technische universität dortmund

IN-CARE
INEQUALITY IN LONG-TERM CARE

Stakeholder-Meeting – 17th January 2020 – Dortmunder U

The aim of the meeting was to present first scientific results of the IN-CARE project and to discuss them with experts from politics, practice and science. Round table discussions with experts from different levels of politics and practice were held to link research to politics and practice. The discussions should answer the following questions:

- *How can the German care system be characterized in a European context?*
- *Which indicators capture the most important dimensions of the German care system and regional care infrastructure?*
- *Which other indicators could influence the relationship between social inequalities, care and well-being in NRW, Germany and Europe?*

In order to allow a differentiated view of the questions, two round table discussions with different focuses were held. For this purpose, the experts were divided into two groups in order to participate in both focus rounds. Expert group I started with the discussion at table I and expert group II discussed at table II. After 40 minutes of animated discussion, the experts changed tables and thus also focus. Table I focused on Germany and the regional context, Table II focused on Germany in the European context.

Expert Round I: Germany and regional context

- *Expertise in the field?*
- *Discussion: Which indicators capture the most important dimensions of the German care system and regional care infrastructure?*
- *Which characteristics of the care system are central to the relationship between social inequalities, care and well-being in NRW and Germany? How can they be measured?*
- *Examples from your everyday professional life?*

Moderator: Nekehia Tamara Quashie
Protocol: Lisa Jessee
Expert: Prof. Dr. Monika Reichert

Participants:
Round I: Andreas Burkert, Barbara Kahler, Renate Lanwert-Kuhn, Annette Simmgen-Schmude, Prof. Dr. Christoph Strünck
Round II: Dr. Carola Brückner, Natalie Malon, Nesrin Hatun, Dr. Nils Dahl, Reinhard Pohlmann

Discussion Round I was introduced with a short introduction of the participants. Here the focus was especially on the expertise of the participants in the field. Afterwards, indicators for the connection between social inequalities, care and well-being were to be determined in the form of a discussion. This should also identify possible approaches and sources of the indicators. Furthermore, it should be discussed which factors cause social inequality and by which factors it is influenced. Below are the main points identified in the discussion with both groups of experts.

Indicators of links between social inequalities, care and well-being:

- Definition Care?
- Outpatient services, short-term care (and shared flats)

- Care payments/persons in need of care (Landtag)
- Binding / non-binding requirements planning (Landtag)
- Nursing staff per inhabitant in the region
- Cash-for-care and combination benefits
- Reputation of inpatient facilities
- Long-distance care
- access to information
- Senior citizens' offices at regional level
- Quality of care
- Cultural background
- decision-making processes (informal and formal care)
- Apartment access
- Training positions in nursing care

Possible sources of the indicators:

- Bertelsmann-Stiftung
- Pflegekassen (insbesondere Barmer GEK)
- European-Social-Network
- OECD
- Pflegemarkt.com
- Statistisches Bundesamt
- AGE Platform Europe

Reasons for social inequality:

- Special features of the care regime ("partial cover" etc.)
- Bureaucracy in access
- Problems of the use of care allowance (household income)
- Structural barriers to the elimination of factors that create social inequality in the system (e.g. increased costs)
- Infrastructure not available for contributions in kind
- Are nursing services used?
- Pressure to perform on caring relatives

Experts Round II: Germany in an international context

- *Expertise in the field?*
- *How can the German care system be characterized in the European context?*
- *Which characteristics of the care system are central to the relationship between social inequalities, care and well-being in Germany and Europe? How can they be measured?*
- *Further (project) ideas?*

Moderator: Martina Brandt
Protocol: Miriam Grates
Expert: Judith Kaschowitz

Participants:
Round I: Dr. Carola Brückner, Natalie Malon, Nesrin Hatun, Dr. Nils Dahl, Reinhard Pohlmann
Round II: Andreas Burkert, Barbara Kahler, Renate Lanwert-Kuhn, Annette Simmgen-Schmude, Prof. Dr. Christoph Strünck

Discussion Round II began with an introduction of the participants. The focus was especially on the expertise of the participants in the field. Subsequently, it was discussed how the German care system can be characterized in a European context. Afterwards, indicators for the connection between social inequalities, care and well-being were to be determined. This should also identify possible data sources. Below you will find the most important points that were identified in the discussion with both expert groups.

How can the German care system be characterized in the European context?

- Does the classification as “conservative” still apply?

→ Care system in Germany (GER) rather than “mixed system” (GER differs from other countries and contains market economy elements)

→ Identification via the indicators:
  - Ratio of informal and formal care
  - Ratio of use of “Pflegegeld”, “Pflegesachleistung”, “Kombinationsleistung“
  - Existence of care support systems (e.g. nursing insurance since 1995)
  - Willingness of local authorities to invest in care
  - Mapping of the control systems; Who controls? Degree of municipalization as an indicator
    - In Scandinavia, for example, highly municipalized
    - Differences in quality, if at municipal level
    - With the introduction of long-term care insurance, the main responsibility lies with the health insurance funds and no longer with the municipalities (probably in only a few other countries; GER rather as a "special type"? In GER very fragmented)
  - Shifting the main responsibility could have an impact on the well-being of informal caregivers (well-being of caregivers not in focus; are there any measures by the long-term care insurance to support informal caregivers? Some measures, e.g. “Pflegezeit”, are hardly accepted; which actor feels responsible?)
  - Pflegegesetz (care law) at Federal Level → realization by federal states → problem: scope → rise in inequalities
  - How unitary is the system?
  - Aim of the respective system?

Practical experience:

- Challenge: Counselling for people with a migration background (access problems, e.g. no Islamic welfare organization exists)
- “Culturally sensitive care” → definition unclear
- Hardly any day care places available (demand depends on season)
- Day care brings more relief than full inpatient care

- Knowledge of the existence of low-threshold or voluntary support possibilities can have a relieving effect; on the other hand, inhibition threshold

Indicators of the relationship between social inequalities, care and well-being:

- Who is entitled to benefits?
- Who has access?
- (Long term) financing
- "Sandwich generation"
- Regional disparities: Childcare facilities (small-scale level) and possibilities for the use of formal care
- Option and use of nursing time (FPfZG is hardly or not at all accepted, not in line with demand)
- Availability of day care places, outpatient care services, full inpatient care places, short-term care places, other forms of housing, 24-hour care (not legal in all countries), low-threshold support (e.g. hourly voluntary care) (small-scale level)
- Culture of appreciation (e.g. Scandinavia: recognition of informal caregivers and volunteers as "informal caregivers"; persons are qualified; effects on well-being?)
- Reputation of care institutions, real round-the-clock care possible?
- Norms, attitudes and roles (e.g. importance of family, decrease in care by children)
- Regional comparison (urban vs. rural areas, new vs. old federal states in GER)
- Religious affiliation
- Migration background
- With regard to which indicators is a comparison across countries possible and useful?

Possible data sources:

- State ministries
- European comparison of care systems was carried out by the German Association for Public and Private Welfare on behalf of the BMFSFJ