



**Long-term Care in Germany:
Recent Developments and Future Challenges at
the State and the Company Level**

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Content

1. The German long-term care system: main structures and key challenges
2. Caring dependents: Recent policies at the state level
3. Company-based care support for caring dependents: Results of the project „Men between employment and elderly care“
4. Discussion



1. Societal challenges with regard to elderly care



- Ageing society: Increasing numbers of persons in need of care, and mental diseases (e.g. dementia)
- Keeping up families' potential to care (in mixed care arrangements) in times of demographic and societal change
- Reconciling gainful employment and elderly care
- Improving the quality of care
- Improving working conditions in the care sector
- Sustainable financing of the elderly care scheme

1. Main structures of the German elderly-care system



- Introduction of a long-term care insurance scheme (“Pflegeversicherung”) in 1995
- Insurance contributions of 2,35 % of gross wage plus 0,25 % for adults without children
- Since 2005 obligation to insure in health and long-term care insurance
- Choice between attendance allowance, professional homecare services, and nursing homes
- No comprehensive cover
- Since 2008: principle of “outpatient rather than inpatient-care”

1. High relevance of homecare by families

2,63 million care recipients

Homecare:
1,86 million (71%)

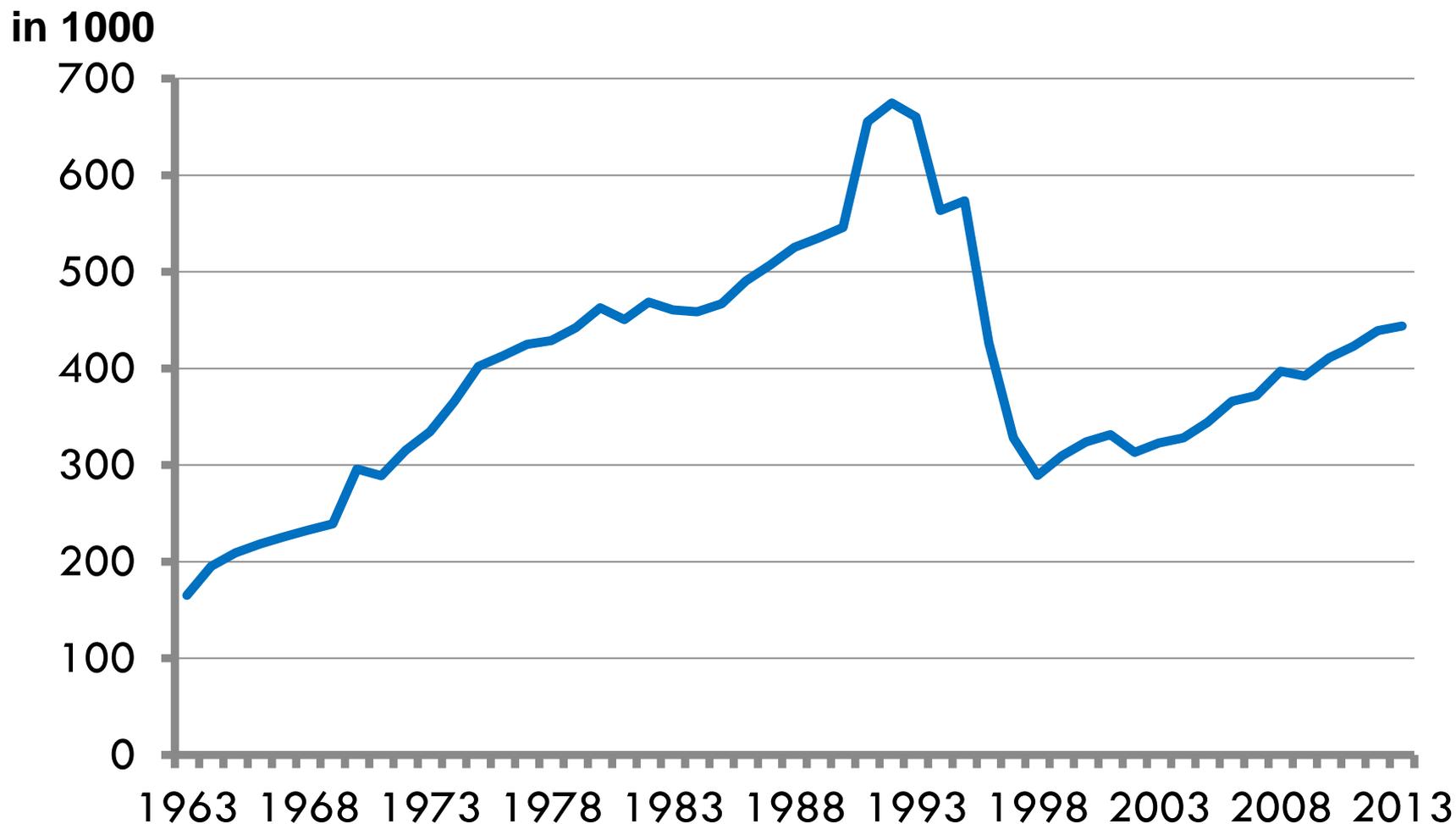
Nursing homes:
764 000 (29 %)

Care solely by family
members:
1,25 million

Together with
professional care
services:
616 000

Source: Stat. Bundesamt 2015

1. A success story? Persons in need of care receiving social assistance benefits



Source: Statist. Bundesamt 2015

1. Main criticism of the German model



- Neglect of cognitive diseases like dementia
 - Discussion of access criteria and definition of who is in need of care („Pflegebedürftigkeitsbegriff“)
- Rising costs by societal aging cause rising insurance contributions
 - Discussion of financial reforms
- Low and inflexible benefits/services
 - Discussion on extent and flexibility of benefits and services
 - Discussion on the role of care migrants
- Neglect of the needs of caring dependents
 - Discussion on reconciliation of work and elderly care

2. Caring dependents: policies at the state level



- 2008: Care leave

In companies larger than 15 employees

- Legal right to care leave or reduction of working-time for up to 6 months
- Right to return to equivalent workplace
- Continued social insurance
- No wage replacement
- 10 days short-term care leave in cases of emergency

2. Caring dependents: policies at the state level



- 2012: “Family care time”
 - Possibility to reduce working time for up to two years
 - Continued higher salary during in relation to working time
 - When care time ends: return to previous working time but with lower salary until the wage advance is compensated
 - Until 2015 the employer had to agree; since recently legal right
 - No state-based financial support
- 2015: “First Care Strengthening Act”
 - Increased support and advisory services for caring relatives (e.g. short-term care, short-term replacement)
 - 10 days short-term care leave is paid

2. Caring dependents: policies at the state level



Evaluation

- “Time without money” (Leitner/Vukoman 2015)
- Both measures, so far, are hardly known and hardly used by caring dependents
- Childcare is supported more generously than elderly care
- As opposed to childcare: No particular incentives for men to engage in care

3. Company-based care support : the project „Men between employment and elderly care“ (6/2013-1/2015)



Source: berufundfamilie GmbH



Hans **Böckler**
Stiftung 

Fakten für eine faire Arbeitswelt.

www.maennep.web.fh-koeln.de

3. Background: Caring men in numbers



TNS Infratest Sozialforschung 2011

- In 2010 **28 %** of the **mainly responsible care-givers** were men
- Since 1998 the share of **caring sons** has doubled

Rothgang et al. 2012

- Men above the age of 16, who **care for at least 1 hour per day**:
1.471.525 (**35 %**) in 2010

3. Previous research

focussed above all

- either on the reconciliation of work and care of women
- or on caring men, who are not/no longer active on the labour market

3. Research Interest

- Focus on men who reconcile work with care for their elderly relatives
- Perspective: Men as an important “ressource” for future elderly care
 - Under which conditions and how do men, who are still active on the labour market, care?
 - What are typical care arrangements and coping-strategies of care-giving men?
 - What are their familial, social, professional, and **occupational resources**?

3. Company Case Studies



Selection of Companies

- 11 companies of different sizes and sectors describing themselves as care-giving sensitive

Method: Qualitative, semi-structured interviews

- 44 men and 25 experts from works councils and human resources departments of the companies, fully transcribed and analysed by “theme centered coding” (Schmidt/Hopf 1993) with MAXQDA software

3. Results: Men who reconcile work and elderly care



- .. should not be underestimated in their contribution to elderly care
- The picture of “emotionally distanced care managers” was not supported
- Generally, men prefer to keep up full-time work; if at all, they want to reduce their working time for a fixed-term
- Most men care in the context of so called mixed care arrangements
 - Still: importance of wives
 - But hints for new gender arrangements
 - Importance of professional services
 - Frequently transfer to nursing home if burden becomes too high

3.Results: Men who reconcile work and elderly care



- While women tend to organise work all around care, men tend to organise care around work
- Easy access to professional support services is central to encourage men to bear care responsibility

3. Results concerning companies' role in elderly care support



- Background: 72 per cent of companies do not offer any support for caring relatives and do not plan to do that in the near future (ZQP 2015)
- In our - selected - sample, however, a great variety of measures, appeared

3. Company level support measures



- 11/11 offer a flexibilisation of working time
- 10/11 provide information on elderly care (services)
- 9/11 nominate an (internal or external) “care counsellor”
- 6/11 provide sensitising measures for management
- 5/11 offer home office or telework
- 3/11 provide cash(-based) benefits

3. Results concerning companies' role in elderly care support



- Elderly care is sensitive issue related to 'tabooed topics' such as, e.g. disease and death
- Overall decisive for a successful reconciliation of work and care is – in major enterprises as well as SMEs – a **care sensitive company culture**

3. Application problems



Even in highly care sensitive (major) companies with encompassing measures:

- High pressure on employees' performance
- Competitive environment (re-structuring)
- Working-time reductions lead to career disadvantages
- Lack of trust in employees
- Lack of understanding by management

4. Discussion



- At both levels, support measures for the reconciliation of work and care are still in their infancy, and lag behind developments in childcare
- Companies may play an important role in some aspects of elderly care support (in particular easy access to trustful information, flexibility of time and workplace)
- Even smaller companies may play a decisive role in elderly care support as long as the company culture is care-sensitive
- Educating/sensitising managers thus becomes a key task

4. Discussion



- At the same time a lack of comprehensive measures at the state level can be counterbalanced at the company level only to a limited degree
- Company level policies need to be complemented by respective state-level measures (in particular access to care high-quality services, tax-financed financial support for care leave)
- The latter seems particularly important, if men should be further encouraged to take on care responsibilities

Thanks very much for your interest!

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