- What access to care do people in Europe actually have, and what does this imply in the rich countries of western Europe versus the poorer countries in eastern/central Europe?

- What effects does care migration have on the affordability and quality of care, and on social realities, both in the countries of origin and in the countries of destination?
- What ideas and creative approaches are there for a more sustainable and ethical model for care in the future? Can any of these innovative ideas be shown as alternative models of care to the models that currently exist? Can the same alternatives also apply to the phenomenon of care migration?
- Can the booming industry of "importing-exporting" LTC workers flourish and alleviate the large and growing challenges associated with demographic ageing? Or does such an industry model just pose a temporary solution and a postponement of the problem into the future?

These are fundamental political questions and have a lot to do with specific aspects of care, the organisation of care and the design of care models now and in the future. As European policymakers have finally taken on the issue of LTC with the European Care Strategy, and the recently adopted Council Recommendation on access to affordable, high-quality LTC,<sup>20</sup> Caritas seeks to contribute to this debate through its particular perspective and specific experience in the provision of LTC with respect to elderly people.



A nurse checks up on a patient's health.  
Credit: Jakub Žák/Caritas Czech Republic

With this report, Caritas thus hopes to "put its finger on the wound", to ask challenging questions and to not just remain at the level of proposing symptomatic solutions. Rather, Caritas offers a collaborative partnership with policymakers in the process of reforming the LTC systems in Europe, extending beyond this report, as Caritas understands the complexities and overlapping issues at stake regarding LTC in Europe.

The next section presents the structure of this comparative European report.

### Structure of the report

This report provides an overview of current trends in the area of LTC as it relates to the elderly, based on the perspectives and experiences of elderly care recipients relying on the services of Caritas care staff. The Caritas organisations involved in the data collection process shed light on some of their own practices. Based on this, recommendations for policymakers have been formulated to support the Council of Europe, EU and national governments in reforming LTC systems, which are currently underperforming in the context of demographic change.

Considering the recent adoption of the Council Recommendation on LTC in December 2022,<sup>21</sup> Caritas' recommendations should not only be relevant for national governments in the design of their LTC action plans and strategies for ensuring the dignity of the elderly but should likewise be important for EU institutions and non-EU governments in Europe to consider for the modernisation of their own LTC systems. This is relevant considering the certainty of the increasingly ageing population, and the understanding that the need for LTC is not a national issue but one that crosses borders and deserves a European solution, if not a global approach.<sup>22</sup>

18. European Care Strategy, 2022: [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_5169](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169), accessed 10/12/2022.

19. The median age refers to the age that divides a population into two numerically equivalent groups, cf: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Median\\_age](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Median_age), accessed 14/03/2023.

20. Council Recommendation, 2022: <https://www.consilium.europa.eu/en/press/press-releases/2022/12/08/eu-ministers-adopt-recommendations-on-early-childhood-and-long-term-care/>, accessed 08/12/2022.

21. See <https://www.consilium.europa.eu/en/press/press-releases/2022/12/08/eu-ministers-adopt-recommendations-on-early-childhood-and-long-term-care/>

22. It is anticipated that some lessons will be able to be drawn from Asia's response to its ageing population, since this region is already facing major challenges, see for instance: <https://www.gridnews/story/360/2023/01/30/what-does-a-world-with-billions-of-old-people-look-like-asian-countries-are-searching-for-answers/>, accessed 28/02/2023.



### This report is structured as follows:

- **Chapter 1** introduces the topic of the report, hereby identifying current challenges and trends in the delivery of LTC. It also describes the structure and the methodology of the report.
- **Chapter 2** details Caritas' approach and experience relating to LTC service provision.
- **Chapter 3** identifies the current challenges and trends relevant to LTC.
- **Chapter 4** examines the LTC sector, the workforce, wages and working times, and some of the different types of care workers, such as informal and live-in carers, as well as undeclared care work.
- **Chapter 5** examines the issues of investment in the LTC sector.
- **Chapter 6** provides an analysis of the previous sections and assesses the potential for addressing these challenges in light of the Council Recommendation on LTC.
- **Chapter 7** consists of a conclusion and Caritas' policy recommendations.
- **Chapter 8** ends the report with a brief overview of some of Caritas' innovative and promising practices pertaining to LTC.

The next section describes the methodology used, the data collection and analysis process applied in this report.

### Methodology and data collection

The data for this report is based on the vast experience of the Caritas Europa network in terms of ensuring the dignity of the elderly. Thirteen member organisations in both EU and non-EU countries completed an extensive questionnaire, with over 100 questions, that had been carefully and collectively designed with a wider group of Caritas members.<sup>23</sup> Detailed input was collected from Caritas member organisations in Austria, Belgium, Bulgaria, Czechia, Georgia, Germany, Luxembourg, Moldova, Poland, Romania, Serbia, Spain and Ukraine. This data was analysed to serve as the basis of this comparative report. A few other members, such as Caritas Slovakia and Switzerland, have also been actively involved in Caritas Europa's work on long-term and live-in care, and their ongoing work in this area has also informed this report.<sup>24</sup> While Caritas members work in a variety of areas related to LTC, this report focuses on the needs of the elderly, as delivering these services are a common denominator to all Caritas organisations who contributed to this report.

Not surprisingly, Caritas' experiences mirror the general key trends pertaining to LTC and the demographic changes seen across Europe. Essentially, these trends relate to the affordability, availability, accessibility and quality of LTC, and reflect, among others, the:

- increased number of older people and, thus, greater dependency on LTC services and support;
- increased demand for LTC services by people aged 65 and over;
- persistent major barriers to LTC in terms of affordability, accessibility and coverage;
- increased vulnerability of many older, poorer people;
- insufficient public expenditure on LTC at national level and lack of public investment in LTC;
- challenges in recruitment and retention of LTC staff;
- continued reliance on informal care in many countries;
- very limited statistical data on the diversity of LTC workers, particularly live-in care workers and those migrants working irregularly;
- very little control or protections for live-in care workers due to their placements in private households;

- low remuneration for LTC workers and low valorisation of this sector, with the majority being migrant women;
- concern about undeclared LTC workers in the EU and their likelihood of facing poor working conditions and exploitation;
- concern regarding the emigration of care workers from central and eastern European countries, both EU and non-EU, to other western European countries and particularly to EU Member States, for better pay and conditions, and the devastating impact this has on the families and communities left behind;
- concern about the lack of qualified care personnel, especially in countries from where care workers are emigrating; and
- the feminisation of poverty.

The report outlines these trends in more detail, bringing in the perspective of Caritas and complementing it with the analysis of other scientific research, policy papers, grey literature and some statistical data.

Unfortunately, due to the limited comparable national data available on the topic, the report does not pretend to provide comparative statistical data. Instead, it is primarily founded on the grassroots experiences and perspectives of national and local Caritas members, Caritas Europa's policy experience and on the collaboration with partners and organisations of which Caritas Europa is a member, such as Social Services Europe.<sup>25</sup> Caritas' approach and experiences with regard to LTC is described in Chapter 2.

A nurse checks up on a patient's health. **Credit:** Jakub Žák/Caritas Czech Republic



## Caritas' experiences mirror the general key trends pertaining to LTC and the demographic changes seen across Europe.

23. Both Caritas Italy and Vienna, for instance, provided helpful advice in preparing the questionnaire.

24. For more information on Caritas' work in Slovakia and Switzerland, see: <https://www.charita.sk/caritas-slovakia/> and <https://www.caritas.ch/en/>

25. For more information, see: <https://www.socialserviceseurope.eu/>, accessed 03/03/2023.

## Chapter 2

# An inward look

## Caritas' actions relating to long-term care

**Chapter 2 takes an inward look, examining Caritas' understanding and approach to LTC and highlights some of its many experiences in providing LTC services and/or doing advocacy on behalf of care recipients and their families, as well as care workers. It ends with a brief overview of some of Caritas' innovative and promising practices related to LTC.**

### Caritas' approach

The contribution of Caritas organisations to LTC spans service provision to care recipients, supporting vulnerable populations, stepping in to address deficits in public provision of such services, training the LTC workforce, promoting decent employment conditions for this workforce, and developing innovative responses to the challenges that providing LTC services to an increasing ageing population presents.

Caritas Europa understands LTC as a range of integrated healthcare and social care services and assistance for people who, as a result of mental and/or physical frailty, and/or disability, and/or old age, over an extended period of time depend on help with daily living activities, and/or need some temporary or permanent nursing care, whether at home or in community-based settings.

Caritas organisations engaged in the provision of LTC services strive towards a system of integrated, person-centred care, responding to the needs and preferences

of beneficiaries in humane and holistic ways.<sup>26</sup> Care services should incorporate a life-cycle approach and, as much as is possible, enable persons with support needs to live independently, to be active, to participate fully in society, and to have their dignity respected throughout their lives. Quality care and support services must respond to the individual needs of those drawing on the services. In addition, such services should be provided in complementarity with other services through integrated approaches, for example, by delivering seamless transitions between social care, healthcare, housing, employment, etc.

As service providers with vast experience in providing grassroots level, live-in, home care services to many European households, in addition to running LTC facilities and providing social counselling and information to people about care service options and how to access them, Caritas is well placed to share its experience and feed into policy decisions on the future of LTC. The next section describes this in more detail.

Beneficiaries socialise as part of Caritas inclusion programme.  
Credit: Caritas Poland



### Caritas' experiences

The work of Caritas organisations in the provision of LTC services is broad and ranges from home-based or domiciliary care, day care and assisted living, hourly-based personal assistance, respite service, day service centres, day care centres, protected and supported housing, social canteen/meals on wheels and social care. In other words, Caritas provides a large spectrum of LTC services.

The Caritas organisations involved in this research offer their services to people aged 65 and over. The main beneficiaries are women, and a large and growing proportion are aged 80 and over. The majority of the LTC services provided are domiciliary or home-based care (where the beneficiary is supported to live independently through the provision of health and social care at home), social care and day care services and/or day care centres (activities provided at a particular location to which beneficiaries travel to participate). All respondents report that these services are the most common LTC services required by care recipients. Some Caritas organisations involved in this research also provide palliative care (including hospice care), residential care (such as in a nursing home or a care facility where people live and receive ongoing care), live-in care (where the beneficiary is supported to live at home by a care worker – not an informal carer – who also typically lives in the same residence) and respite services (temporary care for a person in order to enable the primary carer to take a short break, a holiday or a rest). In addition, the Caritas organisations further focus on the elderly in need of LTC who find themselves in particular situations of vulnerability, namely, those at risk of or in poverty, those having been left behind by their adult-age children who live elsewhere, etc., and many provide counselling and social activities, among others. All of the Caritas organisations involved in this research draw from their grassroots experiences of providing these services at local and regional level, with the aim of assisting national and European policymakers.

26. For more on integrated, person-centred care, see: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_39-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf), accessed 12/10/2023.

Despite the diverse range of LTC recipients supported by Caritas, one commonality is that the majority require assistance with personal care activities, such as bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet, etc. as well as household activities, such as preparing meals, managing money, grocery shopping, cleaning, and so on. Additional support may include arranging appointments, organising transport, collecting prescriptions and medications, so that a person is helped to live as independently as possible, for as long as possible. In 2021, Caritas organisations in Austria, Czechia, Romania, Serbia, Belgium, Moldova, Ukraine and Georgia provided the following forms of LTC services:

- residential care to 8,031 beneficiaries;
- home care to 70,870 beneficiaries;
- social care to 101,284 beneficiaries;
- respite care to 4,712 beneficiaries; and
- day care to 1,574 beneficiaries.

In reality, however, the above numbers of beneficiaries would be far higher were the Caritas centres able to record/monitor the exact quantity and nature of individual services provided under each form of care.

Home-based care, for example, is the most common care service required by the majority of LTC recipients relying on support from Caritas in Georgia, Moldova, Romania, Serbia and Ukraine. This is not surprising, since home-based care has been the dominant service design applied in "post-communist" countries, largely because when building up from zero or from a very low threshold, home-based care was considered the quickest, easiest, and least expensive approach to help as many people as possible. Based on the data from the Caritas organisations in these countries, most of the care recipients have a chronic illness, are on very low incomes and/or are isolated without the support of immediate or extended family.<sup>27</sup>

Depending on the location, some Caritas organisations are among the key civil society actors providing LTC services and advocating for the dignity of the elderly, and considering the perspectives of the elderly care recipients and their family members. As Caritas Romania states:

*"Our experience and studies in the field of ageing highlight the fact that elderly people treated with*

A beneficiary receives a food delivery at home.  
Credit: Caritas Poland



*dignity have a better quality of life. Being treated with dignity and provided with person-centred care has a positive impact on both physical and mental health as well as on confidence and self-esteem. By respecting the dignity of an elderly person, we contribute to increasing or maintaining their autonomy, providing a sense of usefulness and combating risks of isolation and depression."*

Caritas organisations also consider the perspectives of the care workers. Delivering quality services can only be guaranteed by investing in staff, so as to ensure both the quality and quantity of care. Caritas strongly advocates for decent working conditions and wages for care workers, as well as the dignity of all care workers, including migrant workers,<sup>28</sup> many of whom are an integral part of the European LTC workforce. One of the three pillars of the Caritas social model<sup>29</sup> is inclusive labour markets and Caritas' advocacy in this area is based on the principle of the dignity of work, understanding that work has the potential to enhance the human integral development of every person. In addition to advocating for decent work, Caritas organisations are also supporting care workers, with a particular focus on live-in care workers, by promoting better terms, salaries and working conditions, providing training to workers, and assisting migrant workers in situations of irregularity. The Caritas organisations also advocate for greater recognition of the importance of the LTC sector in general and the vital role care workers play in our families, communities and society at large.

## Some Caritas organisations active in the LTC sector are among the key civil society actors providing LTC services and advocating for the dignity of the elderly, considering the perspectives of the elderly care recipients and their family members.

Caritas organisations assume a particular specificity, compared with other civil society organisations speaking out on LTC, as they are not only influenced by the different geographic contexts in which they are based, but also by the fact that they themselves are employers of care workers. The implication of this is that Caritas organisations provide LTC services and infrastructure from a variety of different vantage points and their input into this research has been extremely valuable. Caritas aims to apply these principles internally as well, ensuring decent pay, conditions, training and career progression to their care workers and other employees. This report is thus based on the real and lived experiences of Caritas' care providers, policy advisers and advocates for people in situations of vulnerability.

The next chapter identifies some current challenges and trends relevant to LTC.

27. Between 2019 and 2021, the number of care recipients who were reliant on social care fell, when support was provided to meet social needs, interactions and prevent isolation, and was not specifically related to health care services and day care services. This is not surprising given the impact of COVID-19 on service provision in general.

28. Caritas Europa, 2022: Why Europe needs more labour migration, <https://www.caritas.eu/why-we-need-more-labour-migration/>, accessed 12/04/2023.

29. In line with this pillar, Caritas believes it is crucial to promote the full participation of all in society, and societies should aim at creating decent job opportunities for all. Caritas Europa, 2020: Social Justice and Equality in Europe is possible – the Caritas Roadmap: [https://www.caritas.eu/wordpress/wp-content/uploads/2020/03/ESM-brochure\\_EN\\_update-2020-LR.pdf](https://www.caritas.eu/wordpress/wp-content/uploads/2020/03/ESM-brochure_EN_update-2020-LR.pdf), accessed 12/04/2023.

## Chapter 3

# Current challenges and trends relevant to long-term care

Chapter 3 identifies some of the main and current challenges and trends in the delivery of LTC.

It starts by presenting facts on population ageing. This is then followed by a section on the expected future demand for LTC. It continues with a section on affordability and the particular difficulties for households on lower incomes. It concludes with a section on the issues regarding the accessibility of long-term quality care when linked to a lack of qualified care personnel.

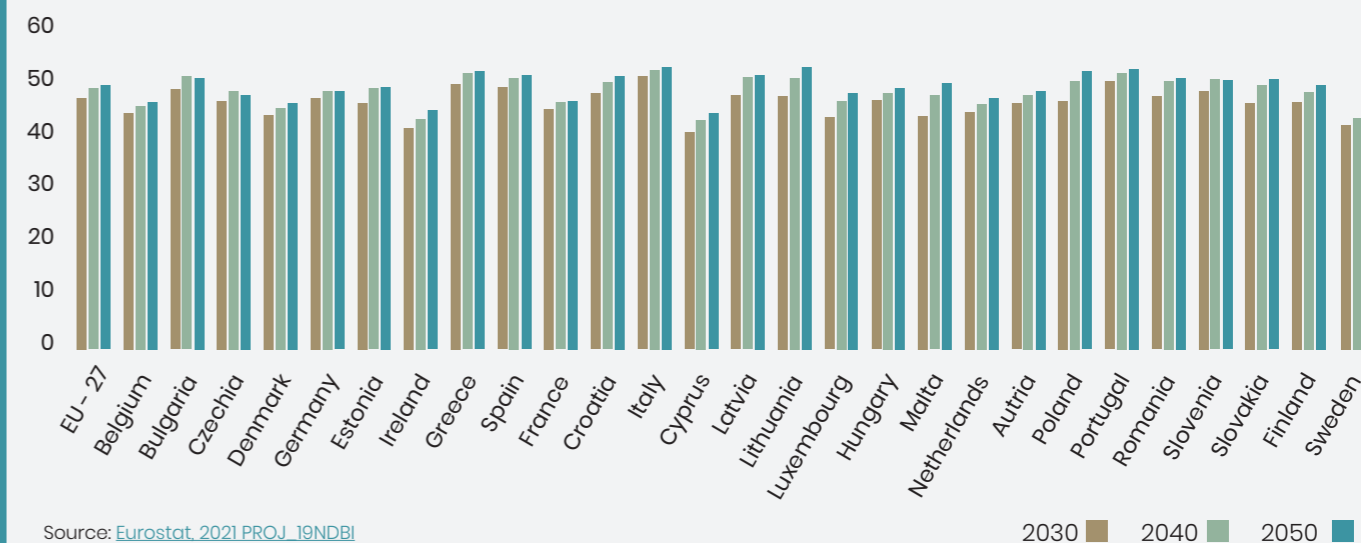
### Population ageing

Europe's demographics are changing; we are ageing, and we are living longer, which is in itself quite positive. However, with ageing often comes an increase in dependency, which can require LTC services and support, such as assistance with arranging appointments, making phone calls, organising transport and collecting prescriptions and medication, among others.

It is to be expected that the number of people needing assistance with personal care activities and household activities will increase as society ages. Not surprisingly, dependency rates are higher for older age groups. The number of people aged 65 or over in the EU is projected to increase by 41% over the next 30 years,<sup>30</sup> (from 92.1 million in 2020 to 130.2 million in 2050), while the number of people aged 80 or over is projected to increase even more, by 88% (from 26.6 million in 2020 to 49.9 million in 2050).<sup>31</sup> There are large variations among Member States (Figure 1), with Cyprus, Ireland and Sweden projected to have a median age of less than 44 years in 2050, whereas Greece, Italy, Latvia, Lithuania, Poland, Portugal and Spain are all projected to have a median age of more than 50 years in 2050.

Figure 1

Median age of population, EU 2030, 2040, 2050



30. Proposal for a COUNCIL RECOMMENDATION on access to affordable high-quality long-term care [https://eur-lex.europa.eu/resource.html?uri=cellar:c77be4d8-2f5e-11ed-975d-01aa75ed71a1.0018.02/DOC\\_1&format=PDF](https://eur-lex.europa.eu/resource.html?uri=cellar:c77be4d8-2f5e-11ed-975d-01aa75ed71a1.0018.02/DOC_1&format=PDF), accessed 17/12/2022, p.9

31. See Social Protection Committee and European Commission, 2021, Long-Term Care Report: Trends, challenges and opportunities in an ageing society, Volume 1. Brussels: European Commission: <https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en>, accessed 17/12/2022.

## The old-age dependency ratio is the share of the population aged 65 years or over compared to the population 15 to 64 years.

Along with increasing median age comes an increase in the old-age dependency ratio. The old-age dependency ratio is the share of the population aged 65 years or over compared to the population aged 15 to 64 years. The old-age dependency ratio is projected to increase from 31.4 in 2019 to 52 in 2050.<sup>32</sup>

Figure 2 outlines age dependency projections for the EU up to 2050. While all Member States are expected to see a gradual increase in the old-age dependency ratio by 2030 – with Cyprus, Ireland, Luxembourg, and Malta seeing the smallest increase – all Member States will see a significant jump in the ratio by 2040 and 2050. This is particularly marked in several countries with a projected ratio age of 50 and above in Greece, Italy, Lithuania, Portugal and Spain in 2040, and a projected

ratio age of 60 and above in Greece, Italy, Portugal and Spain in 2050. Yet, it is dependency rates rather than ageing that have the greatest impact on LTC expenditure.<sup>33</sup>

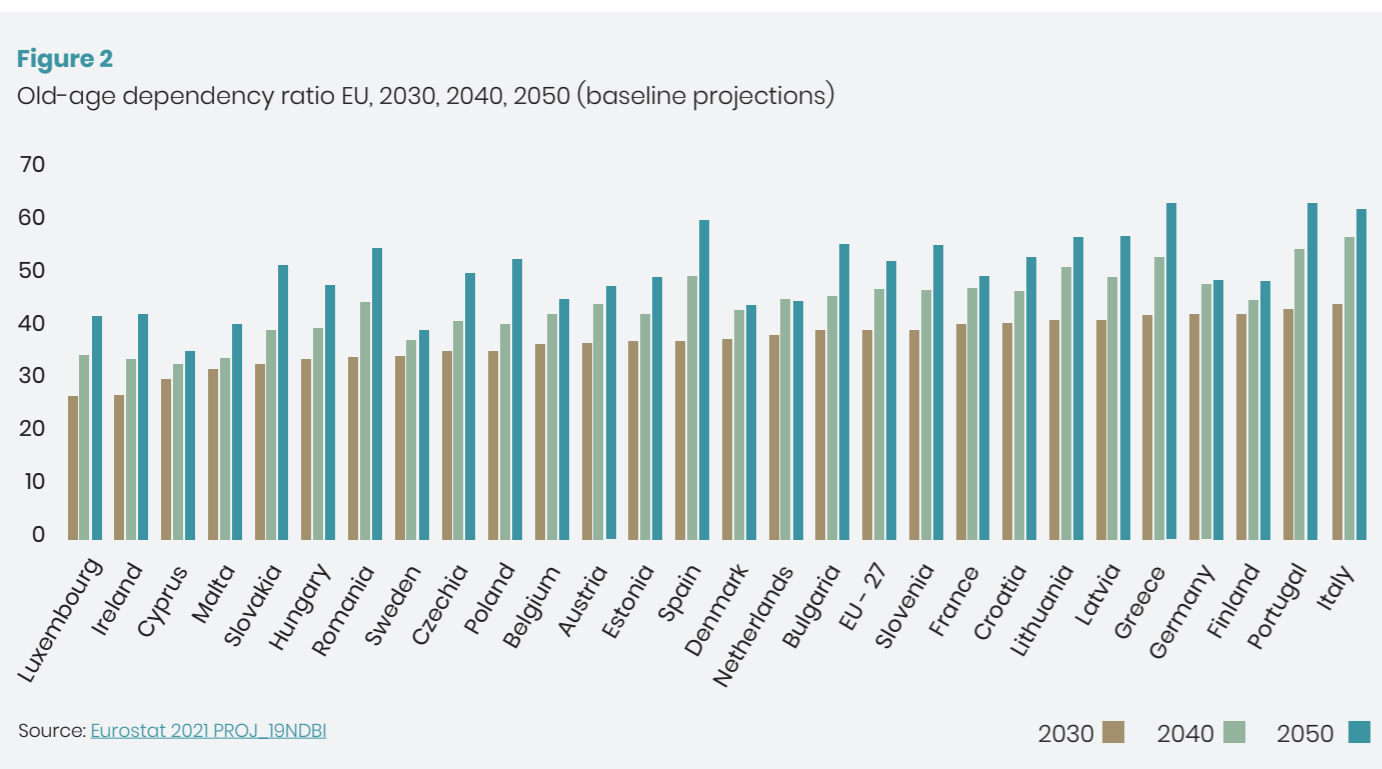
The old-age dependency ratio has particular implications for expenditure on pensions across the EU as well as on healthcare and LTC. Not only does an increase in the old-age dependency ratio mean that there are fewer people of working age in each Member State to contribute to the national treasury's requirements to fund pensions, healthcare and LTC, it also means that the availability of informal carers<sup>34</sup> is likely to decline and the available labour force for the LTC sector will also be smaller. This will put intense pressure on LTC services across the EU, especially in

those countries where there is a reliance on informal care to provide LTC and in those countries where there is no or a very low statutory minimum wage as well as poor working conditions for LTC workers.

Not surprisingly, Caritas organisations have identified demographic change and the interlink to the old-age dependency ratio as one of the most important factors driving increased demand for LTC services. In particular, they have identified a rapid increase in the proportion of older people aged 80 and over, and people aged 85 and over (classified as the very elderly<sup>35</sup>). These demographic trends – especially the increase in the proportion of people aged 80 or over – are occurring consistently across Europe. As the dependency rate of this cohort rapidly increases, Caritas members observe greater pressure to provide LTC services and to respond to the needs of those unable to cover the costs associated with this.

Caritas organisations also warn, however, that data on LTC services is inadequate and fragmented across Europe. Notwithstanding this fragmentation, projections can be made in relation to the impact of demographic change on expenditure on LTC in Member States. When projecting LTC expenditure, the ageing of the

population and the availability of informal care need to be taken into account. The availability of informal care may decline due to societal trends, fertility rates and changing family structure. The ageing of the population will lead to an increase in the number of dependent elderly persons with LTC needs if health status does not improve, meaning an increase of persons in poor(er) health in old age. In addition to increasing and improving LTC infrastructure in Europe, there must also be a focus on improved health in old age, so that people can age well and live their later years in good health with limited dependency needs in so far as possible. Thus, to achieve the ideal behind a European welfare state model,<sup>36</sup> immediate European and national government attention and investment are required. Considering the heterogenic and very unevenly structured and developed welfare models currently existing across the EU, such attention and investment will need to contribute to the shaping of a coherent and functional welfare model that achieves positive outcomes, ensuring a care guarantee and minimum standards in every EU Member State, with solidarity-based funding. As this remains amiss in many countries, Caritas anticipates an increasing reliance on informal carers and undeclared workers in the meantime, which will be further addressed in subsequent sections of this report.



32. Despite the negative connotation of the "old-age dependency ratio", this internationally recognised statistical term assesses the impact of population change by considering the ratio of the number of elderly people at an age when they are generally economically inactive (i.e., aged 65 and over), compared to the number of people of working age (i.e., 15-64 years of age): Cf. [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Old-age\\_dependency\\_ratio](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Old-age_dependency_ratio), accessed 10/03/2023. For purposes of this report, it indicates the challenges of funding LTC services at a time when there will be fewer people economically active as the population ages and the old-age dependency ratio is projected to increase across the EU. It is important to note that there is also a young-age dependency ratio, so it is not a case of older people being singled out, but rather a means of assessing the impact of population change and working age population change against sections of the population who, by their age profile, are not expected to be "active" i.e., they are not expected to be in employment and, therefore, they are more likely to be recipients of state support and services, be that childcare, education, health services, pensions, or LTC.

33. See: [https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070\\_en](https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en), accessed 16/03/2023.

34. Informal care means LTC provided by an informal carer, namely someone in the social environment of the person in need of care, such as a partner, child, parent or other person, who is not hired as a professional LTC worker.

35. See: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing\\_Europe\\_-\\_statistics\\_on\\_population\\_developments#Older\\_people\\_E2.80.94\\_increasingly\\_old\\_and\\_with\\_growing\\_dependency](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing_Europe_-_statistics_on_population_developments#Older_people_E2.80.94_increasingly_old_and_with_growing_dependency), accessed on 12/04/2023.

36. Compared to most welfare systems worldwide, the EU is in a unique position, with the highest rates of people and risks covered. However, national social protection systems in the EU still need improvement because more than 90 million people live in or at risk of poverty in the EU.

### Future demand for long-term care

The number of persons potentially in need of LTC in the EU27 is projected to rise from 30.8 million in 2019 to 33.7 million in 2030 and, further, to 38.1 million in 2050. On average, 26.6% of people aged 65 or over living in private households needed LTC in 2019. Self-reported LTC needs among older people living in private households ranged from 11.6% in Luxembourg to 56.5% in Romania.<sup>37</sup> Women are more often in need of LTC: 32.1% compared with 19.2% of men in the same age group in 2019. This is because the average age of women is greater within the same age group, but also because older women spend fewer years in good health, a trend observed by Caritas organisations. Figure 3 shows that self-reported use of home care services of older people experiencing severe levels of difficulty with personal care or household activities varies across the EU, with high levels of use of home care services in Spain, Germany and Belgium, for instance, and low levels reported in Romania, Bulgaria and Czechia.<sup>38</sup>

Naturally, as we age, a larger proportion of the population will require external support and services, either through informal or formal LTC, to carry out certain activities. However, the need for LTC does not necessarily arise from ageing itself; instead, it can be a consequence of a disability, sickness or a frailty

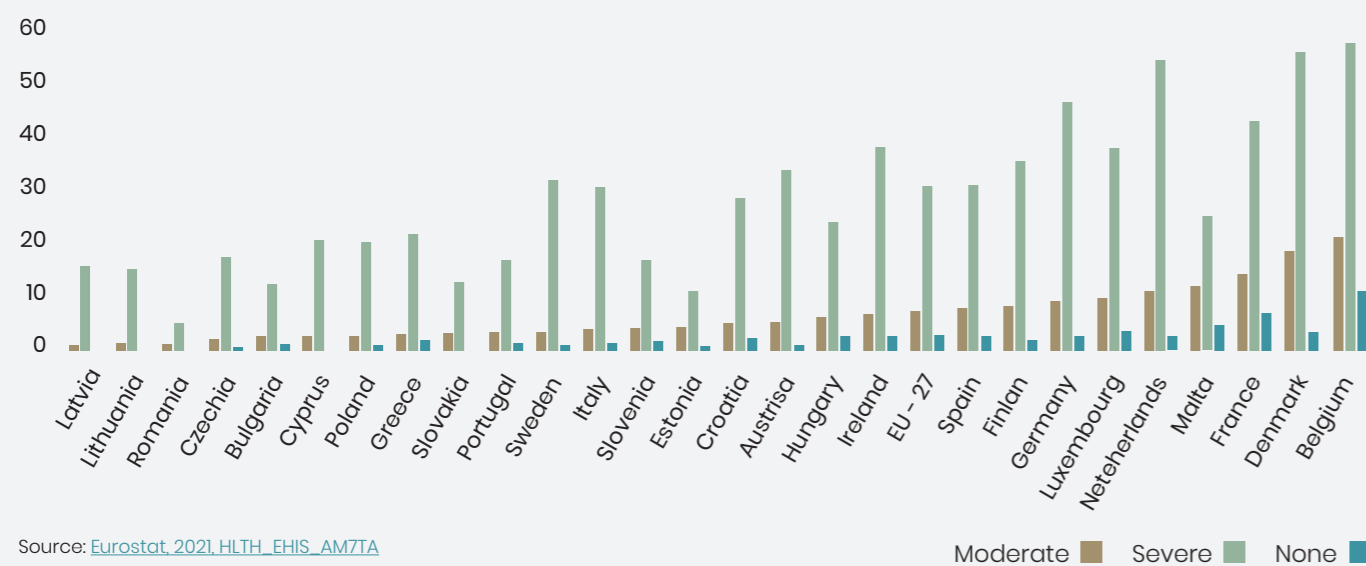
that causes dependency on others. Dependency, in this context, commonly relates to a person's inability to perform the activities of daily living (ADL) and instrumental activities of daily living (IADL), also commonly referred to as personal care activities and household activities respectively, for which the person requires some assistance. Personal care activities typically include bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet and controlling bladder and bowel functions. Household activities include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone. Additional support may include arranging appointments, organising transport, collecting prescriptions and medications, all done so that a person is supported to live as independently as possible, for as long as possible.

Such assistance and LTC service delivery effectively enables care recipients to improve their wellbeing and maintain their independence where possible. As Caritas Romania highlights:

*"Recovering, increasing or maintaining autonomy is very important for elderly people in order to keep their physical and mental abilities intact [for] as*

**Figure 3**

Percentage of persons aged 65+ who self-reported the use of home care services as well as the degree of difficulty they experienced with personal care or household activities, EU27, 2019



Source: Eurostat, 2021, HLTH\_EHIS\_AM7TA

Moderate ■ Severe ■ None ■



A social worker shares an exchange with a beneficiary. Credit: Caritas Slovakia

37. See European Commission, Joint Employment Report 2022. Brussels: European Commission, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8476&furtherPubs=yes>, accessed 12/03/2023.

38. Source: Eurostat, 2021, HLTH\_EHIS\_AM7TA. [https://ec.europa.eu/eurostat/databrowser/view/HLTH\\_EHIS\\_AM7TASDEFAULTVIEW/default/table](https://ec.europa.eu/eurostat/databrowser/view/HLTH_EHIS_AM7TASDEFAULTVIEW/default/table), accessed 14/04/2023.

*long as possible, [and] in the best possible condition. While ageing does not automatically lead to a decrease in autonomy, it often brings with it both a greater risk of illness with the limitation of physical and intellectual capacities as well as difficulties in carrying out everyday activities, which can increase the dependency of the elderly on help from family, community or state."*

### Affordability and particular challenges for households on lower incomes

Generally, households in need of LTC often have limited access to formal homecare services as such services are not affordable or simply not available. The lack of LTC services in general, the shortage of carers and places in institutional settings in the LTC services available, and the unaffordability of these services were identified as significant barriers to accessing LTC in Belgium, Germany and Spain. Demand for the LTC services provided by Caritas organisations in these countries far outstrips supply.

Another challenge Caritas organisations have identified in relation to access to care is the financing of care, especially for residential care, and the barriers that costs pose to older people. Out-of-pocket costs for care can be very high, especially for older people with severe LTC needs receiving homecare.<sup>39</sup> Older people on low incomes with moderate care needs are also facing a considerable financial burden.<sup>40</sup> As Caritas Belgium outlines:

*"For elderly people in Belgium, day care prices have increased substantially over the past few years, whilst the zorgbudget (care budget) has not been indexed for years.<sup>41</sup> This zorgbudget is only available for elderly people with high care needs. As increasingly more elderly people have higher care needs, it is expected that affordability [will] continue to be a major issue for the foreseeable future."*

These barriers to accessing LTC, as experienced by Caritas, are common across Europe and mean that the LTC needs of many vulnerable older people are not met, particularly of those on low incomes and in more rural areas.

Difficulty in accessing affordable formal homecare services is a trend Caritas organisations have observed

in their daily activities of providing LTC services. This is especially problematic for older people living alone who are reliant on a pension or other government income support and therefore particularly vulnerable, since they do not have the economic means to access the few existing LTC services. As Caritas Poland notes:

*"Economic barriers due to a lack of resources among some older people lead to barriers in accessing different forms of care, particularly more intensive LTC, with some people in need of care on very modest incomes, which do not allow them to purchase the care services that they require."*

Even after receiving support, nearly half of all older people with LTC needs are estimated to be below the poverty line after meeting their out-of-pocket costs of home care.<sup>42</sup> Caritas Spain cites affordability as the main barrier to accessing LTC services in the country:

*"There are not enough public LTC places in Spain, which is a major challenge, particularly for those who do not have the financial resources to pay for private LTC services. These people are unable to access their right to care or they do not have access to the level of LTC that they require."*

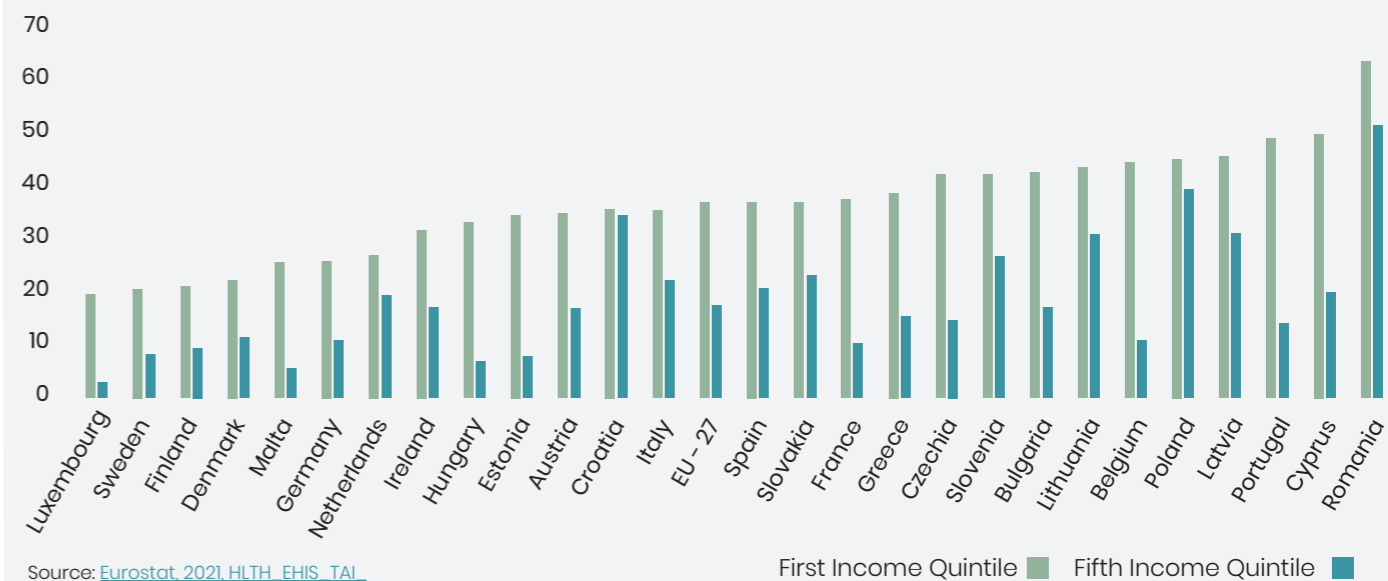
According to the latest figures, in 2019 46.5% of people in the EU aged 65 or over with severe difficulties in personal care or household activities reported that they had an unmet need for help with such activities.<sup>43</sup> This lack of help was significantly more pronounced for those in the lowest income quintile, where over half of respondents (51.2%) reported an unmet need for help with such activities compared with almost four in ten of those in the highest income quintile (39.9%).<sup>44</sup>

Greater difficulty in being able to perform, or receive support for, daily personal care or household activities among older people on lower incomes is observed across all Member States, except for Croatia, Poland and Romania, where high levels of severe difficulty are reported across all income quintiles.

While 26.6% of the population aged 65 and over in the EU are in need of care, just 9.4% received home or institutional care in 2019 and 8.8% received cash benefits.<sup>45</sup> Yet, the adequacy of social protection systems in relation to LTC needs varies considerably across Member States.

**Figure 4**

Percentage of persons aged 65+, by income quintile, who experience severe difficulties in personal care activities or household activities 2021



Source: Eurostat, 2021, HLTH\_EHIS\_TAI

According to Caritas Belgium:

*"LTC still remains expensive for some groups (elderly people living in poverty and single-household families, among others). What we see is that people living in poverty have a higher tendency for postponing care and are at risk of having higher care costs in the long run."*

As observed by Caritas Belgium, this lack of access to formal care can then translate into unmet care needs or an increased burden on informal carers, who provide the largest share of care across the EU, the majority of

whom are women (59% of long-term carers in the EU are women).

This reality appears even more worrying in countries outside the EU. According to Caritas Georgia:

*"Although home care is targeted to socially vulnerable people and individuals under the poverty line in Georgia, most people still do not have the resources to pay for LTC services. As a result, in the country, we have people who need home care, but who do not have [the] financial [re]sources to get the care they need."*

39. Out-of-pocket expenses, also known as out-of-pocket payments or expenditures, refer to the direct payment for healthcare goods and services by an individual from primary income or savings, where neither public nor private insurance covers the full cost of the healthcare goods or services.

40. See Social Protection Committee and European Commission, 2021, Long-Term Care Report: Trends, challenges and opportunities in an ageing society, Volume 1. Brussels: European Commission: <https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en>, accessed 15/11/2022.

41. See <https://www.vlaamse sociale bescherming.be/zorgbudget>, accessed 09/02/2023.

42. See Social Protection Committee and European Commission, 2021, Long-Term Care Report: Trends, challenges and opportunities in an ageing society, Volume 1. Brussels: European Commission: <https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en>, accessed 16/11/2022.

43. See European Commission, Joint Employment Report, 2022. Brussels: European Commission: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8476&furtherPubs=yes>, accessed 15/11/2022.

44. Ibid.

45. A cash payment to an individual to help them meet the cost of a specific service.

A beneficiary of a Caritas home care project is visited by a social worker.  
Credit: Caritas Ukraine

Caritas Moldova also cites affordability as the main barrier to accessing care, and the huge reliance of older people on civil society organisations to provide LTC services. Caritas Moldova observes that:

*"Affordability is a huge barrier for the poor elderly of Moldova. Without the services provided by civil society organisations (such as Caritas), they would be abandoned by the Moldovan state. There is a total lack of government support for those with chronic diseases, [and] those in poverty."*

### Inaccessibility to quality long-term care linked to shortage of qualified care personnel

The experience of Caritas organisations is that significant challenges in relation to accessing LTC already exist. Without additional planning and resourcing across all European countries, difficulties in terms of accessibility and availability of LTC services will continue to grow and worsen the situation, i.e., become more dire due to the fact that there are simply not enough available or affordable formal care services and there is also a distinct lack of respite-type services. Organisational issues, including lack of coordination between health and social care authorities and services, insufficient funding and administrative barriers in accessing support all pose additional barriers to accessing LTC. In addition, there is a clear shortage of qualified care personnel.

Countries cannot provide LTC services without LTC workers. Caritas organisations have further identified regional gaps in LTC provision, where older people in small(er) villages and more isolated rural areas face significant challenges in accessing LTC services as many services are simply not available. According to Caritas Poland:

*"Accessibility is an issue for vulnerable older persons and single older persons living in areas with limited access to LTC facilities and for those who are economically and socially disadvantaged."*

Quite simply, those in rural areas and small towns are at a particular disadvantage as LTC services are very limited

and, even more worrying, is the insufficient number of qualified personnel to provide LTC services. This is a trend also observed by Caritas Belgium, who note that:

*"The lack of LTC workers puts pressure on access to LTC. Many organisations, if not all, struggle to find enough qualified personnel. As a result, they rely heavily on informal care and the help of volunteers."*

According to Caritas Moldova:

*"Adult children have also moved to other countries for work and thus left the elderly alone and, in some cases, with no access to an informal care network. The exodus of people in Moldova has caused a major problem for those left behind."<sup>46</sup>*

There are many similarities among Caritas organisations in terms of the difficulties identified in accessing LTC, but there are also some marked differences in terms of the LTC infrastructure available to people in central and eastern European countries or in the EU Member States. Deficiencies in the current LTC infrastructure, lack of public investment, and significant regional disparities have been identified as major blockages to accessibility by Caritas organisations in Czechia, Moldova, Poland and Serbia. In particular, the access and inadequacy of LTC provision, the quality of formal home care as well as residential services, the reliance on informal carers, the poor financial sustainability of national LTC systems and a mass exodus of formal and informal carers into western Europe have been recognised as the main challenges to accessing LTC.

The issues outlined in this section – providing LTC services to meet current and future demands, ensuring households on low incomes are not excluded from accessing the LTC services that they need, and the barriers to accessing care – are not just limited to the experience of Caritas, but are trends and challenges observed across Europe. The experience of Caritas organisations providing LTC services is that the present LTC infrastructure, services and supports across Europe are clearly inadequate to meet the needs of the population, particularly those on lower incomes. The next chapter addresses the difficulties and trends in the LTC workforce.

46. More information on challenges linked to emigration and circular migration follows on pages 26-28.



## Chapter 4

# Long-term care sector

**The LTC sector is characterised by low wages, challenging working conditions and high rates of part-time employment. Ensuring there is an adequate LTC workforce to meet current and future demand is a major challenge across Europe.**

With more care needs than qualified care workers available to respond, labour shortages in the LTC sector are common, as are a wealth of other challenges related to the care workforce, which is the focus of chapter 4. Starting with an overview of these varied issues impacting on the LTC sector, this section covers challenges related to the LTC workforce, considering wages and working time, recruitment and personnel shortages, and a reliance on informal carers. The chapter continues with the challenges faced by mobile workers and the phenomenon of care drain, as well as “brain waste”, and concludes by considering the situation of live-in carers, as well as of informal carers, and Europe’s overreliance on the undeclared care sector.

## Long-term care workforce

In 2020, about 6.3 million people were working in LTC, which is about 3.2% of the EU’s entire workforce.<sup>47</sup> According to the European Commission, LTC workers “include people who provide LTC services. They work in residential care, home care (in sheltered or non-sheltered homes)<sup>48</sup> and community (day) care services, which can be publicly or privately provided or financed. LTC workers may also be privately employed by

households<sup>49</sup>. LTC workers may engage in care and non-care work,<sup>50</sup> particularly in the home care setting as well as in hospice and respite care facilities. As already alluded to, the LTC workforce is predominantly female (81% of LTC workers, in 2019) and it too is ageing – the share of LTC workers aged 50 or over in 2019 was almost 38%.<sup>51</sup>

Almost 90% of formal care workers are women. Around 80% of care provided in Europe is provided informally, often by a family or community member,<sup>52</sup> which puts informal care workers at risk of indecent working conditions, low wages and even possible abuse. The fact that 75% of informal carers are women highlights significant gender inequalities that are produced by unbalanced gender distribution in care.<sup>53</sup> This also puts a higher burden on women compared to men and keeps women (partly or fully) out of the labour market and without an income. This imbalance is a major contributing factor to the phenomenon of the feminisation of poverty in Europe, with women more likely to experience poverty in later life than men, and thus more likely to be unable to afford LTC. This situation is further aggravated given the unequal access, the high costs and the growing waiting lists for professional social care services.



A social worker shares an exchange with a beneficiary. **Credit:** Armenian Caritas

47. Eurofound, 2020, Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>, accessed 11/12/2022.

48. Home care covers personal care, practical help, support and food services. Sheltered homes or sheltered housing is housing for older people who cannot fully take care of themselves, but who can still live independently with the help of professional staff who provide, for example, cleaning and meal services. Non-sheltered homes refer to housing where this is not provided and is the care recipient’s current place of residence. In this case, the care recipient is living independently, without receiving any support with meals or cleaning. (Cf. <https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en> and <https://ec.europa.eu/social/BlobServlet?docId=24080&langId=en> accessed 14/03/2023).

49. European Commission, 2021: Long-term Care Report Volume 2: <https://ec.europa.eu/social/BlobServlet?docId=24080&langId=en>, accessed on 08/02/2024.

50. Non-standard working arrangements or non-standard employment refers to different employment and working time arrangements that deviate from standard employment conditions, including temporary employment, part-time and on-call work, temporary agency work and other multiparty employment relationships, as well as disguised employment and dependent self-employment. It also reflects a high prevalence of irregular hours and part-time work and fewer options for full-time working arrangements and more irregular hours such as shift work, i.e. working on weekends and night shifts (cf. [https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef20028en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20028en.pdf), accessed 14/03/2023).

51. Social Protection Committee, 2021: 2021 Long-Term Care Report: Trends, challenges and opportunities in an ageing society, Volume 1. See <https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en>, accessed 17/03/2023.

52. European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth? [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333), accessed 17/04/2023.

53. In the context of this report, when referring to “gender equality”, we are referring to equality between women and men. European Parliament, 2021, “Gender equality: Ease women’s access to the labour market and close the pay gap”, <https://www.europarl.europa.eu/news/en/press-room/20211201PR19212/gender-equality-ease-women-s-access-to-the-labour-market-and-close-the-pay-gap>, accessed 15/02/2023.

## Wages and working time

Wages in the LTC sector are low. Based on data from 2018, the average hourly earnings for social services in all EU Member States were below those for the economy as a whole, despite their significance for society – the sector was identified as “essential” during the pandemic – highlighting the challenge of low wages for such a labour-intensive sector.<sup>54</sup> There is also a very low level of collective bargaining in the LTC sector, which is a contributing factor to both low wages and the frequency of non-standard employment.

Among those working formally, non-standard working arrangements, a high prevalence of part-time work and irregular hours characterise the LTC sector and also contribute to lower average pay in the sector.<sup>55</sup> In 2019, more than 40% of LTC workers worked part-time across the EU27, compared with an overall part-time employment rate of 19%.<sup>56</sup> Among part-time workers in LTC, one in three would like to increase their working hours, indicating that the number of hours currently available to them is insufficient for an acceptable standard of living. In addition, a significant proportion of LTC workers are involuntary part-time workers, meaning that they cannot find a full-time job. Yet, this varies and depends on the specific country. In Romania, for instance, part-time employment is much more expensive for the employer, due to taxes and social contributions for part-time contracts, which amount to the same as for full-time contracts, independent of the hours worked. This effectively limits access to the Romanian labour market for the large number of (mostly) women, who want to work but only on a part-time basis in order to still be able to perform other responsibilities at home (typically informal care of small children and/or older parents).

Ensuring the availability of more working hours is therefore also crucial in order to prevent poverty among care workers. It is ultimately the decision of the care providers (whether public, private, for profit or not-for-profit) as well as of the social protection and insurance systems in place to determine how many working hours are available to care workers, how these are allocated and covered financially. Integrating LTC into the collective bargaining and social dialogue processes in Member States would support national governments in addressing the issue of part-time work and ensuring more working hours are available to care workers.

A beneficiary receives a food delivery at home.  
Credit: Caritas Poland



National governments can also broaden access to social protection so as to ensure better coverage for workers in a non-standard employment arrangement and for workers on temporary contracts.

The majority of Caritas organisations who contributed to this report identified the following challenges in relation to the hiring and retention of LTC staff. Caritas organisations in Czechia and Poland reported not being able to compete with state organisations and public providers in terms of salaries – this has been a major problem for Caritas in Poland for years. This is a system deficiency, as there are major inequities in supporting the same services, for eligible beneficiaries, if provided by the state versus private providers, including NGOs. Public financial participation should be bound to the eligible citizen, and not to the provider/owner of services as it leads to disloyal competition.

Caritas in Romania has also identified low salaries and the competition between the public, private and not-for-profit LTC providers as a barrier to hiring staff. Without question, LTC is known to be expensive, with currently more care needs than qualified care workers available to respond. The misplaced marketisation and commercialisation of social care services and the lack of investment in not-for-profit service provision, including social economy initiatives, as well as home and community-based solutions, are aggravating this challenge.

The LTC sector has been in crisis for decades now, in part due to underfunding and austerity as well as an inexorable privatisation agenda that has left the sector extremely insecure. The consequences of this were made particularly evident during the COVID-19

pandemic, when care receivers tended to receive on average around two hours of care a day, if they were lucky. It was a period with frequent and significant staff shortages. In some cases, care residents in certain for-profit care facilities were even abandoned during the pandemic. Caritas therefore expects that, with any modernisation of the LTC sector, greater effort must also be made to end the scandals of for-profit care providers, who fail to put the person at the centre of the integrated care model, because profit is prioritised over the wellbeing of the individual. Support is needed for not-for-profit delivery of care services, including through social economy initiatives, to ensure the focus is on the quality of care and not on profit maximisation.<sup>57</sup> Triggers for public financing should therefore be determined by clear indicators of life quality improvement and the ability to maintain the relative autonomy of the clients.

## Mobile workers and care drain

Labour shortages in care and the lack of available and affordable formal care options are increasingly being met by precarious intra-EU mobile or non-EU migrant workers. According to the most recently available figures (2021), 5% of the LTC workforce in the EU are mobile workers (from another Member State); by comparison, the total EU labour force for all sectors is composed of 4% of mobile workers.<sup>58</sup> Mobile personal care workers from Romania are by far the largest group.<sup>59</sup>

According to the International Organization of Migration (IOM), outflow of social care personnel to other countries has the potential of undermining the capacity to ensure quality care provision in these states, negatively impacting the costs, quality and availability of care services and investments to improve the pay, working and staffing conditions.

The movement of LTC workers from their country of origin to other European countries for better pay and conditions leads to increasing difficulties in the provision of LTC in their home countries, resulting in a huge deficit in the LTC workforce which cannot be filled by migration as the majority of the non-European migrant LTC workforce is also predominantly based in EU Member States, where pay and conditions are generally considered better.<sup>60</sup> This alludes to both the phenomena of emigration as well as to care drain and brain waste.

56. See Eurofound, 2020: Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg: <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>, accessed 21/03/2023.

55. See also Caritas Europa's European report on labour market inclusion: <https://www.caritas.eu/inclusive-labour-markets/>, accessed 21/11/2022.

56. Eurofound, 2020: Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg: <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>, accessed 14/12/2022.

57. For example, there is the case of Orpea, one of Europe's biggest for-profit care home groups, that faced police raids and financial setbacks as a result of complaints of “institutional mistreatment” of elderly residents and financial wrongdoing, including inflated labour expenses and suspiciously large payments to third parties: <https://www.reuters.com/business/frances-orpea-reduce-its-international-activities-2022-11-15/>, accessed 26/11/2022.

58. Social Protection Committee (2021) 2021 Long-Term Care Report: Trends, challenges and opportunities in an ageing society Volume 1. See <https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en>, accessed 21/03/2023.

59. Ibid.

60. The premise is that working conditions are better in EU Member States because there is a fair amount of EU legislation on working conditions which do not apply to non-EU countries.

In countries where the social care sector is already under-resourced, with limited educational infrastructure and funding, there tends to be only a small pool of care workers, since those who are skilled are the first to emigrate. Five EU Member States absorb almost two-thirds of LTC foreign-born workers: Germany, Italy, France, Spain and Sweden.<sup>61</sup> This is a Europe-wide challenge that will simply increase without a Europe-wide policy response.

Where there is care drain there is also a significant shortfall in LTC coverage for older people. In rural areas, the situation is even more dire. Not surprisingly, the biggest challenge to recruitment, identified by Caritas in Georgia, Moldova, Romania and Serbia, is the emigration of care workers (formal and informal) from these countries to western European countries. This is mainly due to the very low salaries for LTC workers in their own countries. Caritas Georgia has outlined that:

*“The difficult economic situation in Georgia has forced Georgian women to go abroad to work. These women had previously been the main caregivers to older people or people in need of LTC in Georgia, so now these people are being left without care.”*

Hence, as detailed by Caritas organisations involved in this research, attracting and retaining LTC staff to remain in their home countries – particularly in non-EU countries and those EU Member States that joined the Union after 2004<sup>62</sup> – is a considerable challenge. According to Caritas Romania:

*“As an organisation, we are still trying after 31 years to build up and offer care, under the incredibly great pressure of emigration and the chronic systemic disinterest in the topic.”*

For this reason, several Caritas organisations have been trying to promote circular migration rather than emigration.<sup>63</sup> Rather than just moving away from one's home country for the long-term, with circular migration the aim is that those who leave their home country to work abroad for some time will later return to their home country. The hope with this is that the LTC worker can benefit from earning a higher income, gaining work experience, and contributing to fill the labour market shortages in the particular country abroad, but only for a few months before returning home to work again.

According to Caritas Romania:

*“For more than a decade, we have tried to constructively shape care migration in such a way that care migrants are treated fairly in the destination country, but that they also remain active in care in this country, and that their commitment in the West also contributes to the development of care there.”*

Now after completing a short training programme, some are willing to emigrate to western Europe – e.g., Austria, Germany, Switzerland – for only 2 weeks to 3 months, before returning to Romania to work.

While circular migration can bring additional benefits than those commonly attributed to emigration, i.e., the benefit of remittances being sent home to the sending countries, since this does not compensate for the loss of talent and skills and the detrimental impact of care drain on the workforce in the sector.<sup>64</sup> The loss of human capital affects local and economic development and intensifies the gaps in skills and the shortage of qualified care workers. The emigration of qualified care personnel is also known to impact negatively on the children, elderly parents and families who are left behind.

Due to a lack of sufficient public investment in LTC infrastructure, many people are turning to informal care networks, which themselves are dwindling,



A caregiver checks up on a beneficiary's health in a Caritas Home Care Center in Rakovsky.  
**Credit:** Caritas Bulgaria

leaving vulnerable older people in need of care in even more precarious situations, especially among those whose adult-age children have emigrated and live abroad. Despite the possible benefits of sending home remittances, if there is not an adequate LTC infrastructure and system in place, many of these older people will remain in particularly vulnerable situations, which is often intensified due to precarious housing infrastructure. This reality has been flagged especially by Caritas in Georgia, Moldova, Poland, Romania and Serbia. With the combination of more people ageing, increased life expectancy, as well as chronic illnesses, Caritas has faced increased pressure not only to provide LTC services but to also respond to those unable to cover the costs for this.

### Live-in carers

Generally, Europe relies heavily on live-in care workers, most of whom are migrant women. When it comes to challenging working conditions, live-in carers are particularly at risk of extreme working and on-call hours without adequate privacy, rest periods and holidays, as well as a risk of isolation. This is especially the case in 24-hour elderly care provided by live-in care workers, whether temporary cross-border EU workers or non-EU nationals, where workers are always on call, with lack of respect for breaks, lack of private life and unpaid on-call hours. Care workers may also be required to take on tasks beyond their job and training, such as carrying

out domestic work for other relatives (cooking, cleaning, etc.) and certain health care treatments. Private recruitment agencies are often involved in organising the rotation of care workers, which can contribute to exploitative relations and working conditions, depending on the recruitment agency.

When an individual's residence in a country is dependent on a particular employer, it drastically limits their ability, in case of a dispute, to insist on fair pay and working conditions, and to challenge contract substitution and violations, which can create the conditions for exploitation. If their employer fires them, the live-in carers have very limited possibilities to stay in the country. As the risks are too high, many stay silent. If they were to complain, they would likely be unable to recover unpaid wages that are due by their employer. Risks of facing immigration enforcement when using labour complaint mechanisms, in particular due to reporting obligations on labour inspectorates and joint inspections, often prevent workers whose status is precarious or undocumented from exercising their labour rights.

Short-term work arrangements and permits are equally problematic. Even when workers have labour rights protections, the short time period, dependence on their employer – often for housing as well as income – and isolated living and working conditions, make it very difficult for workers to get access to information, make contact

61. In 2018, there were almost 2 million health and LTC workers born in a country different than the one they were working in. The majority of these workers originated from a) other EU Member States; b) European countries not part of the EU; and c) the region of north Africa & the Middle East. See Grubanov-Boskovic, S., et al (2021), Healthcare and long-term care workforce: Demographic challenges and potential contribution of migration and digital technology, EUR 30593 EN, Publications Office of the European Union, Luxembourg: <https://data.europa.eu/doi/10.2760/33427>, accessed 17/03/2023.

62. This refers to those Member States who joined the EU after 2004: Bulgaria, Croatia, Cyprus, Czechia, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, and Slovenia. The EU-14 refers to Austria, Belgium, Denmark, Finland, France, Germany, Greece, the Republic of Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain and Sweden.

63. Circular migration is defined by the UN as a repetition of migration by the same person between two or more countries. See [https://unece.org/fileadmin/DAM/stats/documents/ece/ces/bur/2016/February/14-Add1\\_Circular\\_migration.pdf](https://unece.org/fileadmin/DAM/stats/documents/ece/ces/bur/2016/February/14-Add1_Circular_migration.pdf), accessed 18/01/2023.

64. European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth? [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333), accessed 17/04/2023.

with support organisations, familiarise themselves with administrative and legal procedures, join a trade union, organise and bargain collectively, or revendicate their rights through formal complaint mechanisms.

### Informal carers

A large proportion of LTC in the EU is provided by 52 million informal carers, such as family members – mainly spouses and children – and friends. Informal care is, in principle, not paid and there is no formalised contract, even though an informal caregiver may receive income or social transfers and, possibly, some payments from the person receiving care.<sup>65</sup> The most recent estimates calculate the value of hours of LTC provided by informal carers across the EU to be around 2.5% of EU GDP, higher than the public expenditure on LTC.<sup>66</sup> There are costs to such a reliance on informal care across the EU, not least the impact on the labour market and productivity, female participation rates and the health status of those providing informal care.

According to the European Parliamentary Research Service, the “unpaid care penalty”, described as “the amount of potential earnings foregone by women because of the unbalanced distribution of unpaid care work within households”, was found to be at least €242 billion a year in the EU.<sup>67</sup> This amount is significant. “It is equivalent to 66% of the EU’s public expenditure on childcare and LTC... Its largest driver is the lower rate of employment among women owing to unpaid care work (58%), followed by the higher rate of part-time as opposed to full-time work (33%)”.<sup>68</sup> This research continues by stating that “the unpaid care penalty increases over the course of life. Part-time work and career breaks, which are more common among women, are associated with less career advancement and lower lifetime earnings. Evidence also suggests that women take up care responsibilities at a younger age than men, and that women are more likely to care for younger and older generations at the same time. Lastly, grandmothers are more likely to provide unpaid care work than grandfathers.”<sup>69</sup>

According to the most recent data, countries such as Denmark, the Netherlands and Sweden rely mostly on formal care, while countries such as Bulgaria, Croatia, Cyprus, Estonia, Greece, Latvia, Portugal and Romania rely almost exclusively on informal care or privately funded care.<sup>70</sup> This has links to the welfare state model.

**Credit:** Beneficiaries socialise as part of a Caritas inclusion programme.  
**Credit:** Caritas Poland



Caritas in Poland, for example, refers to the model of care as “familyism without support”, meaning there is a strong reliance on family as informal carers to provide LTC with limited external government support.

While Caritas recognises the vital role that family plays in society – it is even one of the three pillars of the Caritas social model – it is nevertheless worrisome that there are inequalities linked to an overreliance on informal carers, which can be attributed to an undervaluation of care work from a societal, professional and financial point of view, and which is effectively creating a vicious cycle for women. As long as the benefits of care work are not fully recognised by society, governments will continue to suppress investment in the care sector, resulting in a vicious cycle of reinforcing inequalities between men and women.

This situation is highlighted by the experience of Caritas Romania, noting that:

*“LTC is an underdeveloped system in Romania. Over 95% of the elderly are cared for informally. There has been to date a chronic lack of investment in*

*infrastructure for LTC services and a chronic lack of coherent policies and strategies. Our life expectancy is increasing, but we do not have access to care services. This means that families are left alone with the problem of caring for the elderly. Services are not available in sufficient numbers to those who need them and are extremely rare in rural areas, [and] small towns.”*

Unfortunately, the gradual reduction of informal care networks and the impact of emigration on extended family care networks means that many people aged 80 and over need greater levels of formal LTC. We thus expect greater pressure for increased public provision and financing of LTC services, now and in the coming decades as the care needs mount.

65. The income or social transfers in this case is when an informal care giver is in receipt of a social transfer from the government (a payment from the state) and also a payment from the care recipient.

66. See European Commission (2022) Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy – COM(2022) 440. Brussels: European Commission. <https://ec.europa.eu/social/BlobServlet?docId=26014&langId=en>, accessed 23/11/2022.

67. European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth? [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333), accessed 17/04/2023, pp.4-5.

68. Ibid.

69. Ibid.

70. See European Commission and Economic Policy Committee (EPC), The 2021 Ageing Report – Economic and Budgetary Projections for the EU Member States (2019–2070), Publications Office of the European Union, Luxembourg, 2021. [https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070\\_en](https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en), accessed 15/11/2022.

### Undeclared care work

Because of the high costs of providing LTC, many people in need of LTC rely on people willing to work informally, effectively resulting in a well-known secret: a growing undeclared sector. Undeclared work is defined by the European Commission as "any paid activities that are lawful as regards their nature but not declared to public authorities, taking into account differences in the regulatory system of Member States"<sup>71</sup>

Undeclared work (i.e., the provision of more work hours than agreed contractually) is known to be particularly common in the LTC sector, particularly among live-in carers. The European Parliamentary Research Services estimates that about 36% of care workers in both domestic and institutional settings are undeclared workers.<sup>72</sup> Due to a lack of sufficiently robust data, however, it is difficult to estimate the magnitude of undeclared work taking place in the care sector,

notably among live-in care workers. According to research from Eurofound,<sup>73</sup> undeclared work in the LTC sector is most common in countries where wages are above the EU average, LTC entitlements are limited or consist of cash payments with little control over their usage, and there is a great demand for domestic LTC, usually carried out by migrants. These migrants are working without permits, social protection or professional support, which results in a significant loss of tax contributions for the country where they are working.<sup>74</sup>

According to Eurofound, undeclared work is particularly common in households hiring individual home carers, which tends to be relatively common in seven Member States: Austria, Cyprus, Germany, Greece, Italy, Malta and Spain.<sup>75</sup> Those who are involved in undeclared LTC work are known to face some of the most precarious working conditions in the sector. They are often more

exposed to instability in their employment relationship, with lower wages and a higher risk of exploitation, such as extremely long working hours and unsafe working conditions. Undeclared LTC work also leaves these workers without sufficient social contributions to qualify for social protection and other services should they require it.<sup>76</sup> Undeclared work of non-EU country nationals is prominent in sectors with a high demand for a flexible workforce in labour-intensive jobs, often in workplaces that are less visible to the public and authorities. Domestic work has been identified as one of five sectors having the greatest risk of undeclared work<sup>77</sup> and many undeclared LTC workers, especially those who provide live-in care, are in this category.

Despite its absence in the data collection from Caritas members, the topic of undeclared work is too important an issue to exclude from this report on LTC, considering Europe's overreliance on this sector. It is also vital to mention this issue considering

Caritas' mission to advocate for those in situations of marginalisation, since people working irregularly are commonly more exposed to poverty and social exclusion, and typically have limited or no access to social insurance, the national healthcare system or a pension.<sup>78</sup>

In addition, few countries provide possibilities for people to regularise their employment and access work permits from within the country once engaged in irregularity. Complex rules, employer-led and dependent immigration procedures, and short-term permits also pose challenges for employers, particularly when the employer is a household or individual in need of care.

This chapter has highlighted numerous challenges according to the perspective of LTC workers. The next chapter examines the issues of investment in the LTC sector.

A beneficiary of a Caritas home care project is visited by a social worker. **Credit:** Caritas Ukraine



## The European Parliamentary Research Services estimates that about 36% of care workers in both domestic and institutional settings are undeclared workers.

71. See <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52007DC0628&from=EN>, accessed 14/04/2023.

72. European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth? [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333), accessed 17/04/2023, pp.2-3.

73. Eurofound, 2020: [https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_of\\_document/ef20028en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_of_document/ef20028en.pdf), accessed 31/03/23.

74. European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth? [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333), accessed 17/04/2023.

75. [https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_of\\_document/ef20028en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_of_document/ef20028en.pdf), accessed 10/12/2022, p.3.

76. See <https://apps.who.int/iris/bitstream/handle/10665/332496/Eurohealth-25-4-15-18-eng.pdf?sequence=1&isAllowed=y>, accessed 03/04/2023.

77. See [http://www.eurodetachment-travail.eu/datas/files/EUR/UDW\\_and\\_labour\\_exploitation\\_among\\_TCN.PDF](http://www.eurodetachment-travail.eu/datas/files/EUR/UDW_and_labour_exploitation_among_TCN.PDF), accessed 17/02/2023.

78. Caritas Europa, 2021: European report on labour market inclusion: <https://www.caritas.eu/inclusive-labour-markets/>, accessed 11/12/2022.

A nurse checks up on a patient's health. **Credit:** Jakub Žák/Caritas Czech Republic



## Chapter 5

# Investment in long-term care

**Demographic changes and population ageing, as detailed in chapter 1, make it certain that expenditure on LTC coverage will have to increase in all countries. The reality that LTC now is already unaffordable for many people and countries feeds into the overreliance on the undeclared LTC sector.**

Not only is this a wasted opportunity in terms of tax contributions, but it also fuels a system the governments purportedly want to end. Chapter 5 thus focuses on LTC spending and provides an overview of the question of adequacy when it comes to levels of public funding.

### Long-term care spending

It is reasonable to assume that, in order to provide sufficient coverage of LTC to meet demand, expenditure on LTC as a percentage of EU GDP will have to increase beyond current projections. The issue of increased expenditure was addressed in the 2023 report of the

High-Level Group on the Future of Social Protection and of the Welfare State in the EU,<sup>79</sup> which identifies demographic changes, including increased longevity, as one of the key 'global megatrends' facing the EU. The report highlights the increase in LTC needs in ageing societies and recommends that high-quality care services are to be accessible to all and are to be covered by social protection. The report also calls for a "golden rule" to be applied to social expenditure, allowing for investments in public and/or social infrastructure and capital stock, which provide future benefits and are financed by debt, and thus excluded from balanced-budget rules.<sup>80</sup>

79. High-Level Group on the Future of Social Protection and of the Welfare State in the EU (2023) 'The Future of Social Protection and of the Welfare State in the EU', <https://ec.europa.eu/social/main.jsp?catid=88&eventid=2057&furtherEvents=yes&langid=en>, accessed 28/04/2023.

80. Ibid.

It is crucial to distinguish between public investment, including estimates of real returns, and consumption expenditure. In this sense, the budget allocated to social policy should be treated as an investment, taking into account the cumulative benefits of investment in health, education, employment and social security over the life-course. A new system to monitor public finances in the EU would allow policymakers to identify productive social investment and jointly examine expenditure trends.

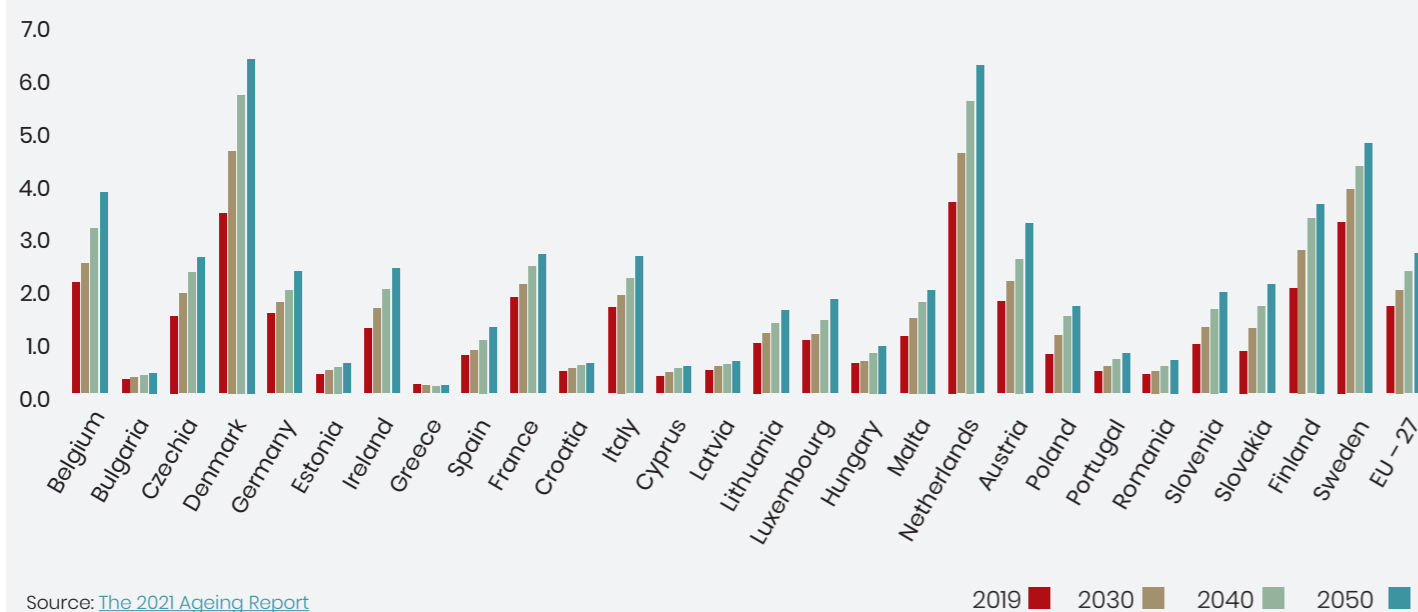
At present, there is a wide variation in care expenditure across the EU, with a pattern of higher care expenditure values for the EU-14 than those Member States who joined the Union after 2004.<sup>81</sup> These results are driven by a greater depth of coverage, as those who are covered receive a broader spectrum and higher quality of care services (quality, accessibility, affordability).<sup>82</sup> This is also reflected in the experience of Caritas member organisations in those Member States who joined the Union after 2004<sup>83</sup> and in European countries outside of the EU. These Caritas members have consistently pointed to the lack of public investment in LTC as a key factor in limited access, coverage and availability of LTC for older persons in those countries.

Current projections estimate that public expenditure on LTC will increase from 1.7% of EU GDP in 2019 to 2.5% of EU GDP in 2050. This is likely to be a significant underestimation of the real increase as it does not take into account the contribution of informal carers, approximately 2.4% of EU GDP, nor does it take into account the likely reduction of availability of informal carers due to population ageing and changing family structure.<sup>85</sup> Projections regarding LTC spending as a percentage of GDP vary across Member States and are influenced by population profile and the type of LTC infrastructure of each Member State. According to the 2021 Ageing Report, public expenditure is projected to increase more than 6% in Denmark and the Netherlands, and 3% or more in Austria, Belgium, Finland and Sweden. At the opposite ends of the spectrum, Member States with already very low levels of public expenditure on LTC are projected to remain well below 1% of GDP, including Bulgaria, Cyprus, Estonia, Greece, Portugal and Romania (Figure 5).

### Inadequate levels of public funding

Caritas organisations have outlined the situation regarding the resourcing of LTC in their own countries. In the majority of cases, LTC is resourced by the central

**Figure 5**  
LTC spending as a percentage of GDP 2019–50 (base case scenario<sup>84</sup>)



Source: [The 2021 Ageing Report](#)



Mobile team from Caritas Home Care Center in Malko Tarnovo. **Credit:** Caritas Bulgaria

81. The EU-14 compared to the other Member States in the EU-27, particularly accession states from central and eastern Europe.

82. European Commission and Economic Policy Committee (EPC), The 2021 Ageing Report – Economic and Budgetary Projections for the EU Member States (2019–2070), Publications Office of the European Union, Luxembourg, 2021. [https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070\\_en](https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en), accessed 18/12/2023.

83. This refers in particular to Bulgaria, Czechia, Romania, and Serbia.

84. The “base case scenario” amends unit cost growth assumptions of the “demographic scenario”. In the “base case scenario”, unit costs of in-kind care are assumed to grow in line with GDP per worker, rather than GDP per capita. This reflects the highly labour-intensive nature of LTC.

85. Van der Ende et al, 2021, Study on exploring the incidence and costs of informal long-term care in the EU.

government through general taxation and is provided by regional governments, municipalities, civil society organisations and private for-profit organisations. In some countries, such as Greece and Romania, there is still a large reliance on informal care, as previously alluded to. In Czechia, Caritas reports that the current trend is to strengthen and support non-residential community and outreach services and informal carers. In Romania, informal care is still the predominant form of care, while civil society organisations provide home-based care. In Moldova, Caritas reports that the state is still not involved in providing integrated home care services; instead, most of these services are outsourced to non-governmental and civil society organisations. Private for-profit service providers are focussed on developing residential centres for the elderly whose relatives can afford the cost of this service. Caritas in Serbia reports that the LTC model is based on care services delivered in the community, and funded through the social welfare system, but that the state social welfare system is unable to respond adequately to meet the demand. Caritas in Poland states that care services in the country are means-tested and eligibility is determined at municipal level, thus home care services and day care services tend to be provided at municipal level, but there is not full coverage.

In terms of resourcing of LTC at the national level, In terms of resourcing of LTC at the national level, all Caritas organisations involved in this research have reported that public funding for LTC infrastructure and services is inadequate. In Poland, Caritas notes that state funding does not cover the real cost of LTC infrastructure and service provision, and that public spending on LTC as a proportion of EU GDP is one of the lowest among developed countries. Caritas in Austria outlines that:

*"The financing of care remains a major challenge in Austria particularly when it comes to home-based and live-in care services as opposed to residential care. The payment of home-based care is costly, and the LTC allowance does not cover all the necessary services."*

In Georgia, Caritas notes that, although the process of transitioning from institutionalised to community-based services is in process, the government is not focussed on launching a personal assistance programme



Beneficiaries socialise as part of a Caritas inclusion programme.  
Credit: Caritas Poland

**This alludes to the lack of integration between social and health care, an increasing overemphasis on bureaucracy rather than on social impact, a misplaced marketisation and commercialisation of social care services and a lack of investment into home and community-based solutions.**

nationally nor in establishing the appropriate level of financing for this programme.<sup>86</sup>

This alludes to the lack of integration between social and health care, an increasing overemphasis on bureaucracy rather than on social impact, a misplaced marketisation and commercialisation of social care services, and a lack of investment in not-for-profit service provision, including social economy initiatives, and home and community-based solutions, plus adequate and comprehensive live-in care services, which could fill this gap. All taken together, this depicts a social care sector in dire need of targeted attention and support.

Low investment in the care sector also drives the low availability and quality of formal care services. As noted by the EU Parliamentary Research Service:

*"Low investment translates into poorer working conditions for workers (largely women) in the care sector, fewer training opportunities, poorer infrastructure, and lower adoption of technology. More attention to the care sector could have been*

*envisaged in the Next Generation EU instrument, which provided fiscal stimuli to help Member States recover from the pandemic, alongside support for the digital transition and green transformation.*"<sup>87</sup>

Yes, the care sector has not been prioritised and continues to be de-prioritised in many countries.

Caritas in Romania reports that government resourcing is inadequate and that services that do not benefit from co-payment from the beneficiaries quickly risk becoming unsustainable. The chronic underfunding of social services and the difficult financing of integrated services lead to an acute lack of predictability regarding the ability of providers (especially non-profit ones) to provide these services within the correct quality parameters. In addition, accreditation of private providers of services for the elderly (both profit and non-profit based) is not uniform, and the current regulation of services makes it difficult to monitor and evaluate both the quality of services offered and their direct impact on beneficiaries. In general, the services are not very transparent and there is no centralised data at national level to support strategic planning for LTC provision.

86. Further deinstitutionalisation policies will be important in the transition to home-based and/or community-based services, as greater effort is needed also for this.

87. European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth? [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333), accessed 17/04/2023, p.6.



In terms of their own funding, Caritas organisations rely on a variety of funding sources to allow them to provide LTC services for vulnerable older people in their proximity. Approximately one-third of the Caritas organisations involved in this research receive funding from regional and municipal authorities to deliver social services. There are also national funds which are redistributed by the central government, including the Solidarity Fund in Poland for instance. This is a fund to redistribute the extra profits of the wealthiest in Polish society to projects and programmes that support people with disabilities and who are disadvantaged.

Those Caritas organisations based in an EU Member State are also eligible for funding from EU programmes, such as the European Social Fund Plus, to deliver LTC services. In addition, approximately 10% receive funding from health insurers to provide LTC services. Some Caritas organisations receive private support and funding from immediate family members and beneficiaries; however, this type of funding is extremely limited, due in part to Caritas' mission to

## Inadequate public funding of LTC leads to inadequate and inaccessible LTC services, with many vulnerable older people unable to access care.

serve those in situations of vulnerability. The largest source of funding for LTC provision reported by all Caritas organisations involved in this research comes from the Caritas network, diocesan, church and parish funds, i.e., church donations. This points to the challenges that all European countries face in terms of ensuring an adequately funded care infrastructure and the ill-preparedness of governments to be able to respond to poorer older populations. This lack of governmental response-readiness seems to be increasing as costs for LTC increases.

Inadequate public funding of LTC leads to inadequate and inaccessible LTC services, with many vulnerable older people unable to access care. This is no longer just a regional concern. The issues of inequalities in the care sector are widespread, and thus require a European solution. Organisations like Caritas, who provide LTC, are also increasingly being left with uncertainty about sustainable financing and are increasingly struggling to bridge the gap, especially as the number of elderly people in need of LTC is

increasing. The ability of Caritas to respond may also be impacted by those providing donations and leaving behind legacies, which can go towards helping those in poverty and in need of support.

The trends outlined on demographics and future demand in this section imply that the current levels of public investment are not sufficient to meet demand. This is the experience of Caritas organisations and a trend observed across the EU. The publication of the European Care Strategy is a welcome first step towards recognising these same challenges and the need to improve the availability, accessibility and quality of LTC in all EU countries. However, much more work needs to be done at Member State level to deliver Principle 18 of the European Pillar of Social Rights, which states that "everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services."<sup>88</sup> In addition, this Pillar aims at being a compass for achieving upward convergence between EU Member States on better working and living conditions, which is likewise important. Moreover, much more needs to be done to also address the LTC needs in non-EU countries as well, taking into account the ripple effect of care drain as a result of emigration.

This chapter has highlighted the need to reform the LTC sector to ensure affordable, available, accessible and quality service provision and sustainable financing. The next chapter provides an analysis of the previous sections and assesses the potential of addressing these challenges in light of the Council Recommendation on LTC.

Beneficiaries socialise as part of a Caritas inclusion programme.  
Credit: Caritas Poland



**The trends outlined on demographics and future demand in this section imply that the current levels of public investment are not sufficient to meet demand.**

88. European Commission, 2017: European Pillar of Social Rights, <https://ec.europa.eu/social/main.jsp?catId=1606&langId=en>, accessed 17/11/2022.

## Chapter 6

# Analysis of policy responses

## Chapter 6 considers the recent EU Council Recommendation on LTC and contrasts this with Caritas' initial recommendations made prior to the publication of the European Care Strategy in 2022.

This analysis thus includes an assessment of Caritas' main concerns pertaining to LTC in Europe with a focus on the financing and affordability of care, the adequacy, availability and quality of care, the carers themselves, the working conditions, regularisation schemes and regular labour migration pathways, emigration and circular migration and the importance of enabling training, upskilling and reskilling opportunities for care workers. This chapter also entails a section on governance, monitoring and reporting, as well as one on the feminisation of poverty. It concludes with an overview of Caritas' policy recommendations targeting EU institutions and national governments, both in and outside of the EU.

The European Commission published the European Care Strategy in 2022, which was welcomed by Caritas Europa as it reflected many of Caritas' concerns in relation to LTC.<sup>89</sup> The Strategy acknowledges many of the challenges identified by Caritas organisations in this report including: the feminisation of care; the gender gap and the need to improve pay and

conditions in the sector; the challenge of meeting increasing demand and the need to increase public resourcing; the difficulties that reliance on informal care presents; the need to improve social protection coverage for vulnerable older people and improve and expand the LTC infrastructure; and the necessity for a national high-quality framework for LTC. Building on the European Commission report on LTC,<sup>90</sup> the Strategy is thus a positive step toward recognising the challenges in the sector and formulating common initiatives that could be taken across the EU.

A central component of the Strategy is the Council Recommendation on access to affordable, high quality long-term care,<sup>91</sup> which was adopted by the European Council on 8 December 2022. The Council Recommendation "aims to improve access to affordable, high-quality long-term care for all people who need it, it concerns all people in need of long-term care, and all formal and informal carers and it applies to long-term care provided across all care settings".<sup>92</sup>



Trainees share an exchange with a beneficiary **Credit:** Caritas Germany

89. See Caritas Europa's Position Paper EU Care Strategy: <https://www.caritas.eu/better-quality-and-dignity-of-care/> and Caritas Europa's Analysis of the proposal for an EU Council Recommendation on long-term care: <https://www.caritas.eu/the-eu-challenge-of-long-term-care/>, accessed 15/03/2023.

90. See <https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>, accessed 25/04/2023.

91. See <https://data.consilium.europa.eu/doc/document/ST-13948-2022-INIT/en/pdf>, accessed 23/04/2023.

92. Ibid, p.17.

### Council Recommendation on access to affordable, high quality long-term care

Box 1 on page 53 sets out Caritas' policy priorities in relation to LTC and how these are reflected in the Recommendation.<sup>93</sup> This highlights Caritas' position calling for an EU quality framework on LTC, focussing on the quality of care, quality of working conditions in care, and the need for an EU Care Guarantee with ample government funding backing it.

The Council Recommendation is not legally binding, but it does set out a framework for progress on the many challenges that LTC systems in the EU face. Particularly welcome is the acknowledgement by the Council that LTC services are considered social services of general interest, as they have a clear social function, facilitate social inclusion, and safeguard fundamental rights of all people in need of care, including older people. In this

context, it is essential to increase investments in the not-for-profit provision of care, including social economy initiatives; to ensure a focus on delivering high quality care and guaranteeing the human right to care for everyone regardless of their financial situation, since this does not often happen when the market steers the care delivery approach. We observe that all too often the market logic struggles to deliver affordable, adequate, quality services to all in need of those. This in turn impacts on the kind of care services delivered and the demands made on care workers. For Caritas, regardless of the model of service provision, it is essential that the right to long-term care is being guaranteed, is affordable, accessible, of high quality and applies a human-centred, rights-based approach that respects the dignity of the care recipient. The next section provides more details of Caritas' expectations regarding this and lays out our vision of a future care model.

A nurse checks up on a patient's health. **Credit:** Jakub Žák/Caritas Czech Republic



### Box 1: Caritas LTC policy priorities and vision of a future care model and the Council Recommendation on LTC

Caritas policy priority on LTC	Council Recommendation on LTC
<b>Need for an EU quality framework</b>	
Ensuring and mainstreaming a human rights-based and person-centred approach.	Council Recommendation 2: concerns all people in need of LTC and formal and informal carers. It applies to LTC provided across all care settings.
Ensuring a strategic vision towards home and community-based provision of care services.	Council Recommendation 4: recommends that Member States ensure that all people with LTC needs have access to LTC that is [...] comprehensive, covering all LTC needs. Recommendation 5: recommends that Member States continuously align the offer of LTC services to LTC needs, while providing a balanced mix of LTC options and care settings to cater for different LTC needs and supporting the freedom of choice and the participation in decision-making of people in need of care.
Promoting the basic right to social, medical and home care.	Council Recommendation 2: concerns all people in need of LTC and formal and informal carers. It applies to LTC provided across all care settings.
Ensuring timely access to affordable, high-quality and appropriate care services.	Council Recommendation 1: aims to improve access to affordable, high-quality LTC for all people who need it.
Identifying, applying and monitoring quality indicators.	Council Recommendation 6: recommends that Member States ensure that high-quality criteria and standards are established for all LTC settings. Recommendation 10: recommends that Member States ensure a national framework for data collection and evaluation, underpinned by relevant indicators.
Investing in innovation, digital technologies and ensuring sustainable funding to modernise the social infrastructure.	Council Recommendation 5: recommends that Member States roll out accessible innovative technology and digital solutions in the provision of care services, including to support autonomy and independent living, while addressing potential challenges of digitalisation.
Promoting holistic partnerships and social innovation by fostering partnerships between public authorities, social care providers and service users.	Reflected in preamble 22 of the Council Recommendation.
Ensuring funding for the not-for-profit sector.	Reflected in preamble 11 of the Council Recommendation.
Replacing informal live-in care work via employment contracts with not-for-profit home care providers.	Council Recommendation 2: recommends concerns all formal and informal carers.
Ensuring freedom of choice of LTC providers.	Council Recommendation 5: recommends that Member States continuously align the offer of LTC services to LTC needs, while providing a balanced mix of LTC options and care settings to cater for different LTC needs and supporting the freedom of choice and the participation in decision-making of people in need of care.
Integrating home care programmes into professional health care training.	Reflected in preamble 17 of the Council Recommendation.
Promoting healthy lifestyles, including autonomy and independent living.	Council Recommendation 5: recommends that Member States ensure that LTC services are well-coordinated with prevention, healthy and active ageing and health services, and that they support autonomy and independent living, restoring as far as possible or preventing the deterioration of physical or mental conditions

93. See <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0441&from=EN>, accessed 27/04/2023.

Caritas policy priority on LTC	Council Recommendation on LTC
<b>Quality of care</b>	
Setting quality standards of care services, focusing primarily on life quality and achieving relative independence for beneficiaries, and organising quality controls.	Council Recommendation 10: recommends that Member States ensure sound policy governance in LTC, including an effective coordination mechanism to design, deploy and monitor policy actions and investments in that area.
Ensuring availability of care services.	Council Recommendation 4: recommends that Member States ensure the adequacy of social protection for LTC, in particular by ensuring that all people with LTC needs have access to LTC.
Ensuring affordability of care services.	Council Recommendation 4: recommends that Member States ensure the adequacy of social protection for LTC, in particular by ensuring that all people with LTC needs have access to LTC.
Facilitating an integrated network of different types of care services, a multi-layered system of supports and services.	Reflected in preambles 14 and 24 of the Council Recommendation.
<b>Quality of working conditions in care</b>	
Ensuring high-value care jobs and foster good working conditions.	Reflected in preambles 5, 16, 17 and 19 of the Council Recommendation.
Promoting home care work.	Council Recommendation 7: recommends that Member States support quality employment and fair working conditions by addressing the challenges of vulnerable groups of workers, such as domestic LTC workers, live-in care workers and migrant care workers.  Recommendation 8: recommends that Member States establish pathways to a regular employment status for undeclared LTC workers.
Ensuring a work-family life balance, allowing informal carers to take up informal caring as well as formal caring, as there are already concrete practices of care providers employing family members and informal carers, in some cases providing on-the-job training.	Council Recommendation 9: recommends that Member States establish clear procedures to identify informal carers and support them in their caregiving activities.
Considering the time spent on informal care work as eligible for the calculation of pension rights.	Council Recommendation 9: recommends that Member States provide informal carers with access to social protection and/or to adequate financial support, while making sure that such support measures do not deter labour market participation.
Promoting harmonised standards for training of care workers.	Council Recommendation 8: recommends that Member States improve the professionalisation of care, and address skills needs and worker shortages.  Recommendation 8: recommends that Member States strengthen professional standards, and offer attractive professional status, career prospects and adequate social protection to LTC workers.
Ensuring compliance with labour rights.	Council Recommendation 7: recommends that Member States support quality employment and fair working conditions in LTC.
Promoting unions of/for domestic workers.	Reflected in preamble 18 of the Council Recommendation.
Fostering socially and ethically sustainable recruitment of foreign workforce.	Council Recommendation 8: recommends that Member States explore legal migration pathways for LTC workers.
Proposing an EU Care Guarantee with ample funding.	<b>Not included in the Council Recommendation.</b>

### Caritas' assessment of the Council Recommendation on LTC

The following section provides a further breakdown of Caritas' analysis of the Council Recommendation and what remains to be done.

#### Affordability

The main challenge in implementing the Council Recommendation will be to persuade Member States to make the necessary investments and reforms required to ensure access to affordable high-quality care in each country. Public investment will be critical to delivering on the Council Recommendation, and as outlined in this report, all Member States are facing increased old-age dependency ratios leading to increased demand for LTC. However, in many Member States, the LTC infrastructure is not well established and the process of winding down institutional care and moving LTC into the community has taken precedence, meaning that many Member States will need to invest significantly in their social infrastructure to meet future LTC demand.

Already now, the costs of LTC are high compared with the average person's pension, even more so for those in situations of poverty. Considering the increase in the number of elderly people across Europe unable to cover these costs, many of whom do not have family networks or other support to respond to this gap, Caritas worries that more elderly people will not only be on their own but will also be increasingly more vulnerable, dependent on whatever means of support may be available to them. We believe the future solution will rely on the establishment of a very comprehensive system of benefits, support and services. Currently, this is commonly provided either by the market (which is inaccessible to people living in the most vulnerable situations), by family and community members (which can be a support but cannot be applied automatically and systematically as there are many people without family and who are on their own, sometimes even

socially isolated), or it is guaranteed by administrations (which is essential for people experiencing acute poverty). Considering the bleak outlook of the future of LTC, Caritas urges the development of a Care Guarantee, which protects people without economic resources and guarantees the right to LTC.

As noted in the Council Recommendation, LTC falls under the responsibility of Member States and while the European Commission can support and complement actions of Member States, it does not have the same policy tools available at national level as it does in fiscal matters. To date, one of the main challenges facing the European Social Model, the European Pillar of Social Rights and the European Semester is that macro-economic and fiscal concerns take precedence over social concerns, at the expense of vulnerable groups and social commitments and targets, such as those relating to poverty reduction, education and training, employment, and access to care for children and to LTC for elderly people. The social scoreboard contains relevant secondary indicators, such as the aggregate replacement ratio for pensions, out-of-pocket expenditure on healthcare, and healthy life at age 65. But this does not include, for instance, out-of-pocket expenditure on other care services. Social investment and social infrastructure must be given priority in the European Semester if the ambition of the Council Recommendation and Principle 18 of the European Pillar of Social Rights<sup>94</sup> are to be met. However, in the absence of a Social Imbalances Procedure at EU level or the development of a golden rule for social investment, it remains unclear as to how many Member States will be able to make up the significant shortfall in public expenditure on LTC and provide a quality, accessible and affordable service, whilst abiding by the fiscal governance frameworks of the EU. This will be vital for responding to the current social and health care demands and for revamping care services for the long-term.

94. Principle 18 refers to long-term care, namely, that "everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services". See: [https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles\\_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en), accessed 31/03/2023.



A nurse checks up on a patient's health.  
Credit: Jakub Žák/  
Caritas Czech Republic

### Adequacy, availability and quality

Recommendations 4, 5 and 6 focus on improving adequacy, availability and quality of LTC services. References to timely, affordable and comprehensive access to LTC, to closing gaps (particularly in rural areas), using innovative digital solutions and a quality framework for LTC are all welcome and reflect the advocacy of Caritas in relation to LTC. What is not evident in the Council Recommendation is how Member States will be supported and encouraged to deliver in these areas, despite the detailed description for the Commission to mobilise Union funding and provide technical support to promote national reforms and social innovation in LTC.<sup>95</sup>

Timely, comprehensive and affordable LTC requires adequate resourcing. As outlined earlier, current trends, and the experience of Caritas in delivering LTC services, identify inadequate resourcing as one of the key barriers to delivering and accessing quality LTC services. A quality framework for LTC is an area that Caritas has consistently advocated for. The European Commission should develop a quality framework and this framework should be monitored, with findings used to inform LTC policy and services. We welcome the intention of the Commission to mobilise EU funding and technical support to promote national reforms and social innovation in LTC, and to monitor progress in implementing this Recommendation, taking stock of progress regularly with the Social Protection Committee, the Employment Committee and the

LTC coordinators or those assigned at national level to be responsible for the coordination mechanism, based on, among others, the framework of indicators that are currently being worked out by the European Commission and the Social Protection Committee. We also appreciate the Commission's intention to facilitate mutual learning, share experiences and follow up on actions taken in response to the Recommendation. Without this, requiring Member States to have quality standards would mean that the challenges – outlined in relation to access to LTC, the unmet needs of low-income households and the poor levels of national LTC infrastructure in some Member States – would not be addressed. It remains, nevertheless, to be seen to what extent these efforts will, in reality, meet these needs and ensure adequacy, availability and quality of LTC.

### Working conditions of carers

Recommendations 7, 8 and 9 concern the situation of carers, both formal care workers and informal carers. According to the Council Recommendation:

*“Member States should ensure fair working conditions in long-term care, in particular by: [...] promoting national social dialogue and collective bargaining in long-term care, including supporting the development of attractive wages in the sector, while respecting the autonomy of social partners”.*<sup>96</sup>

While many Member States have a statutory minimum wage which applies to LTC workers, many others do not.

Ensuring fair working conditions, through the promotion of collective bargaining and national social dialogue, is a welcome move towards addressing the challenges of low pay, precarious employment and labour shortages outlined earlier. However, the Recommendation does not include a definition of quality employment or decent work. This may prove particularly difficult to achieve in Member States without a strong history and engagement in national social dialogue and collective bargaining. Without a common understanding of what constitutes fair working conditions, quality employment and decent work, measuring progress on this recommendation will be difficult, which will make it challenging to monitor the delivery of fair working conditions, high standards and the professionalisation of care work.

In order to make LTC attractive as a labour force option, the issue of low pay and working conditions must also be addressed. The Adequate Minimum Wages Directive, in accordance with Principle 6 of the European Pillar of Social Rights,<sup>97</sup> aims to ensure the compulsory implementation of fair minimum wages in a coordinated manner across the EU. Once transposed,

this should increase minimum wages and improve collective bargaining for LTC workers across most Member States. However, the impact this Directive will have on the sector will not be evidenced in the short-term. The focus in this Directive on reducing in-work poverty and improving living and working conditions is welcome, as is the focus on strengthening the capacity of social partners to engage in collective bargaining. National governments should be supported to transpose the Directive into law, and those countries where there is not already an established mechanism and framework for collective bargaining must be supported to develop them. Capacity-building among social partners and employment sectors in those countries will be important to successfully deliver a framework for adequate statutory minimum wages.

Similar links to other related EU policies and legislation, such as the European Pillar of Social Rights, the Work-Life Balance Directive which promotes a healthier work-life balance for workers,<sup>98</sup> the Gender Equality Strategy, the Social Economy Action Plan which aims to develop better policy and legal frameworks for social economy organisations including social and

95. Reference is made to providing funding opportunities for LTC, targeting different investment priorities in accordance with the specific regulations of the various funding programmes, which include the European Regional Development Fund (with priority focus on non-residential family- and community-based services); the European Social Fund plus, and its Employment and Social Innovation strand; the Just Transition Fund; Horizon Europe; the EU4Health Programme; the Digital Europe Programme; technical support to improve the capacity of national authorities to design, develop and implement reforms through the Technical Support Instrument; and the Recovery and Resilience Facility for eligible reforms and investments in the context of the recovery from the COVID-19 pandemic. And while these funds are available, to what extent they will be drawn on and used for such necessary reforms is the essential point.

96. European Commission, 2022a, [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_5169.12/h2/2022](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169.12/h2/2022).

97. Principle 6 posits that: “Workers have the right to fair wages that provide for a decent standard of living. Adequate minimum wages shall be ensured, in a way that provide for the satisfaction of the needs of the worker and his/her family in the light of national economic and social conditions, whilst safeguarding access to employment and incentives to seek work. In-work poverty shall be prevented. All wages shall be set in a transparent and predictable way according to national practices and respecting the autonomy of the social partners”, [https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles\\_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en), accessed 31/03/2023.

98. The Work-Life Balance directive explicitly recognises that “A continued rise in care needs is predicted, because of an ageing population and, consequentially, the concomitant increase in the prevalence of age-related impairments. The rise in care needs should be taken into account by Member States when they develop their care policies, including with regard to carers’ leave.” (Consideration 27 - <https://data.consilium.europa.eu/doc/document/PE-20-2019-INIT/en/pdf>). However, five days of (unpaid) care leave will not be sufficient to bridge the current and future care needs gaps. Moreover, the directive recognises that “The current Union legal framework provides limited incentives for men to assume an equal share of caring responsibilities. The lack of paid paternity and parental leave in many Member States contributes to the low take-up of leave by fathers.” In order to increase the availability of informal care and to ensure that care responsibilities are shared more equally between men and women, it is necessary to extend the possibility of taking paid care leave.



care service providers, and/or the Directive on Platform Workers which aims to ensure more dignified work, can positively impact on the LTC sector and should be integrated and properly transposed/implemented, monitored and evaluated by Member States. Linked to this, the European Labour Authority (ELA), established in July 2019, must play a more prominent role in reducing undeclared work and the exploitation of workers. At the very least, by 2024, when the ELA is expected to reach full operational capacity, it should be equipped to ensure that EU rules on labour mobility and social security coordination are being enforced fairly, simply and effectively. Considering that nearly 17 million European citizens currently live or work in another Member State – twice as many as a decade ago, and this number rises by thousands, possibly millions, of people working informally – the ELA is expected to increase in significance.<sup>99</sup>

#### **Regularisation and links to more regular pathways for migration**

Member States will need guidance and support on establishing pathways to regular employment status for undeclared LTC workers. Even though there are policies in place to address undeclared work in many countries, in most cases they are regarded by Caritas organisations as unsuccessful and inefficient, as there is insufficient public investment in labour inspections and judicial institutions to enforce existing rules and regulations. Here, a stronger link to the European Labour Authority would be needed. Likewise, policies and reforms are needed to ensure dignified and transparent working conditions and adequate social protection for LTC workers. A comprehensive approach should be taken regarding the prevention of undeclared work that penalises employers who employ LTC workers irregularly, whilst ensuring that the workers themselves are not harmed and have opportunities to

work regularly. In this regard, more needs to be done to sanction employers who violate the law and to offer incentives to employers to hire LTC workers on formal contracts.<sup>100</sup>

At the same time, national governments should also facilitate the issuance of stable residence permits and de-escalate politicised debates around regularisation, considering it instead as a bona fide policy option among a menu of options. Though regularisation has long been considered taboo for some countries, it has been – and continues to be – used as a standard policy option to bring people fully into the economy, increase tax revenues and redress failures in immigration and asylum law and procedures. Experience shows that well-designed regularisation can provide social rights to migrants and foster integration. Between 1996 and 2008, 3.5 million people were regularised in Europe. In 2021, regularisation measures were implemented in Italy, Luxembourg and Portugal to minimise the informal economy and to widen social safety nets as the impact of COVID-19 hit. Further information can be gleaned from Caritas Europa's position paper on the topic.<sup>101</sup> Meanwhile, it is important to bear in mind, for this report, that regularisation schemes should be seen in the broader context of expanding regular migration pathways and addressing the overreliance on informal economies and the prevalence of exploitation of care workers. To address this, governments should strengthen the prevention and protection of migrant workers from exploitation, offer incentives to employers to hire workers on formal contracts, and collaborate more closely with the European Labour Authority (ELA). Governments should also increase political will and public investments in labour inspections and judicial institutions, enforce existing rules and regulations around informal work, and sanction employers who violate the law.

A beneficiary of a Caritas home care project is visited by a social worker. **Credit:** Caritas Ukraine

99. See also: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019R1149>, accessed 24/09/2021.

100. Caritas Europa, 2021: European report on labour market inclusion: <https://www.caritas.eu/inclusive-labour-markets/>, accessed 12/03/2023.

101. Caritas Europa, 2022: Demystifying the regularisation of undocumented migrants: <https://www.caritas.eu/demystifying-the-regularisation/>, accessed 31/03/2023.

### Emigration and circular migration

It is disappointing that the Recommendation fails to comment on the impact of internal migration on some Member States and on their own LTC infrastructure and labour shortages. Yet, it is not surprising considering the importance of free movement within the EU. Nevertheless, for those Member States experiencing an exodus of care workers, more needs to be done to respond to this reality when reforming the LTC infrastructure. Policymakers must be conscious of the fact that emigration not only impacts on the families and communities of those left behind, but it further contributes to care drain, with lasting challenges for those in need of LTC in poorer countries.

Offhand, the immediate solution would be to ensure decent wages and working conditions in the sector, particularly in the countries being left behind. This seems obvious considering that an increase in labour mobility to fill existing vacancies can improve the allocation of labour resources and increase economic output and welfare, especially if the working conditions on offer are fair and dignified. On the other hand, more efforts are needed to address the social asymmetries between the EU Member States and equality between the regions and the urban/rural divide.

### EU Skills Agenda and training, upskilling, reskilling

The care sector in Europe is particularly affected by persistent labour shortages and an additional 1.6 million LTC workers are required by 2050 to keep LTC coverage at the level it is today. To respond to the increasing demand for care, the LTC sector needs not only to retain staff but also to attract more workers with the right skills. The quality of LTC services very much depends on the quality (in terms of skills and professionalisation) and the availability of the workforce.

LTC services are highly interpersonal, and a quality service requires an appropriate level of physical and human resources.<sup>102</sup> This is observed, among others, by Caritas Czech Republic which deems that:

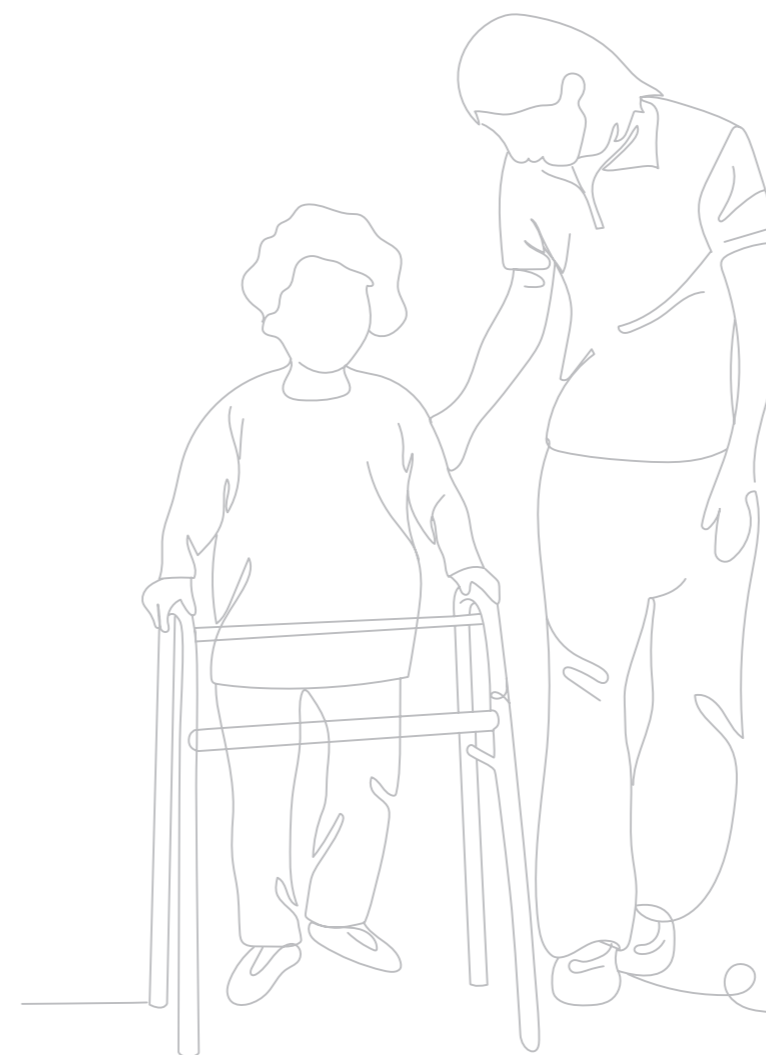
*“A prerequisite for ensuring quality long-term care is strengthening the prestige, qualification and competence of the staff and their adequate financial remuneration and the esteem of the profession.”*

A lack of required funding impacts the wages and working conditions of the sector, leading to reduced services and an insufficient workforce, as well as emigration from a region. Decent wages and working conditions are therefore necessary to attract and retain staff in the LTC sector and to avoid high staff turnover and staff shortages.

The focus in the Council Recommendation on building career pathways and skills development is thus welcome, especially considering that inadequate possibilities for ongoing professional development were identified by Caritas organisations as a challenge in retaining workers in LTC services. The need to quickly train care staff and get them into the LTC workforce, in order to meet the demand and to alleviate the pressure on care services due to the chronic shortage of staff, means that there is limited opportunity for ongoing professional development of both new and established LTC workers. This is a concerning trend and will have a negative impact on the sector in terms of restricted prospects for career progression and ongoing professional development.

Caritas members are hopeful that the European Skills Agenda will help in addressing this development as it aims to respond to the upskilling and reskilling needs across Europe and to support strategic national upskilling action. For instance, organisations that work on reskilling and upskilling and have signed the Pact for Skills, which is one of the flagship actions of the European Skills Agenda, can “gain access to knowledge

A nurse checks up on a patient's health.  
Credit: Jakub Zák/Caritas Czech Republic



on upskilling and reskilling needs, advice on relevant funding instruments to boost the skills of adults in their regions and countries, and partnership opportunities within our growing community”.<sup>103</sup> Thus, not only are decent pay and working conditions vital but also the opportunity for career progression and learning, all of which should be a priority for Member States in promoting LTC as a career. Building on 2023 as the “European year of skills”,<sup>104</sup> these aims can surely be promoted, and progress made.

### Governance, quality assurance systems for monitoring and reporting

Caritas welcomes involving all relevant stakeholders in the development and monitoring of LTC policies and the development of a national framework for data collection. The involvement of all stakeholders, in particular organisations with experience of delivering LTC services at local and regional level, such as Caritas, is key to developing LTC policies that meet the needs of care recipients and provide decent conditions for those employed in the sector. This must be an on-going engagement and dialogue, where best practice can be shared and where issues and challenges (current and future) can be addressed in a timely fashion. It is important that such engagement and dialogue is being monitored via the European Semester to ensure all Member States, particularly those where stakeholder engagement and on-going dialogue has been limited to date, are consulting those directly involved.

**Not only are decent pay and working conditions vital but also the opportunity for career progression and learning, all of which should be a priority for Member States in promoting LTC.**

102. Social Protection Committee, 2021: Long-Term Care Report: Trends, challenges and opportunities in an ageing society Volume 1.)

103. European Commission: <https://ec.europa.eu/social/main.jsp?catId=1517&langId=en>, accessed 15/04/2023.

104. European Commission: [https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/europe-fit-digital-age/european-year-skills-2023\\_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/europe-fit-digital-age/european-year-skills-2023_en), accessed 14/04/2023.

Caritas is concerned about the Council's Recommendation focus on making cost-effective use of adequate and sustainable funding now and in the future. Fiscal sustainability and cost-effectiveness should not come at the expense of providing quality LTC services for those in need, nor at the expense of decent wages and conditions for care workers. As noted in the 2021 Ageing Report, LTC is highly labour-intensive, with few gains to be expected from productivity, and limited possibility of automating or re-engineering services. Improving the quality of LTC systems and ensuring fair and dignified working conditions must be the priority, not the cost-effectiveness of care services. Linked to this is, naturally, the commodification of care, which Caritas is clearly against. On the other hand, we call for the promotion of the professionalisation of care, which emphasises the need to support the elderly beneficiaries to sustain, (re) gain and even develop their self-care abilities, which could mitigate the exponential growth in care demand, while alleviating, at the same time, the rising financial burden of LTC provision.

### Feminisation of poverty

This report confirms what other researchers and policymakers have already documented, namely, that women are disadvantaged when it comes to the affordability of LTC due to lower incomes than their male counterparts, more frequent career interruptions, and the expectations for women to take on informal care responsibilities, which are generally not recognised or remunerated, thus impacting more heavily on women's pension contributions when they are older. For this reason, there should be greater recognition of informal work carried out by women. There should likewise be public policies that enable one to choose the type of care desired, for instance, whether delivered informally by family members while receiving financial support, delivered formally by paid care workers in the home-setting, or formally in an institutional setting.

In addition, considering that over 80% of social care workers are women, many of whom are underpaid and have unattractive working conditions due to historical mis- or under-recognition of the role of carers and their essential contribution to the running of the welfare state, the European Commission and Member States should ensure the mainstreaming and harmonisation of efforts supporting equality between



A social worker at a Caritas home care project.  
Credit: Caritas Ukraine

women and men across all policy areas, going even beyond the Gender Equality Strategy 2020-25 to also address poverty concerns.<sup>105</sup> Here, it is important to acknowledge that whilst most of the front-line care workers are women, most of the managers are men, highlighting the remaining glass ceiling and gender equality challenges within the social care sector itself. Overall, the working conditions of both formal/informal care workers should be improved, and their rights protected. These challenges contribute to the feminisation of poverty in Europe, with women more likely to experience poverty in later life than men, and thus more likely to be unable to afford LTC. This situation is further aggravated given the unequal access to, the high costs of, and the growing waiting lists for professional social care services.

Chapter 7 presents the conclusion.

**Over 80% of social care workers are women, many of whom are underpaid and have unattractive working conditions.**

105. The Strategy "fails to address women's poverty particularly in the context of the European Pillar of Social Rights. The Strategy was adopted just before the outbreak of the COVID-19 pandemic, which brought to the forefront the essential role of women in society. But it also made visible the precariousness of women's paid and unpaid work, their risk of falling victim to exploitation and trafficking, their overwhelming caring roles and their heightened exposure to poverty, which were acknowledged in the European Parliament's Resolution on women's poverty in Europe. While the Commission does not envisage a mid-term review of the Strategy, Caritas Europa believes there is still time and room to include specific measures addressing women's poverty in Europe within the gender mainstreaming priority for the remainder of the lifespan of the Strategy". See Caritas Europa's position paper on the cost-of-living crisis exacerbating poverty for women in Europe: <https://www.caritas.eu/europe-must-tackle-womens-poverty/>, accessed 12/03/2023.



## Chapter 7

## Conclusion

A nurse checks up on a patient's health. **Credit:** Jakub Žák/Caritas Czech Republic



**Chapter 7 concludes the report and provides Caritas' policy recommendations, broken down by the following headings: public investment, access to care, better working conditions, and high-quality, affordable care for all.**

Despite the efforts made in the past by the EU and its Member States or the non-EU governments, more needs to be done to invest in dignified, high quality, accessible and affordable long-term care, promoting autonomy and based on consent, and to address gender inequalities. According to the European Parliamentary Research Service, a range of measures have been identified "for a care deal for Europe that could modify disparities in the sharing of care responsibilities between women and men, mobilise external provision of care and modernise and regulate the care sector", including:

- the recognition of professional qualifications of paid care workers, using objective criteria and gender-neutral job classification tools, not unlike the "Caritas Fair Care Standard";<sup>106</sup>
- investment to upgrade formal care workers' skills in line with a harmonised career structure, ensuring good administration;

106. See <https://www.caritas.eu/webinar-learn-about-the-caritas-fair-care-standard/>, accessed 25/11/2022.

- guarantees for decent wages, social rights and working conditions for care workers, including workers' representation and collective bargaining, which should be better achieved through the Directive on Adequate Minimum Wages;<sup>107</sup>
- the expansion of the ELA's mandate to include occupational health and safety;
- support for independent and rigorous certification, monitoring and investigations of care facilities;
- increase in EU funds and/or specific targets (structural and investment funds, including the European Social Fund and the Recovery and Resilience Facility) to upgrade the care infrastructure;
- support for Member States to reform and integrate their social services and protection systems;
- the consideration of the care sector in the European Semester and the country-specific recommendations;
- the recognition of the different types of unpaid care workers and support for them and those being cared for (for instance, relating to financial support and rehabilitation services); and
- access to better working conditions for unpaid care workers (e.g., additional time off and work-life balance measures)<sup>108</sup>.

Caritas expects the EU institutions to intervene to complement, reinforce and support policies, programmes and investment at the national, regional and local levels in order to recognise care as a right and the backbone of society.

The experience of Caritas organisations demonstrates that the present LTC infrastructure, services and supports across Europe is inadequate to meet the needs of the population, particularly those on lower incomes. It is vital that public investment in LTC is increased, and that quality services and supports are made available, accessible and affordable for all, particularly for those who are in situations of vulnerability and greatest need. For this reason, Caritas wants a basic right to care to be guaranteed. Caritas believes that a Care Guarantee could support and complement existing measures as well as the Council Recommendation on LTC. Together, this would create supportive conditions for social care services across Europe, respect the principles of participation and freedom of choice, and ensure a life-cycle approach to



care. However, this would require the establishment of a very comprehensive system of benefits, supports and services.

Caritas also hopes for greater social symmetries across the EU and strong social welfare systems across Europe. A long-term vision for reforming the current LTC systems so as to ensure quality, affordable and accessible care that it is available everywhere, including in rural settings, is necessary. This would not only be vital for responding to the demographic changes and LTC needs, but it would also symbolise the value and importance of elderly people in society. As long as governments fail to address this crucial societal need, a sense of the latent ageism<sup>109</sup> that persists across Europe may be recognised more fully.

A nurse checks up on a patient's health. **Credit:** Jakub Žák/Caritas Czech Republic

107. Adequate Minimum Wage Directive, <https://www.consilium.europa.eu/en/policies/adequate-minimum-wages/>, accessed 13/12/2022.

108. European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth? [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333), accessed 17/04/2023, p.9.

109. See also the work of Age Platform Europe that covers this topic more extensively: <https://age-platform.eu/policy-work/human-rights-non-discrimination>, accessed 12/04/2023.

Once there is greater valorisation of this profession and salaries increase, the emigration of (current and potential) care workers from poor countries to rich countries may decrease. While enabling migration in the short term may solve the shortage of LTC personnel in more established welfare systems of the wealthier West, in the long term it impacts on families and communities and makes it extremely difficult, if not impossible, to ensure the delivery of quality care in home countries. Moreover, it just puts a band-aid on the care situation rather than going to the root of the problem, namely, that there is too little valorisation of this essential job sector, extremely low salaries for LTC workers, and an overreliance on women, migrants and the undeclared sector to meet the increasing LTC needs in the face of demographic changes.

The European Commission has acknowledged this, initiated an important and long overdue process of raising awareness of this reality and is encouraging Member States to take urgent action to reform the LTC system with the European Care Strategy and the Council Recommendation on LTC. How the Member States will respond, however, remains a major question and a source of much anxiety for Caritas member organisations. Will they make the necessary reforms and restructure the LTC systems in coherence with Europe's social model? Will they prioritise and allocate substantial funding for this? Will they ensure LTC remains a common good, guaranteeing affordable, accessible, quality LTC for all, including those with low incomes and in situations of vulnerability and marginalisation? How will they link this with other policy processes and legislation?

The value that Caritas brings to the discussion on LTC is the experience of its members in countries all across Europe, which is in line with current trends, and its track record in designing innovative solutions and building strategic partnerships to address some of the many challenges in this sector. The experience of Caritas across its network also points to a need for a European policy response, going beyond the EU, but still stressing the importance of delivering on the EU Council Recommendation on LTC, and the need for ambition by all countries to ensure that all older people have access regardless of income or geography.

Looking at LTC in non-EU countries, the general trend observed by Caritas is that the situation is worse there than in EU Member States, despite wide variations in

terms of LTC coverage within the EU. The experience of Caritas organisations in non-EU countries is that the LTC infrastructure is less well developed, especially when compared with wealthier, western EU countries. Social protection coverage is not as broad or as comprehensive and there is a greater reliance on informal care by family members due to the lack of alternative public options. In addition, non-EU countries are also greatly impacted by care drain and emigration to EU Member States, where wages are more attractive. Not dissimilar to the situation in eastern EU countries, like Romania, it leads to a situation where there is a shortage of suitably qualified LTC personnel. The reality is that LTC services cannot keep up with demand and there are significant challenges in accessibility, especially for vulnerable older people. If access to affordable, high-quality LTC is to become a reality for all older people in Europe, then the challenges outlined in this report relating to adequate public investment, decent working conditions and access to care regardless of income or location must all be addressed.

Caritas has formulated 15 recommendations, described in the Executive Summary of this report - based on our experience delivering LTC services, advocating on behalf of those who need LTC, and using innovation as a tool to respond to the unmet LTC needs - as a contribution to the policy discussions on the topic. We hope policymakers understand this as a support in revamping the LTC sector when wading through this complex and interconnected issue.

The next chapter provides a snapshot of some of Caritas' promising practices with regard to LTC.



A beneficiary receives a food delivery at home.  
Credit: Caritas Poland

## Chapter 8

# Caritas' promising practices

It is difficult to answer the earlier questions posed at the start of this report:

- What ideas and creative approaches exist for a more sustainable and ethical model of care now, and in the future?
- Can these innovative ideas be presented as alternative models of care to that which currently exists?

Having highlighted, throughout this report, the many challenges that exist, it may seem overwhelming for those responsible in their country for initiating reforms to the LTC sector. For Caritas Europa, it is important to remain hopeful and to not focus on just the negative

aspects. For this reason, chapter 8 presents a few select innovative and promising practices from within the Caritas network,<sup>110</sup> which feed into Caritas' vision of a future model for LTC, and which also address the phenomenon of care migration.



A social caregiver assists a beneficiary with eating. **Credit:** Armenian Caritas

<sup>110</sup> Caritas Europa, and Social Services Europe, of which it is a member, advocates that not-for-profit social service providers are part of the social economy, so essentially, all LTC provided by Caritas is part of the social economy and all the practices presented in this section are part of the social economy.



A nurse checks up on a patient's health. **Credit:** Jakub Žák/Caritas Czech Republic

### Innovative and promising practices as a roadmap to a future model of long-term care

Caritas' vision of a future model for LTC responds to the needs of an ageing population across Europe and is supported by increased investments, innovation and promising practices that develop through strategic partnerships and collaboration with a variety of different stakeholders. These measures aim to meet the diverse needs of care recipients as well as care workers, in order to address the many LTC challenges identified in this report. By adhering to this tactic, ensuring a person-centred and life-cycle approach to LTC that fiercely resists the commodification of care, can growing older be achieved with dignity.

#### Digital innovation to deliver services and address territorial inequalities

Adapting to the digital transition and harnessing the innovations in digital technology to support people and deliver services is a pressing concern for all European countries, including the EU.<sup>111</sup> Caritas organisations have been developing and promoting services which use digital innovation and technology to deliver LTC services for people living in remote and isolated areas.

For example, at present, there are immense difficulties in recruiting and retaining doctors, nurses and social workers in Moldova, especially outside city centres, resulting in a lack of LTC staff in the country. In response, Caritas Moldova has developed, with the support of Caritas Austria, a pilot telemedicine project that aims to

address this challenge by bringing digital care services to older people in two communities. With this, attempts are made to make essential social and medical care services more accessible and available to beneficiaries, primarily to either isolated older people or to people with mobility challenges, especially those residing in rural and remote areas.

With the use of computer tablets, the pilot project allows housebound older people to connect digitally with doctors based in different remote towns. All the information shared is confidential, but it enables the doctors to diagnose patients remotely and/or to refer them to other specific health service sectors, as needed. This service is linked to university medicine and pharmacy departments that are monitoring the project scientifically in order to assess its impact. Caritas has also engaged with a software company to develop an app(lication) to monitor blood pressure and other medical data, funded by the Austrian government.<sup>112</sup> This project responds to the challenge of addressing territorial inequalities in accessing LTC and uses cutting edge technology to deliver LTC services to care recipients in remote locations. This is the type of innovation that can support the delivery of the Council Recommendation on LTC.

A similar digital project, referred to as "the mobile clinic" has been developed in Ukraine and coordinated by Caritas Ukraine with the Sheptytsky Hospital in Lviv.<sup>113</sup> This also shows innovative ways to deliver LTC services to older people under very challenging circumstances.

#### Building strategic partnerships

In Romania, Caritas has created a coalition of 60 NGOs, called Federation SenioriNet,<sup>114</sup> which provides social and socio-medical services for elderly people. This coalition aims to address the challenges of poverty, loneliness and lack of access to social and care services for elderly people in Romania by improving the services available. This coalition also advocates to improve social policies relating to older people and the public financing of LTC services, and offers capacity-building for members through mentoring, advocacy training, procurement and other areas by giving them access to regional support hubs. By advocating jointly to improve the LTC infrastructure in Romania, this type of stakeholder engagement anticipates that, through structured dialogue and partnership with policymakers, their experience and knowledge of the reality on the ground will be heard and incorporated into the national LTC reforms.

#### Supporting access to integrated care

In Poland, a care recipient is not necessarily entitled to receive two or more different types of LTC support at the same time. Caritas in Poland coordinates and integrates a range of services for care recipients through its Caritas Care Stations. These care stations deliver nursing care services, and assisted living or physiotherapy services, that are tailored to the needs of each care recipient. An example is the Caritas home hospice service, run at diocesan level, which provides a range of holistic supports for the care recipient, including access to a nurse, a doctor, a physiotherapist and a psychologist as well as pastoral support. This is an innovative response to delivering a service that provides integrated care, tailored to the needs of the care recipient, and responds to the challenges of providing accessible and affordable LTC services.

111. See [https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/europe-fit-digital-age/shaping-europes-digital-future\\_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/europe-fit-digital-age/shaping-europes-digital-future_en), accessed 02/18/2023, and <https://ec.europa.eu/social/BlobServlet?docId=23362&langId=mt>, accessed 21/04/2023.

112. For more details see <https://www.caritas.md/>, accessed 14/03/2023.

113. See <https://spital.org.ua/telemedicine/>, accessed 15/03/2023, or [https://www.youtube.com/watch?v=7wJvT3qCb\\_E&t=11s](https://www.youtube.com/watch?v=7wJvT3qCb_E&t=11s), accessed 15/03/2023.

114. See [www.seniorineto.ro](http://www.seniorineto.ro), accessed 20/04/2023.

**Supporting decent working conditions for LTC workers**

In Germany, the CariFair project from Diocesan Caritas Paderborn<sup>115</sup> offers support and advice on home-based/live-in care services in Germany. The innovative aspect of this is that Caritas functions as a partner between care workers from outside Germany (e.g., Poland) and the care recipients within Germany. As such, it responds to the lack of qualified care workers in Germany and ensures that the rights of those recruited from abroad are protected, since the project provides a legal foundation for the work performed, through an employment contract, and it ensures both fair remuneration and fair working conditions. During the COVID-19 pandemic, this practice proved a useful example of establishing "care worker corridors" between countries. By arranging these exchanges, Caritas can remove third party agencies and the potential of the care worker having to pay hidden fees or face the risks of exploitation. Moreover, Caritas Paderborn is also cooperating with some other Caritas organisations outside of Germany so as to ensure fair and dignified employment of EU mobile or migrant live-in care workers.

**Promoting career progression and training**

Caritas Georgia, through its innovative Home Care Development Project, has established a training and consultancy centre for LTC workers. This centre provides specialised training in home care, gerontology and geriatrics to medical students in different locations in Georgia, to embed the principles of LTC into their medical training programmes. The centre has also developed training programmes to promote the delivery of quality care. Caritas Georgia has become a recognised pioneer in providing trained and well-educated staff for the care sector. This project responds to the need for a specialised and highly trained LTC workforce, by developing training programmes that prepare people to work in the sector and in providing upskilling opportunities.

Caritas Austria promotes career guidance in the field of LTC work. Via its intranet, staff and interns of Caritas Care Vienna and east Lower-Austria have access to a career guide for the field of care. This guide shows the educational paths that exist, their duration, their locations, their costs and in what

context Caritas is providing financial support for career advancement. The guide also provides information regarding administrative steps, subsidy steps and internal confirmation procedures for promoting career progression. This is an innovative approach to promote LTC as a career path by identifying and promoting it for those already working within the sector, and for those who may be thinking of a future in LTC. Information regarding financial support, administrative paths and other measures are vital to promote LTC as a career opportunity, and to recruit and retain staff.

**Improving conditions for informal workers**

One in eight people in Austria takes care of a loved one: whether the ageing parent; the neighbour with a chronic illness; the child with special needs and whether for shopping, cooking, coordinating doctor's appointments, caring, or simply being present and listening. Such informal care can be exhausting at times and may put family members in situations of high uncertainty in the face of complex challenges. A project in Vienna called Alles Clara<sup>116</sup> – which is a play on words implying "everything Clara" or "everything clear" – offers support

in this regard. As people seek advice, they experience orientation in care and support and relief from many of the complex challenges. Online counsellors from the field of care and psychologists are available to provide answers to questions, recommendations and assistance. The counselling offered at Alles Clara is personal, practical and professional.

**Improving conditions for live-in care workers**

Caritas Europa works on fair care migration and mobility, exchanging experiences in the different member countries, identifying challenges, adopting promising practices and innovative solutions, and carrying out awareness-raising and advocacy at both national and European levels. Caritas Europa has developed the Caritas Fair Care Standard, which is a proposed standard for fair care mobility and migration in Europe, aimed at improving overall live-in care conditions for migrants. It is intended to address legal and fair terms of employment, support and accompaniment for migrant care workers; the provision of quality care services; the establishment of contractual relationships between care organisations, care workers and care beneficiaries; training and professional development, and the value this adds to the care sector. As such, the idea of this is to eventually create a "Fair Care Label", which will recognise adherence to the Standard for training and recruiting of home care workers, organising their placements, as well as ensuring quality care and fair working conditions for care workers throughout Europe. A pilot programme has thus begun to roll out the Fair Care Standard for participating Caritas centres wishing to commit on a voluntary basis over a two-year period, the findings of which will then inform the further rollout of the Fair Care Standard across the network. It is important to ensure that each Caritas organisation itself can commit to these Standards before rolling it out further to other organisations.



A beneficiary receives a food delivery at home.  
**Credit:** Caritas Poland

115. See <https://carifair.de/fuer-haushalts-und-betreuungskraefte/voraussetzungen/>, accessed 16/03/2023.

116. Alles Clara project: <http://www.alles-clara.at>, accessed 27/03/2023.

## Below are links to some additional promising practices and just a sample of some additional Caritas' activities related to LTC services:

### Austria:

Care counselling: <https://www.caritas-pflege.at/ratgeber/angebote-fuer-angehoerige/beratung-24/7-Care>; <https://www.caritas-rundumbetreut.at/>  
 Placement agency for qualified care workers: <https://oeqz.at/>  
 Migrants Care project: [https://www.freiewohlfahrt.at/migrants\\_care](https://www.freiewohlfahrt.at/migrants_care)

### Bulgaria:

<https://caritas.bg/en/causes/elderly-people/caritas-home-care-services/>  
<https://caritas-sabac.com/dnevni-boravak-sv-sofija/>  
<https://caritas-sabac.com/dnevni-boravak-sv-jovan/>  
<https://caritas-sabac.com/pomoc-u-kuci/>

### Germany:

Carifair: <https://carifair.de/>  
 Care counselling services: <https://www.caritas.de/glossare/pflegeberatung>

### Poland:

<https://kielce.caritas.pl/projekty-w-realizacji/nowa-jakosc-codziennosci/>  
<https://kielce.caritas.pl/projekty-zrealizowane/rodzina-wspolna-troska/>  
<https://kielce.caritas.pl/projekty-w-realizacji/nowy-wymiar-zycia-ii/>

### Romania:

Seniorinet: [www.seniorinet.ro](http://www.seniorinet.ro)  
 In good hands, cared for by Caritas at home: <https://www.caritas.org/where-caritas-work/europe/romania/>

### Spain:

Santa Clara cooperative: <https://www.caritas.es/blog/cooperativa-avancem-santa-clara-en-girona-de-empleadas-de-hogar> or [https://avancem-santa-clara.negocio.site/?utm\\_source=gmb&utm\\_medium=referral](https://avancem-santa-clara.negocio.site/?utm_source=gmb&utm_medium=referral)  
<https://www.facebook.com/watch/?v=2403833043203939>  
<https://residenciabenageber.org/>

### Switzerland:

Informal carers caring for relatives: <https://www.caritascare.ch/de/angehoerige-pflegen.html>

### Ukraine:

"Home care" project: <http://homecare.org.ua>

# Bibliography

Acco, A., Mandia, D., 2022 (November 15), French police raid nursing home group Orpea amid probe over malpractice, Reuters, <https://www.reuters.com/business/frances-orpea-reduce-its-international-activities-2022-11-15/>

Caritas Europa, 2020, Social Justice and Equality in Europe is possible – the Caritas Roadmap, [https://www.caritas.eu/wordpress/wp-content/uploads/2020/03/ESM-brochure\\_EN\\_update-2020-LR.pdf](https://www.caritas.eu/wordpress/wp-content/uploads/2020/03/ESM-brochure_EN_update-2020-LR.pdf).

Caritas Europa, 2021, European report on labour market inclusion: <https://www.caritas.eu/inclusive-labour-markets/>

Caritas Europa, 2022, Position Paper EU Care Strategy, <https://www.caritas.eu/better-quality-and-dignity-of-care/>

Caritas Europa, 2022, Analysis of the proposal for an EU Council Recommendation on long-term care, <https://www.caritas.eu/the-eu-challenge-of-long-term-care/>

Caritas Europa, 2022, It is time to propose a framework directive on minimum income systems in the European Union – position paper, <https://www.caritas.eu/wordpress/wp-content/uploads/2022/01/Position-Paper-on-Minimum-Income-2022.pdf>.

Caritas Europa, 2022, Why Europe needs more labour migration, <https://www.caritas.eu/why-we-need-more-labour-migration/>, accessed 12/04/2023

Caritas Europa, 2022, Demystifying the regularisation of undocumented migrants: <https://www.caritas.eu/demystifying-the-regularisation/>

Caritas Europa, 2023, Position Paper. Cost-of-living crisis exacerbates poverty for women in Europe, <https://www.caritas.eu/wordpress/wp-content/uploads/2023/03/230308-Caritas-Europa-Position-Paper-on-Womens-poverty.pdf>

Council of the EU, 2022 (December 8), Press release. EU ministers adopt recommendations on early childhood and long term care, <https://www.consilium.europa.eu/en/press/press-releases/2022/12/08/eu-ministers-adopt-recommendations-on-early-childhood-and-long-term-care/>

Eurofound, 2020, Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>

European Commission, 2007, Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions – Stepping up the fight against undeclared work, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52007DC0628>

European Commission, 2017, European Pillar of Social Rights booklet, Luxembourg: Publications Office of the European Union, Luxembourg, [https://commission.europa.eu/system/files/2017-11/social-summit-european-pillar-social-rights-booklet\\_en.pdf](https://commission.europa.eu/system/files/2017-11/social-summit-european-pillar-social-rights-booklet_en.pdf)

European Commission, Secretariat-General, 2018 European pillar of social rights, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2792/95934>

European Commission, Social Protection Committee, Eurofound. 2020, Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg, [https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef20028en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20028en.pdf)

European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Zigante, V., 2021, Social situation monitor. The role of new technologies in modernising long-term care systems: a scoping review, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2767/626467>

European Commission, 2021, Study on exploring the incidence and costs of informal long-term care in the EU, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2767/06382>

European Commission. 2021. The 2021 Ageing Report: Economic and Budgetary Projections for the EU Member States (2019–2070), Institutional Paper 148, May 2021, Publications Office of the European Union, Luxembourg, [https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070\\_en](https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en)

European Commission, Economic Policy Committee, 2021, The 2021 Ageing Report – Economic and Budgetary Projections for the EU Member States (2019–2070), Publications Office of the European Union, Luxembourg, [https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070\\_en](https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en)

European Commission, 2022 (September 7). Press release. A European Care Strategy for caregivers and care receivers, [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_5169](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169)

European Commission, 2022, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy – COM (2022) 440, Brussels: European Commission, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022DC0440>

European Commission, 2022, Proposal for a Council Recommendation on access to affordable high-quality long-term care {SWD(2022) 441 final}, Brussels: European Commission, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022DC0441>

European Commission, 2022, Joint Employment Report 2022, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2767/342787>

European Commission, 2023, The future of social protection and of the welfare state in the EU, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2767/35425>

European Observatory on Health Systems and Policies, Sowa-Kofta, Agnieszka, Rodrigues, Ricardo, Lamura, Giovanni, Sopadzhiyan, Alis. et al., 2019, Long-term care and migrant care work: addressing workforce shortages while raising questions for European countries. Eurohealth, 25 (4), 15 – 18. World Health Organization. Regional Office for Europe, <https://apps.who.int/iris/handle/10665/332496>

European Parliament, Council of the European Union, 2019, Regulation (EU) 2019/1149 of the European Parliament and of the Council of 20 June 2019 establishing a European Labour Authority, amending Regulations (EC) No 883/2004, (EU) No 492/2011, and (EU) 2016/589 and repealing Decision (EU) 2016/344 (Text with relevance for the EEA and for Switzerland), <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019R1149>

European Parliament, European Council, 2019, Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU, <https://data.consilium.europa.eu/doc/document/PE-20-2019-INIT/en/pdf>

European Parliament, 2021, "Gender equality: Ease women's access to the labour market and close the pay gap", <https://www.europarl.europa.eu/news/en/press-room/20211210IPRI9212/gender-equality-ease-women-s-access-to-the-labour-market-and-close-the-pay-gap>, accessed 15/02/2023.

European Parliamentary Research Service, 2022: What if care work were recognised as a driver of sustainable growth?, [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2022\)730333](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)730333)

Fasani, F. & Mazza, J., 2020, Immigrant Key Workers: Their Contribution to Europe's COVID-19 Response, Immigrant Key Workers: Their Contribution to Europe's COVID-19 Response | Knowledge for policy (europa.eu).

Grubanov-Boskovic, S., et al, 2021, Healthcare and long-term care workforce: demographic challenges and potential contribution of migration and digital technology, EUR 30593 EN, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2760/33427>

Kumar, N., et al., 2023 (January 27), What does a world with billions of old people look like? Asian countries are searching for answers, The Messenger, <https://themessenger.com/grid/what-does-a-world-with-billions-of-old-people-look-like-asian-countries-are-searching-for-answers>

Rogalewski, A., & Florek, K., 2020, The future of live-in care work in Europe, European Economic and Social Committee.

Social Platform, 2020, An EU Framework Directive On Adequate Minimum Income, <https://www.socialplatform.org/wp-content/uploads/2020/09/EUFD-Position-Paper-.pdf>

Social Protection Committee, European Commission, 2021, Long-term care report. Trends, challenges, and opportunities in an aging society. Volume I, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2767/677726>

Social Protection Committee, European Commission, 2021, Long-term care report – Trends, challenges and opportunities in an ageing society. Volume II, Publications Office of the European Union, Luxembourg, <https://data.europa.eu/doi/10.2767/183997>

United Nations, 2023, Leaving No One Behind In An Ageing World. World Social Report 2023, <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2023/01/2023wsr-fullreport.pdf>

United Nations Economic Commission for Europe, 2017, Defining and Measuring Circular Migration. Final report of the Task Force on Measuring Circular Migration, [https://unece.org/fileadmin/DAM/stats/documents/ece/ces/bur/2016/February/14-Add1\\_Circular\\_migration.pdf](https://unece.org/fileadmin/DAM/stats/documents/ece/ces/bur/2016/February/14-Add1_Circular_migration.pdf)

Van Nierop, P., Schönenberg, L., Petar, T., 2021, Counteracting undeclared work and labour exploitation of third- country national workers, European Platform Tackling Undeclared Work, Brussels, [http://www.eurodetachment-travail.eu/datas/files/EUR/UDW\\_and\\_labour\\_exploitation\\_among\\_TCN.PDF](http://www.eurodetachment-travail.eu/datas/files/EUR/UDW_and_labour_exploitation_among_TCN.PDF)

Wixforth, S. & Hochscheidt, L., 2021, 'Minimum-wages directive: it's legal' in Social Europe, 08/04/2021, <https://socialeurope.eu/minimum-wages-directive-its-legal>

World Health Organization, 2016, Framework on integrated, people-centred health services: report by the Secretariat, Sixty-Ninth World Health Assembly, <https://apps.who.int/iris/handle/10665/252698>

#### Databases

<https://ec.europa.eu/eurostat/web/main/data/database>



**“Our elderly are men and women, fathers and mothers, who came before us on our own road, in our own house, in our daily battle for a worthy life.”**

**Pope Francis**

General Audience,  
4 March 2022



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