The Summer issue of the LeTs-Care newsletter!

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.

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

Newsletter

| Summer | 2025 | Issue 2 |

HIGHLIGHTS

Expanding the LeTs-Care outreach activities

In this Issue you will find insights on:

- **LeTs-Care at the Transforming Care Conference 2025.** We share some reflections on the LeTs-Care researchers' participation in the international conference held in Helsinki on 25-27 June 2025, with active contributions through paper presentations and the coordination of the Symposium "Talking about Rights in LTC: A Polysemic Pool of Terms and Ideas", fostering dialogue across research perspectives.
- Forthcoming **Policy Lab in Brussels**. Looking ahead to the launch of our first Policy Lab on **25 September 2025**, a dedicated space for structured exchange with EU-level stakeholders and policy-makers in the field of long-term care.

> "
> 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.
> "

Connecting Knowledge and Practice. Reflections on LeTs-Care Dissemination Efforts

If a project remains confined within its own boundaries - in terms of participation, circulation of knowledge and integration of external inputs and feedback - its capacity to generate meaningful change and act as a transformative force for its stakeholders is greatly affected.

We, as LeTs-Care partners, are well aware of this risk and are committed to making their findings visible and shareable and encouraging dialogue. We actively engage with stakeholders who are recognised experts and credible voices in the field.

Currently, our efforts are focused on two complementary lines of action: the academic dissemination, through participation in national and international events with an active role as contributors, and the policy-oriented dissemination, entailing exchanges with influential players in the LTC-related policy areas.

In this Summer Issue of our newsletter, we aim to take a closer look at these two strands. We reflect on recent activities and achievements and share our perspectives and intentions for future events and engagements.

SCAN ME

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.

BEYOND BUZZWORDS: EXPLORING THE MEANINGS OF LONG-TERM CARE

[Lisa Waldenburger, Bernhard Weicht, University of Innsbruck, Austria]

At the 2025 Transforming Care Conference in Helsinki, the theme "Social and Human Rights in Care" was addressed through keynotes, symposia and individual sessions that emphasised critical issues: the right to quality care, access to good care, assessing the quality of care or equal rights in care. While those transnational debates used similar terminology on LTC needs, quality or rights, one fundamental question often remained unasked: *What do we actually mean by these concepts?*

Terms such as "needs", "quality" or "sustainability" are often treated as self-evident and universal. But are they? The LeTs-Care project challenges this assumption by investigating these concepts through the lens of "meanings". This approach moves beyond just asking what the problems in long-term care are; it asks how they are framed, constructed, and understood in different national and institutional contexts. After all, what "quality care" means in one country may look very different in another, shaped by unique histories, political systems and cultural expectations.

Our research shows that these meanings are not fixed definitions but dynamic, context-dependent constructs. Different national policy texts use concepts like "care", "needs" or "quality" in similar ways but their meanings are embedded in specific social and institutional frameworks. When we want to discuss care challenges in different societal contexts, we need to understand how those terms, concepts and ideas shape the way problems are identified, how policies are designed, and what solutions are considered possible. Additionally, through our policy reviews, interviews with stakeholders and a structured analysis of key LTC dimensions (i.e., **Needs**, **Care and Quality of Care**, **Care Work and Quality of Care Work**, **Sustainability** and **Inequalities**), the LeTs-Care project exposed a striking insight: there is often a mismatch between formal definitions of LTC and how stakeholders actually describe and frame care. By focusing on meanings, we move beyond technical fixes and static comparisons. This perspective reveals how LTC is shaped by historical legacies, institutional logics, and political negotiations. It also highlights the need for a shared vocabulary in national and international workshops to navigate these complexities. Ultimately, this approach offers a fresh foundation for more reflexive, context-sensitive policy development, that aligns with the EU Care Strategy while addressing the diverse realities of care across Europe.

REFLECTIONS FROM TRANSFORMING CARE CONFERENCE: INEQUALITIES IN LTC HIGH ON THE RESEARCH AGENDA, YET DIVERGENT IN MEANING

[Alexandra Lopes, University of Porto, Portugal]

At the recently held Transforming Care Conference, there was the opportunity to present findings from the LeTs-Care project on the varying meanings of inequalities in LTC. The topic of inequalities emerged as a central concern across the entire event, reflecting its growing importance in academic and policy discussions. In total, 25 presentations across six parallel sessions directly addressed issues of inequality in LTC, alongside two dedicated symposia. These were the ones where the term "inequality" was explicitly mentioned. Several others have addressed it in a more implicit manner. This strong presence signals not only the relevance but the urgency of tackling the topic.

Yet, the convergence on the theme of inequalities belies a striking diversity in how it is understood and approached. Presentations ranged from analyses of classic socioeconomic inequalities to examinations of gendered dimensions, labour market dynamics, and financial barriers to care. Some researchers focused on inequalities in access and outcomes, others on the ways systems themselves reproduce disparities. Most have approached inequalities as consequences of LTC system design or as barriers to access and quality, rather than exploring them from the perspective of equality as a guiding principle.

In the LeTs-Care presentation, we reflected on how meanings of inequalities in LTC are shaped by national contexts and the positionalities of different stakeholders. Drawing from ongoing work in the project, we argued that these meanings influence how LTC problems are identified and how policy reforms are framed. What counts as an "inequality", who is seen as affected, and what responses are considered appropriate vary not only between countries but also among stakeholders, from policymakers and providers to researchers. Interestingly, this multiplicity of meanings was evident even among academic peers at the Transforming Care Conference. Scholars from different national traditions and disciplines framed the topic in diverse ways, echoing the project's central claim that meanings are deeply contextual. Recognising and mapping these meanings is essential if we are to understand how LTC challenges are conceived, and how potential solutions are imagined and legitimised.

The conference underscored how vital it is for projects like LeTs-Care to move beyond shared terminology and uncover the nuances beneath. Only then can we begin to build bridges across contexts and move toward more inclusive, equitable, and context-sensitive LTC systems.

WHAT DO WE MEAN WHEN WE TALK ABOUT "LTC NEEDS"?

[Virginija Poškutė, ISM, Lithuania]

The demand for LTC services for older persons is increasing in all EU countries and, according to the European Commission, it is expected to further grow. There are many academic and policy level discussions on challenges in responding to current and future LTC needs.

But *what do we mean by "needs" when we discuss about them?*
LTC is a relative newcomer to the European social policy field. At the EU level the right to care was established for the first time within the European Pillar of Social Rights, which stated that "everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services". The European Care Strategy (2022) further stressed the necessity to "ensure quality, affordable and accessible care services across the European Union and improve the situation for both care receivers and the people caring for them, professionally or informally".

However, despite the acknowledgement of the right to care, the needs of older people for LTC services are not clearly defined in the EU documents. There is no single internationally accepted definition of what constitutes LTC needs of older people either. There is a general tendency to define the needs in terms of activities, tasks, services that need to be provided and only in rare occasions there is an attempt to identify the needs as such. Such a lack of consensus however is a commonplace in the broader context of LTC, as even long-term care itself is defined slightly differently in documents of international organisations.

Looking at the legal and policy documents in the LeTs-Care countries one realises that LTC needs are not defined in the same way, or to be more precise, they fail to define the needs explicitly.

A summary of different attempts to define LTC needs in national legal and policy documents are provided in this table:

Country	Attempts to define LTC needs
AT	The level of care required ("Pflegebedürftigkeit") (number of hours required for care)
DK	The evaluation of a person's ability to perform ordinary daily tasks, focusing on the rehabilitation also
IT	Multidimensional need assessment at the basic levels of assistance, including a *"clinical, functional and social perspective"*
LT	The evaluation of person's independence assessing mobility, knowledge application, communication, independence and daily activities (considering the person's age, functional disorders, social risks, motivation to solve social problems and family's ability to take care for the person)
NL	Physical care, social participation and community integration; emphasis on self-reliance and participation, enabling them to remain in their own living environment as long as possible
PT	Identification of limitations in functionality that limit the possibility of living independently considering available material resources and family support
SP	Dependency-related needs, the prevailing dimensions of which relate to the permanent lack or loss of autonomy to perform basic daily tasks, which implies the need for attention/assistance from other people

Furthermore, different national LTC stakeholders mean different things or include different dimensions of needs when talking about LTC needs. For example, below are several quotes from the interviews with LTC stakeholders from LeTs-Care countries:

"Interventions required at specific critical moments, whenever they arise (they may be needed continuously or at specific times). [...] specialised services directly related to the care of certain acute health and assistance situations. Then [...] long-term care also involves a relational aspect. This means trying to maintain, for example, social connections, proximity, cultural, recreational, and other activities that greatly influence the well-being of the person and also their health status in a broader sense". (IT_5).

"There are in fact many different needs here: health, yes, social, material and even a certain quality of lifestyle, even though they're getting on in life. So, I think this is a huge challenge" (PT_1)

"The boundary is always clear: there are social needs, there are socio-health needs, and there are health needs". (IT_9)

"They're not just health, they're social, they're material, so it's a continuum of needs that leads us to design an appropriate response to each person's needs. It's people who are at the centre of needs and at the centre of the system. [...] We're biopsychosocial, not just bio, aren't we?" (PT_2).

"[...] Who is it that defines the need? So (...) it has for a long time been the Service law" (DK_7)

"Each person's needs are unique. You can't put that down to a formula" (DK_1).

"In addition to socio-health support, in addition to home care, in addition to telecare, in addition to the basics that we all understand could be of interest to a person who needs care, we also understand it as everything that the person may need on a social level, on a convivial level, on a family level". (ES_1)

"We, older people, want to live as long as possible in our environment, at home, in our house, in our neighbourhood, surrounded by our loved ones, our neighbours, and that we can choose the care we each need at the time we need if". (ES_3)

"There is a care that is directly linked to the issue of health, [...], then there are also needs that are more human, personal". (IT_8)

As all the countries face similar challenges regarding LTC and implications to the social contract between generations, i.e. the increasing demand for the services and its impact on economy and labour markets, defining LTC needs is of utmost importance in developing sustainable LTC and ensuring access to services for those in need.

# UNPACKING "QUALITY" IN CARE: BEYOND SIMPLE EQUATIONS

[Barbara Da Roit, Ca' Foscari University of Venice, Italy; Siënna Hernandez and Sabya van Elswijk, University of Amsterdam, The Netherlands]

The interplay between the quality of care and the quality of care work is often assumed to be straightforward. Researchers, professionals, and policymakers frequently suggest these two aspects are inextricably linked. However, the past year of research by the LeTs-Care team challenges this very assumption, revealing a far more nuanced reality.

Defining "quality"
A primary challenge lies in the ambiguous definitions of "quality of care" and "quality of care work." What constitutes "good care"? Is it defined by professionalism, specialization, integration, or perhaps the ability to provide care in a home setting, irrespective of who delivers it? Similarly, what makes for "good care work"? Does it entail safety, security, intellectual stimulation, fair compensation, or autonomy for caregivers?

Our evidence, gathered across seven diverse countries, indicates that the implicit meanings of these terms vary significantly, not only between countries but often within them. This inherent ambiguity makes any simple equation problematic from the outset.
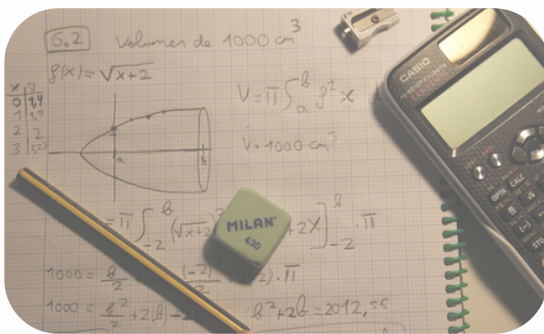
A problematic equation
Beyond definitional complexities, the notion that "good care equals good care work" remains deeply problematic. Consider a highly professionalized caregiving workforce with advanced skills in addressing physical, cognitive, and psychological needs, coupled with opportunities for autonomous decision-making and flexible work arrangements. While this might effectively meet some needs of care receivers, such as safety, does it equally uphold their autonomy and self-determination?

Furthermore, if "good care" is fundamentally about adapting to the unique needs of each individual, can we truly expect extremely flexible schedules for care workers to be an inherent part of "good work"?

A political and policy process
There is no singular, technical, or straightforward solution to these complex issues. Both the definition of quality and the relationship between care and care work involve fundamental preferences, difficult choices, and significant consequences. The answers depend on what we collectively believe care receivers and providers need and deserve, and what priorities we choose to set.

Regrettably, robust public and policy discussions on these critical issues are often limited in many countries and further complicated at the EU level. Open and evidence-informed dialogue is crucial to navigate these complexities and make sense of "high-quality" care systems.

WHAT DOES IT MEAN TO HAVE "SUSTAINABLE LTC"?

[Roberta Perna, Spanish National Research Council (IPP-CSIC), Spain]

Since the 1990s, EU Member States have pursued reforms to make LTC systems more "sustainable", also in response to rising international concerns. Yet, as highlighted by LeTs-Care's presentation at the TTC, the meaning(s) of "sustainability" remain(s) ambiguous.

In some countries, the concept largely relates to the fiscal capacity to respond to LTC demands within structurally limited and fragmented public budgets. In others, it concerns how LTC systems are configured to stay responsive and efficient amid demographic and social changes. A third, cross-country meaning refers to the sustainability of LTC work: low wages, poor working conditions, and a lack of professional recognition make it difficult to recruit and retain care workers in the short and long-term.

These different meanings often coexist, but not without tension. Investing in quality care jobs is expected to make LTC work more sustainable, but also to raise costs, thus affecting the financial sustainability and affordability of LTC. Expanding home-based and community care may reduce institutional reliance and increase responsiveness to the demands of people in situation of dependency, yet it may also increase pressure on families and local systems, thus turning into a less sustainable system for carers.

If "sustainability in LTC" means different things to different actors, can it still offer clear guidance for reform? How should priorities be set between fiscal discipline, affordability, quality, and equity? Who should decide what "sustainable LTC" looks like?

THE LETS-CARE POLICY LAB SERIES

The first event, titled "CARE PROFESSIONS IN LONG-TERM CARE. DIMENSIONS AND CHALLENGES FOR POLICY AND PRACTICE" is scheduled for September 25th, 2025 in Brussels

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.

On **25 September 2025**, in **Brussels**, the **first LeTs-Care Policy Lab** will bring together stakeholders from across the EU to reflect on one of the most pressing challenges in long-term care today: **how to build and sustain a resilient care workforce**. We will:

- **Present and validate the project's preliminary results** on the specific LTC policy and practice challenges through structured dialogue with policymakers, practitioners and civil society stakeholders.
- **Facilitate multi-level, cross-sectoral exchange** to enrich project findings with diverse institutional, regional and grassroots perspectives.
- **Refine key challenges** in the specific LTC area, deepening the understanding of systemic and practical challenges across formal and informal care domains and combining lived experience and expert knowledge to develop actionable insights and inputs for national/regional policy work.

POLICY LAB

CARE PROFESSIONS IN LONG-TERM CARE. DIMENSIONS AND CHALLENGES FOR POLICY AND PRACTICE

Thursday, 25 September 2025 | from 9:00 to 13:00

La KOP
Salle Barcelone
Rue Coenraets, 72 - **B-1060 Brussels** (Saint-Gilles)

The Policy Lab's programme and further information are available on the **LeTs-Care website**. Please, click on this direct link:
https://www.lets-care-hub.eu/project-events/ or scan this QR code:

Onsite attendance is warmly encouraged!
Arrangements for online participation will be set up, depending on requests.

THE LETS-CARE DISSEMINATION APPOINTMENTS

Follow us in key conferences in Europe…

ESPANET Annual Conference 2025
University of Milan (Italy), 27-29 August, 2025

Participants from the LeTs-Care Consortium: **Virginija Poškutė, Rūta Kazlauskaitė** (ISM)
Contribution: **"Unpacking the Meaning of Long-Term Care Needs: A Cross-Country Comparison"**

The presentation will be in the section: Care Configurations: Welfare reform to address contemporary care challenges

The article provides a comparative cross-country analysis of LTC needs definitions, indicators used to forecast future LTC needs, and current most critical debates revolving around LTC needs in seven European countries representing different welfare state and long-term care models. The countries covered in this comparative analysis include Austria, Denmark, Italy, Lithuania, the Netherlands, Portugal and Spain. To provide a comparative cross-country analysis, we build on the document analysis and qualitative data collected through interviews with 121 LTC stakeholder representing national and regional level LTC policy makers, care organisers and providers in the above seven countries. This research is part of a larger Horizon "Learning from Long-Term Care practices for the European Care Strategy" (LeTs-Care) project.

Our paper starts with the analysis of LTC needs definitions in the seven countries. Our findings show that most of the "needs" definitions are related to a person's ability to perform necessary daily tasks, including personal care. However, some countries are more "generous" in defining the needs in an older age: along with social and health care needs of older people, housing and financial support needs are mentioned as well. In addition, our research also disclosed that even though all countries under this study, irrespective of their LTC model (oriented to formal or informal care provision), are reliant on informal care of older people in, the needs of informal carers are not considered as "LTC needs" in all of them. Next, our paper discusses indicators used to evaluate current and future needs for long-term care at older age (mostly age and health related). The paper concludes with the discussion of current debates revolving around LTC needs (mostly related to unmet LTC needs, future growth of needs driven by population aging and the changing nature of LTC needs) in the selected countries.

Taking part in a conference is like joining a big, welcoming and inspiring family…

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Medical Anthropology Europe Conference
University of Vienna (Austria), 16-19 September, 2025

Participants from the LeTs-Care Consortium: **Kristine Krause, Jeannette Pols, Sabya van Elswijk** (University of Amsterdam - UvA)
The UvA team is hosting **three panels**:

10. Exploring healthcare and research as creative practices (Conveners: Annekatrin Skeide, **Jeannette Pols**)
- *Explore socio-material approaches to conceptualizing health care practices and research as situated creative practices. How can we thoughtfully 'create' these practices through our research? What are conditions needed to make this creativity flourish, both in practice and research? What epistemologies can be developed with creativity as a starting point, and how do these relate to more standardized views of care and research? How can we engage with artistic forms of output? How can artistic methods be fruitfully used, and to what ends? How can creative methods allow for collaborations that invite research subjects to participate in ways they find acceptable, or even pleasant, while shifting or reframing researcher-research subject hierarchies?*
- *Examine the potential results of foregrounding creativity in healthcare. For instance, how does this focus blur the boundaries of what constitutes a healthy or sick individual physical body? How might it encourage us to conceptualize health and wellbeing in terms of navigating the complexities and enjoying the pleasures of everyday life? What are the socio-material consequences of creative healthcare practices? What role does creativity play in shaping ideas of the good life within medical anthropology? How might 'a good life' be defined, and how does this align with or diverge from medical understandings of health? Finally, what does creativity signify in this context?*

34. Organizing Care as a research practice: Imaginative approaches (Conveners: **Sabya van Elswijk**, Matouš Jelínek)
Care is both a practical and theoretical matter. Practically, as Annemarie Mol suggests, someone must organize it, ensuring people and resources are in the right places to meet care needs. Theoretically, care involves understanding the underlying ideas, determining what constitutes right or wrong care, and its goals. Care policies and practice are often seen as dichotomous entities, but we propose viewing organization as a process that bridges theory and practice, making them adapt to each other. Inspired by Jeannette Pols work on "hanging out" and generative research as relational, participatory methods, there is a search for approaches that dismantle hierarchies, amplify marginalized voices, and co-produce situated knowledge. This session invites papers on the organizational aspects of long-term care, focusing on imaginative methodologies and critiquing the dichotomy between practice and policy. We welcome research that explores methodologically: - How care professionals organize care both theoretically and practically, and strategies to align policies with practice. - How practice and policies influence each other. - Organizational differences at various levels—managers, care workers, and middle persons—and their approaches. - Organizational hierarchies and structures within care institutions, their impact on care practice, and vice versa. - Necessary methodological innovations and novel approaches in social science for researching care organization. We seek contributions that share novel and imaginative approaches to fieldwork on care as a matter of organization, aiming to dismantle the dichotomy between practice – policy and push disciplinary boundaries.

42. History in Care: Tracing Historical Entanglements (Conveners: **Kristine Krause**, Monika Palmberger)
This panel explores the lingering presence of history in spaces, practices, and narratives of care, challenging the tendency to focus only on the 'new' in moments of health and care crisis, such as the Covid-19 pandemic. This panel invites contributions that interrogate when and how history lingers on or returns in unexpected ways. Health crises such as Covid have exposed the often invisible role of care, revealed hidden hierarchies and prompted redefinitions of health and well-being.
Care practices - how, where, and by whom they are delivered - are shaped by historical legacies of interconnectedness and hierarchy, including colonial and imperial histories. These pasts not only influence individual experiences but also embed care within broader collectives, marked by status, gender, and racialized inequalities.
Bringing "historicity" back to medical anthropology and the anthropology of care, this panel invites papers that build on and expand seminal work in medical anthropology and care studies (e.g., Medical Anthropology 2018, 37(8), and History and Anthropology 2021, 32(4)). The focus is on the historical dimensions of:
- *Spaces (regions and buildings) where care occurs,*
- *Practices, routines, and protocols of care,*
- *Entitlements, relationships, and belonging,*
- *Narratives and subject positions.*
Privileging "history in care" over "history of care", we understand care as a central element of social organisation (Thelen 2015) that can make historical entanglements visible in particular ways. We welcome contributions that address questions of who provides care, where care takes place, and how practices and narratives related to pasts evolve around care relations.

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RC33 - 11th International Conference on Social Science Methodology
University of Naples (Italy), 22-25 September, 2025

Participants from the LeTs-Care Consortium: **Lisa Waldenburger, Bernhard Weicht** (University of Innsbruck)
Contribution: **"Investigating Expertise: Navigating the Complexities of Analyzing Expert Interviews"**
The expert interview as such is an essential qualitative method in sociological research. They provide insights into specific contexts and help to see it through the eyes of the experts. In addition, strategic arguments are also placed in expert interviews and trained narratives are replicated. Furthermore, divergent roles often arise when the expert detaches himself from his function as an expert and talk privately. This holds many potentials but also challenges for the analysis of expert interviews, which we want to elaborate in more detail.
 The main point of reference so fare in the analysis of expert interviews is the research interest and the associated methodological decision for the expert interviews themselves. Do I interview experts to gain deeper insights into the field? Or am I trying to grasp the power dynamics and positioning in the field? The first approach would probably lead to a qualitative content analysis in the evaluation, whereas the second would favor a critical discourse analysis or frame analysis. However, the specific approach then loses sight of the other.
 Based on these considerations, we would like to address the existing blind spot in the analysis of expert interviews. So far, there have been few considerations that differ from the analysis of non-expert interviews. The rigid use of specific analytical methods can also be questioned in view of the richness of expert interviews. By using empirical findings from the LeTs-Care project, we want to present practical research considerations for the analysis of expert interviews. In the EU-Horizon-project, more than 100 expert interviews in the field of long-term care were conducted. We want to focus on the Austrian context and aim to provide an integrative approach to analyzing expert interviews that does justice to the richness of the data collected and strengthens the method as such.

Participants from the LeTs-Care Consortium: **Pamela Pasian, Barbara Da Roit** (Università di Venezia Ca' Foscari)
Contribution: **"Sensing a nursing home. Reflections on emotions in a muti-sited ethnographic study of long-term care facilities"**
The ethnographic immersion in a long-term care facility for older people encompasses participating in an emotional and bodily experience through all senses: the sight of aged and impaired bodies, the hearing of voices, cries, recognizable smell. Considering that emotions are a constitutive element of the reflexive process and its feeding, in this contribution we reflect on how this "sensing" and the associated emotions condition our work as ethnographers in the way we construct and analyze our data.
We adopt an emotional reflexivity approach (Holmes, 2010, 2015; Burkitt, 2012) to analyze the embodied and relational process through which social actors become aware of their emotions and make them an integral part of their own reflective processes. The underlying assumption is that all emotions are relational phenomena generated in the exchange and interactions in which we researchers are involved (Denzin, 1984). We assume that the relational aspect is also decisive in the analysis and interpretation of the data, since the memory of the emotions felt during interviews or participant observation will inform the process of data analysis.
The reflection we propose based on these premises draws, first, on the experience of the author with immersion in similar observational fields and on the exchange and discussion of the relative fieldnotes. In addition, we include the discussions of results with a team of researchers engaged in a cross-national multi-sited ethnographic project.
We find that acknowledging and widening emotional repertoires is essential not only to enlarge the scenarios and possible interpretive frames in attempts to understand the complexity of the social (Sclavi, 2003), but also to identify new methodological and epistemological frameworks.
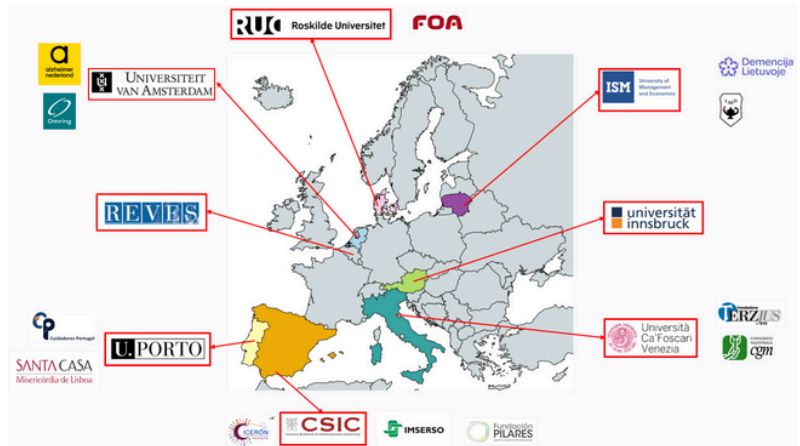
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THE LETS-CARE CONSORTIUM

... 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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- University of Amsterdam
- Agencia estatal Consejo Superior de Investigaciones Científicas – CSIC
- University of Management and Economics – ISM
- University of Porto
- University of Innsbruck
- Réseau Européen des Villes et Régions de l'Economie Sociale AISBL – REVES

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