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International Conference

Carers' support in the Czech Republic and abroad: theory and practice - November 25, 2016

Support for carers in Germany – opportunities for mutual learning

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wir pflegen (we care)
**Interessenvertretung begleitender Angehöriger und
Freunde in Deutschland e.V.**
**Representing the interests of informal carers (relatives
and friends) in Germany**

2003 – 2005: EU funded project **EUROFAMCARE**

2006: **EUROCARERS**

2007: **wir pflegen**

- To bring together the different problems and needs of carers
 - of all ages
 - for all kinds of dependencies
- To support cooperation between different initiatives on different levels to form a basis for a common voice for carers
- To develop an interface between carers and decision-makers on regional, national and European level, to reach more awareness, recognition and rights for carers

1995: Long-Term Care Insurance in Germany

Entitlement:

- Assessment by Health Insurance Medical Service: According to ADL scheme, **3 levels of care**, no age limit. Definition of LTC: very strict, cognitive impairments not considered properly when LTC is measured

Benefits:

- Cash benefits, in kind benefits (for home care) and benefits for nursing home care: with **choice** for the beneficiary
- **Out of pocket payment** higher than LTCl benefits – in all care levels

Principle:

- **Favouring home care** to institutional care

Improvements: LTC Insurance in Germany

Background:

- More than 2/3 cared at home, mainly family members (women)
- Well developed medical care (health insurance)
- Prognosis: **Increase in prevalence** of dependency, esp. dementia

Challenges:

- A better **reconciliation of work and care** is needed to sustain the willingness for care at home by informal carers
- **More and qualified professional staff** is needed, better working conditions are requested, to enable a good care mix

Political framework:

- No real adaptations in the LTC insurance introduced in last years
- Since 2013: **stepwise legal improvements > much more money goes in the system.** The presentation will show the most important developments and some good practice to support carers

First LTC Strengthening Act (PSG I)

- Since January 2015: **expanded benefits** for all 2.7 million beneficiaries. LTC benefits for people living at their private homes have been increased by 1.4 billion Euro for every year, for people in residential care by 1 billion Euro for every year.
- **Benefits** for long term care at home were significantly **improved**. The **services** available for care at home have been **expanded**.
- The **working staff in residential care homes** has been **increased** significantly.
- In addition, a **Capital Reserve Funds** for the Long-Term Care Insurance has been established.

Second LTC Strengthening Act (PSG II)

- Starting January 2017: Introduction of a **new vision** for LTC
- LTC will aim at **supporting self-reliance** of people in need of care. Nursing centered long-term-care services remain essential. But regular benefits will be expanded by services for personal support and daily live assistance. This is of particular importance for people with dementia.
- New assessment system: instead of calculating the **time needed** for nursing care > **degree of self-reliance restrictions** assessed: physical, mental health and cognition
- 3 care levels (**Pflegestufen**): replaced by 5 new care degrees (**Pflegegrade**).
- Contribution rates to the LTC Insurance (payroll-tax) are increased

Third LTC Strengthening Act (PSG III)

- **Municipalities** get a new responsibility for local and citizen near coordination and integration in a very splitted system
 - to guarantee advice from a single source
 - to provide enough support offers and efficient care structures
 - to improve quality of advice for caring, integration assistance and old people's welfare
 - to provide more services for everyday assistance for people in need of care and their families
 - to integrate representatives of self-help organisations, incl. carers organisations in decision processes
 - **Model projects** will be established and evaluated for 5 years nationwide, starting in January 2017

Support for carers - overview

- Part-time institutional care: day and night care (seldom available)
- Residential short-term care and respite care: benefits are to be expanded and more easily combined with each other
- Supplementary benefits
- **Rehabilitation** for carers (together with the cared-for)
- **Reconciliation** of work and care
- **Pension insurance** contributions
- **Unemployment insurance** contributions
- **Information and Counselling**

Rehabilitation for carers with cared-for

- Since January 2013: Better conditions for **inpatient rehabilitation for carers** (paid by the health insurance)
- More clinics have to take into account the **special needs** of carers
- Sometimes **carers would not leave their relative in need of care alone**. Therefore:
 - Carers should have the possibility to **take the cared-for person with them**.
 - Clinics should offer a special area for **short-term care** or cooperate with an institution.

Supporting reconciliation of work and care

win-win-situation for carers, enterprises and the whole society

Carers wishes:

- Most want to stay in work. Carer's burden would be reduced by more flexibility and security
- Broadend perspective: institutions of basic and further education (schools, colleges, universities > special offers for young (adult) carers)

Political answers / New Acts:

- Short-term absence from work and carers grant: up to 10 days paid
- Caregiver leave act: complete or partial release from work up to 6 months unpaid, interest-free loan possible
- Family caregiver leave act: partial release up to 24 months, interest-free loan, later full work with lower earnings

Enterprises' change in thinking:

- Awareness of win-win-situation is growing: prevent to lose the knowledge and experience of their qualified employees (esp. middle aged women).
Measures: inhouse information and internal /external guides

Societies' interest:

- Cost savings by supporting the preservation of family care potential

Increased pension insurance benefits

- The care insurance will pay pension contributions for more carers caring for a person in need of care living at home with care **grade 2 to 5**.
- **Prerequisite:** minimum of 10 hours per week, distributed to regularly a minimum of 2 days: addition of care for 2 or more people is possible.
- Pension contributions **increase with the grade of care**
- When the carer already gets his full old age pension or is employed for more than 30 hours per week: no pension contributions will be paid. No improvement against today.

Unemployment insurance benefits

- The **care insurance will pay** the contributions for the unemployment insurance of the carer for the whole period of caring, if carers gave up their employment because of care for a person in need of care with grade 2 to 5 – independent of the utilisation of the caregiver leave offered through the caregiver leave act
- **Prerequisite** (same as for pension): time for caring a minimum of 10 h per week, distributed to regularly a minimum of 2 days: addition of care for 2 or more people possible.
- Carers are entitled to **unemployment benefits and services for employment promotion**, in the case they have problems in reentering the labour market after finishing care work.
- Same rights for carers, who interrupt the entitlement from the unemployment insurance because of care.

Access to information, advice, accompany

1. General approach

- Internet and print media: ministries, insurances, private companies, NGOs

2. Individual approach

- Face-to-face
 - Informal network (family, neighbours, friends, colleagues)
 - professionell (counselling agencies, GPs, hospitals: discharge management, nurses, pharmacies)
- By phone
 - Hotlines: ministries, NGOs like German Alzh. Soc..
 - Psychotherapeutic counselling: models
- Online counselling by emails

3. Group approach

- Face-to-face: Courses and self-help groups
- Telephone / Video conferences (mainly moderated by professionals)

„Hamburger Angehörigenschule gGmbH“ (1)

A good practice example of courses from Hamburg

- 2011 founded as a **nonprofit organisation** and member of the Diakonie Hamburg. Two part-time jobs
- Offers **care courses** in many districts of Hamburg in cooperation with care insurances and other institutions of the Diakonie – also in Turkish and Polish language
 - Target groups: informal carers or supporting volunteers
 - Financing: care insurances cover the costs
 - Numbers: about 140 courses with about 1.000 participants per year
 - Group size: 8 participants on average
 - Group duration: 3 - 9 hours

„Hamburger Angehörigenschule gGmbH“ (2)

- Many different topics: the benefits of long-term care insurance, practical care, mostly required dementia care, but palliative and end of life care as well
- Regular feedback from informal carers and adapted contents of the courses
- Course instructors are professional carers
- How do we reach the target group?
 - Advertisements in local weekly free newspapers
 - Various internet portals
 - Course brochure
 - Network partners
 - Care consultants of health insurance companies
 - Personal recommendations
 - Lectures at events.

„Hamburger Angehörigenschule gGmbH“ (3)

- Most contacts to carers by phone, email.
- Every contact contains advice. Is a course in the group most helpfull at the moment?
- Sometimes care for the cared-for has to be organized.
- Sometimes free training at home might be usefull as well.
- Course instructors discover personal needs.
- „I am not alone with the problems“, find like-minded people
- Carers are experts in several aspects!
- A free event for informal carers during care congress
- Diakonie cultural event for carers in autumn
- Moreover: dementia crisis hotline, elder care for employees

Concept 2014: New responsibilities of GPs and their staff for carers

- **Identification** of carers (high number of unreported cases)
- **Assessment** of their health situation and risks as well as advice for prevention and further health care
- **Preliminary information / advice of support possibilities**
- **Information concerning the disease of the cared-for** and first information about **available help**
- **Further references** and eventually direct mediation to a specific care counselling agency
- **Coordination function:** referral to e.g. specialists, rehabilitation, exchange with other professions involved, monitoring of the situation

Further needs for carers

- **Prevention of poverty**, esp. for women: lower earnings, more care responsibilities, more often reduction of work, stop work
- **Equal access to support** for all citizens, mainly in rural areas – esp. day and night care, care courses, self-help groups
- **First information by regular contacts**: e.g. GPs, pharmacies
- More **time-out** for recreation and health promotion
- More **individually planned care arrangements (case and care management)**: good mixture of informal and formal care
- Make a **career in formal care-giving / nursing** more attractive
- **Stabilize family care**: support for informal carers and improved opportunities to combine caring and employment
- **Give carers a voice** in more political advisory boards !

Some links for further information

1. Federal Ministries

- **German's Long-Term Care Strengthening Acts (PSG I, II, III)**
<http://www.bundesgesundheitsministerium.de/en/en/long-term-care/germanys-long-term-care-strengthening-acts.html>
- **Supporting reconciliation of work and care**
<https://www.bmfsfj.de/blob/93366/eca900825bbbfbdd6e91fc0f3bd4205d/bessere-vereinbarkeit-von-familie--pflege-und-beruf-flyer-englisch-data.pdf>
- **Hotlines for general information and counselling on care**
 - **Pflegetelefon BMFSFJ : 030 20179131 „quick help for carers“**
<https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/das-pflegetelefon--schnelle-hilfe-fuer-angehoerige/78686?view=DEFAULT>
 - **Bürgertelefon zur PV des BMG**
<http://www.bundesgesundheitsministerium.de/service/buergertelefon.html>

Examples of links for further information

2. Others

- **Information and counselling on care**
 - ***Psychological online counselling by emails „pflegen und leben“, Berlin***
<https://www.pflegen-und-leben.de/>
 - ***Online training and counselling for carers of people with dementia „Demas“, Berlin***
<https://www.demenz-anders-sehen.de/>
 - ***Psychological counselling by phone for carers of people with dementia „Tele.TAnDem“, Jena***
<http://www.teletandem.uni-jena.de/>
- **New responsibilities of GPs and their staff for carers (KBV-Versorgungsvertrag)**
(<http://www.kbv.de/html/10117.php>)

**20 Min. are not enough for mutual learning,
but we would like to continue exchange!**

Thank you for your attention!

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