A3: Measure long-term care demand in hours, not individuals

The number of people with long-term care needs does not directly translate into the amount of care required. Since care needs vary widely in intensity and complexity, counting individuals alone can underestimate or overestimate future care demand.

Recommendations:

- **Measure long-term care demand in care hours as well as in the number of individuals requiring support.** Projections should capture both the number of people needing care and the intensity of their needs**.**
- **Distinguish between different levels of care intensity.** Someone needing a few hours of help per week places very different demands on care systems than someone requiring several hours of support every day.
- **Use care-hour projections for workforce and expenditure planning.** Translating future care needs into hours makes it easier to estimate the workforce, working time, and financial resources required to meet future demand.

Why this matters

The number of individuals needing care does not reveal how much care will be required

Long-term care demand is often described in terms of the number or share of people with care needs. While useful, this measure provides only a partial picture.

Care needs vary substantially in intensity. Some older people may need occasional help with activities such as shopping, cleaning, or transport, while others may require assistance with multiple activities of daily living, supervision, or continuous support.

As a result, a projection showing that one million people will need care says relatively little about the actual volume of care that will need to be provided.

Care hours provide a better link between care needs and workforce requirements

Expressing long-term care needs in hours creates a clearer link between projected demand and the resources needed to meet it. Given the growing pressures facing long-term care systems over the coming decades, this distinction is critical for effective workforce and budget planning.

An increase in the number of people requiring care does not necessarily translate proportionally into the number of additional care workers needed. The workforce required depends on factors such as the

average number of care hours per person, the balance between formal and informal care, working-time patterns, and productivity in the care sector.

Care-hour projections can be translated into full-time-equivalent staffing requirements by accounting for working hours, part-time employment, and the share of working time devoted to direct care.

This is particularly important in a sector where part-time work is common. Headcounts alone may overstate effective labour supply if a substantial share of workers is employed on reduced hours.

Care hours also make the informal-care constraint visible

The same framework should be applied to informal care.

Future demand for formal care will depend not only on the number of older people requiring support, but also on the number of care hours that relatives are able and willing to provide.

Smaller families, greater geographical mobility, and higher employment rates among women and older workers may reduce the supply of informal care available to each person in need. As a result, even modest increases in care needs could translate into substantially larger increases in demand for formal services.

Tracking care hours required, care hours supplied informally, and the resulting formal-care gap would therefore provide policymakers with a more meaningful measure of the pressure facing long-term care systems.

Bottom line

Measure demand correctly (hours, not people) and recognize variation in intensity. Use improved metric for planning.

The analysis in this policy recommendation is based on the following BB-Future sources:

- Horton, H. (2026) 'The state of the care gap in Europe', BB-Future Digest 5, 19 June, BB-Future, available at: https://www.bb-future.eu/wp-content/uploads/2026/06/BB-Future-Digest-5_19062026.pdf.