

AGF Position Paper: Future of care

Society as a whole bears the responsibility for good and successful care. Care responsibilities often arise suddenly and unexpectedly, and correspondingly the duration and intensity of care cannot be planned.

Families, in particular face special challenges when a need for care emerges. They assume responsibility for their dependants in need of care and wish to provide them with good maintenance and care. This is pursued through various means and methods, such as: caring for the dependent alone or with professional support at home, or caring for the dependent through the means of a nursing home. In this situation families need reliable and systematic support, as well as dependable temporal resources.

The individual, that is, the care dependent and the care giver with their individual requirements, must be at the focus of the care efforts. A realistic new definition of "being in need of care", which orientates itself according to the degree of the total remaining independence, has to be part of this.. The prevention of the need for care as well as the maintenance and restoration of the person's independence, need to feature more prevalently in the care efforts. In addition to the physical limitations that are taken into account in the assessment, psycho-social disorders such as dementia, also need to be adequately addressed. The AGF is committed to the introduction of the New Assessment Procedure (NBA) from the year 2009.

Care which places the individual at the centre of attention thus appreciates cultural differences and makes a sensible approach to them possible. The experience and skills acquired by care-givers need to be afforded greater recognition by society.

According to the perspective of the AGF it is necessary to strengthen the overall social responsibility for care giving: A responsible Care giving model, orientated on human dignity, must be developed. Care giving must be freed from taboos and developed into a central theme, not only in private spheres but also in the business and public spheres. In so doing, all aspects of care should be brought into the discussion. Care giving must be reformed in a gender equitable way. This should include the placement of positive role models for men with caring responsibilities, as well as the promotion of reconciling care-giving and work, for both sexes. Appropriate measures should not result in predominantly women having to restrict their careers and as may be the case, to retire from professional life altogether. Increased incentive is needed in order to create a fair distribution of care giving between men and women, in private as well as in professional care. The overall societal responsibility for care must also be reflected in the financing of care insurance. The AGF sees it as a necessity that the revenue base be broadened through the equal participation of all forces in society, as well as all types of income in social care insurance.

Reconciling care and work

Family-friendly working structures: Companies must be open to the family circumstances of their employees and also take them into account when designing the daily working routine. The highest possible level of work flexibility in time and place that is in the interests of the care-giver, is needed, such as for example the opportunity for home-office work. Furthermore, opportunities for short-term leave from work and a (temporary) reduction of working hours should be created.

Opening up companies for care issues: Care is a societal responsibility and should not be categorised as the sole responsibility of family members. As with the family in general, care must therefore also become an issue within the workplace and the individual companies.



Support from employers for staff with care responsibilities: Companies need to develop concrete business offers to combine care and work and appoint a clear contact for care issues, in particular for the reconciliation of work and care. The exchange of views and experience between employees with caring responsibilities should be enhanced and contact with colleagues on care-leave should be sustained.

The Company could furthermore, become active in supporting the organisation of care (for example by providing information, placement of care services etc.).

Encouraging stronger commitment from Social Partners: Employer associations and, above all, unions must contribute to ensuring that a stronger focus is placed on the caring and family responsibilities of employees in the company and that, solutions for existing –reconciliation problems will be developed.

Care advice for businesses: Measures to increase awareness of family-friendly working patterns as well as information on care and possible compatibility solutions should be directly available in the company for the supervisors, personnel managers and other key decision makers in companies.

A flexible time budget: Care givers require time in order to assume responsibility for dependents. This can be expressed in the form of the direct assumption of care responsibilities, or also, in the organisation of further, complementary nursing arrangements, as appropriate. A time budget should be readily available for these care tasks and it should be as flexible as possible and one that could be used over an extended period of time. Both are necessary, especially considering the increasing distance from family members, as a result of, for example relocation or migration.

The provision of flexible time budgets for the organisation or assumption of care responsibilities must be coupled with a legal entitlement to such. Any resulting costs must be funded by society.

Leave of absence: The legally provided days of leave for the organisation of care or for unexpected events need to be remunerated and made more flexible. It should be possible to divide the statutory days of leave according to demand.

Right of return to work: For every career break a right to return to the previous occupation must be guaranteed. This applies to the number of working hours as well as the contents of the work.

Relief and social welfare for care givers

Appreciation of the care work: Care work must be afforded greater recognition by society. Particularly required are, the financial revaluation as well as the improvement of the basic conditions of family and professional care.

Social Security: If a break is desired, an independent social security of a sufficient amount must be guaranteed during the assumption of care responsibilities. This is applies in particular where the pension is concerned, but also to provide security against sickness and unemployment.

Independent professional advice and support: Families faced with an incoming care case, must have access to advisory services, which are independent and close to home. This primarily includes advice as to what the care insurance covers, possible care arrangements and existing statutory provisions, as well as local service providers. In addition, the care activities and situations of the members should be accompanied with the offer to hold round of talks, individual care-training and courses, etc. The access points to information and advice need to be made more transparent and comprehensive. The services offered are to be adapted according to the individual conditions and needs (gender specificity, cross-cultural contexts, conditions in the nursing environment, medical needs, etc.).

Improve interface management: Quite often the unclear responsibilities and open financial issues between the statutory health insurance and care insurance, leads to an additional burden on care givers. Therefore, a better cooperation between the insurance funds and clear rules are necessary.

A flexible care mix: The development of networked structures of care provision by the local authorities is necessary in order to relieve the care-givers. A better network of ambulatory, outpatient, inpatient, and professional and familial forms of care must be ensured. Included therein are, for example, adequate and high quality offers for the holiday, weekend, day or short-term care (respite care).

The care provided by relatives and professional care givers must not be played against each other. Politics and municipalities have a duty to ensure adequate coverage and high quality professional care services. This is a reflection on the complete societal responsibility for care.

Preventative and rehabilitation measures: Easy access to preventive health measures and medical rehabilitation measures for caregivers must be ensured, possibly also together with the patient receiving the care giving. The care insurance fund (i.e. through taxation) is to cover the costs of these measures. The offers should be made gender sensitive.

Prevention of pension disadvantages: The care work on a private level needs to be upgraded under pension law. The value of an annuity care should therefore correspond to the annual compulsory contributions of an average earner. The pension claims for nursing-care should principally be modeled on the regulations concerning parental leave.

Dependent family members abroad: The assumption of care responsibilities for a dependent who is abroad, is often extremely difficult and complex. Those assuming responsibility are therefore urgently reliant on facilitated entry opportunities for care dependent family members.

Improved care coverage: There are very few studies concerning the desirable care arrangements of the dependent, and in particular, of the care-giver. The AGF therefore advocates the promotion of specific studies on the care needs of society, before and during the different phases of care, as well as the impact of care decisions for the future life course of those affected.

Infrastructural support for people dependent on care

Outpatient care: "Outpatient care has precedence over inpatient care" as long as it is in the interest of the care-givers and the care dependent. Domestic and home care should not be construed, per se, as the sole provision of care by relatives. The supplementary assumption of care activities through professional care givers is often sensible and is in many cases, in the interests of the relatives as well as the care dependent. Professional care givers provide additional social contact and interaction for the care dependent and they also create important phases of regeneration for the dependent's relatives. Both of these can help to significantly relieve the interpersonal relationships in the family care, which often suffer due to the physical and emotional strain of the work involved in care.

Community daycare centres or family centres: Care is a community task. It is therefore the responsibility of municipalities to offer independent advice on suitable care arrangements, to provide information on local care providers, the support, the exchange of views and experience of care-givers and support services as well as to provide information on contact persons from the care insurance and the health care insurance. This is best achieved in the nearby neighborhood care centres. As an integral point of contact for families with care responsibilities, they should ensure transparency where care issues are concerned.

The AGF is of the opinion that it would make a lot of sense to expand this concept not only in relation to care and additionally in relation to family issues in general, and thus create family centres. Pre-existing local structures should be involved. For example, 'multigenerational' homes could be expanded.

Promotion of early detection and preservation of everyday-life skills: Sufficient public funding in the respective areas is necessary in order to guarantee the promotion of early detection and preservation of everyday life skills. Domestic and technical aid to delay the onset of care must be supported, generally as well as financially. The same applies to the strengthening of pre-care prevention and rehabilitation.

Quality of the care: The care measures must mainly be based on the patient's level of independence. The ultimate goal of the care should be to improve the state of the person dependent on the care, in cooperation with a reacquisition of independence, insofar as such is possible (activating care). Standards of care must be scientifically researched and regularly evaluated. They need to leave space and time for the individual requirements of the care receiver as well as for the interpersonal attention and care. Therefore, appropriate framework conditions from the care-giving institutions are required.

The care provided by family members should be supported by training and accompanying counseling from professionals.

Care Networks: Essentially, a customised care network for patients needs to be created, within which the family members operate as the central and dependable contact person. Networked forms of care can cater more effectively for the individual needs of the patient as well as their family members. The effective networking of the care forms is still quite often hampered by the competition of service providers. This is where the means and methods to still achieving satisfactory results must be found.

The impact of the care reality: The impact of the realities of care on the family centre structure as well as on the basic financial and social conditions must be afforded greater attention. Possible consequences of the care arrangements for family members and partners (e.g. sudden dependence on government transfer payments, etc.) must be taken into consideration in the counseling on the care.

Volunteer work: The AGF expressly emphasises that nursing-care cannot be provided through volunteer work. Volunteer work can only be used to supplement the care, for example in the form of neighbourly help.

Care insurance/ Financing of care

Dynamism: The benefits of the care insurance (care allowance, the care benefits in kind and inpatient care) must correspond to the actual price trends.

Approximation of outpatient and inpatient care benefit rates: An approximation of the care benefit rates have to be considered from different angles. On the one hand, improvements in the financial conditions for care carried out by the family members are needed but, on the other hand, this should not entail incentives that push women, in particular, out of their profession and into care-giving.

Financing care: Care insurance has a revenue problem. While the numbers of cases and care expenditures increase by approximately the same extent, the income on the other hand remains clearly behind.

The AGF advocates for a solidarity-based care insurance. Each individual must be included and thus accordingly their financial standing must be included. All types of income are to be taken into account. The private care insurance shall be transferred to the social care insurance and the assessable income limit shall be raised to the current limit used in the pension system. Freezing of the employer's contribution to the care insurance should be reversed in order to maintain the parity of contributions between employers and employees. A tax subsidy is to be provided for services related to care that are not purely care services (e.g. pension contributions for care, wage replacement benefits, etc.).

Decision of the Federal Constitutional Court on care: An immediate, ready to use and independent commission shall investigate to what extent the Federal Constitutional Court decision from 2001 on care has been implemented.