

Bundesarbeits-  
gemeinschaft der  
Seniorenorganisationen



bagso

Position Paper

# Assistance and long-term care: new structures in municipal responsibility

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## Introduction

Almost three decades after the introduction of nursing care insurance, experts have come to the realisation that the existing system of care and nursing has reached its limits. Despite a number of reforms and attempts, significant problems remain unsolved. Symptoms of an obsolete, outmoded system can be found in all areas: “care at its limits” is the everyday reality, with a high level of dependency on social welfare among those in need of care and a high risk of poverty among family caregivers. At-home care often depends on irregular forms of employment and professional nursing on temporary employees.

Investors' expectations of returns on their investments come at the expense of nursing quality. For those dependent on nursing, this increasingly means that they do not receive adequate and good care. In view of the processes of social change and demographic forecasts for the near future, these system deficiencies cannot be eliminated piecemeal and by means of “cosmetic surgery”. Rather, a fundamental redesign of the care and nursing structures is essential. To this end, BAGSO considers it necessary to reorganise the competences and responsibilities. The structures that have developed over the last three decades as well as the financing of nursing care must be fundamentally reviewed.

In this paper, BAGSO calls for a redesign of the care and nursing structures and makes recommendations for action. As an umbrella organisation for senior citizens' organisations, it focuses on the perspective of older persons and particularly on the phases of old age in which the need for support and/or care increase. At the same time, it looks at the entire ageing process and advocates a comprehensive approach that also includes the potential that health promotion, prevention and rehabilitation brings to the table to delay or avoid dependency on care.

## Relevant development trends and processes of change

### Increase in the number of older people and those dependent on care

In 2021, 4.96 million people were recorded as being dependent on care within the meaning of SGB (Social Security Code) XI.<sup>1</sup> Of these, 84% (i.e. 4.17 million) are cared for at home, most of them exclusively by family members (61%). A smaller proportion is cared for by family members with assistance by third parties. These might be out-patient care services, professional and informal help in the household or support within the framework of “24-hour care”. 790,000 care-dependent persons (16%) live in in-patient facilities. In addition to these groups, there are those who live in alternative forms of accommodation (e.g. assisted living, nursing home communities) and in integration assistance facilities.



<sup>1</sup> See here and below: Federal Statistical Office of Germany, 2022:

[https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/\\_inhalt.html](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/_inhalt.html)

It is expected that the number of those in need of care will rise to just under 6 million by 2030. By then, 28% of the population will be 65 or over (2021: 22%). The number of people aged 85 or older is projected to be more than three million.<sup>2</sup> In the years leading up to 2045 – when the baby-boomer generation will be between 75 and 90 years old – the care system will face even greater challenges.<sup>3</sup>

### **Increasing general and specific care requirements vs. supply deficits**

Most people want to grow old at home. At the same time, needs are becoming more specific and the demand for diversity-sensitive and integrative forms of accommodation and care is increasing.<sup>4</sup> The need for care is also influenced by medical and technical advances and the corresponding requirements are becoming ever more diverse. However, the gap between expectations and reality is widening: the increasing number of people dependent on assistance and care and their increasing general and specific care requirements are set against deficits on the supply side that have been apparent for years. In particular, there is a

lack of adequate care and nursing services geared towards the various needs. Regular services pertaining to household assistance or household-related services are also lacking, however. One of the main reasons for this is a shortfall in staff,<sup>5</sup> but a dearth of or insufficient refinancing options via nursing care insurance also impacts the services on offer. As a consequence, the desired forms of accommodation and care are often not available or available to the required extent in the local area and those affected have few options when it comes to supervision, care and nursing services. Instead of being able to ask questions about the quality of an offer, many of those affected and their families are happy to find any open nursing care place and any kind of support at all.

### **Care and nursing burdens family to a great extent**

Because the term “family caregiver” is not clearly defined and their number is not definitively recorded, it is only possible to estimate how many relatives bear the responsibility for care. Estimates range from around 4 million to just under 10 million people,

<sup>2</sup> Demographic change differs from region to region with an especially strong increase in the older populations in rural regions of eastern Germany.

<sup>3</sup> See Barmer Pflegereport, 2021: <https://www.barmer.de/presse/infotehk/studien-und-reporte/pflegereport/pflegereport-2021-1059412>

<sup>4</sup> To be mentioned here, in particular, are older people with disabilities, care-dependent people with migration backgrounds, care-dependent people with different gender identities and sexual orientations (LGBTIQ+) and those with technology-intensive care requirements.

<sup>5</sup> Although the number of caregiver trainees has increased in recent years, they will not be able to replace the loss of carers who will retire in the next years. “Der Arbeitsmarkt für Pflegefachkräfte ist leergefegt.” (Klie, in: DAK-Pflegereport, 2022, p. 3). Further, there is also the risk of available nursing staff moving into medical care due to the pay gap.



mostly women.<sup>6</sup> Many are also of advanced years themselves. The majority of carers find themselves in a permanent situation of extreme stress. In a care study by the social welfare association VdK,<sup>7</sup> for example, more than a third of those family care-givers surveyed said that they had difficulties coping with care-giving or could no longer cope at all. 63% suffered with physical complaints on a daily basis, while 59% said that they neglected their own health due to providing care. According to the study, support and relief services are often not used: firstly, because of the lack of relief services such as outpatient services, day-care places and short-term/preventive care services, or because a lack of time and overwork prevents family carers from searching for available capacities, and secondly because the use of these services requires high top-up payments which in most cases is unaffordable.

### Professional nursing staff are overworked

Workload limitations are constantly exceeded in professional care, too. Unattractive work conditions and a growing shortfall in nursing staff – a phenomenon which has been known for years – mean that many are reducing their working hours or quitting the profession altogether.<sup>8</sup> An average of 36,000 vacancies in the care profession were reported across Germany in 2021; two-thirds of these were for skilled staff.<sup>9</sup> The significant increase in long-term care needs expected in the coming years will only exacerbate this staffing situation.<sup>10</sup> Accordingly, in-patient care facilities alone will require 36% more staff than are currently available to them on the basis of the staffing ratio. This is the equivalent of more than 100,000 full-time jobs.<sup>11</sup> There are also indications that the Covid-19 pandemic has had dramatic



- 6 See Barmer Pflegereport, 2021 (p. footnote 3) and Fischer & Geyer, 2020: [https://www.diw.de/de/di-w\\_01.c.785861.de/publikationen/diw\\_aktuell/2020\\_0038/pflege\\_in\\_corona-zeiten\\_\\_gefaehrdete\\_pfleger\\_besonders\\_gefaehrdete.html](https://www.diw.de/de/di-w_01.c.785861.de/publikationen/diw_aktuell/2020_0038/pflege_in_corona-zeiten__gefaehrdete_pfleger_besonders_gefaehrdete.html)
- 7 See here and below: Sozialverband VdK, 2021: <https://www.vdk.de/deutschland/pages/themen/pflege/81569/pflegestudie?dscc=ok>
- 8 See Chamber of Employees Bremen, 2022: <https://www.arbeitnehmerkammer.de/studie-ich-pflege-wiederwenn.html>
- 9 See Federal Employment Agency, 2022: [https://statistik.arbeitsagentur.de/DE/Statischer-Content/Statistiken/The-men-im-Fokus/Berufe/Generische-Publikationen/Altenpflege.pdf?\\_\\_blob=publicationFile&v=13](https://statistik.arbeitsagentur.de/DE/Statischer-Content/Statistiken/The-men-im-Fokus/Berufe/Generische-Publikationen/Altenpflege.pdf?__blob=publicationFile&v=13)
- 10 According to an assessment by Rothgang et al., 2020, the additional staffing requirements in in-patient care depend on the residents and the existing staffing of the respective facility. Differentiated according to qualification level, the average additional need for skilled personnel is small, but there is a considerable increase in the need for assistant staff. [https://www.gs-qa-pflege.de/wp-content/uploads/2020/09/Abschlussbericht\\_PeBeM.pdf](https://www.gs-qa-pflege.de/wp-content/uploads/2020/09/Abschlussbericht_PeBeM.pdf)
- 11 For out-patient care, see Büscher et al., 2022: Die Personalsituation in der ambulanten Pflege. *Pflege*, 35, (5), p. 269-277, <https://doi.org/10.1024/1012-5302/a000881>. Accordingly, “the staffing situation in out-patient care and the associated assurance of nursing care provision will [also...] remain a challenge for the foreseeable future” (p. 269). A further issue is the shortage of labour in other areas relevant to care, such as housekeeping.

negative impact on the situation, particularly on the mental health of nursing staff, and further exodus from the profession can therefore be expected.

## Current legal situation and deficits in implementation

### Lack of services offered in care for older people in accordance with Section 71 SGB XII

Services at the municipal level are of crucial importance for older persons with and without support or care needs because their immediate living environment is embedded in the municipality<sup>12</sup>, which thus represents the centre point of their lives. The legislators have recognised this and provision is made in Section 71 of the Social Security Code (SGB) XII setting out participatory services for older adults under the heading “Care for older persons”.<sup>13</sup> In practice, however, this single provision in social law concerning the living situations of older people leads a shadowy existence. The services mentioned in the Code, such as information and counselling centres, meeting places and promoting civic involvement are offered in many places only to a limited extent or not at all.<sup>14</sup> The inadequate implementation of these legal re-

quirements is fatal with regard to the health and quality of life of older people and the support of family caregivers, as these services contribute, among other things, to reducing health risks in old age, to identifying the need for help and care at an early stage and to providing appropriate support.

### Care counselling: not needs-based and unclear

Qualified advice that is independent of the bearer of costs and the service provider is a prerequisite for ensuring that care services are geared towards individual needs and requirements. Pursuant to Section 7a SGB XI, every care-dependent person – and, at their request, also family carers or other persons – is entitled to individual care advice. It is the duty of the nursing care insurance funds to appoint a counsellor or advisory centre responsible for those in need of care. The main task of care counselling is to record the individual’s need for help, to draw up a care plan and to monitor and, where necessary, adjust compliance with it. Counselling also includes information on relief options and on the service offers available locally. Care-dependent people who already receive nursing care insurance benefits are also entitled to regular advice pursuant to Section 37 paragraph 3 SGB XI.

<sup>12</sup> In the following, the term “municipality” is always used to denote all towns, cities, urban districts and rural districts.

<sup>13</sup> According to Section 71 SGB XII, care for older persons is intended to help prevent, overcome or alleviate age-associated difficulties and to enable older people to participate in life in the community in a self-determined manner and to strengthen their ability to help themselves.

<sup>14</sup> See Klie, 2022: Berliner Gesetz “Gutes Leben im Alter”. Ein erstes Altenhilfestrukturegesetz auf Landesebene? In: NDV Nachrichtendienst des Deutschen Vereins für öffentliche und private Fürsorge e. V. (2), p. 60–67 and Stratmann, 2021: <https://www.bagso.de/studie/vergleichende-untersuchung-zur-kommunalen-altenarbeit/>



Despite the great importance of counselling for good nursing care, counselling services in Germany are generally not transparent for those affected. These advisory services include advisors appointed by the nursing insurance funds, nursing care support centres, welfare organisations, senior citizens' offices, municipal bodies and consumer centres. The quality of the counselling also varies greatly due to differing levels of qualification among staff in the advisory centres and is difficult for those seeking advice to assess.<sup>15</sup> In many respects, it does not meet the diverse needs of those dependent on care and their families, as it primarily addresses financing options, does not provide concrete help and support services in the sense of case management, does not take account of the limited availability of services or the required waiting times and is therefore unfit to solve the specific problems of the individual care situation.

### Care provided by family members is crumbling

The German care system follows the cultural and legal logic that nursing and care work is primarily the responsibility of the family. Accordingly, nursing care insurance benefits should "primarily support care within the home and the willingness of family and neighbours to provide nursing, so that those dependent on care can stay in their home environment for as long as possible" (Sec-

tion 3 SGB XI). However, demographic and social change processes – such as increasing numbers of very old people and those in need of care, the surge in childlessness and transnational life courses, growing diversity in life and family models, the expanding employment of women, changes in the world of work and the expected decline in the total population – call into question the sustainability of nursing care within the family. Accordingly, it is becoming ever less possible to successfully meet nursing care needs within the family through the range of professional services currently available. This is reflected not only in the great stresses and strains in informal care but also in the fact that thousands of households are forced to switch to primarily irregular forms of employment in the context of what is referred to as 24-hour care and household assistance.

### Inadequate planning and management options in the municipalities

Municipal management competences were severely compromised with the introduction of nursing care insurance in 1995 (SGB XI). This is because, pursuant to Section 9 SGB XI, the federal states are responsible for maintaining an efficient and numerically adequate nursing care structure. The various state nursing care laws differ considerably in terms of the involvement of the municipalities in the local care structures.<sup>16</sup> Character-

<sup>15</sup> See, for example, Frommelt et al., 2008: [http://www.paritaetalsopfleg.de/downloads/Pfleg/Gremien/Pfleg\\_ber\\_dgcc.pdf](http://www.paritaetalsopfleg.de/downloads/Pfleg/Gremien/Pfleg_ber_dgcc.pdf)

<sup>16</sup> See Braeseke et al., 2021: Status Quo der Senioren- und Pflegeplanung und Handlungsempfehlungen für Kommunen. In: Jacobs et al.: Pflege-Report 2021, p. 195–208. [https://link.springer.com/chapter/10.1007/978-3-662-63107-2\\_14](https://link.springer.com/chapter/10.1007/978-3-662-63107-2_14)

istic of the current system and its weaknesses is the fact that Section 12 SGB XI transfers responsibility to the nursing care insurance funds for assuring the nursing care of their insured parties. Despite efforts in recent years at the federal level (e.g. through the Pflegestärkungsgesetz [Care Strengthening Act] III) and partly also at the state level to increase the municipal level's involvement in care policy once again, the municipalities have not been assigned an active, i.e. formative and managing, role in local care and nursing structures. Binding care-needs planning or integrated planning for the help and nursing of older people at the municipal level which is regularly updated and serves as a basis for concrete measures is the exception rather than the rule.<sup>17</sup>

It should be noted that the state nursing care laws have not been adequately adapted to the further development of care legislation at the federal level. The municipalities may have a constitutional mandate to provide public services for their citizens in the context of local self-government, but this mandate usually goes unnoticed because the interface between the legal responsibility of the municipalities under

Section 9 SGB XI and the legal responsibility of the nursing care insurance funds under Section 12 SGB XI is not clearly defined. This also applies to the provision of the necessary financial resources.

### **Nursing care dependency: a risk of poverty**

In contrast to health insurance, nursing care insurance was conceived as a partial performance insurance. Consequently, dependence on nursing care is increasingly associated with the risk of poverty due to the steadily increasing co-payments<sup>18</sup> and the lack of regular dynamic sampling of the nursing care insurance benefits<sup>19</sup>. In 2021, more than 400,000 beneficiaries received assistance with nursing care (Sections 61–66 SGB XII). In 2020, more than a third of nursing home residents were dependent on social assistance – significantly more than when nursing care insurance was introduced, the declared goal of which was helping those in need of care find their way out of dependency on social welfare.<sup>20</sup>

For care in the home, the capping of cost coverage can mean that the needs of those dependent on care are not fully met when

 <sup>17</sup> On the regulations in the federal states, see Braeseke et al., 2021, footnote 16.

<sup>18</sup> The average co-payment in in-patient nursing care is 2,411 per month (as of: 1/1/2023), see: [https://www.vdek.com/content/dam/vdeksite/vdek/presse/pm/2023/grafiken\\_eigenbeteiligung\\_stationaere\\_pflege\\_2023\\_und\\_2022.pdf](https://www.vdek.com/content/dam/vdeksite/vdek/presse/pm/2023/grafiken_eigenbeteiligung_stationaere_pflege_2023_und_2022.pdf)

<sup>19</sup> The draft law on support and relief in long-term nursing care (PUEG) provides for an automatic dynamic sampling of all nursing care insurance benefit amounts as at 1/1/2025 and 1/1/2028, based on price developments. Proposals for this long-term dynamic sampling of benefits are to be drawn up before the end of the current legislative period (as of May 2023).

<sup>20</sup> See VDEK, 2023: [https://www.vdek.com/presse/daten/f\\_pflegeversicherung.html](https://www.vdek.com/presse/daten/f_pflegeversicherung.html) and Dt. Ärzteblatt, 2021: <https://www.aerzteblatt.de/nachrichten/129761/Immer-mehr-Pflegeheimbewohner-auf-Sozialhilfe-angewiesen>



advantage is not taken of those services subject to co-payment. A large proportion of family carers are also at risk of poverty because they do not receive adequate financial support. Working family members are often forced to reduce their working hours or give up their jobs completely because employment cannot be reconciled with their nursing activities. The current statutory structure does not help to reduce the risk of poverty for family caregivers.

## **Demands and recommendations for action by BAGSO**

### **1. Assigning municipalities the responsibility for the management and design of nursing and care for older people**

To ensure equal living conditions in the area of locally available assistance and care for older people, it is imperative that the responsibility for management and design be transferred to the municipalities. They must be responsible – with this responsibility being enshrined in law – for the prevention, alleviation and management of dependency on assistance and care. With its call for new structures for care and nursing under municipal responsibility, BAGSO takes up a central approach of the Federal Government's *Seventh Report on the Elderly* (2016), which has shown what role municipalities can and must play in shaping life in old age. According to the localised approach, care and nursing must be conceived locally and organised in a social space-related and cross-sectoral manner. The aim must be to

promote and develop living areas in which accommodation suitable for the elderly and individually tailored support services are available and participation is possible.

Taking up the recommendations of the *Seventh Report on the Elderly*, BAGSO calls for the Federal Government or the states to establish a legal framework that defines minimum standards for the quality of life as well as for the support and care of older people. In view of demographic and social changes, municipal assistance and care structures for older people can no longer be based on voluntary work or the personal commitment of individual actors. Strengthening the municipalities in terms of care and nursing does not mean that they themselves have to be providers of care and social facilities. Their primary task should be to ensure that needs-based services are available, to network actors and services, coordinate appropriate measures and carry out controls and evaluations. Anchoring municipalities' planning and implementation mandate in the law requires adequate financing of this task by means of federal state funds. The role of the nursing care funds must be reduced to the financing of care-related expenses and the management and monitoring of care quality.

To ensure equal care structures that take account of local structural characteristics (e.g. large cities, rural areas), municipalities must be obliged to collect data on population and care needs on a regular and small-scale basis and, based on this, to develop requirement planning for all areas that have influence on the lives of older people. This

can be embedded in an overall concept for ageing policy. Due to the decline in the availability of in-family care, this sort of integrated planning for the assistance and care of older people must take into account the variety of help provided by relatives, neighbours, full-time workers and volunteers and ensure that they interlock and thus create stable care arrangements. BAGSO also calls for further development of the care statistics according to Section 109 SGB XI in order to systematically record family caregivers.

This care structure planning must be both integrated and participative: as well as the service providers and funding agencies, those requiring care and/or representatives of older people must be involved. The municipal care conference, which has been introduced in many federal states as an instrument, is in principle suitable for participatory planning but its function is currently limited to consultation. The participation of the older population must also be assured in other relevant bodies such as municipal health conferences and competent expert committees in the district councils.

## **2. Expanding preventative care for older people in accordance with Section 71 SGB XII**

Ageing is a highly individual, long-term process in which varying support needs arise

that generally intensify over time – from light assistance in everyday life to extensive care measures. A dependence on nursing care is usually the result of chronic illness leading to functional decline and ultimately to limitations in connection with ability deficit. This dynamic development requires a comprehensive analysis of when and to what extent what kind of support measures are required to promote independence, ability and health in old age and thus ensure quality of life. Quality of life must therefore not only be taken into account when care and nursing become necessary. Rather, all factors that shape and influence the daily lives of older people must be taken into account when considering this phase of life.

A legal opinion<sup>21</sup> commissioned by BAGSO comes to the conclusion that independent towns and rural districts are obliged under Section 71 SGB XII to provide a minimum standard of counselling and open support services for older people, which should also have a preventive effect and be available regardless of the income and assets of those affected. In BAGSO's view, the federal states are required to enact supplementary or specifying regulations in this regard, for example in the form of implementing regulations for Section 71 SGB XII.<sup>22</sup> The Federal Government could create an institution that – similar to the Federal Foundation for Early Intervention – contributes to quality development in assistance for older persons.

<sup>21</sup> See Hellermann, 2022: <https://www.bagso.de/studie/die-altenhilfe-nach-71-sgb-xii-und-der-rechtliche-rahmen-fuer-ihre-weiterentwicklung/>

<sup>22</sup> This sort of regulation is currently being discussed in Berlin, for example: [https://ü60.berlin/image/inhalte/file/2023-04-12\\_BE%20AHG\\_Gesetzentwurf\\_LSBB\\_final.pdf](https://ü60.berlin/image/inhalte/file/2023-04-12_BE%20AHG_Gesetzentwurf_LSBB_final.pdf)



### 3. Introducing case and care management

BAGSO calls for the mandatory introduction of a case and care management system coordinated by the municipalities. This should include regular and needs-based preventive home visits to older people in order to determine the need for support directly and precisely in situ and to develop individual assistance plans based on this. These serve as the basis for individual benefit arrangements with the involvement of professional service providers, family support and civil society services. The counselling centres should be tasked with reporting to the municipality any additional needs that cannot be covered by the existing services.

### 4. Breaking down rigid sector boundaries

The compatibility of age-appropriate accommodation and care (living arrangements involving nursing care) and of communal living must be made more attractive. Social law as well as construction and planning law must be amended in order to promote new cross-sector and sector-interlinking concepts. Cross-sector services adapted to regional and local needs and opening up care facilities to the surrounding districts is essential, for example. However, the dismantling of sectoral boundaries must not lead to the emergence of a new sector. Rather, the aim is to create more flexibility between the existing sectors. Cross-sectional funding programmes, e.g. urban development funding, must systematically combine community management with the promotion of an age-appropriate residential and living environment as well as with care and accessibility.

Those depending on nursing care always need medical care too. In many cases, the current separation of health insurance and nursing care insurance leads to conflicts of responsibility and the neglect of local preventive and low-threshold care services. It must be verified by an independent body as to whether this separation of the two branches of insurance is effective and efficient. The goal must be care provision that eliminates "shunting yards" and does not pass on the burden of coordination problems and disputes over competence to those affected and their families. People have a right to expect that the structures on which they rely for support in times of illness or care-dependency are, from the perspective of the users and their needs, appropriately conceived and designed. Digital processes can help in reducing bureaucracy but must not become an additional burden.

### 5. Strengthening professional care

The roles of the actors in the health and care sector must be designed in such a way that they better meet the needs of care-dependent people and their relatives and conserve the personnel resources that are generally in decline. To this end, the roles of medicine and nursing care must be changed and their interaction optimised. Since nursing competence and medical competence are equally responsible, medicine must no longer take precedence or sovereignty over nursing care. The appropriate structures for training and professional development must be created in nursing care. And the work and remuneration conditions in the care sector must ultimately be designed in such a way that people can be employed in the long term in

this field too. For this, the measures agreed in the context of the *Konzertierten Aktion Pflege* (Concerted Action on Care, KAP) have set down vital building blocks, which need to be developed further, for example in terms of improving staffing ratios, working hour flexibility, reconciling family and career, the use of digital technologies and development opportunities. From BAGSO's perspective, a limitation on temporary work in the care sector is urgently required; compared to permanent employment, temporary contracts are more attractive to workers in the care sector but these endanger the continuity and stability of staffing in care facilities and services.

## **6. Effectively relieving family caregivers**

Those who care for relatives deserve efficient relief and protection against the risks that can emerge in nursing, for example a loss of income or health risks, especially when these can no longer be compensated over the course of life. To spread the burden of care-giving over as many shoulders as possible, there must be more options for relief, particularly for working family members who take on care obligations. These options include the introduction of leave for family carers and a family care allowance. The Independent Advisory Board on Work-Care Reconciliation set up by the Federal Government presented a detailed concept for this in 2022, which must now be implement-

ed.<sup>23</sup> Moreover, any disadvantages suffered in career or pension must be compensated. Binding municipal planning guidelines must ensure professional support structures across the board, in particular adequate offers of day and short-term care, household assistance and other outreach services. Financing must be made possible by means of a flexible-use care budget.

Local care structures are also essential for relieving the burden on family caregivers. Existing initiatives, projects and networks such as the Local Alliances for People with Dementia, visiting and support services or low-threshold services in the immediate vicinity contribute to an age- and care-friendly environment. This civic engagement, which is primarily voluntary, must be subject to coordinated, qualified and full-time supervision. It is the task of the municipalities to promote these initiatives, intensify their networking with each other and provide targeted support for volunteers.

## **7. Making care affordable in the long term**

Good care must be adequately and permanently financed. A need for nursing care and the assumption of the responsibility for providing it must not lead to dependence on social assistance or poverty. A sustainable limitation on co-payments must be implemented urgently, e.g. by means of the

  
<sup>23</sup> <https://www.bmfsfj.de/bmfsfj/service/publikationen/empfehlungen-zur-familienpflegezeit-und-zum-familienpflegegeld-200058>



“base/tip switch”<sup>24</sup> which would see fixed co-payments and assumption of the remaining (variable) costs by the nursing care insurance funds. Savings on co-payments can also be made – as repeatedly called for – by having investment costs covered in full by the federal states and the costs for medical treatment in in-patient nursing facilities by the health insurance companies.

Care has developed into a lucrative market in which profitability aspects play an increasingly important role. However, the quality of care and contributions to nursing care insurance must not be dominated by the return on investment expectations of service providers and investors; boundaries must be defined at the very least.

## 8. Dismantling social discrimination

Every person in need of support and care must receive needs-based care provision without discrimination of any kind. Specific approaches and services in every aspect of older peoples' lives are essential for minimising and preventing social inequalities. These must be initiated and coordinated by the municipalities. Examples include the breaking down of barriers to access in standard care, the development of specific care and nursing services and professional development in the care sector.

## 9. Reducing the risk of illness and care dependency

Although health risks accumulate over the course of a person's life, health can always be promoted, even in the face of existing limitations: this must be taken into account to a greater extent than in the past when redesigning care and nursing structures. Good care depends on developing structures that take the risks for illness and care-dependency into consideration as early as possible and reduce these where feasible. According to the WHO's “Health in All Policies (HiAP)” strategy, all areas of policy-making must work together expediently and regularly in order to create the framework conditions and provide the services that are necessary for healthy ageing.

In particular, advantage should be taken of the possibilities afforded by an activating design of the living environment, alongside specific behaviour-oriented offers for the promotion of health, prevention and rehabilitation for older persons and those in need of care. Preventive potential also lies in the offers of assistance for older people in accordance with Section 1 SGB XII.



<sup>24</sup> See, for example, Rothgang & Kalwitzki, 2018: Skizze einer neuen Finanzierung der Pflegeversicherung. Vol. 72, No. 6, Gesundheits- und Sozialpolitik, pp. 6–12.

## 10. Promoting hospice and palliative care

With dependence on care and increasing health-related limitations, thoughts of one's own death move increasingly to the forefront. Society, medicine and politics must intensify their efforts to allow seriously ill and dying people to live a dignified life until death and to meet their wishes for nursing care. BAGSO has formulated suggestions and calls for shaping the last phase of life in its position paper "Würde bis zuletzt" (Dignity to the last).<sup>25</sup>

*This position paper was developed with the participation of the expert commission on health and care and adopted by the BAGSO board in May 2023.*

  
<sup>25</sup> See BAGSO, 2019: <https://www.bagso.de/publikationen/positionspapier/wuerde-bis-zuletzt>



## BAGSO – The voice of older people

BAGSO, the German National Association of Senior Citizens' Organisations, represents the interests of older generations in Germany. It stands up for active, healthy and self-determined ageing in social security. BAGSO is an umbrella organisation of about 120 civil society organisations that are run by or work for older people.

In a colourful and diverse society, BAGSO promotes a differentiated image of old age. This includes both the various opportunities arising from longer lives as well as times of vulnerability and the need for care. BAGSO calls on politicians, society and businesses

to offer conditions that allow for a good and dignified life in older age – in Germany, Europe and worldwide.

At the United Nations, BAGSO is actively involved in the development of a UN Convention for Older People. BAGSO is also a member of the Global Alliance for the Rights of Older People (GAROP), an international alliance of over 200 civil society organisations that advocates for the rights of older people. BAGSO's Secretariat for International Policy on Ageing provides information on current international developments in ageing policy and contributes the interests of civil society to international processes.

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