

X. Prague Days of Gerontology, 31st May – 2nd June 2006

## **Workshop: Care at Home**

# **Ten Years Long-Term Care Insurance (LTCI) in Germany**

## **Consequences on the Situation of Family Care**

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# Six main pillars of the German social security system

1. Social Aid (taxes)
2. Old-age pension insurance (19.5 % of the gross income)
3. Unemployment insurance (6.5 % of the gross income)
4. Health care insurance (dependent on the individual statutory health insurance provider approximately 13.5 % of the gross income)
5. Accident insurance
6. Long-Term Care Insurance

## Before 1995 – introduction of the LTCI

- Legislation distinguished clearly between “cure” and “care”
- There were extensive rights to “cure” through the Health Care Insurance
- For non-medical long-term care people had to pay on their own.
- Only if unable – because of low personal income (including that of spouses, children and parents) – people had to supply for (stigmatised) social assistance

## Reasons for the LTCI

- Prevention of impoverishment in late life
- Decrease of burden of family carers, especially women
- Reduction of social assistance (payed by the German “states”)

# Financing of the LTCI

## Financing:

1.7 % of the gross income

- 50% employer (0,85 %)
- 50% insured person (0,85 %)

Since 2005: increased amount for people without children  
(+ 0,25 % = 1,1 %)

(Compared to: health care insurance = ca 13% and pensions = ca 20%)

## Organisation:

Under the umbrella of the health care insurance as a special insurance branch

# Rights and Duties of Family Carers in Germany

- Legal enforcement of financial support by children
  - Achieved by “means testing” of the dependent older person and/or spouse and/or children
  - Primary legal responsibility: Financial obligation for children (NABARE, p.38ff)
  
- Apart from a guarantee of social security for family carers under certain circumstances (§§ 44,45 LTCl) there are no particular laws which lay down family carers rights and obligations.

# Major goals and guiding principles of the German Long-Term-Care-Insurance - LTCI

- Long-term care insurance is a **partial** coverage insurance system.
- The allowance is given **to the dependent older person** itself – nothing directly to the family carers.
- **Home care**, especially the support of family care is preferred to institutional care.
- Less regulations by the state: More **competition** among care providers (non-profit and commercial)
- Regardless of the level of care a person receives, **prevention** and **rehabilitation** are given priority over care.

## Three grades of dependency

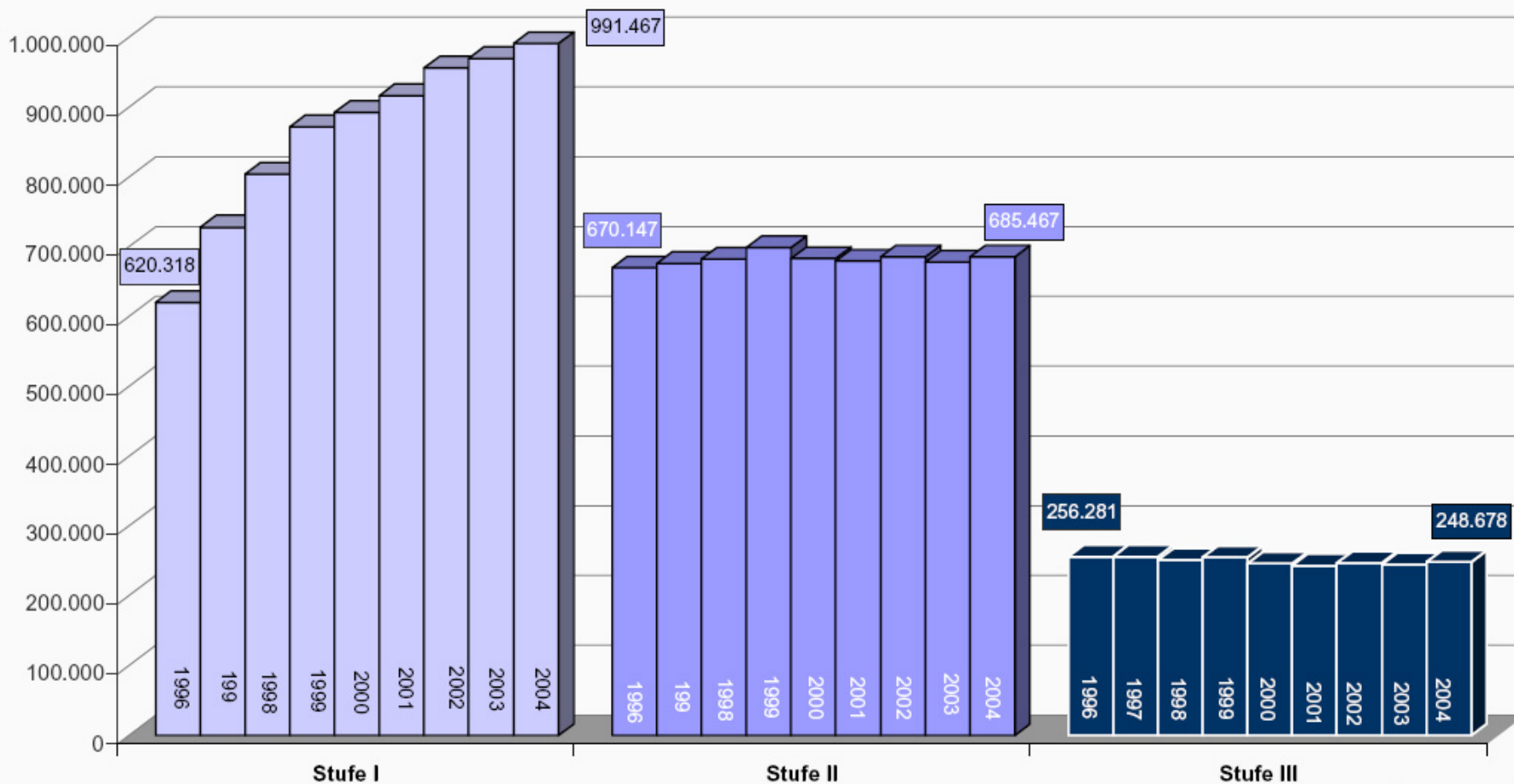
The decision for one of the 3 grades of dependency is based on the results of a medical assessment procedure conducted by the “Medical Service” (MDK) of the health insurance is.

Main assessment criteria:

- Needs in daily activities (bADL + IADL), mainly concerning
  - Personal hygiene
  - Nutrition
  - Mobility
  - Housekeeping
- Duration of care per day

# People in need of care: grades of dependency

■ Leistungsempfänger der Pflegeversicherung nach Pflegestufen 1996 - 2004



Quelle: Bundesministerium für Gesundheit und Soziale Sicherung

# Kinds of Benefits financed through LTCI

Based on the results of the assessment for LTC grades, there are different *choices for the dependent people*:

- **Home care:**
  - Benefits in kind
  - Benefits in cash for self-organised support
  - Combination of benefits in kind and benefits in cash
- **Care in nursing homes**

Different amounts of money:

- lowest > benefits in cash
- middle > benefits in kind
- highest > nursing homes

Differentiation additionally based on the three grades of dependency

## Benefits (in EURO) financed through LTCI

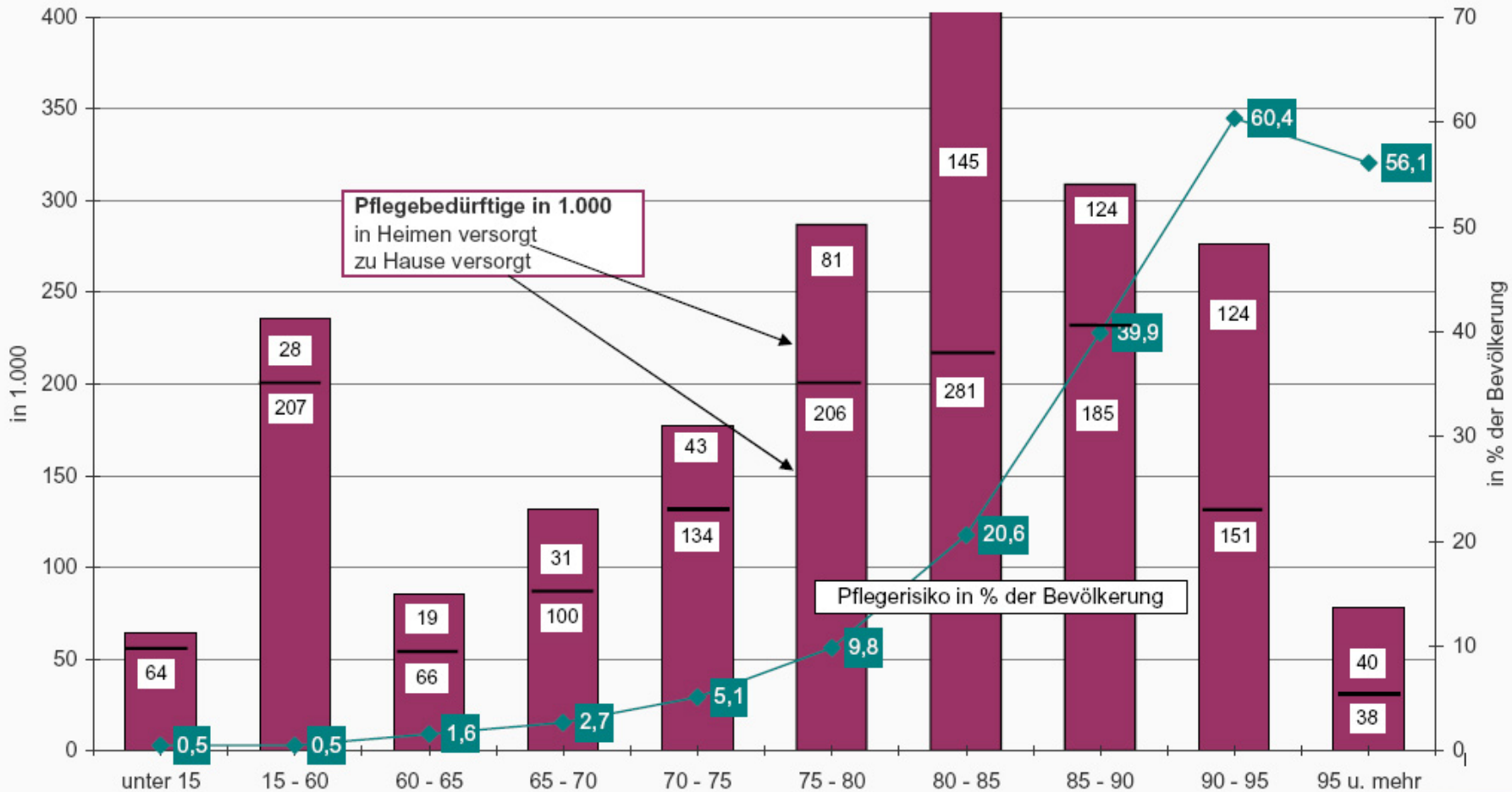
The amount of money payed by the LTCI is different – depending on the grade of dependency and the kind of benefit.

Home care:

	<b>benefits in cash</b>	<b>benefits in kind</b>
grade I	205 Euro	384 Euro
grade II	410 Euro	921 Euro
grade III	665 Euro	1.432 Euro

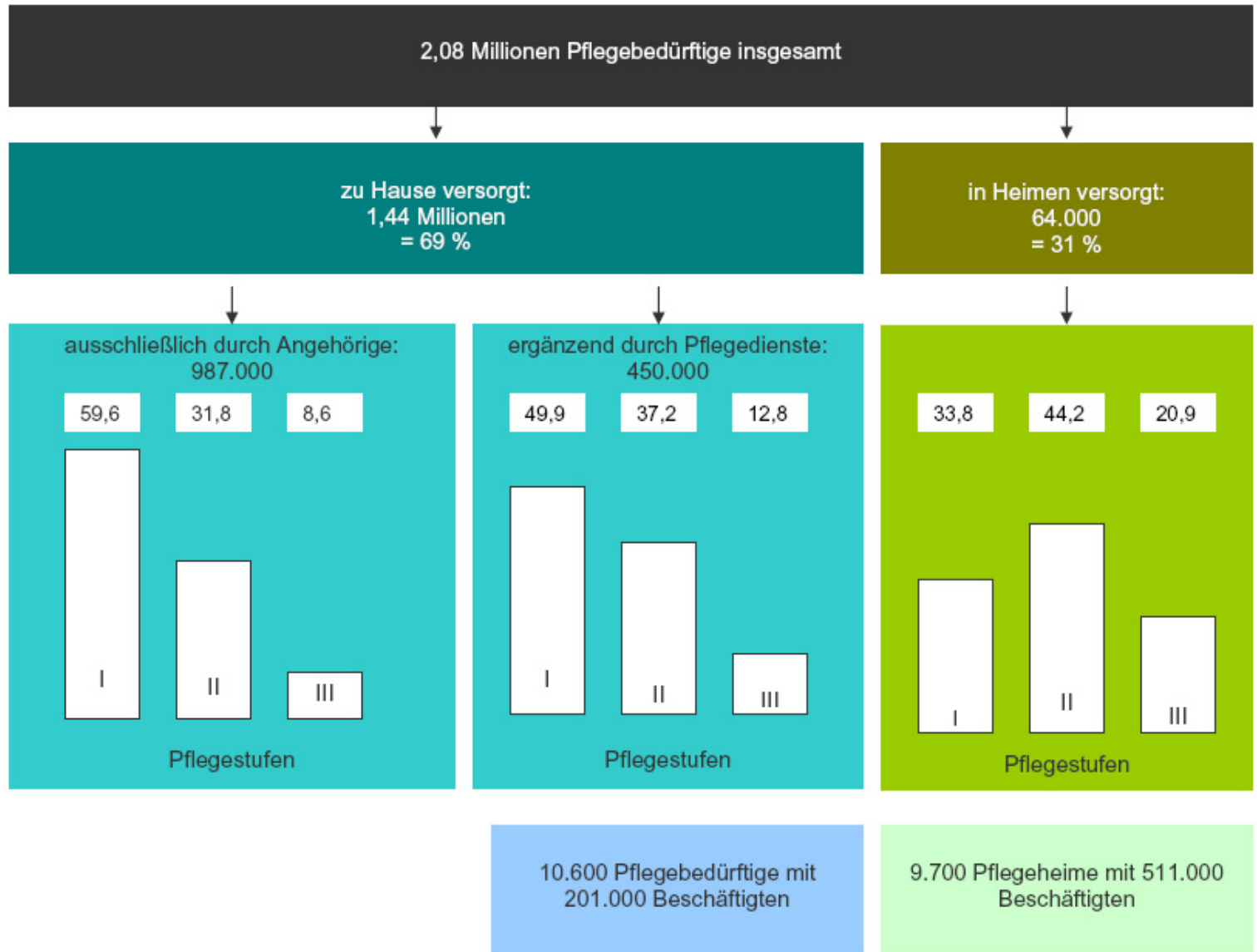
# People in need of care: age groups

■ Pflegebedürftige und Pflegequote nach Altersgruppen 2003



Quelle: Statistisches Bundesamt, Pflegestatistik 2003, Wiesbaden 2005.

# Persons in need of care: at home and in nursing homes



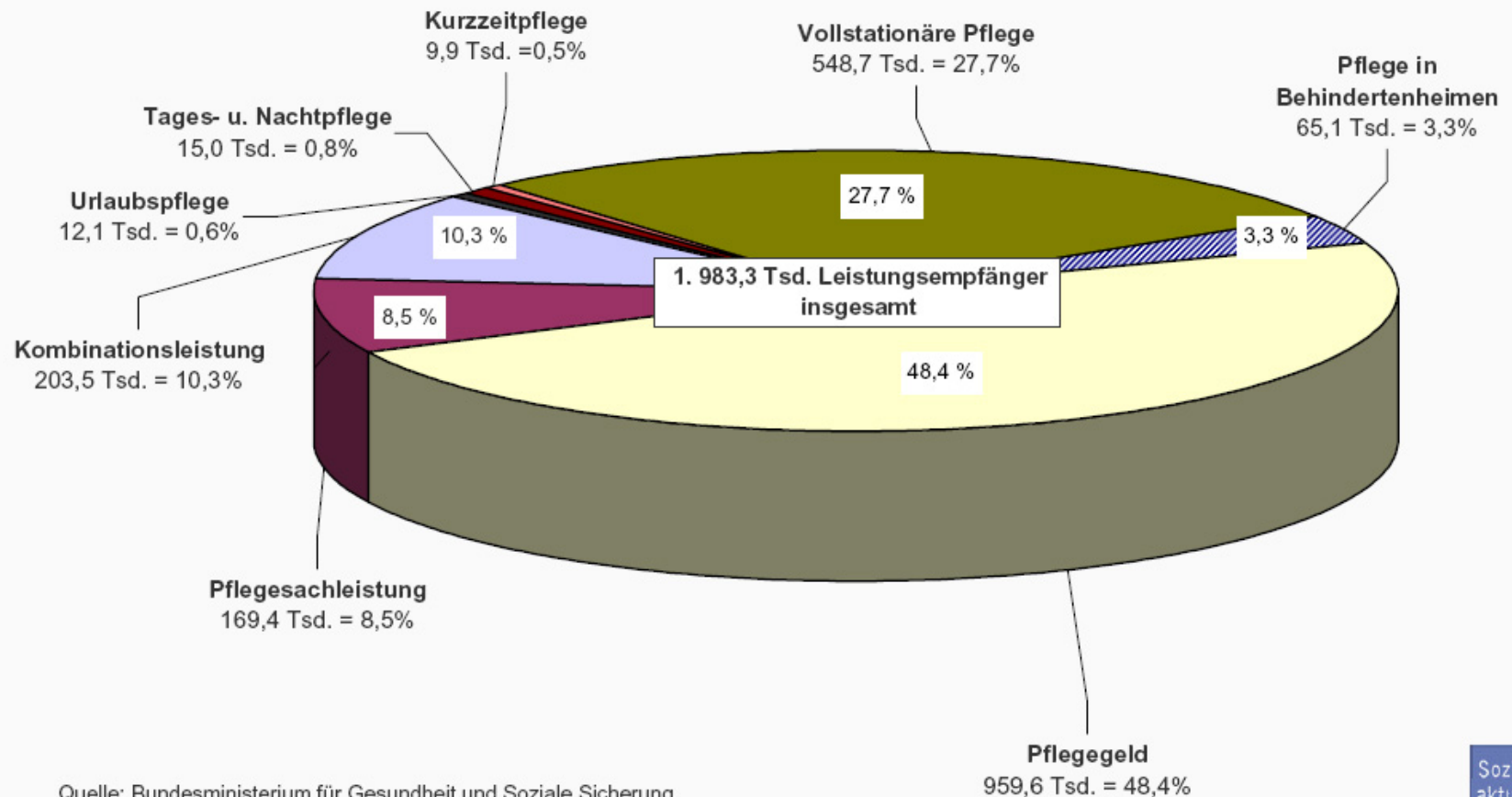
# Benefits to support family carers financed through LTCI

**Additional or substitutional measures to support home care, especially *family care*:**

- Professional domestic care in the absence of caregivers
- Nursing aids and technical aids
- Day care and night care
- Respite care: up to 4 weeks, if people do not work more than 30 h / week
- Benefits for the social security of family carers
- Training courses for relatives and non-professional voluntary carers

# People in need of care: kinds of benefits

■ Leistungsempfänger der Pflegeversicherung nach Leistungsarten 2004



Quelle: Bundesministerium für Gesundheit und Soziale Sicherung

# Developments after introduction of the LTCl: Positive effects

- Surveys show that well over 80 % of the population particularly **appreciate** the home care arrangements.
- Almost 65 % of people asked said that they regarded the new scheme (LTCl) as an **incentive to take on care** for relatives and friends.
- Families, neighbours and friends already engaged in informal care perceive the home care **allowances as a token of recognition** of their work.

(Source: INFRATEST - data from 1991 and 2002)

# Developments after introduction of the LTCl: Problems and barriers of home care

- More people remain single or **live alone** after divorce or the death of their spouse.
- The reduced birth rate has resulted in **fewer children** who could care for their parents.
- Higher life-expectancy of the elderly, combined with fewer children, often causes children to **care for both** their own parents and those of their spouses.
- The strain of **combining full-time employment and full-time care** often is unbearable.
- In many cases family members, who might provide care, **live too far away** to help.

## Trends: Dependent older people (1)

- The **increase of older carers** 55+ (60% of the family carers), even 80+ (7% compared to 3 % in 1991) might be based on better health in old age.
- A change has been monitored concerning the **activities of daily living**.
- Especially **women** of very old age (85+) are more independent in their ability, e.g. to manage finances and go shopping and they live in better financial situations.

## Trends: Dependent older people (2)

- Although there is an increase of people with need in help and / or care, **community care is still dominate.**
- There is nearly **no change in the last 10 years in the percentage of people living at home** (decrease from 70% (1991) to 68% (2002)).
- A **high degree of dependency** does not limit the possibility to stay at their homes, even if people are highly dependent in mobility or if they are cognitive impaired.

## Trends: Informal care

- This is only possible by informal support, especially **family care** but also care by other members of the **social network**.
- We can see that there is a slight trend that more **men**, especially sons become carers and furthermore there is a slight increase in the percentage of **neighbours** and **friends** in care-giving.
- The consequence is that more dependent people **living alone** may stay in the community.

## Trends: Formal care

- That means **8% have only professional care** and in 36% of the care arrangements professional care is included.
- The **demand for professional care** is increasing.
- There is a **deficit in qualified nurses**.
- .

## Trends: Care arrangements

- The **care arrangements** concerning the mix of care have not changed at lot in the last ten years.
- **64%** (compared to 67% in 1991) of cared-for are supported only by **privately organised care**, 92% have a mix of informal and formal care.
- It can be shown that private **care arrangements react very flexible** on changes in developments. There is **no sign for a reduced solidarity** between people in need of care and their social networks

## ***Remaining problems***

- The LTCI intended to take some ***burden*** from the family carers.
- But it is clearly shown that the family care did not decrease remarkably and therefore the ***carers are still highly burdened*** and there is a gap in support by care services shown by ***unmet needs*** they talk about.
- These households are characterised by:
  - A gap of external services,
  - especially in the night for ***demented relatives***,
  - ***low LTC-level***,
  - deficits in technical aids,
  - low income.

# Need for changes (1)

More care *mix of formal and informal care* combined with:

- Better co-operation between informal and formal care, where professionals have more *management tasks* and informal carers have to learn to *accept external help* including technical aids
- More *flexibility* of services offered
- More *innovative* approaches between community care and nursing homes (to overcome fragmentation)

## Need for changes (2)

- 47% do not have any professional counselling. Therefore more information and individual **counselling** (home visits for care counselling: less control more counselling / continued counselling for the cared-for and the carer – Case Management)
- The general practitioners' offices are an important place for early detection of problems of cared-for and carers and first information.
- New orientation in the assessment guidelines for the decision on benefits, based on a **broader definition of people in need of care**: a realistic estimation of the needs in the situation of caring for **cognitive impaired** older people has to be developed with the result of adequate LTCI benefits (grades).

# New legislations supplementary to the LTCI already introduced

## ■ 2001: Care Quality Improvement Bill

(„Pflege-Qualitätssicherungsgesetz“)

- Duty to care for more quality assurance by providers
- Regularly quality control by the Medical Service of the Health Insurances (MDK)

## ■ 2002: First Bill to Improve the Care of People Suffering from Dementia

(„Pflegeleistungs-Ergänzungsgesetz“)

# New guidelines for quality controls in care institutions

Based on the results of the quality controls conducted by the MDK in the last years, in 2006 new guidelines have been introduced, mainly to improve the **outcome** quality.

## Deficits identified:

- Nutrition problems
- Hydration
- Decubitus prophylaxis und therapy

# Quality control and improvement for family carers

## LTCI

- Regular home visits by professional carers for quality control (2x / 4x per year)
- Right for courses on care and counselling in care (financed by the insurances)
- Problem: not often used, not well known

## New since: 2002

- Individual training at home by professional carers

# The future of the German LTCI

- There is a broad consensus that there is still more ***need for fundamental changes*** in the LTCI.
- The LTCI is actually under ***heavy discussion*** in Germany.
- In the health policy of Germany the new government has set the following ***priorities***:
  - First priority to ***health care*** insurance reforms
  - Second priority to ***long-term-care*** insurance reforms

# Reform of the German LTCI?

## Topics under discussion

- **Financing:**
  - New economic models: formation of capital for future needs
  - Individual provision for the future: increase in property / private insurance
  - Decreasing the high costs for nursing home care
- Broader **definition** of “need in care”
  - Include more people with dementia
- New **forms of care**, new benefits
  - Personal Budget, including case management
  - New living arrangements, e.g. living communities

***The Future ???***

# The Future of long-term care and family care?

The LTCI offers a limited support to people in need of care.

But:

***Care remains mainly a “family affair”.***

The aim is to reach a more balanced care mix between informal and formal care.







# EUROFAMCARE

The following results from *our European study on family care EUROFAMCARE* will give you an idea about the potential of giving some answers. About 6000 family carers supporting older people in 6 European countries have been interviewed in 2004.







Although this is primarily a cross-national study, in the German part we added some *national questions about the LTCI*.

So we have the possibility to analyze the situation of family carers including the special benefits from this social security scheme *through the eyes of the carers*.







# Socio-demographic characteristics of family carers and relationship to elder

							all
Number of Carers	1014	990	995	921	1000	1003	5923
<b>ELDERS, women (%)</b>	64,5	71,2	69,5	<b>57,7</b>	72,8	68,5	<b>67,5</b>
<b>CARERS, women (%)</b>	<b>80,9</b>	77,1	75,4	<b>72,0</b>	76,0	76,1	<b>76,3</b>
<b>ELDERS' age (mean)</b>	79,5	<b>82,0</b>	<b>78,0</b>	81,3	78,6	79,7	<b>79,8</b>
<b>CARERS' age (mean)</b>	51,7	53,4	54,5	<b>65,4</b>	<b>51,0</b>	53,8	<b>54,8</b>
<b>ELDERS living in a care home (%)</b>	1,2	3,7	4,5	<b>10,0</b>	<b>0,2</b>	<b>9,8</b>	<b>4,8</b>
Relationship to Elder							
<b>child</b>	55,4	<b>60,9</b>	<b>31,6</b>	40,5	51,1	53,4	<b>48,9</b>
<b>spouse/partner</b>	17,1	<b>10,9</b>	22,8	<b>48,1</b>	18,2	18,4	<b>22,2</b>

## Factors influencing decision to care

							all
<b>emotional bonds (love, affection)</b>	<b>96,8</b>	96,3	<b>90,5</b>	96,6	94,1	92,6	<b>94,5</b>
<b>a sense of duty</b>	89,3	73,3	79,5	<b>67,7</b>	<b>91,6</b>	85,8	<b>81,4</b>
<b>personal sense of obligation towards elder as a family member</b>	91,4	<b>57,4</b>	75,6	73,6	<b>93,7</b>	90,9	<b>80,6</b>
<b>caring for elder makes me feel good</b>	81,5	<b>56,4</b>	61,9	83,4	77,2	<b>84,2</b>	<b>74,0</b>
<b>elder would not wish anyone else to care for them</b>	<b>43,5</b>	45,4	<b>62,9</b>	46,1	53,6	62,1	<b>52,3</b>
<b>there was no alternative</b>	53,2	<b>30,3</b>	46,0	45,5	45,4	<b>64,4</b>	<b>47,6</b>
<b>I found myself caring by chance without making a decision</b>	37,8	31,5	61,5	<b>65,3</b>	32,3	<b>29,5</b>	<b>42,7</b>
<b>my religious beliefs</b>	40,0	38,0	22,6	<b>8,2</b>	<b>67,7</b>	24,7	<b>33,9</b>
<b>cost of professional care too high</b>	43,8	31,1	30,2	<b>14,8</b>	34,4	<b>45,1</b>	<b>33,5</b>
<b>economic benefits for both: carer and elder</b>	8,0	<b>4,3</b>	8,7	<b>13,2</b>	8,1	12,3	<b>9,1</b>

## Main reasons for caring

							all
<i>Hours per week care/support (mean)</i>	51	50	51	38	45	39	45,6
<b>physical illness/disabilities</b>	30,6	<b>18,6</b>	29,4	38,8	<b>43,6</b>	24,8	<b>30,9</b>
<b>mobility problems</b>	24,4	<b>29,5</b>	20,4	<b>9,7</b>	10,4	27,9	<b>20,5</b>
<b>age-related decline, old age</b>	15,9	15,0	<b>10,7</b>	23,9	<b>28,0</b>	12,1	<b>17,5</b>
<b>memory problems / cognitive impairment</b>	5,6	9,0	11,1	<b>19,0</b>	<b>4,9</b>	14,9	<b>10,6</b>
<b>non self-caring</b>	5,5	9,9	<b>11,1</b>	<b>0,7</b>	3,5	10,0	<b>6,9</b>
<b>sensory problems</b>	3,2	4,3	<b>4,9</b>	3,9	<b>2,6</b>	3,8	<b>3,8</b>
<b>social reasons, loneliness, need for company</b>	<b>5,7</b>	2,3	5,4	<b>0,4</b>	4,3	2,2	<b>3,5</b>
<b>safety/feeling of insecurity</b>	6,4	<b>7,8</b>	2,3	0,5	<b>0,3</b>	1,7	<b>3,2</b>
<b>psychological / psychiatric illness / problems</b>	1,9	1,7	<b>2,5</b>	2,2	<b>1,0</b>	1,5	<b>1,8</b>
<b>other reason</b>	<b>0,7</b>	1,8	<b>2,2</b>	0,9	1,3	1,1	<b>1,3</b>

## Some German results from EUROFAMCARE

- Which needs concerning support and help have German carers?
- Which services do older people use?
- Which services do carers use?
- Which expectations and wishes have the carers?

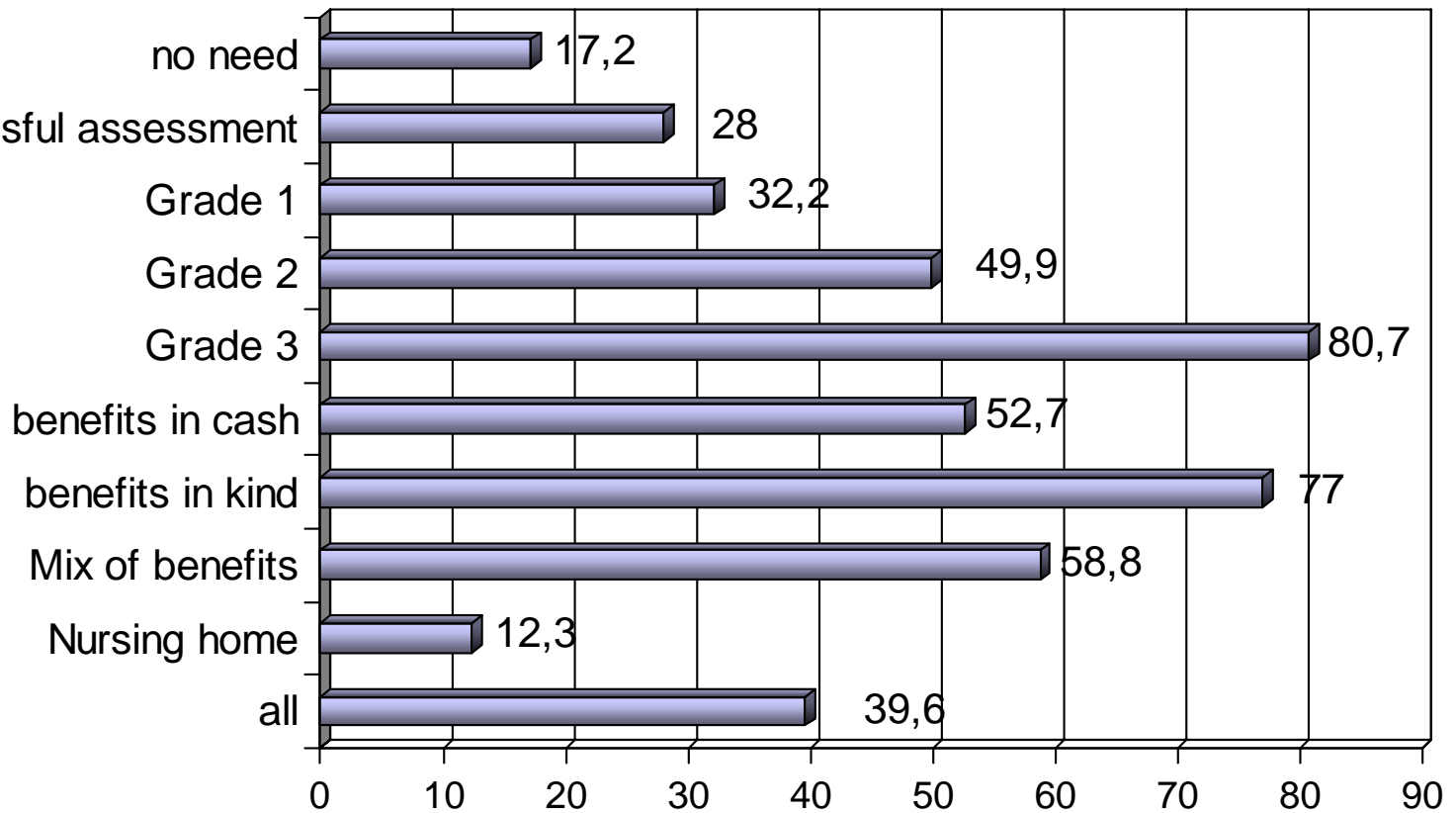
# EUROFAMCARE

- We can e.g. divide the **German** sample in 5 groups based on the dependency level:
  1. No need (ca. 20%)
  2. No “successful” assessment (planned / negative) (ca. 20%)
  3. Grade 1 LTCI
  4. Grade 2 LTCI
  5. Grade 3 LTCI (3. to 5. ca. 60% of the sample)
  
- Furthermore we can take just the **subgroup** (60%) of the sample which cares for older people who gets benefits from the LTCI (Grade 1 -3). For these person we can look at differences depending on the **kind of benefits** they get also.

## Distribution of the use of benefits and grades (%)

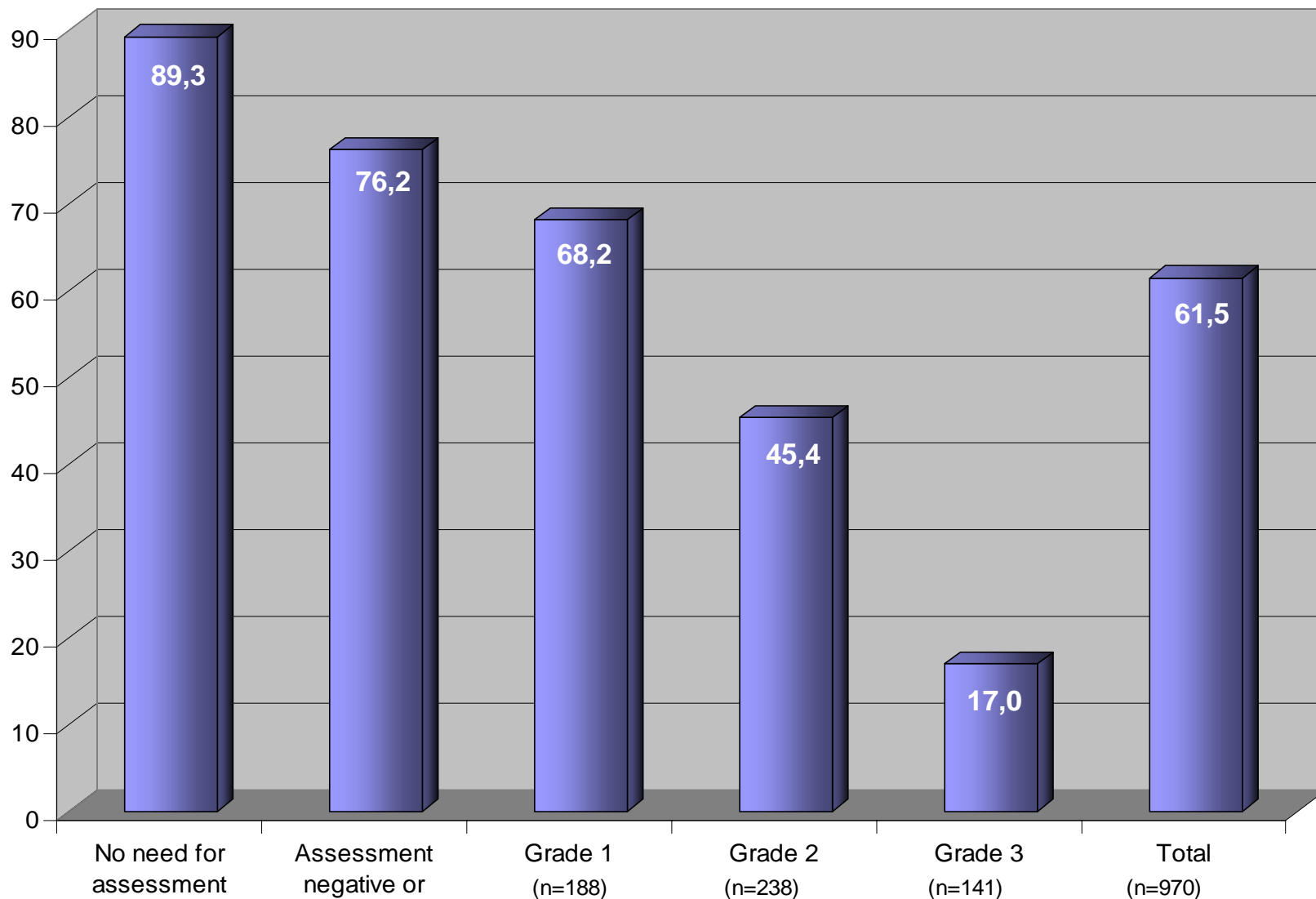
Grades	Benefits in cash	Benefits in kind	Mix of benefits in cash and in kind	Nursing home	all
Grade 1	<b>42,3</b>	25,4	20,4	<b>14,5</b>	<b>33,2</b>
Grade 2	38,8	42,4	<b>49,6</b>	43,5	<b>41,8</b>
Grade 3	<b>18,9</b>	32,2	30,1	<b>41,9</b>	<b>25,0</b>
all	100,0	100,0	100,0	100,0	<b>100,0</b>
N	338	59	113	62	<b>572</b>

## Hours of care per week (mean)



## Mean of total Barthel-Score of ELDER rated by the FAMILY CARER

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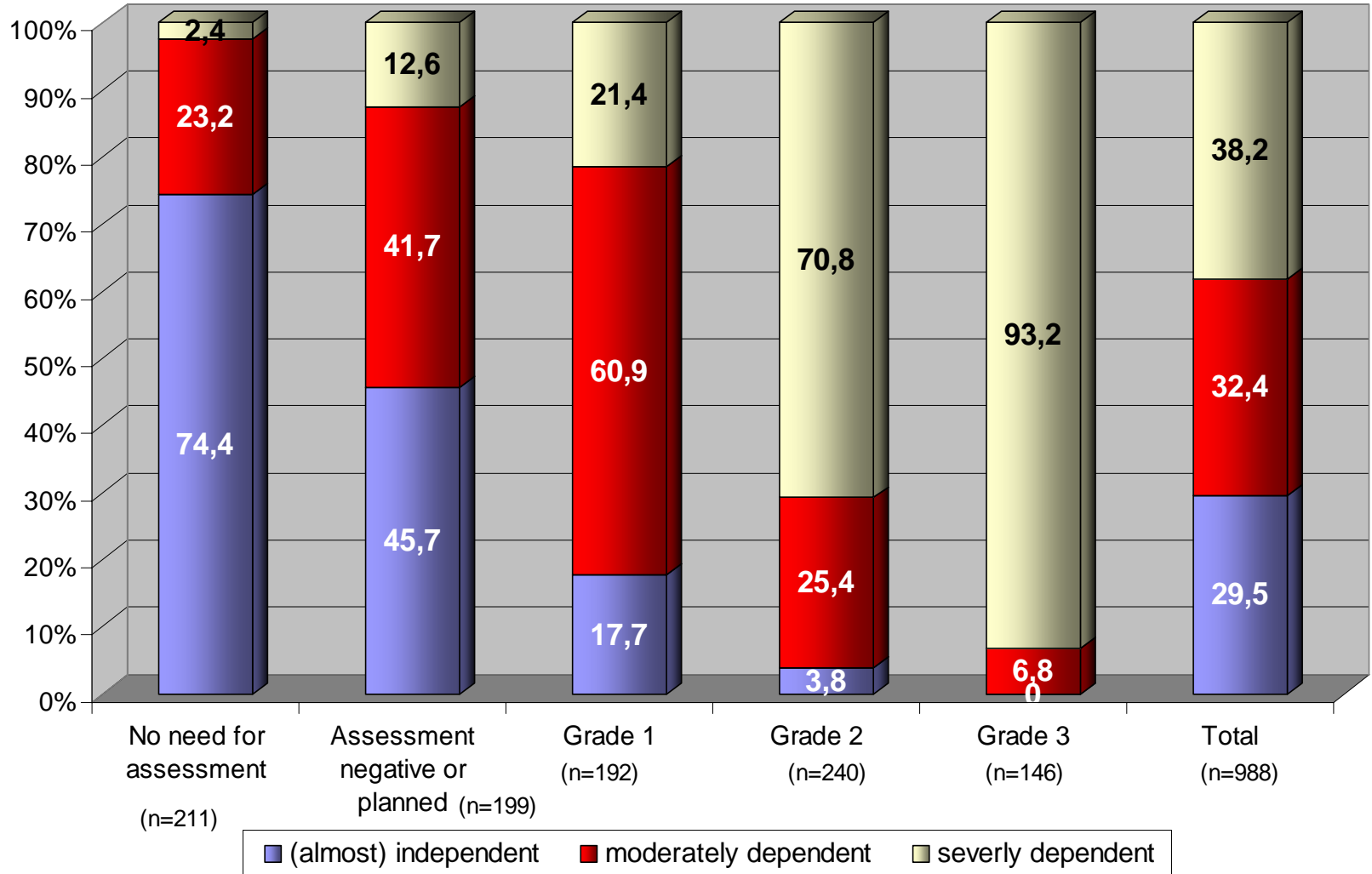
(n=208)  
Universitätsklinikum  
Hamburg-Eppendorf



■ Mean

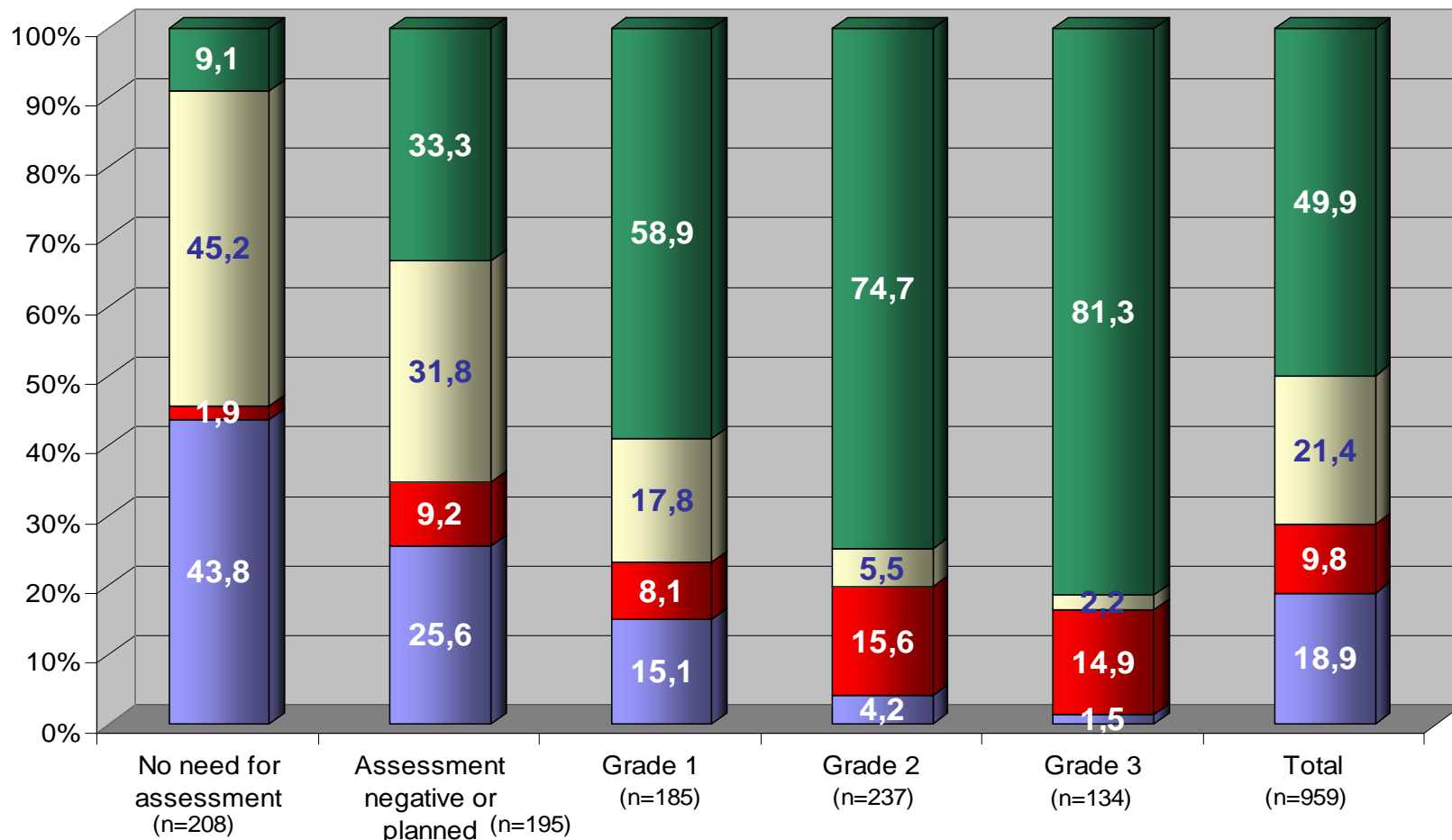
## How dependt is the person you care for?

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# ELDER'S physical disabilities and cognitive disorders (%)

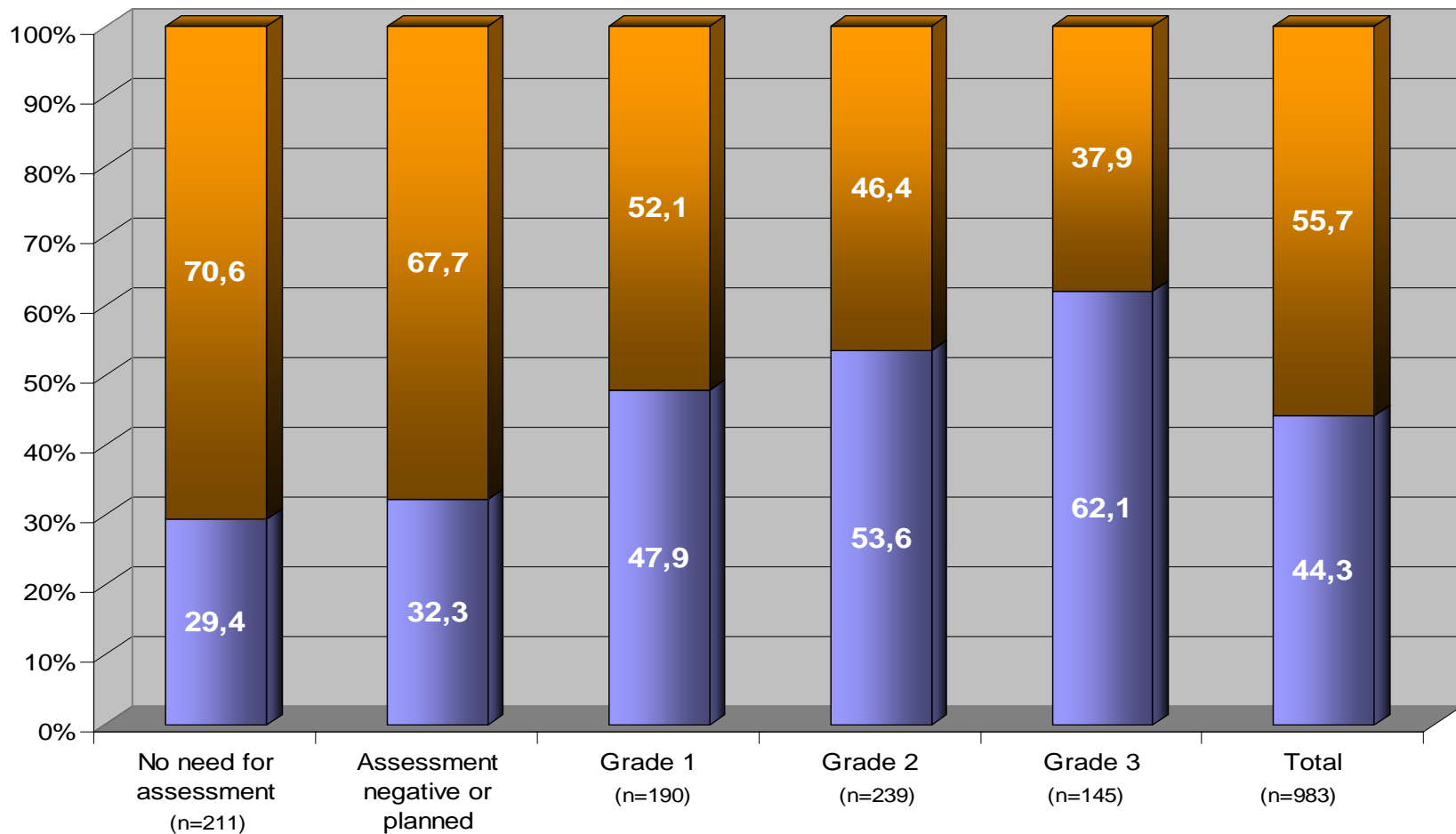
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■ intellectually able/no or slight physical disability  
■ suspected cogn. disorder/no or slight phys. disability

■ intellectually able and more severe physical disability  
■ suspected cogn. disorder and more sever phys. disability

# How would you rate your quality of life in the last two weeks? (5 items) (%)



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## Domains of ELDERs needs (1)

Domains of needs	Proportion of elder with needs in this domain	Help is needed, support is given by...				More help is needed
		No one	Family carer	Informal help	Formal help	
Financial support	34.4	8.6	79.0	20.7	-	44.7
Emotional, psychological, social support	90.1	0.9	94.0	39.6	13.6	43.1
Mobility	92.0	1.1	88.3	33.0	19.6	35.7
Domestic	94.3	0.6	86.7	31.4	15.6	32.3

## Domains of ELDERs needs (2)

Domains of needs	Proportion of elder with needs in this domain	Help is needed, support is given by...				More help is needed
		No one	Family carer	Informal help	Formal help	
Physical/personal	77.3	1.3	83.1	25.4	35.5	31.7
Organising and managing care and support	73.0	2.3	88.1	21.0	11.6	31.5
Health needs	81.4	0.9	80.3	23.4	33.8	28.8
Financial management	78.3	1.4	85.5	22.9	3.8	9.8

## Domains in which more help is needed and grades of dependency (%)

Uncovered domains of needs	No need	No successful assessment	Grade 1	Grade 2	Grade 3	all
Financial support	38,5	<b>50,0</b>	41,1	48,4	36,8	<b>44,0</b>
Emotional, psychological, social support	33,3	<b>45,3</b>	49,0	39,7	36,9	<b>41,1</b>
Mobility	25,0	<b>44,0</b>	39,5	34,0	32,4	<b>35,2</b>
Domestic	28,9	<b>41,9</b>	32,2	31,6	33,0	<b>33,6</b>
Physical/personal	19,0	<b>39,8</b>	34,4	29,0	33,3	<b>31,7</b>
Organising and managing care and support	28,2	<b>43,4</b>	40,3	21,0	28,9	<b>32,0</b>
Health needs	17,6	<b>41,2</b>	34,4	20,2	27,7	<b>28,5</b>
Financial management	5,4	<b>13,1</b>	11,5	8,3	5,1	<b>9,0</b>

## Services used by carers (77.8% use no services, 22.2% use at least 1; n=1003)

Service	% of carers
Medical counselling for carer	8.9
Counselling on social laws	6.1
Special services for counselling on care, social laws etc.)	4.5
Support group for family carers	3.7
Internet (Information about the disease, caring etc.)	3.2
Self help group	2.8
Counselling on guardianship laws (self-determination)	2.1
Training courses for non-professional carers	2.0
Counselling by a community social worker at home	1.2
Supervision of the elderly for a few hours a day	1.0

## Services used by older people (%) (1)

(8.4% use no services, 91.6% use at least 1; n=1003)

Service	User	No need	No successful assessment	Grade 1	Grade 2	Grade 3
GP	82,2	71,4	81,5	86,9	92,5	93,5
Specialist doctor	33,2	31,0	34,9	39,4	36,8	25,2
Mobile Chiropodist	30,1	10,0	24,6	32,0	40,3	38,3
Nursing at home (home care)	26,6	3,8	10,8	36,6	47,8	62,8
Care equipment	20,9	2,4	10,8	21,7	38,3	43,9
Mobile hairdresser	20,1	4,8	14,9	21,1	26,9	29,0
Specialist for neurology	17,1	6,7	16,9	24,0	20,9	15,0
Physiotherapy	15,7	8,1	9,7	11,4	21,9	31,8
General Hospital	14,4	9,5	13,8	16,8	16,4	14,0
Domestic help	11,3	5,7	11,8	17,1	13,9	13,1

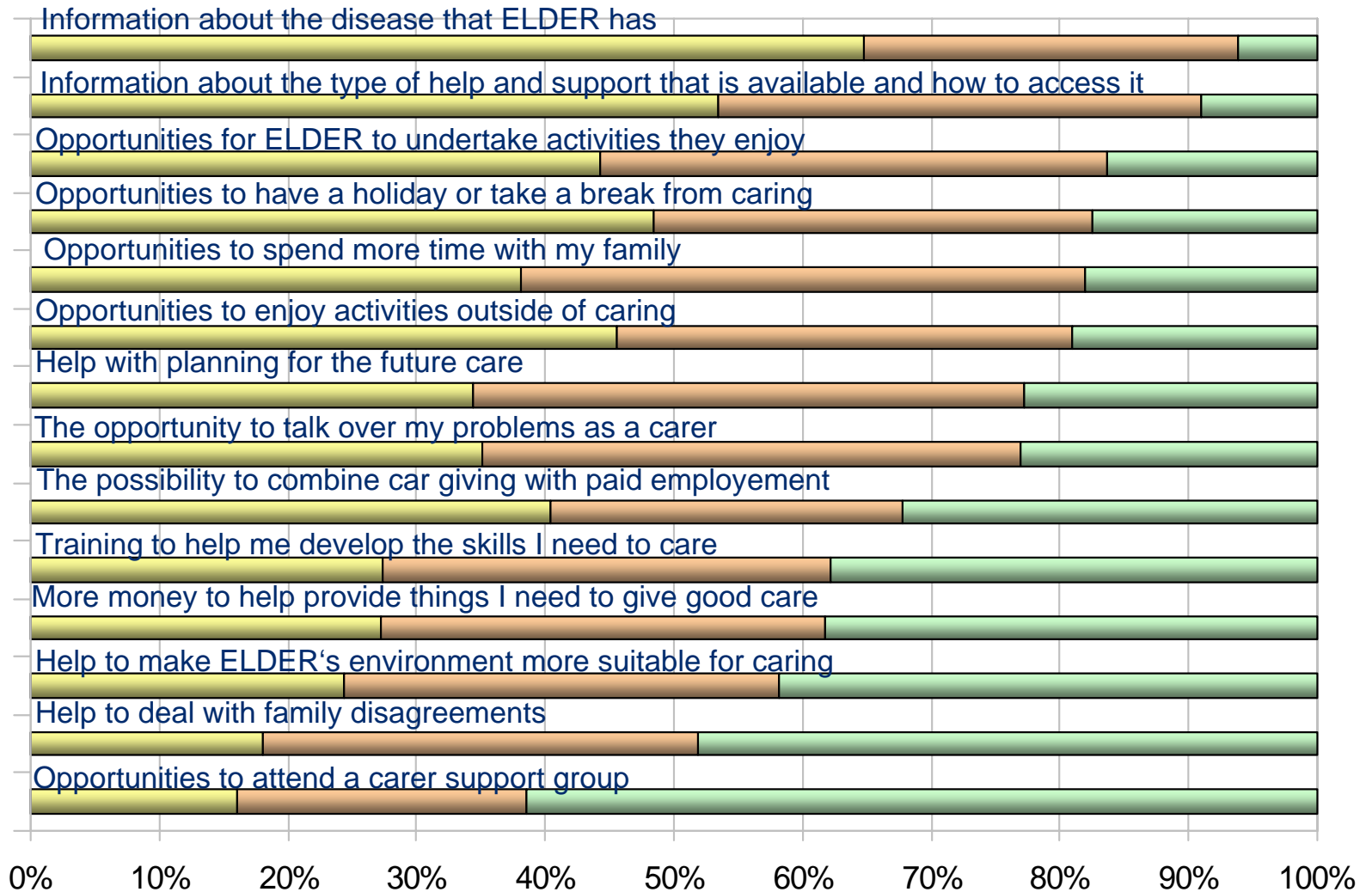
## Services used by older people (%) (2)

Service	User	No need	No successful assessment	Grade 1	Grade 2	Grade 3
Medical counselling	11,2	7,1	10,6	10,9	15,8	11,0
Meals on wheels	11,0	5,7	12,6	17,1	12,5	6,2
Counselling and advice by pastor	10,2	6,6	7,0	9,8	12,5	16,4
Counselling on social law	8,3	6,2	5,0	10,9	10,4	8,9
Transport services	8,2	5,2	5,0	11,9	8,8	11,0
Telerescue/tele-alarm	5,6	1,9	1,5	8,8	10,0	4,1
Mobile ambulatory rehabilitation at home	5,3	1,4	2,0	5,2	7,1	11,6
Laundry service	5,0	3,3	4,5	5,7	5,4	5,5
Day care centre (night at home)	4,2	0,5	2,0	4,1	8,3	6,2

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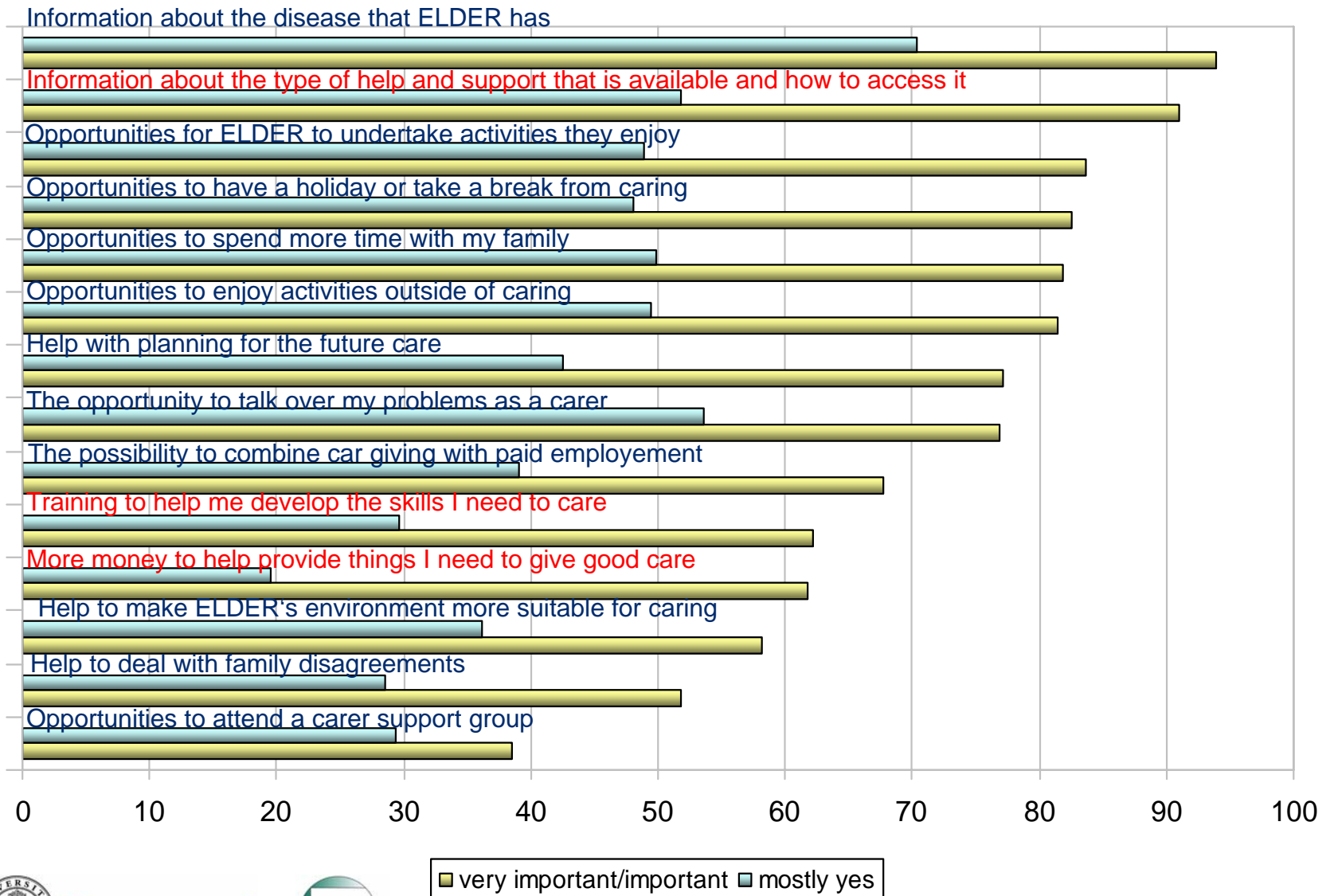


## How important is support that gives you...?

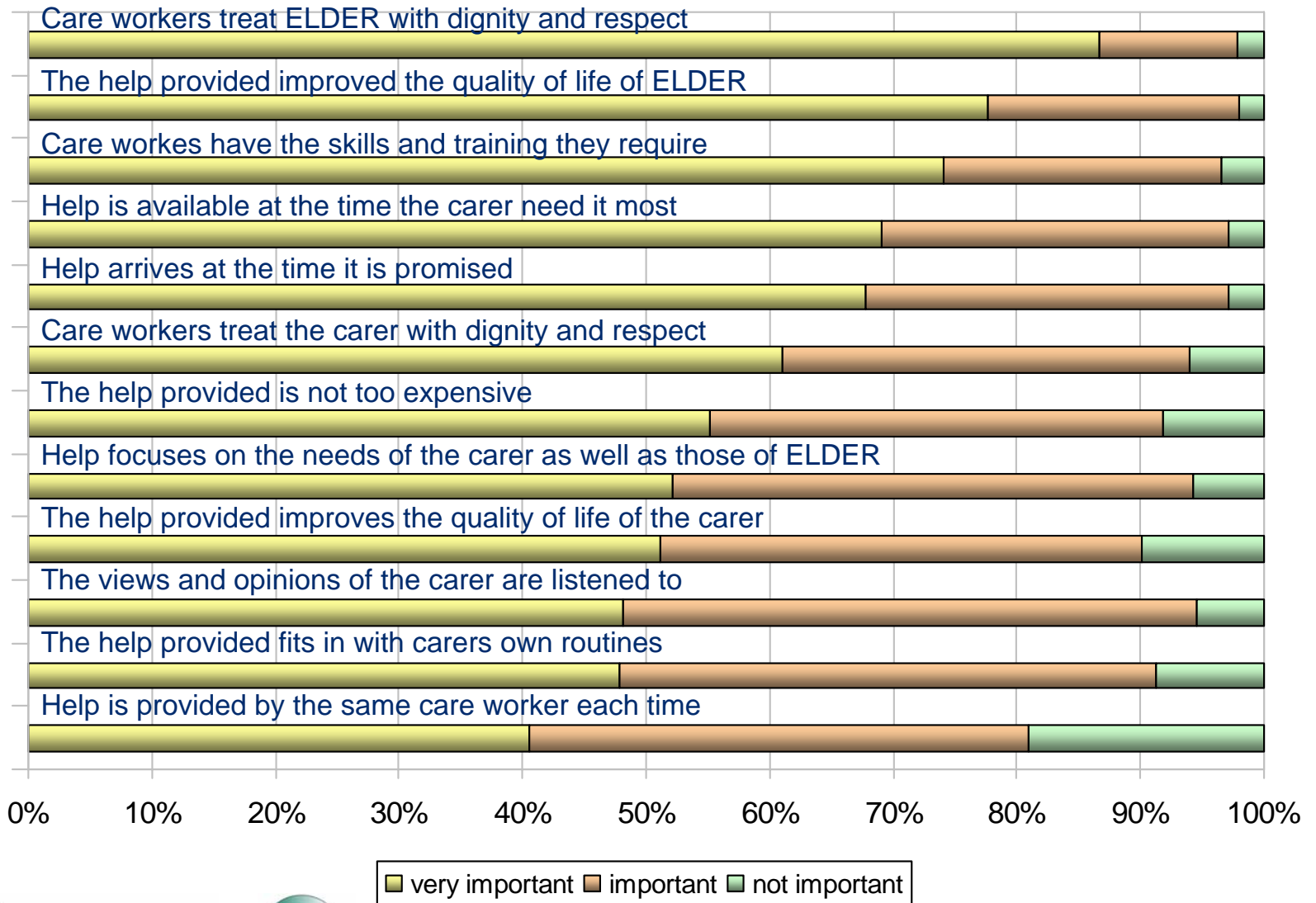


# Is this currently being met for you?

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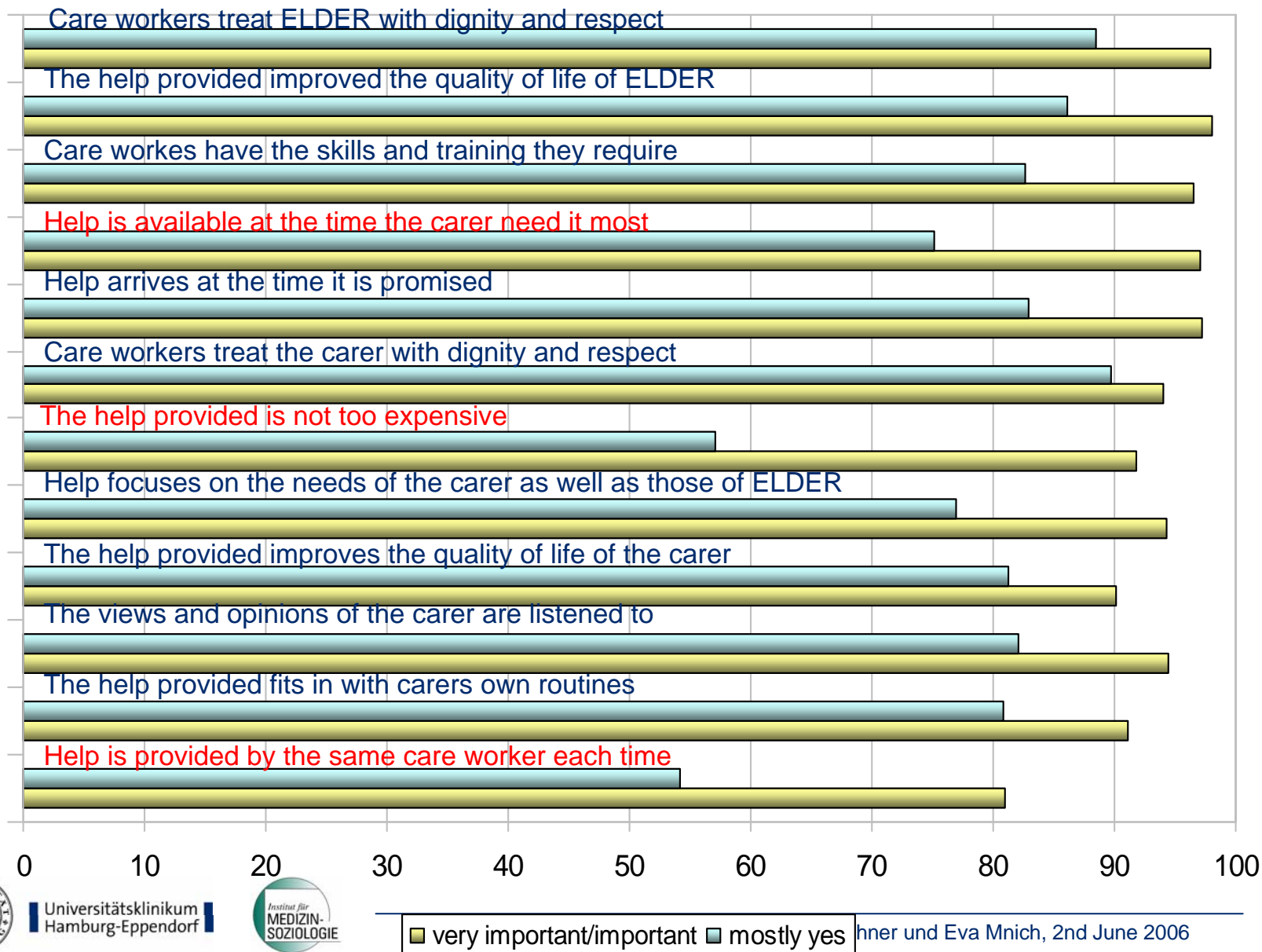
# How important are the following characteristics of a service for you?



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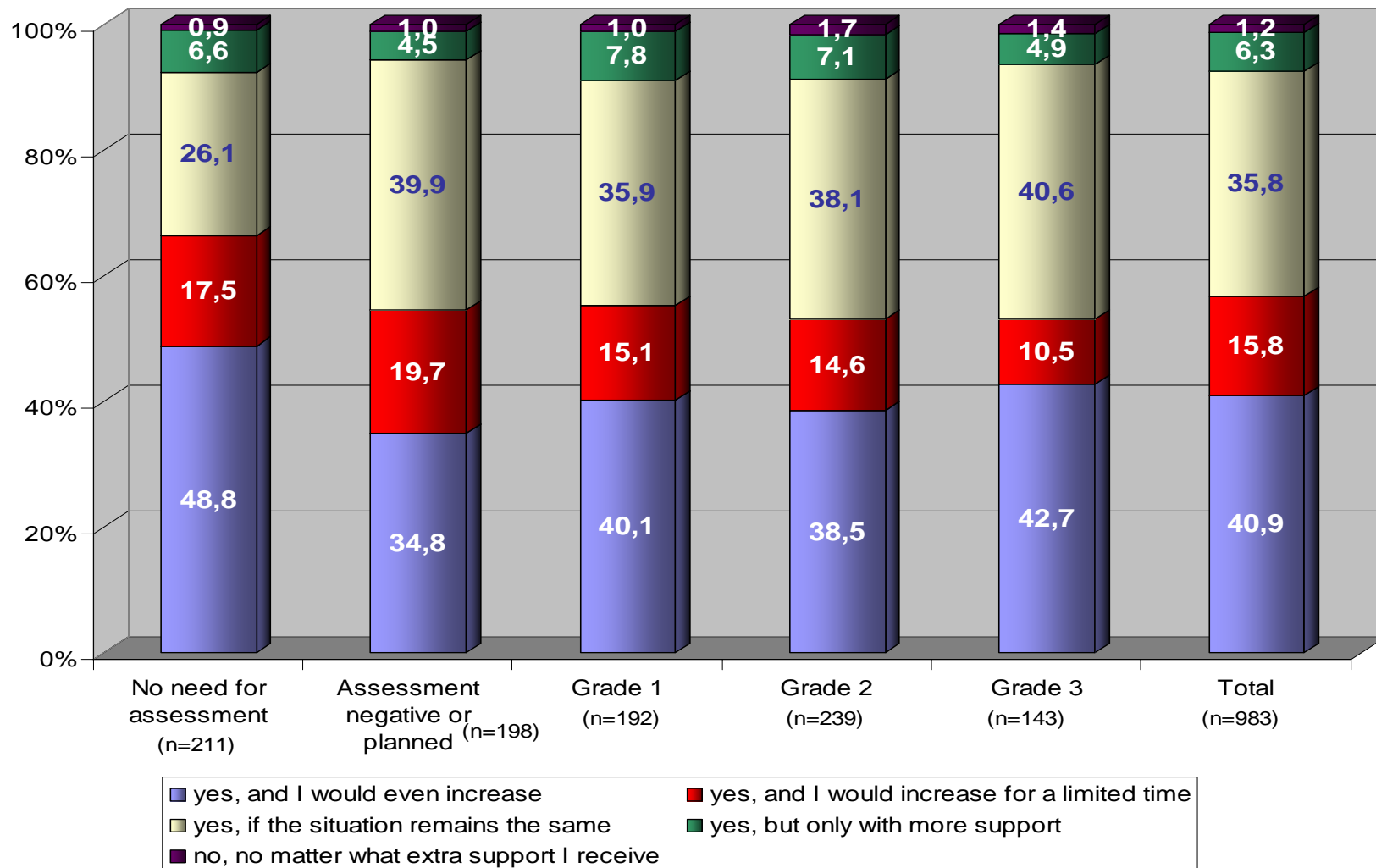
## Is this currently being met for you?



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## In the next year, are you willingly to continue to provide care to ELDER? (%)

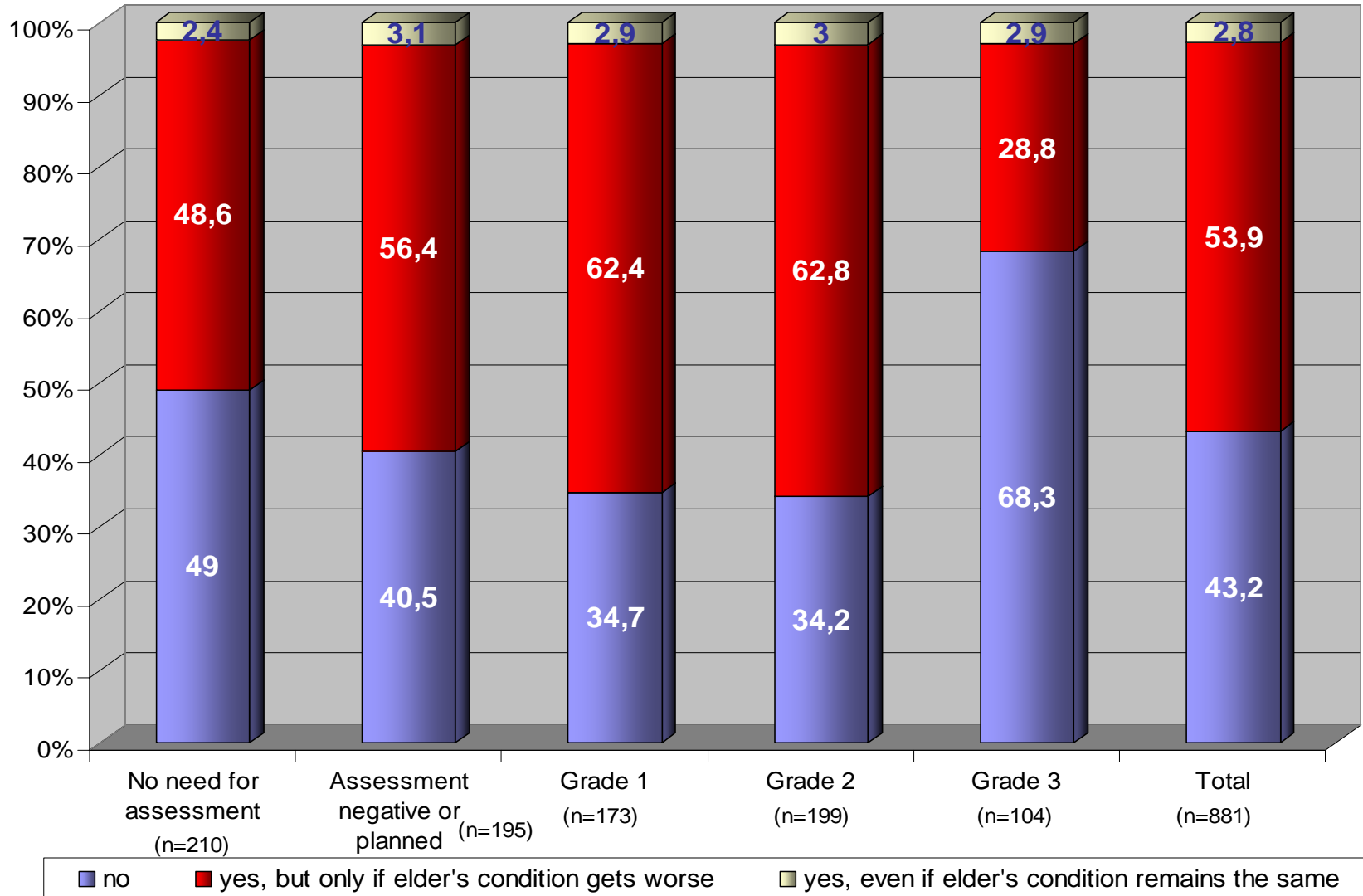


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## Would you be prepared to consider ELDER's placement in a care home? (in %)

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Thank you for your attention!



For further information on  
**EUROFAMCARE**

[www.uke.uni-hamburg.de/eurofamcare](http://www.uke.uni-hamburg.de/eurofamcare)

