

FABCOM



State of Play Mapping

Exploring the current landscape
on community and family-based
approaches

KMOP Social Action and Innovation Centre
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Partners

Zemgale Planning Region - Latvia (Lead Partner)

Jaén County Council – Spain

Malopolska Region – Poland

Pro Arbeit – County of Offenbach – (AöR) – Municipal Jobcenter – Germany

Province of Antwerp – Belgium

Region of Central Greece – Greece

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Executive Summary

The FABCOM project addresses one of the European Union's key social policy goals: the transition from institutional to community and family-based care. Rooted in international human rights frameworks, the project aims to strengthen regional and local policies to promote deinstitutionalisation, person-centred care, and social inclusion.

Main Findings

Across the participating regions, there is strong alignment with European and international standards on deinstitutionalisation; however, implementation remains uneven. While strategic policy frameworks are in place, their effectiveness depends on coherent governance across national, regional, and local levels. Institutional and community-based services currently coexist, yet institutional models continue to absorb a significant share of resources. By contrast, community models such as home help, telecare, day care, and family support are showing promising results. A critical shortage of trained professionals, coupled with a heavy reliance on informal care, persists as a systemic barrier across all countries. Furthermore, although EU funds play a vital role in piloting community-based models, domestic financing remains insufficient and unstable, thereby limiting long-term sustainability.

Conclusions and Recommendations

The mapping highlights that deinstitutionalisation requires more than strategic alignment; it depends on coherent multi-level governance, sustained financing, and workforce development. Key priorities include strengthening legal and policy alignment through binding national and regional strategies, integrated action plans, and monitoring mechanisms that ensure efficiency and coordination across levels, so that the transition to community and family-based care is not fragmented or inconsistent. Financing reform is equally critical, with budgets needing to shift from institutional models toward community-based services, locally operating NGOs, and stable domestic funding for regions. A comprehensive workforce strategy is also required, encompassing better wages and working conditions, professional training, and stronger support for informal caregivers. In parallel, public engagement must be enhanced by raising awareness of deinstitutionalisation and fostering solidarity structures at the community level. Overall, the FABCOM report demonstrates that while European regions share a strong commitment to community-based care, sustained policy coherence, stronger governance frameworks, and adequate investment are essential to translate principles into practice.

1. Introduction

The FABCOM Project

Transition from institutional to community-based services constitutes a key policy goal for the European Union. Community-based services are proven to be not only more cost-effective than institutional care, but also, to have much better results for the people who need it, who commonly demonstrate better levels of satisfaction and social inclusion. The deinstitutionalisation principle is in line with the UN CPRD, the UN Convention for the Rights of the Child. Also, the European Convention on Human Rights publicly called for commitment to investing funds into deinstitutionalisation as well as in community-based services, strictly forbidding any investments in large care institutions.

FABCOM has been designed in view of all the above and aims to support EU regions to exchange experiences and improve policies based on identified best practices for supporting community and family-based care services. Specifically, the project sets the following aspirations through improved policies and project activities:

- ▶ Enhance interregional cooperation and policy learning through the exchange of experiences;
- ▶ Increase the knowledge capital and institutional capacity at regional level;
- ▶ Develop regional action plans towards alternative, community-based approaches to care;
- ▶ Strengthen evidence-based policy making through the testing of innovative interventions (FABCOM Application Form, 2024).

The FABCOM partners represent 7 European regions in 7 EU countries, namely the Zemgale planning region in Latvia, the Jaen County Council in Spain, the Małopolska region in Poland, the County of Offenbach in Germany, the Province of Antwerp in Belgium, the region of Central Greece, and the Ministry of Health of Montenegro.

**MAŁOPOLSKA****Provincie
Antwerpen**Government
of Montenegro

Community and family-based care

Community-based care is a model of care in which the person is at the centre of the support (deinstitutionalisationdotcom,n.d). It overall describes a rights-based and outcomes-oriented approach for child care services (UNICEF, 2025) and services for adults with disabilities, enhancing the ability of the person to stay within the community, and in the case of children, to grow up in a family environment as opposed to an institution (deinstitutionalisationdotcom,n.d).

It generally refers to:

- ▶ Personal assistance for the elderly and persons with disabilities
- ▶ Respite care and general support for family carers
- ▶ Alternative care for children

The advantages of community-based care are broad, and as mentioned above, they include the residual of the persons within the community, local and easy accessibility of services, the flexible models of support, tailored to individuals' needs, and their empowerment, via the rights and strength-based approach.



2. Methodology and Structure of the Mapping Report

Methodology

The participating regions of FABCOM carried out research to assess the current state of community and family-based care services within their respective territories. This state-of-play mapping offers up-to-date evidence on existing services and will serve as a foundation for identifying areas requiring intervention, as well as for formulating policy recommendations.

Between mid-June and the end of July 2025, partners conducted desk research, which involved the systematic collection, review, and analysis of existing information from publicly available sources. These sources included government reports, academic publications, policy documents, statistical databases, and other relevant literature. The collected data was compiled into regional reports, each providing a detailed overview of the situation in a given region.

The research was structured around 4 key themes:

the national and regional **policy framework** on community and family-based care services;

the **service provision**, including the types, availability, and quality of services;

the **capacity** of the participating regions, referring mainly to the workforce and the provision of educational opportunities.

the **financial instruments**, examining funding mechanisms and resource allocation for these services.

Structure of the report

As previously stated, this report presents an analysis of community and family-based care services within the FABCOM regions. The primary objective is to examine the current context, including the main characteristics, the barriers, the enabling factors. Therefore, the main body of the report provides a **comprehensive analysis of the existing regional and local policy instruments** in the FABCOM regions on community and family-based care services and also includes information on the **main barriers and enabling factors** for the **transition from institutional to community based and family-based care services** in these regions. Following the main findings, the report makes a comparative analysis across the participating regions based on 4 pillars: the legal and strategic framework, the service delivery and quality of services, the workforce capacity, and lastly, the financing of the projects. Consequently, the report presents its conclusions, and key policy recommendations, as they emerge from the findings and the priorities of each region.

3. Regional Policy Analysis

In this chapter, we will present the main findings of the national and regional regulatory and policy framework for each partner's region. The analysis that follows outlines the legal and institutional background, describes the implementation of care strategies, maps service provision and workforce capacity, and identifies key enabling factors and systemic barriers. It aims to inform policy coherence, highlight regional disparities, and support knowledge exchange across governance levels within the context of advancing person-centred, community-based care models in Europe.





Zemgale Planning Region, Latvia

Context & Demographics

Latvia's social care and healthcare system is framed by strong constitutional and international commitments to human rights. Yet, the transition from institutional to community-based services remains incomplete and uneven. Key demographic pressures, such as an ageing population, workforce shrinkage, and increasing long-term care demand, are particularly acute in Zemgale. Within this context, the Zemgale Planning Region (ZPR) has become a driver of social inclusion and health promotion, guided by its Development Programme 2021–2027.

Policy Frameworks and Implementation

Latvia's commitment to transitioning from institutional to community-based services is clearly defined in policy documents, the most important of which is the Guidelines for the Implementation of the CRPD 2014–2020, which are driven by international standards and conventions. However, progress has been slow for various reasons. One important factor that actually contradicts the strategy for deinstitutionalisation and hinders its progress is the legality of forced institutionalisation of persons with intellectual disabilities.

The Zemgale Planning Region (ZPR) is a derived public body under the Ministry of Environmental Protection and Regional Development, responsible for development planning, coordination, and cooperation across municipalities and other administrative bodies. The ZPR Development Programme 2021–2027 serves as the strategic framework. Its Priority P2 – Social Inclusion and Health Promotion specifically targets accessibility, diversity, and quality of social services, with a focus on vulnerable groups and community health and also promotes residents' participation in health preservation and foster social inclusion for at-risk groups.

Community and Family-Based Services

Starting with the country level service provision, the Ministry of Welfare is providing training and capacity building activities for the social welfare workforce. Similarly, the Zemgale Planning Region is implementing a project that supports young people in their education and social entrepreneurship. Moreover, ZPR has implemented a deinstitutionalisation project, *Atver sirdi Zemgalē* ("Open Your Heart in Zemgale") (zemgale, 2025), that has provided different kinds of training for social workers

and care-giver specialists. The region also operates the Zemgale Regional Competence Development Centre, a municipal educational institution, which offers professional development for employees and job seekers in the care sector alike. It is apparent that the Zemgale Planning Region is focused on strengthening the capacity of its municipalities and workforce in providing quality care. In this direction, through the FABCOM project, the region aims to increase knowledge capital and institutional capacity.

Jelgava, as the centre of Zemgale Planning Region, provides a wide range of social services. The services are generally targeted at residents of Jelgava who need help, particularly those with low income, in crisis situations, or with specific needs. The services can include social work - providing support to individuals, families, and groups to help them function within society. Psychologist services - individual consultations for people in crisis or who need professional psychological support. Care services - providing care in a person's home. Rehabilitation - services for people with various needs, including those with disabilities, those recovering from addiction, or victims of violence. Day centres - centres for children and adults to provide social support, activities, and skills development. Shelter services - providing shelter for people who are homeless or in a crisis situation.

Enabling Factors

Policy Commitment and Institutional Capacity: As mentioned above, Latvia and the Zemgale Planning Region are in alignment with international conventions and prioritise social inclusion, providing a policy framework that supports community-based services. In addition, the ZPR has successfully managed more than 60 EU-funded projects and demonstrates capacity to plan and coordinate complex initiatives and draw lessons from successful pilots.

Public Support: Recent studies show that the Latvian society is becoming more inclusive towards persons with intellectual disabilities. 95% of society supports the full inclusion of children with functional disabilities, and over two-thirds support inclusion of persons with mental disabilities (Institute of Economics at the Latvian Academy of Sciences, 2022), indicating a broad societal readiness for deinstitutionalisation.

Innovation and Digitalisation: The Ministry of Welfare and State Employment Agency are developing digital profiling, job-matching tools, and AI-based approaches to improve service efficiency. Digital mental health assessment tools for adolescents are also being piloted.

Capacity Building: Projects such as Re:Impact (youth social entrepreneurship), FABCOM (institutional knowledge exchange), and the Zemgale Regional Competence Development Centre (lifelong learning and skills training) strengthen the social service workforce and innovation capacity.

Barriers

Institutional Gaps: Despite ratifying the UN CRPD, Latvia still legally permits forced institutionalisation of persons with intellectual disabilities, which undermines deinstitutionalisation principles. Additionally, municipalities, which are mainly responsible for the delivery of long-term care, face difficulty closing children's care institutions and tend to prioritise physical infrastructure investment over changes in service models.

Funding Imbalances: Despite the strategic commitments, 82.3% of long-term care expenditure is directed to institutional care, with the remaining 17.7% to home and community-based care (Eurocarers, 2023). Moreover, Latvia's overall health expenditure is far below the EU average, with long waiting lists and high household out-of-pocket payments (Rubene & Sklamina, 2025). This limits equitable access to care and undermines the foundation for deinstitutionalisation.

Workforce Shortages: There is a serious shortage of social workers (only about 70% of the legally required norm is met) and family doctors, combined with an ageing workforce (Dobelniece, 2023). This directly limits the expansion of labour-intensive community-based services.

Uneven Municipal Capacity: Autonomy of municipalities, combined with differing financial and human resources and overall capacity, leads to significant disparities in service accessibility, quality, and diversity across regions. Some municipalities even mislabel transfers between institutions as deinstitutionalisation.



Jaén County, Andalucía, Spain

Context & Demographics

Spain's care system is undergoing a gradual transition toward deinstitutionalisation, framed by strong national legislation on autonomy and dependency. Andalucía, as one of the largest autonomous regions, is at the forefront of decentralised service delivery. Within this regional framework, Jaén County Council plays a particularly important role in supporting small municipalities (under 20,000 residents), ensuring that rural populations also have access to care services. The province faces demographic pressures including an ageing population, rural depopulation, and rising demand for long-term care.

Policy Frameworks and Implementation

At the **national level**, **Spain**, in essence, supports deinstitutionalisation and community- and family-based care through a combination of legal and policy measures. Law 39/2006 establishes the System for Autonomy and Care for Dependency (Official State Gazette, No 299, 2006), which contains access to home support, telecare, and day centres. In addition, the Ministry of Social Affairs has developed the Spanish Deinstitutionalisation Strategy 2024–2030 (estrategiadesinstitucionalizacion, 2025), which provides a roadmap for promoting independent and community living.

The Royal Decree-Law 5/2023 (commonly referred to as the “Family Law”) offers significant support for individuals and families involved in caregiving. It guarantees paid and unpaid leave, flexible work arrangements, and teleworking options for caregivers, while also providing employment protection for caregivers. The policy-makers have paid particular attention to the equal responsibility sharing between parents. This is documented in the Organic Law 3/2007 (Official State Gazette No 71, 2007) and the workplace equality plans, which mandate mechanisms to balance care rights, such as flexible working hours. In 2021, the Ministry of Equality introduced the Co-Responsibility Plan (Igualdad,n.d.) initially funded with €190 million. The plan aimed to boost employment in childcare and promote shared caregiving responsibilities, through measures such as awareness campaigns targeted at men, professional placements, training opportunities and support for home- and centre-based care services.

Lastly, in February 2025, the national government proposed a reform of the Dependency and Disability Law (Official State Gazette, No 78, 2022) aimed at strengthening support for family-based care. The proposed changes seek to enhance the role of family members and non-professional caregivers, such as relatives or close associates, by offering financial benefits to sustain their caregiving responsibilities. In addition to direct economic support, the reform introduces structured training and counselling services to improve caregivers’ skills, well-being, and capacity to provide quality care at home.

In terms of the regional regulatory and policy framework, **Andalusia autonomous region** has defined community level social services as the first level of the regional public system. The regional framework builds on this with key legislation including Law 2/1988 (Official Gazette of Andalusian Government No 29, 1988) and Law 9/2016 (Official Gazette of Andalusian Government No 85, 2002), which defines the structure and provision of social services. The region's funding is guided by Decree 203/2002 (Official Gazette of Andalusian Government No 85, 2002) and updated annually via the Official Gazette of the Andalusian Government. Lastly, under the Order of October 10th, 2013, Andalusia has established protocols for Family Economic Assistance (Official Gazette of Andalusian

Government No 205, 2013). This order includes various benefits, with the ultimate goal to be the minor to remain in the family.

Additionally, the region has established the Andalusian Agency for Social Services and Dependency (juntadeandalucia, 2025), which empowers cities and county councils to strengthen telecare services, home help, family respite and community support. Following the example of the national government in promoting co-responsibility of care, the Andalusian region, along with Jaén and other Andalusian provinces, have come together to raise awareness regarding the equitable distribution of caregiving responsibilities at home. This demonstrates the strong coordination between the regional government and county-level institutions, while also highlighting the region's vertical collaboration with the national Ministry of Health through joint initiatives such as the Alzheimer's and Dementia Strategy. The strategy supports early diagnosis, home care and training for caregivers.

At the provincial level, **Jaén County Council** assumes technical support functions, especially in municipalities with fewer than 20,000 residents. It plays a vital role in delivering Community Social Services and managing the Family Intervention Program, addressing child vulnerability and promoting positive parenting.

Community and Family-Based Services

The Jaén County Council offers a comprehensive range of community- and family-based care services. These include home support such as the Home Help Service, telecare, and day care, as well as foster care and child protection measures, including the coordination of a dedicated family treatment team. The County Council also offers training programmes for caregivers in collaboration with the Jean Institute of Studies and runs the Active Ageing and Rural Care programme, in collaboration with day care centres, local associations and other actors in the region. Additionally, the county facilitates access to financial and social assistance for family caregivers. These services are delivered through a collaborative governance model involving the Andalusian regional government, municipal councils, and other collaborating organisations, reflecting a strong inter-institutional approach to care provision.

Enabling Factors

Comprehensive Legislative and Strategic Framework: Spain's multi-level legal structure enables community-based care through national Law 39/2006 (Dependency Law), which establishes the SAAD system providing home help, telecare, day care, and financial assistance. The Spanish Deinstitutionalisation Strategy 2024–2030 guides the shift from institutional to community care.

Regional laws in Andalusia (Laws 2/1988 and 9/2016) and local economic assistance orders support county-level implementation in areas like Jaén.

Strong Intergovernmental Coordination: Jaén's care system benefits from strong coordination between Andalusian regional government, county councils, and city councils. The Andalusian Agency for Social Services and Dependency enables local governments to deliver telecare, home help, and respite care, particularly supporting smaller municipalities with limited capacity. Vertical coordination includes joint initiatives like the national-regional Alzheimer's and Dementia Strategy, ensuring policy coherence across governance levels. Civil society partnerships with disability, elderly, and dependency associations contribute to designing innovative, tailored care models.

Access to European and Local Funding Mechanisms: Jaén benefits from its participation in European-funded programs, most notably the FABCOM project, which supports the modernization of family and community-based care infrastructure. The co-financing model, in which Jaén County Council contributes 20% of the cost using its own resources, demonstrates strong local ownership and commitment. While national-level funding remains limited for such initiatives, access to EU resources has proven essential in piloting innovative care models.

Service Infrastructure: Jaén County Council operates a well-organized network of Community Social Services providing home help, telecare, family intervention, foster care, and at-risk minor support. The province is expanding innovative models including supervised housing, cohabitation units, digital telecare platforms, and neighborhood volunteering. Formal training programs supported by Andalusian regional plans provide workforce development foundations, with growing certification and upskilling opportunities addressing capacity needs despite gaps in continuous education.

Alignment with International Norms and Rights-Based Approaches: Spain's commitment to the UN Convention on the Rights of Persons with Disabilities provides international legitimacy for transitioning to inclusive, community-based care. This rights-based approach promotes autonomy, inclusion, and individual choice over institutional models, principles reflected in Andalusia's and Jaén's strategic initiatives.

Barriers

Institutional Fragmentation: Spain's decentralised model enables local adaptability but at the same time creates fragmentation across national, regional, provincial, and municipal levels without clear coordination mechanisms. This can result in duplicated efforts, inconsistent service standards, and accountability gaps.

Slow Strategy Implementation: While the Spanish Deinstitutionalisation Strategy 2024–2030 provides a roadmap, regional implementation is uneven. Many areas lack locally adapted action plans to translate goals into concrete, measurable steps. This gap between national planning and local implementation, combined with inadequate financial and human resource planning, limits the strategy's transformative potential for closing institutions and expanding community services.

Financial Constraints: Despite policy prioritisation of community-based care, financial resources remain concentrated in institutional settings. Community services like home help, telecare, and respite care are underfunded and fragmented across programs. Without dedicated national funding mechanisms for the transition, local entities must cover significant costs from constrained budgets, limiting sustainable expansion of community-based models.

Workforce Shortages: The care sector faces significant personnel shortages, particularly in community-based and person-centred approaches. Overburdened workers struggle to deliver timely, individualised care, while the lack of structured continuous training affects both professional and non-professional caregivers. In rural areas like Jaén, this creates uneven care quality and limited specialised professional pipelines.

Infrastructure Gaps in Rural Areas: Many areas in Jaén, especially those under 20,000 inhabitants, lack adequate community care infrastructure, including supported housing, day care centres, neighbourhood networks, and respite services. This scarcity limits viable alternatives to institutionalisation for older adults and people with disabilities.

Residual Welfare-Based Approaches: Despite policy progress, care delivery continues to reflect a welfare-based mindset, prioritising safety, control, and institutional containment over autonomy, inclusion, and personal choice.



Małopolska Region, Poland

Context and Demographics

Over the past decades, Poland has experienced profound demographic and social changes that directly shape the demand for long-term care. Mortality has decreased while fertility has fallen below replacement level, leading to a shrinking population and a rapidly growing proportion of older people in need of daily support (World Bank, 2024). By 2040, one in four Polish citizens will be over the age of 65, and by 2060 this share is projected to exceed 30%, with more than 3.5 million people over 80

years old (Central Statistical Office, 2023). In the Małopolskie Region, these trends are compounded by depopulation in many rural districts and shifts in family structures, such as the decline of multi-generational households, the rise of one- and two-person households and high urbanization trends (World Bank, 2024). Traditionally, care in Poland has been understood as the primary responsibility of the family, deeply rooted as a cultural norm. However, these demographic and socio-economic realities are increasingly eroding the functionality of this model, reducing the capacity of families to meet growing care needs and highlighting the urgency of developing professional, community-based alternatives.

Policy Frameworks and Implementation

At the national level, deinstitutionalisation has become a strategic priority embedded in several policy frameworks. *The Strategy for the Development of Social Services, Public Policy until 2030 (with an outlook to 2035)* (Ministry of Family and Social Policy, 2022) explicitly places deinstitutionalisation at the centre of social policy, aligning it with related strategies such as the Strategy for Responsible Development (Ministry of Development, 2017), the Human Capital Development Strategy (Ministry of Development, Labour and Technology, 2020), and the National Programme for Counteracting Poverty and Social Exclusion (2021–2027) (Ministry of Family and Social Policy, 2021). These policies emphasise a shift toward community and family-based care, underlining the importance of social inclusion, local planning, and personalised support. Complementary frameworks, such as the Strategy for Persons with Disabilities, the National Programme for the Development of the Social Economy, and the Integrated Skills Strategy 2030 (Ministry of National Education, 2021), further reinforce the vision of accessible, people-centred care. Alongside this, the Ministry of Health's Healthy Future Strategic Framework (2021–2027, outlook 2030) (Ministry of Health, 2021) provides a health-sector perspective, ensuring alignment between social and healthcare reforms.

At the regional level, the Małopolskie Voivodeship has adopted the Regional Plan for the Development of Social Services and Deinstitutionalisation (2023–2025, with outlook to 2030) (Regional Centre for Social Policy in Kraków, 2023). This plan operationalises national priorities within the regional context and is anchored in the broader Voivodeship Development Strategy "Małopolska 2030" (Małopolska Region, 2020). The regional plan defines deinstitutionalisation not as the closure of residential institutions but as their transformation into centres providing both day and round-the-clock services, with an emphasis on keeping people in their families and communities for as long as possible. It also sets the framework for the use of European Funds for Małopolska 2021–2027, ensuring that resources are channelled into expanding community services, integrating care at the local level, and promoting more inclusive forms of support. By aligning with national and

EU policy directions, the regional plan provides a roadmap for gradually rebalancing the system away from institutional care toward sustainable, community-based solutions.

Community and family-based services

The base of the Polish care system is still family and informal caregiving. In Małopolska, around 15% of the population, mostly women, provide daily care for older relatives (ROPS, 2024). Yet, as ageing accelerates and family structures shift, this capacity is declining, creating growing reliance on formal services.

At the community level, the basic entities established to provide care at home are the Social Assistance Centres (SAC) and the Social Service Centres (CSS) (World Bank, 2024), which coordinate and deliver care at the local level. These include home-based services (e.g. hygiene, meals, household help, transport, nursing support, and assistance with official matters) as well as specialised care for people with disabilities or mental health needs. Services may be provided directly by municipal staff or outsourced to NGOs and private providers. Funding comes mainly from municipal budgets, often supplemented by earmarked national subsidies and EU funds (ROPS, 2024). Other community-based services include day care homes, self-help clubs, and EU-funded senior centres. Telecare programmes, such as the regional Małopolski Tele-Anioł and the government's Seniors Support Corps, reached nearly 4,800 people in 2023. Respite care services, allowing family caregivers temporary relief, were available in 26 support centres across the region (ROPS, 2024). In addition, personal assistance programmes and neighbourhood services are gradually expanding. These community models are often financed through mixed sources: municipal and national budgets, the European Funds for Małopolska 2021–2027, and targeted government initiatives like Care 75+ (Ministry of Family, Labour and Social Policy). Lastly, cash and in-kind benefits allow people in need to cover nursing and care services as well as rehabilitation equipment.

On the other hand, residential and institutional services continue to absorb significant resources and capacity. In 2023, Małopolska had 180 social care institutions (ROPS, 2023), including social welfare homes, family care homes, and facilities for people with disabilities or chronic illness. The health sector complements this system with 51 care and treatment or nursing care institutions and 23 hospices or palliative units (Ministry of Health, 2025). Although institutional care remains widespread, current national and regional strategies aim to transform these facilities into integrated centres that combine residential, day, and community services.

Enabling Factors

Policy & Strategic Framework: National strategies explicitly prioritise deinstitutionalisation. This is reinforced by the 2023–2025 Regional Plan, aligned with national and EU frameworks. EU conditionality under the 2021–2027 cohesion policy has driven systemic reform, while increasing alignment between social and health sector strategies ensures complementarity.

Institutional & Governance Structures: The establishment of Social Service Centres (CSS) has integrated services locally. Regional, county, and municipal authorities are required to prepare deinstitutionalisation strategies and service development plans. Local governments play an increasingly central role in planning, supported by EU and national resources.

Funding & Financial Instruments: European Funds for Małopolska 2021–2027 provide major support for deinstitutionalisation and community services, complemented by national programmes such as Care 75+, Seniors Support Corps, and the Solidarity Fund to strengthen local home- and community-care capacity. Multiannual cooperation with NGOs ensures continuity, while municipal spending on community services has steadily increased, reaching 53 million PLN in 2023 (a 68% rise since 2016).

Service Models & Innovations: Home-based and day services are expanding, supported by pilot projects such as Małopolski Tele-Anioł, which demonstrate scalable, technology-based solutions. Personal assistance services are also growing, enhancing independence for dependent persons. A supportive legal framework allows municipalities to outsource services to NGOs and social enterprises, fostering flexibility and innovation.

Civil Society & Community Role: NGOs, social economy entities, and religious organisations strongly supplement public care services through multi-annual cooperation agreements that ensure sustained partnerships. At the same time, the cultural tradition of family caregiving provides a social foundation for community-based models, even as its capacity declines.

Barriers

System Structure and Coordination: However extensive the legal framework of Poland may be, it appears to be fragmented with scattered regulations across multiple acts. Evidence shows inadequate coordination between health and social sectors as well as insufficient information systems and public awareness.

Resource Allocation and Access: Inadequate and geographically misaligned access to care services, an over-reliance on institutional rather than community-based care, and persistent service gaps in many municipalities hinder the progress of deinstitutionalisation in the region.

Financial Sustainability: While the funding for long-term care has increased over the past years, it appears to have had little significant impact, especially given the growing demand and rising costs. At the same time, local governments, which are responsible for service implementation, face limited financial resources and sustainable financing models for service continuity remain a challenge.

Workforce Crisis: Severe staff shortages across all care sectors are compounded by an ageing workforce, low attractiveness of care careers, and insufficient training and career development pathways.

Service Quality and Integration: Inconsistent service standards based on funding sources, limited capacity of day centres for higher-dependency clients, poor care pathway coordination between different service types, and insufficient support for informal caregivers undermine overall service quality and integration.



Pro-Arbeit, District of Offenbach, Germany

Context and Demographics

Germany, in line with the European agenda and international frameworks for deinstitutionalisation, has already made significant progress in shifting care away from institutional settings. About 80% of long-term care recipients now benefit from community-based and family-supported services (Statistisches Bundesamt, 2023). Nevertheless, demographic trends, most notably an ageing population with longer life expectancy, combined with financial constraints and sector-specific challenges, place considerable pressure on the sustainability of these efforts (Statistisches Bundesamt, 2023; Schrader, 2024; Gruber et al., 2021).

Policy Frameworks and Implementation

The policy implementation in Germany occurs at three levels, the federal, the state and the district. Initially, under the **federal framework**, the Social Code Book XI (SGB XI), which is the cornerstone of Germany's long-term care system, allows cash benefits to recipients who rely on friends or relatives for informal care, in-kind services, covering professional ambulatory or institutional services, and a flexibility mechanism to split these entitlements as necessary. Additional legislation, targeting

particular population groups, such as children and families at risk, exists to complement the Social Code Book.

Following the federal government, the **state of Hesse**, translates these national instruments into state-level strategies (Bundesministerium fur Gesundheit [BMG], 2023). Key strategies include the prioritisation of ambulatory provision prior to institutionalisation of the person in need of care, infrastructure planning, where the state regulates ambulatory services, nursing homes and advisory centres, neighbourhood-based models (*Quartiersansatze*), in which volunteers, NGOs and municipalities come together to support vulnerable groups, and particularly socially isolated populations, and lastly, the integration of excluded population through social (re)integration programs and housing assistance.

The district of Offenbach, notably **Kreis Offenbach**, highlights how these frameworks can work at the municipal level. The district pays particular attention to ambulant care and family support, such as counselling and training for caregivers, via care support centres (*Pflegestutzpunkte*). Additionally, there is broad collaboration with NGOs within the district, who complement these services by providing housing support, additional ambulatory services and addiction counselling.

Community and family-based services

The structure of community and family-based care services within the state of Hesse overall, is mixed, shaped by federal and state legislation, and involves a variety of formal and informal actors. There are four pillars that constitute the care services in the state of Hesse.

1. Family and informal Caregivers: Family members in Germany are the foundation of care provision, with over 70% of long-term recipients relying primarily on relatives (Statistisches Bundesamt, 2023). These family members are supported through federal cash benefits.
2. Professional Ambulatory Care Services: As already described, ambulatory services are of high priority to both the state and the district of Offenbach. These services are tasked with nursing, medical and household support to clients in their homes. In Offenbach, these services are delivered by private companies and non-profit organisations, such as Caritas and Diakonie Hessen. In the current financing model, basic ambulatory care is covered by the Pflegekassen (long-term care insurance funds), Krankenkassen (health insurance funds) pays for medically prescribed home care, while patients and families bear the additional costs; if they are unable to cover these, social welfare offices at district or municipal level provide support.
3. Institutional and Semi-Institutional Services: Despite the high rate of deinstitutionalisation in Germany, nursing homes and assisted living facilities are still vital, especially for older

adults, young residents with surviving addiction, mental illness and residents with disabilities. According to literature though, these institutional facilities often serve as transitional places for people who do not have proper housing arrangements, such as ex-inmates, homeless people with severe health conditions.

4. Community and Neighborhood-Based Initiatives: The neighbourhood work model (Quartiersansatze), is operationalised in the municipality level with a range of programmes and brings together a variety of actors, utilises volunteers and citizens to connect and support socially isolated people without family support.
5. Advisory and Coordination Services: The care support centres (Pflegestutzpunkte) operate across the district and provide counselling for welfare entitlements, training for caregivers and mediation with hospitals, in several languages, due to the large migrant population in the city (HMSI, 2023).

Enabling Factors

Rights-based entitlements: The combination of SGB XI, XII, and VIII provides legal foundations that secure access to care as a right rather than a discretionary benefit (HMSI, 2023).

Policy alignment with international standards: The ambulant principle reinforces deinstitutionalisation goals consistent with EU and UN agendas.

Institutional innovations: The care support centres provide counselling and training, strengthening the capacity of family caregivers.

Community initiatives: Neighbourhood-based projects and volunteer networks address social isolation and extend support to groups without family caregivers.

Workforce reforms: The generalist nursing qualification was introduced in 2020 to prepare professionals in geriatric, paediatric, and general nursing. Additionally, international recruitment agreements with other countries and digitalisation efforts aim to address severe staffing shortages (Gruber et al., 2021; BMG, 2023).

Civil society engagement: NGOs combine statutory funding with donations and volunteer contributions, extending outreach to socially excluded populations (Schrader, 2024).

Barriers

Funding constraints: Long-term care insurance is partial and does not adequately cover service costs, forcing welfare organisations into financial precarity. Additionally, allowances for family caregivers who lose working time are insufficient (HMSI, 2023; Schrader, 2024).

Workforce shortages: With an estimated gap of 280,000–500,000 staff by 2035, shortages lead to waiting lists, access denial and reduced service quality (Statistisches Bundesamt, 2023).

Inequities in access: Ex-inmates and homeless people often lack documentation, addresses, or family caregivers necessary to access benefits. Migrant families face additional language, bureaucratic barriers and lack of information (HMSI, 2023, Gruber et al., 2021).

Fragmented governance: Benefits are split across multiple codes (SGB XI, XII, II, VIII), creating inefficiencies and administrative burdens.

Inadequate reimbursement models: Current billing system in the care sector focuses on predefined tasks rather than outcomes, undermining a holistic, person-centred care (Gruber et al., 2021).

Housing shortages: Lack of affordable housing and respite facilities prolong institutional stays and undermine reintegration (Schrader, 2024).



**Provincie
Antwerpen**

Province of Antwerp, Belgium

Context and Demographics

Similarly to most European countries, Belgium also presents a changing landscape in its demographics and social structure, namely ageing population, fragmented family structures and increasingly chronic diseases. These changes place the health care system under pressure, both nationally, regionally and in the province of Antwerp (Province of Antwerp, 2020). These changes make the need for strengthening and expanding community and family-based support systems more crucial. Below we will present the situation of community and family-based care in Flanders and in the Province of Antwerp.

Policy Framework and Implementation

At the **federal level**, Belgium maintains an important role in shaping the overall healthcare policy framework and financing of the health care system. While healthcare policy is only partly determined

at this level, the federal government provides for example specific support mechanisms for informal caregivers. Most notably, federal policy establishes that every employee who is a recognized informal caregiver of a person in need of care is entitled to leave for informal care, implemented through a reduction in their work performance (Federal public service (FPS) Employment, Labour and Social Dialogue, 2025). This federal framework provides the foundational labour protections that enable family-based care arrangements.

The **Flemish government** bears primary responsibility for facilitating community and family-based services throughout the region. This responsibility is anchored in several key policy documents and strategic initiatives that have evolved over more than a decade. The foundational policy framework was established through the 2012 Policy Letter on Welfare, Public Health and Family (Vandeurzen, 2012), which promotes a community-embedded and person-centered care model. This approach emphasizes integrating care into everyday life, enabling individuals to live with dignity and autonomy within their communities and is aligned with EU and international standards (WHO, 2025).

Community and family-based services

The Flemish government implements these policy frameworks through several major initiatives:

1. Caring neighbourhoods, which represent one of the most significant implementations and is aimed to be scaled up. Key stakeholders, including local governments, health care institutions and welfare organisations, come together to support the programs and the Flemish government subsidises and trains municipalities to roll out such initiatives. Currently, there is a new policy developing to sustain the initiative financially.
2. Regional primary care zones. These zones are funded by the Flemish government and supported by the Vivel organisation, founded to support the initiative, bringing together stakeholders from local municipalities, primary care and welfare sectors.
3. Houses of the Child. These are local partnerships, subsidised by Opgroeien (the Flemish public agency), involving municipalities, independent professionals, social organisations, volunteers, and citizens to support expectant families and families with children and adolescents.
4. UpsideDown Houses focus on supporting youth mental wellbeing. Following a successful implementation, the initiative has become a permanent and structural part of the care landscape in the region. While the Flemish government is the main donor, municipalities are responsible for housing, renovations and basic infrastructure.
5. The Flemish Mantelzorgplatform, a partnership of six informal care associations in Flanders that support informal caregivers and care seekers via practical day to day and emotional support, information sharing and advocacy.

6. Primary Care Academy in Flanders was established among four universities and six university colleges, to develop evidence-based tools, enabling data-driven local policy implementation.
7. Person Centred Budget. The Flemish government also provides subsidies to organisations supporting informal caregivers. Additionally, there are subsidies aimed at persons with disabilities, enabling them to purchase the care they need themselves (Flemish Agency for Persons with Disabilities, s.d.). In addition, there is the care budget for persons with high care needs (Department of care, s.d.a).

The **Province of Antwerp** has developed its own specific approach to supporting community-based care within the broader Flemish framework. Since 2018, the province has actively invested in resilient villages and communities across multiple policy areas, including village, rural, welfare, and housing policies. In addition, the province has developed an evidence-based support package and a tailored coaching trajectory for municipalities to replicate and adjust the caring neighbourhood and community-based models (Province of Antwerp, 2020).

Enabling Factors

Capacity Building & Tools: Both the Province of Antwerp as well as the Flemish government has taken the lead in developing evidence-based training packages, guidelines, analysis and toolboxes for municipalities and stakeholders, strengthening their capacity in collaboration with Flemish universities and colleges. Also, the Flemish government has established Vivel, this Flemish organization supports the primary care stakeholders.

Community & Grassroots Initiatives: Following the COVID-19 pandemic, there has been a significant growth of local self-organised networks (e.g., Hoplr). Moreover, there has been an expansion of multidisciplinary practices combining healthcare and welfare locally.

Housing & Social Cohesion: There are some positive shifts in housing policy (co-housing, multi-family homes) enhancing informal care opportunities and social cohesion.

Barriers

Policy: Although Flanders considers community-based care a priority, a clear overarching vision and long-term structural policy is still underdeveloped. Sustainable funding mechanisms have not yet been defined. Additionally, some municipalities do not yet demonstrate full commitment to adopting the region's models, such as caring neighbourhoods.

Coordination: As various levels of governance are in place, there is a need for greater coordination among those levels, federal, Flemish, regional as well as local.

Structural: Throughout the regions, there is shortage of adapted housing providing mobility options to care seekers, and local essential services (especially in rural areas).

Resources: There is evident shortage of primary care professionals, as fewer people enter the profession, thus limiting outreach and collaboration with vulnerable groups. At the same time, there are declining numbers in volunteer commitment, increasing pressure on available volunteer networks. Currently, 15% of open healthcare positions remain unfilled in the province (Province in figures, 2024).

Mindset for care services: Despite the ongoing deinstitutionalisation efforts, many healthcare and social care providers have not yet embraced and adapted their practices to a neighbourhood-oriented approach. This shift requires fundamental changes and a mindset shift.



Region of Central Greece

Context and Demographics

According to recent financial data, Greece allocates only 0.2% of its GDP to long-term care, placing it among the lowest in the European Union (Papadopoulos & Athanasopoulou, 2021). At the same time, the country faces challenges similar to many other European countries, including a rapidly aging population, longer life expectancy, and rising demand for both health and long-term care services (Vettas, 2022). In response, the Greek state has integrated the European strategic priority of deinstitutionalisation into its national agenda.

Policy Framework and Implementation

The **Greek state**, as part of the EU, has established a national strategy for deinstitutionalisation, aligned with international standards and principles, such as the UN Convention of the Rights of Persons with Disabilities (UNCRPD). This strategy promotes a shift away from traditional institutional care models toward more personalised, community-based services that support independent living, autonomy, and full participation in society (UNICEF, n.d., EASPD, 2023). In the past few years, the country has introduced several reforms aimed at strengthening primary care and decentralising services. One such reform was the creation of Local Health Units (TOMYs), which were designed to make basic health and social services more accessible at the community level (WHO, 2019). While the national policy direction is clear, the rollout of these reforms has been uneven across regions.

In the **Region of Central Greece**, the policy frameworks that support the deinstitutionalisation transition are underdeveloped. Local care systems still rely heavily on informal networks, particularly family caregivers, who often provide support without formal training or any other financial assistance, such as cash benefits (Papadopoulos & Athanasopoulou, 2021). Despite the country's overall orientation toward community-based care, the lack of region-specific planning, governance structures, and coordination mechanisms prevents the development of a coherent, integrated system. In this landscape, municipalities are frequently left to operate in isolation, designing and delivering services without guidance, shared strategies, or stable funding sources. This fragmented approach not only limits service effectiveness but also hinders long-term system building at the regional level (Skrimizea, 2020).

Community and Family-Based Services

In Central Greece, care services that support people in the community and within their families exist, but they remain unevenly distributed, especially in rural and remote areas. A key programme in the region is "Help at Home" (Βοήθεια στο Σπίτι), which has been running for over two decades. It offers practical, day-to-day support to elderly people and people with disabilities, for instance household cleaning, personal hygiene and care, outdoor walks and counselling and psychological support (Caritas Hellas, n.d.). It is implemented by municipalities and largely sustained through a mix of EU, national and regional funding. Despite its broad reach, the programme often struggles with understaffing, particularly in less populated areas (UNICEF, n.d.).

Another important pillar is the network of day care centres for older people, especially through structures like KAPI and KIFI. KAPI are mainly designed to offer older adults a space for socialising and staying active, while it includes preventive healthcare. At the same time, KIFI caters to people with greater needs, offering meals, transportation, and personal care. However, these centres tend to be concentrated in larger towns (WHO, 2019).

At the municipal level, the social services provide essential support such as psychological counselling, food distribution, and assistance with paperwork for accessing benefits or healthcare. In some municipalities, additional solidarity structures like social grocery stores, social pharmacies, and community kitchens support individuals and families facing financial hardship (Hellenic Red Cross, n.d.). Lastly, NGOs and faith-based organisations, such as the Caritas network, play a significant role in filling systemic gaps, particularly for people often left out of formal care systems. They largely run shelters, mobile support units, and outreach services aimed at homeless individuals, unaccompanied minors, refugees, and vulnerable families (Caritas Hellas, n.d.; Hellenic Red Cross, n.d.).

Enabling Factors

Policy & Strategic Framework: The national deinstitutionalisation strategy provides a clear framework for reform, while the growing public acknowledgement of inequalities in care, reinforce the push for a fairer, person-centred system (Skrimizea, 2020).

Existing Models & Good Practices: Long-standing programmes like Help at Home are proven and adaptable operational models. Additionally, experience from earlier community-based and integrated initiatives can inform scale-up initiatives.

Funding Opportunities: The availability of EU funds (ESF, RRF) and the potential to design, pilot, and expand innovative care services.

Civil Society & Community Engagement: The variety of actors operating in the region, such as NGOs, volunteers, and community-based organisations, can bridge gaps locally, particularly for the most marginalised groups. In Greece, there is a strong tradition of solidarity and informal support structures.

Local Governance & Innovation Potential: Municipalities showing readiness to experiment with new models and inter-municipal cooperation, especially with flexible funding and technical support.

Barriers

Funding & Resource Constraints: Chronic underfunding at national, regional and municipal level limit the service provision and coverage for the population in need of long-term care.

Governance & Coordination Gaps: The main gap in this area are the fragmented responsibilities across governance levels (national, regional, local) and the simultaneous lack of a comprehensive regional strategy and monitoring framework. Municipalities often act in isolation unsupported.

Workforce Shortages & Capacity Issues: There is a largely insufficient number of trained professionals, especially in rural areas. Additionally, there is a high burnout and turnover rate among staff due to poor working conditions and limited career development.

Overreliance on Informal Care: Families provide the bulk of care without adequate financial or psychosocial support.

Inequitable Access: Urban areas benefit from better coverage, while rural and mountainous areas remain underserved.



Montenegro

Context and Demographics

Montenegro, with a population of about 630,000, faces demographic and systemic challenges in providing equitable health and social care, especially in rural areas. Nearly 124,000 citizens (19.5%) are over 65, and 11.4% experience difficulties in daily functioning due to impairments (MONSTAT, 2023), placing many at risk of poverty, exclusion, and health complications.

Policy Framework and Implementation

Montenegro has developed an extensive legislative framework which recognises the needs of the persons with disabilities (PwDs), the elderly and the People with chronic non-communicable diseases (NCDs). The framework recognises the importance of home and family care for these populations. Moreover, the national government, through the Ministries of Health and Finance, holds exclusive responsibility for reallocating funds from institutional to community-based care, while local governments contribute to social (but not health) services, with strategic frameworks already steering policy toward deinstitutionalization and community-based alternatives. Lastly, in 2024, the Ministry of Health published the *National Digital Health Strategy 2024–2028* and its accompanying Action Plan, which will enable evidence-based planning, monitoring, and evaluation of community-based services.

However, there is still space for improvement related to family care support. Currently, Montenegro, through its participation in FABCOM project, aims to develop national “Guidelines for the Work of the Home Health Care Service and Protocol for Providing Curative Services to Persons with Disabilities and Young People with Severe Non-Communicable Diseases”.

Community and Family-Based Services

In Montenegro, community and family-based care remain central in supporting persons with disabilities, the elderly, and those living with chronic diseases. Particularly, the family continues to shoulder the primary responsibility for care. Despite that though, adequate institutional or financial support is underdeveloped. Services at the community level include home visiting units within primary health care centres, geronto-housekeepers, home assistance, mental health centres, and specialised centres for children with special needs. Preventive and counselling services are also embedded in primary health care.

On the other hand, institutional health care is delivered through an organised three-tier system: 18 primary health centres nationwide, supported by secondary-level general and specialist hospitals, and tertiary-level facilities such as the Clinical Centre of Montenegro and public health institutes. On the social side, institutional services include centres for social work across all municipalities, public and private homes for the elderly, and institutions for children and youth with disabilities. These formal structures ensure access to specialised medical treatment and long-term residential care.

Enabling Factors

Policy and Strategic Framework: There is currently a strategic commitment to reforms in health and social care and that is evident through the adoption of the Action Plan for Persons with Disabilities (PwDs) and the Early Childhood Development Strategy of the Ministry of Health of Montenegro (MHM, 2023). Moreover, the ongoing 20-year HR plan from the Ministry of Health can provide a long-term framework to align workforce growth with priorities, potentially integrating the shift toward deinstitutionalisation.

Strengthened digital health infrastructure: In Montenegro, deinstitutionalisation and investment in community-based care are made more feasible by the implementation of the *National Digital Health Strategy 2024–2028* and its accompanying Action Plan (Ministry of Health, 2024). The strategy envisages the development of a modern health information system based on quality data, the digitalisation of registers, and improved reporting. These advances create the conditions for systematic data collection and the development of quality indicators, while also establishing a robust regulatory framework for data management, contributing to efficient and accountable care.

International and Regional Support: Montenegro's participation in Interreg's Europe FABCOM project, in which interregional learning is enhanced, and the technical assistance provided by both the European Union institutions and by the World Health Organisation (WHO), is critical for developing guidelines for the care sector.

Good Practices and Institutional Examples: The Ministry of Health has identified examples of good practice in certain health and social institutions, which can serve as models for broader replication.

Barriers

Human Resources and Capacity: Shortage of health and social care personnel to cover the needs of the whole community (Sarl & UNICEF, 2024) and the limited capacity of existing staff due to administrative workload.

Accessibility and Coverage: A key gap identified is the uneven geographical access to services, particularly in rural and remote areas. Additionally, family members who are committed to care do not receive institutional support.

Data and Information Systems: There is no mechanism to register the persons with disabilities in a database, nor integrated data systems between health and social care sectors. However, the ministry has introduced a Digital Health Strategy (MHM, 2024).

Coordination and Governance: There is limited intersectoral coordination between health, social care, and education systems.



4. Comparative Analysis

The FABCOM state of play mapping highlights both the progress and the persistent challenges in advancing community and family-based care across the seven participating regions. Despite different political systems, welfare traditions, and levels of deinstitutionalisation of care, the analysis reveals converging trends that underscore the relevance of shared learning. This synthesis draws together the regional findings under four analytical axes: policy frameworks, service provision, workforce and capacity, and financing mechanisms. It also identifies cross-cutting themes that shape the transition from institutional to community-based care.

Policy and Strategic Frameworks

Across all regions, there is broad strategic alignment with international and European norms. The UN Convention on the Rights of Persons with Disabilities (CRPD) and EU commitments to deinstitutionalisation have provided a common frame of reference. Countries such as **Spain**, **Poland**, and **Germany** have translated these commitments into robust national strategies and legislation. Spain's Dependency Law and Deinstitutionalisation Strategy 2024–2030 provide a structured roadmap, while Poland's Social Services Strategy 2030 anchors deinstitutionalisation in long-term national planning. Germany's Social Code XI, XII, and VIII guarantee care as a right, reinforcing a rights-based approach.

Other regions remain at an earlier stage of policy development. In **Latvia**, deinstitutionalisation is part of the national strategy, yet its implementation is obstructed by factors such as the continuing legality of forced institutionalization and the lack of commitment from municipalities, who are the main service providers. In **Central Greece**, national strategies are not yet fully aligned with regional frameworks, leaving municipalities to manage much of the implementation on their own. **Montenegro** demonstrates strong rhetorical commitment and alignment with international standards, but lacks fully developed governance instruments to guide systemic reform. **Belgium's Flemish region** has introduced promising frameworks, particularly through the “caring neighbourhoods” approach, a key priority for the next period, yet still lacks a long-term overarching strategy.

In conclusion, it becomes apparent that a clear, multi-level policy framework is essential, yet not sufficient. Regions with both strategic commitment and strong implementation mechanisms are more progressed, whereas those with fragmented or underdeveloped governance frameworks face implementation gaps.

Service Provision



All regions exhibit a coexistence of institutional and community-based care models, with varying degrees of balance. **Germany** represents the most advanced case, where approximately 80% of long-term care recipients rely on community or family-based care. Similarly, **Spain's Jaén County** has developed a comprehensive network of telecare, home help, and family intervention programmes that reach rural populations. In **Poland's Malopolska** region, community-based models such as telecare, day centres, and personal assistance are expanding, though institutional services still absorb significant resources.

Elsewhere, the picture is less balanced. In **Latvia**, more than 80% of long-term care expenditure continues to be directed toward institutional care. **Greece** has long-standing programmes such as "Help at Home," but their funding, as well as their coverage, particularly in rural and mountainous areas remains patchy. **Montenegro** relies heavily on families, with formal services remaining underdeveloped. Flanders has created innovative service ecosystems (Houses of the Child, UpsideDown Houses, caring neighbourhoods), but these models are not yet universally adopted by all municipalities.

In conclusion, we have observed in most countries and regions that effective models of service provision, combine home-based care with strong community and neighbourhood initiatives, complemented by family support. However, reliance on informal care remains a defining feature in most regions, highlighting the need for structural support for families and caregivers.

Workforce and Capacity

The workforce challenge is a pervasive barrier across all countries. Shortages of trained professionals, aging staff, and low attractiveness of care careers due to the working conditions were repeatedly identified. **Latvia, Poland, Greece, and Montenegro** particularly struggle with severe shortages and uneven municipal capacities. **Germany** has attempted to address this through generalist nursing qualifications and international recruitment, while **Spain** and **Belgium** have invested in training initiatives for caregivers and professional capacity building.

Local and regional innovation is also visible. **Zemgale (Latvia)** operates a Regional Competence Development Centre that trains both professionals and jobseekers. **Jaén** runs training programmes through its provincial institute, while **Antwerp** supports municipalities with tailored coaching packages and evidence-based tools. Despite these efforts, no region can claim to have fully resolved the structural workforce deficit.

To summarise, workforce shortages appear to be one of the greatest systemic risks to scaling up community-based care. While training and competence centres are valuable, broader workforce strategies, including career incentives, such as higher wages and secure working conditions, professional recognition, and sustainable funding for staff, are needed.



Financing and Sustainability



The financing of community-based care remains fragile in many regions. **Latvia, Spain, and Poland** continue to channel disproportionate resources toward institutional care, limiting the scope of alternatives. **Greece** stands out with extremely low public expenditure on long-term care (0.2% of GDP) overall, leaving municipalities and NGOs to fill the gaps. **Montenegro** also relies heavily on care within the households, with limited institutional or financial support for family caregivers. **Germany's** system for financing ambulatory care in particular, is multi-layered, involving statutory long-term care insurance, health insurance, public welfare, and private contributions, all under strict regulatory frameworks for providers. Private providers must be state-authorized and conclude a care contract with the regional Pflegekassen to deliver and bill services under defined quality and reimbursement frameworks. However, with long-term care expenditures already significant, and specifically 2.5% of GDP in 2021 and projected to rise (OECD, 2023), sustainability becomes critical. This is why current reforms focus on digitalisation, workforce expansion, family caregiver support, and stronger municipal planning, so as to secure both financial viability and quality of care in the future.

At the same time, European funds (ESF, RRF, Interreg, Cohesion Funds) have been instrumental in driving innovation. In Jaén, EU co-financing has enabled modernisation of family and community-based services. **Poland's Malopolska region** benefits from earmarked EU funding, ensuring that resources flow toward deinstitutionalisation projects. **Antwerp and Flanders** overall demonstrates how regional subsidies and EU funds can be combined with municipal contributions to scale up neighbourhood-based initiatives. Nonetheless, across all regions, sustainable national or regional funding mechanisms remain undersized.

According to the desk research findings, it is evident that EU funds are crucial catalysts for reform, but without stable domestic financing streams, many initiatives risk remaining pilots rather than permanent systemic solutions.

Cross-Cutting Themes

The current research on community- and family-based care across the seven European regions reveals several recurring themes. We wish to highlight these as follows:



Deinstitutionalisation in principle versus practice:
While policy commitments exist in all regions, institutional care continues to dominate budgets and capacity.



Governance matters:
Regions with stronger multi-level coordination (Jaén, Offenbach, Antwerp) demonstrate more coherent service ecosystems.



Innovation and digitalisation:
Digital tools, telecare, and neighbourhood models offer promising pathways for adaptation and scale-up.



Civil society as a cornerstone:
NGOs, religious organisations, and volunteer networks fill critical gaps, especially in Greece, Montenegro, and Poland.



Workforce as a bottleneck:
Persistent staff shortages across all regions constitute a threat to the sustainability of deinstitutionalisation efforts.



5. Key Conclusions

- ▶ Deinstitutionalisation is a shared priority across Europe, but implementation is uneven. While Spain, Poland, and Germany have robust frameworks, countries like Greece and Montenegro lack coherent governance structures.
- ▶ Institutional care still dominates budgets in many regions.
- ▶ Community-based services show promising models where developed, Germany has 80% of recipients in home or family care, and Jaén in Spain combines telecare, home help, and family support to reach rural populations.
- ▶ Workforce shortages are a systemic bottleneck. All regions face serious gaps in trained professionals, aging staff, and unattractive working conditions, threatening the sustainability of reforms.
- ▶ EU funds are a critical driver of innovation, enabling pilot projects like telecare in Poland and modernisation efforts in Spain and Flanders, Belgium. However, without standard domestic financing, these remain pilots rather than systemic solutions.
- ▶ Civil society and NGOs are essential to bridging gaps, particularly in regions where state provision is weak. Volunteer and solidarity networks remain a backbone of community-level support.
- ▶ Governance coherence makes a difference. Regions with strong multi-level coordination deliver more integrated services, while fragmented systems struggle.

6. Policy Recommendations

❖ **Legal Framework**: Participating regions are advised to align their regional strategies with the existing national and international guidelines and strategies.

A coherent legal framework is essential to support the transition towards community and family-based care. Outdated or contradictory legislation on national and regional level should be amended, while a comprehensive long-term vision for deinstitutionalisation and long-term care must be established on the regional level. In addition, mandatory requirements should be introduced for municipalities, requiring them to provide community-based support measures that guarantee equitable access to services across territories. Coherent governance ensures clear roles and responsibilities, efficient resource allocation, integrated planning and strategies, as well as consistent monitoring and evaluation to measure progress.

❖ **Quality of services**: Member states are advised to work towards the development of measurable indications within a deinstitutionalisation-integrated quality framework so as to improve the quality of services and monitor the implementation of the deinstitutionalisation strategy.

These indicators should be complemented by systematic data collection at the local level to better understand long-term care needs. Digitalisation plays a crucial role in this process, enabling more effective data management and improved care for beneficiaries. At the same time, policy makers should encourage impact evaluation of policies so as to continuously refine practices and respond to evolving social and demographic challenges.

❖ **Types of Services**: Regions should expand community-based services and scale up pilots with proven positive results (telecare, integrated local networks, family-based care) into systemic solutions.

Through dedicated funding and integrated care pathways, people centred with coordinated support, regions can champion the deinstitutionalisation process and move from pilots to mainstreaming by embedding proven models into statutory systems with long-term financing and evaluation frameworks.

💡 **Financing**: National and regional funding is recommended to be gradually redistributed away from institutional models of care, in favour of supporting deinstitutionalisation and community-based alternatives.

To achieve this, regions must not only develop sustainable financing strategies and revise municipal and family care budgets to reflect rising living costs, but also actively advocate for this shift in priorities at the national level. At the same time, it is essential to secure funding streams for NGOs, which play a vital role in service provision. Regional budgets should be designed to promote multidisciplinary approaches and foster institutional collaboration, avoiding overlap and competition among stakeholders. Overall, long-term care requires significantly increased and rationalised investment to meet future needs.

💡 **Workforce and Capacity**: Participating regions are advised to allocate funding for the design and delivery of specialised training in various sectors such as gerontology and mental health for caregivers.

The regions can assess local needs for training in collaboration with the municipalities and proceed in the design of training curricula along with local partners, such as training institutions. This can enhance the professional capacity of formal caregivers, but also provide essential tools for relatives that support their family members.

💡 **Mindset Shift**: Beyond structural reforms, the regions need to raise awareness amongst the public and highlight the importance of deinstitutionalisation.

The regions can develop information campaigns and inform their citizens about existing and upcoming service delivery. Additionally, broader public health awareness can also help reduce stigma for people in need of care, as experienced in some countries, and encourage more inclusive approaches to care.

7. Conclusive Remarks

This report shows that Europe is at a crossroads. The ambition to move from institutional care to community-based, person-centred support is shared across countries, yet progress remains uneven. The question now is not whether change is needed, but how quickly and effectively we can achieve it.

What countries and regions can control are the levers of governance, financing, and service design. By aligning policies, prioritising investment in community-based solutions, and ensuring civil society and users are part of decision-making, governments can create the conditions for real change. What cannot be fully controlled, demographic ageing, labour market shifts, and global economic pressures, will continue to shape the environment, but with foresight and innovation, their impact can be managed.

Short to mid-term priorities must be to strengthen governance frameworks, expand successful community pilots into mainstream provision, and tackle urgent workforce shortages through training and better conditions. Longer-term priorities involve rebalancing budgets toward sustainable community and family care, embedding robust monitoring systems, and ensuring equity for rural and hard-to-reach populations. These priorities are not isolated steps. Together, they form a virtuous cycle.

By acting now, policymakers can transform fragmented and institution-dependent systems into resilient, inclusive, and people-centred models of care. The reward is clear: a future where every person in need can live with dignity, independence, and choice.



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