

Planning for Ageing in an Unequal Care Landscape



Changing the narrative on LTC: A celebration of the UN's international day of care and support. GOLTC webinar Nov. 28th 2026

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Why planning matters

- **Ageing is a life-course process:** needs reflect accumulated (dis)advantages, health, networks, environments.
- **Planning** involves both practical foresight (anticipating needs) and relational work (strengthening ties for future support).
- But planning must not be **individualised** — care poverty shows the limits of “personal responsibility”.
- **Preventive and reactive social policy is essential:** early support reduces vulnerability; sufficient care sustains wellbeing.

Shifting the narrative: From deficit to capability

Care is not just a **set of services** delivered to older people. But a more accurate understanding is that care is:

- Relational
- Embedded in family and community structures
- Shaped by life-course inequalities
- and deeply dependent on structural conditions

Our task is to shift from a deficit model of ageing to a **capability model** where older people can prepare, plan, and participate.

Seeing wellbeing as **ability to live the life one values** (Sen and Nussbaum).

While still acknowledging **inequalities in resources** and **diversity in individual preferences**.

The challenge

Public discourse focuses on shortages of staff and beds.

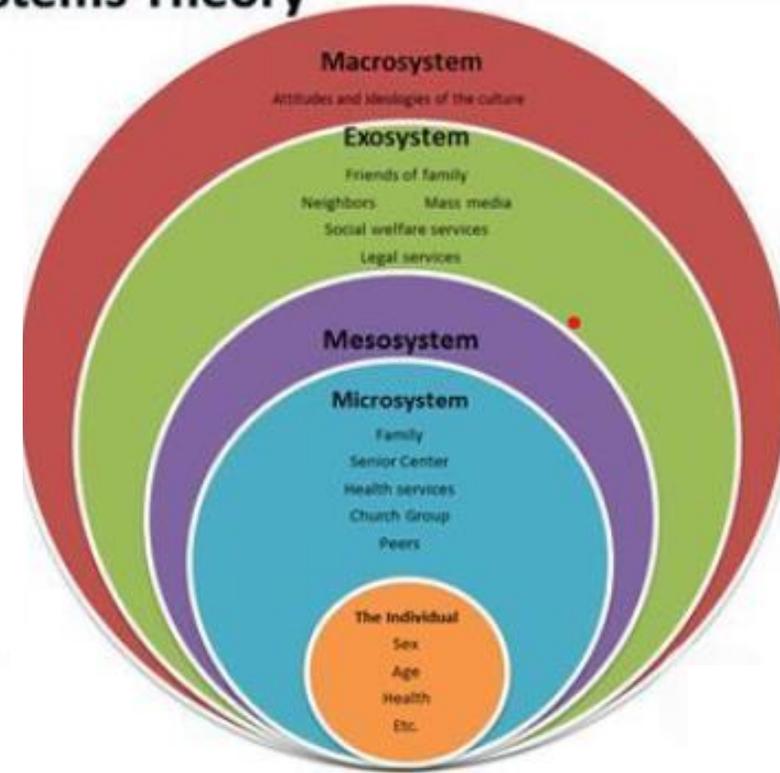
But older people's wellbeing emerges from **complex ecosystems** of relationships, environments, institutions, and resources.

Bronfenbrenner: Vulnerability does not arise from individual deficits but from **gaps and weaknesses within the ecosystem**.

Individuals are embedded in networks of family, neighbourhood, community, and systems.

Can we think about alternative approaches to care which considers the full **resources within the ecosystem** and supports more **relationship-based** care and support?

Ecological Systems Theory



The SustainCare project



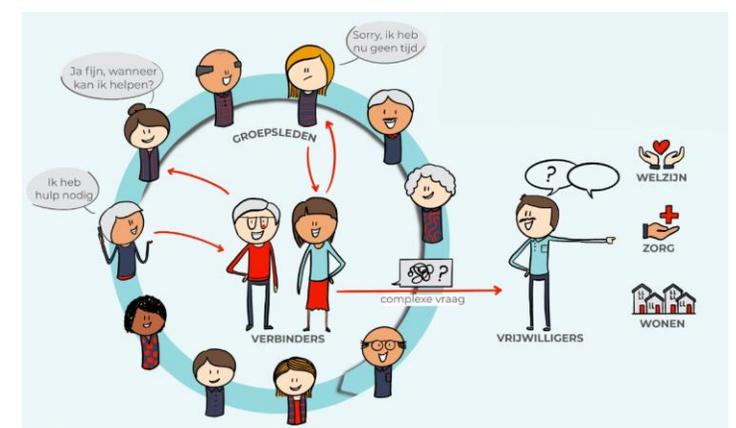
Building Sustainable Care Systems for Ageing in Place

- A Nordic-Baltic research project examining how older people's care needs can be met fairly, sustainably, and without care poverty.
- The project investigates care ecosystems — the interplay of needs, resources, inequalities, and community capacities.

Four Core Questions

- **WP1 — Care Needs**
What care do older people need now and in the future?
- **WP2 — Care Resources & Inequality**
How are formal and informal care resources distributed — and where does care poverty emerge?
- **WP3 — Policy Alignment**
Do ageing-in-place policies match real needs and user perspectives?
- **WP4 — Community circles**
How can self-organized, reciprocal support groups in the community contribute to coping, self-management and independent living?
- **Partners:**
 - Karolinska Institut and Äldrecentrum (S),
 - Finnish Institute for Health and Welfare, Tampere Uni and University of Jyväskylä (FI)
 - ISM University of Management and Economics (LI)
 - Copenhagen University and Roskilde University (DK)

Community Circles – a concrete intervention



Inspired by the Voorzorgcirkels in the Netherlands:

- Small groups of neighbors living within walking distance, built on mutual support
- Intergenerational; many members aged 60+
- Help with everyday tasks, psychosocial support, sometimes light care
- Self-organized, with coordinators who match needs and offers
- Use simple tools (e.g. WhatsApp), governed by key principles defining scope and boundaries
- Part of Dutch community-care policy (“citizen in the driver’s seat”) and developed by Henk Geene

Community Circles at work!

Community circles are not merely volunteer groups — they may be practical expressions of:

A. Social Capital

People with dense, diverse networks are more likely feel trust and to engage. Intentionally build **bonding and bridging** capital.

B. Relational Autonomy

Autonomy is relational, not individual. Community circles support older people to maintain control **through supportive relationships**.

C. Co-Production

Care is created collaboratively — older people contribute skills, knowledge, and participation. This transforms them from **recipients to agents**.

D. Care as Social Infrastructure

Community circles create “**care infrastructure**” where local networks compensate for the structural gaps that produce care poverty.

Our hypothesis:

Community circles increase trust and quality of life, and help reduce care poverty by **expanding people’s relational and community resources**.

Planning ahead in context

- Older people can plan only when the environment enables planning.
- Planning ahead must therefore be:
 - **supported** (information, advice, coordination)
 - **social** (embedded in networks)
 - **fair** (not dependent on socioeconomic status)
 - **publicly enabled** (through policy and investment)
- **Community Circles** may assist in this process by demonstrating how relationships can be strengthened to close care gaps.
- But we must remain alert to risks of responsabilisation, inequality and de-professionalisation!