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Ageing communities – ensuring access to quality social care for older persons

Committee on Social Inclusion and Human Dignity

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Summary

Most Council of Europe member States are experiencing a trend towards an ageing population. Local and regional authorities are in the frontline of those facing the challenges related to ageing communities, notably a growing demand for long-term care, increasing costs both for home-based and institutional care arrangements, staff shortages, maintaining of quality standards and the need for better interagency co-operation.

Referring to good practice examples from across Europe, the report shows how local and regional authorities can respond to some of these challenges, both through comprehensive approaches for age-friendly communities and innovative measures for providing quality care to older persons.

In its resolution, the Congress invites local and regional authorities to develop cities and communities adapted to older persons and to invest in prevention programmes and community-based solutions, such as preventative home visits by community nurses, active ageing houses or volunteering agencies. In its recommendation, the Congress calls upon governments of member States to support subnational governments, notably by creating a favourable context for more age-friendly cities, providing funding and financial incentives for quality, community-based services, and improving the working conditions and mobility of care workers through national legislation and policies.

¹ L: Chamber of Local Authorities / R: Chamber of Regions
EPP/CCE: European People's Party Group in the Congress
SOC/G/PD: Group of Socialists, Greens and Progressive Democrats
ILDG: Independent Liberal and Democratic Group
ECR: European Conservatives and Reformists Group
NR: Members not belonging to a political group of the Congress

RESOLUTION 504 (2024)²

1. The Congress of Local and Regional Authorities of the Council of Europe (“the Congress”) refers to:
 - a. the explanatory memorandum on “Ageing communities – ensuring access to quality social care for older persons” (CG-SOC(2024)3-02);
 - b. Resolution 2168 (2017) “Human rights of older persons and their comprehensive care” of the Parliamentary Assembly of the Council of Europe calling upon member States to ensure the availability, accessibility and affordability of health care and long-term care for older persons;
 - c. Recommendation CM/Rec(2014)2 of the Committee of Ministers to member States on “human rights of older persons” making recommendations concerning the autonomy, participation and care of older persons, based on a number of practices identified across Europe;
 - d. the European Social Charter (revised; ETS No. 163) , guaranteeing rights of access to the highest possible standard of health, to social and medical assistance, and to social welfare services, and encourages measures to ensure elderly persons can remain full members of society for as long as possible, choose their lifestyle freely and lead independent lives in their family surroundings;
 - e. Recommendation COM(2022)441 of the Council of the European Union on “Access to affordable high-quality long-term care” recommending that EU member States “continuously align the offer of long-term care services to long-term care needs”;
 - f. the United Nations Decade of Healthy Ageing (2021-2030) and the Age-Friendly City Framework of the World Health Organization (WHO) as international frameworks promoting older people’s rights, health and well-being;
 - g. the United Nations Agenda for Sustainable Development Goals (SDGs), and in particular SDG 3 promoting healthy lives and well-being for all at all ages, and SDG 11 promoting inclusive and sustainable cities and communities.
2. The Congress notes with concern that:
 - a. most Council of Europe member States are experiencing an overall trend towards an ageing population and ageing local communities;
 - b. local and regional authorities are in the frontline of institutions facing the challenges of an ageing population and growing demand for long-term care services in different settings;
 - c. in particular local and regional authorities are confronted with new challenges in the area of long-term care, including increasingly higher costs for home-based and institutional care arrangements, staff shortages, maintaining of quality standards in long-term care, the need for better interagency co-operation and changing family patterns;
 - d. to address such challenges and cities and make cities and communities more age-friendly, subnational authorities will need better legislative, policy and financial support from national governments first, and through European programmes where available;
 - e. while individual local and regional authorities have started developing effective and innovative responses to some of these challenges, these are not yet sufficiently known and applied across Council of Europe member States to guarantee access to quality social care for all older persons.

² Debated and adopted by the Congress on 16 October 2024 (see document CG(2024)47-17, explanatory memorandum, co-rapporteurs Carla DEJONGHE, Belgium (R, ILDG) and Joanne LABAN, United Kingdom (L, ECR).

3. The Congress calls on local and regional authorities in member States to create a favourable context for ageing communities and ensure the well-being, social inclusion and full enjoyment of human rights by older persons by:

- a. developing age-friendly cities and communities through measures in a range of relevant policy areas, according to the WHO Framework for Age-Friendly Cities, including community and healthcare, transportation, housing, social participation, outdoor spaces and buildings, respect and social inclusion, civil participation and employment, communication and information;
- b. providing accessible age-friendly services and environments, including by offering a variety of solutions of home-based and institutional long-term care services;
- c. supporting older persons to live autonomously for as long as possible and facilitate their full participation in the social, economic and political life of their local community;
- d. investing into innovative measures and approaches to respond to the key challenges identified for local communities across Europe, including by investing in prevention programmes, developing effective long-term care services, strengthening interagency co-operation and community-based solutions, upholding quality standards, and guaranteeing equal access to and quality of services within local communities and between the territories of each country;
- e. fostering and supporting volunteering work, community-centred initiatives and other forms of informal care;
- f. designing and developing services for older persons in a more effective manner by using communication technology where appropriate;
- g. engaging older persons in co-production approaches to ensure that policies and services correspond to their actual needs;
- h. establishing quality assurance tools through local regulations, supervisory mechanisms and procurement policies;
- i. supporting formal and informal carers, often women, in improving their working conditions (notably those related to working times, salaries and psychosocial support), by strengthening their professional training and development, by making work in the care sector generally more attractive, and by facilitating access to it for professionals coming from abroad and other sectors;
- j. promoting, within their respective national contexts, the integration of local and regional action into comprehensive national strategies for older persons' care, thus supporting the coherent development of age-friendly societies across the country in a balanced manner;
- k. exchanging good practices in a European and international context to constantly improve long-term care and other services for older persons, for example by joining the WHO network of age-friendly cities and communities.

4. The Congress commits to supporting the implementation of this Resolution by disseminating and promoting innovative action to be taken to guarantee the fully enjoyment of older person's human rights and the effective provision of quality care services at the local level closest to citizens.

RECOMMENDATION 517 (2024)³

1. The Congress of Local and Regional Authorities of the Council of Europe (“the Congress”) refers to:
 - a. the explanatory memorandum on “Ageing communities – ensuring access to quality social care for older persons” (CG-SOC(2024)3-02);
 - b. Resolution 2168 (2017) Europe “Human rights of older persons and their comprehensive care” of the Parliamentary Assembly of the Council of Europe of calling upon member States to ensure the availability, accessibility and affordability of health care and long-term care for older persons;
 - c. Recommendation CM/Rec(2014)2 of the Committee of Ministers to member States on the promotion of human rights of older persons” making recommendations concerning the autonomy, participation and care of older persons, based on a number of practices identified across Europe;
 - d. the European Social Charter (revised; ETS No. 163) guaranteeing rights of access to the highest possible standard of health, to social and medical assistance, and to social welfare services, and encourages measures to ensure elderly persons can remain full members of society for as long as possible, choose their lifestyle freely and lead independent lives in their family surroundings;
 - e. Recommendation COM(2022)441 of the Council of the European Union on “Access to affordable high-quality long-term care” recommending that EU member States “continuously align the offer of long-term care services to long-term care needs”;
 - f. the United Nations Decade of Healthy Ageing (2021-2030) and the Age-Friendly City Framework of the World Health Organization (WHO) as international frameworks promoting older people’s rights, health and well-being;
 - g. the United Nations Agenda for Sustainable Development Goals (SDGs), and in particular SDG 3 promoting healthy lives and well-being for all at all ages, and SDG 11 promoting inclusive and sustainable cities and communities.

2. The Congress notes with concern that:
 - a. most Council of Europe member States are experiencing an overall trend towards an ageing population and ageing local communities;
 - b. local and regional authorities are in the frontline of institutions facing the challenges of an ageing population and growing demand for long-term care services in different settings;
 - c. in particular local and regional authorities are confronted with new challenges in the area of long-term care, including increasingly higher costs for home-based and institutional care arrangements, staff shortages, maintaining quality standards in long-term care, the need for better interagency co-operation and changing family patterns;
 - d. to address such challenges and cities and make cities and communities more age-friendly, subnational authorities will need better legislative, policy and financial support from national governments first, and through European programmes where available;
 - e. while individual local and regional authorities have started developing effective and innovative responses to some of these challenges, these are not yet sufficiently known and applied across Council of Europe member States to guarantee access to quality social care for all older persons.

³ Debated and adopted by the Congress during on 16 October 2024 (see document CG(2024)47-17, explanatory memorandum, co-rapporteurs Carla DEJONGHE, Belgium (R, ILDG) and Joanne LABAN, United Kingdom (L, ECR).

3. The Congress calls on the Committee of Ministers to invite the respective national authorities of the member States to the Council of Europe to:

- a. create a favourable national context for the development of age-friendly cities and communities, including through measures in a range of relevant policy areas, according to the WHO Framework for Age-Friendly Cities, including community and healthcare, transportation, housing, social participation, outdoor spaces and buildings, respect and social inclusion, civil participation and employment, communication and information;
- b. develop specific support programmes for local and regional authorities to develop long-term care services in different home-based and residential settings;
- c. co-operate with local and regional authorities and their associations to develop the necessary legal, policy and administrative frameworks for enabling and fostering age-friendly cities and communities in different territories;
- d. set-up special support measures and appropriate equalisation funds for individual territories that are excessively affected by current trends and challenges ;
- e. support local and regional authorities, including by providing appropriate platforms and networks for exchanging about experiences and good practices, for supporting each other in spreading innovative approaches across the country and for building the professional capacities needed;
- f. provide sufficient funding to cover local and regional authorities' expenses for long-term care, which in many countries is a statutory duty for subnational authorities;
- g. provide funding for innovative programmes that enable older people to continue living in their local community and own homes, preserving their autonomy for as long as possible;
- h. support the design and implementation of community-based services and encourage providers to put such services in place at local and regional levels, for instance through financial incentives;
- i. improve coordination between health and social services at all levels by promoting and funding approaches of integrated care and investing into research and model approaches in this area;
- j. improve the working conditions for long-term care workers through legislative, political and awareness-raising measures (notably those related to working times, salaries and psychosocial support), to increase the appreciation and attractiveness of the sector, and to facilitate access for workers coming from abroad and from other professional sectors, including through the mutual transnational recognition of degrees and qualifications.

4. The Congress calls on the Committee of Ministers and the Parliamentary Assembly of the Council of Europe to take account of this recommendation and the accompanying explanatory memorandum in their activities concerning ageing communities and older persons' access to quality care as a human right.

5. The Congress invites the Committee of Ministers in particular, to pay renewed attention to older persons' human rights in undertaking a review of CM/Rec(2014)2 of the Committee of Ministers to member States on the promotion of human rights of older persons and in stepping up its promotional activities related to the relevant paragraphs of the European Social Charter (revised), including in co-operation with the Congress and the Parliamentary Assembly to support relevant multilevel policy and legislative action.

EXPLANATORY MEMORANDUM⁴

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⁴ This explanatory memorandum has been prepared based on a contribution from Martin Lichte, Senior Policy Officer of the European Social Network (ESN).

INTRODUCTION: GENERAL TRENDS AND CHALLENGES IN AGEING COMMUNITIES

1. European cities and regions are going through significant demographic changes. A combination of lower fertility rates and longer life expectancy leads to an ageing population. Over the past decades, the share of the population aged 65 years, here used as the reference age to define “older persons”,⁵ has increased across Council of Europe member States.⁶ In fact, 2024 will be the year in which the wider European region will count more people over 65 than those younger than 15, and projections suggest that by 2050 the number of older people will continue to grow dramatically.⁷

2. This ageing population is not an issue in and of itself. Older persons should not be seen as a burden on society; on the contrary, an ageing population may also provide numerous opportunities. Avoiding ageist rhetoric is therefore crucial, not only for people who are currently older, but for all of society, whose members will hopefully all at some point grow old and become part of this category. Older persons contribute to local economies, run or frequent local businesses, take part in community life and pass down local languages, culture and wisdom to younger generations. Accordingly, they need to be recognised and treated as full members of society and right-holders.

3. However, their health plays a key role in their capacity to take up this role as active citizens. Yet unfortunately, whilst Europeans are living longer, they are not necessarily living healthier. The gap between our life expectancy and our healthy life expectancy – in other words the years spent living in ill health and thus in need of care support – is increasing.⁸ This means that in the near future, significantly fewer people of working age will need to provide for many more people of pension age, who will have higher care needs than the current older population.

4. These demographic changes are not without consequences, in particular for local and regional authorities, who face a growing need for the creation of more accessible public spaces, for more elaborate social services and for active ageing policies. Notably the role of local authorities is key, as it is only at the local level that truly age-friendly communities can be built, by combining and integrating approaches of community solidarity and informal support with long-term home and institutional care for older persons, in order to preserve older persons’ autonomy and actively involve them in the community for as long as possible.

5. The described trends also entail more responsibilities for subnational authorities when it comes to the provision of care. While the set-up and financing of social protection systems is primarily a competence of national governments in Europe, care services for adults are often provided, commissioned or overlooked by public authorities at the local or regional levels. For cases where older persons’ autonomy is decreasing, the provision of long-term care (LTC) will therefore in many cases be the statutory responsibility of local and regional authorities, with different set-ups according to the national legislation of each country.

6. There are different definitions of long-term care, but generally speaking it consists of a range of services and assistance for people who, as a result of mental and/or physical frailty or disability over an extended period of time, are dependent on help with daily living activities and/or are in need of short- or long-term nursing care. People of all ages can need long-term care, but the great majority of the persons using long-term care are older people.⁹

7. Long-term care provision presents many challenges, which were further exacerbated during the COVID-19 pandemic, such as heavy reliance on informal carers (often women), social inequalities and territorial gaps in long-term care, labour shortages, poor working conditions of carers, high costs and under-investment in public social care services. Moreover, in recent years, worrying cases of abuse or gross neglect of older persons in social care have been reported in several Council of Europe Member States, such as Belgium,¹⁰ France,¹¹ Greece,¹² Romania¹³ or the United Kingdom.¹⁴

⁵ As regularly defined by [UN institutions](#), such as the [Office of the High Commissioner for Human Rights](#), and in many developed countries, even though older age may be further [sub-divided](#) into young-old (ages 65 to 74), old (ages 75 to 84), and old-old (ages 85 and over). Next to the number of years, [other socio-cultural referents](#) to define age may be referred to, including family status (such as grandparents), physical appearance, or age-related health conditions.

⁶ [Eurostat \(2023\)](#).

⁷ [World Population Prospects 2022](#) UNDESA.

⁸ Presentation by Dr Yon Y., World Health Organisation, at the Current Affairs Committee meeting on 26 March 2024.

⁹ Social Protection Committee of the EU (2014) [Adequate social protection for long-term care needs in an ageing society](#)

¹⁰ [Associated Press \(2020\)](#), [Report: Belgian nursing homes failed patients amid pandemic](#).

¹¹ [Le Monde \(2022\)](#), [Scandale Orpea : le gouvernement publie finalement le rapport d'enquête administrative](#).

8. In a context of ageing communities, smaller and rural communities are particularly impacted by increased responsibilities for long-term care. Natural population decline and emigration are further trends influencing the demography of different territories, meaning that already ageing rural communities, with fewer services available, are more likely to become even less attractive for and lose their youth to urban centres.¹⁵ In turn, this leaves the older population in need with yet fewer people available to carry the costs or responsibilities of increasing demands for care and the community with both fewer informal carers and skilled workers.

9. In addition to longer life expectancy and lower birth rates reinforcing the trend towards ageing societies, changes in family patterns, the higher mobility of younger generations and, consequently, greater distances between family members have led to an increasing demand for long-term care arrangements for older people across many Council of Europe member States, be it at home with the support of informal or formal carers or in specialised institutions. Accordingly, an increasing number of older persons will depend on the capacity of local and regional authorities to provide access to such care. Guaranteeing access to safe, affordable and quality long-term care also is a component of a socially just, equal and inclusive society that leaves no one behind and is able to provide a good quality of life for people who rely on social care.

10. This present report will in particular analyse the role of and challenges for public authorities at local and regional levels in providing quality long-term care for older people. It will first highlight what older persons' rights are in terms of access to long-term care. Through the report, the rapporteurs, in the light of their respective professional backgrounds and personal approaches to the subject matter, wish to offer guidance to local and regional authorities on how to ensure that older people's rights are respected, their autonomy preserved and their quality of life upheld, both specifically through the effective and sustainable provision of long-term care services, and more generally in a context of more age-friendly communities. Moreover, based on the specific experience of the expert supporting the preparation of the present explanatory memorandum, the guidance will be completed by a compilation of good practices developed at local and regional levels, to respond to the main challenges identified and build more age-friendly communities, which may serve other local and regional authorities as a source of inspiration for their own action (see examples in the Appendix).

1. OLDER PEOPLE'S ACCESS TO CARE: A MATTER OF HUMAN RIGHTS

11. The awareness and recognition of the role of local and regional authorities in the protection of human rights has gradually grown across Council of Europe member States over the past decades. The Congress, for its part, has actively engaged in promoting and protecting human rights at grassroots level since many years, and stepped up its commitment since the 4th Summit of Heads of State and Government held in Reykjavik in May 2023.

12. The perception of and attitude towards older people has shifted over past decades, away from a narrative of 'pathological ageing', towards an objective of 'active ageing', based on the recognition of the human rights of older persons and the fact that the ageing population of today has an overall much better state of health than previous generations. Whilst there is currently no international treaty that focuses exclusively on the rights of older persons, certain instruments contain specific references to the rights of older people, such as the European Social Charter (revised) (ETS No. 163).¹⁶ At the international level, the United Nations Decade of Healthy Ageing (2021-2030) and the WHO Global Network for Age-friendly Cities and Communities are expressions of a rights-based narrative around ageing populations, but likewise of the fact that such visions need to be implemented at the level closest to the citizens.

13. As the public authorities closest to Europe's older citizens, local and regional authorities are at the very heart of social service and care delivery and the protection and promotion of social rights. In addition to their responsibility to uphold the rights established through the European Convention of Human Rights (ETS No. 5), they should thus also comply with the relevant provisions outlined in the European Social Charter, as outlined below.

¹² Ekathimarini (2023), [Nursing home checks failing miserably](#)

¹³ Euronews (2023), [Romanian care homes scandal spotlights 'inhumane and degrading' abuse](#)

¹⁴ Nuffield Trust (2023), [The decline of publicly funded social care for older adults](#)

¹⁵ Andrews and Dollery (2021) [The impact of ageing and demographic change on local government](#)

¹⁶ Papadopoulos (2024), "Active Ageing" under International Law: The Localization of a Human Rights-Based Approach".

14. Social rights are often intertwined with those established in the European Convention of Human Rights. Indeed, the case law of the European Court of Human Rights “the Court” has pointed to the human rights dimension of care delivery by local authorities. In the case of *McDonald v. United Kingdom* (2014), for example, the Court recognised that human rights principles under Article 1 of the Convention could apply in the context of providing social care services.

15. With respect to the rising demand for care by older people and the associated rising costs for local authorities impacting available resources for other local policies, the Court found that, while the decision to reduce the amount allocated for Ms McDonald’s care had interfered with her right to respect for her private and family life under Article 8 of the Convention in the period from 21 November 2008 to 4 November 2009 (where interference with her rights had not been in accordance with domestic law), the complaint concerning the period after 4 November 2009 was inadmissible and ill-founded because the State had considerable discretion when it came to decisions concerning the allocation of scarce resources and, as such, the interference with Ms McDonald’s rights had been “necessary in a democratic society”. This case is therefore interesting as it justifies an interference with the exercise of individual rights under Article 8 by local authorities on the grounds that it was necessary for the economic well-being of the authorities and the interests of other care-users.¹⁷

16. From this perspective, local authorities have become guarantors of respect and promotion of human and social rights. They are no longer limited to the role of aid distributors defined by a central government. The process of decentralisation, together with the recognition of their role as guarantors under international law, has given them increasing legitimacy and thus responsibilities for the protection of human rights and social rights, including with regard to care for older persons. It also means that they will increasingly need to balance these rights with their other responsibilities.

1.1. Council of Europe standards specifically addressing older people’s rights

17. The Revised European Social Charter (ETS No. 163) guarantees the right to social protection and welfare, and lays specific emphasis on the protection of vulnerable persons such as older people, stating in its Article 11 that “everyone has the right to benefit from any measures enabling him [sic] to enjoy the highest possible standard of health attainable”, and in Articles 13 and 14, respectively, that “anyone without adequate resources has the right to social and medical assistance” and “to benefit from social welfare services.” Regardless of other strategic choices and priorities, the local entities (regions, provinces and/or municipalities) must therefore also comply with Article 13 of the Charter.¹⁸

18. Moreover Article 23 (Part 2) of the Charter stipulates that “the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular to enable elderly persons to remain full members of society for as long as possible, by means of (a) adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life; (b) provision of information about services and facilities available for elderly persons and their opportunities to make use of them”.

19. The same article stipulates that “the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures (...) to enable elderly persons to choose their lifestyle freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of: (a) provision of housing suited to their needs and their state of health or of adequate support for adapting their housing; (b) the health care and the services necessitated by their state” and that “the Parties undertake to adopt or encourage (...), appropriate measures (...) to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution”.

¹⁷ [McDonald v. United Kingdom](#), application no. 4241/12, judgement of [20 May 2014](#).

¹⁸ See [Digest of the Case Law of the European Committee of Social Rights](#) (2022).

20. In addition to the legally binding provisions as outlined in the European Social Charter the Council of Europe's Committee of Ministers, in 2014, adopted Recommendation CM/Rec(2014)2 on the promotion of human rights of older persons, making detailed provisions regarding the autonomy, participation and care of older persons and sharing a number of good practice examples from across Europe.¹⁹

21. In 2017, the Parliamentary Assembly of the Council of Europe adopted Resolution 2168 (2017) "Human rights of older persons and their comprehensive care" noting that that accessing good-quality health care and long-term care still remains a challenge for many older persons in Europe and calling on Council of Europe Member States to ensure the availability, accessibility and affordability of health care and long-term care for older persons, as well as appropriate assistance and support for older persons living in their homes.²⁰

22. As underlined in previous work of the Congress, notably the Human Rights Handbook Vol. 2 on social rights, local and regional authorities play a crucial role in facilitating the implementation of social rights, including the right to health and social welfare services, and care for older persons is not just another policy domain, but a matter of human rights. Therefore, the approach of cities and regions to ageing populations is closely related to the core mission of the Council of Europe, and a human-rights based approach to this matter at local and regional levels is of utmost importance. The exploration of the matter of ageing communities and responses at local and regional levels moreover shows that no specific standard-setting activities have taken place at the Council of Europe since 2014, a gap that should be filled in the near future in light of the overall trends towards ageing societies across Europe.

1.2. Other international organisations and standards

23. In 2017, the European Union adopted the European Pillar of Social Rights, which stipulates older people's rights to community-based long-term care: "Everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services".²¹ In 2022, the EU Council of Ministers adopted a Recommendation on "Access to affordable high-quality long-term care" recommending that "the [EU] member States continuously align the offer of long-term care services to long-term care needs, (...) including by developing and/or improving home care and community-based care and ensuring that long-term care services (...) support autonomy and independent living, as well as inclusion in the community in all long-term care settings."²²

24. Reference to community-based care for older people is also made by UN texts, such as the UN Principles for Older Persons, providing that older persons should benefit from family and community care and protection in accordance with each society's system of cultural values (principle 10).²³

25. The UN Sustainable Development Goals (UNSDG) under Agenda 2030 foster older people's rights and wellbeing, amongst others through SDG 3 promoting healthy lives and well-being for all at all ages, and SDG11 calling for inclusive and sustainable cities and communities. The current UN Decade of Healthy Ageing (2021–2030) encourages all UN member States to improve the lives of current and future generations of older people by combatting ageism, promoting age-friendly environments, and providing access to integrated and long-term care.²⁴

26. The World Health Organization (WHO) as the United Nations agency mandated to promote health, keep the world safe and serve the most vulnerable, recognises long-term care services as an essential part of an integrated "continuum" of care and as crucial to achieving universal health coverage, within a context of ageing populations. Investment in integrated and person-centred health and long-term care services that respond to the diverse needs and preferences of people experiencing declines in functional ability is considered necessary to reach Sustainable Development

¹⁹ Committee of Ministers Recommendation [CM/Rec\(2014\)2 on "Human rights of older persons"](#).

²⁰ Parliamentary Assembly of the Council of Europe, [Resolution 2168 \(2017\) "Human rights of older persons and their comprehensive care"](#).

²¹ European Union (2017), [European Pillar of Social Rights](#).

²² Council of the EU (2022), Recommendation on ["Access to affordable high-quality long-term care"](#); as an evidence base, see also the 2021 EU [Long-term Care Report](#).

²³ United Nations General Assembly [Resolution 46/91 on United Nations Principles for Older Persons](#)

²⁴ UN (2021), [UN Decade of Health Ageing 2021-2030 Website](#)

Goal (SDG) 3 – “ensuring healthy lives and promoting well-being for all at all ages”.²⁵ Accordingly, in 2016, the World Health Assembly agreed that every country needs an equitable and sustainable long-term care system that can adequately meet the care and support needs of their populations.²⁶

27. The above standards can be seen as complementary references to the WHO Age-Friendly Cities Framework that proposes action in eight interconnected domains aimed at addressing barriers to the well-being and participation of older people, at preserving old people’s autonomy, promoting healthy ageing and unlocking the potential of older populations at city and community level.²⁷ In 2024, more than 1500 cities and communities in more than 50 countries belonged to the WHO Global Network for Age-friendly Cities and Communities (AFCC), thus covering over 320 million people worldwide.²⁸

2. COMPETENCES OF LOCAL AND REGIONAL AUTHORITIES IN PROVIDING LONG-TERM CARE FOR OLDER PEOPLE

28. An important determinant and framework for governance systems in the long-term care sector are national legislation and policies. European countries differ widely on this front: some countries have specific long-term care legislation while others include it as part of their legislation on social services more generally. Countries having specific legislation on long-term care include Austria, France, Germany, the Netherlands, Scotland, Slovenia, and Spain. Essential elements of such legislation typically include the definition of long-term care (including a possible age threshold), the roles and responsibilities of authorities at different administrative levels, as well as provisions on needs assessments, cash benefits, services, and financing schemes.²⁹

29. Regulating, planning, funding, procurement and quality assurance in long-term care are generally distributed across national, regional and local government levels. Regulation, planning and funding is mostly governed at the national level, while the procurement of long-term care services and the contracting of providers are mostly carried out at the local level, together with funding and quality assurance.³⁰ Evidently, in the light of the variety of political and administrative settings in Council of Europe member States, the responsibilities of local and regional authorities in this area will vary.

2.1 Financing, planning and regulating social care for older people

30. In federal or decentralised countries, such as Belgium or Spain, long-term care funding competences can also be placed at least partially at regional level. For example, Flanders in Belgium has developed its own long-term care insurance.³¹

31. Several European countries have implemented decentralisation strategies to address their long-term care needs, mainly through the consolidation of administrative functions. In predominantly tax-funded Nordic countries (Denmark, Norway and Sweden), responsibility for planning, organising, delivering and financing long-term care has been devolved to municipal level. The aim of this strategy has been to achieve closer intersectoral co-operation between social and home care services through allocation of responsibility to the lowest level of governance. The largest part of social services in Denmark and Sweden is financed by local taxes. This approach has been recently illustrated by referring to the example of Denmark as following in a report by the European Commission’s Social Protection Committee (SPC): “Both social and health LTC measures are the responsibility of municipalities. Local politicians define how much should be delivered, by whom, and under what conditions. Popularly speaking, this leads to 98 municipal versions of the Danish LTC system. It is also at the local level where authorities decide on the acceptance of claimants in programmes.”³²

²⁵ WHO (2021), [Framework for countries to achieve an integrated continuum of long-term care](#)

²⁶ PAHO (2016), [World Health Assembly agrees on resolutions on women’s, children’s, and adolescents’ health, healthy aging.](#)

²⁷ [WHO Age-Friendly City Framework](#); downloaded on 03/05/24 and presented to the Congress Current Affairs Committee at its meeting on 26/03/24 by Yon Y., WHO Regional Office, as a source of guidance for and initiative to be joined by local authorities across Europe.

²⁸ WHO [Global Network for Age-friendly Cities and Communities](#)

²⁹ See OECDiLibrary on [Improving governance for integrated long-term care](#) (downloaded in May 2024).

³⁰ European Social Network (2021), [Putting Quality First – Contracting for Long-Term Care.](#)

³¹ Pacolet J. and De Wispelaere F. (2018), [ESPN Thematic Report on Challenges in long-term care Belgium 2018.](#)

³² European Commission, Directorate-General for Employment, Social Affairs, and Inclusion (2021), [Long-term care report – Trends, challenges and opportunities in an ageing society.](#)

32. In the Netherlands, responsibility for long-term care commissioning was pooled through regional “care offices” in order to simplify programme administration at the level closest to people and to ensure appropriate resources to meet regional needs.³³ Private companies negotiated contracts via regional procurement offices under regional budget constraints set by the central government, which was responsible for financing the costs.

33. Due to rising costs for the national budget the central government passed a reform in 2015 allocating parts of long-term care financial management and funding to the municipal level. The reform in the Netherlands introduced *the Dutch social health insurance scheme*, subsidised by the central government, and two specialised systems, the ‘Long-term Care System’ linked to the social security system and covering mostly care provided in-kind at nursing homes, and the ‘Social Support System’ which includes home care. In the latter, municipalities receive a non-earmarked block grant from the national government, to provide care for older people at their homes.³⁴

34. This decentralisation of home care financing in the Netherlands has created the unintended effect that municipalities have been given an incentive to advise people to apply for institutional care which is under central government financing, to avoid impacts on municipal budgets. Accordingly, experts recently recommended changing those financial incentives for municipalities to promote better access to home care and reduce the overlap between the local and central government responsibilities.³⁵

35. In Italy, where long-term care provision is characterised by a high degree of regional and local autonomy, with flexibility regarding central regulations and frameworks. As a result, regional variations exist in the country in the availability of services, eligibility criteria and assessment procedures.³⁶

36. In Bulgaria, although many municipalities have implemented the EU-supported model of integrated care at home, a funding mechanism for these home integrated nursing and care services is missing.³⁷

2.2 Provision, procurement and quality assurance of social care for older people

37. Local, regional, and national authorities, based on their statutory duties, may define prices or quality criteria for services. This usually entails the definition of thresholds to regulate access to the market for potential providers, including criteria related to accreditation, authorising operations, and requirements for reimbursement of public funds, as provided by public authorities in Sweden, France, Italy or Spain.

38. In Catalonia (Spain), the regional government approved a decree on quality of care, according to which organisations that wish to be accredited as providers of public social care services must respond to the needs of users and provide them with an adequate quality of life. These include a user’s register, a permanently updated individual care file, a charter of services, protocols detailing the actions that must be carried out to provide the service correctly and encourage the participation of users, as well as a referral mechanism in the event of termination of service to guarantee the continuation of care.

39. In Sweden, the main responsibility for quality assurance of elderly care services (both residential and community based) lies with the municipalities. Public procurement and tender documents from local authorities lay out required quality standards for the services to be purchased and determine how those services will be monitored and evaluated.

40. Local or regional regulators may also decide, after relevant tendering procedures, to contract several accredited providers and then negotiate price and quality criteria with each individual provider, as is done for example in Austria, Luxembourg or Italy.³⁸

³³ Bankauskaite V. and Saltman R.B., (2007) [Central issues in the decentralization debate](#).

³⁴ de Biase P. and Dougherty S. (2023) [From local to national: Delivering and financing effective long-term care](#).

³⁵ Alders P. and Schut F.T. (2019) [Strategic cost-shifting in long-term care. Evidence from the Netherlands](#).

³⁶ de Biase P. and Dougherty S.(2023) [From local to national: Delivering and financing effective long-term care](#).

³⁷ Spasova S. et al (2018) [Challenges in long-term care in Europe. A study of national policies 2018](#), European Social Policy Network (ESPN), Brussels: European Commission.

³⁸ European Social Network (2021) [Putting Quality First – Contracting for Long-Term Care](#).

41. In England, local authorities are using a variety of policy instruments to assure the quality of the local provision of LTC, including local inspection regimes, training programmes, outcomes-based commissioning, specialised improvement teams, own quality ratings and quality related payments, to influence. Within the contract specifications between local authorities and private providers, directions, surveillance and enforcement processes are set out.³⁹

2.3 Impact of de- or recentralisation and reforms of long-term care on the capacities of subnational authorities to deliver quality social care

42. According to the Organisation for Economic Co-operation and Development (OECD), in countries where long-term care funding is decentralised, subnational governments enjoy more tax autonomy, meaning the decentralisation of LTC funding is often combined with the decentralisation of taxing power. With projected growth rates for LTC spending, subnational governments will have to bear this burden and will need to have room to boost their tax revenues to fund these costs. The absence of taxing power at subnational level, may require a boost in central government transfers to fill the gap.

43. In cases where subnational governments face difficulties in fulfilling their responsibilities in long-term care financing in decentralised systems, for example due to weak regional tax income, fiscal redistribution through central government mechanisms can mitigate regional differences and help improve fiscal capacities to finance long-term care.⁴⁰

44. Moreover, municipal funding in decentralised long-term care financing systems can vary considerably depending on economic performance of local areas and the related tax revenue. This variation in tax revenue may impede equitable access to care if no distribution of financial means between 'richer' and 'poorer' municipalities is put in place. Such insufficient funding of long-term care may shift costs into the healthcare sector and create new financial strain.⁴¹

45. These territorial differences in care provisions have led some Council of Europe member States to reconsider previously implemented decentralisation measures. To counter such territorial differences in terms of long-term care financing, Finland, for example, has undertaken a major recentralisation reform in 2022, putting an end to its decentralised system of health and social care provision, with municipalities as main responsible actors for long-term care financing and provision.

46. Decentralisation of long-term care financing, through a reform of the central grant system, had been chosen in Finland during the 1990s in order to counter increasing spending for long-term care by municipalities, which were funded by central government funds. Since 1984 municipal long-term care for older people had received central grants similar to those made for health care and childcare. In the new decentralised system, local authorities received central funding based on their expenditures but respectively predefined budgets according to their geographic, demographic and social characteristics. The reform did not just change how central grants were determined but it also terminated almost all central regulation concerning municipal service provisions. Local authorities were given free discretion how to use the grants that they received. The idea was to discourage municipalities from extending their provisions and instead encourage them to cut their services and thus to save both local and central resources.⁴²

47. Following the decentralisation, access to long-term care differed depending on the municipality, where a person in need of care lived. Furthermore, the aim of cost control was not reached. Therefore, in 2022, Finland implemented a major structural reform to transfer responsibility for the organisation of health and social services from municipal to regional level, and to move the financing of the health system to the national level.

³⁹ European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Zigante V. and King D. (2019), [Quality assurance practices in long-term care in Europe – Emerging evidence on care market management](#), Publications Office.

⁴⁰ Pietrangelo de Biase P. and Dougherty S. (2023), [From local to national: Delivering and financing effective long-term care](#).

⁴¹ Kotschy R. and Bloom D. (2022), [Reckoning with the growing demand for long-term care](#).

⁴² Kröger and Teppo (2019), [Looking for the Easy Way Out: Demographic Panic and the Twists and Turns of Long-Term Care Policy in Finland](#).

48. In the new system, the regions will be funded mostly by central government, and will not have any taxation power. Government funding for the regions will be needs-based taking into account factors related to health, social and elderly care services and risk estimates on rescue services, with some allowances in terms of health and wellbeing performance and current levels of regional funding. A primary and longstanding aim of the reform is to reduce socio-economic and geographic inequalities in the country, ensure the quality of health, social and rescue services, improve access to care, particularly primary care and to keep costs under control.⁴³

3. CHALLENGES IN PROVIDING LONG-TERM CARE FOR AGEING COMMUNITIES

49. Considering the ageing demographics of European communities, it can be expected that, in upcoming years, an increasing number of older persons will be in need of some form of care and depend on the capacity of public authorities to ensure and support the delivery of quality social care. Whereas long-term care demand is growing across Europe, the highest increase in demand can be expected in Southern and Eastern Europe.⁴⁴

50. This task is therefore becoming a major challenge for public authorities, including at local and regional levels, as the sector is impacted by a number of trends, which were further exacerbated during the COVID-19 pandemic. Some of the resulting key challenges include a) increasing long-term costs for public authorities, b) staff shortages, poor working conditions, c) overreliance on informal care, e) lack of coordinated community care, and f) long-term social inequalities and territorial gaps.

51. In 2022, 27% of the EU population aged 65 reported permanent and severe difficulties with personal care or household activities. Based on population projections, it is estimated that the number of older people with long-term care needs will further increase by almost a quarter by 2050 and more than a third by 2070.⁴⁵ Moreover, the growing number of very old people will likely result in increased demand for a range of health and long-term care services that are specifically adapted to the needs of very old people.⁴⁶

52. In the light of the roles and responsibilities of local and regional authorities in the long-term care sector outlined above, it is evident that such numbers will impact and further increase the following challenges to be faced by subnational administrations. It is therefore important that local authorities find ways to deliver long-term care services more effectively and invest in services that reduce and delay people's reliance on long-term care, especially in residential settings, which are more costly than home-based solutions.⁴⁷

53. In their efforts to respond to such challenges, local and regional authorities should be supported by national governments, with a view to providing them with financial capacities to undertake investments aimed at transforming their long-term care services, to prevent old people's dependency on long-term care services and to create more age-friendly environment that allow older people live independently despite emerging age-related frailties and increasingly reduced mobility.

54. Local authorities will also need support from their national governments in the creation of favourable labour market conditions ensuring the availability of care workers in sufficient numbers. This can, for example, be achieved through better working conditions, by improving workers' remuneration and training or by facilitating the recruitment of professionals from other countries or sectors. Moreover, national support to upholding the quality of care could be provided by defining common quality standards and their monitoring through national supervisory agencies.

⁴³ European Observatory of Health Systems (2023), [Finland: health system summary 2023](#)

⁴⁴ Kotschy R. and Bloom D.(2022), [Reckoning with the growing demand for long-term care](#).

⁴⁵ EU Joint Research Centre (2022), [Projected growth in demand for long-term care services represents a major challenge for ageing Europe](#)

⁴⁶ Eurostat (2019), [Ageing Europe - Looking at the Lives of Older People in the EU](#)

⁴⁷ European Social Network (2024), [Promoting Community Based Social Services Across Europe](#)

3.1 Increasing long-term care costs for public authorities and people with care needs

55. The growing demand for care for older persons naturally leads to increasing costs for public authorities. Expenditure on long-term care in terms of National Gross Domestic Product has been increasing at least for the past 20 years in many European countries.⁴⁸ This trend is expected to continue to grow, with public expenditure on long-term care foreseen to rise by almost 70% in many member States, leading to constant pressure on public finances.⁴⁹

56. Such financial pressure risks resulting in stricter criteria or lower care standards in order to cut costs, in particular in times of crisis. The financial crisis of 2008, for example, had long-lasting negative effects on access to long-term care in several countries, such as Denmark, Ireland, Hungary, Greece, Spain and the United Kingdom, as national governments undertook cuts in public funds or tightened eligibility criteria. In Croatia, Ireland and Sweden home care has been focused on individuals with the most severe care needs. In Denmark, the total number of hours of home services provided decreased by 18% between 2010 and 2016.

57. Cuts in central government funding can transfer financial pressure to subnational governments. In the United Kingdom, for example, such cuts led to an increase in local authorities' reliance on local sources of revenue to finance their long-term care provision, with English local authorities seeing their spending on social care rising from just over 50% to 80% of their spending power in a decade.^{50,51}

58. Increasing costs for long-term care may not only lead to higher costs for public finances of long-term care in many countries, but also to higher private co-payments resulting in financial strain for people receiving care and possibly putting them or their carers at risk of poverty. In Germany, for example, more and more older people require social support in addition to the payments from the long-term care insurance system, as they cannot afford the increasing co-payments.⁵²

59. In the Netherlands in 2013, co-payments for care home beds were increased, in order to reduce admissions to care homes and make home care more attractive. A report found that this reform led to additional financial risk for older people who stay in residential facilities for longer periods.⁵³ According to a recent OECD briefing, in five European countries (Croatia, Italy, Portugal, Slovenia, Spain) out-of-pocket costs for individuals with severe needs represent on average more than 100% of an older person's median income. The out-of-pocket costs in ten European countries represent more than half of the older persons income even after receiving public support.⁵⁴ This also negatively impacts budgets of local social authorities, which have to step in for co-payment costs, if people are unable to pay their co-payments, or provide support to those in or at risk of poverty due to increasing care costs.

60. It is important to note, however, that rising care-related costs are not the only budgetary impact on local and regional authorities. Ageing populations also require expenditure in other fields. Accessible public transportation, community housing and cultural activities are typically more in demand by older people, and often fall under the responsibility of local and regional authorities.

61. This means that cities and regions will be expected both to support a larger number of older people in need of care and simultaneously develop more services for those not (yet) requiring long term care. In member States where subnational authorities already spend a significant proportion of their budget on age-related spending, cities and regions are particularly vulnerable to such rising costs. This includes notably subnational governments in Austria, Italy and Spain and, to a lesser extent Danish, Finnish, Swedish and German municipalities and regions.⁵⁵

⁴⁸ Eurostat (2019), [Ageing Europe - Looking at the Lives of Older People in the EU](#).

⁴⁹ European Commission's Directorate-General for Economic and Financial Affairs (2016), [Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability](#) – Vol. 1, Institutional Paper 037 | October 2016, Luxembourg.

⁵⁰ Spasova S. et al (2018), [Challenges in long-term care in Europe : A study of national policies 2018](#) A study of national policies, European Social Policy Network (ESPN), Brussels, European Commission.

⁵¹ House of Lords (2024), [Local government finances: Impact on communities](#).

⁵² Bayerischer Rundfunk (2023), [Pflege wird teurer: Viele Betroffene brauchen Sozialhilfe](#).

⁵³ Tenand M., Pieter Bakx P. and Wouterse B. (2021), The impact of co-payments for nursing home care on use, health, and welfare, available at: <https://www.cpb.nl/sites/default/files/omnidownload/CPB-Discussion-Paper-430-The-impact-of-co-payments-for-nursing-home-care-on-use-health-and-welfare.pdf>.

⁵⁴ Llana-Nozal A. and Killmeier K. (2023) [Mutual learning workshop on adequate social protection in long-term care](#).

⁵⁵ "OECD (2020), [Ageing and Fiscal Challenges across Levels of Government](#)".

62. On the other side of the equation, the case can also be made for the economic advantage for local and regional authorities of creating age-friendly environments. Older people generally tend to have more financial means than younger people. By investing in infrastructure and services that cater to the needs of older adults, cities can attract businesses that specialise in serving this demographic, potentially raising more local taxes.⁵⁶ In the long term, age-friendly communities can also reduce the need for and thus costs of long-term care and may therefore be a good investment.

63. That being said, this financial gain is a potential long-term result of investments that require municipal and regional contributions today. In the meantime, local and regional authorities – in particular those in rural areas and those with less means – will need financial support from national governments in order to put these innovative policies into practice whilst ensuring access to long-term care in line with their statutory duties.

3.2 Staff shortages and working conditions

64. Around 6.3 million people work in the long-term care sector in the EU alone – up by one third in just one decade – while 44 million people provide frequent informal long-term care to relatives or friends. The proportion of workers aged 50 years or older is higher than in other sectors and is increasing at a faster pace: from 28% in 2009 to 38% in 2019.⁵⁷ The sector mainly employs women and has a high potential to create more jobs but is currently affected by labour shortages due to difficult working conditions and low wages.⁵⁸

65. According to OECD findings, many countries in Europe report structural difficulties in recruiting long-term care workers, both at national and regional levels.⁵⁹ This is confirmed by the EU Green paper on ageing, showing that recruiting and retaining qualified staff to work in long-term care is difficult due to low pay and demanding working conditions.⁶⁰

66. Even though the total number of long-term care workers has increased in many countries since 2011, this growth could not keep up with the increasing number of people in need of long-term care, which grew even faster. Despite an increase in long-term care workers between 2011 and 2020, the ratio of LTC workers per 100 older people seems to have stagnated in most countries.⁶¹

67. Staff shortages are especially reported on skilled care personnel, in particular nurses. In Austria, the current shortage of 5-10% of the workforce is concentrated in high-skilled occupations (certified nurses). In the Flanders region of Belgium, there are also particular shortages among skilled nurses.⁶² Difficulties in recruiting and retaining qualified long-term care professionals adds pressure on informal carers -usually women- who struggle to balance care and paid work, often with costs for society such as negative effects on health and well-being, reduced participation in the labour market and reduced income.⁶³

68. Working conditions in the long-term care sector are characterised by physical challenges such as lifting people and working with potentially infectious materials. Exposure to adverse social behaviour of people using services at work means there is a high risk of developing mental health problems, thereby accentuating gender inequalities as the workforce is predominantly female.⁶⁴

69. Findings of a 2023 OECD study suggest that the COVID-19 crisis magnified both staff shortages and poor working conditions while the number of dropouts of care professionals has increased.⁶⁵ Despite a significant increase in workload, the necessary human resources have been missing in public social services to deal with it adequately.⁶⁶ According to the European Public Service Union

⁵⁶ Junoverse, (downloaded in May 2024), "[Age-friendly Cities: The Business Case for Serving an Ageing Population](#)".

⁵⁷ Eurofound (2020), [Long-term care workforce: Employment and working conditions](#).

⁵⁸ EU Joint Research Centre (2022), [Projected growth in demand for long-term care services represents a major challenge for ageing Europe](#).

⁵⁹ OECD (2023), [Beyond Applause? Improving Working Conditions in Long-Term Care](#).

⁶⁰ European Commission (2021), [green Paper on Ageing Fostering solidarity and responsibility between generations](#).

⁶¹ OECD (2020), [Who Cares? Attracting and Retaining Care Workers for the Elderly](#).

⁶² Eurofound (2020), [Long-term care workforce: Employment and working conditions](#).

⁶³ European Commission (2021), [Green Paper on Ageing Fostering Solidarity and Responsibility between Generations](#).

⁶⁴ Eurofound (2020), [Long-term care workforce: Employment and working conditions](#).

⁶⁵ OECD (2023), [Beyond Applause? Improving Working Conditions in Long-Term Care](#).

⁶⁶ European Social Network (2021), [COVID-19 Impact on Europe's Social Services](#).

421,000 workers left the long-term care sector across the EU between 2019 and 2021.⁶⁷ These trends, expressed through figures, certainly also reflect a lack of recognition and appreciation of work in the care sector and lack of attention to the well-being of and support to care workers.

3.3 Over-reliance on informal care

70. Today, informal carers still provide the largest bulk of care, often women caring for family members, but their participation in care is not guaranteed in the future as their availability is in decline. Around 52 million Europeans, that is to say 14.4% of the population aged 18 to 74, provide informal long-term care to family members or friends on a weekly basis, accounting for close to 80% of people providing long-term care at EU level.⁶⁸

71. The situation is similar in other Council of Europe member States. Türkiye, for example has a rapidly ageing population, with the share of older persons expected to grow more than threefold by 2060, compared to 2019. Importantly, this older population presents significant care needs, with almost half of the population over 75 reporting some form of disability. Whilst institutional capacity has been growing in recent years, it remains rather limited, and care at home, mostly informal, is the dominant means of providing long-term care services. The Ministry of Family, Labour and Social Services (MOFLSS), for example, financially compensates the relatives of low-income disabled people for the informal home care provided.⁶⁹

72. Eurostat data from 2018 show that 4.2% of the working age population did interrupt work or reduced working time in employment history to take care of ill, elderly or disabled relatives. Aggregated by sex this refers to 5.9% of women (and 2.5% of men) in working age (18-64 years old). Better availability of formal long-term care and support for informal carers would help also enable more workers -in particular women- to enter and remain in the labour market.⁷⁰

73. However, due to changing demographics, and changing family patterns with higher labour-force participation of women, smaller families and greater geographical distances between family members, support by informal carers in the family, mostly women, is declining.⁷¹ In many European countries this seems to lead to a lack of measures available to support family carers; for example Czechia, Greece, Spain, Ireland, Northern Macedonia, the Netherlands, Portugal, Sweden, Slovenia and Türkiye.⁷² Taking on care responsibilities, where this is still the case, can lead to reduced labour-market participation of informal carers, and can have negative impact on their finances, as well as on their physical and mental health. This is especially valid for people taking care of persons with dementia or in intensive care.⁷³

74. In some countries such as Germany and Austria, families of people with long-term care needs rely on foreign informal carers, once again mostly women, who live with persons dependent on care in their homes. This practice adds additional burden on care systems in countries of origin of informal carers, for example because they will lack in their home country, as carers for their own families. Accordingly, it has been found that emigration of young and middle-aged people looking for jobs in other countries, adds challenges to the model of care based on family support.⁷⁴

75. Moreover, such informal care arrangements which often take place outside of the formal labour market, pose additional challenges to local authorities, first to uphold the social rights of informal carers and ensure, through local labour inspectorates, that their employment complies with national labour laws, but also to ensure their social inclusion in the local community where they often remain

⁶⁷ European Public Service Union (2021), [EPSU report reveals hundreds of thousands of long term care workers leaving the sector.](#)

⁶⁸ Van der Ende M. et al., (2021), [Study on exploring the incidence and costs of informal long-term care in the EU.](#)

⁶⁹ European Social Policy Network (ESPN)(2021) : [Thematic Report on long-term care for older people](#), Turkey, European Commission.

⁷⁰ Eurostat (2018), [Reconciliation of work and family life - statistics.](#)

⁷¹ Rocard E. (2022), [Strengthening resilience in long-term care](#), in [Ready for the Next Crisis? Investing in Health System Resilience](#), OECD Health Policy Studies, OECD Publishing, Paris.

⁷² Spasova S. et al. (2018), [Challenges in long-term care in Europe : A study of national policies 2018](#), European Social Policy Network (ESPN), Brussels, European Commission.

⁷³ Rocard E. and Llana-Nozal A., 2022. "[Supporting informal carers of older people: Policies to leave no carer behind](#)," [OECD Health Working Papers](#) 140, OECD Publishing, Paris.

⁷⁴ Spasova S. et al (2018), [Challenges in long-term care in Europe A study of national policies 2018](#) A study of national policies, European Social Policy Network (ESPN), Brussels: European Commission.

quite isolated due to their unofficial status. Informal carers within their own families regularly represent another challenge for local authorities, as they will not be fully covered by social insurances or contribute to old-age pensions and further increase the future burden for local authorities' budgets if relying on social assistance schemes at a later stage.⁷⁵

3.4 Need to strengthen coordination between health and social services

76. According to the OECD, the fragmentation of LTC systems leads to a lack of coordination between LTC workers, primary care professionals, hospitals and social workers. This increases the risk of unnecessary hospitalisation, long hospital stays and readmissions. Other negative effects of lacking coordination are overlaps and gaps in access to and coverage of LTC, and possible cost shifting.⁷⁶ Both the UN and EU therefore promote integrated care through different initiatives such as the UN Decade of healthy Ageing and support provided to EU Member States through DG Reform.⁷⁷

77. Increasingly, at a policy level, integrated care is seen as the essential service delivery model to ensure the sustainability of health and social care within the context of increasing demand and limited resources.⁷⁸ Indeed, LTC quality depends not only on the efforts of individual providers, but also on inter-organisational, inter-professional and inter-sectorial coordination. People who have long-term care needs, often require a range of services in order to improve their quality of life. For instance, people with multimorbidity and reduced autonomy in their daily activities will need a package consisting of both health services (primary care, specialist care) as well as daily home care or participation in a day care centre, which is coordinated with their informal carer(s).⁷⁹

78. Such complex needs highlight the importance of coordination and integration of services for the quality of long-term care. Despite the evidence of the positive effects of smooth inter-service coordination, the responsibility for long-term care provision in many European countries is divided between healthcare services and social services. Such a horizontal division may lead to a lack of coordination, causing adverse effects for people affected, such as increased waiting periods, cumbersome administrative procedures, fragmentation of services, and a high risk of non-take up due to the complexity of the LTC system people must navigate.⁸⁰

3.5 Need to strengthen community-based care for older people

79. Shifting from residential to home and community-based care is a trend that is expected to see an increase in the years ahead, due not only to scarce resources, but also to older persons' aspirations for maintaining a certain level of autonomy and remaining in their usual environments. Enabling people to stay in their community will help them experience a good quality of life. It will also help meet the growing demand for LTC -a challenge that is common across European countries.

80. The COVID-19 pandemic has shown that concentrating vulnerable people in large settings bears increased risks from a health perspective.⁸¹ During the first COVID-19 wave in spring 2020, deaths among long-term care facility residents accounted for 37-66% of all COVID-19-related deaths in EU/EEA countries.⁸² According to the OECD, over one-third (34%) of total COVID-19 deaths were among LTC residents across 25 OECD countries by April 2022.⁸³

81. Even before the COVID-19 crisis, researchers had found that in large care homes, there were significant opportunities for infection outbreaks that could have severe consequences for residents'

⁷⁵ International Labour Organization (ILO) 2016: [Challenges in Long-term Care of the Elderly in Central and Eastern Europe](#).

⁷⁶ Rocard E. (2022), [Strengthening resilience in long-term care](#), in [Ready for the Next Crisis? Investing in Health System Resilience](#), OECD Health Policy Studies, OECD Publishing, Paris.

⁷⁷ [UN Decade for Healthy Ageing \(2021-2030\)](#).

⁷⁸ European Social Network (2021), [Integrated Care and Support - Promoting Partnerships across Services, Improving Lives](#)

⁷⁹ European Social Network (2021), [Putting Quality First – Contracting for Long-Term Care](#)

⁸⁰ Spasova S. et al, (2018), [Challenges in long-term care in Europe : A study of national policies 2018](#), European Social Policy Network (ESPN), Brussels, European Commission.

⁸¹ European Social Network (2021), [COVID-19 Impact on Europe's Social Services](#)

⁸² European Centre for Disease Prevention and Control (2021), [Surveillance of COVID-19 in long-term care facilities in the EU/EEA](#)

⁸³ Rocard E. (2022), [Strengthening resilience in long-term care](#), in [Ready for the Next Crisis? Investing in Health System Resilience](#), OECD Health Policy Studies, OECD Publishing, Paris.

health.⁸⁴ An analysis of several European countries concluded that for older people residing in nursing homes, the probability of dying earlier increased compared to those living at home.⁸⁵

82. Nevertheless, European countries struggle to make home and community-based care widely available to older people in need of long-term care. The investment in and development of age-friendly and supportive local communities, as promoted by WHO, can certainly further support community-based care structures and should be envisaged by all countries.⁸⁶

3.6 Need to address territorial gaps

83. The level of LTC service provision varies greatly across Europe. Some of the highest old-age dependency ratios were measured in Finland, France, eastern Germany, Greece, Italy, Portugal and Spain. Most of the regions concerned were predominantly rural, mountainous, or relatively remote.⁸⁷

84. In federal States or States with significant devolution of powers to the regional level such as Austria, Belgium, Spain or the United Kingdom, there may be considerable differences in the quantity and quality of care provision. In addition, people may experience differences in terms of access to long-term care due to the size of and the funding available to different regions and municipalities as reported for countries like Bulgaria, Czechia, Finland, France, Italy, Latvia, Lithuania, Norway, Sweden and United Kingdom.⁸⁸

85. More geographically dispersed populations and a lower population density make it more difficult and costly to create and maintain a comprehensive service infrastructure in rural areas, in comparison to urban environments. This often leads to a situation where rural populations have less access to services and activities and their situation may deteriorate further when combined with poorer socio-economic conditions.⁸⁹

86. Over past years, older people in the EU-28 were generally more inclined than their fellow compatriots to live in predominantly rural regions. In 2018, the share of older people living in predominantly rural regions was particularly high in comparison to the general population in France, the Netherlands, Spain and the United Kingdom.⁹⁰

87. The lower availability of services in rural areas may be particularly problematic for older people who face a greater risk of reduced mobility, illness or social exclusion. Low population densities make it difficult for rural municipalities to offer cost-effective, regular and convenient public transport that is also accessible and affordable for older people. If local facilities, such as shops, banks, healthcare providers and others close down, people have to travel further to find access to these services, an issue which may disproportionately affect older rural residents.⁹¹ In this context, the organisation Age UK has referred to the term 'care deserts' depicting the lack of care services for older people in less densely populated areas in England.⁹²

88. Due to the dispersion of the population and the characteristics of rural territories, there is a general shortage of services, difficulty in accessing them, a scarcity of qualified professionals, a lack of informal caregivers due to the dispersion of families, and extra costs to overcome these difficulties.⁹³ This reality also affects people's access to LTC in a particularly significant manner. Innovative, community-based, sometimes mobile service solutions can help to fill the gaps, maintaining access to services in low populated areas.⁹⁴ Once again, the WHO concept of age-

⁸⁴ Lindsay L. et al. (2015), [A decade of norovirus disease risk among older adults in upper-middle and high income countries: a systematic review](#).

⁸⁵ Flawine, Xavier et al. (2022), [Nursing Homes and Mortality in Europe: Uncertain Causality](#).

⁸⁶ WHO (2023) : [National Programmes for Age-friendly Cities](#).

⁸⁷ Eurostat (2023), [Old-age dependency ratio increases across EU regions](#)

⁸⁸ Spasova S. et al, (2018), [Challenges in long-term care in Europe : A study of national policies 2018](#), European Social Policy Network (ESPN), Brussels, European Commission.

⁸⁹ UNECE Policy Brief on Ageing No. 18 (2017) [Older persons in rural and remote areas](#).

⁹⁰ Eurostat (2019) [Ageing Europe Looking at the Lives of Older People in the EU](#).

⁹¹ European Commission (2021) [Green Paper on Ageing Fostering Solidarity and Responsibility between Generations](#).

⁹² Age UK (2019), [Care deserts: the impact of a dysfunctional market in adult social care provision](#).

⁹³ Spasova S. et al (2018) [Challenges in long-term care in Europe A study of national policies 2018](#) A study of national policies, European Social Policy Network (ESPN), Brussels: European Commission.

⁹⁴ European Commission (2021) [Green Paper on Ageing Fostering Solidarity and Responsibility between Generations](#).

friendly cities and communities⁹⁵ could be a starting point to maintain the quality of life and respective service levels, even in rural municipalities.

89. By contrast, urban environments may be advantageous for older people, notably in terms of providing better access to public transport, as well as a greater variety of housing options, public and commercial services, if those are arranged in an accessible manner.⁹⁶

90. Finally, shortages of workforce may also occur unevenly across regions in European countries. For instance, in Finland, shortages are concentrated in the north and east. In France, recruitment especially affects the border areas with Luxembourg and Switzerland, mainly because of the higher wages in those countries attracting the workforce in many professions. In Luxembourg, recruitment is more difficult in the northern parts of the country because of the low population density and travel time required.⁹⁷

91. In summary, the main challenges for local and regional authorities in providing quality long-term care for older persons consist in increasing costs both for public authorities and individual older persons, in staff shortages which are further exacerbated by not sufficiently attractive working conditions in the care sector, in an overreliance on the informal care sector posing problems in a context of changing family and mobility patterns, an evident need to strengthen both the coordination between health and social services and community-based solutions of care to uphold high standards of care, and the need to address territorial gaps. Some of these challenges can certainly be addressed by local and regional authorities themselves; others will call for support by national governments, either by creating a favourable context for older persons' continuous quality of life and autonomy through sectoral policies, or by directly providing guidance or financial support for local and regional action as needed.

4. COMPREHENSIVE AND INNOVATIVE ACTION TO MEET LONG-TERM CARE CHALLENGES AT LOCAL LEVEL

92. Aware of the growing needs of an ageing population and the challenges in ensuring older people's access to quality social and long-term care, as outlined above, authorities at all levels have started taking action in their respective areas of responsibility. Given that older persons are not a specific or homogenous group, and that their personal health and living conditions vary greatly, the rapporteurs are convinced that effective policies aimed at preserving their autonomy and well-being, whilst providing long-term care services in the most effective manner, will have to be based on action taken in various policy areas and at various levels of governance. Ensuring access to quality social care for older persons will therefore need to involve comprehensive and multi-level responses.

93. The present report is not necessarily focusing on the issue of national comprehensive policies for ensuring or supporting age-friendly societies or communities. However, the national, or according to the administrative set-up of a country, sometimes the regional authorities, through their sectorial policies, will in many cases have to feed into a context allowing local (and regional) authorities to develop more age-friendly communities. The WHO Framework for Age-Friendly Cities is an interesting reference here, as it points to the policy areas that will be instrumental in ensuring the well-being and autonomy of older people. The Framework proposes eight interconnected "domains of urban life"; these are: community and healthcare; transportation; housing; social participation; outdoor spaces and buildings; respect and social inclusion; civic participation and employment; communication and information.⁹⁸ Whilst these areas of action are certainly foremost meant to orient urban policies for older people, it is evident that some of them will require multilevel policy interventions, such as in the fields of housing or transportation policies which are partly national responsibilities.

94. Whilst the creation of a favourable national context and support through sectorial policies at the national level will be essential for effective and sustainable action, local and regional authorities as those which are the closest to citizens, including older citizens and their daily needs, have quite a wide margin of appreciation for developing local and regional strategies and policies. As observed

⁹⁵ WHO, [Creating Age Friendly Cities and Communities](#).

⁹⁶ European Commission (2021), [Green Paper on Ageing Fostering Solidarity and Responsibility between Generations](#).

⁹⁷ Eurofound (2020), [Long-term care workforce: Employment and working conditions](#).

⁹⁸ [WHO Age-Friendly City Framework](#).

across Europe over the past years, local policies for older persons may be based on a wide range of solutions and practices, which are presented in an exemplary manner in the Appendix to this report.

95. The variety of possible local and regional action in favour of quality long-term care includes a more widespread use of technology, the better integration of services, mobilisation of the community, as well as the development of preventive services and community-based care. They all have in common that they intervene somewhere along the “continuum” of increasingly intensive care, ranging from preventive measures guaranteeing older persons’ autonomy for as long as possible, up to intensive – home-based or residential – long-term care by qualified staff. Some of them will also address the working conditions of professional carers, either through better training programmes or interservice co-operation, or through technological solutions facilitating care interventions, but in any case, making work in the care sector more attractive.

96. In a context of ageing communities, local and regional authorities will find that some of the solutions found over past years may also contribute to support services and long-term care being provided in a more cost-effective manner, both for older persons themselves and for local governments’ budgets. Such solutions may therefore both further consolidate the autonomy of older persons in their local communities and relieve financial pressure for local authorities.

97. Cross-cutting action taken to respond to the needs of ageing communities may also include specific institutions or agencies promoting the concerns of an ageing population, and national or regional policy-making processes creating a favourable context for older persons’ autonomy. An inspiring example in this area, presented to the Congress in the framework of the preparations made for the present report and that the rapporteurs wish to recall here, is the one of the Flemish Council of Older Persons, an official advisory body for the Flemish ageing policy, which develops strategic advice, but also events, campaigns and training on various issues of concern for older persons. Without going into the details of comprehensive national policies for ageing populations here, this example may underline that even the most innovative and effective measures deployed at local levels should be integrated into wider regional or national policies in the most coherent manner and based on regular consultation of older persons themselves.⁹⁹

98. Involving older people through consultative councils for local or regional planning processes is, generally speaking, a useful tool to ensure that the provision of local services meets older people’s needs most effectively, including by considering the needs of different target groups according to their gender, state of health, levels of income or living conditions. Local and regional authorities can also follow co-production approaches in services for older people such as long-term care services, through user boards, joint care planning and evaluation. In more far-reaching approaches, older persons may even participate in local tendering processes and commissioning or become involved in the recruitment of care staff.¹⁰⁰

99. Besides participatory approaches, local authorities themselves dispose of a number of instruments to improve the effectiveness and quality of long-term care services, starting with the already mentioned investments in new technological solutions. They can also employ their purchasing power in procurement procedures for long-term care by concluding contracts with care providers that are setting appropriate outcome targets. Equally, local authorities can foster integrated care planning and provision by setting up integrated care agencies that connect health and social support, or by setting up one-stop shops for people requiring both health and social support at later age.

100. Once again, in a wider understanding of creating age-friendly communities, local authorities, can help adapting local environments to make them more accessible for people with reduced mobility, which is often the case for older people. Such adaptations can be applied to local urban structures and infrastructures, including through specific housing and mobility approaches; they can also be used in designing older peoples’ homes to conditions of reduced mobility. This example once again shows that designing and developing age-friendly communities needs to reach from the top level where national housing policies are conceived, down to the level of individual housing units that need to be equipped according to older persons’ needs.

⁹⁹ See the action developed by the [Flemish Council of Older Persons](#) as presented to the Congress Current Affairs Committee at its meeting on 28 June 2023 in Strasbourg by Vandenweghe N., Director of the Council.

¹⁰⁰ ESN (2017), [Investing in later life - A toolkit for social services providing care for older people](#).

101. Finally, local authorities, as the administrative level working closest to the citizens, can tap into the potential of volunteers and community support, which -in addition to professional care services- can be mobilised for assistance to an ageing population, especially for more minor needs for assistance. The mobilisation of volunteering work can, for instance, help fight unwanted loneliness among older people; a major cause for reduced mental and physical well-being of older people. Many countries have developed such community initiatives and platforms to stimulate mutual help with fundamental activities, like shopping, walking the dog or attending medical appointments, within the local neighbourhood.

102. All in all, many of the numerous innovative examples from different European countries listed in the Appendix, will be useful to address some of the current key challenges for local and regional authorities as outlined above (chapter 3), by responding to both increasing demand and costs for long-term care, overcoming staff shortage and over-reliance on informal care, strengthening coordination between different agencies and community-based care, as well as by reinforcing quality standards and addressing territorial gap. All measures in specific areas and addressing specific challenges will be particularly effective if included in coherent multilevel strategies for age-friendly communities and guided by an overall vision for the quality of life of older persons in European local and regional territories.

5. CONCLUSIONS

103. In conclusion, the rapporteurs are convinced that responding to the numerous challenges of ageing communities requires a multilevel and multidimensional response from local and regional but also national authorities. Older persons above 65 are not a distinct social group to be provided with specific support services, but they are increasingly numerous in most European societies and they live in the midst of local communities where they would fully participate in social and economic life, seeking to fulfil various needs in terms of housing, consumption, culture and leisure, just like any other member of society.

104. Ageing communities and changing family patterns have led to an increasing demand for long-term care for older people across Europe. In this context, local and regional authorities play a key role in developing age-friendly communities. This includes both making investments in community-based long-term care and developing other conditions and services contributing to age-friendly environments, which ensure that people can continue living autonomously in their own homes for as long as possible and actively take part in the life of their local community, whilst facing growing dependencies and increasing intensity of care.

5.1 Key Role and Key Challenges of Local Authorities

105. Local authorities in particular face a number of key challenges, in ensuring sustainable long-term care and developing age-friendly communities. Those challenges mainly belong to the areas of (1) cost effectiveness and financial sustainability, (2) availability of qualified staff (both formal and informal), (3) better coordinated and high-quality care services, and (4) equity of service provision (across social strata and territories).

106. Responses to be provided to better equip ageing communities go far beyond the provision of quality social care in informal and formal settings. They also need to include prevention measures and the creation of an age-friendly environment and social context, facilitating older persons' access to vital services to ensure their autonomy for as long as possible, but also fostering solidarity and mutual support within the community through a support network as a first phase of support to the older generation, before care and support services start providing professional care at home and, if required at later stage, in residential settings.

107. By combining approaches of community solidarity, informal carers support and respite care, telecare, workforce development, co-production with people drawing on care and their families, care integration between health and social services, development of local ecosystems with a range of services including home, day and night care, residential care for older persons as well as respite care for informal carers, and a setup of quality assurance systems oriented towards outcomes for people, local and regional authorities can contribute to creating a 'continuum' of care and support where the

main objective is to preserve older persons' autonomy for as long as possible while ensuring people's quality of life, despite growing dependencies.

5.2 Action by Local Authorities

108. Regarding the actual access to quality social care, both local and regional authorities are facing numerous challenges as the elements outlined in this memorandum show. To address those challenges, local authorities have various tools and means at their disposal, such as procurement procedures, local quality assurance regulations and the establishment of community-based services; some of them developed and illustrated via the innovative examples in the Appendix. For instance, the methodology of outcome-based commissioning can help significantly reduce cost-intensive admissions to nursing homes, while simultaneously improving the quality of life of people supported by their local long-term care services at home. This also shows that some of the measures above should not be seen in an isolated manner but may enrich and nurture each other and are part of a system of interlinked services in age-friendly communities.

109. An important aspect of quality assurance also is the participation of people using services in the planning, delivery and evaluation stages. Local and regional authorities can, for example, use co-production approaches when drafting their strategic care planning concepts. Through commissioning and tenders procedures, subnational authorities can also require care providers to make use of co-production methodologies in their long-term care provision, involving older people in their care in order to ensure it is person-centred and needs-based to the greatest extent possible.

110. Strengthening the involvement of the wider community of older persons, for example through volunteering coordinators or online platforms, can be another key area of intervention of local authorities in particular, and the leveraging of volunteering work can help reducing pressure on long-term care services, especially in prevention, active ageing, the provision of basic personal household services and early needs detection. To foster volunteering work, local authorities can work with local organisations and NGOs to reach both potential volunteers and beneficiaries of voluntary activities.

111. Local authorities can and should follow comprehensive approaches in developing age-friendly communities and have many means at their disposal to do so. More age-friendly environments that enable older people to participate in community activities (culture, sport and other leisure activities), to have easy access to essential services or nearby shops, to be able to use public transport that is physically and financially accessible or even to provide support to others who have higher degrees of dependencies, contribute to older people's autonomy and quality of life.

112. In striving for excellence in creating age-friendly communities, local authorities can become true laboratories for integrated, cross-cutting approaches or innovative technological solutions such as telecare or and sensor-based detection of needs. Funding for such novel solutions is already available at various levels in many countries and should be stepped up in others. National or EU funds could provide a starting point for establishing and scaling up innovative technology-based solutions. However, it also, once again, requires support from national governments to ensure that solutions having been effective in specific local contexts, are then pursued in a more sustainable manner and promoted and spread across the country.

5.3 Action by National Governments

113. While long-term care and prevention services are often planned and provided at local level, their sustainable funding regularly depends on national government grants, when local sources themselves are not sufficient. National governments should therefore ensure that public authorities with statutory duties for ensuring access to long-term care have sufficient funding to fulfil their obligations. This is especially relevant in decentralised long-term care systems, where both provision and financing responsibilities primarily lie on the local level.

114. Care Standard Authorities (CSA) and similar agencies have become an important element of quality assurance in long-term care across Europe. To ensure equal access to quality in long-term care, national governments are therefore increasingly recurring the tool of national quality agencies which supervise providers and help them reach compliance with quality standards. Without going into

details of methodologies here, national governments will generally need to provide CSAs with adequate resources for coherent monitoring and for developing capacity-building programmes aimed at improving the quality of care in an integrated manner.

115. To address the lack of workforce in the care sector, national governments should not only make relevant professions more attractive, for example through higher salaries and better training programmes, but also ensure that qualifications of third country nationals are recognised so they can reinforce national long-term care sectors in countries where this is needed.

116. National governments and European institutions such as the European Union should support local authorities by providing funding for the development of innovative programmes, making available national programmes to foster the development of community-based services for older people, better coordinating health and social services for older people, and creating good working conditions for workers in long-term care.

117. Where financing of long-term care is situated at local level, national governments should provide a mechanism to ensure that access to and quality of social and health services for older people will not depend on the local area where people live. This could be done through the development of national quality standards and inspection agencies and where required, the allocation of funds to underfunded local authorities, including through “equalisation” systems, balancing out disparities between and within regional territories in particular.

118. Finally, as mentioned in a cross-cutting manner throughout the report, national governments, and sometimes also regional governments in federal States, need to create a favourable context for age-friendly communities, by developing appropriate policies considering the needs of an ageing population in different areas, including public transport, housing or labour market.

Appendix

Examples of innovative practices in response to various challenges observed across Europe

1. Using the power of technology

1. The large-scale introduction of **social and technological innovations** into the health care sector, such as e-health, mobile health, telecare, integrated care or independent living, has the potential to substantially improve the efficiency of health and long-term care systems.¹⁰¹ Local authorities across Europe have invested in innovative projects that use technology to make long-term care services more effective and respond to challenges such as transforming the care model and responding to increasing workforce needs. This includes fall detection systems, digital health monitoring in care homes, telecare enhancing access to home care for older people or 'cobots' supporting carers.

Fall detection system in social care centres, City of Riga, Latvia

2. The Welfare Department of Riga City Council in Latvia has introduced 160 'smart client monitoring sensors' in three social care centres for older people. The project has provided professionals working in social care centres with monitoring and signal transmission equipment and funded practitioners training for faster and more efficient responses to residents' needs. This has improved residents' independence and the service response time in cases of emergency. The system grants safety and security, has reduced costs and is supporting professionals working in social care centres in Riga in their daily work.¹⁰²

Digital systems in care homes to improve monitoring of residents and access to timely health care, Durham County, United Kingdom

3. Poor coordination and communication between care homes and community health services can lead to unnecessary hospital admissions and health deterioration of care home residents. Using digital systems in care homes to improve monitoring of residents and access to timely health care through digital referrals help to improve their health outcomes. Durham's 'Health Call Digital Care Home' project has developed a system to support electronic referrals into community health and primary care services and remote monitoring of residents. It allows the creation and sharing of baseline observations to develop a record of what is 'normal' for each resident and also identify signs of deterioration. Resident information is then pulled through to the electronic patient record. Thanks to the digital monitoring and referral system, care home and health staff have better information to make their decisions which makes the process safer and more effective. As a primary result, care home providers reported a significant reduction of emergency admissions to hospital, length of stay in hospital and inappropriate nurse visits to residents in care homes. Overall savings are estimated at up to eight million British pounds.¹⁰³

Telecare enhancing community-based care for older people, Kujawsko-Pomorskie Voivodeship, Poland

4. The Kujawsko-Pomorskie Voivodeship in Poland is encouraging home and community-based care with telecare services such as SOS buttons, falls sensors, heart rate measurements and two-way communication devices in people's homes. A local call centre monitors devices installed in people's homes and notifications received in case people need help, responding for example by sending a care team in case of an emergency. Beneficiaries report that their sense of security has increased, leading to more confidence in being able to remain in their homes despite a rising frailty.¹⁰⁴

¹⁰¹ European Commission (2021), [Green Paper on Ageing Fostering Solidarity and Responsibility between Generations](#).

¹⁰² ESN Practice Library, [Implementation of a Fall Detection System in Social Care Centres - Intelligent Monitoring System](#) Riga, Latvia.

¹⁰³ ESN Practice Library, [Digital Systems in Care Homes to Improve Outcomes](#), Durham, United Kingdom.

¹⁰⁴ ESN Practice Library, [The Kujawsko-Pomorskie Telecare Project](#), Torun, Poland.

Enhancing telecare with new sensors, Cities of Barcelona & Malaga, Spain

5. Barcelona County Council has developed the 'All in One Sensor' project to improve telecare services in place for 20 years in the Barcelona province. The pilot consists of sensors in people's homes, which can monitor people's wellbeing and indicate where social services should intervene, through a call or a home visit. 'Non-intrusive' sensors monitor people's behaviour and alert social services when there is a deviation in their habits or behavioural patterns. For instance, if a person does not move for hours, that person may have a medical emergency. Should unusual behaviour be detected, social services call the person or relatives to see if everything is well and send a care team or a doctor if required. This makes telecare more effective, as urgent needs of people in home care and telecare as more quickly detected.¹⁰⁵ The City of Malaga in the Region of Andalusia, Spain, has put in place such a programme monitoring people with care needs living at home, through intelligent water meters, which has the advantage that very often those had already been installed in people's homes previously.

'Cobots' supporting professional carers, Hampshire County Council, United Kingdom

6. Many professional carers experience back problems due to their sometimes very physical care tasks such as lifting people. To address this issue, Hampshire County Council in the United Kingdom funded the deployment of six leased 'cobots' in residential care settings. Cobots are computer-controlled robotic devices designed to assist people in need of care. The cobots ensure that carers maintain the correct posture for physical tasks, thus reducing the risk of injuries and supporting efficient delivery of care. Moreover, this reduction in the need for double-up care has been beneficial in the short-term by reducing the numbers of different carers required to be in physical contact with their clients, an advantage during lockdowns and social distancing requirements throughout the COVID-19 pandemic. Evaluation of cobots' effectiveness found that carers were less exhausted and felt less strained completing their care duties when using the device. Hampshire County Council decided to invest in six cobots, with the intention to upscale and significantly increase their number in the future.¹⁰⁶

Digital competence training programme, Muratpaşa Municipality, Türkiye

7. The COVID-19 pandemic and rapidly developing digital technologies have been found to change traditional structures and ways of living in many countries, from learning styles to working conditions. People aged 65 and over, however, cannot always benefit from the advantages of this digital age. According to data from the Turkish Statistical Institute (TUIK), internet usage is common among 79% of the general population but only 27.1% among older citizens. In light of this disparity, Muratpaşa Municipality in Antalya has started a training programme entitled 'Digital Competence' to improve the digital skills of older people, and notably older women aged 65 and over, to remove barriers to accessing digital services. With the completion of the programme, organised in five modules over six weeks, participants are enabled to access e-government applications and use digital banking, and learn how to make video calls with their relatives.¹⁰⁷

2. Integrated care provision

8. **Improved integrated care provision** through close co-operation and information-sharing between professionals, people using services and their carers (including informal carers) has the potential to contain the rising costs of health and social care and at the same time help older people to remain independent for longer and increase their well-being.¹⁰⁸ The coordination of health and social care has been a cornerstone in the development of LTC services. According to the European Social Network (ESN), a wide consensus has been established that long-term care, with its health and social care components, needs to be addressed in an integrated manner.¹⁰⁹ Local authorities in Croatia, Spain and Sweden have developed models and strategies to better integrate care services for older people.

¹⁰⁵ ESN Practice Library, [Home Care Technologies: Prediction and Prevention All-in-One Sensor Project](#), Barcelona, Spain.

¹⁰⁶ Local Government Association Practice, [Taking the strain with cobots in care](#), Hampshire, United Kingdom.

¹⁰⁷ See [WHO Age-Friendly Practices](#) (downloaded in May 2024).

¹⁰⁸ European Commission (2021), [Green Paper on Ageing Fostering Solidarity and Responsibility between Generations](#).

¹⁰⁹ European Social Network (2021), [Putting Quality First – Contracting for Long-Term Care](#).

Salut + Integrated home care, City of Amposta, Spain

9. The regional government of Catalonia has tested an integrated home care programme combining health and social care provision in people's homes. The evaluation has shown a 20% decrease in nursing home admissions in the group of people who received integrated home care compared to people receiving health and social care separately.¹¹⁰ The Spanish city of Amposta has implemented this plan by organising joint home visits by professionals of health and social services in older people's homes, including a joint intervention plan. Moreover, a new tool based on Information and Communication Technology (ICT) and notably a web-based mobile app was created based on data from the electronic clinical history of the Catalan Institute of Health (CIH) and social data from social services workstations, which has allowed for data integration and registration of the planned actions.¹¹¹

Developing integrated care providers, Norrtälje Municipality, Sweden

10. "This is Ten Hundred" is a unique model for integrated care developed in collaboration between the Stockholm Region and Norrtälje Municipality in Sweden. The integrated care initiative merges health and social care into one company – Tiohundra AB. The company is wholly owned by the municipal association of health and social care, Norrtälje municipality and the Stockholm Region. The company jointly provides hospital and community services in the region, including a hospital, health centres, psychiatry, nursing homes, and home care. The care teams consist of nurses, doctors, paramedics, psychiatrists, case officers and home help co-ordinators. The Norrtälje model is recognised in Sweden and internationally, as a role model for other municipalities, county councils and regions, and is highlighted by the Ministry of Social Affairs. The innovative and effective way of working increases quality and creates added value for beneficiaries, relatives and employees. The model became a permanent service in 2016. In 2021, a Norrtälje 2.0 model was under development, aiming to find new and effective solutions for older people with a higher degree of dependency.¹¹²

Gerontology Centres - Local integrated community support programme, City of Zagreb, Croatia

11. In order to prevent institutionalisation of people with care needs and to better serve people in their communities, the City of Zagreb set up its Local Community Support Programme for older people in 2006. Gerontology Centres provide preventive and integrated health and social services for older people requiring care. Activities include sports and recreational programmes such as gymnastic, yoga, Nordic walking, health prevention programmes, creative workshops, cultural entertainment programmes, counselling for informal caregivers, round tables and lectures.¹¹³ Evidence has shown that gerontology centres in Zagreb encourage the maintenance of social networks, lifelong-learning and maintaining physical abilities, and contribute to older people's well-being and quality of life.¹¹⁴

Addressing and preventing care needs through innovative community care centres, Austria, Serbia and Montenegro

12. The I-CCC project (2020-2023), funded by the EU and the Austrian Development Agency, aimed at "Addressing and preventing care needs through innovative community care centres", has supported the development of innovative community care centres in six communities in Austria, Serbia and Montenegro. With a view to effective health prevention and personalised care provision, the centres offer services including, amongst others, home visits and home help services, personal counselling, healthy ageing activities, and trainings for informal carers and volunteers. Whilst presenting an interesting approach to the integration of services and healthy ageing, experiences made under the project have also shown that the long-term financial sustainability of such innovative

¹¹⁰ European Social Network (2021), [Integrated Care and Support - Promoting Partnerships across Services, Improving Lives](#).

¹¹¹ ESN Practice Library, [Salut+ Social Integrated Care Programme](#), Amposta, Spain.

¹¹² European Social Network (2021), [Integrated Care and Support - Promoting Partnerships across Services, Improving Lives](#).

¹¹³ Galić R. et al. (2018), [Factsheet - Local Community Friendly to Elderly People/317/Zagreb](#).

¹¹⁴ Zivoder I. et al (2018), [Influence of Gerontology Services on The Physical and Psychological Health of Elderly in the City Of Zagreb](#) *Psychiatria Danubina*, 2019; Vol. 31, Suppl. 1, pp. 99-104.

centres remains a challenge for local communities involved, once the European and national funding has been discontinued or reduced.¹¹⁵

3. Prevention and active ageing

13. While people's life expectancy has been growing for the past decades, they are also less likely to experience long periods of ill health or a disability in older age than was the case in Europe three decades ago due to changing lifestyles and working conditions.¹¹⁶ This demonstrates the positive impact that healthy life lifestyles and delaying the onset of age-related conditions can have on people's physical and mental decline as they become older. Local and regional authorities can do a lot to prevent care dependency by helping people to remain socially, mentally and physically active in sports, leisure or volunteering initiatives and to detect training needs early.¹¹⁷ Such activities have for example been developed by local authorities in Austria Denmark, and Romania. They are also part of the measures proposed and promoted by the WHO age-friendly cities programme that is further developed under 9) below.

Community nurses as local care navigators, Innsbruck, Austria

14. The community nurse programme introduced in Austria in 2022, seeks to inform people about available care support, promote early intervention and reduce admission to care homes. As part of Austria's Recovery and Resilience Plan, **community nursing** has been rolled out in 120 pilot projects to improve community-based long-term care by providing support to family caregivers and by counselling people and helping them detect needs at an early stage.¹¹⁸ The community nurse is the main contact point for family caregivers and would carry out scheduled preventive home visits, offer information and advice, conduct surveys to assess current care and identify unmet needs. She or he would also coordinate and facilitate additional support services for family caregivers as well as provide training and advocacy for their interests as needed.¹¹⁹

Preventive home visits, Local authorities, Denmark

15. Preventative home visits have proven to be a cost-effective measure to improve people's health and well-being outcomes¹²⁰ and delay admissions to care homes.¹²¹ In Denmark, municipalities are obliged to provide preventive home visits to every person aged 82 or older, to detect early signs of physical and mental decline, and provide early support. During home visits multidisciplinary teams carry out a needs analysis, and provide advice and information about activities, health and support services that will help older persons maintain their health and wellbeing.¹²²

Promoting active aging – preventing health deterioration, Bucharest, Romania

16. The City of Bucharest in Romania has launched "Movement for Health" – a programme promoting older peoples' daily physical exercise in the open air, dancing, games, social interaction, promoting an active life and a healthy lifestyle, and socialising. Similar activities are offered by local Seniors Club, providing the older people with an organised space for empowerment, creative workshops, board games, nature trips, volunteering, artistic programmes and cultural events.¹²³

¹¹⁵ ICCG-Project, "[Addressing and preventing care needs through innovative community care centres](#)" (2020-2023); as presented to the Congress Current Affairs Committee at its meeting on 28 June 2023 in Strasbourg by Anya Blum from the Austrian Red Cross.

¹¹⁶ Tesouro and Pianelli (2010), [The Elderly between the Needs for Care and Active Ageing](#) European Papers on the New Welfare, 2010; Vol. 15, pp. 7-28.

¹¹⁷ European Social Network (2017), [Investing in later life - A toolkit for social services providing care for older people](#).

¹¹⁸ European Social Network (2021), [Funding Social Services Recovery - Anchoring social services in post-Covid national reform plans](#).

¹¹⁹ ESN Practice Library, [Home Care and Community Nursing](#), Innsbruck, Austria.

¹²⁰ Sahlen K-G.et al. (2008), [Preventive home visits to older people are cost-effective](#), Scandinavian Journal of Public Health, Vol. 36, No. 3 (May 2008), pp. 265-271.

¹²¹ Vass et al. (2007), [Preventive home visits to older people in Denmark--why, how, by whom, and when?](#), Z Gerontol Geriatr. 2007 Aug; 40(4) pp. 209-16.

¹²² Health Care Denmark (2024), [Elderly Care in Denmark](#).

¹²³ ESN Practice Library, [Integrated Multidisciplinary Support for Older People](#), Bucharest, Romania.

Social participation through art and culture, Zenica, Bosnia and Herzegovina

17. The Naš Most association started bringing together seniors from Zenica and surrounding areas through artistic and cultural initiatives. Most members had not engaged in creative activities previously. Members and non-members, mostly older women, regularly learn new skills, teach one another, and make new friends through arts and crafts, music and theatre performances. While bigger cities in Bosnia have government-supported centres for healthy ageing to support the socialisation of older people, Naš Most's work is mainly funded by members' own fees and based on the volunteer work of senior activists. The number of both activities and members has steadily grown in the last couple of years.¹²⁴

4. Developing community-based services

18. Avoiding permanent placements in care homes can be a measure of delaying dependency but will require the ability of local health and social care services to work together to reduce avoidable admissions to care homes.¹²⁵ Home care services are a key intervention that public authorities can provide to maintain people's ability to age in their own places despite a growing frailty and care dependency. Service integration can further contribute to maintain people's ability to stay in their homes despite a developing frailty, for instance by better coordination of hospital discharges and home care provision. Such services have for instance been developed by local authorities in Poland, Spain, and Sweden, both in urban and rural areas.

Promoting day care, Masovian Province, Poland

19. In day care centres, people drawing on care can receive specialised care and occupational therapy to maintain functions or even restore certain abilities. The Masovian Province in Poland has invested in six-day centres to support informal carers and prevent the need for residential care of people with dementia. The centres provide specialised care in the form of music and cognitive therapy, memory training, manual classes, horticulture and other forms of therapy. The pilot project evaluation found that the intervention reduced the need for additional places in residential care homes by 4% in 2022. A further reduction of 7.4% is expected by 2025. Encouraged by the positive results, the Masovian Province intends to double the number of centres to 12 by the end of 2025.¹²⁶

Neighbourhood care services, City of Barcelona, Spain

20. Barcelona City Council implements its home care services through an innovative approach where teams of professionals are responsible for a group of persons who live in defined neighbourhoods, called 'superblocks', with a population between 5,000 and 8,000 inhabitants. The model is an adaption of the Dutch '*buurtzorg*' model to the context of Barcelona. People using the service report that they have better opportunities to go out in the street and participate in their local community. They also feel that the services provided are better coordinated and the quality of the service has generally increased. The model has been scaled up from four neighbourhood teams in 2017 to 92 by the end of 2023. As a positive side effect, job satisfaction and work-life balance of the involved professionals have increased.¹²⁷

Strengthening home care in rural areas - rural care, Castilla Y Leon, Spain

21. To tackle the lack of community-based care for older people in its rural areas, the Regional Government of Castilla y Leon, Spain, set up community-based home care services for older people in rural and scarcely populated areas. The Rural Care project, was financed by the EU from 2020 to 2023 to get started; since 2024 it is funded by the regional government. The project proved that it is possible to set up cost-effective home care services in rural areas, despite the difficulty of long distances to be covered by mobile care teams. Evaluations have shown that the costs per person for the newly created home care service were lower than providing residential care to people -both for public authorities in charge of financing and the individual. The project determined that public monthly

¹²⁴ See WHO [Age-Friendly Practices](#) (downloaded in May 2024).

¹²⁵ Nuffield Trust (2022), [Admissions to care homes – Overview](#).

¹²⁶ ESN Practice Library, [Community-based Day Care Centres for Older Persons with Dementia and Alzheimer's Disease](#).

¹²⁷ City of Barcelona (2023), [Atención domiciliaria](#).

costs per person participating in the project were 681.94 EUR whereas monthly costs per person in a care home amounted to 1,392.87 EUR. The co-payment of 72 EUR per month for home-based care was significantly lower than co-payment for persons in care homes as they had to pay 889 EUR monthly. Participants in the trial perceived similar psychological and physical wellbeing outcomes to people living in care homes, while much lower investments were needed for their care.¹²⁸

Integrated home care, Skaraborg County, Sweden

22. Skaraborg County, in collaboration with municipalities, has set up an integrated home care service for people with long-term care needs. Two mobile palliative care and integrated home care teams of home helpers, occupational therapists, physiotherapists and nurses, function as ‘a hospital ward at home’ supporting older people with extended needs who are not able to visit the outpatient clinic and who would otherwise need to move into a care home. A 2010 evaluation showed an impressive reduction in the number of visits to the emergency ward (80%), hospital visits (89%) and number of care days at hospital (92%) among older people supported by the integrated home care team. Municipal costs for home-based care increased, but this was counterbalanced by reduced need for residential care.¹²⁹

Active aging house, Mersin Municipality, Türkiye

23. The “Active Aging House” was established by Mersin Metropolitan Municipality and its Department of Social Services in 2018. With this initiative, Mersin Metropolitan Municipality aims to enhance older people’s living conditions in many aspects, starting with all citizens over 55 of age as the target group. Through the project, interactive trainings (self-improvement, healthy living, improvement of cognitive skills etc) are offered by experts, and, psycho-social counselling services, health services (dental screening, tension measuring, saccharimetry) are provided. Beneficiaries of the “Active Aging House” can enjoy cultural activities, including music and drama courses, chess courses, Turkish folk music choir practices, reading days, sightseeing events, movie screening and picnic outings.¹³⁰

5. Preventive work in the community

24. Not all support for older people needs to be provided by professional carers. Often, volunteers and the wider community around older people can help them in leading an independent life despite initial development of frailty. Municipalities’ support to volunteering agencies and online platforms that link volunteers with older people who need support can be cited as positive examples in this area. Other projects are aimed at raising awareness of communities about unwanted loneliness of older people and what can be done to against it. Local authorities could also encourage volunteering work by paying tribute to volunteers and informal carers’ contributions with initiatives such as ‘do good passes’ or ‘medals’ for volunteering work.

HOPLR App – Facilitating community support, Municipalities, Belgium

25. Digital neighbourhood networks can facilitate neighbourhood contact and contribute to mobilising the community around people in need to support. In Belgium the HOPLR App offers citizens the possibility to ask for and offer help in the local community. Public Social Welfare Centres in Belgium are actively using the app to promote volunteering, self-support and engagement within local communities. The platform has been fully integrated in the work of social services in certain municipalities, and social workers engage with citizens using the app through a verified account. Across Belgium, Luxembourg and the Netherlands more than 250 municipalities and public services use Hoplr.¹³¹

¹²⁸ ESN Practice Library, [RuralCare](#), Castilla y Leon, Spain

¹²⁹ European Social Network (2017), [Investing in later life - A toolkit for social services providing care for older people](#).

¹³⁰ See WHO [Age-Friendly Practices](#) (downloaded in May 2024).

¹³¹ See [Hoplr Website](#) 2024.

The Volunteering Agency, Hamburg, Germany

26. The City of Hamburg set up a Volunteering Agency to bring together people and associations in need of volunteers, with people looking for activities to help others. In this way, community support can be enhanced, and community participation for older people gets facilitated as many volunteers are older people themselves.¹³²

RADAR Project engaging the community against unwanted loneliness, Lisbon, Portugal & Barcelona, Spain

27. Loneliness can be linked to higher risks for a variety of physical and mental conditions: [high blood pressure](#), [heart diseases](#), [obesity](#), a weakened immune system, anxiety, [depression](#), [cognitive decline](#), [Alzheimer's disease](#), and even death.¹³³ Fighting loneliness can therefore be an effective preventative measure to avoid or protract frailty and the need to be taken into residential care. In Portugal, *Santa Casa da Misericordia de Lisboa* set up the RADAR Project to identify early care needs and signs of social isolation or loneliness among older people in Lisbon. The programme functions through micro-networks involving neighbourhoods and local markets in a community-based approach. For instance, local shop owners are trained to identify signs of loneliness and refer people to available community services.¹³⁴ A similar project has been implemented by the City of Barcelona as part of its Municipal Strategy against Loneliness 2020-2030.¹³⁵ These 'radar projects' are promoted by the World Health Organization.¹³⁶

6. Co-production of care services

28. Co-production of long-term care services makes those more attuned to older people's needs. Co-production is an important method for empowering older people and upholding their rights. People co-producing their care and support feel they play an active role in reaching their ambitions, supported by services rather than led by them. Co-production should happen in the planning, design, provision and evaluation of services.

Council of older people, Municipality of Hafnarfjordur, Iceland

29. According to the Icelandic Social Services Act, people using services are to be involved in decision-making within local authorities. The City of Hafnarfjordur in Iceland implemented this for older people using services by creating Council of Older People in 2006 to ensure that older people in the local community can play an active role in the planning of local services and policies. The Council is an internal body of the local authority, and includes three elected councillors, three people nominated by the local Association of Senior Citizens, and one professional who represents primary health care services. The members of the Council from the Association of Senior Citizens receive financial compensation for their time; this compensation is a percentage of the salary received by a Member of Parliament at national level in Iceland. The Council is included in all decision-making that affects older people in the local community, for example, decision-making on the local authority's budget each year. The Council is also involved in advising on projects like the construction of a new nursing home by being part of the project management team. It contributes to ensuring that older people get adequate care and support at local level.¹³⁷

Co-produced age-friendly health transports, Fingal County Council, Ireland

30. Thanks to a local co-production initiative by the Irish Fingal County Council, older people identified the limited availability of State funded non-emergency medical transport as a barrier to attendance at hospital and other health related appointments. This led to the development of a door-

¹³² City of Hamburg (2023), [Volunteering Agency](#) – Practice Description.

¹³³ Cacioppo JT. and Cacioppo S. (2013), [Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later](#). Evid Based Nurs. 2014 Apr; 17(2) pp. 59-60.

¹³⁴ Santa Casa di Misericordia de Lisboa (2019), [Presentation on Lisbon City for all Ages](#).

¹³⁵ ESN Practice Library, [RADARS Project: Knowing and Recognizing Loneliness](#), Barcelona, Spain.

¹³⁶ WHO (2017), [Age Friendly Practice - Radars](#).

¹³⁷ European Social Network (2019), [Presentation – ESN Co-Production Forum 2019](#)

to-door service for older people which was then regularly used by over 600 people on a regular basis.¹³⁸

Cuidas strategy to drive change in long-term care, Asturias, Spain

31. The Cuidas Strategy of the Region of Asturias is transforming the current long-term care model into a more community-based model through a co-creation approach. Launched after the COVID-19 pandemic, this initiative places people at the centre, giving prominence to users, families and professionals. To ensure that the perspective of older people was reflected in the Strategy, a total of ten Operational Elaboration Groups (GOE) including professionals, people using services and their families, were run to elaborate the strategy across ten sub-themes. Furthermore, interviews with key stakeholders were held in the needs assessment phase for the strategy. Part of the strategy is the 'Como en casa – Like at home' project that involves people in the design and provision of care in residential homes. Focus groups bringing together care home staff, representatives of family carers and residents discuss how to organise care homes in a more humane and "homelike" way, giving more freedom, decision-making power and control to their inhabitants. Based on their recommendations, care homes in Asturias will now be redesigned, in a more community-based manner.¹³⁹

Co-produced community planning to better accommodate informal carers needs, Barcelona, Spain

32. Barcelona City Council has developed Vila Veïna -a new neighbourhood care model based on local social planning. The Council conducted a survey amongst 2,000 people from four neighbourhoods to assess their needs and found out that: 41% of the population are responsible for people with care needs, 37% of these carers devote more than nine hours a day to care, 14% feel anxiety as they cannot balance care work with other responsibilities, 94% of older persons cannot participate in any support or mutual help activities in their care work. The data was used to plan the Vila Veïna community care model, which consists of a network of teams of social services professionals, people who receive care, and members of the community. The aim is to generate transformative relationships between staff and people who draw on care that can help to co-produce the support that is provided by the care network.¹⁴⁰

7. Developing quality assurance tools

33. In long-term care markets, public local authorities are often service funders, purchasers and regulators. First, while the same authority may be both a funder or a purchaser, regulation and inspection are usually fulfilled by different agencies. When local authorities define the specifications of a call for tenders, they can do a lot to positively influence the quality of the services they purchase in the tender specifications. Examples for this are strategic and outcome-based commissioning, which are for instance implemented by local authorities in Finland and United Kingdom. Other ways of positively influencing service quality include the set-up of local regulation and inspection bodies to ensure quality.

Strategic commissioning for quality, Hämeenlinna, Finland

34. In Hämeenlinna (Finland), local authorities apply so-called 'strategic commissioning' (or social planning) to ensure quality of services throughout the procurement process. The aim is to apply a value-for-money approach by linking procurement, quality monitoring and strategic decisions about contracting out services. 'Strategic commissioning' takes place on a superior, strategic level, based on an analysis of needs and organisational and financial capacities. It also sets up monitoring activities that help to measure if a certain outcome has been achieved by the purchased services. The City of Hämeenlinna has many years of experience in how to include quality assurance and effectiveness in contracting processes.

¹³⁸ HSE (2017), [Making a start in Integrated Care for Older Persons](#).

¹³⁹ Matia Foundation (2023), [Video on Como en Casa Launch Event](#).

¹⁴⁰ ESN Practice Library, [Home Help Service \(SAD\) of Proximity](#), Barcelona, Spain.

35. In 2010, the city established a strategic commissioning unit that combines service procurement and quality. The unit applies a value-for-money approach by linking procurement, quality monitoring and strategic decisions about contracting-out, in-house provision and effectiveness of services in the Finnish quasi-market for long-term care. The most important challenge for this unit is to reach specified strategic goals by connecting a large range of elements and approaches as a purchaser. The unit is therefore involving all public departments who are dealing with funding and organising public services as well as all public and private (for-profit, not-for-profit) providers. Experience has shown that this development has paid off as there have been no legal issues with providers for a long time, and outcome also due to the establishment of strong local structures to facilitate a constant dialogue between all stakeholders involved. Procurement is not seen as an arm's length relationship anymore, but as a model that is moving towards a public-private-partnership agreed among all stakeholders.¹⁴¹

Regional quality regulation, Region of Catalonia, Spain

36. In Catalonia (Spain), the regional government approved a decree of quality of care, according to which organisations that wish to be accredited as providers of public care social services must respond to the needs of users and provide them with an adequate quality of life. These include a users' register, a permanently updated individual care file, a charter of services, protocols detailing the actions that must be carried out to provide the service correctly and encourage the participation of users, as well as a referral mechanism in the event of termination of service to guarantee the continuum of care. Local authorities may also implement specific quality criteria in individual contracts. This is the case in home care, which is usually a local authority duty, and, in several countries, there is not a quality framework for home care. For instance, in the City of Barcelona, quality criteria for domiciliary care are laid down in each individual contract with providers in line with the provisions included in Catalonia's regional Social Services Act. Barcelona County Council has developed a guide for quality of home care standards to support smaller municipalities' efforts to establish quality standards in their contracting processes with providers.¹⁴²

Outcome-based commissioning, Swindon, United Kingdom

37. Swindon City Council in the United Kingdom decided to apply the 'outcome-based commissioning' method with local providers for long-term care, working in collaboration with 15 partners who jointly support over 1,100 people living in the Borough. Achievements of outcome-based commissioning in long-term care in Swindon so far have been the reduction of: a) delays in hospital admissions empty hospital beds (by 50%), b) the admission to nursing homes (by 10%), and c) care packages needed following hospital discharge. Evidence has shown that, with this method, positive outcomes can best be achieved if the public buyer and the provider enter a long-lasting partnership that allows for long-term planning on both sides as well as feedback loops and investment in quality, resulting in quality improvement over time. In Swindon, such long-lasting partnerships with lead providers are fostered by using multiannual contracts of 7 to 10 years.¹⁴³

8. Adapted housing and age-friendly environments

38. The WHO framework of age-friendly cities and communities, mentioned amongst international references, outlines the central role of local authorities have for creating environments that are accessible and enable older people's participation in the community.¹⁴⁴ Cities across Europe have implemented innovative projects promoting age-friendly environment and housing. The City of Lisbon is conducting several projects enabling older people to live in their homes and be active in and accessible local neighbourhood. The Dementia Friendly Park in the City of Helsingborg in Denmark and Hogewyk Dementia Village in the Netherlands are examples of cities making efforts in creating dementia friendly public spaces.

¹⁴¹ European Social Network (2021), [Putting Quality First – Contracting for Long-Term Care](#).

¹⁴² Ebd.

¹⁴³ Ebd.

¹⁴⁴ WHO (2016), [Creating age-friendly environments in Europe: a tool for local policy-makers and planners](#).

Casa aberta programme, City of Lisbon, Portugal

39. The Casa aberta programme is aimed at helping older people financially with the adaption of their own homes to increased mobility limitations. Adaptations covered by the project are, for example, a) replacements of bathtubs with shower trays, b) installations of handrails in common spaces such as staircases in buildings, c) placement of hand-bars in bathrooms and the widening of indoor passages for wheelchairs.¹⁴⁵

Bairro 100% seguro, City of Lisbon, Portugal

40. The 'Bairro 100% Seguro' programme improves accessibility of public squares, pedestrian areas or sidewalks, to promote the safety of pedestrian mobility, for all ages, but particularly older people with reduced mobility. The programme is implemented by Lisbon City Council and the local Urban District (Junta de Freguesia).¹⁴⁶

Dementia-friendly parks, Helsingborg, Denmark

41. The city of Helsingborg in partnership with Lund University have developed Dementia Friendly Helsingborg, which is an initiative enabling people with dementia to independently access and participate in outdoor environments such as public parks. Allowing people with dementia to continue accessing public spaces is designed to improve and maintain their health and contribute to their participation in local communities. Taking a co-production approach, the project involved people with dementia in the design and planning of urban areas accessible and adapted to their needs.¹⁴⁷

Alzheimer villages, Hogeweyk, the Netherlands

42. In the City of Weesp in the Netherlands, a whole neighbourhood has been designed for people with dementia and adapted to their needs. The Hogeweyk Neighbourhood opened in 2009 and is the world's first 'dementia village'. It is made up of 23 houses offering seven different lifestyles chosen to reflect the most common Dutch home environments. A team of staff is available to support the residents to manage their household and carry out activities of daily living such as washing and cooking. In this environment people with dementia can maintain their autonomy, can continue to take part in their community by doing their groceries, go to the restaurant, pub, or cinema, or go simply for a walk.¹⁴⁸

Multigenerational centres, City of Wolfsburg, Germany

43. Multigenerational houses in Germany provide a reference point where people of different ages, can both give and receive support, according to their strengths and needs. They bring together under one roof services for different age groups, such as childcare services, youth groups, support for young mothers, daycare for older people, and counselling centres for relatives and people with care needs. Multigenerational houses have been particularly successful in providing access to childcare, while simultaneously providing an opportunity for older people to take over meaningful tasks within the community by looking after children and studying with them.¹⁴⁹ In Germany, there are about 530 multigenerational houses nowadays.¹⁵⁰ One of them was built in the City of Wolfsburg and is functioning as open daytime meeting place for people of all ages who would like to spend their free time with us and meet new people. Activities include, among others, courses for single parents, art exhibitions and youth work.¹⁵¹

¹⁴⁵ Santa Casa di Misericordia de Lisboa (2019), [Presentation on Lisbon City for all Ages](#).

¹⁴⁶ Lisbon City Council (2023), [As obras que as juntas de freguesia vão fazer na vez da Câmara de Lisboa](#).

¹⁴⁷ ESN (2023), European Social Serve Awards Practice Description, [Dementia Friendly Helsingborg](#), Helsingborg, Sweden.

¹⁴⁸ Devora Vinick (2019), [Dementia-friendly design: Hogeweyk and beyond](#), British Journal of General Practise No. 69(683), p. 300.

¹⁴⁹ Centre for Public Impact (2018), [Case Study - Mehrgenerationenhäuser II in Germany](#).

¹⁵⁰ Federal Ministry for Families, Seniors, Women and Youth, [Website on Multigenerational Houses](#).

¹⁵¹ City of Wolfsburg (2023), [Multigenerational House Wolfsburg](#).

Multigenerational housing, City of Vienna, Austria

44. In order to promote mutual support between neighbours from different generations the City of Vienna promotes and financially supports multigenerational co-living.¹⁵² The idea is that when different generations live together, older residents can help out their neighbours with childcare, for example, and in return receive help with household tasks, trips to the doctor or even care in the event of illness. The Viennese Housing Support Services help interested persons find available co-living projects such as 'Leuchtturm-Seestadt'.¹⁵³ Associations, such as *Vis-à-vis Vienna*, bringing together people who want to invest and live in intergenerational collective housing, can receive public financial support for financing the construction of their multigenerational housing project.¹⁵⁴

Measuring age-friendliness and chatty benches initiative, City of Gothenburg, Sweden

45. As part of their engagement for age friendly environments the City of Gothenburg in Sweden developed a refined methodology and indicators to measure older people's experience and views on age-friendliness in the areas of urban environment, mobility, housing, social inclusion, social support and service and information and communication. This baseline assessment may serve as a source of inspiration for cities wishing to develop similar activities in the same framework.¹⁵⁵ As part of this initiative, about twenty chat benches have been placed in Gothenburg, Sweden. The idea is that the benches, which have a call for conversation, will contribute to more spontaneous meetings between people, counteract isolation and alleviate loneliness.¹⁵⁶

Transforming Vișoara into an age-friendly village, Vișoara, Republic of Moldova

46. In order to implement the Age-Friendly Community concept, the Municipality of Vișoara has invested in the development and implementation of a variety of social services for the benefit of older citizens, amongst others, social and medical home-based care by professional staff, the involvement of older people in all local working groups, the commissions of the Local Council and the Village Council, the organisation of cultural events, the inclusion of "active ageing" as an objective of the local development plan, the provision of a social canteen for older persons having low incomes and the organisation of educational activities. The Age-Friendly Community concept is also promoted through local and national mass media.¹⁵⁷

Free access to public transport for older people, Tirana, Albania

47. Evidence and experience have shown that the use of public transport by the older persons significantly increases their integration into society and access to services. This model has started to be applied by the Municipalities of Tirana and Korça, and currently becomes more concrete, with public transport services being offered for free to older people as of January 2025 in Tirana.¹⁵⁸¹⁵⁹

9. Workforce development

48. To attract new professionals to the sector, local authorities can invest in improving the image of the care sector. Communicating positively about the opportunities in the care sector is crucial to counter the sometimes negative public perceptions that have been built in the past years (see chapter on challenges). Besides recruiting more people into the sector, retention and professional development for people in the sector are key ingredients to develop a strong workforce that can meet the increasing demand for long-term care. Examples for campaigns and projects attracting and retaining professionals can be found at local level in Spain, Sweden and United Kingdom.

¹⁵² Kurier.at (2018), [Das Angebot an alternativen Wohnformen für Ältere wächst](#).

¹⁵³ City of Vienna (2024), [Generationenwohnen](#), Website.

¹⁵⁴ Vis a Wien (2024), [Website](#).

¹⁵⁵ City of Gothenburg (2015), [Baseline assessment – Current status of senior citizens' needs experience and views on age-friendliness in Gothenburg](#); in this context, see also the "[Chatty Benches](#)" initiative.

¹⁵⁶ WHO (2022), [Chatty benches for spontaneous conversations](#)

¹⁵⁷ See WHO [Age-Friendly Practices](#) (downloaded in May 2024).

¹⁵⁸ See WHO [Age-Friendly Practices](#) (downloaded in May 2024).

¹⁵⁹ See WHO [Age-Friendly Practices](#) (downloaded in May 2024).

Improving working conditions through social procurement, Aviles, Spain

49. Out-contracting care services to private providers has been criticised for leading to a risk of low pay and deteriorating working conditions. Local authorities can take working conditions into account when contracting out care services. The Regional Government of Asturias has implemented the use of social clauses in its procurement through the 'Practical Guide for the Inclusion of Social and Environmental Responsibility Clauses in Administrative Contracting' of the Administration of the Principality of Asturias and its Public Sector. This has led to contracts including an added social benefit beyond the mere provision of services, the execution of tasks or the acquisition of goods that each particular contract pursues.

50. The positive effects of incorporating the use of social clauses into public procurement in general are also applicable to long-term care. All clauses that affect the improvement of the working conditions of care workers, by improving their working conditions, will make the sector more attractive, allowing in the first place to retain the talent of the people who are currently linked to the sector, and avoiding the resignation of experienced professionals to other sectors that are better paid and/or have a better reputation. This retention of talents will affect both the improvement of the quality of services, as well as greater productivity and efficiency of the system. In addition, it will hopefully attract professionals with high skills. An improvement in the quality of employment will be translated in an increase in attractiveness for the most talented professionals, both either coming from other systems or in the case of those who are starting their professional careers.¹⁶⁰

Diversifying the long-term care workforce – 'New in Care' initiative, Östersund, Sweden

51. The Swedish City of Östersund, runs a local initiative to recruit under-represented and inactive groups of people into the adult social care sector. The 'New in Care' initiative has now become a permanent programme in the municipality to address staff shortages and reintegrate people into the labour market. Long-term unemployed people are given the opportunity to undertake a work placement of two to six weeks, full-time or part-time, in a social care organisation. It was initially developed by the local health and social care administration, which then started cooperating with the employment services and subsequently with managers of social care institutions and trade union representatives. The individual support has paid off with about half of the participants who applied for the programme now working in the social care sector.¹⁶¹

I Care Campaign, Skills for Care, United Kingdom

52. The 'I Care... Ambassadors' campaign in the UK promotes the attractiveness of the care sector and supports adult social care organisations to recruit, develop and lead their workforce. The initiative is led by a team of enthusiastic frontline care workers who visit schools, colleges, job centres and other employment agencies to inspire others to work in adult social care. Using their first-hand experience, they support teachers and employment advisors to refresh their knowledge about work in the social care sector. The initiative aims to showcase social care work and to attract people into the social care workforce by strengthening the link between care providers, the local community, schools, colleges and employment agency. Such initiatives can be led at local and regional level, and can involve different services such as education and labour market services that are provided by local public authorities.¹⁶²

Providing career opportunities with new professional roles

53. New professional roles such as care navigators, can provide new opportunities for career development for people in the sector or make the sector attractive for new profiles. For instance, people with interest for digital technology can find new opportunities in telecare (c.f. Telecare in Andalusia, Spain), people with interest to work across sectors could develop as care navigators and coordinators (c.f. Community Nurse Project, Innsbruck, Austria), and people with experience in the sector can change their professional profile to become care relatives - and informal care advisors (c.f. Case example Relative Advisors, Esbjerg, Denmark).

¹⁶⁰ European Social Network (2021), [Putting Quality First – Contracting for Long-Term Care](#).

¹⁶¹ European Social Network (2017), [Investing in the Social Services Workforce](#).

¹⁶² Ebd.

10. Supporting informal carers

54. Investment in informal carers' support helps to sustain informal carers' ability to provide care. While informal carers may provide the bulk of care, and may be the preferred option of older people, they can suffer from negative consequences of care. Informal carers report negative impacts on their paid labour participation, finances, and physical and mental health, especially if they provide intensive care (more than 20 hours per week) or care for someone with strong cognitive limitations (eg dementia).¹⁶³ Good practices in supporting informal carers have for instance been developed by local authorities in Belgium, Denmark and Spain.

Informal care-giver allowance, Flanders, Belgium

55. In Flanders, Belgium municipalities and provinces provide care giver allowance (*Mantelzorgpremie*) to those taking care of relatives with care needs. Each local authority sets its own eligibility requirements and the amount attributed to the caregiver.¹⁶⁴ The City of Bruges for instance provides a care giver allowance of 20 EUR per month. Other benefits are the 'do good pass', which provides price reductions on local shops, museums and sport centres, and advice about available support services by other public bodies.¹⁶⁵

Relatives Advisors, Esbjerg, Denmark

56. The Municipality of Esbjerg in Denmark has developed a specific strategy to support informal carers through a 'relatives' advisor', who supports them with all support services available, such as respite care. The Municipality's local third sector demanded a more significant emphasis on helping relatives and the next of kin of those with a physical or mental health difficulty, disability, or social vulnerability in May 2020. They observed an unmet need and a cry for assistance from relatives struggling with complex issues, including stress, loneliness, and a sense of powerlessness, hurting their quality of life and negatively impacting the person in need.¹⁶⁶

Providing support for (self-)caring (Escola del Cuidar), Amposta, Spain

57. To support care in the community the municipality of Amposta (Spain) has developed a programme supporting informal care-givers of people affected by Alzheimer. The main purpose is to provide the caregiver with the necessary skills to improve their quality of life and provide the tools that allow them to live the experience of caring positively. Participants of the training programme receive training on how to prevent suffering from mental, physical and emotional health problems due to the charge of the informal care provided. The aim is to support ageing in place, also for people who need informal care. The "Caring School" not only addresses the theoretical part of care but also, and especially, the playful and therapeutic. This is why laughter therapy workshops and other activities have been incorporated, so that carers can relax and share experiences with other people who share the same situation.¹⁶⁷

¹⁶³ Rocard E. and Lena-Nozal A., (2022), "[Supporting informal carers of older people: Policies to leave no carer behind](#)," [OECD Health Working Papers](#) 140, OECD Publishing, Paris.

¹⁶⁴ Anthierens S. et al. (2014), [Support for Informal Caregivers – An Exploratory Analysis](#).

¹⁶⁵ City of Brugge (2024), [Mantelzorg](#) – Website.

¹⁶⁶ ESN Practice Library, [Strategic Focus on Relatives and Next-of-Kin Support](#), Esbjerg, Denmark.

¹⁶⁷ ESN Practice Library, [School of Caring \(Escola del Cuidar\) Integrated Care Project](#), Amposta, Spain.