

2024 Report

An Integrated Mapping of the Elderly Care Units in Greece



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Introduction

This report provides rich contextual information about elderly care units in Greece. As presented below, in the face of rapid population and demographic changes, Greek elderly care units are facing an increasingly uncertain environment. Beyond the social and demographic changes, the rapid digital evolution of new technologies such as artificial intelligence calls for more detailed understanding of the current landscape of the elderly care units in Greece. Lack of physical capacity (e.g., number of beds) and infrastructure, shortage of workforce (e.g., nurses), limited financial resources, and fragmented data collection for better decision making of the top management of ECUs are among the key remaining challenges that ECUs are still facing (World Health Organization, 2024).

This report identifies a gap in the current knowledge of exactly how elderly care units in Greece operate. This fragmentation and inconsistent numbers of how many elderly units are licensed and exist in Greece is a result of different factors including, but not limited to (1) which units are included in elderly care units (e.g. residential or not), (2) which is their organisational forms (for-profit, non-profit, public, etc.), (3) to who belongs the responsibility (five ministries are currently responsible for the elderly care units in Greece), (4) lack of an official mapping of the elderly care units across Greece. These gaps call for an attempt to map the current elderly care units in Greece, which is provided in this report. The findings reveal regional variation in relation to the number of ECUs, their organizational form and the associated demand for services, offering implications for practitioners and policy makers.

Population needs

Greece has one of the fastest-growing ageing populations in Europe, presenting a significant demographic shift compared to other OECD countries. According to the Hellenic Statistical Authority (ELSTAT), the population in Greece was approximately 10.48 million in 2024, and 22.8% (around 2.39 million people) were aged 65 and older. However, it is expected that the number of the elderly (i.e., those who are over 65 years old) is expected to increase by 63.1% by 2070 (Lamnisos et al., 2021).

In more detail, in Greece, the proportion of the population 65 and over increased from 17% in 2000 to 23% in 2022, and by 2050, this percentage is expected to rise to 34% (OECD/European Observatory on Health Systems and Policies, 2023). This reveals additional growth in demand for elderly care services. The key reasons for this demographic shift are low fertility and

increased longevity (OECD/European Observatory on Health Systems and Policies, 2023). An ageing population brings additional pressure on public finances (e.g., healthcare and pension systems) and reduces the size of the available labour force (Hope Genesis, 2018).

According to ELSTAT (2024), around 1 out of 4 of the total population in Greece is over 65 years old, with all regions as presented below ranging from 19.6% to 27.7% and the urban regions having a lower percentage. Epirus has the highest proportion of elderly people at 27.7%, whereas the Southern Aegean has the lowest percentage, accounting for just 19.6%. Attica, which is the capital of Greece with the highest share of population, concentrates one-third of the country’s elderly. As Figure 2 shows, Greece spends only 0.2% of its GDP on long-term care, which is the lowest percentage compared to other OECD countries, with an average spending of 1.8.

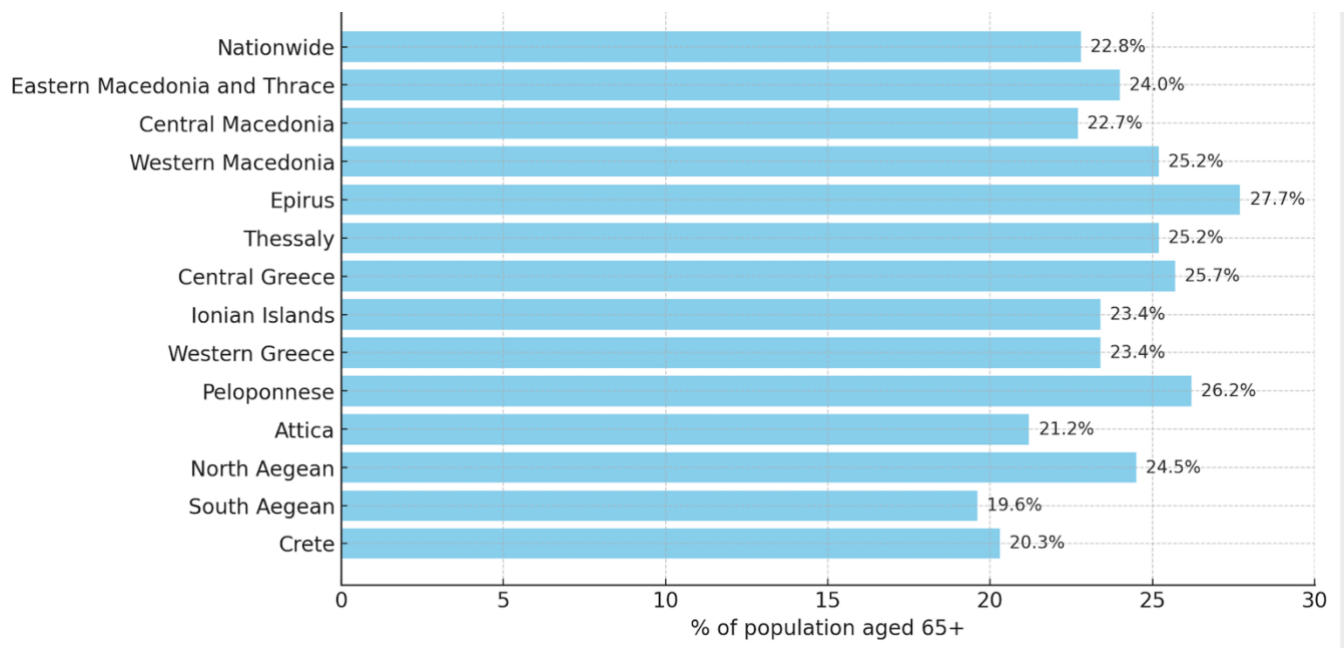


Figure 1. Share of population aged 65+ by region

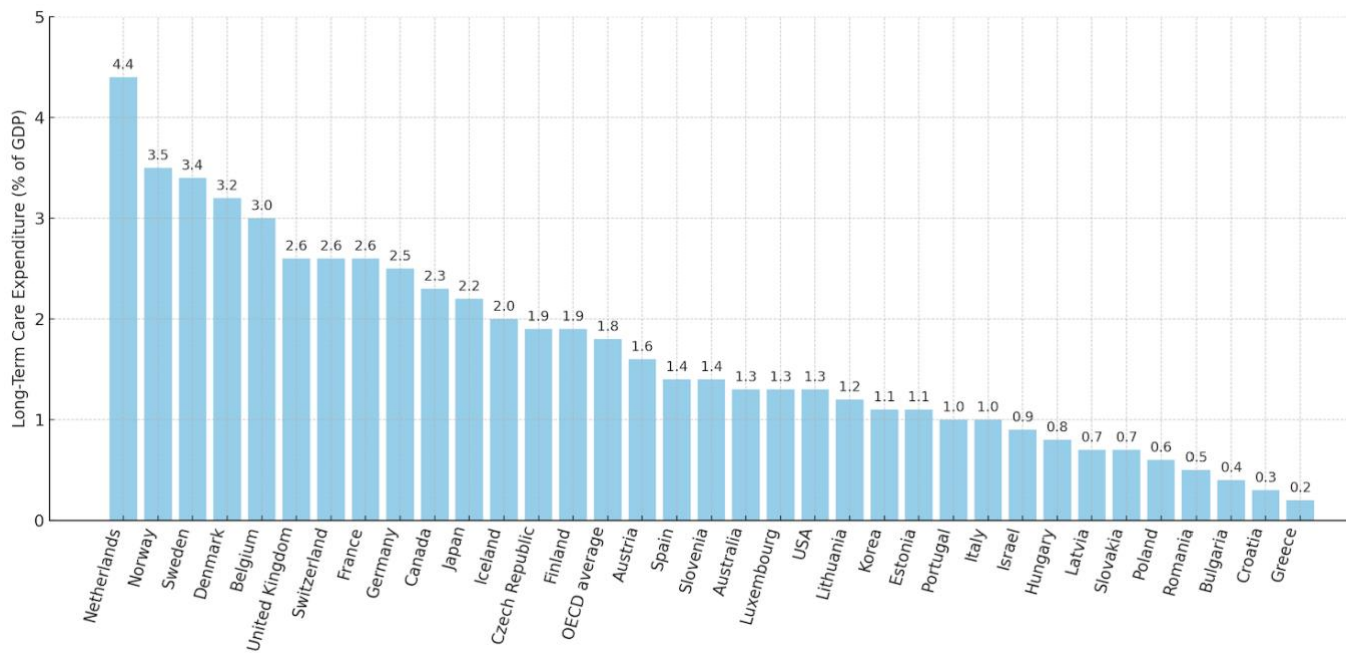


Figure 2. Long-term care expenditures as % of GDP (OECD countries)

Although Greece provides universal coverage across its populations, only 44% of people are satisfied with the quality of provided services compared to 66.8% of the OECD countries (OECD, 2023). In terms of health spending, the same report from the OECD indicates that only 4.3 hospital beds are available per 1,000 people, with health spending equal to 8.6% of the total Gross Domestic Product, below the OECD average of 9.2% (OECD, 2023). Remarkably, only 2% of health spending in Greece is allocated to long-term care, and there are only 2.5 beds per 1,000 elderlies compared to an OECD average of 45.6 (Ministry of Social Cohesion and Family Affairs, 2024).

In Greece, in 2021, 67,991 received home-based care (World Health Organization, 2024). This is justified by the fact that 63% of people with care needs did not use (more) care because of costs, indicating how financial difficulties may influence the access to health support (World Health Organization, 2024).

Defining Elderly Care Units (ECUs) in Greece

Although there is not an agreed-upon official definition of what an elderly care unit is, they are closed residential units that provide health care services to the elderly (people who are over 65 years old), and their care is long-term. Elderly care units are small- to medium-sized enterprises, as on average, a private elderly care unit in Greece has a capacity of about 50 beds and 20 staff members (ICAP, 2012).

Elderly care units are distinct units and should not be confused with Centres of Creative Activities for Children, Open Centers for the Protection of the Elderly (KAPIs), day care centres (at least

insofar as they do not provide the same services, please see methods' section) for the elderly, supported living housing, open protection centres for the elderly, "helping at home" programmes, childcare units, or nursing homes for the chronically ill. For example, KAPIs, which are currently governed by the Ministry of the Interior, were established by the Ministry of Health in 1984 with the goals of preventing physical and mental health problems in older individuals and encouraging social interaction (World Health Organization, 2024). There are also residential care units with people with disabilities, too (Ministry of Social Cohesion and Family Affairs, 2024).

Elderly Care Units are considered as closed residential types of units that provide long-care of the elderly (World Health Organization, 2024).

Long-term care refers to services to *"people with or at risk of a significant loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity"* (World Health Organization, 2024)

Understanding the structure of the Elderly Care Units in Greece

The current landscape of how many elderly care units exist in Greece looks fragmented. Several reasons may explain this puzzle. The fragmentation and inconsistent numbers regarding the licensing and existence of elderly care units in Greece result from various factors, including (1) the criteria for including units as elderly care facilities (e.g., whether they are residential), (2) their organizational forms (for-profit, non-profit, public, etc.), (3) the distribution of responsibility among five ministries currently overseeing these units, and (4) the absence of an official mapping of licensed facilities across Greece.

First, some of the units that provide short-term care services might engage in long-term care. Second, there is a variance in the different organizational forms, with many of them run by different governing bodies (e.g., local communities, churches, etc.), making it difficult to define the boundaries of their public nature. In elderly care units which are for-profit, the elderly need to pay for the accommodation and provided services during their stay. Although formal care is dominant in the sector, informal care exists, with 1 out of 3 elderly people receiving informal care (Eurostat, 2023; OECD, 2022). Third, according to World Health Organization (2024), the responsibilities of the elderly care units belong to five different ministries, with the Ministry of Social Cohesion and Family Affairs (established in 2023) having the dominant role for the coordination of activities. However, other institutions play a key role: the Ministry of Health (responsible for residential care services but with nursing services), the Ministry of Interior

(responsible for KAPI), the Ministry of Labour and Social Security (responsible for funding residential care for pensioners under the Unified Social Insurance Agency), and the Ministry of National Economy and Finance (responsible for budget allocation). This complexity across ministries creates additional barriers, bringing additional noise to map the number of the elderly care units in Greece.

Last but not least, there is a lack of an official mapping of the licensed mapping across Greece. The latest report from the Ministry of Social Cohesion and Family Affairs (2024) indicates that there are 290 elderly care units with 14,832 beneficiaries with additional 6 residential units with disabilities. In the study of Prouskas and Goudoumas (2021), the authors focused on residential ECUs. According to the authors, around 45% are for-profit and 55% are non-profit, many of the latter owned by church authorities. The same study indicates that most of the ECUs are located in Attica (48%), and this is followed by Central Macedonia (10%), while the rest of the percentage includes ECUs located in different parts of Greece.

New technologies

Emerging technologies and the widespread use of artificial intelligence often create potential opportunities for the elderly care units. Many opportunities arise from the use of artificial intelligence (smart devices) to address the growing challenge of loneliness. Lukkien et al. (2013) present a geographical overview of different assistive technologies for elderly care, such as care robots and smart devices. The authors highlight various regions of the world, including the United States, Japan, China, Singapore, and Australia, as well as the types of technologies adopted in each region. For example, robotics are very popular in the US and China, with a focus on medication management and care robots. Smart devices are dominant in Japan and Australia, with a focus on safety monitoring and emergency alerts.

Methods

Collecting and analysing secondary data is integral to developing a good understanding of and mapping an empirical phenomenon (Johnston, 2014). Given that it is collected from other researchers/organizations/institutions, at another point of time and for other purposes (Calantone & Vickery, 2010), secondary data enables researchers to consider the feasibility and potential of the study, as well as provides a more nuanced understanding of the different manifestations of the phenomenon in different contexts. Importantly, diverse sources of information allow for data triangulation (Jentoft & Olsen, 2019) and, thus facilitate rigorous rounds of primary data collection thereafter.

To map elderly care units in Greece, we followed a multi-stage process in late 2023 and early 2024. We first explored the website of the Ministry of Social Cohesion and Family Affairs and quickly identified the list of the authorized organizations that can provide elderly care in Greece. This list was updated until 2022 and included 260 organizations. This list also included chronic disease care and hospice care clinics. The second step included contacting these clinics and inquiring whether they also provide long-term care to the elderly. Their positive response led to incorporating all such clinics, regardless if they were part of the aforementioned list, to the mapping sample.

As a third step, we then reached out to elderly day-care centers and confirmed that, at times, they follow a similar approach, and included them in our mapping. The fourth step entailed adding to our sample any organizations listed by the Ministry of Health as offering social care and being non-profit organizations, insofar as they explicitly provided long-term services to the elderly and were not yet included in the sample. Following this, we entered the General Commercial Registry and delved deeply into the organizations of our sample, as well as checked if there were any additional organizations registered to provide such services. The sixth step included creating a Microsoft Excel with all the information provided, including their geographical location (as this is vital for the mapping). For the seventh, and final, step we contacted several elderly care units (and checked relevant sources, such as websites and the Greek Yellow Pages) to find out if they are still offering services. This supported us in identifying which organizations had ceased operations and in including organizations that might provide elderly care but were not registered as such, at least not in time to be part of the abovementioned lists.

Findings

Our final mapping sample included 300 organizations (for-profit, non-profit, and public organizations). In Greece, there are notable regional variations in the distribution of ECUs. More than half of the 300 organizations reside in large and heavily populated regions, such as those of Attica and Central Macedonia. Attica hosts 140 ECUs, with Central Macedonia being the distant second with 33 ECUs. Crete also has 23 ECUs. It is worth noting that some regions, such as the Northern Aegean, the Ionian Islands, Thessaly, Epirus and Western Macedonia host less than 10 ECU each. For instance, Epirus only hosts 6 ECUs, which is surprising given its large population and four regional units. A similar observation can be made for West Macedonia, which only hosts 4 units.

Regional variations can be also identified in relation to the organizational form. Organizations in large urban regions, such Attica and Central Macedonia, have a significant proportion of for-profit ECUs. The largest percentage can be found in Attica, with 75% of the relevant

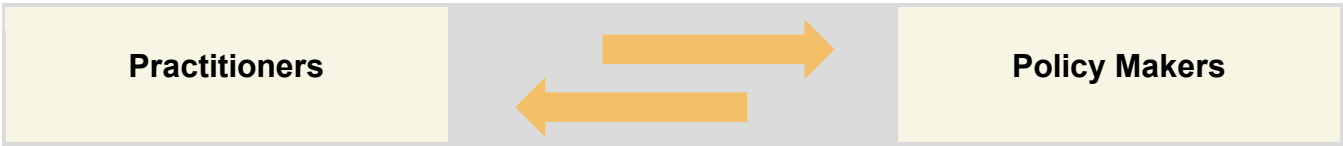
organizational population being for-profit ECUs, while the percentage of the for-profit ECUs in Crete is more than 50%. Interestingly, this percentage is lower than 50% for all other regions in Greece and less or equal to 10% for South Aegean, Epirus and West Macedonia. When it comes to non-profit ECUs, West Macedonia relies only on this form of organization. A very high percentage of non-profits can be noted for Peloponnese (more than 80%), suggesting that there are several opportunities in such regions for developing an entrepreneurship-friendly environment.

Importantly, the demand for elderly care varies per region. As Nektarios et al. (2025) revealed in their recent publication, 677.571 elderly face some level of difficulty in self-care, but only a very small percentage (around 2,08%) resides in elderly care units. Echoing the abovementioned trends, almost half of the elderly in this category reside in ECUs in Attica, with a large number residing in ECUs in Crete and Central Macedonia. Epirus, West Macedonia and South Aegean host the least elderly from the different regions, also indicating the lack of demand (or lack of attractive options) in these regions.

The outcome of this mapping exercise can be found at our website (<https://react.aueb.gr/index.php/mapping>). We provide an interactive map in which users can zoom in and identify ECUs per region.

Policy Actions for Practitioners and Policy Makers

This present report also recommends some potential initiatives that can potentially enhance the provided care services of ECUs to remain competitive. For addressing the challenges described in the previous sections, some policy interventions are required. As ECUs are human-intensive enterprises, practitioners should prioritise their employees’ needs. This practice starts from the recruitment stage; by recruiting skilled individuals who tend to remain with the organisation in the long term. Managers should provide training and participation in the development of their staff, discussing their motives and career goals. As employees of elderly care units face significant emotional demands in their work, this would help develop a healthy level of commitment to the organisation and a drive towards career advancement.



Policymakers should prioritise funding for them to allow them to effectively continue their operations and provide residential care services to the elderly. Policymakers should also pay

attention to practices related to the development of the ECU's staff, providing resources and incentives for elderly care units to develop employee development programmes. Policymakers should integrate the development of relevant soft skills into school education.

Policymakers should offer upskilling and career-related seminars to employees of elderly care units but also prioritise the investments in well-designed and up-to-date infrastructure and adequate equipment. Funding for better physical and digital infrastructure, including new technologies and AI, should be available to all ECUs across different regions. In addition to this, access to more training programmes (e.g., workshops), and social events (e.g., forums) aimed at honing digital skills and networking could be also important for ECUs. Policymakers should deeply understand that investing in upskilling programmes (e.g., scenario planning) will improve staff skills and allow them to offer more competitive care services to the elderly.

Concluding Remarks

This report is one of the first attempts to map the current landscape for the elderly care units in Greece. Based on a multi-stage process, we found 300 elderly care units in Greece. However, because of the complexity arising from the idiosyncrasies of the sectors, a small variance in the number of elderly care units in Greece might also be expected. This is because there is inconsistency across previous evidence about (1) which units are included in elderly care units (e.g., residential or not), (2) what their organisational forms are (for-profit, non-profit, public, etc.), (3) to whom the responsibility belongs (five ministries are currently responsible for the elderly care units in Greece), and (4) the lack of an official mapping of the licensed mapping across Greece. The findings, which reveal regional variation in relation to the number of ECUs, their organizational form and the associated demand for services, offer ample implications for practitioners and policy makers. This report strongly recommends the Ministry of Social Cohesion and Family Affairs, which was established in 2023 and has the main role for the coordination of activities across the elderly care units, to provide an official mapping, or complement our mapping, of the elderly care units and update it periodically.

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