

SOCIO-LEGAL TRANSFORMATION OF LONG-TERM CARE: BETWEEN INSTITUTIONAL CARE, COMMUNITY-BASED SERVICES AND THE PROTECTION OF USERS' RIGHTS*

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Abstract

Contemporary long-term care systems are undergoing significant structural and normative transformations driven by demographic ageing, changing family structures, and increasing demand for care services. In this context, long-term care is increasingly recognized not only as a matter of private family responsibility, but also as an important issue of social protection and public policy. This paper analyzes the key instruments of social-law protection in long-term care systems, focusing on the relationship between institutional and community-based care, the integration of health and social services, and the legal guarantees of quality and accessibility of care. Particular attention is devoted to deinstitutionalization processes and the growing role of community-based services in promoting autonomy, dignity, and social inclusion of users. The paper further examines legal and institutional mechanisms aimed at ensuring equal access to services, protecting users' rights, and establishing professional and quality standards in care provision. Using a socio-legal and analytical approach, the paper argues that sustainable long-term care systems depend not only on financial and institutional capacities, but also on the ability of legal systems to balance accessibility, quality of services, protection of users' rights, and social solidarity. The transformation of long-term care therefore represents one of the central challenges of contemporary social policy and social law.

Keywords: *long-term care; community-based care; deinstitutionalisation; users' rights; quality of care; accessibility of services; integrated care; welfare state; social law; social protection.*

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1. Introduction

Long-term care represents one of the most dynamic and rapidly expanding components of contemporary social welfare and social security systems. Although the need to care for older persons, individuals with illnesses, and those experiencing functional dependency has existed throughout the history of human societies, it was not until the second half of the twentieth century that long-term care gradually came to be recognized as a distinct subject of public policy and legal regulation. As a result, the issue of care has progressively moved beyond the sphere of exclusively familial and private responsibility and has become an integral part of broader systems of social welfare, health care, and social security.

The development of long-term care systems is closely linked to profound demographic, social, and economic transformations that have shaped contemporary societies. Increased life expectancy, declining fertility rates, and the continuous growth of the older population have led to a significant rise in the number of individuals requiring long-term assistance with activities of daily living. At the same time, epidemiological transition has contributed to the growing prevalence of chronic and degenerative diseases, as well as various forms of functional dependency that require not only medical treatment but also continuous support and care.

The growing demand for care has been accompanied by a weakening of traditional mechanisms of family support. Urbanization, changes in household structures, increased geographical mobility, and the growing participation of women in the labor market have reduced the capacity of families to provide care independently for their dependent members. As a consequence, responsibility for the organization and financing of long-term care has increasingly been assumed by the state, accompanied by the development of a wide range of institutional and community-based forms of support. However, the transformation of long-term care systems extends beyond the expansion of services and public responsibility. Recent decades have witnessed profound changes in the very understanding of the objectives and functions of long-term care. Traditional models based predominantly on institutional care have gradually given way to approaches that emphasize community-based support, the preservation of users' independence, and their active participation in social life. Processes of deinstitutionalization, the expansion of home-based care, the development of integrated services, and the promotion of person-centred models of support reflect a broader effort to organize long-term care in a manner that is more responsive to the needs, preferences, and rights of individuals requiring assistance.

In contemporary conditions, long-term care is therefore no longer viewed merely as a mechanism for service provision, but also as an important instrument for the realization of social rights, the protection of human dignity, the promotion of individual autonomy, and the enhancement of social inclusion. Issues concerning the accessibility and quality of services, the integration of health and social care, and the

protection of service users' rights have become central concerns of contemporary social law. Within this broader context, long-term care is understood as a range of health and social care services and support provided, either in the home or in institutional settings, to individuals who require assistance in performing activities of daily living over an extended period of time. Such support may include assistance with basic and instrumental activities of daily living, nursing and palliative care, as well as various forms of social support aimed at preserving functional capacity, autonomy, and participation in community life (Stanić, 2023: 152).

The subject of this paper is the socio-legal transformation of long-term care, with particular emphasis on the relationship between institutional care and community-based services, the development of integrated models of support, and the strengthening of users' rights. The paper argues that the contemporary transformation of long-term care should be understood not merely as a transition from institutional to community-based forms of support, but as a broader shift towards rights-based and person-centred systems of socio-legal protection. Within this evolving framework, the protection of users' autonomy, dignity, participation, and social inclusion increasingly constitutes a central objective of long-term care policies and legal regulation. To examine these developments, the paper adopts a socio-legal and doctrinal approach, drawing upon relevant legal instruments, policy documents, and academic literature. Its aim is to identify the principal directions of contemporary long-term care reforms and assess their significance for ensuring accessible, high-quality, and rights-based support.

2. The socio-legal transformation of long-term care

The development of long-term care constitutes one of the most significant examples of the transformation of the modern welfare state and its functions within the field of social security. Historically, the care of older persons, individuals with illnesses, and those experiencing functional dependency was primarily situated within the sphere of family responsibility, local solidarity, and various forms of informal support. The need for care was not recognized as an autonomous social risk or as a basis for legally guaranteed entitlements; rather, the satisfaction of care needs largely depended on the availability of family resources and the willingness of immediate social networks to assume caregiving responsibilities.

The first organized forms of care provision emerged within religious and charitable institutions. Although these institutions represented an important step beyond exclusively family-based forms of care, their activities were grounded in principles of charity and benevolence rather than in the concept of enforceable individual rights. Access to assistance depended on available resources and the discretionary judgment of care providers, placing persons in need of care in the position of recipients of charity rather than holders of legally protected rights (Riva, Cesana, 2013: 1-4).

A fundamental shift occurred with the development of the welfare state during the twentieth century. As social security systems expanded, there was a gradual recognition that the need for long-term care should not be regarded solely as a private or family matter, but rather as a social risk requiring institutionalized and legally regulated protection. Old age, disability, and long-term functional dependency increasingly became matters of public responsibility, while the provision of appropriate forms of support emerged as one of the core functions of the welfare state. These developments laid the foundations for the establishment of long-term care as a distinct field of social law and social policy.

The evolution of several European long-term care systems provides a clear illustration of this transformation. Germany, through the adoption of Book XI of the Social Code (*Sozialgesetzbuch XI – SGB XI*) in 1995, established compulsory long-term care insurance as a separate branch of the social security system, thereby recognizing long-term care as a distinct social risk within the social security system.¹ Unlike Germany, Sweden has developed a universal model based on the Social Services Act (*Socialtjänstlagen*), under which long-term care is primarily financed through general taxation and organized at the municipal level in accordance with the principles of universality, local responsibility, and the promotion of ageing in place through community-based services.² The Netherlands, following its 2015 reform, introduced a functional division of responsibilities between the Long-term Care Act (*Wet langdurige zorg*), the Health Insurance Act (*Zorgverzekeringswet*), and the Social Support Act 2015 (*Wet maatschappelijke ondersteuning 2015*), thereby allocating responsibilities among different legal frameworks according to the nature and intensity of users' care needs.³

At the same time, profound demographic and social changes further accelerated this process. Increasing life expectancy, population ageing, the growing prevalence of chronic illnesses and various forms of functional limitation, together with the gradual weakening of traditional family structures, led to a substantial increase in demand for organized systems of long-term care. Under such circumstances, the need for care became less closely associated exclusively with old age and increasingly linked to functional dependency arising from a wide range of health-related, social, and psychosocial factors (Dragičević, 2025: 252). This understanding contributed to the gradual abandonment of a purely medical approach and the development of a broader socio-legal concept of long-term care, centred on the needs, capabilities, and rights of care recipients (Dragičević, 2025: 255-257).

¹ Sozialgesetzbuch (SGB) Elftes Buch (XI) – Soziale Pflegeversicherung, BGBl. I S. 1014, zuletzt geändert durch Artikel 4 des Gesetzes vom 30. Mai 2024, BGBl. I Nr. 173.

² Socialtjänstlag (2025:400), i lydelse t.o.m. SFS 2026:1314.

³ Wet langdurige zorg (Wlz), Stb. 2014, 494, laatst gewijzigd bij Stb. 2025, 123; Zorgverzekeringswet (Zvw), Stb. 2005, 358, laatst gewijzigd bij Stb. 2025, 150; Wet maatschappelijke ondersteuning 2015 (Wmo 2015), Stb. 2014, 280, laatst gewijzigd bij Stb. 2025, 274.

The socio-legal transformation of long-term care, however, did not merely involve the expansion of the categories of persons entitled to support. Equally significant were changes in the understanding of the objectives and functions of care itself. Traditional models were primarily concerned with physical protection, custodial care, and the institutional accommodation of individuals unable to function independently. Contemporary approaches are based on the premise that the purpose of long-term care extends beyond the provision of assistance and includes the preservation of autonomy, independence, and social participation. Rather than focusing on institutional custody, increasing emphasis is placed on the individual's right to retain, to the greatest extent possible, control over his or her own life, choices, and living environment.

As a consequence of these developments, the rights of care recipients have gradually become one of the central elements of contemporary long-term care systems. Long-term care is increasingly viewed as an instrument for the realization of human rights, the protection of human dignity, the prevention of social exclusion, and the creation of conditions for independent living. At the same time, growing importance is attached to concepts such as deinstitutionalization, community-based care, integrated support, and person-centred approaches, all of which reflect efforts to organize care systems in accordance with the needs and preferences of those for whom they are intended.

The socio-legal transformation of long-term care can therefore be described as a process of de-privatization and de-familialization of care needs, accompanied by the gradual assumption of responsibility by public institutions and the development of mechanisms that enable care recipients to meet their needs independently of family support. These developments have become a central feature of contemporary long-term care reforms and continue to shape the future direction of long-term care systems (Verbakel *et al.*, 2023: 38).

3. From Institutional Care to Community-Based Services

One of the most significant transformations of contemporary long-term care systems is reflected in the gradual shift away from models predominantly based on institutional care and the development of various forms of support provided within the community. This process does not merely constitute an organizational or financial reform of care systems; rather, it reflects deeper changes in the understanding of the position of care recipients, the objectives of socio-legal protection, and the relationship between dependency, self-determination, and social inclusion. At its core lies a gradual transition from a care-oriented approach focused primarily on custodial support to one that places greater emphasis on the rights, choices, and individual needs of service users.

Throughout much of the twentieth century, institutional care represented the dominant form of long-term care provision for individuals who, due to old age,

disability, chronic illness, or other health conditions, were unable to meet their daily needs independently. Institutional services involve the provision of long-term care in specialized facilities where users reside permanently or for extended periods and where accommodation, meals, health care, supervision, and various forms of social and psychological support are provided (Jackson, Gaugler, 2016: 95-96). This form of protection is primarily intended for persons with a high degree of functional dependency whose needs exceed the possibilities of support within the home environment.⁴

The undeniable advantage of institutional care lies in its capacity to provide continuous, professional, and highly organized support to individuals with complex health and social needs. For persons with severe cognitive impairments, advanced chronic diseases, or a pronounced dependence on the assistance of others, institutional placement often represents the only means of ensuring adequate and safe care. For this reason, institutional services continue to constitute an indispensable component of long-term care systems. However, since the final decades of the twentieth century, the institutional model has increasingly become the subject of critical scrutiny (Mansell *et al.*, 2007: 1-5). Research suggests that prolonged residence in institutional settings may result in diminished personal autonomy, loss of control over everyday life, and the gradual detachment of users from their social environment (Lamb, Bachrach, 2001: 1039-1041; Anttonen, Karsio, 2016: 151-153). Particular attention has been drawn to the fact that large institutions frequently operate according to uniform rules and standardized routines, which may limit the individualization of support and reduce opportunities for users to make independent decisions concerning their way of life (Goffman, 1961: 1-2, 5-6). Furthermore, institutional forms of care are associated with substantial financial costs, creating additional challenges in the context of population ageing and the continuous growth in demand for long-term care (Mansell *et al.*, 2007: 4-5, 43-48).

In response to these challenges, the concept of deinstitutionalization has emerged and, over recent decades, has become one of the central principles of contemporary long-term care policies. Deinstitutionalization refers to the gradual abandonment of care models based on large-scale institutions and the development of services that enable support to be provided in environments that are as close as possible to the user's ordinary living environment. However, the essence of deinstitutionalization does not lie solely in changing the location where care is delivered. It also entails a transformation in the understanding of the position of care recipients, who are increasingly regarded as holders of rights to independent living, dignity, and active participation in society (Mansell *et al.*, 2007: 2-3; European Commission, 2009: 6, 8-9; Bermejo-Patón *et al.*, 2024: 2, 11).

⁴ The literature suggests that institutional care often exhibits characteristics of a highly standardized and medically oriented environment, which may limit the individualization of support and the autonomy of service users (Drew, 2005: 71-89).

The practical implementation of deinstitutionalization differs across European long-term care systems, although the legal mechanisms through which this objective is pursued vary considerably. In Germany, the long-term care insurance system supports care in the home environment through cash benefits, home care services, respite care, and various forms of support for informal caregivers, while residential care is primarily reserved for persons whose needs cannot be adequately meet outside institutional settings.⁵ Support in Sweden is, whenever possible, provided in the user's own home and local community, thereby promoting independent living and reducing reliance on institutional care.⁶ Similarly, municipalities in the Netherlands play a central role in organizing community-based support services and preventive measures, whereas institutional long-term care is primarily reserved for persons with permanent and intensive care needs.⁷ These comparative examples demonstrate that contemporary deinstitutionalization does not seek to eliminate institutional care but rather to redefine its role by making community-based support the primary form of long-term care whenever this is compatible with the user's needs and preferences.

Within this context, community-based services assume particular importance. These services encompass a broad range of social, psychosocial, counselling, and rehabilitation services organized within the user's local environment and aimed at preserving social participation and preventing unnecessary or premature institutionalization (Robison *et al.*, 2012: 251-270). Unlike the traditional institutional approach, which focused primarily on custodial care, community-based services are founded on the understanding that the quality of life of care recipients is inseparable from the preservation of social relationships, local connections, and opportunities for active participation in community life (European Commission, 2009: 2-3, 8-9).

Among these services, day centres, day-care facilities, and respite care services occupy a particularly important place. These forms of support enable users to receive necessary care and professional assistance without leaving their family environment, thereby simultaneously strengthening their capacity for independent living and preventing social isolation (European Commission, 2009: 6, 8-9). At the same time, they constitute an important support mechanism for family members and other informal caregivers by providing temporary relief from the daily responsibilities associated with caregiving (European Commission, 2009: 2-3).

The most developed and widespread form of community-based care is home care. Home care involves the organized provision of various forms of support directly within the user's home and includes both assistance with basic activities of daily living and support in performing more complex activities that help preserve

⁵ Sozialgesetzbuch (SGB) Elftes Buch (XI) – Soziale Pflegeversicherung.

⁶ Socialtjänstlag (2025:400).

⁷ Wet langdurige zorg (Wlz); Wet maatschappelijke ondersteuning 2015 (Wmo 2015).

functional independence and self-determination (Mansell *et al.*, 2007: 2-3). Depending on the organization of a particular system, home care may encompass nursing care, rehabilitation services, assistance with medication management, and various forms of palliative care. Its principal significance lies in enabling individuals, despite functional dependency, to remain in their own homes and retain control over their living environment.

The development of home care is closely associated with the concept of ageing in place, which is based on the assumption that most older persons wish to remain in their own homes and familiar surroundings for as long as possible while maintaining independent living, social connections, and quality of life (Pani-Harreman *et al.*, 2021: 2027-2028, 2032). Rather than relocating individuals to institutional settings, emphasis is placed on developing services and support mechanisms that enable care needs to be met within the community while preserving users' autonomy to the greatest extent possible.

While the principles of ageing in place and community-based care have become central to contemporary long-term care reforms, it is important to recognize that such approaches cannot be regarded as universally appropriate for all users. The effectiveness of community-based support largely depends on the availability of adequate services, professional assistance, accessible housing, and informal support networks. At the same time, community-based care should not be idealized as an inherently superior alternative to institutional care. In the absence of adequate public services and professional support, deinstitutionalization may result in the transfer of care responsibilities from institutions to families, thereby increasing the burden on informal caregivers and potentially undermining the objectives of social inclusion and equal access to care. Furthermore, individuals with severe cognitive impairments, advanced chronic illnesses, or intensive care needs may continue to require residential forms of care capable of providing continuous supervision and specialized support. Consequently, the objective of contemporary long-term care policy is not the complete replacement of institutional care, but rather the development of a flexible system capable of matching different forms of support to the diverse and evolving needs of users.

These developments have been accompanied by the emergence of the concept of person-centred care. Unlike traditional models, in which service organization was primarily adapted to the needs of institutions and care systems, this approach is grounded in the individual needs, capabilities, life circumstances, and preferences of care recipients (Ruggiano, Edvardsson, 2013: 846-848). The focus is no longer placed on the degree of dependency or the individual's health condition, but rather on the person, his or her life choices, and the right to self-determination. The objective of care is not merely to provide physical assistance, but also to preserve human dignity, self-determination, and opportunities for meaningful participation in social life.

Nevertheless, contemporary long-term care systems seek to establish a balanced network of services encompassing both institutional and non-institutional

forms of support. Different categories of users have diverse and evolving needs, which require different levels and forms of assistance throughout the life course. Institutional care and community-based services are therefore increasingly viewed as complementary components of a unified system whose objective is to provide continuous, accessible, and person-centred support while respecting users' rights, individual choice, and personal integrity.

4. Integration of Care Systems

Contemporary long-term care systems face the challenge of providing support to individuals whose needs simultaneously encompass health-related, social, psychological, and functional dimensions. Owing to the complexity of these needs, the organization and coordination of different forms of support have become central issues in contemporary long-term care reforms. In this context, the concepts of the continuum of care and integrated care have gained increasing importance, aiming to ensure a connected and continuous system of services tailored to the changing circumstances and requirements of users (K. Leichsenring, 2004: 1-2; Wosko, Ruppe, 2016: 8-10).

Traditionally, health care and social care developed as separate institutional subsystems characterized by distinct competences, organizational structures, and financing mechanisms. However, the needs of individuals requiring long-term care can rarely be reduced exclusively to one of these domains. In addition to health care services, users frequently require social support, psychosocial assistance, rehabilitation, adaptation of the living environment, and support for family members involved in caregiving (WHO, 2017: 9). For this reason, long-term care constitutes a field situated at the intersection of multiple institutional systems and therefore requires a high degree of coordination among different actors (Seberíni *et al.*, 2023: 12-13, 117; OECD, European Commission, 2013: 6).

In conditions of insufficient integration between health and social care systems, service fragmentation frequently occurs. The consequences of such fragmentation may include overlapping institutional responsibilities, inconsistencies in support measures, difficulties in accessing services, and gaps in the system of protection (WHO, 2021: 11-12). Users and their families are consequently often compelled to coordinate different forms of support on their own, which may result in additional burdens and reduced system effectiveness.

In response to these challenges, the concept of the continuum of care has been developed. According to this approach, different forms of support are not viewed as isolated segments of the system but rather as interconnected elements of a unified network of services (Dunér *et al.*, 2011: 1-3; Wosko, Ruppe, 2016: 8; Zhang *et al.*, 2022: 42-43, 117-118). The continuum of care encompasses a broad range of services of varying intensity - from home care and community-based services, through semi-institutional forms of support, to residential care facilities - between

which users may gradually transition in accordance with changes in their health status, functional capacities, and social circumstances services (K. Leichsenring, 2004: 6; Dunér *et al.*, 2011: 3). The principal advantage of this approach lies in ensuring continuity of support. Rather than requiring users to undergo abrupt and discontinuous transitions between different forms of protection, the system seeks to provide a gradual adjustment of services to their individual circumstances. In this way, the risk of interruptions in support is reduced, while the possibility is increased that users may remain for as long as possible in the environment that best corresponds to their needs and preferences (Dunér *et al.*, 2011: 3).

The development of the continuum of care is closely linked to the broader concept of integrated care. Integration involves the establishment of mechanisms for cooperation and coordination among the various institutions, services, and professionals involved in supporting users.⁷ Its objective is not merely to enhance system efficiency but also to ensure comprehensive and individualized support. Integration may be achieved at several levels. At the same time, achieving effective integration remains challenging in practice, as differences in institutional responsibilities, funding arrangements, professional cultures, and administrative procedures may hinder cooperation between health and social care services. At the institutional level, it involves cooperation among health-care institutions, social welfare institutions, local service providers, civil society organizations, and other actors engaged in the provision of support (K. Leichsenring, 2004: 6-8; WHO, 2017: 10). At the organizational level, integration is promoted through the development of multidisciplinary teams comprising physicians, nurses, social workers, psychologists, occupational therapists, and other professionals (WHO, 2017: 10). The involvement of diverse professional profiles enables a more comprehensive assessment of individual care requirements and facilitates the provision of support tailored to their specific life circumstances.

The legal and institutional organization of integrated long-term care varies considerably across national legal systems, although all contemporary models pursue the common objective of ensuring continuity of care and effective coordination among different service providers. In the Netherlands, responsibilities are divided between the long-term care insurance system, the health insurance system, and municipalities, while eligibility for long-term care is determined through an independent needs assessment, enabling users to be directed to the most appropriate system of support.⁸ In Sweden, integration is based on the statutory allocation of responsibilities between regions, which provide health care, and municipalities, which are responsible for most long-term care services, making close intergovernmental cooperation essential for ensuring continuity of care.⁹ Germany,

⁸ Wet langdurige zorg (Wlz); Zorgverzekeringswet; Wet maatschappelijke ondersteuning 2015 (Wmo 2015).

⁹ Socialtjänstlag (2025:400); Hälso- och sjukvårdslag (2017:30), SFS 2017:30, i lydelse t.o.m. SFS 2026:1312.

by contrast, institutionally distinguishes between health insurance and long-term care insurance, while promoting integration through a unified needs assessment procedure, coordinated service provision, and legally regulated cooperation between long-term care insurance funds and service providers.¹⁰ Despite these differences in institutional design, all three models illustrate a common trend towards overcoming the traditional separation of health and social care through legal mechanisms aimed at ensuring integrated, continuous, and person-centred support.

Particular importance within contemporary models of integrated care is attached to case management. This approach entails the coordination of different services and support providers with the aim of ensuring continuity of care and adapting services to the specific circumstances of service users (WHO, 2017: 10). Case managers accompany users through different stages of service utilization, participate in needs assessments, coordinate the work of various services, and seek to ensure the timely provision of necessary assistance and services. In this manner, the risk of system fragmentation is reduced, while accessibility and functionality are enhanced.

The integration of care systems also possesses a significant legal dimension. Effective socio-legal protection cannot be achieved if individual segments of the system remain isolated and insufficiently connected. For this reason, contemporary legal frameworks increasingly provide for mechanisms of coordination among different institutions, a clear allocation of responsibilities, and obligations of cooperation among services involved in the provision of support (European Commission, 2009: 8-9; WHO, 2021: 7-8). Such mechanisms are intended to ensure that users gain access to an integrated system of services rather than to a series of disconnected measures and programmes. At the same time, it is important to recognize that integration is not merely an organizational issue. It also entails a transformation in the approach to users, who are no longer regarded as recipients of separate services provided by different systems, but rather as the central subjects around whose preferences, circumstances, and care requirements the entire framework of support is organized. For this reason, integrated care has become one of the defining characteristics of contemporary long-term care systems and one of the key prerequisites for ensuring accessible, continuous, and high-quality socio-legal protection.

5. The Capacity of Long-Term Care Systems as a Precondition for the Protection of Users' Rights

The realization of the rights of long-term care users does not depend solely on the existence of legally recognized rights and the formal availability of services. The effectiveness of long-term care systems is also largely conditioned by their

¹⁰ Sozialgesetzbuch (SGB) Elftes Buch (XI) – Soziale Pflegeversicherung.

institutional and workforce capacities. The right to high-quality, timely, and continuous care can be effectively realized only if the system has a sufficient number of adequately trained professionals, clearly defined professional standards, and organizational mechanisms that enable the sustainable development of services. At the same time, contemporary long-term care systems face challenges related to workforce shortages, increasing caregiver mobility, and the accelerated digitalization of services, all of which directly affect the practical realization of users' rights. Consequently, issues of workforce professionalization, staffing sustainability, and technological modernization cannot be viewed merely as matters of work organization, but also as important preconditions for the protection of the rights of long-term care users.

5.1. Professionalization of Work in the Care Sector

The professionalization of work in the long-term care sector represents one of the key prerequisites for ensuring high-quality, safe, and person-centred services. Contemporary long-term care systems increasingly recognize that the quality of support received by users depends directly on the competencies of those who provide such support. For this reason, issues relating to education, professional standards, and the qualifications of caregivers today possess not only a workforce and organizational dimension but also a pronounced socio-legal significance (Arroyo *et al.*, 2023: 9-10).

The development of long-term care has been accompanied by a gradual departure from the perception of care as an activity based primarily on experience and informally acquired skills. Contemporary care involves a complex combination of medical, social, psychological, and communication competencies and is therefore increasingly regarded as a professional activity requiring appropriate education, specialized knowledge, and continuous professional development (Arroyo *et al.*, 2023: 9). Care workers are often in direct contact with individuals experiencing heightened dependency and vulnerability, which requires the ability to identify health-related risks, apply appropriate care procedures, and establish relationships founded on respect for the dignity and individual needs of users (Harahan, Stone, 2009: 2, 4).

For this reason, contemporary long-term care systems have developed various models of formal education, professional training, and practical preparation for those providing care (Newbould *et al.*, 2022: 2203). Particular importance is attached to continuing professional development programmes, which enable adaptation to new professional standards, technological developments, and changing user needs (Maeda, Socha-Dietrich, 2021: 8-10). Modern educational programmes increasingly include the development of digital competencies required for work in technologically supported care systems (Maeda, Socha-Dietrich, 2021: 9). In the context of rapid demographic and technological change, lifelong learning has become one of the fundamental prerequisites for the sustainability and quality of long-term care systems (OECD, ILO, 2026: 15-19).

Particular importance is attached to licensing and certification mechanisms. Their function is not limited to monitoring the professional competence of service providers; they also constitute an important instrument for the protection of users. Licensing and certification contribute to ensuring minimum professional standards, enhancing the legal security of users, and strengthening trust in long-term care systems. Since services are often provided to individuals in situations of heightened dependency and vulnerability, the professional competence of care providers assumes a significant public-interest dimension (Harahan, Stone, 2009, 2, 4, 22).

The importance of professionalization has also been recognized in international and European policy documents, particularly the *Global Strategy on Human Resources for Health: Workforce 2030* adopted by the World Health Organization, relevant International Labour Organization instruments concerning the development and protection of the care workforce, and the *European Care Strategy* of 2022 (European Commission, 2022; International Labour Organization, 2018, 2024; World Health Organization, 2022). These documents emphasize that the quality and accessibility of long-term care services depend on the existence of a sufficiently trained, professionally qualified, and adequately valued workforce, as well as on continuing professional development, professional standards, and safe working conditions in the care sector. At the same time, numerous studies demonstrate that the process of professionalization is not always accompanied by corresponding improvements in the material position and social recognition of caregivers (OECD, 2023: 14-16; OECD, ILO, 2026: 7). This gap between increasing professional demands and limited social recognition constitutes one of the major challenges facing the development of long-term care systems. Moreover, rapid demographic, technological, and organizational changes affecting the care sector require the continuous adaptation of educational programmes and professional standards to evolving practical needs (Arroyo *et al.*, 2023: 8-10). Ensuring accessible and sufficiently flexible training opportunities for new entrants to the care workforce remains an important policy challenge (OECD/ILO, 2026: 5-8, 14-18; Arroyo *et al.*, 2023: 43-45). At the same time, education and training standards must remain capable of guaranteeing service quality and user safety (WHO, 2022: 3-4, 6). In this context, professional standards and occupational classification systems play a particularly important role, as they enable a clearer definition of professional competencies, workers' positions within the labour market, and the social significance of care work (Kispeter, Hussein, 2026: 2-3). Professional standards define the knowledge, skills, competencies, and responsibilities required for the provision of care services (OECD, 2023: 53, 55-56). They also contribute to ensuring service quality by establishing clear requirements that care workers must satisfy (Gil, 2021: 2185-2186). Furthermore, clearly defined competencies and professional standards enhance the visibility of care occupations and facilitate their recognition within labour-market structures (Crozier, Atkinson, 2024: 1486-1488). Nevertheless, despite ongoing professionalization processes, care occupations

continue to be associated with relatively low wages, limited career opportunities, and insufficient social recognition (Gil, 2021: 2186-2187).

Particular significance is attached to occupational classification systems such as ISCO, EQF, and ESCO, which facilitate greater comparability of qualifications and transparency of professional profiles at both national and international levels (International Labour Office, 2012; World Health Organization, 2019; Council of the European Union, 2017; European Commission, 2015, 2019). Their importance extends beyond the regulation of workers' status to the establishment of clear standards regarding the quality of services that users may legitimately expect. Clearly defined professional profiles contribute to greater legal certainty, improved work organization, and the development of education and licensing systems aligned with the actual needs of long-term care systems (International Labour Office, 2012: 11-17, 42-43).

The professionalization of work in the care sector should therefore not be viewed solely as a matter of occupational and workforce development. Rather, it constitutes one of the fundamental prerequisites for the realization of users' rights to high-quality, safe, and accessible long-term care and one of the key elements in building a sustainable system of socio-legal protection.

5.2. Workforce Shortages and System Sustainability

One of the most serious challenges facing contemporary long-term care systems is the shortage of workforce. Although the demand for long-term care services continues to increase as a result of population ageing and the growing number of individuals dependent on the assistance and care of others, the capacity of care systems to provide a sufficient number of qualified caregivers often fails to keep pace with this growth (Zacharenko, 2024: 38-39, 41, 45-46). In many countries, workforce shortages in the long-term care sector have evolved beyond a mere staffing issue and have become one of the key structural challenges affecting the sustainability of social welfare and social security systems.

A particular characteristic of the long-term care sector is that increasing demand for services is not automatically accompanied by an increase in labour supply. On the contrary, the ageing of the population simultaneously increases the number of service users while reducing the relative share of working-age individuals who may be employed in the care sector (International Labour Organization, 2024: 7-8). The consequence of these demographic trends is an increasingly pronounced gap between the growing demand for services and the limited supply of qualified caregivers. In this respect, contemporary long-term care systems face the paradox that the very social processes that increase the need for care simultaneously reduce the capacity to provide it.

The problem of workforce shortages is further aggravated by the specific characteristics of care work itself. Long-term care occupations often involve a high degree of physical and emotional strain, shift work, direct contact with severely ill and functionally dependent individuals, and limited opportunities for professional

advancement (International Labour Organization, 2024: 3, 5-6). Despite the considerable social importance of this work, occupations in the care sector are frequently associated with lower wages and insufficient social recognition relative to the level of responsibility they entail (Directive 96/71/EC, art. 1(1), 1(3)(a)-(c), 3(1)). This negatively affects the attractiveness of care professions and makes it more difficult to recruit and retain new workers within the sector.

Workforce shortages do not constitute merely an organizational or economic problem; they directly affect service users and the realization of their rights. In conditions of insufficient staffing, waiting lists may lengthen, service availability may be restricted, the amount of time devoted to individual users may decrease, and the risk of declining care quality may increase. Consequently, workforce policy is increasingly regarded as an instrument for ensuring the accessibility and quality of services and, therefore, as an important mechanism for protecting the rights of long-term care users.

Faced with these challenges, many countries seek to mitigate domestic labour shortages through the employment of migrant workers. In recent decades, complex transnational labour flows have developed within the care sector, resulting in large numbers of caregivers crossing national borders in order to provide services in countries with a greater demand for labour in long-term care (Regulation (EC) No 883/2004, recitals 13-15, arts. 5-6). Labour migration in the care sector has become one of the most visible manifestations of the globalization of long-term care systems and increasingly influences the functioning of national social welfare systems.

This process has contributed to the emergence of so-called global care chains, referring to interconnected transnational relationships through which care work is transferred between different countries and households (Directive 2005/36/EC, recitals 1-3, arts. 1-4). In its broadest sense, care provided in one country by a migrant worker often implies that the worker's own caregiving responsibilities have been transferred to other individuals in the country of origin. These developments demonstrate that the provision of care is increasingly losing its exclusively national character and becoming part of broader global economic, demographic, and social processes (Zacharenko, 2024: 38-40).

Although labour migration may help alleviate workforce shortages in receiving countries, it may simultaneously create serious challenges in countries of origin. The outflow of qualified caregivers can weaken the capacity of local care systems, exacerbate workforce deficits, and reduce the availability of services for the domestic population (Wojczewski *et al.*, 2026: 2-4). Consequently, the literature increasingly emphasizes that recruitment policies in the care sector cannot be viewed solely from the perspective of receiving countries, but require a broader approach that takes into account the consequences for care systems in countries of origin and the rights of service users in both systems.

In addition to migration-related issues, growing attention is being paid to policies aimed at retaining the existing workforce and enhancing the attractiveness

of care professions. Improvements in working conditions, expanded opportunities for professional development, the strengthening of education and training systems, and greater social recognition of care work represent important instruments for ensuring workforce sustainability. Otherwise, there is a risk that workforce shortages will become one of the principal factors limiting the actual availability of long-term care services.

From a socio-legal perspective, the issue of workforce sustainability is directly linked to the principles of accessibility, equality, and continuity of protection. If a system is unable to secure a sufficient number of qualified service providers, the right to long-term care may remain a merely formal entitlement without any real possibility of effective realization (Yeates, 2005: 2-4). For this reason, ensuring an adequate number of appropriately trained workers is increasingly recognized as one of the key prerequisites for the effective protection of users' rights.

Contemporary debates concerning the future of long-term care therefore increasingly emphasize that the ability of care systems to attract, train, and retain a sufficient number of caregivers will largely determine their long-term sustainability. Workforce shortages are no longer viewed merely as an organizational problem affecting individual institutions; rather, they constitute a structural challenge that directly affects the quality, accessibility, and continuity of long-term care services (Zacharenko, 2024: 38-40). In this sense, workforce capacity represents not only a prerequisite for the functioning of the system but also one of the fundamental conditions for the realization of the right to long-term care in contemporary societies.

5.3. Digitalization and the Future of Long-Term Care

The development of digital technologies represents one of the most significant processes shaping the future of long-term care systems. Digitalization is no longer merely a matter of the technical modernization of existing services; rather, it has become an important element of the broader transformation of the ways in which support for individuals dependent on the assistance and care of others is organized, delivered, and regulated. Contemporary service provision increasingly relies on a variety of digital solutions that enable more efficient work organization, improved service coordination, and a greater degree of user autonomy. At the same time, digitalization raises numerous legal, ethical, and social questions directly related to the protection of users' rights and the accessibility of services (Eurofound, 2020: 1-2; Gómez-González *et al.*, 2021: 87-88).

In the context of long-term care, digitalization encompasses a wide range of technologies, including electronic databases and information-sharing systems, telemedicine services, digital tools for monitoring users' health status, various forms of assistive technologies, and systems based on artificial intelligence (Kellogg *et al.*, 2020: 366-369; Meijerink & Bondarouk, 2023: 1-2). Their application facilitates a faster flow of information, more efficient coordination among service providers, and

more accurate monitoring of users' needs. In this way, digital technologies have become an important instrument for enhancing the quality and continuity of care.

The significance of digitalization is particularly evident in its capacity to support the development of community-based services. Modern technologies can enable individuals requiring long-term care to remain in their own homes and local communities for longer periods while preserving safety and continuity of support (Gómez-González *et al.*, 2021: 105-106). Various forms of remote health monitoring, emergency response systems, and smart technological solutions designed to support daily functioning directly contribute to the realization of the concept of ageing in place, which has become one of the central objectives of contemporary long-term care policies (Hamblin, 2020: 2-4).

Digital technologies also play a significant role in the development of integrated models of support. Electronic health records, integrated databases, and information-sharing systems enable different service providers to access relevant information about users, thereby contributing to improved coordination between health and social care services (Seifert *et al.*, 2021: e99-e101). In this manner, digitalization supports continuity of care and helps overcome the traditional institutional fragmentation that has long represented one of the structural challenges facing long-term care systems.

In addition to its organizational advantages, digitalization may also contribute to greater user autonomy. Assistive technologies, smart devices, and various forms of technological support can enable individuals with functional limitations to maintain independent living and active participation in society for longer periods (Seifert *et al.*, 2021: e99-e101). In this sense, technology is not merely a means of increasing system efficiency but also an instrument for strengthening users' autonomy, independence, and quality of life.

At the same time, however, digitalization raises a number of important questions concerning the protection of users' rights. One of the most significant relates to the protection of privacy and personal data. Contemporary long-term care systems increasingly rely on the collection, processing, and exchange of large amounts of information concerning users' health conditions, functional capacities, and personal circumstances (Hamblin, 2020: 4-5; Gómez-González *et al.*, 2021: 106-113). Consequently, it is essential to establish adequate legal safeguards capable of preventing the misuse of data and ensuring respect for the right to privacy. In an era of expanding digitalization, data protection has become inseparable from the protection of users' dignity and personal autonomy.

A particular challenge arises from the growing use of algorithmic systems and artificial intelligence in processes related to needs assessment, service organization, and decision-making (Gómez-González *et al.*, 2021: 113). Although such systems may contribute to greater efficiency and faster data processing, their application raises questions of transparency, accountability, and potential forms of discrimination (Murphy *et al.*, 2024: 3-4). If the criteria according to which

algorithms operate are insufficiently clear and verifiable, users may be exposed to decisions whose underlying rationale they cannot understand or effectively challenge. For this reason, contemporary debates increasingly emphasize the importance of ensuring human oversight of digital systems and the possibility of reviewing decisions based on automated data processing (Pais, Marcolin, 2024: 397-399). Respect for users' rights requires that technological solutions serve to support human decision-making rather than replace it entirely (Pais, Marcolin, 2024: 403-406, 408-410). Digitalization can contribute to better information and more informed decisions, but it cannot substitute for human judgment when users' needs, dignity, and interests are at stake.

In addition to issues relating to data protection and algorithmic decision-making, the risk of digital exclusion constitutes another important challenge. Long-term care users frequently belong to population groups that have limited access to digital technologies or insufficient digital skills (Kellogg *et al.*, 2020: 367-368; Meijerink & Bondarouk, 2023: 2-3). Older persons, persons with disabilities, and individuals of lower socioeconomic status may encounter additional barriers when accessing services that are increasingly delivered through digital channels. Unless this issue is adequately recognized and addressed, there is a risk that digitalization, rather than increasing service accessibility, may deepen existing inequalities (Çelebi & Kemmerling, 2025: 720-722).

For this reason, contemporary approaches to the digitalization of long-term care increasingly emphasize the need to develop inclusive technological solutions tailored to the needs of different categories of users (Kellogg *et al.*, 2020: 372-373). This involves ensuring user-friendly access to technologies, providing appropriate technical support, and developing systems that take into account the specific needs of older persons and other vulnerable groups. In this regard, digital inclusion has become an important prerequisite for equal access to long-term care services.

At the same time, the development of digital technologies may help alleviate workforce shortages in the care sector. The automation of certain administrative tasks, improved work organization, and the use of assistive technologies may enable more efficient use of available human resources and reduce part of the burden placed on caregivers (Rani *et al.*, 2024: 4-5, 48-50). However, the literature emphasizes that technology cannot fully replace human labour in the field of care, as a substantial portion of care services depends upon direct interpersonal contact, empathy, trust, and personalized support (Meijerink & Bondarouk, 2023: 3-4). For this reason, digitalization should not be viewed as an alternative to human care but rather as a means of enhancing it.

The future of long-term care will therefore depend to a significant extent on the ability of legal and institutional frameworks to achieve an appropriate balance between technological innovation and the protection of users' rights. Digitalization undoubtedly offers considerable opportunities for improving the accessibility, quality, and efficiency of services, but its implementation must be accompanied by adequate safeguards relating to privacy protection, transparency of decision-making,

human oversight, and equal access to services (Regulation (EU) 2025/327 on the European Health Data Space, recitals 4 and 8; Regulation (EU) 2024/1689 (Artificial Intelligence Act), recitals 7, 9, 10 and art. 14; Regulation (EU) 2016/679 (GDPR), art. 22(1) and (3); Floridi et al., 695-700). Only under these conditions can technological development become a means of strengthening rather than limiting the rights of individuals dependent on long-term care. Digitalization will thus constitute one of the key factors shaping the future development of long-term care systems, but its value will ultimately depend on the extent to which it remains subordinated to the fundamental objective of these systems - the protection of users' dignity, autonomy, and well-being.

6. Quality and Accessibility of Long-Term Care Services

The development of contemporary long-term care systems cannot be reduced merely to increasing the number of services or securing the financial resources necessary for their provision. From the perspective of social law, the crucial question is whether the services formally recognized by the system are simultaneously of high quality, accessible, and responsive to the actual needs of users. For this reason, the quality and accessibility of services constitute fundamental conditions for the effective realization of the right to long-term care and represent one of the central areas of contemporary socio-legal regulation.

In traditional models of social protection, users were often viewed primarily as recipients of assistance and objects of institutional protection. Contemporary approaches are based on a different understanding of their position. Long-term care users are increasingly regarded as rights holders whose needs, preferences, and life choices must be respected in the organization and provision of support. Consequently, contemporary long-term care systems devote growing attention to the development of legal mechanisms that ensure respect for users' dignity, privacy, autonomy, and active participation in decision-making processes affecting their lives.

In this context, the principle of individualized services assumes particular importance. According to this approach, long-term care services should not be organized solely in accordance with the organizational needs of the system but rather in accordance with the individual needs, functional capacities, and life circumstances of care recipients (Marczak, Wistow, 2016: 127-128; Rostgaard, 2012: 247-254). Individualization requires that the type, scope, and intensity of support be determined on the basis of an assessment of each user's individual circumstances and support requirements, while seeking to preserve the highest possible degree of independence and control over his or her own life. In this way, long-term care ceases to be merely a mechanism of custodial support and becomes a means of promoting independent and dignified living.

The realization of these objectives is directly linked to the issue of service quality in long-term care. Socio-legal protection cannot be regarded as effective if services are formally recognized but delivered at a level that fails to satisfy users' actual care requirements. For this reason, contemporary long-term care systems have developed quality standards designed to ensure a minimum level of security, predictability, and protection for users (OECD, European Commission, 2013: 2, 4).

The legal regulation of service quality differs across national long-term care systems, although all contemporary models seek to ensure safe, high-quality, and person-centred care through legally prescribed standards and oversight mechanisms. German legislation provides for regular quality assessments of long-term care providers in order to monitor compliance with statutory quality requirements and improve the transparency of services.¹¹ Swedish law requires providers to ensure good quality and to pursue its continuous improvement, emphasizing the responsibility of municipalities to provide safe and appropriate care.¹² Similarly, Dutch long-term care providers are required to comply with statutory quality standards and are subject to supervision by the Health and Youth Care Inspectorate, thereby strengthening accountability and the protection of service users.¹² Despite differences in legal regulation, these comparative examples demonstrate a common trend towards strengthening statutory quality standards, external supervision, and continuous quality improvement as essential safeguards of users' rights.

Quality standards encompass several different dimensions of service provision. First and foremost, they include staffing standards that establish requirements concerning education, professional qualifications, and the number of individuals involved in providing care. In addition, regulatory frameworks usually contain spatial and technical standards relating to user safety, accommodation conditions, and the equipment of facilities and services. Particular importance is attached to standards governing professional conduct, needs assessment procedures, and the obligation to respect users' personal integrity, privacy, and self-determination (OECD, European Commission, 2013: 2-3). In this manner, service quality is not merely an organizational requirement but one of the fundamental legal guarantees of socio-legal protection. In addition to establishing quality standards, contemporary long-term care systems have developed mechanisms for monitoring their implementation. In this regard, the licensing of service providers plays a particularly important role. Licensing serves as a mechanism ensuring that long-term care services may be delivered only by organizations and institutions that satisfy legally prescribed requirements relating to staffing, premises, equipment, and work organization (OECD, European Commission, 2013: 4). From a socio-legal perspective, this mechanism serves to protect users by ensuring a minimum and reasonably consistent level of quality regardless of whether services are provided by public, private, or non-profit organizations (Marczak, Wistow, 2016: 121-123).

¹¹ Socialtjänstlag (2025:400).

¹² Wet langdurige zorg (Wlz); Wet maatschappelijke ondersteuning 2015 (Wmo 2015).

Inspection and supervisory mechanisms also play an important role in ensuring service quality. Their purpose is not limited to detecting irregularities in the work of service providers; rather, they are intended to monitor continuously the implementation of prescribed standards and to ensure the timely correction of identified deficiencies (OECD, European Commission, 2013: 4). The effectiveness of long-term care systems depends to a significant extent on the capacity of supervisory mechanisms to ensure consistent compliance with standards and to prevent situations that may jeopardize users' rights, safety, and dignity. In practice, supervisory mechanisms may face limitations resulting from insufficient institutional capacities, resource constraints, or inconsistencies in the implementation of regulatory standards, which may reduce their effectiveness in protecting users' rights. However, the protection of users is not ensured solely through the supervision of service providers. Equally important is the existence of procedural rights that enable users to participate actively in the process of obtaining services and to protect their interests.

Within these procedures, users must be guaranteed appropriate procedural safeguards. These include the right to participate in proceedings, the right to be informed, the right to a reasoned decision, and the right to appeal and to other forms of legal protection in cases where services are denied or restricted (OECD, European Commission, 2013: 4). The existence of such guarantees is of particular importance because it enables users to act not merely as passive recipients of support but as active rights holders capable of influencing decisions that affect their lives and well-being.

From the perspective of social law, one of the key issues also concerns the accessibility of long-term care services. The formal recognition of rights has little practical significance if services are not genuinely accessible to those who need them (OECD, European Commission, 2013: 2; Spasova *et al.*, 2018: 4). Accessibility encompasses several distinct dimensions. It includes geographical accessibility, meaning the availability of services throughout different regions of a country; financial accessibility, enabling users and their families to utilize services without excessive financial burden; and informational accessibility, ensuring that users have access to the information necessary to understand their rights and the procedures for exercising them.

Questions concerning the quality and accessibility of services in contemporary long-term care systems are therefore directly linked to the protection of human dignity and the realization of social rights. Only a system capable of providing high-quality, accessible, and individualized services, while respecting users' self-determination and procedural rights, can ensure effective socio-legal protection for individuals dependent on long-term care. For this reason, the development of mechanisms for protecting users' rights constitutes one of the most important directions in the contemporary transformation of long-term care systems.

7. Conclusion

Contemporary long-term care systems are undergoing a profound socio-legal transformation driven by population ageing, changing family structures, and the growing prevalence of long-term dependency. As a result, long-term care is increasingly recognized not merely as a matter of private or family responsibility, but as a distinct area of social protection in which public institutions assume a central role in ensuring support, security, and social inclusion for individuals in need of care.

The analysis presented in this paper demonstrates that the transformation of long-term care extends beyond organizational reforms or the expansion of services. Its most significant feature is the gradual shift from institution-centred and care-oriented models towards rights-based and person-centred systems that place greater emphasis on autonomy, dignity, participation, and individual choice. Within this framework, the development of community-based services, deinstitutionalisation processes, and the promotion of ageing in place should not be understood as objectives in themselves, but rather as instruments for strengthening the position and rights of service users. At the same time, the complexity of long-term care needs requires the integration of health and social care systems and the development of coordinated and continuous forms of support. The effectiveness of long-term care increasingly depends on the ability of different institutions and professionals to provide services that are accessible, individualized, and responsive to the changing circumstances of users. Equally important are the workforce and technological capacities of care systems, since shortages of qualified caregivers and the challenges associated with digital transformation have a direct impact on the quality, accessibility, and continuity of care.

The findings further suggest that contemporary long-term care should be understood as an important field for the realization of social rights and the protection of human dignity. Issues such as service accessibility, quality standards, procedural safeguards, user participation, and protection against discrimination have become integral elements of contemporary socio-legal regulation. In this respect, the transformation of long-term care reflects a broader shift from approaches based primarily on protection and dependency towards approaches grounded in rights, autonomy, and social citizenship.

It may therefore be concluded that the future sustainability of long-term care systems depends not only on financial and institutional resources, but also on the capacity of legal frameworks to ensure an appropriate balance between accessibility, quality of services, users' rights, and social solidarity. The central challenge for contemporary social policy and social law is therefore not merely how to provide care, but how to organize care systems in a manner that enables individuals to receive the support they need while preserving their dignity, autonomy, and full participation in society.

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