

The Future of Long-Term Care in Europe: Preparing for Rising Demand

On 10 September 2026, Bruegel hosted the policy roundtable “The Future of Long-Term Care in Europe: Challenges and Policy Recommendations” in Brussels. The event was organised within the EU-funded BB-Future project (*The Care Wave and the Future of the Baby Boomers and their Children*, GA 101093849). Researchers presented evidence from the project, while experts from international and civil society organisations, as well as policymakers from the EU-Commission and Member States discussed how Europe can prepare for rising long-term care needs.

The central message was clear: [demand for long-term care will increase even under optimistic assumptions](#). While demographic change cannot easily be reversed, the scale and organisation of future care needs still can change and be adapted in the upcoming years. Health trajectories, prevention, labour-market participation and the design of formal and informal care systems will all shape the pressure on European welfare states.

Prevention should become a core long-term care strategy

One of the strongest messages from BB-Future research was that [health assumptions matter considerably](#) for projecting future long-term care needs, more than age alone.

The policy objective should consequently be to [increase the number of years people live without functional impairment](#). Delaying the onset and progression of impairment is an effective strategy to reduce future demand for care.

[Health literacy, physical activity and housing adaptation are key areas for prevention](#). This means prevention cannot be confined only to health ministries: housing, education, urban planning and taxation can all influence healthy ageing. At the same time, policymakers need stronger evidence on which preventive measures work, who should pay for them and when their benefits materialise.

Europe cannot rely on families to absorb future care needs

Families remain central to European care systems, but smaller families and changing family structures make future availability of family caregivers increasingly uncertain. This creates a potential mismatch between people's preferences and future realities: people may prefer to be cared for by relatives, but those relatives may not be available when care is needed.

The implication is not that formal care should replace family care. Rather, policymakers should strengthen the access to formal care while preserving people's choice to rely on family care where this is possible and preferred.

Informal caregivers also need greater protection. Lower-income caregivers may face particularly high costs when care reduces their ability to work. Policy options discussed included [extending pension-credit protection to informal caregivers](#) and [targeting support towards caregivers with lower income](#).

Gender is another important dimension. BB-Future research suggests that [economic incentives alone will not substantially change the gender distribution of informal care](#), which is currently provided predominantly by women, often daughters. Reducing this imbalance will require broader changes in societal norms and education, while financial incentives have surprisingly small effects.

Formal care capacity must expand before demand peaks

Provided that [families alone won't be able to absorb the increase in demand](#), Europe will need more formal care. Indeed, BB-Future evidence indicates that many more formal care workers will be required in the future, although the precise number depends on how care work is and will be defined and organised.

The policy message is therefore one of timing: expand formal care capacity before demand peaks. This means looking at recruitment, retention, working conditions and, where relevant, immigration. Faster recognition of qualifications obtained abroad was also identified as a practical area for action.

Policy choices will reshape care demand

One of the particularly innovative aspects of BB-Future is its modelling of [how households respond when long-term care policies change](#). Demand is not simply fixed: subsidies and prices can alter people's use of formal and informal care.

The research shows that the same intervention can have very different effects across countries. A [20% reduction in the price of formal care](#), for example, could substantially increase its use in countries with less generous provision, while having a much smaller effect where formal care is already extensive.

This means that long-term care financing cannot be designed around a single European template. Policymakers need to consider not only the cost of a subsidy, but how it will change behaviour and the balance between formal and informal care. And affordability alone is not enough: additional demand can only be met if sufficient workers and services are available.

Preparing now for a different future of care systems

The event's broader message was that Europe needs to prepare the care systems for a future that will not resemble today. Demographic pressures are largely unavoidable; the policy response is not.

Three priorities stand out: delay functional impairment through effective prevention; expand formal care capacity before demand peaks; and protect informal caregivers while ensuring that formal and informal care can work alongside each other.