

The LeTs-Care Newsletters aim to share research findings and bring them closer to stakeholders through a clear and compelling narrative. They also highlight project updates and the achievements of the LeTs-Care research group.

# Newsletter

Spring

2026

Issue 3

## HIGHLIGHTS

### Expanding the LeTs-Care outreach activities

In this Issue you will find insights on:

- **Central questions in long-term care research.** Interviews with Prof. Barbara Da Roit (Ca' Foscari University of Venice) and Prof. Bernhard Weicht (University of Innsbruck) highlight structural pressures on care systems, and suggest caution against simplified policy responses to complex realities.
- Links to **current EU policy debates** and emerging directions for future action.
- Forthcoming **online Policy Lab**. Looking ahead to the launch of our first Policy Lab on **26 June 2026**, a dedicated space for structured exchange with EU-level stakeholders and policy-makers in the field of long-term care.

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The LeTs-Care project is funded under the “Culture, Creativity and Inclusive Society” area of the Horizon Europe Programme. It was launched on April 1, 2024.

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## Care systems in motion

*Long-term care in Europe: context, meaning and the road to reform*

Europe is ageing and the systems tasked with supporting older adults as well as people with disabilities are under growing pressure. Demand for long-term care (LTC) is rising; workforces are shrinking; the gap between the ambitions of European policy and the realities of care provision on the ground grows wider each year.

This issue of the LeTs-Care newsletter addresses these challenges through multiple lenses.

Two edited and abridged conversations open this issue, with Barbara Da Roit (project coordinator, Ca' Foscari University of Venice) and Bernhard Weicht (University of Innsbruck, work package lead for contextual analysis). Both researchers urge caution against the temptation to adopt ready-made solutions before the complexity of the problem is properly understood.

The closing section draws on some takeaways from the LeTs-Care policy lab held in Brussels at the end of 2025, situating the project's findings within current EU policy debates, from the revised European Care Strategy to the Social Rights Action Plan.



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Please, visit the [LeTs-Care website](#) for the project's publications and more comprehensive information.

We hope to inspire and encourage cooperative efforts to improve long-term care systems across Europe by examining these issues and the insights offered by LeTs-Care.

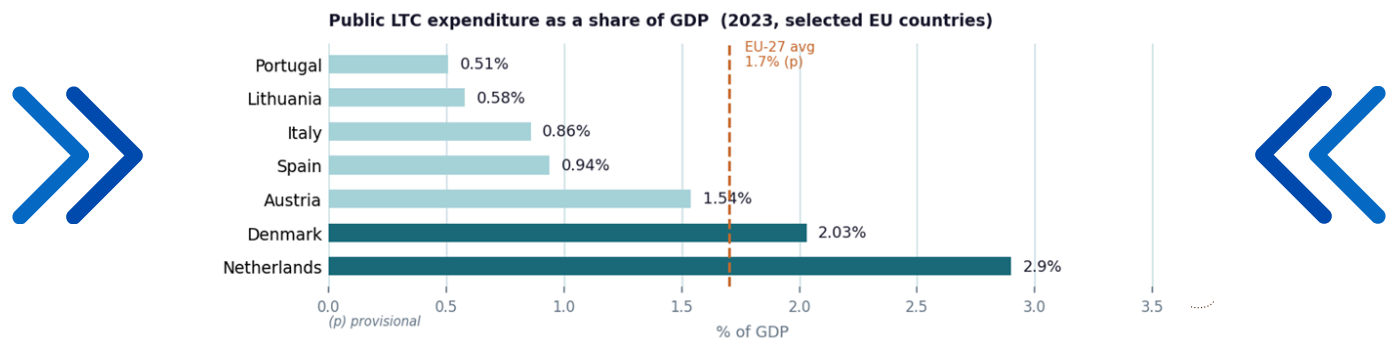
## CONTEXT IS KEY

[Barbara Da Roit, University of Venice Ca' Foscari, Italy]

Barbara Da Roit's starting point is a structural one: EU policies may provide common ideas, frameworks and resources, yet those instruments land on profoundly uneven terrain. What works in one context may be irrelevant – or actively counterproductive – in another. In her view, the recurring temptation is to import the indicator without importing the thinking behind it: to adopt the metric, the target, the keyword, without the conditions that would give them meaning. Da Roit is particularly sceptical of the vocabulary that dominates LTC discourse: *“When we say ‘person-centred care,’ it means thirty thousand different things depending on where you go. It doesn’t really mean anything, in practice”*.

The baseline across Europe is – she says – a vicious cycle: too few services; overstretched and underpaid workers; low quality, informal caregivers – mostly women – covering for what the formal system cannot provide. Breaking that cycle requires understanding that apparently shared challenges are not, in fact, the same problem.

An example: staff shortages *“affect all countries, but when we say staff shortages in Denmark, it’s not the same as in Italy”*. Denmark has a large, regulated sector straining under demographic pressure. Italy has a sector so small and fragmented that the problem is structural, not numerical: the workers could be found, but the conditions that would attract and retain them do not exist.



Public Long-term care (health) expenditure as % of GDP (2023)  
 Source: Eurostat, 'Long-term care expenditure' (hlth\_sha11\_hc, last update: 27/03/2026)

The question of definition extends to the workforce itself. In Italy, long-term care workers are largely invisible because LTC as a policy field barely exists. The hundreds of thousands of migrant women employed as live-in carers (the so-called ‘badanti’) are not counted, not trained, and not recognised as part of any coherent system.

Informal caregivers in the Netherlands or Denmark *“are not the same as informal caregivers in Spain or Italy, because the absence of a structured formal system means the informal caregiver becomes essentially a jack-of-all-trades”*, handling medical, logistical, and bureaucratic tasks that formal services would otherwise absorb.

An alternative to the “best practices” paradigm is to study “meaningful practices”: what is actually being done, why it works where it works, and what conditions would be needed to make comparable results achievable elsewhere. The image she uses for the object of her research is precise:

*“Every long-term care system is a constellation of practices, policies, interventions, and ideas, a constellation in which there are specific distances and tensions between one element and another. Each one is different from the others; all of them are shifting”*.

The project’s encounter with practitioners has confirmed this complexity. At a workshop on Italian care home staffing, three levels of failure were clearly identified: employment conditions, inadequate funding quotas, and internal organisation. When participants were asked to prioritise, they chose the third: internal organisation. This is indeed revealing:

*“In a situation where what prevents you from doing things well is the context, the first thing you try to change is your own way of working”*. Policy makers need to realise that the context they establish through their decisions is a fundamental factor in how practices function.

Long-term care cannot be understood in isolation from the broader conditions under which people age. The quality of care available in later life is shaped by decisions made (or not made!) across the entire life course: in education, housing, working conditions, and public health. Addressing it adequately requires engagement across policy domains, not only within the care sector itself.

**This article is an excerpt from the interview given by Prof. Da Roit in March 2026 and published on the project’s website. The full text can be accessed by clicking on this [link](#)**

## TWO WORDS FOR 'CARE'

[Bernhard Weicht, University of Innsbruck, Austria]

Bernhard Weicht's entry point is a linguistic one. German has two words where English has one: *Pflege* (nursing care) and *Betreuung* (social care and support). In Austria, these are legally distinct categories with real consequences: live-in migrant workers (between 40,000 and 80,000 people) are permitted only to provide *Betreuung*, not *Pflege*.

When we ask how many care workers Austria has, or how many will be needed, "which kind of care workers will we need? The terminology makes a real difference, especially for organisations and the financing of those practices".

This is not a terminological curiosity. It illustrates the central methodological challenge of LeTs-Care: you cannot compare care systems without first establishing whether the categories you are using are actually measuring the same thing.

Weicht's work package responded by insisting on contextual grounding at every stage (i.e., literature reviews, national grey literature, stakeholder interviews) conducted by local teams with genuine local knowledge.

Every team had to do everything. "A team focused on quantitative research had to do qualitative interviews; other teams had to work with quantitative data. Every one of us was pushed a little bit out of our comfort zone, while at the same time bringing in-depth knowledge of the national context".

The concept of "needs" exemplifies how apparently universal categories splinter when examined locally. In Denmark, needs are understood primarily through user self-determination: older adults decide how they want to live and care is arranged accordingly. In many southern and central European contexts, needs are evaluated through a biomedical lens. In others, the emphasis falls on social integration.

"If we don't find these specific meanings and understand them, we cannot move forward. They are not fixed categories. They don't mean the same thing everywhere. They are not universal".

The historical dimension proved equally indispensable. Teams from Denmark and the Netherlands could speak fluently about deinstitutionalisation, as the decades-long shift away from residential homes towards community provision. Teams from Italy, Austria, and Spain listened with a degree of puzzlement:

"For us, talking about deinstitutionalisation doesn't make any sense, because there hasn't been institutionalisation to begin with. For us it's rather about building the institutional context that allows care policies to exist".

Italy presents the limiting case. There is, strictly speaking, no national policy field of long-term care. The project's stakeholder workshops brought further instructive moments: in Austria, findings on territorial fragmentation produced an instinct towards harmonisation, until practitioners pushed back.

"If we were to change something, it might make things better for some regions but worse for others. Some regions with better systems or better provisions would lose out". We had not really thought about that.

The policy implication is that harmonisation without adequate contextual knowledge risks substituting one set of inequalities for another: "It's a warning against quickly coming up with strategies and solutions that might actually play out in very unexpected ways. To ignore that local aspects matter, that where one lives makes a big difference that would be a problem for any potential policy".

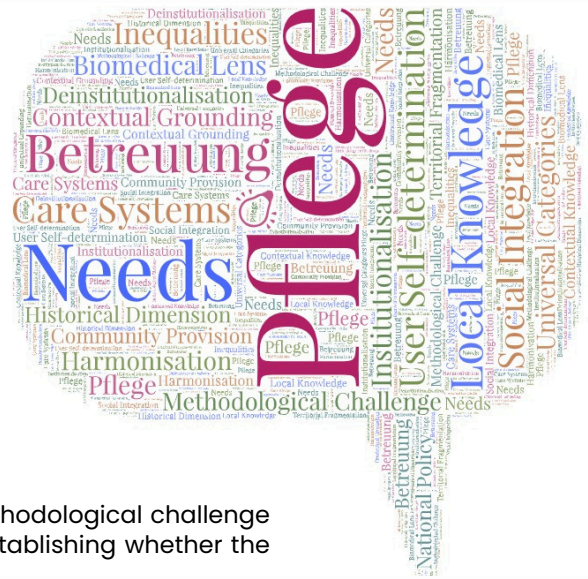
**This article is an excerpt from the interview given by Prof. Weicht in April 2026 and published on the project's website. The full text can be accessed by clicking on this [link](#).**

**A shorter version is also published on UIBK's webportal, at this [link](#).**



Newsroom

Long-term care in Europe: Zooming in on local contexts



## SOME STRUCTURAL LINES FOR REFORM

[Elisa Mancinelli, REVES, Belgium/EU]

The Policy Lab organised by the LeTs-Care project at the end of 2025 brought together researchers, practitioners, and policymakers from across the EU to examine the structural pressures shaping long-term care. The findings speak directly to a rapidly evolving European policy environment, from the revised EU Care Strategy and the European Pillar of Social Rights Action Plan to current debates on workforce, quality, and financialisation. The analyses below address the four structural themes that dominated the workshop discussions.

### 1. Strategic coherence

Long-term care sits awkwardly in the European policy architecture. Relevant instruments exist (and some are referenced in the box on the right). However, they rarely communicate with one another. The Care Strategy has remained largely siloed from the workforce, industrial and migration policies that would need to change simultaneously for reform to be effective. The LeTs-Care research makes this gap tangible. When Da Roit identifies Italy's national recovery plan as having produced zero results for long-term care and Weicht traces the absence of a policy field in several member states, the diagnosis is the same: political intentions and operational realities are disconnected, and the connective tissue between European ambition and national implementation is frail. The ongoing review of the Care Strategy and the implementation monitoring of the EPSR Action Plan through the Social Scoreboard both offer concrete opportunities to close this gap.

#### » Key policy references:

- European Commission, [EU Care Strategy](#) (2022, under review)
- European Commission, [European Pillar of Social Rights Action Plan](#) (2021)
- European Commission, [Social Scoreboard - monitoring EPSR implementation](#)
- European Commission, [Joint Report on Health Care and LTC Systems & Fiscal Sustainability](#) (2024)

### 2. Person-centredness

Person-centred care is among the most cited principles in European LTC policy. It is also among the most semantically critical. Systems have historically been designed around provider categories rather than individual needs: residential services in one administrative silo, home care in another, health-related support in a third. Eligibility criteria are age-based rather than function-based; transitions between settings are poorly coordinated; and the voices of care recipients are rarely embedded in planning processes.

The UN Convention on the Rights of Persons with Disabilities, ratified by all EU member states, provides a normative framework for participation and independent living that most LTC systems have yet to operationalise. The workshop also highlighted the potential of social economy organisations (such as cooperatives, mutual associations, community enterprises) to offer genuinely person-centred alternatives. The Social Economy Action Plan (2021) offers partial frameworks for recognition, but procurement rules continue to disadvantage social economy actors relative to profit-driven providers.

#### » Key policy references:

- European Commission, [Social Economy Action Plan](#) (2021)
- European Commission, [Mid-term review of the action plan for the social economy](#) (2026)
- European Commission, [Strategy for the Rights of Persons with Disabilities 2021-2030](#)
- UN, [Convention on the Rights of Persons with Disabilities](#)
- OECD, ['A Good Life in Old Age?' - monitoring quality in long-term care](#) (updated 2023)

### 3. The workforce crisis

The sustainability of the LTC workforce is the most operationally urgent challenge discussed at the workshop. Shortages are universal but structurally different across member states. In both cases, the problem is compounded by low social status, inadequate pay, fragmented training pathways and limited career progression. Migrant workers are the hidden load-bearing structure of the system, operating in legal arrangements that exclude them from the professionalised category of care work altogether.

The Directive on Adequate Minimum Wages (2022), the Pact for Skills, and the EU Talent Pool pilot all touch on aspects of this problem. A more integrated approach would need to link training, recognition of qualifications, migration management, and employment conditions within a single strategic framework.

#### » Key policy references:

- EU, [Directive on Adequate Minimum Wages](#) (EU 2022/2041)
- European Commission, [Pact for Skills](#) (2023)
- European Commission, [EU Talent Pool pilot](#) (2024)
- ILO, ['Care Work and Care Jobs for the Future of Decent Work'](#) (2018)

### 4. Fragmentation, quality and financialisation

Three structural fault lines recurred throughout the Brussels discussions.

1. **Fragmentation.** Care systems divided across ministries, funding streams, age-group categories and territorial levels in ways that generate inequities and coordination failures.
2. **Quality assessment.** Current frameworks, including the European Voluntary Framework for Quality in Social Services (EQUASS), are insufficiently standardised and poorly linked to funding or regulatory consequences. Structural indicators dominate, while person-centred outcomes (e.g. autonomy, participation, emotional well-being) are rarely measured. The 2024 joint Commission/EPC report on LTC sustainability recommends moving toward outcome-based monitoring, a direction that aligns with the LeTs-Care findings.
3. **Financialisation.** Private equity investment in residential care has accelerated across Europe, driven by predictable cash flows and demographic trends. The well-documented effects include standardisation that undermines personalisation, cost reduction that depresses staffing, geographic concentration in profitable markets. The Commission's work on public procurement reform offers partial regulatory levers. The debate on whether LTC can or should be treated as a market commodity has not been systematically addressed in EU policy.

#### » Key policy references:


- European Commission - Social Protection Committee, [A voluntary European Quality Framework for Social Services](#) (2010)
- OECD, [Health at a Glance 2025](#) (Chapter 10 about ageing and long-term care)
- European Commission, [Services of General Economic Interest \(SGEI\)](#)
- EU, [Public Procurement Directive 2014/24/EU - social clauses guidance](#)

## THE LETS-CARE POLICY LAB SERIES

The second event, titled “LONG-TERM CARE AND HOUSING: QUALITY OF LIFE, SHARED LIVING AND SUSTAINABLE CARE” is scheduled for June 26th, 2026 as a webinar



The **LeTs-Care Policy Labs** are dedicated spaces for structured exchange with EU-level stakeholders and policy-makers in the field of long-term care. These events are organised by REVES (the European Network of Regions and Cities for the Social Economy), with the support of all the LeTs-Care partners. They aim to promote the transfer of research findings to practice and policy, helping create connections, encourage reflection on research evidence, and foster mutual learning.







### The LeTs-Care policy lab

*Long-term care and housing:  
Quality of life, shared living and  
sustainable care*

 **June 26th, 2026**  
 **9:30 - 12:30 (CET)**  
**Online**



Learning from Long-Term Care practices  
for the European Care Strategy

 **Funded by  
the European Union**

### Why a policy lab on **long-term care and housing**?

As demographic pressures mount and the limitations of the binary between institutional care and family-based home care become increasingly apparent, housing-integrated models are emerging as the space where policy innovation is most active and most urgently needed.

Against this backdrop, the second LeTs-Care Policy Lab brings together **policy makers** and **practitioners, experts** and **researchers** from across Europe to share their experience of designing and implementing public policies for older people's housing solutions in their own territories, drawing on the diversity of national contexts as a resource for collective learning rather than a barrier to it.

The objective of the event is to foster a shared identification and discussion of enabling factors, recurring challenges, and policy levers that can be addressed through a common logic, even when operating within diverse regulatory and institutional frameworks.

Registration for attendance is available at this link: [Registration 26 June 2026](#)

or scan this QR code:



Further information and details will be made available on the **LeTs-Care digital channels**.

Please, check our [LinkedIn page](#) and the project's website:  
<https://www.lets-care-hub.eu/project-events/>

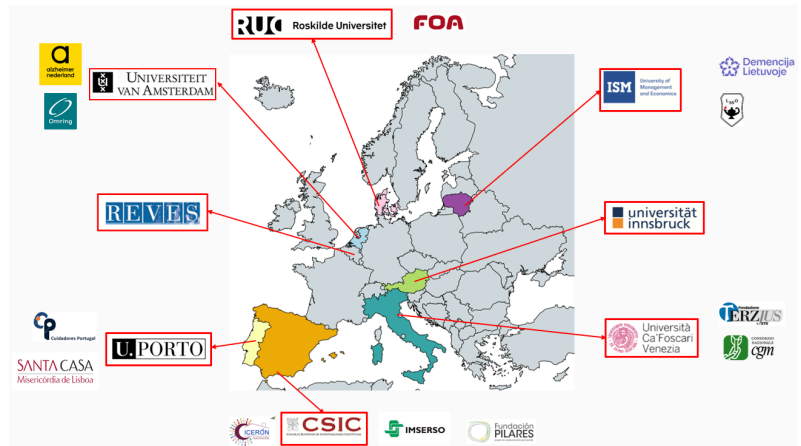
## THE LETS-CARE CONSORTIUM

... or why we work together...

The LeTs-Care consortium comprises a transnational and interdisciplinary team of social scientists, each contributing significant expertise in their respective fields to advance the study of LTC in Europe.

Academic excellence and strong stakeholder engagement are ensured thanks to the eight project partners (PPs), including seven academic institutions and one European network, alongside eleven associate partners (APs) representing a diverse group of LTC stakeholders at national and regional levels across seven European countries.

The consortium is coordinated by Università Ca' Foscari Venezia (Italy). Prof. Barbara Da Roit, a sociologist and European expert in comparative LTC policy and practice analysis, is the Principal Investigator; her widely cited work focuses on transformation of care policies and practices, cash-for-care benefits, and migrant care work.



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