

European Pillar of Social Rights: Long-Term Care Report



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1. Introduction

The European population is ageing rapidly and this will continue in the coming decades. Projections suggest that the number of people aged 65 and over will have risen to 24% by 2050 and there will be fewer than two persons of working age for every person aged 65 or over.¹ This dynamic, particularly evident in cities, is expected to lead to a substantial increase in demand for long-term care in Europe. The challenge has become even more evident in the wake of the COVID-19 crisis, which affected older people most of all. The pandemic made visible the long-standing difficulties of ensuring accessible, affordable, quality care backed by a sufficient and skilled workforce and financing. Long-term care expenditure is projected to be one of the fastest-rising public service social expenditures, and EU cities will be the first to witness this.

Last year, the EU established care as a priority, framing the initiative under the **European Care Strategy**, the first-ever European strategy on care. The strategy aims to tackle the whole life cycle of care, from child care to long-term care. The strategy, launched in September 2022, set recommendations for putting national plans in line with the EU social agenda with a special focus on addressing the long-term care challenge.

Population ageing raises common challenges for cities, which need to adapt their environments physically and socially in order to safeguard the quality of life of the elderly and those with care needs. These concerns are mirrored in the commitments cities have made under Principle 18 of the **European Pillar of Social Rights**, which stresses that “everyone has the right to affordable

long-term care services of good quality, particularly homecare and community-based services.” This demonstrates that city authorities are using concrete measures and investments to turn social rights into a reality.

To better understand the measures taken by cities to provide long-term care services, Eurocities surveyed its members in early 2022. The survey sought to map out the local situation of long-term care of the elderly and the key challenges in the field. It also surveyed the level of competence cities have in long-term care provision and the strategies cities have implemented to ensure adequate access.

This report brings together evidence about the current challenges and trends of an ageing population in cities and the implications for the quality and accessibility of long-term care services provided by local governments. It also suggests policy recommendations for the European institutions and national and local governments on how the imminent challenges related to demographic change can be addressed.

The report is based on survey responses from nine cities and complemented with an analysis of the commitments of another seven cities that have pledged to uphold Principle 18 on long-term care under the European Pillar of Social Rights.² Based on this, the report’s final section offers a series of policy recommendations for cities to garner further support from the European and national levels to meet their needs.

¹ ‘The ageing revolution: towards a European Silver Deal?’ ESPON Policy Brief. See <https://www.espon.eu/ageing-revolution>.

² The cities that completed the survey are Amsterdam, Vienna, Ghent, Stockholm, Bratislava, Bilbao, Oslo, Ljubljana and Riga. The cities that have pledged to uphold Principle 18 of the EPSR on long-term care are Bilbao, Braga, Brno, Lyon, Timisoara, Warsaw and Zaragoza.

2. Key findings

Current situation at local level

Rapid urban ageing

Most European city populations are ageing faster than national populations. In other words, long-term care needs are increasing in cities. Currently, the percentage of people 65 and older in the surveyed cities is between 15% to 30%. These percentages are rising, according to these cities. In some cities, the ageing of the baby boomer generation (1946–64) has increased the number of persons over 80 more quickly than other age groups. They are the reason why the share of elderly persons will continue to grow in the coming years.

Concentration of vulnerable groups in cities

This demographic dynamic puts the long-term care systems under increasing pressure, which in cities is aggravated by the concentration of diverse, vulnerable groups. According to our survey, the most disadvantaged groups, such as economically and socially excluded people, the homeless, migrants (third-country nationals) and Roma, tend to be represented in higher numbers in urban contexts and require more long-term care. These groups face multiple barriers to accessing healthcare, even though they are the ones who are most in need of these services.

In addition, the increasing number of single older adults who cannot rely on informal care by their families and of elderly people with foreign roots adds new challenges to the services related to care, according to some surveyed cities. For example, in Riga, since 2021, the average rate of increase in the number of applications for long-term care combined with social rehabilitation has been estimated at around 5% per year, which means that the number of long-term care places will need to increase by 21% by 2025.

Women's greater care needs

Long-term care has a marked gender dimension: the vast majority of care workers in the formal sector are women (and many more are informal carers), and more women than men receive care. For all the sample cities, women over 65+ represent a higher proportion of the population than men. Moreover, women tend to receive lower incomes and pensions than men and thus be potentially less able to afford care, which further increases the demand for local public services.³ In Vienna in 2020, approximately two out of three persons receiving care were women. In Stockholm, by 2021, in the 90 and older age group, nine out of ten will receive some kind of elderly care, and three out of four will be women. In Bratislava, at the end of 2020, women had a higher proportion of elderly residents, representing 61.1%.

Informal care remains hard to measure

According to the European Commission, in 2021, between 12% to 18% of the adult population in the EU were provided informal care on a weekly basis, while 8% of the 65+ population (7.1 million people) received informal care.⁴ Our consultation shows that this phenomenon was confirmed at the local level, where the percentage of those receiving informal care was large but hard to quantify. Almost none of our respondents could specify the number of people providing informal care in their cities, and the approximate numbers are derived from regional assessments. For example, in Amsterdam, 10% of the population is considered an informal care worker. As Bilbao denotes, the availability of informal care should decline due to societal and economic trends (evolving family structures and increasing female labour-force participation), reducing the availability of carers in the family. This decline in the availability of informal care will increase the demand for public services and put pressure on public budgets.

³ Information on lower income scheme for women quoted from: *Long-term care report: Country profiles. Trends, challenges and opportunities in an ageing society* (Vol 1), 2021.

⁴ 'Study on exploring the incidence and costs of informal long-term care in the European Union.' See <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8423&furtherPubs=yes>.

Most pressing challenges

Population ageing creates common challenges for cities. The pandemic has also demonstrated that ensuring accessible, affordable, and quality care should be backed by a sustainable care structure. Care systems at the local level are critical for ensuring the well-being of people with care needs. Our mapping (Figure 1) presents the number of cities weighting each of a number of challenges. The first challenge recognised by all surveyed cities is the shortage of care workers, followed by ensuring sustainable finance of the sector, and the gender imbalance of care workers. Additional reported long-term care provision challenges are the lack of connection between departments (health, social, elderly), the need for tailored assistance to people with special needs, and access to housing for the elderly.

Care sector workers shortage

The shortage of care workers has been identified as a critical challenge by all the cities participating in the survey. Difficult working conditions, low salaries and the additional pressure due to the COVID-19 crisis are some of the factors reported by cities in their struggle to attract and retain qualified care workers. Job opportunities abound yet staff shortages persist, especially in cities with higher living costs where care job pay is not adjusted. It is challenging to retain care workers in cities, even when recruiting staff.

This shortage of carers is even worse in the long-term care sector, which is seen as the least attractive of care sectors. This also impacts the quality of long-term care in big cities. This is a major concern for Oslo, Norway's biggest city, as estimations indicate that in 2060 approximately every third person of working age in the country will have to be employed in the health and care system in order to cover care needs, which is not sustainable. A 2019 study concluded that Vienna will need roughly an additional 9,000 long-term care employees by 2030.

Figure 1:

Most pressing challenges cities face in ensuring long-term care services
(in number of cities that select them)

9 Shortage of care workers	5 Ensuring a sustainable finance system for longterm care	5 Gender imbalance in the caregivers' groups	4 Affordability of the services	3 Lack of access to long-term care for all in need
			2 Not enough longterm care providers and facilities	2 Informal care: loss of potential caregivers added value to the economy
			2 Fast population ageing	2 Pressure on the care infrastructure as a consequence of COVID
			1 Lack of coordination with the national government	

Lack of sustainable finance

Long-term care expenditure is projected to be one of the fastest-rising social expenditures of public services. Most cities identified sustainable finance as a massive challenge, as ageing and non-demographic drivers of long-term care expenditures are likely to exert continuous pressure on public finances. The main drivers of this challenge are not only the ageing population but also the increasing gap between the demand for long-term care and the availability of informal care providers, the lack of interested private funders (who consider neither the sector nor low-income population target groups attractive investments) and the fiscal constraints that local and national governments face.

Guaranteeing that everyone in need of long-term care will receive appropriate care while at the same time ensuring affordable expenditures to support the public economy is a challenge that cities have already identified and for which some structural reforms are required. For example, Vienna advocates for care services to be financed through general tax revenues as a public service of the state for its citizens. Riga is working intensively with the country's Ministry of Health and Ministry of Welfare to agree on a fair cost model for integrated social care services. Although the provision of health care in Latvia is a state responsibility, the salaries and costs related to the provision of health care services are to be covered by the local government budget.

Gender imbalance among caregivers

The gender imbalance in the caregiver sector is identified as another key challenge by most cities in the survey. Imbalances in the distribution of care tasks reflect a lack of equality both in the formal and informal spheres of care provision. In the European formal sector, between 80% to 90% of care professionals are women.⁵ Owing to a general misperception that they do not practice a truly respectable profession, women as care professionals are not paid in accordance with care's social value. Thus women care professionals bear the brunt of difficult working conditions and low salaries. In Vienna, in 2020, 81.8% of staff in nursing and care were female. The percentage of female staff is lowest in residential nursing and care facilities (80%) and highest in day-care centres (88.8%).

Most informal carers are also women, representing approximately 59% of this group.⁶ The fact that women are more likely to provide informal care than men exposes women to a higher risk of poor mental and physical health, social exclusion associated with intensive informal caregiving and loss of income. In other words, while informal care affects the health of caregivers, especially of those providing spousal care, for women aged 45-64 it also translates into an estimated average annual income loss of €18,000. This loss is on top of the costs of trying to be an informal carer while also holding down a high-skilled or management level job."⁷

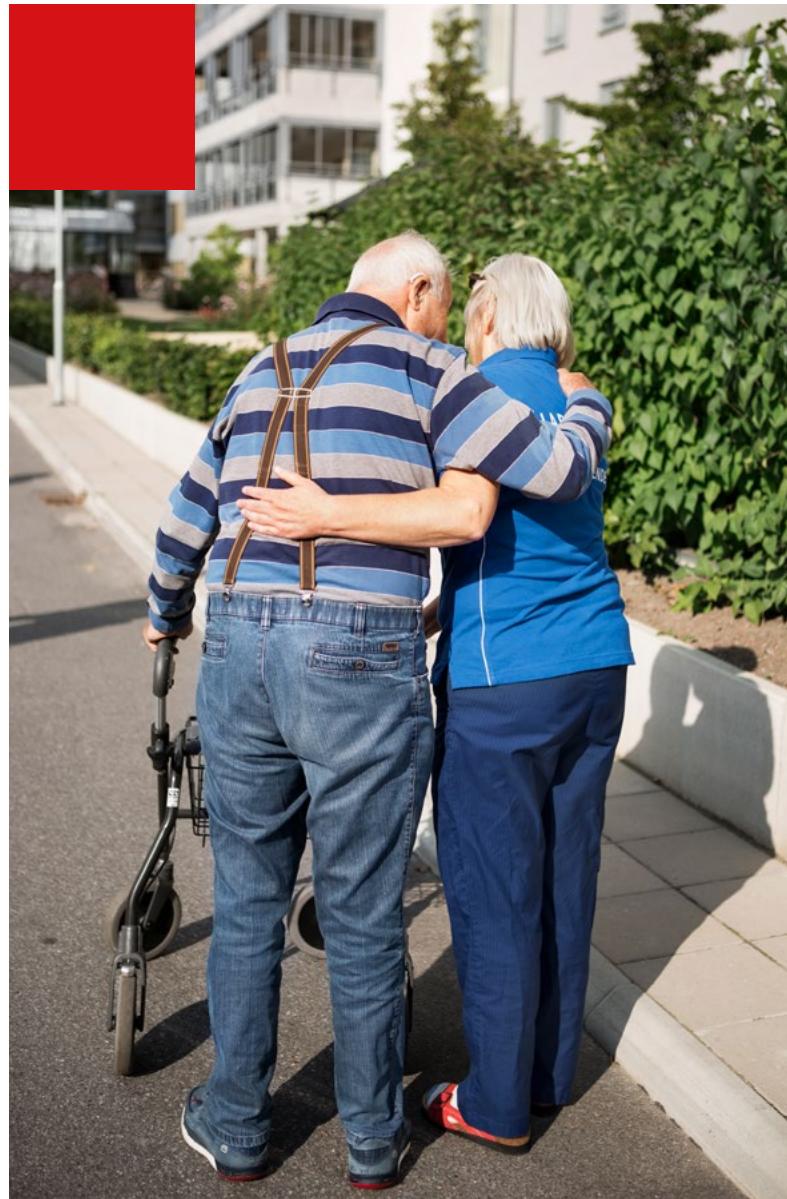


Further challenges in long-term care provision

Cities are confronted with another set of challenges that affect their capacity to provide long-term care services. One of these challenges is the **lack of coordination between the different departments dealing with the various aspects of long-term care**. These departments' responsibilities are usually distributed between the health and social departments and often lack an integrated approach on the city level. Cities such as Bilbao and Bratislava shared their concerns in this respect. In Bilbao, despite the progress made in the coordination between the health and social systems, the model of care provision is still separated in these two areas. The city supports the integration of these areas under the framework of the Basque Social and Health Care Strategy 2021-2024 (EASSE), which promotes the necessary adaptation of the health and social services systems so that people can achieve the maximum possible well-being. It is a coordinated care framework sensitive to the population's needs and based on a network of local social and healthcare ecosystems.

Another concern our respondents shared is the **insufficient housing provision** for the elderly, especially those with special needs. In some cities, the housing market is especially tight, with high demand and prices and limited available spaces. This is the situation in Ljubljana and Stockholm; the latter city has had to procure housing from private companies, and even then applicants may need to be placed in a waiting list. In the end, the lack of housing also makes it more difficult to fulfil each individual's needs.

Tailored assistance for the elderly with specific needs is another problem identified and shared by some cities. This involves elderly persons with mental illness or psychiatric diagnoses or disabilities or those who are addicts or ex-convicts. The elderly's growing diversity of needs and problems require more and better qualified employees. However, as mentioned above, local administrations face a shortage of care workers, especially those with enough qualified training to deal with these special cases. Moreover, these types of cases generally fall into the city's lap, as Riga states, as very few social service providers specialize in providing services to people with dementia.



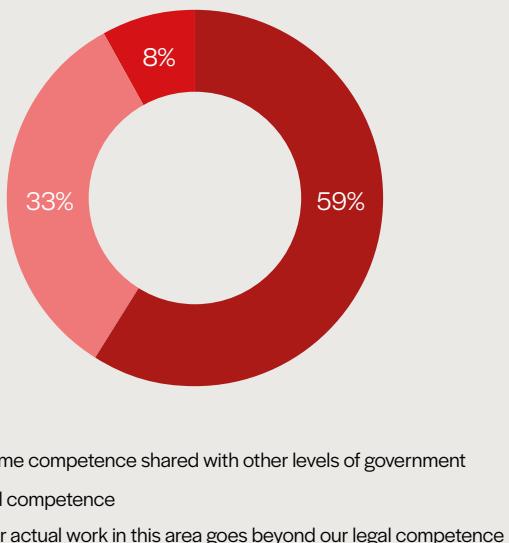
Finally, the caregiver shortage and lack of nursing home places have made some cities inclined to pursue a **model that encourages long-term care services at home**. The provision of appropriate care to those elderly who wish to remain in their own home environment for as long as possible constitutes another challenge for local administrations. As the city of Ghent comments, home care provision can be a daunting task. The decline in informal family care leaves the elderly vulnerable and puts pressure on local governments to provide adequate home care. It also raises the question about the quality of provided care, as people who stay in their home environment are, to a certain extent, at a disadvantage, because they cannot access integrated care services fully. In contrast, home care support involves for the cities an extra expenditure from the local budget. Overall, scaling up long-term care services in nursing institutions is estimated to be cheaper but more demanding in terms of infrastructure investments.

3. City competencies and strategic planning



Figure 2.

Legal competences of cities in the provision of long-term care



For example, Oslo is composed of 15 districts, which have legal competence regarding the provision of care services. Each district has homecare services run by the municipality, and its inhabitants apply for healthcare services directly to their districts. Moreover, Oslo has 46 nursing homes, and the city runs most of them. In Stockholm, the Elderly Service Department has full competence in supporting the services for its community while having some shared responsibility in health care services with the region of Stockholm.

In Austria, the federal government provides financial benefits to individuals with care needs, while regions and municipalities such as Vienna offer benefits in kind. Vienna offers mobile nursing and care services support for persons in need, enabling them to stay in their own homes as long as possible. Ghent shares some level of competence with other levels of governance but pays the fee difference (between a pension and the nursing home bill) to nursing homes' residents. Also, the city of Ghent is the leading provider of nursing homes and has a market share of 25%. Moreover, under the Primary Care Decree (competence of three Belgian Communities), the local authorities in the Flemish Community have been given the mandate of director for elderly care policy.

Competences and finance

The competencies on long-term care provision and funding are fragmented, shared with other departments or other levels of government, and in a few cases entirely in the competence of one given department. Cities play a significant role in providing and coordinating long-term care services. Our sample shows that most cities share competencies with other levels of government; some even have full competencies in providing these services (Figure 2).

Finance and market share

Although several actors make up the market (national and local governments, the private sector, and social NGOs), the provision of long-term care services is often funded by public resources. According to our sample, long-term care services are funded at some level by municipal budgets. Two-thirds of the cities have stated this as their financial responsibility, although many share this responsibility with their national governments. In the cases of Bratislava and Bilbao, around 4% of their budgets is destined for long-term care services.

Some cities share a fraction of the market with private providers. In Riga, private social service providers are increasingly entering the market. Any service provider is allowed to participate in municipal procurement as long as it meets the requirements set by the state for social services. In Ghent, 75% of the market is in the hands of private providers, 25% in the city's, which is sufficient for the local administration to determine market pricing and quality standards. In Vienna, many nursing and care facilities are operated by private organisations that have to pass an accreditation procedure and cannot operate on a for-profit basis.

City strategies

City strategies can vary wildly depending on the national, regional and local legal contexts. However, according to the findings of our survey, there are some common features:

- **Provision and regulation of care at nursing homes:** cities are responsible for the provision of public nursing facilities or at least are responsible for controlling access to the market and the quality of the services of private providers.
- **Support for the elderly with limited financial resources:** people in vulnerable situations is a public sector issue, and cities are at the forefront of care provision.
- **Provision of home help services:** most of the cities confirmed that long-term care services provision is moving in the direction of home care assistance and that investments are now focusing on that need.
- **Tackle the lack of workers:** cities understand that the shortage of care workers is one of the biggest challenges that the sector is currently facing, and it is expected to worsen, and therefore many of them have strategies to contribute to increasing the number of formal workers in the sector or to improving informal caregiver conditions.

Half of the surveyed cities stated that they have a strategy dedicated to long-term care.

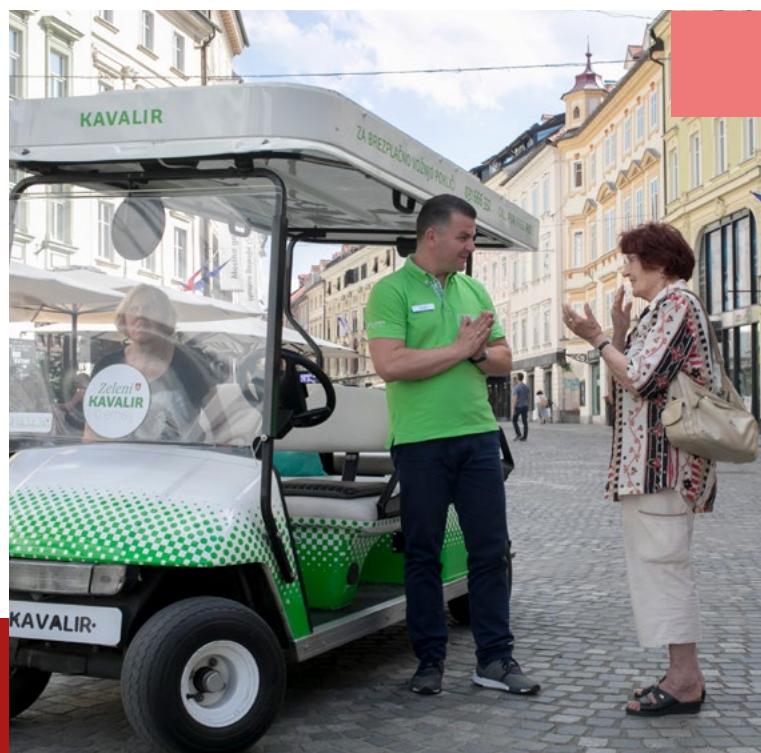
- For example, in Ghent, every six years, the city draws up an 'age-friendly city' policy plan. Based on the vision that the elderly should be able to live well in their own home environment for as long as possible, the policy plan focuses on prevention and supporting informal care and home care.

■ The city of Oslo has a strategy in place that involves a housing plan (which explains the future need to house a growing elderly population and how the city will meet it), and an active ageing strategy that promotes transitioning from institution-based care to quality home-based care.

■ In Stockholm, the city has set a long-term strategy to increase the availability of housing with special services for adults. Every year, a report on the situation regarding housing with special services for adults is prepared. The report maps existing housing, construction plans and estimated needs. Based on this, different actions are taken, both to increase the construction of new housing with special services for adults and to improve administrative processes and incentives to increase the number of apartments.

The other half of the surveyed cities, even though they do not have a specific strategy dedicated to long-term care, reported either that their provision of care services is part of a broader municipal strategy or that they are in the process of creating one.

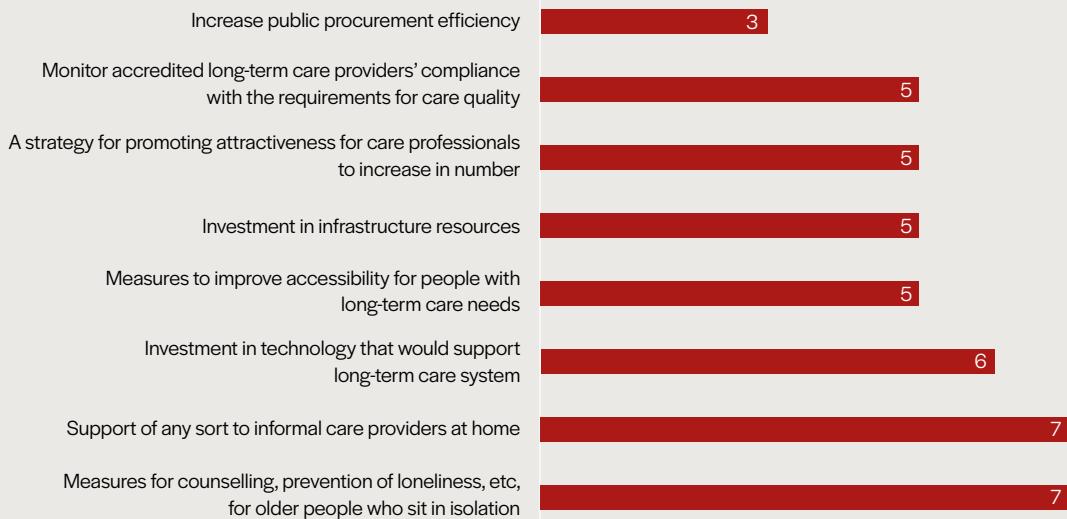
- Bratislava recently presented a 2022 Community Social Services Plan, a strategic document in the social services field that contains measures for elderly inhabitants and people with disabilities.
- Ljubljana's long-term goal is to establish a municipal office for seniors, which will take a leading role in existing care services while launching new services (a dementia centre) and simultaneously expanding the network of daily activity centres.



City measures to ensure accessible long-term care

In addition to the development of planned strategies, cities have set various measures to promote and safeguard accessible long-term care. We can divide these into soft measures and hard/investment measures.

Figure 3:
Measures to ensure long-term care services (in number of cities)



Soft measures

As Figure 3 illustrates, the two most frequently implemented measures refer to offering counselling and loneliness prevention to the elderly, and to supporting informal care providers.

- To prevent loneliness, the city of Ghent uses local service centres that work in ringing circles, and 'neighbourhood buddies' who link local residents for the purpose of providing small services to each other.
- To support informal carers, Vienna has measures in place that involve information and education; relief offers such as replacement care (short-term admittance to care facilities to relieve informal carers); expansion and diversification of existing services (day-care centre opening hours, mobile care, night-time care); and the targeted labour market integration and promotion of women, who deliver the largest share of care services.

Hard measures

The investment in technologies for the care system is another shared strategy applied in the field and by most cities that answered our survey.

- For example, the city of Oslo has an action plan on welfare technology in which it invests in technology that supports the long-term care system in general while also investing in home technology to ensure one can live at home as long as possible.

All these measures align with those taken by cities that pledge to uphold Principle 18 (on long-term care) of the European Pillar of Social Rights. Seven cities signed pledges to uphold Principle 18, together committing over €54 million to reinforce long-term care services. The most common policy actions involve assisting carers and integrating senior citizens in the community via an active ageing plan.

More illustrative practices that cities implement to ensure accessible long-term care services

Bilbao: prevention of loneliness and support for informal carers

Mirada Activa is a project that focuses on detecting and intervening in situations of loneliness. The project is structured into three programmes: identification and assessment of fragility in older people, intervention, and community engagement. These programmes include services such as:

- going door-to-door based on a population census to conduct home interviews, as well as interviews in day-care centres and community houses (for the identification phase);
- ‘coffee meetings’ in associations for the elderly or other spaces where the construction and consolidation of relational networks between participants are addressed (for the intervention phase);



- Creation of a virtual community with a total of 25 older people, with a facilitator and the necessary training and provision of devices (for the community engagement phase).

Zaintza⁸ is a municipal centre created to support family carers of dependent persons. The centre offers:

- Information, guidance and advice. Information is provided on the rights of users and their families as well as access to existing services and guidance suited to each situation.
- Training. The aim is for carers of dependent persons to receive the necessary knowledge to provide the care required by their relatives and to take better care of themselves.
- Psychological support. To help carers manage situations of anxiety, provide them with the skills to ask for help, teach them to manage their time and emotions and master negative feelings derived from the care situation.
- Awareness-raising. To raise society's awareness of the consequences of informal care.
- Prevention of dependency. To prevent the appearance or aggravation of psychogeriatric disabilities and promote healthy living conditions.

⁸ Zaintza was recently awarded for the UNIR (The Internet University) in the contest "Best Carers 2022" under the category of public institutions. For more information: <https://www.deia.eus/bilbao/2022/10/25/bilbao-distinguido-apoyo-familiares-cuidadores-6156433.html>.

Vienna: ensuring adequately trained, staff

The city of Vienna started the 'Pflege-Zukunft-Wien' ('Care-future-Vienna') campaign to provide highly educated staff to meet the demand for nursing and care. This includes an information campaign on care professions, increasing the capacity for training for assistant care work and offering a bachelor's degree programme in medical and health care. It also includes a scheme of financial support for all participants, which has been superseded by a federal government.

Ghent: technology to prevent loneliness

The Hello Jenny initiative installs a set of smart speakers and sensors in an elderly person's home. The sensor monitors the number of visits the resident receives. When the resident receives few or no visitors, the smart speaker gives a signal and asks the resident if they are willing to accept a visit. The resident answers with a push of the yes or no button on the smart speaker. After that, a previously assigned "buddy" receives a message via Messenger. The buddy types in when a visit would suit them, after which the smart speaker converts everything into a spoken message. The appointment is confirmed if the senior presses the yes button again.





4. Policy recommendations

To close the gap in access to care services, it is vital to make services more locally available to those who need care – as close to their home as possible – and more accessible by further integrating and adapting services to individual needs. This requires a sound investment in local social infrastructure and services for both care receivers and care providers. Good quality care cannot be achieved without considering care recipients (especially vulnerable groups) and care providers (public, private and family) as equal partners in care.

Recommendation 1: **Guarantee equal access to essential care services for all**

The guarantee of equal access to essential care services for all in need is mandatory. This is a crucial step in realising the right to affordable long-term care, a key principle of the European Pillar of Social Rights. From a city-level perspective, this also means securing access to primary care services for all groups, especially those in the most vulnerable positions, such as the homeless, Roma, substance users, people with dementia and those with long-term assistance needs.

Recommendation 2: **Make European Union funding easily accessible to cities**

The urgent need to reinforce local services and social infrastructure for long-term care demands sufficient financial support for cities to offer adequate care services to all in need. Ensuring sufficient and easily accessible funding at the local level should be one of the priorities of the EU institutions; this can be done by making national governments and EU funding more accessible and better channelled to cities where the need is pressing.

Recommendation 3: **Adopt an integrated approach to care**

Tackling care challenges structurally is a complex issue that requires an integrated strategy that should consider different actors (government levels, civil society organisations and NGOs and private sector providers) and different types of care services (family/community, home-based and residential care). Moreover, it is vital to ensure the integration of all relevant services, especially social services and healthcare and long-term services, as well as housing, migration and community services, all of which play a role in ensuring care support at a local level. A care integration policy should contribute to reducing fragmentation along the continuum of care.

Recommendation 4: **Make long-term care jobs more attractive**

Cities are already the epicentre of the most significant care worker shortages, and the situation is expected to worsen. Therefore, it is vital to implement strategies to attract personnel. The sector must implement better pay, training, regulation, worker representation, professional recognition and social protection coverage.

Such a complex issue can only be addressed effectively at the city level through an integrated strategy. Each city has different needs regarding improving the professionalisation and quality standards of the jobs in the care sector. Therefore, this requires locally tailored interventions to understand the specific needs of the care workers at the local level. This also includes the informal caregivers, as cities are again the first contact point to access these groups. It is essential to assess specific informal carer group needs, enhance their participation in the definition of a framework that regulates their care actions and secure access to the correct information about care, caregiving and work-life balance.

Recommendation 5: **Involve cities as partners in the design and pursuit of EU strategies on long-term care**

Long-term care is the competence/responsibility of local authorities in many countries or a joint responsibility between national and local authorities. Therefore, many cities play a crucial role in designing, developing and delivering care services. Cities can be key partners in modernising care services and directly implementing EU principles for care at the local level. Many cities have piloted innovative approaches to providing care systems at the local level by reforming or integrating social and healthcare services. The EU should make use of the cities' innovative policies on care to help disseminate good practices and inspire EU and national policy reforms.

Cities should be involved from the beginning in defining national strategies and lines of action to tackle the challenges the care system has been facing.





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p6, p10: Ljubljana: »Ljubljana Cavalier electric vehicle« - electric vehicles named Kavalir (Cavaliers) are free of charge and make the best accessibility for the elderly and people with disabilities as well as visitors in the city centre.

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