Long-term care and demographic change

by

MD Prof. Dr. Matthias von Schwanenflügel, LL.M.Eur.
Urban Institute, Washington DC
July 17, 2018
1. Demographic trends: a multi-layered problem

- Increase in life expectancy
- Reduction in births since the mid-Sixties
- Transformation of family forms and living arrangements
- Changed intergenerational relationships
- Mobility and migration
- Very different trends at regional level
2. Trends in the demand for long-term care

As of June 2017 (statutory long-term-care insurance)
- 3.1 million persons with long-term care needs
- 2.33 million = 75 % of them cared for at home
- 48% by relatives alone (!)

Trends in the number of persons with LTC needs
Number in millions (statutory long-term-care insurance)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>3.1</td>
</tr>
<tr>
<td>2020</td>
<td>3.50</td>
</tr>
<tr>
<td>2030</td>
<td>4.07</td>
</tr>
<tr>
<td>2040</td>
<td>4.60</td>
</tr>
<tr>
<td>2050</td>
<td>5.32</td>
</tr>
</tbody>
</table>
3. Trends in professional caregiving and caregiving by relatives

Persons employed in long-term care 2,100,000
Total number of trainees 138,800

Shortage of skilled workers
100 unfilled posts
- Geriatric nursing 31 'applications'
- Nursing 68 'applications'

By 2025, there will be a shortage of 110,000 skilled workers in geriatric nursing alone
5. Long-term care insurance – First Act to Strengthen Long-Term Care

- Increase in almost all benefits by 4%
- Improvement in long-term-care counselling; introduction of an individual right to counselling for caregiving relatives
- Increase in the number of additional companion caregivers at in-patient long-term care facilities
- No subtracting of day and night care benefits from non-cash long-term care benefits and the nursing care benefit
Introduction of a **new definition of long-term care needs** together with a **New Assessment Instrument** to grade the Need for and Level of Long-term Care

- **Five grades of care replace the previous three levels of care** – benefits can now be better tailored to the real need
- **No more difference in the weighting of physical, mental and emotional limitations** (especially in the case of dementia patients)
- **The decisive criterion for assessing the grade of care** is no longer the time needed for care-related tasks but the degree of remaining autonomy
- **For the first time, proper consideration is taken of special assistance needs** of persons with dementia

**Financing: Increase in contributions by a total of 0.5 percentage points**
6. Reform of the nursing professions
6.1 Generalist nursing introduced

- Generalist nursing: Enabling persons of all age-groups to provide service in all areas where care is needed
- Vocational training: 'Quasi-dual' practical training, predominantly at the training institution
- University-level training: organised as university studies
- Professional title: 'Qualified Caregiver' ("Pflegefachfrau / Pflegefachmann"); in the case of university studies: 'Qualified Caregiver', in conjunction with an academic grade (B.A. or B.Sc.)
6.2 new: Right to choose specialisation

- Introduced for vocational training
- All trainees begin with the generalist nursing programme (2 years)
- Trainees have a right to choose a speciality in their third year of training
- Right to choose dependent on the specialist practical assignment agreed upon in their training contract
- Vocational qualifications: geriatric nurse (*Altenpfleger/-in*) or health and paediatric nurse (*Gesundheits- und Kinderkrankenpfleger/in*) (without automatic EU-wide recognition)
- Review 6 years after the start of the new training method
7. Caregiving by relatives

7.1 Caregiver Leave Act

Short-term leave of absence from work
- Up to ten working days in acute cases
- Supplemented by the caregiver allowance

Leave
- Caregiving leave (up to 6 months, full-time or part-time)
- Leave to care for under-age close relatives with care needs, even outside the home (up to 6 months, full-time or part-time)
- Leave to support and accompany a person in the final stage of life (up to 3 months, full-time or part-time; proving a need for long-term care and nursing care in the home are not obligatory)
Family caregiver leave

- Part-time leave of up to 24 months with an average weekly working time of at least 15 hours/week.
- Leave is also possible for people who care for underage close relatives in need of care outside of the home.

Financial support for the duration of all periods of leave, in the form of an interest-free loan
Do you have any questions?

Thank you for your attention!

Contact
MD Prof. Dr. Matthias von Schwanenflügel, LL.M.Eur.
Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ)
Tel: +49 (0)30 18 -555-1700
Fax no.: +49 (0)30 18 -555-41700
Email: Matthias.vonSchwanenfluegel@bmfsj.bund.de