



A step back to move forward: Rethinking long-term care across Europe

*A conversation with sociologist Bernhard Weicht on meaning, context,
and the limits of best practices t*



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"In German we have two different words for what in English we call 'care': Pflege and Betreuung. One means nursing care, the more medically oriented kind. The other is often translated as social care."

When the very object of your study resists a single definition, there is little point in rushing towards solutions — however urgently they are needed.

This is the second in a series of conversations about LeTs-Care, a Horizon Europe initiative coordinating research on long-term care across seven EU countries. The first interview featured Barbara Da Roit, coordinator of the project and professor at Ca' Foscari University of Venice, who walked us through the project's origins, its core ideas, and the broader landscape of long-term care in Europe.

Here we speak with Bernhard Weicht, associate professor of sociology at the University of Innsbruck. He coordinated the Austrian case and led the part of the project dedicated to analysing the challenges facing European care systems in context - where "context" is key.

Where Da Roit offered a bird's-eye view of the project, Weicht takes us deeper into the methodology behind it: why context-sensitivity matters, what it actually means to study "meanings," and what researchers learn when they are pushed - like the care workers they study - beyond the boundaries of their own comfort zones.



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So, Pflege and Betreuung: why is this dual definition relevant?

"These words have very strong legal implications. In Austria, since the mid-2000s a legalised system has been in place of live-in migrant care workers with financial support for these practices. Legally, those people are only allowed to do Betreuung – social support, household work – they are not allowed to do any Pflege - nursing care. So when we talk about the systems comparatively and ask who the care workers in Austria are - and we count the 40 to 80 thousand people doing this kind of care work – do we call them care workers? Well, they're not allowed to do many of the tasks that are really necessary. And if we want to compare how many care workers there are in a country or how many will be needed in the future, which kind of care workers will we need? So, in many of the stakeholder interviews, when we talked about care and used those terms a little bit interchangeably, we were corrected by them: "What are we actually talking about?" And it really does make a difference, especially for the organisations and the financing of those practices.

THE METHODOLOGY

What's the road you've chosen to investigate the challenges facing care systems?

The original idea in the work package I coordinated was to think about those challenges as being grounded in very specific local institutional and cultural contexts. So what we needed to do was to find a way to investigate those challenges based in local contexts, in local meanings. In addition to a broad literature review, we also reviewed national and grey literature – published by local organisations and interest groups – because this is the kind of literature that doesn't feature in comparative research, as people usually don't have much access to it. We then looked at policy texts in the national contexts, what has been published over the last ten years on care and on issues of organising long-term care. Then we conducted stakeholder interviews – fifteen to twenty interviews in each country with different stakeholders. And the final step was organising national workshops where we tried to validate our research.

How did you conduct this type of work?

The way we conducted all those different steps was that we designed shared templates – for the interviews, for the selection process of participants, for the selection process for policy texts. We developed templates that then had to be translated into local contexts, because the local teams know best who the important stakeholders are, and they know best from which organisations and which territorial contexts to invite people. So, we conducted the empirical research in the local context and then had to bring it back to the comparative level.

How could you make sense of it all?

That is a very tricky thing, and I think it's still ongoing. What we did first was to identify five themes: needs, quality of care, quality of care work, sustainability, and inequalities. Each national team wrote a national report on each of those themes. Then we had teams that focused on these different themes and tried to synthesise and bring them together. But as you can imagine, there was a lot of debate, because that meant again trying to place concepts, terminologies, and ideas from local contexts onto

a comparative level. That meant a lot of discussion, a lot of back and forth, a lot of work to try to make sense of it – to come to a report that covers all these different countries. And I would say we're still in the process of trying to find ways to look more closely at specific aspects in a comparative way.

Why not give every team a specialised task, wouldn't it have been simpler?

Because I think it's in keeping with the whole motivation of the project – to ground the research really in local contexts, in local practices. It was very important for us to say that only the national teams - the teams that are really familiar with a context - can actually say something meaningful about it, and have to translate it for the others, have to make sense of it for the other teams. So it was very important to have this local understanding, this local knowledge – but then also to benefit from other people's expertise and learn from others and put it into practice. There's a little bit of a trade-off: we are not all experts in all of the methods we've been using, but at the same time we've learned a lot from each other, and we could bring in our knowledge of the local contexts.

How did the context play out within your own international research team?

This is a point that is particular about this methodology: in many research projects of this scale, you have specialised teams – a team specialised in a particular method, or in a particular theoretical approach. We did it differently. Here, every team had to do everything. So a team focused on quantitative research had to do qualitative interviews, or has to do ethnographies in a later part of the project. Other teams had to work with quantitative data to some extent, trying to identify indicators. So every one of us was pushed a little bit out of our comfort zone, while at the same time bringing in-depth knowledge of the national context. We had to learn a lot from each other – in terms of methodology, in terms of how to go about things. I think we learned a lot, but it was also a challenge to make sure that every team could conduct their research in a similar way, so that we could actually scale it up.

What about national logics?

It's also about those. For example, for the Portuguese team it was very important that their results are also available for national debates, for the national context. So for them it was really important that their national reports are published somewhere. In Austria we said we already have a lot of material on the national context – that's not necessary for us, there is a lot of research being done in this field. What people here are more interested in is the comparative angle, how we can learn from others. So also in our engagement with stakeholders we heard very different things about what different groups need or want in the different national contexts. Another example: in our workshops where we invited stakeholders, many countries found it difficult to get people to come and join. The Lithuanian team did an online workshop and had around several hundred people attend, because there is a real need for knowledge, for information, for exchange – whereas in other countries there may have been other programmes that had already done that. So I think it was really about learning from the different contexts, about the practices of doing research and engaging with stakeholders, that we all benefited from.

THE MEANING OF CONTEXT

How do you define "context" in your research?

Many care policies are shaped at the national level. But one thing we learned is that territorial diversity matters a lot in many of those countries – in Spain, in Italy, in Austria. So we also tried to include that diversity: in the north of Italy things mean something different than in the south, in Andalusia they mean something different than in Valencia. We would need to go even further into territorial differences. Only if we really understand what different things mean in the local context can we then think about common ways forward, common projects, common approaches.

Is that what you mean when you talk about looking at long-term care systems through the lens of meanings?

Yes, everything has particular meanings, and meanings can vary across time, across contexts, across actors. We don't all mean the same things when we talk about quality, or about needs of care. We all think that care interventions should address certain needs of people, but we actually mean different things by "needs."

Any examples?

In the Danish case, when they talked about needs it was a lot focused on user self-determination – the idea that people can decide for themselves how they want to live in old age, how their care should be arranged. In other contexts, needs might be much more evaluated around the biomedical model – what are the particular things that need to be done for a person to be healthy or safe. Other contexts might focus more on social aspects – how people can be integrated into social communities.

So we first need to understand what we actually mean by each of those terms, by each of those ideas. What are the different meanings across actors – do policymakers talk about the same thing as practitioners? Do they talk about the same thing as people who are actually users of services? Because if not, then we're in a bit of a grey zone in how we shape those policies and interventions. If we don't find these specific meanings and understand them, we cannot move forward. They are not fixed categories. They don't mean the same thing everywhere. They are not universal. They are grounded in particular local, historical contexts.

Talking about meanings and context: how did you deal with the different languages? You've already made a crucial point earlier with "pflege" and "betreuung".

That was an interesting challenge. We talk about this now in English, and we wrote the report in English, but clearly we did the interviews in different languages. So, people don't talk about "needs" but about whatever "needs" means in their local languages. So, we also tried to include some sensitivity to local languages. We have a glossary at the end of the report that tries to give some understanding of what terms are used in the local languages and how they could be understood at different levels.

Did you also look at each specific context from a historical perspective?

We don't have historians in our team in the strict disciplinary sense, but we have some people with experience in looking at longer developments in long-term care. And interestingly, the original plan for the final report was to have five chapters, one on each meaning. But when we talked about the chapter on care, we actually realised we needed a chapter on the historical development of the care systems. So we had to add a separate chapter, because clearly the paths, the institutional logics that have developed over time, are really crucial.

How did context play out within your team?

Relatively early on, we were talking about care policies. When we had teams from Denmark or the Netherlands – who have a long history of established long-term care policy fields – we could think about processes of deinstitutionalisation that they have been through. Care had been very much institutionalised, focused on care homes in different forms, and then over the years they moved to deinstitutionalise that and put it more into the community. And that discussion is faced very differently by countries like Italy, Austria, and Spain, which haven't had that process of institutionalisation in the first place. So for us, talking about deinstitutionalisation doesn't make any sense, because there hasn't been institutionalisation to begin with. For us it's rather about building the institutional context that allows care policies to exist.

And then you have systems like Italy, for example, where you can't even talk about a care policy field – there is no policy field of long-term care. There are different elements that contribute to what we would call a policy field, but there is no unified field. So how can you compare policies when, on the one hand, you have a long history of a specific dedicated policy field – maybe even a ministry of long-term care – and on the other hand you have contexts where this doesn't even exist? What do we count as a policy field? I think that was very interesting at the beginning – we had to find a way to make sense of what we were actually talking about when we wanted to investigate long-term care: what is included and what is not included in this whole context.

THE STAKEHOLDERS

Who are the stakeholders?

Our idea was that the stakeholders should be a representation of all relevant actors who have a role in designing, defining, and shaping care policies and practices. Usually we had representatives from the political field, from care practice and care organisations, from interest groups – for example care workers but also family carers – and representatives of older people's organisations. So really a broad field of people who shape care policies.

What has been your relationship with them so far?

After we had collected and analysed our data, we went back to a selection of our stakeholders and discussed it with them in a workshop setting. We showed them our initial results, our ideas, how we

made sense of things. And this can be quite confrontational – feeding it back into the sector, into the field, and seeing what people who are actually involved in these practices make of it.

How did these interactions play out?

For example, in the workshop in Austria we talked a lot about territorial inequalities in the Austrian care sector. Austria is a very small country, but it has nine different provinces with nine different care policies and organisations of care. We spent quite a bit of time showing how this can be problematic in many contexts – that there is such diversity. But then people from regional governments and regional organisations pointed out that if we were to change something, it might make things better for some regions but worse for others. So we also have to think about what it would mean to try to harmonise rules, regulations, and practices – it could also mean that some regions with better systems or better provisions would lose out. This was something we hadn't really thought about. Additionally, those people could really ground things in their day-to-day practices: what would it actually mean to change existing institutional structures? If everything is based at a regional level, what would it mean to take that away from the regions and move it to the state level? So this kind of deep involvement in the governance aspect of care was something we really learned from – our initial analysis had identified the problems related to it and we would argue that something should perhaps be changed, but then we were confronted with what that would actually mean in practice, and how difficult and complicated a process that would be. It's very hard if you're involved in something and trying to do your best in a particular context to think about what a different context might actually mean.

IMPLICATIONS FOR POLICY

Isn't there a risk here of enhancing differences?

At the European political level, when we think about common policy projects, the idea is to think about how we can learn from each other, how we can learn from best practices, for example. At LeTs-Care, we said: let's step back for a moment and think about whether we can actually really translate one practice, one understanding, one challenge from one context to another. So, the idea is that in order to think about common challenges for the future, we have to understand in which context all those aspects are grounded.

It sounds a bit like a reality check.

Yes. Especially when we think about what EU policymakers – but also policymakers at different levels – can do with it. It's a kind of warning: when we think about policies and projects, we need to take into account that they will play out very differently in different contexts. So it's a warning against quickly coming up with strategies and solutions that might actually play out in very unexpected ways. And in that sense I think it's a very important and necessary part of any common framework or common strategy – to acknowledge that local aspects matter, that where one lives makes a big difference, and that to ignore that would be a problem for any potential policy.

And how did the research deal with the polysemic nature of these challenges? How did you manage to put everything back together, all these different meanings? And how do you then produce findings that a policymaker at the EU level can actually use?

Our aim was not to harmonise definitions. What we wanted to make visible – and I think what we managed to do – is to show how these different meanings are grounded in particular institutional logics. So why does Denmark have a different understanding of "needs" than Austria, or Italy, or Spain? And we can show in certain ways why this is different. In the report we tried to bring forward how these framings are based in particular contexts. Because what we can do with that is to show that the meanings we have, the understandings we have of certain concepts, lead to different understandings of which problems are considered legitimate. If we think that user self-determination is the most important part of people's needs in old age, that allows different problems to be foregrounded than when we have a biomedical model. That also means that different solutions might be thinkable in these different contexts. And what we tried to do in the comparative report is to show how different institutional logics lead to different meanings – it's very much about describing these different ways.

How does it translate for policymakers?

Our research really shows here that context matters also for how money can be used, for how particular ideas can actually be put into practice. And context matters for people who live in particular contexts. It has consequences for wherever you're living – also for your old age and how you're cared for, and what possibilities there are. And it's the same for policymakers: what you can achieve with a certain budget will be different in different contexts, and has to be used differently in different contexts. If a care sector has more money but there are no people in the field, what can you do with it? Build nicer care homes, maybe, but that doesn't solve the issue that we actually need people. Indeed, our focus is also to try to identify where solutions might be possible – and which solutions are not possible under current structural circumstances.

POSITIONING THE PROJECT

Where does this project sit within your career as a sociologist?

I've been doing a lot of comparative work on care over the years, and I think this project is, for me, a step back – a chance to reflect on terms, concepts, and ideas that we use without thinking too much about them. Trying to really think through what we've been talking about, also in my own research, and making those assumptions more explicit. Putting on the table the fact that different terms matter, that different policies matter, really identifying those. And learning from different institutional logics in which my colleagues work, both in different disciplines and at different career stages.

So I would say it's a learning experience – very much so. But it's also a kind of bringing together and bringing to the forefront issues that were maybe part of day-to-day debates but can now be addressed more explicitly. And I do hope that many of the questions we raise will have follow-up projects, because to be honest, we often raise more questions than we give answers – especially in this context. And those questions deserve more specific, more focused projects. I hope that can be addressed in the future.

"A step back" doesn't seem a very easy to thing to sell.

Yes, especially within the funding logic nowadays. This is project that actually says "wait a moment, if we want to think about these questions for the future, we have to step back and think about what we're actually talking about" – I think it's really great that a project like this got funded, with its reflective elements.

Where does this approach sit among other EU funded projects in the care field?

Individually, we all often try to reflect on what we're doing. But I think LeTs-Care is unique in the context of a broad-, comparative-scale, empirical project in Europe. To allow an exchange about what we are actually doing here, what we are talking about, what we are investigating, what it means when we talk about shared challenges and things like that, I'm not really aware of any other projects doing this, at least not in the fields I know best. Because they're often focused on getting things done, getting the research done, proposing actions and interventions.

What are the challenges in the kind of approach you've described?

It requires a lot of communication, a lot of being explicit about things that you cannot assume others will immediately understand. Trying to be really explicit about every step in your argumentation. That helped us see more clearly where our own limitations are, in terms of knowledge, in terms of skills. It also helped understand much more why others see things differently from yourself – why others would approach a question very differently. I think we all know this intellectually, and we all learn about it, but seeing it in practice in a field that is so close to you, that you've been working on for so many years – that makes it a particularly rewarding experience, because you can really see it in action. I think LeTs-Care is quite a unique project. So talking about it is an enjoyable experience as well.

Taking a step back, once again.

Yes, exactly.

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