

Bridge Building Policy Review Report

Supporting the provision of affordable and high-quality professional home care in later life

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List of Abbreviations

ADL	Activities of daily living
ASAN	Azerbaijan Service and Assessment Network centres, part of the State Agency for Public Services and Social Innovations
BB	Bridge Building
DOST	Agency for sustainable and operative social provision
EU	European Union
IMSERSO	Instituto de Mayores y Servicios Sociales
LTC	Long-term care
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
UN	United Nations

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1 Introduction

The Bridge Building (BB) Policy Review “Supporting the provision of affordable and high-quality professional home care for later life” was hosted by the European Centre for Social Welfare Policy and Research (European Centre) in collaboration with the Ministry of Labour and Social Affairs of the Republic of Moldova on 25-26 February 2026. It was the ninth in a series of mutual learning events organised for BB countries¹ by the European Centre. The event brought together policymakers, ministries, and researchers to exchange experiences on the development, organisation, and financing of professional home care services.

Policy reviews provide expertise and promote the mutual exchange of experience and knowledge transfer about the situation on a selected topic in BB countries. They follow a well-established methodology used within the European Union (EU) in employment, social, and inclusion policies. The purpose of this policy review was to share practical information for the provision and development of affordable and high-quality professional home care for older people living at home; to reflect on different strategies and policy measures to support older people with care needs living at home; to discuss opportunities and challenges in the provision of professional home care; and to share promising practices and possible adaptations to further develop professional home care for older people with care needs.

Specifically, the policy review was guided by the following questions:

- *What types of professional home care (e.g. nursing, personal care, social participation, help with planning care, palliative care) are available for older people living at home in your local contexts?*
- *How is professional home care provided (whose responsibility) and financed (public/private funds, affordability) in your BB country?*
- *Who has access to professional home care, and which care needs are covered?*
- *How are health and social care integrated with each other?*
- *Which promising practices exist that aim to ensure older people with care needs have access to affordable and high-quality professional home care (e.g. specific care services, collaboration of diverse stakeholders, legal frameworks)?*

¹ The BB countries are Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kosovo, the Republic of North Macedonia, the Republic of Moldova, Montenegro, Serbia, and Ukraine as well as Uzbekistan. See <https://www.euro.centre.org/domains/bridging-building>

The policy review was attended by over 57 participants, including delegations from relevant ministries, public authorities, municipalities, and NGOs working in nine BB countries: Albania, Armenia, Azerbaijan, Georgia, Moldova, North Macedonia, Serbia, Turkey and Uzbekistan. Representatives from ministries in Denmark and Spain also participated.

The two-day event featured a combination of presentations and working group discussions. The opening remarks were offered by Vasile Cușca, State Secretary, Ministry of Labour and Social Protection of the Republic of Moldova, Martin Mühlbacher, Attaché of the Austrian Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection for Moldova and Ukraine, and Anette Scopetta, the Executive Director of the European Centre.

Presentations on the first day began with Oleg Barcari, Head of the Department of Social Assistance at the Ministry of Labour and Social Protection of the Republic of Moldova, followed by Yevghine Vardanyan, Deputy Director of the Armenian National Institute of Labour and Social Research, and Fatmir Sabiru, State Secretary at the Ministry of Social Policy, Demography and Youth of North Macedonia. Each presentation provided an overview of the respective country's national approach to professional home care services and the challenges, such as financial sustainability, workforce shortages, and the integration of health and social care services. This was followed by two expert presentations from Ilaria Mariotti, gender analyst at the United Nations Development Programme in Istanbul, and Nataša Todorović, manager at Red Cross Serbia, which addressed protection, inclusion, gender equality, and mental health. Both experts have conducted extensive research on professional home care services in Western Balkan and Eastern Partnership countries. The second day focused on insights from the EU, Spain and Denmark, which have both recently implemented long-term care reforms.

The two working group sessions focused on national approaches in BB countries to the provision of professional home care for older people, as well as on promising practices for further developing these services. The main discussions addressed the types of professional home care services currently available, how they are organised and delivered, and how older persons access them. Participants also identified several shared challenges affecting the provision of home care across BB countries. These included geographical inequalities in service availability, fragmentation between social and health care systems, limited monitoring and quality assurance mechanisms, and the lack of standardised training and certification systems to support the professionalisation and expansion of the care workforce. The working group sessions enabled a constructive exchange on common challenges and promising policy practices to strengthen professional home care for older people.

This report summarises the insights gained during the policy review and aims to share them with a broader audience. It is structured as follows: Chapter 2 presents national approaches to professional home care for older people in BB countries. Chapter 3

provides an overview of the growing demand for professional home care in ageing societies across Europe. Chapter 4 outlines key challenges in the provision of high-quality professional home care services. Chapter 5 discusses policy approaches and promising practices identified during the workshop. Finally, chapter 6 presents the main takeaway and concluding reflections from the discussions.

2 National approaches to professional home care in BB countries

The provision of professional home care services varies across the BB region, reflecting differences in governance, financing, and service delivery models. Despite these variations, countries face common challenges driven by rapid demographic change and increasing care needs. The challenges include limited-service availability, territorial inequalities in access, and insufficient capacity to meet demand, contributing to unmet care needs. Ensuring the affordability of home care services remains a key concern, as high out-of-pocket costs may restrict access for older persons with lower incomes. In addition, many countries face workforce shortages of trained care workers. This constrains service provision and highlights the need for stronger policies aimed at training, recruiting and retaining the workforce. Informal carers also face significant pressures. They often receive limited support from governments and struggle with balancing care responsibilities with employment. There is therefore a growing need to strengthen and expand community-based and home care services, particularly in countries seeking to reduce reliance on institutional care. This requires coordinated efforts across several dimensions, including improving the availability and accessibility of services, enhancing quality assurance systems, supporting both formal and informal carers, and ensuring sustainable financing mechanisms.

2.1 Moldova²

The development of professional home care services in Moldova takes place in a context of significant demographic and socio-economic challenges. The country is experiencing rapid population ageing, while migration and rural depopulation have led to a growing number of older persons living alone, particularly in rural areas. High poverty rates further increase vulnerability, with approximately one in seven people living in extreme poverty and one in three below the moderate poverty line. These factors contribute to rising demand for publicly supported care services, especially among older persons with complex health and social care needs.

Home care services in Moldova are designed to support older persons without family support, persons with disabilities, and individuals requiring temporary care following hospitalisation. Services are state-funded and community-based, aiming to enable

² This section builds on the BB Policy Review Presentation, “Overview of Home Care Services in Moldova.”, presented by Oleg Barcari, Ministry of Labour and Social Protection of the Republic of Moldova.

beneficiaries to remain in their homes as an alternative to institutional care. However, the system is not yet fully aligned with EU recommendations, as Moldova lacks a comprehensive long-term care framework that includes all types of care, and the professionalisation of home caregivers remains limited.

Home care services in Moldova are mainly financed through public funding and delivered at the community level. Access to services is based on needs assessment and the case management process. Eligibility is determined by local commissions. Services may be provided free of charge or with co-payments depending on socio-economic status. Around 90% of beneficiaries receive services free of charge. The professional home care services include assistance with daily activities, personal care, household tasks and counselling. As of 2025, over 15,000 beneficiaries are supported by approximately 1,400 caregivers, with services delivered at relatively low cost. On average, each caregiver supports around 10 beneficiaries and provides at least two visits per week. Most service users are older women living in rural areas, who account for around 80% of beneficiaries.

Despite progress, challenges remain, including urban–rural disparities, limited integration of health and social care, weak quality assurance mechanisms, and insufficient support for informal carers. Ongoing reforms, including the “Restart” initiative, launched in 2004, aim to improve access, strengthen service coordination, and digitalise case management systems.

2.2 Armenia³

In Armenia, professional home care services are delivered through a partnership model in which the government contracts NGOs to provide services to eligible beneficiaries. The Armenian Ministry of Labour and Social Affairs is responsible for setting policies, standards, and regulations, while NGOs deliver services through competitively awarded contracts. Service providers must meet defined standards and are subject to monitoring and evaluation, which support quality assurance and encourage innovation in service delivery.

Home care services are part of a broader social welfare system aimed at supporting individuals in difficult life situations, helping them to remain in their communities, and preventing institutionalisation. In line with ongoing deinstitutionalisation reforms, Armenia is shifting away from residential care towards community-based services. Home care typically includes assistance with household tasks, limited

³ This section builds on the BB Policy Review Presentation, “Situation in Armenia”, presented by Yevghine Vardanyan, Ministry of Labour and Social Affairs in Armenia.

medical support, and social and psychological services such as counselling, information, and referrals.

Eligibility is determined through nationally defined criteria and a case management approach that links home care with wider social support services. However, current coverage remains limited, with planned provision reaching approximately 1,425 beneficiaries between 2020 and 2026. The annual budget allocated for 2026 amounts to approximately USD 750 per beneficiary per year. Recent reforms aim to strengthen integration and coordination within the social sector, including the introduction of a licensing system for service providers and enhanced case management.

Nevertheless, significant challenges remain. Demand for home care services exceeds available capacity and expanding coverage while maintaining quality standards is difficult. In response, Armenia is pursuing reforms to diversify service provision, expand community-based care, and involve private and social enterprise actors. Strengthening the role of local governments in service planning is also a priority. Overall, the key policy direction is to scale up accessible, community-based home care services while reducing reliance on institutional care.

2.3 North Macedonia⁴

Like Moldova, North Macedonia is experiencing rapid population ageing, increasing life expectancy, and migration of younger generations, which has reduced the availability of traditional family-based care. Historically, care responsibilities were largely carried out by family members, predominantly women, but changes in labour market participation and family structures have reduced the capacity for informal caregiving. Moreover, demand for long-term care and daily support services is rising, particularly among older persons with limited informal support.

In response, the country has undertaken reforms to expand community-based services. The 2019 Law on Social Protection marked a shift from a centralised, institution-based system towards a decentralised and more pluralistic model. Municipalities are responsible for planning services, while licensed civil society organisations and other providers deliver care at the local level. Home care services focus on supporting healthy ageing in place by assisting with daily activities. These

⁴ This section builds on the BB Policy Review Presentation, “Home assistance and care services in North Macedonia: current situation, challenges and future directions” presented by Fatmir Sabriu, State Secretary at the Ministry of Social Policy, Demography and Youth of North Macedonia.

services are complemented by community-based day centres, which promote social participation and active ageing.

Home care is primarily financed through public funding, including national budget allocations and project-based mechanisms. Since the reform, service provision has expanded significantly, with over 170 providers operating across 55 municipalities between 2021 and 2025. This has supported local employment. Discussions are ongoing on co-financing models to enhance sustainability while protecting vulnerable groups. Home care services primarily target older persons who require assistance with daily activities, particularly those with limited family support.

Despite these advances, several challenges remain in the country. Service coverage does not yet meet growing demand, and significant territorial inequalities remain, particularly in rural areas. Financial sustainability is constrained by varying municipal capacities and reliance on project funding. In addition, coordination between social and health care systems remains limited, and workforce shortages, alongside gaps in quality assurance, affect service delivery. There are ongoing policy efforts to address these challenges by strengthening decentralisation, expanding services in underserved areas, improving data systems, and enhancing the professionalisation of caregivers. Overall, North Macedonia is moving towards a more coordinated and sustainable system centred on community-based care.

2.4 BB country reflections

Uzbekistan: Professional home care services are being developed as part of broader reforms to expand access to social services and support vulnerable populations. Available services include support for older people with activities of daily living (ADL), such as personal hygiene, meal preparation, grocery shopping, and household tasks. Uzbekistan provides personal assistant services for persons with disabilities, transportation and mobility support, social integration support, home-based medical rehabilitation programs and psychological support.

Service provision has become more diversified and is no longer limited to state institutions. Professional home care services can be delivered by public providers, NGOs, and private entities registered in the National Register of Social Service Providers. The system is organised through a voucher mechanism, whereby eligible individuals receive state-funded vouchers to access services from approved providers. These providers are subsequently reimbursed from the state budget. The National Agency for Social Protection, operating through “Inson” Social Service Centres, is responsible for needs assessment, coordination, and quality oversight. Access to services is primarily targeted at older persons living alone, persons with severe disabilities (Groups I and II), and children with disabilities. Eligibility is

determined through a needs-based assessment evaluating an individual's capacity for self-care and daily functioning.

Azerbaijan: Professional home care services are provided through a combination of state-funded social services and private care provision. Available services include assistance with activities of daily living, such as personal care and household tasks, as well as medical and nursing care delivered at home. Some providers offer nurse-caregivers who support medication management, carry out basic clinical tasks, and monitor health conditions. Palliative home care services are also available, focusing on comfort, pain relief, and dignity for individuals.

Public provision is primarily organised through the Ministry of Labour and Social Protection, including the Social Services Agency and the DOST Agency, which delivers mobile home-based services. These services target older persons aged 70 and above, persons with disabilities, and individuals without family support. Eligibility is typically based on social vulnerability and care needs, with services provided free of charge or subsidised for low-income groups. In practice, however, family members remain the main providers of care, and private services, more common in urban areas such as Baku, are often used by those who can afford them.

A key challenge is the fragmentation between health and social care systems, which are governed and financed separately. This limits coordination and continuity of care, particularly for individuals with complex needs. Additional challenges include rural-urban disparities in service access, shortages of trained professionals, and underdeveloped social care infrastructure. However, Azerbaijan is introducing promising practices such as expanding mobile home care services and developing integrated service platforms (e.g. DOST agency and ASAN centres, which are part of social services in Azerbaijan and act as one-stop access points). These initiatives aim to improve accessibility, coordination, and quality of care.

3 Growing demand for professional home care across Europe

3.1 Improving LTC in the context of the European Care Strategy

Long-term care (LTC) is increasingly recognised as a significant social risk that welfare states across Europe need to address. The social risk of long-term care relates to the challenges associated with developing long-term care needs and the challenges associated with taking on an informal carer role (e.g. caring for a family member or friend). For both, the person with care needs and the person providing informal care, the lack of a well-developed long-term care system can have significant effects on e.g. health, financial resources, social participation and quality of life. Demographic change contributes to an increasing demand for long-term care services in many EU countries. Improvements in life expectancy result in an increase in years lived without but also an increase in years lived with disabilities and care needs. It is estimated that the number of individuals in need of long-term care in the European Union is projected to increase from 30.8 million in 2019 to 38.1 million by 2050 (European Commission, 2025). Thus, Member States must further develop and expand care services.

While long-term care policy remains a national competence, the Council has outlined the Council Recommendation on the European Care Strategy⁵, adopted in 2022. The recommendation contributes to the implementation of principle 18 of the European Pillar of Social Rights 'Everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services.

The Recommendations describe a range of areas for improvement of LTC. Among them are adequacy, availability, quality of care, as well as support for formal and informal carers. To improve adequacy of care, three dimensions are discussed: timeliness of the needs assessment and services, comprehensiveness of the needs assessment and services, and affordability of LTC. Examples of policy measures to improve adequacy are legal maximum waiting times and assessment of needs beyond functional limitations (e.g. including social participation).

⁵ See here: The Council Recommendation on the European Care Strategy (2022): [European Commission \(2022\). Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care. 2022/C 476/01](#)

Availability of LTC should be improved to allow individuals to choose the type of care they prefer to receive. For this, it is necessary that a broad range of services is available. The development of digital technology, the improvement of accessibility and the development of measures to reduce territorial gaps can further improve availability. Improvements in LTC quality should be built around the concept of person-centred care, making the individual the basis for service planning and care management.

Through quality assurance systems, quality and approaches to quality measurement can be continuously improved. Whereas quality was previously often captured mainly through structure and process indicators, the recommendation also suggests including more outcome indicators, particularly quality of life. Support for formal carers is key to addressing staff shortages. Policy measures that can contribute here include encouraging social dialogue and collective bargaining, defining job profiles and minimum educational requirements, as well as providing continuing education support. Informal carers can be supported through a wide range of policy measures (e.g. training, social security). The European Commission, in partnership with the WHO, developed an online self-care course⁶ for informal carers.

3.2 Lessons from Denmark⁷

Denmark has long been recognised for its universal approach to LTC, grounded in the principles of equal access to services, decentralisation, and tax-based financing. Despite this strong foundation, the system was characterised by a high degree of bureaucratisation, fragmented service provision, and limitations in terms of continuity of care, which prompted the reform in 2025.

The Danish reform aims to shift towards a more person-centred, flexible, and trust-based system. Central to the reform is the Senior Citizens Act, which establishes a new framework focused on improving the quality of life, independence, and dignity in older age. The reform is guided by three core principles: self-determination, trust in employees and management, and stronger collaboration with relatives, civil society, and local communities. Municipalities remain responsible for organising and delivering services, including home care and home nursing.

⁶ WHO (2026) Care and self-care competences for informal caregivers - Caring for yourself, available online: https://whoacademy.org/coursewares/course-v1:WHOAcademy-Hosted+WHOA0107_CIC1_EN+2025_Q4

⁷ This section builds on the BB Policy Review Presentation, “The Danish long-term care reform”, presented by Annika Hassenkam, Head of Section, Legal and International Affairs, Ministry of Senior Citizens, Denmark.

A key feature of the reform is the move towards holistic and integrated care. This includes the establishment of fixed, interdisciplinary teams to replace fragmented service delivery, improve continuity of care, strengthen relationships between care workers and care users, and enable more tailored person-centred care. The reform also prioritises debureaucratisation, shifting from detailed procedural requirements towards governance based on overarching goals and values. The reform introduces a new citizen-centred model replacing the previous centralised and time-based service allocation, allowing for more flexible, needs-based care. The expansion of free choice further strengthens user involvement.

While the reform builds on Denmark’s well-established LTC system, it also presents answers to broader challenges faced across Europe. These include the need to balance quality, accessibility, and sustainability in the context of population ageing, as well as the importance of improving working conditions in LTC. Overall, the reform represents a significant effort to modernise LTC by improving coordination, reducing administrative burden, and placing the individual at the centre of care provision.

3.3 Lessons from Spain⁸

Spain has implemented a significant LTC reform aimed at transitioning to a more community-based and person-centred care model. Building on the 2006 Personal Autonomy Act, the reform focuses on a broader transformation of care provision through the National Strategy on Deinstitutionalisation. This strategy aligns with Spain’s commitments under the UN 2030 Agenda and reflects an increasing emphasis on the rights, autonomy, and quality of life of people in need of care.

The reform targets a wide range of population groups, including older persons, persons with disabilities, children, and migrants, while also recognising the central role of both formal care professionals and informal caregivers. A key principle is that deinstitutionalisation does not eliminate residential care but prioritises home-based and community living options. This approach responds to evidence that most individuals in need of care prefer to remain in their own homes.

The new LTC model also promotes self-determination, freedom of choice, and personalised support, with a strong focus on independent living, accessibility, and system sustainability. It is structured around five main areas: reducing reliance on institutional care, strengthening user participation, transforming care and support

⁸ This section builds on the BB Policy Review Presentation, “A new model for long-term care in the community in Spain”, presented by Manuel Veguín García, Consejero Internacional y para Iberoamérica - Coordinación- Head of International Relations, IMSERSO, Spain.

models, supporting transitions to community-based living, and providing conditions for deinstitutionalisation.

The reform also aims to tackle key structural challenges, including the over-reliance on informal care, which is predominantly provided by women, limited adaptation of services to individual needs, and insufficient coordination between health and social care systems. In response, Spain is implementing measures to strengthen community-based services, improve support for caregivers (including through the “Plan Cuidadoras”), expand housing options, and enhance service provision in rural areas. Overall, the reform represents a shift towards a person-centred care model, emphasising dignity, autonomy, and community inclusion.

4 Key challenges in the provision of high-quality home care services

On the second day of the policy review, participants addressed the challenges of providing home care services in their countries. Following a working group discussion, representatives from the BB countries shared insights on promising practices to further improve professional home care provision in their respective contexts.

Despite differences in national systems, several common challenges were identified during the workshop:

- Service availability often **varies significantly between urban and rural areas**. Rural regions typically face higher service delivery costs and shortages of trained care workers, which can limit access to home care services for older persons living in remote areas.
- **The professionalisation of home care** remains a critical issue. Many countries face shortages of trained caregivers, high staff turnover, and limited recognition of care work as a profession.
- Ensuring **sustainable funding** for home care services is another major challenge. Expanding coverage requires significant investment in workforce development, infrastructure, and monitoring systems.
- The lack of **coordination between health and social care services** can create gaps in service provision. Many older persons have complex needs that require both medical and social support.

5 Policy approaches and promising practices

Several promising approaches emerged from the country presentations and discussions.

First, **community-based service models** that emphasise ageing in place are increasingly recognised as an effective strategy for addressing the needs of older populations. In the context of outward migration, demographic change and increased labour market participation of women in many countries, they can become vital support for those who live alone and without informal carers. For example, in North Macedonia, individuals with limited informal carer support are the main target group of home care services. Those without informal carers, particularly if they also have few financial resources, rely on publicly funded professional home care. For example, 90% of beneficiaries receive home care services free of charge due to limited personal financial resources in Moldova. At the same time, developing community-based service models can further support deinstitutionalization, as reported by Armenia.

Second, **partnership models involving NGOs and private providers** can help expand service provision and introduce innovative approaches to care delivery. While home care is often publicly funded at least for those who could not afford it otherwise, service providers might include private providers and NPOs. Some countries, such as Azerbaijan, provide home care through DOST and ASAN initiatives offered by the Ministry of Labour and Social Protection, while Armenia provides home care through NGOs contracted by the government. Licensing civil society and other organisations to provide home care allows states to monitor quality of services. For example, over 170 licensed providers are active in 55 municipalities in North Macedonia. Similarly, Uzbekistan maintains a national register of social service providers.

Third, **needs-based case management systems** can ensure that services are tailored to individual needs. To provide high-quality home care, it is important to identify the exact needs of the individual and the support needed that would enable them to maintain their independence. This is often done through standardised needs-assessment processes. For example, Uzbekistan and Moldova use a needs-assessment process. Using the same process across various municipalities can help diminish territorial disparities. These needs assessment procedures identify, for instance, support requirements for activities of daily living such as washing, and instrumental activities of daily living like shopping. Based on the needs assessment process, which determines eligibility for home care, providers can then assign different types of care through a case management system. Moldova and Armenia are countries that work with a case management system in home care. The needs-

based case management system would also allow providers to check on the development of needs over time.

Finally, **strengthening monitoring and quality assurance mechanisms** can help maintain service standards and improve accountability in the delivery of home care services. A focus on developing monitoring and quality assurance mechanisms can provide a framework to address the challenges in home care. For example, such frameworks can be used to harmonise service provision across urban and rural areas. It can include support for professional caregivers (improving working conditions). In terms of funding, it can offer information on the funding needs in the context of service expansion due to demographic change, outward migration and women's increased labour market participation. Monitoring and quality assurance mechanisms can also include mechanisms to improve cooperation and integration of health and social care.

6 Conclusions

This report summarises insights on professional home care for older people in BB countries, based on presentations and contributions from participants in the online policy review on “Supporting the provision of affordable and high-quality professional home care for later life” on 25-26 February 2026. The policy review enabled participants to exchange experiences on ongoing policy efforts in BB countries to address professional home care services, identify key challenges and areas for improvement, and share promising solutions and practices that can improve access to long-term care.

The policy review highlighted the growing importance of professional home care services in responding to demographic ageing and migration patterns. While countries differ in their institutional arrangements and policy frameworks, many face similar challenges related to financing, workforce development, and service integration.

Expanding access to affordable and high-quality home care will require coordinated policy efforts across multiple sectors, including social protection, health care, and labour markets. Investments in training and professionalisation of caregivers, stronger monitoring systems, and improved coordination between health and social services will be essential.

At the same time, continued international collaboration and knowledge exchange can help countries identify effective policy solutions and adapt them to national contexts. By strengthening home care systems, governments can improve the well-being of older persons while ensuring the long-term sustainability of care systems.

The discussions underscored common challenges across BB countries in addressing the substantial gap between demand for affordable homes and the limited supply of professional home care, including aligning legal frameworks, ensuring effective stakeholder coordination and securing sustained investment to support the development of home care.

Despite differences in policy approaches and implementation experiences across BB countries, the policy review identified several shared themes. The challenges presented by Armenia demonstrated the importance of coordinating with NGO actors to provide home care services. The policy review provided a valuable platform for knowledge exchange, policy reflection, and mutual learning about professional home care for older people with care needs among participating countries. Moving forward, home care services should be recognised as a long-term investment that

supports ageing populations and enables older people to remain in their communities.

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