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Eldercare Services in Europe – Home Care, Family Support and Domestic Services for Older People

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Table of contents

	Introduction	4
1	Conference report	5
1.1	Introduction	5
1.2	Report of the conference	5
1.3	Workshop summaries	9
1.3.1	Workshop 1 – General Public Framework Provided by the State	9
1.3.2	Workshop 2 – Companies	10
1.3.3	Workshop 3 – Service Providers / Service Users	11
1.3.4	Workshop 4 – Central Points / Networks of Service Providers	13
1.3.5	Workshop 5 – Support Schemes / Vouchers	14
1.3.6	Workshop 6 – Information and Communication Technologies as an Innovative Instrument	11
1.4	Conclusions	15
2	Annex (conference contributions - check against delivery)	17
2.1	Conference programme	17
2.2	List of participants / List of contributors	21
2.2.1	List of participants	21
2.2.2	List of contributors	27
2.3	Eldercare Services – Home Care, Family Support and Domestic Services for Older People in Germany	30
2.3.1	Welcoming address by the German Association – Barbara Syrbe	30
2.3.2	Welcoming address and opening by the BMFSFJ – Dieter Hackler	32
2.4	Eldercare Services – Home Care, Family Support and Domestic Services for Older People on the European Level – Halina Potocka	38
2.5	Introduction and overview: Home Care, Family Support and Domestic Services for Older People in Europe – Werner Eichhorst	50
2.6	Workshop 1 – General Public Framework Provided by the State	71
2.6.1	Marianne Skov Iversen (DK)	72
2.6.2	Valentina Hlebec (SL)	83
2.6.3	Anni Vilkkö (FI)	86
2.7	Workshop 2 – Companies	101
2.7.1	Cornelia Upmeyer (DE)	101
2.7.2	Madeleine Starr (UK)	107
2.7.3	Karsten Gareis (EU)	115
2.8	Workshop 3 – Service Providers / Service Users	125
2.8.1	Jürgen Griesbeck (DE)	126

	2.8.2 Marie Beatrice Levaux (FR)	134
	2.8.3 Heike Nordmann (DE)	140
2.9	Workshop 4 – Central Points / Networks of Service Providers	150
	2.9.1 Kai Pagenkopf & Mechthild Konerding (DE)	151
	2.9.2 Hannie Burcksen (NL)	163
	2.9.3 Peter Raeymaekers (BE)	173
2.10	Workshop 5 – Support Schemes / Vouchers	184
	2.10.1 Antoine Dumurgier (FR)	185
	2.10.2 Jean-François Lebrun (EU)	194
	2.10.3 Greger Bengtsson (SE)	198
2.11	Workshop 6 – Information and Communication Technologies as an Innovative Instrument	203
	2.11.1 Susanne Duus (DK)	204
	2.11.2 Axel Sigmund (DE)	210
	2.11.3 Cristina Rodríguez-Porrero Miret (ES)	217
3	Editorial information	231



Introduction

Dear Reader,

To discuss supporting services for older people in all their diversity was the guiding principle of the international conference titled “Eldercare Services in Europe – Home Care, Family Support and Domestic Services for Older People” held in Berlin on September 15 and 16, 2011, which had been organised by the Observatory for Sociopolitical Developments in Europe. A total of 175 experts from the political arena, administration, civil society and science and from 15 different EU Member States as well as Turkey converged on the conference to get information on supporting services in Germany, the individual EU Member States and at the European level, to exchange good European practice and to undertake networking.

In the parallel workshops, examples of good practice from two perspective: relevant stakeholders broken down in “stakeholders” and required “social and technical infrastructures”, from a total of ten different EU Member States were presented and lively debated.

This documentation summarises the most important results of the two-day conference. In addition, the individual speakers’ contributions and the programme can be found in the annex¹.

The Observatory for Sociopolitical Developments wants to give its wholehearted thanks for the support and active participation of those without whom the event simply would not have been possible: those who gave welcoming speeches, the main speakers, the speakers in the workshops, the workshop moderators and the conference moderator. We would also like to thank the translators and interpreters, without whom neither the tri-lingual conference (German, English, and French) nor its bi-lingual documentation would have been possible. Thanks are also due to the competent staff at the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth², our German Association for Public and Private Welfare colleagues and the colleagues from the project team of the Observatory in Frankfurt/Main for their active support in preparing and organising the conference.

On behalf the Observatory for Sociopolitical Developments in Europe
(Project Team Berlin)

Annette Angermann

¹ For the German documentation, all contributions are appended in German, in the English version in English.

² We also would like to thank the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth for financing this international conference.

1 Conference report

1.1 Introduction

All people need help at one point. Help is something normal, a matter of course. Though there are a number of benefits to an ageing society – leading longer and healthier lives, for example – it poses a lot of challenges, too. After all, a higher number of older people can no longer be sufficiently supported by a declining number of younger people. Supporting services – home care, family support and domestic services, also called eldercare services – can not only relieve the burden of the elderly themselves but also of their relatives. They can also help the elderly to live an autonomous life, in their own home.

But how can this support be given and organised? This was discussed at the international “Eldercare Services in Europe – Home Care, Family Support and Domestic Services for Older People” conference held in Berlin on September 15 and 16, 2011.³

Eldercare services can be analysed from two perspectives: From the stakeholders’ point of view, there are services rendered by the state, by companies or by private people. The topic can also be considered under the aspect of various infrastructures. On the one hand, there are so-called service provider networks or central points users can get in touch with. On the other hand, structural support schemes and vouchers can make services user-friendly. And last but not least: technology as an innovative instrument can expand the facilities and the reach of various supporting services.

It was the conference’s objective to provide the various actors with a forum for an international exchange of experiences based upon good practices going beyond their own branch and to provide a platform for networking.

1.2 Conference report

The Observatory for Developments in Europe has dealt with supporting services for a number of years now. While last year’s international conference⁴ had focused upon family support services for a better reconciliation of family and working life, it was this year’s international conference’s objective to look at all supporting services – home care, family support and domestic services – and to focus upon the target group of older people.

³ <http://www.sociopolitical-observatory.eu/en/konferenz-eldercare-services-in-europa.html>, <http://www.deutscher-verein.de/03-events/2011/gruppe6/p-621-11/>.

⁴ “Family-supporting Services in Europe: Current Challenges and Developments”, 29 January 2011 in Berlin (<http://www.deutscher-verein.de/03-events/2010/gruppe6/f-29-01-10/>, http://www.sociopolitical-observatory.eu/uploads/tx_aebgpublications/Documentation_Family-supporting_Services_in_Europe_29.01.10.pdf)

Supporting services are currently lively debated at both national and European level. In Germany, these services – the institutionalised form of activities hitherto rendered privately in one's own households – is not used to the same extent as for example in France ⁵ Nonetheless, as people want to live in their familiar surroundings, lead an independent life and have to reconcile their family and working life supporting services will be much more used over the next few years. Thus, supporting services can also increasingly help to improve the quality of life in old age.⁶

Supporting services for older people in Germany

In Germany, home care is mainly funded by the public sector. However, this form of financing – in its current shape – certainly has its limits.⁷ In European terms, the German number of care-dependent people is average. But the German care system has a comparatively small number of home care staff, which means an unfavourable ratio of older care-dependent people to such staff. The lack of skilled workers, the huge staff turnover and the short period of time home care nurses pursuing their profession⁸ are phenomena that reveal the problems inherent in care services.

There is a very huge number of potential staff for family support and domestic services. However, these service providers often render their services in the black economy. The aim thus has to be to integrate these people into the formal labour market, which could also trigger a professionalisation and a better qualification. As Werner Eichhorst, Institute for the Study of Labor⁹, put it, one has to consider the costs from the users' point of view and the earnings potential from the providers' point of view.

Dieter Hackler, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), emphasised that older people's "extra" years have to be shaped. As there is a large number of healthier and better educated older people, there is the possibility to provide specific services or new services. "Business as usual," would not lead to any innovations in Germany. He outlined that the Federal Government over the past few years had developed the governmental framework of domestic services through a better tax deductibility in order to facilitate the use of such services.¹⁰ Since the last parliament, care support centres (Pfle- gestützpunkte) were supposed to bring service providers and service users together and to give advice on care. The multi-generational centres programme – an example of central points for various local services for older people – were to be continued and better activated to facilitate domestic services, too. Dieter Hackler explained that the family care leave was a

⁵ Governmental support aside, this is also based upon different outlooks when using personal supporting services.

⁶ Naegele, Gerhard (2011): Soziale Dienste für ältere Menschen. In: Evers, A./Heinze, R.G./Olk, T. (ed.): Handbuch Soziale Dienste, Wiesbaden: VS Verlag für Sozialwissenschaften, p. 406.

⁷ The problem of labour costs means that contributions can not really be increased.

⁸ Probably due to the comparatively unattractive working conditions.

⁹ The data given here are based upon the speech held at Berlin on September 15, 2011, "Introduction and overview: Home care, family support and domestic services for older people in Europe" and the Power Point Presentation "Home care and domestic services for older people in Europe" by Werner Eichhorst (see appended Eichhorst presentation).

¹⁰ Set forth in the Act on growth and employment tax breaks of 2006, pertaining to domestic services, care services and craftsmen's services. Expanded in 2008 by the Act on a promotion of families and domestic services (http://www.deutscher-verein.de/03-events/2010/gruppe6/pdf/Dokumentation_Internationale%20Konferenz_FUD%20in%20Europa_29.01.10.pdf, S. 6).

milestone. It would be introduced as of January 1, 2012, and through its (temporary) reduction of working hours at continued pay could contribute to the reconciliation of work and care¹¹. Furthermore, as of December 1, 2011, there is the “Wege zur Pflege“ portal’s service hotline¹².

Supporting services for older people at the European level

Against the background of European countries’ ageing societies, the issue of supporting services for older people is also recognised at the European level and solutions are being discussed. The Europe 2020 Strategy has five objectives that may have an impact upon eldercare services: employment, innovation, education, social integration and the climate. In terms of employment, a number of questions has to be asked and even more solutions are to be found. One European target is, for example, that more women should be gainfully employed and that more people between 50 and 60 years of age should work. However, these two groups form the bulk of care-giving relatives. So how can more jobs be created in supporting services in order to relieve these groups of their burdens? How can innovations and new technologies be better used in order to improve services? How can access and affordability be assured and quality improved?

The European Commission has started a consultation on carers’ leave in order to find out what measures could be taken to better support care-giving relatives in their efforts to reconcile work and care. One measure could be a care leave as part of a broad package of EU leave regulations, complementing already existing regulations, i.e. maternity leave, paternity leave and parental leave. There is no European regulation of whatever kind on care leave right now. There are huge differences between the EU Member States, both in terms of existence of such a leave as well as in terms of pay and duration. The latter could last from two days to two years, said Halina Potocka of AGE Platform Europe¹³. All in all, an integrated procedure was required that combined accessible, affordable and high-quality care services with appropriately paid care leaves for care-giving relatives.

The European Year for Active Ageing and Solidarity between Generations 2012 is a good starting point for an expansion of the debate and a discussion not only at the European level but also at the national, regional and local one.

¹¹ Employees caring for close relatives can reduce their working hours for two years and get a higher salary relative to their working hours. The account will be balanced when the care period has been concluded (<http://www.familien-pflege-zeit.de/>, <http://www.bmfsfj.de/BMFSFJ/aeltere-menschen,did=175038.html>).

¹² <http://www.wege-zur-pflege.de/>

¹³ The data given here are based upon the speech held in Berlin on September 15, 2011, “Eldercare Services – Home Care, Family Support and Domestic Services for Older People on the European Level” and the attendant Power Point presentation by Halina Potocka (see appended Presentation Potocka).

National models and measures in EU Member States

The types of services described herein are the institutionalised form of activities that in the past were rendered privately in the households. On the one hand, home care - medical and nursing services - and on the other hand domestic activities. These services have no 100% overlap, but have to be considered together since for many users and their relatives a mix of both services is part of their life.

Werner Eichhorst elaborated on how in most European countries these types of services were not well paid, which made a mobilisation of the existing potential of skilled workers difficult. The most important basic conditions were pay structures. Further, qualification was important, which is what allows service providers to offer their specific form of services in the first place. He explained that this applied to both areas, care and domestic services.

While in central-European EU Member States there is much wage compression and high ancillary labour costs hamper the demand for such services unless there are government grants, the Anglo-Saxon model is mostly a market model. At the same time, there are attempts to limit the costs and rigidities of the labour market through the market's flexible structures. In Scandinavia, care and domestic services traditionally are mostly tax-funded. In countries on the continent in which traditionally the services are mostly rendered privately or informally, we can see that over the past few years these services have increasingly been funded by the public sector, which according to Werner Eichhorst seems to be the only way to mobilise the formal labour market.

In care services, in Denmark the state is the major actor, which in turn means high care expenditure on its part. In the main, the system is geared to municipal structures of responsibility, not the care-givers. In contrast to Germany, the Danish care system shows a comparatively good ratio of care-dependent people to care-giving staff. The UK mainly uses private and market stakeholders and thus mainly involves private providers in home care. France's mixed system, on the other hand, combines public financing with private care insurance and, in part, private old-age provision. One example of a rather traditionally orientated country is Poland, which has a mainly familial home care system. In this system, the focus is upon privately used means.

If one considers the situation of domestic services in the EU Member States, it can be said that there are hardly any people employed in private households. In southern Europe, the number is a bit higher but declining. Two EU Member States stand out, for their organisation of domestic services in particular: There is France, which has the longest tradition regarding a formal organisation of such services. France promotes the demand for services through a

voucher of cheque system¹⁴, going beyond the German tax deductibility scheme and also provides special forms of support for older people. This support also comprises care services. The Belgian cheque system, which goes a bit further because of a large share of public financing, aimed at bearing ancillary labour costs and the bulk of the labour costs. The users themselves thus only have to bear a quarter of the cost total¹⁵. The Danish support scheme is also interesting. Its development since the mid-1990s shows that certain basic conditions have to obtain if a system is to be successful. In 2004, the Danish Home Service Programme was restricted to the target group of older people. This, in turn, meant a reduction of the funds, rendering the underlying structures unsustainable.¹⁶

1.3 Workshop summaries Stakeholders

1.3.1 Workshop 1 – General Public Framework Provided by the State

Workshop one was to present and to debate general basic conditions the respective countries can provide their citizens with, e.g. care leave.

Marianne Skov Iversen from the Danish National Board for Social Services outlined the system of general entitlement and its, mostly, free services. In **Denmark**, it was mostly the local authorities that are responsible for the care system and these do also develop their own home care quality standards. With the “free choice” reform in 2004, the market had been opened: Now, public providers were complemented by private providers. In addition, the system had developed from a compensating care system to an every-day rehab system. The help-yourself principle of the system, means that everybody should be able to manage his or her own life himself or herself. Marianne Skov Iversen concluded that huge challenges necessitated innovations to find new high-quality care solutions.

Anni Vilkkö from the National Institute for Health and Welfare presented the systematic promotion of informal care in **Finland**. She emphasised the joint responsibility of the municipalities, care-giving relatives and care recipients and referred to the general entitlement in Finland. The support for care-giving relatives is not restricted to care-giving for older people. Care-givers are entitled to social services and three day of leave a month. The Finnish system is based upon the assumption that more than 90% of older people could stay in their own home if they use the right health and welfare services. However, that target had not been

¹⁴ The cheque system is co-financed by the employer, who, in turn, gets a tax break if he or she allows staff to use service cheques.

¹⁵ The basic principle is a government grant worth 2/3 of the real costs of the working hours accrued. There is also a tax refund, so that the end consumer only has to bear about 1/4 of the costs.

¹⁶ The data given here are based upon the speech held at Berlin on September 15, 2011, “Introduction and overview: Home care, family support and domestic services for older people in Europe” and the Power Point Presentation “Home care and domestic services for older people in Europe” by Werner Eichhorst (see appended Eichhorst presentation).

attained yet. The challenge was that the system of supporting services and benefits for care-giving relatives had to be developed further.

Valentina Hlebec from the University of Ljubljana reported on how in **Slovenia** there is a concept of responsibility jointly assumed by individuals, the family, the municipalities and the government. Care-giving relatives are entitled to seven days of leave¹⁷ if they live in the same household as their care-dependent relatives. They can also receive cash benefits and expense allowances. The system distinguishes between social home care¹⁸ and home nursing. Social home care is open to all, but the bulk of the users are older than 65 years of age. Medical and home nursing is broken down into preventive and curative house calls. There are a large number of rights and benefits and services, but there is also a large number of competent authorities and points of call¹⁹. A central point of call would thus possibly benefit potential users, according to Hlebec.

1.3.2 Workshop 2 – Companies

In Workshop two, the participants discussed about the role of companies as employers of care-giving relatives and good practice examples were presented.

Cornelia Upmeier from Association of German Chambers of Industry and Commerce talked about the general basic conditions that should contribute to a better reconciliation of employment and care in **Germany**. One possibility is part-time work, leave arrangements another²⁰. Other measures, which can also be used for child care, are flexible working hours (mostly flexitime), teleworking and job sharing. According to Upmeier, the provision of and the access to information is of special importance, be it via an info hotline, advice or a facilitation of supporting services, “care tables” or seminars. There are also domestic services for older people and for care-giving relatives, e.g. laundry services, taking home meals from the lunchroom or shopping services in the companies.²¹ However, Cornelia Upmeier stated that there was a lot more that could be done.

Madeleine Starr from Carers UK outlined that given the demographic pattern we all were or would be care-giving relatives in employment. Since we will no longer be able to choose between work and care in future, company support for care-giving relatives would increasingly be seen as a condition for entering into contracts of employment. In the **United Kingdom**, employees are entitled to a short term care leave.²² They can also ask for flexible working hours. The equality law protects care-givers. The public knows of the needs of care-

¹⁷ In exceptional cases, this is also possible for two weeks. There is an 80% salary entitlement.

¹⁸ Help pertaining to housekeeping, daily routines and a cultivation of contacts. The local authority has to cover 50% of the costs. Until the end of 2011, the government subsidised this programme (paying the working care-givers salaries; the recipient pays a part of the costs).

¹⁹ Social work, doctor, medical review board, health insurance, old age insurance etc

²⁰ The care leave law allows employees to take unpaid leave for ten days or up to six months. The family care leave is a sort of paid, mixed system. It can be used as of January 1, 2012 (see footnote 11).

²¹ weekly shopping for bread and fruit etc.

²² Two to five days

giving relatives. “Employers for Carers”, a forum for employers who want to develop care-friendly job guidelines and policies, provides employers with practical services. Currently, the organisation is advocating that local authorities should be obligated to ensure a sufficient number of care services.

Karsten Gareis from empirica Gesellschaft für Kommunikations- und Technologieforschung (Communication and Technology Research) is the co-author of the EUROFOUND²³ study²⁴ and reported on company initiatives from **various European countries** that contribute to a better reconciliation of work and care. There are, for one, work-related measures like (temporary) reductions of working hours/part-time work, flexible working hours and teleworking. For another, there are care-related services, specific help and general measures. Hitherto, family-friendliness audits were limited to parenthood. Now, employers use these certificates in a more universal fashion, also to recruit employees.

1.3.3 Workshop 3 – Service Providers / Service Users

Workshop three dealt with those who provide the services and those who ultimately use them.

In this workshop, Heike Nordmann from the Consumer Assistance Office of North Rhine – Westphalia presented the users’ view. In **Germany**, out-patient services are relatively strictly regulated, while domestic services barely are. In the context of care and housing advice it was also shown that care seems to put a stigma on people, and that therefore household services should rather be offered in a context of “providing comfort”, not care. This would motivate the users to accept supporting services at an early stage and thus prevent a potential care dependency. The various services do not necessarily have to be provided out of one hand, but there should be a designated contact person.

Jürgen Griesbeck from Familienservice PME spoke about his experiences from a **German** eldercare service agency’s point of view. He reported that some years ago for his customers their bad conscience was what was important to them. Now this has been replaced by matters of financial feasibility. In order to provide diverse services on a nationwide basis, a company not only needed a large data base but also a lot of staff to ensure that all facilitated service providers are checked. Griesbeck stated that counselling could be given on the phone or by means of tele-academies or employers’ in-house trainings. He also pointed out that the psychological component aside the organisational one was not be underestimated/ had to be taken into account. After all, a care dependency might fundamentally alter the relationship between a care-dependent person and his or her relatives.

Marie Beatrice Levaux from the Fédération des Particuliers Employers de France de-

²³ European Foundation for the Improvement of Living and Working Conditions

²⁴ The “Company initiatives for workers with care responsibilities for disabled children or adults” study includes 50 case studies from eleven European countries like Germany, Belgium, France, Netherlands, Austria and the UK plus Poland, Slovenia and Portugal (<http://www.eurofound.europa.eu/publications/htmlfiles/ef1147.htm>).

monstrated that in 2020 family employment would potentially comprise 20 million employees in Europe and that over the past few years the ***French model*** of family employment had contributed to a reduction of non-registered employment relationships. The family employment model provided for an employment relationship between two private people. According to Levaux, family employment had three major objectives: to ensure supporting services' affordability, to make for a simplified organisational process, like a registration of the employment by the family employer, and a professionalisation of the employees. This year, the European Federation of Family Employment was launched, an initiative that tries a) to present the family employment sector as a social force of development and b) to meet the socio-economic challenges with innovative family policies.

Social and technical infrastructures

1.3.4 Workshop 4 – Central Points / Networks of Service Providers

Workshop four dealt with good practice examples regarding central points.

For the Chamber of Trade of Münster, Kai Pagenkopf presented two projects from North Rhine – Westphalia. “Wohnen im Wandel” and “Service Welten”. Both **German projects** provide customised housing adjustment like, for example, accessible flats and houses and try to network craftsmen as well as personal and domestic services. An important part of both projects was the development of market opportunities for craftsmen, planners and service providers. Given the market orientation, this was not a socio-political approach, but a business approach. According to Pagenkopf, a sort of “cooperation atlas” was to be prepared in which service providers can see with whom they can cooperate how and where they may get specific help. Mechthild Konerding spoke about her work in her “Zauberfrau” Münster²⁵ company within the “Service Welten” network. Her idea behind the establishment of “Zauberfrau” was to provide domestic helps for private households legally.

Hanni Burcksen from the **Dutch LekkerLeven**²⁶, an interface for service providers and users, outlined that the five best selling services were home services, domestic helps, gardening, hair-dressing and chiropody and escorting and counselling. LekkerLeven was founded by private people in the mid-1990s and got a governmental start-up grant. Now the company finances itself. The customers comprise insurance companies, landlords and care organisations, among others, that want to use LekkerLeven’s facilitation services. LekkerLeven supports the entire service process, that is, they serve as the designated contact right from the start and are available 24/7 by phone and on the Net.

While good practice previously was of a local nature, with Flanders’ Care it is a bit more abstract. Peter Raeymaekers presented this interregional initiative taken by the **Flemish government** and emphasised that the field was much bigger, going beyond the local and regional environment. While being based upon the regional model, that is, supporting care²⁷ within the region, it was nonetheless also about an exchange of ideas and know-how on a European scale. For that purpose, a partnership of 13 European regions like North Brabant, Gent, Scotland, southern Denmark and Catalonia was formed.

²⁵ Zauberfrau Münster provides, for example, domestic services like cleaning the flat, laundry, shopping and delivery services.

²⁶ LekkerLeven means “good living”.

²⁷ Mobility, home care etc.

1.3.5 Workshop 5 – Support Schemes / Vouchers

Workshop five dealt with the various types of government funding, support schemes and voucher schemes, and presented examples of good practice.

Antoine Dumurgier from Edenred, a company that distributes pre-financed vouchers, explained the French example of a voucher scheme. In **France**, older people have been supported for many years in order to enable them to live in their own homes. They receive a personalised autonomy grant ²⁸. The universal vouchers ²⁹ are used to pay for domestic and similar services, but not for medical care. One advantage of these vouchers is, above all, their earmarked use.

Greger Bengtsson from the Swedish local and regional authority presented the free choice model provided by **Swedish home care**. Efficiency and quality has been discussed there since the 1990s. With the 2009 law on freedom of choice service users can choose if the service is to be rendered by the municipality or a private service provider – after the social service has checked on the local demand. Since both types of providers are paid the same for the services, there was no price competition. In addition, tax breaks³⁰ have been in place now for three years or so: the service user bears 50% of the labour costs and the state the other 50%.

Jean-François Lebrun from the **European Commission** (Direction General for Employment, Social Affairs and Inclusion) pointed at the beginning of his speech out that the following rather provocative reflection upon domestic services³¹ was not the European Commission's official view. Lebrun asked: Do I work or do I render the domestic services myself? The solution to bridge the black economy's price and the legal price of a service could be either a public funding in form of tax breaks and/or vouchers or, perhaps, market competition.

1.3.6 Workshop 6 – Information and Communication Technologies as an Innovative Instrument

Workshop six saw an exchange of good practice examples from the field of information and communication technology.

Susanne Duus from the **Danish finance ministry** presented the work of the Public Welfare Technology Fund (PWT-Fund). The PWT-Fund tests new supporting technologies like, for example, “telemedical treatment“, which promotes a cooperation between care-givers, doctors and patients. Another example is “online care“, which allows care-givers and the family

²⁸ Allocation Personnalisée d'Autonomie

²⁹ Chèque Emploi Service Universel

³⁰ Retired persons do not have this possibility.

³¹ The topic of care was left out here deliberately.

and patients to stay in touch via Webcam. However, according to Duus one had to bear in mind that given the required test series an introduction of such innovations took some time.

Axel Sigmund from VDI/VDE Innovation + Technik looked at national and European Ambient Assisted Living (AAL) programmes. While the technical aids were not focused on older people alone, these should also be able to use these products. He explained that there are a number of programmes in **Germany** that help older people utilising information and communication technology programmes like, for example, “Altersgerechte Assistenzsysteme für ein gesundes und unabhängiges Leben” (age-based assistance systems for a healthy and independent life). At the European level, the AAL Joint Programme, still running until 2013, promotes technologies in a service context.

Cristina Rodríguez-Porrero Miret from CEAPAT-IMSERSO³² gave a description of **Spanish good practice**. She showed, for example, how technological innovations could be used for locating and cognitive stimulation or to help people suffering from Parkinson’s disease and for memory training. There were also ways of how to reduce the negative impact of long distances in rural areas by means of information and communication technologies, e.g. through the “enclave rural” programme³³, in which know-how is transferred and emotional support guaranteed. A general problem of technological innovations was that many consumers do not have enough information on what is actually possible.

1.4 Conclusions

A European comparison shows that there are various ways of how to improve the situation of all those concerned and of the service users in particular. From an actor’s point of view, this could be possible through an improvement in the general public framework provided by the



state, e.g. through a creation of integrated services³⁴ and a better inclusion of companies by means of the corporate regulations set forth within the framework legislation pertaining to a better reconciliation of work and care. Making it easier to employ private people as supporting service providers would help as well. Regarding the various infrastructures, central points can serve as (first) contacts, especially in fragmented support systems. In order to increase the demand for formally recognised services voucher systems and other support schemes would be particularly suitable and also that information and communication technologies

can provide innovative solutions to support older people.

³² CEAPAT (Centro de Referencia Estatal de Autonomía Personal y Ayudas Técnicas) - IMSERSO (Instituto de Mayores y Servicios Sociales)

³³ Allocation Personnalisée d’Autonomie

³⁴ Chèque Emploi Service Universel

The conference has shown that the discussions on supporting services deal with a professionalisation and formalisation or legalisation of the supporting activities, two areas that are not necessarily in line with each other. These services are, in part, still rendered by the black economy, as is the case in Germany, for example. If the services shall be integrated in the formal labour market and legal jobs are to be created, you first have to compare users' gross costs and service providers' net earnings. Then you will find that there are good reasons to subsidise this sector of the economy. Subsidies would entail a legalisation of informal employment relationships, higher tax revenues and a professionalisation of the services, which, in turn, would improve the service staff's working conditions and thus also the services' quality. These international approaches are particularly interesting for Germany because the above would mean that demand could be promoted through a voucher or cheque system coupled with tax breaks. An important accompanying measure would be an involvement of employers as sponsors. This could also lead to a legalisation of the services, but also to an inclusion of their staff. Further, service agencies or private providers that meet certain quality standards could be certified and get access to the system.

It is now necessary to find the right basic conditions for the respective countries in order to re-design home care, family support and domestic services and to see the demographic change as an opportunity to find innovative solutions to the current economic and social challenges. Our society will have to adapt to the needs of an ageing population, but there is also an opportunity to develop an overall concept.

2 Annex (conference contributions – check against delivery)

2.1 Conference programme



Federal Ministry for
Family Affairs, Senior Citizens,
Women and Youth



Observatory for
Sociopolitical Developments
in Europe

Reconciliation of work and care in European comparison

International Conference

Eldercare Services in Europe

–

Home Care, Family Support and Domestic Services for Older People

Thursday, 15th September 2011 and Friday, 16th September 2011

Hotel Aquino, Berlin

Programme

(Version of 9 September 2011)

Thursday, 15/09/2011	
13:00	Arrival and registration, welcome snack
13:30	<u>Eldercare Services – Home Care, Family Support and Domestic Services for Older People in Germany</u> Welcoming address by the German Association Barbara Syrbe, German Association for Public and Private Welfare Welcoming address and opening of the conference Dieter Hackler, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
14:00	Eldercare Services – Home Care, Family Support and Domestic Services for Older People on the European level Halina Potocka, AGE Platform Europe
14:30	Introduction and overview: Eldercare Services – Home Care, Family Support and Domestic Services for Older People in Europe Werner Eichhorst, Institute for the Study of Labor



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15:10	Q&A and discussion
15:40	Coffee break
16:15	<i>Parallel workshops</i> First Panel: Stakeholders
Workshop 1	<u>General Public Framework Provided by the State</u> Marianne Skov Iversen, National Board of Senior Services, Senior Citizen Services (Denmark) Valentina Hlebec, University of Ljubljana (Slovenia) Anni Vilkkö, National Institute for Health and Welfare (Finland) <i>Moderated by: Christopher Gess, Rambøll Management Consulting GmbH</i>
Workshop 2	<u>Companies</u> Cornelia Upmeyer, Association of German Chambers of Industry and Commerce (Germany) Madeleine Starr, Carers UK/Employers for Carers (United Kingdom) Karsten Gareis, empirica Gesellschaft für Kommunikations- und Technologieforschung mbH (EU) <i>Moderated by: Regina Held, Zentrum Frau in Beruf und Technik</i>
Workshop 3	<u>Service Providers and Service Users</u> Counseling and advice, assignment and provision of services Jürgen Griesbeck, pme Familienservice (Germany) Marie Beatrice Levaux, FEPEM (France) Heike Nordmann, Consumer Assistance Office of North Rhine-Westphalia (Germany) <i>Moderated by: Brigitte Bührlen, WIR! Stiftung pflegender Angehöriger</i>
18:15	Plenary session
18:30	Closing of the first conference day – Conference dinner

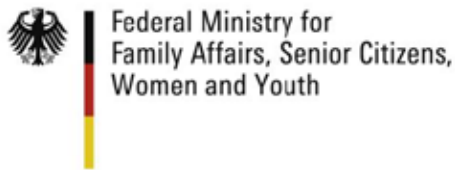


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Friday, 16/09/2011	
09:00	Welcoming Coffee
09:15	Welcoming address and reports from the previous day's workshops (workshops 1-3)
09:45	<i>Parallel workshops</i> Second Panel: Social and Technical Infrastructures
Workshop 4	<u>Central Points / Networks of Service Providers</u> Kai Pagenkopf (ServiceWelten + Wohnen im Wandel), NeumannConsult / Chamber of Trade of Münster and Mechthild Konerding (Zauberfrau Münster) (Germany) Hannie Burcksen, Lekker Leven (Netherlands) Peter Raeymaekers, Flanders' Care (Belgium) <i>Moderated by: Sven Hallscheidt, Association of German Chambers of Industry and Commerce</i>
Workshop 5	<u>Support Schemes / Vouchers</u> Antoine Dumurgier, Edenred (France) Jean-François Lebrun, European Commission (EU) Greger Bengtsson, Sveriges Kommuner och Landsting (Sweden) <i>Moderated by: Dominik Enste, Institut der Deutschen Wirtschaft Köln</i>
Workshop 6	<u>Information and Communication Technology as an Innovative Instrument</u> Susanne Duus, Public Welfare Technology-Foundation (Denmark) Axel Sigmund, VDI/VDE Innovation + Technology GmbH (Germany) Cristina Rodríguez-Porrero Miret, Centro de Referencia Estatal de Autonomía Personal y Ayudas Técnicas - Insituto de Mayores y Servicios Sociales (Spain) <i>Moderated by: Sibylle Meyer, SIBIS – Institut für Sozialforschung</i>
11:45	Coffee break



12:15	Reports from the previous workshops (workshops 4-6)
12:45	Conclusions and Future Prospects Concluding discussion with representatives from European level, civil society, companies and government: Hanneli Döhner, Eurocarers / European Association Working for Carers Ursula Woltering, Sozialplanerin Stadt Ahlen / Bundesarbeitsgemeinschaft Seniorenbüros Dagmar Crzan, Federal Association of Home Care Service Companies Alexander Böhne, Bundesvereinigung der Deutschen Arbeitgeberverbände Thomas Fischer, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth <u>Closing remarks</u> Cornelia Markowski, German Association for Public and Private Welfare
14:00	Closing of the conference - lunch

Conference Moderator: Judith Schulte-Loh (WDR, radio and TV journalist)

Simultaneous interpretation: German, English and French



Moderator: Judith Schulte-Loh

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2.2.1 List of participants

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2.3 Eldercare Services – Home Care, Family Support and Domestic Services for Older People in Germany

2.3.1 Welcoming address by the German Association – Barbara Syrbe

Ladies and Gentlemen,

On behalf of the German Association for Public and Private Welfare I extend my sincere welcome to you and am glad that you have come to our “Eldercare Services in Europe” conference.

I hope your trip down here went well. The list of attendees made it obvious that you have come to Berlin from all over Europe in order to talk about care, family support and domestic services for older people and to get information on good practice examples.

For your orientation, let me first talk about German Association for Public and Private Welfare has represented the interests of social institutions and services for more than 100 years now. It is the “social forum”: Under its umbrella, we find 2,500 members from the non-profit sector, the municipalities, science and the Länder and federal ministries. It exerts an influence upon many socio-political developments in Germany and encourages reforms – sometimes rather successfully.



Barbara Syrbe

Our issues are as multi-faceted as our professional social work itself:

Children and youth welfare, the disabled, healthcare, labour market integration, welfare; all this up to and including geriatric care, completed by social planning, financing, qualification, social services' quality management plus cooperation between public and private actors.

It has always been the objective of our work to attain social improvements, for the groups most in need of them in particular. However, other factors and actors are also involved with regard to the means employed to attain these objectives. You also need economic efficiency, social awareness and the political will!

One objective of German Association for Public and Private Welfare is that people stay autonomous. We also pursue this target in our professional work.

For one thing, in a society in which people live rather long and that therefore has an increasing share of very old people we have to make sure that the care that is given is humane. It

is a real challenge to develop our care system in qualitative terms while, at the same time, keep it affordable. German Association for Public and Private Welfare will pro-actively partake in the announced care insurance reform. It will also accompany the work of the newly appointed “advisory council on the implementation of a new concept of care dependency” (Beirat zur Umsetzung des Neuen Pflegebedürftigkeitsbegriff). The new, comprehensive concept of care dependency is going to lead to a further development of care and its quality. For another, old people should be able to enjoy their familiar surroundings and to live autonomously for as long as possible. Most elderly people are not care-dependent in terms of the care insurance system, but rather need help in their daily routines. Elderly people whose income is too small can receive household management assistance from the welfare office. If you are not indigent, you have to finance and organise this yourself. This is expensive (and often a black market activity). Some local authorities try to facilitate and organise such services, or at least make access to them easier, by cooperating with the regional job office or local providers. However, on a nationwide basis, a dependable, legal and financeable help for the elderly to go about their daily routines has not been accomplished yet.

Incidentally, in the foyer you will find German Association for Public and Private Welfare documents on how to prevent care dependency and also on local care infrastructure.

In the invitation, it reads:

An ageing society has many advantages, for example a longer and healthier life. This, however, is followed by a “but”! After all, there are also huge challenges. An ever increasing group of older people has to be seen alongside an ever smaller group of young people. The above-mentioned help for the elderly is thus an ever more urgent task.

But how can it be ensured? Well, that is exactly why we have met here. Today and tomorrow, we want to discuss this, exchange information and ideas and establish a network.

We will see various, rather disparate models. Government services, for example, or services rendered by companies or private people. The different actors will get a chance to speak in the workshops and also in the final debate.

This actors’ perspective aside, there are other ways of how to look at “personal services”, and that is from the various infrastructures’ perspective:

There are so-called service provider networks or centres people can contact in order to receive care, family support or domestic services.

But support schemes and vouchers are also a method of providing services in a more user-friendly manner. And technology as an innovative tool can also provide more facilities and extend the reach of such services.

I am very pleased that we have the opportunity of discussing the details of support services for older people together.

I wish you a successful conference, inspiring debates and many interesting insight.

Many thanks!

2.3.2 Welcoming address and opening by the BMFSFJ – Dieter Hackler

Title: “Eldercare Services – Home Care, Family Support and Domestic Services for Older People in Germany“



Dieter Hackler

Dear Ms Dr Syrbe,
(Dr Barbara Syrbe, member of the German Association steering committee,
Ostvorpommern / Mecklenburg-Vorpommern District Administrator, Die Linke (party))

Ladies and Gentlemen,

List of Contents

1. The issue at hand
2. Further development of these services / new markets
3. Financing
4. The social and economic importance of the development of these services
5. Introduction of a family care leave
6. Pilot project “Care-giving and living” (PFLEGEN-UND-LEBEN)
7. MGH facilitation data base
8. Outlook

1. The issue at hand:

“Home care, family support and domestic services” is what this international conference is going to debate. It is the successor event to the European conference on “European family support services’ latest challenges and developments” (Aktuelle Herausforderungen und Entwicklungen der Familienunterstützenden Dienstleistungen in Europa) in January 2010.

I am very pleased that I also may welcome you to this conference.

First of all: I am glad that this conference is attended by participants from a total of 17 countries, from all over Europe. This does not only attest to this issue's topicality, but also to the huge number of people, whom it concerns, be they service providers, users or responsible players from the political arena, administration or government.

Over the past few years, there have always been approaches to discuss and further to develop eldercare services in terms of the demographic pattern in particular and to see to an easier access to these services.

The Federal Government has already improved the governmental structure of domestic and family support services. The measures we have taken, like, for example, a better tax deductibility or an additional services promotion allowance, have set trends.

2. Further development of these services / new markets:

Now, we also have to improve these basic conditions, for both the service providers and the users.

And we also should not lose sight of the fact that this is a market that is constantly evolving. I am convinced that this evolution, and what it will result in, is going to be different than we all do imagine today.

First of all, this service market is developing many new segments. Many people first see conventional areas like assistance and care services. This, however, ignores the fact that there are also many other areas like, for example, travel companionship, visiting cultural events, authorities and offices or – if in good shape – doing sports together.

This also reveals a shift in awareness that has long since taken place: Service recipients do not necessarily see themselves as passive users, but would often like to see such services based upon and rendered in partnership.

The same applies to relatives who use support services for themselves or their parents: Older people want to get good advice, good support, feel well cared for.

This is not only about a higher standard or quality of living; it is rather about basic questions of security and therefore a good feeling of life, the feeling to be “well cared for” also in old age.

We also have to take account of these components when we discuss the development and expansion of family support services.

3. Financing:

The financing question must not be ignored, especially since this is a border area that requires a clear demarcation line. The unchartered territory is situated between, for one, the black market, from which these services have to be kept away in the interest of us all and, on the other, voluntary engagement by and for older people, which we as the Federal Ministry of Family Affairs promote on a sustainable basis but which must not replace gainful employment.

Critics may say that these services do, of course, have to be affordable and must not solely depend upon how wealthy old people and their relatives are.

But we have some examples in which, in my view, the different interests have been brought together in an excellent fashion and a win-win situation has emerged.

Fund model Rödental:

The City of Rödental has found such a way with its “domestic help” (Häusliche Hilfen) concept.

What started in 2004 with only one person has become a business employing a staff of 20 that care for 60 very old people on a permanent basis and do 800 hours of work a month.

Again, this is not about home care first and foremost. It is rather about some minor domestic work like shopping or cleaning.

This has to be affordable or there is no demand for such services.

The City pays some of the costs, for example, for continuing training and insurances, from its own senior citizens' fund.

The services are thus affordable and there is much demand, too. Not only for that reason, Rödental got the German Geriatric Care Award 2011 (Deutscher Altenhilfepreis), and rightly so.

4. The social and economic importance of the development of these services:

I would like to give you some numbers on how many older people this does concern:

Out of the 2.42 million care-dependent people (as of August 2011), about 1.67 million get out-patient care. This is a percentage of about 70.

78 per cent (annual average 2010) of these out-patients receive a attendance allowance. This is about 1.3 million people.

The assumption has to be that the care-dependent people are cared for by close relatives or friends. So this is not about support for the users alone, but also about relieving, above all, relatives.

Relieving the families makes for more freedom when deciding how to spend what time and also a better reconciliation of employment and family care.

And this is why the Federal Ministry of Senior Citizens wants to introduce a family care leave.

5. Introduction of a family care leave

For a better reconciliation of employment and care-giving, a family care leave is introduced with the objective of care-giving relatives working a reduced number of hours without too much loss of income.

This objective can be attained by time accounts, long since used in many businesses any-

way:

- Employees can work for leave entitlements – “pay into their work savings account”, as it were, in case a relative has to be cared for.
- If the credit accrued does not suffice, the employer will grant an advance on the wages or salary, which the employee has to pay back after the care-giving period.

In both cases, care-giving relatives can reduce their working hours down to 15 (e.g. by 50 per cent), but would receive 75 per cent of their wages or salary to make ends meet. After a maximum care-giving period of two years, they would have to work full hours again and would receive, if the credit accrued does not suffice; only the reduced wages or salary until the account has been balanced.

It goes without saying that the family care leave will not solve all the problems the demographic pattern entails!

But the family care leave is the decisive first step. It does a good many things we couldn't do with money alone:

1. Ill or old people who want to stay at home with their family for as long as possible can do so;
2. Relatives can let their relatives spend their golden years in dignity;
3. Care-giving relatives, who want to continue to work because they need the income or a prolonged non-employment, if they are in their mid to late fifties, would mean unemployment can keep their jobs.

6. The BMFSFJ's pilot project “care-giving and living” (PFLEGEN-UND-LEBEN)

I would also like to present you one of the Federal Ministry of Senior Citizens' current pilot projects:

www.pflegen-und-leben.de is an online advice portal for care-giving relatives, that focuses upon the psychological burden this care-giving entails.

The Website is an information platform and also provides an individual and targeted online counselling by psychologists. A messaging system allows care-giving relatives to contact the counsellors in person.

7. Facilitation data base for multigenerational houses for domestic and family support services – www.mehrgenerationenservice.de

Multigenerational houses, successfully introduced and established in Germany, do also play a major role in the context of the provision and facilitation of domestic and family support services.

The “domestic services for returners” (Haushaltsnahe Dienstleistungen für Wiedereinsteigerinnen) feasibility study commissioned by the Federal Ministry of Family Affairs has confirmed the potential of the multigenerational houses for an establishment of domestic services.

Given their wide local network, the multigenerational houses are able to render both advice and facilitation services.

In order to develop the concept of multigenerational houses further, at the beginning of 2012 we will start a successor programme with 450 sites in Germany.

This will focus upon not only the inter-generational work, but also:

- Domestic services
- Old age and care
- Voluntary engagement
- Integration and training.

By providing and facilitating family support and domestic services, the multigenerational houses will contribute to the establishment of a local domestic services market.

An important Quality Management tool is the facilitation data base for domestic and family support services that has been developed in the on going action programme www.mehr-generationenservice.de . It will therefore play a major role in the successor programme starting in 2012.

8. Outlook

Ladies and Gentlemen,

My remarks were supposed to provide a brief overview of the latest initiatives taken by the Federal Ministry of Senior Citizens and thus an overview of the measures taken, or about to be taken, in Germany.

As the conference here is also supposed to serve as a forum to exchange good practice examples at a European level, I would like the huge number of other good examples still to be presented here to be the next step on our way to a more dependable structure of support for older people that provides this support in partnership. We would all benefit from this.

Now, I am as eager to see what initiatives we will consider from a European perspective as you are and am looking forward to an inspired debate.



Dieter Hackler, Halina Potocka, Werner Eichhorst, Judith Schulte-Loh

2.4 Eldercare Services – Home Care, Family Support and Domestic Services for Older People on the European Level – Halina Potocka



Eldercare services – Home Care, Family Support and Domestic Services for Older People on the European Level

Halina Potocka, Vice-President





2

1- Who we are?

2- Eldercare services: what does EU 2020 strategy bring?



3- Eldercare services: the action of AGE Platform Europe



4- The European Year 2012 on active ageing and solidarity between generations



3

1 – Who we are?

AGE
Platform
Europe at a
glance

Guiding
Principles





AGE Platform Europe at a glance

4

- Set up in 2001, Social NGO with Belgian Statutes
- European Network with about 160 Member Organisations
- Represents directly over 30 million older people
- Aims to voice and defend the interests of older people and to raise awareness on the issues that concern them
- Co-financed by a grant of the EU (Progress) and by its members



Guiding Principles

5

- Towards a society of all ages: promote inter- and intra-generational solidarity
- Older people as a resource: take into account the cultural and professional resource represented by older people
- Older people as self-advocates: older people should be able to speak on their own behalf



6

2- Eldercare services: what does EU 2020 strategy bring?

EU 2020 at a
glance

The
employment
target

New skills
for new jobs

Platform
against
poverty

Innovation
Union

The Digital
Agenda



7

EU 2020 Strategy at a glance

EU 2020 Strategy: launched by the President of the European Commission, Jose-Manuel Barroso, at the beginning of his second mandate in 2010.

EU's growth strategy for the coming decade.

“we want the EU to become a smart, sustainable and inclusive economy. These three mutually reinforcing priorities should help the EU and the Member States deliver high levels of employment, productivity and social cohesion.”

Five objectives on employment, innovation, education, social inclusion and climate/energy



8

The employment target

By 2020, 75% of the 20-64 year-olds to be employed

Linked issues:

- Informal carers are mainly women aged 50-64: how to raise their employment rate?
- Care sector: more (qualitative) jobs?
- Accessibility, affordability and quality of eldercare services
- Innovation to support Eldercare services



9

An agenda for new skills and new jobs

Launched in November 2010

Measures to support the employment target, e.g.

- Reconciliation between care and work
- re-skilling of carers returning at work
- more skilled staff in health- and social care

More concretely, e.g. the European Commission launched a consultation on carers' leave



10

Platform against poverty and social exclusion (1/2)

Launched in December 2010

Issues linked to eldercare services:

- Social protection and access to essential services, incl. Social services
- Sufficient supply of high quality, efficient and affordable care
- Support to social innovation and social experimentation



11

Platform against poverty and social exclusion (2/2)

More concretely, e.g. the European Commission is preparing a staff working paper on long-term care (mapping of needs across the EU; preventing, postponing and mitigating the LTC needs; support to carers; needs of cared persons, etc.)

In addition, the Disability Strategy 2010-2020 raised the issue of the transition between institutional care and community-based care

Last but not least, debates on Pensions (Green and White Papers)



Innovation Union (1/2)

Launched in November 2010

The main objective is to turn research into new and better services and products for EU to remain competitive on the global marketplace and improve the quality of life in Europe

To do so → European Innovation Partnership on different topics – the first one “Active and Healthy Ageing”



Innovation Union (2/2)

The European Innovation Partnership on Active and Healthy Ageing

Overarching goal: increase the average number of healthy life years by 2

Areas of work: health promotion and disease prevention, care and cure (incl. innovation and integration in health- and social care), independent living (incl. assistive technologies, adaptation of housing and transport...)

Gathers many different actors such as industry, MS, regions, older people, patients, carers, healthcare prof., etc.



14

The Digital Agenda for Europe (1/2)

Launched in May 2010

It covers the whole area of ICT, Internet, etc.

Issues linked to eldercare services:

- Digital literacy: enhance the skills of the population (older people, informal carers, professional carers, etc.)
- ICT based support for dignified and independent living



15

The Digital Agenda for Europe (2/2)

More concretely, e.g. eHealth Action Plan (2012-2020) to better use ICT for more efficient and qualitative healthcare (incl. Integration between health- and social care).

AAL Joint Programme (Ambient Assisted Living) is supported in the Digital Agenda.

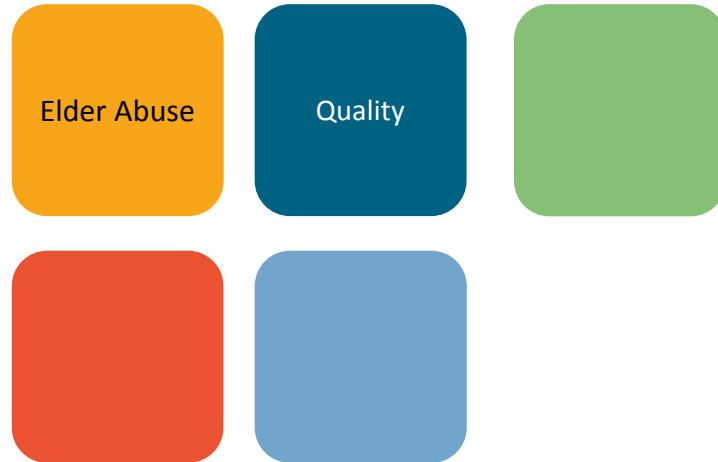


16

3- Eldercare services: the action of AGE Platform Europe

Elder Abuse

Quality



17

Elder Abuse: Eustacea

- Eustacea Project (2008-2010): a European Strategy to Combat Elder Abuse
- Aims at raising awareness among the EU on the safeguard of older people's rights in long term care settings and to fight against elder abuse.
- A Charter and an accompanying guide providing example of implementation and good practices in Europe





Quality: We DO

18



We DO project (2010-2012): a European Partnership for the well-being and the dignity of older people (National and EU coalition)

- 18 partners in 12 EU Member States
- Aim: create a lasting and growing partnership at EU, national and local level of wide variety of organisations committed to work together to promote the well-being of older people and prevent elder abuse through the promotion of quality long-term care



4- European Year 2012 on active ageing and solidarity between generations

19

EY 2012 at a glance

Our objective



The EY 2012 at a glance

20

- Long road that begins in 2008 with the support of the Slovenian Presidency: 29 April as the EU Day of solidarity between generations
- Campaign lead by AGE with an EU coalition – today around 30 organisations
- Main objectives at EU level: promote active ageing in employment, promote active ageing in the community, promote healthy and independent living, enhance cooperation between generations



European Year for **Active Ageing**
and **Solidarity between Generations 2012**



An age-friendly EU: our goal by 2020

21

- Making the labour market and workplace more inclusive
- Supporting the active participation of all age groups in society
- Promoting a positive image of older people
- Organising our social protection systems to ensure that older people can enjoy a dignified life
- Adapting our urban environment and transport systems
- Promoting the concept of Design-for-All to be applied to all mainstream goods and services
- Reinforcing the protection of vulnerable dependent older people through the promotion of quality long-term care



Conclusion

22

- Eldercare services is an important issue debated at EU level
- very different EU policy initiatives contribute to the debate
- EY 2012 will be the opportunity to enhance the debate not only at EU level but as well at national and local/regional level



European Year for **Active Ageing**
and Solidarity between Generations

2012

EVERYONE HAS A ROLE TO PLAY!



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fax : +32.2.280.15.22
www.age-platform.eu

2.5 Introduction and overview: Home Care, Family Support and Domestic Services for Older People in Europe – Werner Eichhorst

Institute for the Study of Labor



Home care and domestic services for older people in Europe

Werner Eichhorst

“The reconciliation of work and care in Europe”

Berlin, 15 September 2011



2

Overview

1. Introductory considerations
2. The situation abroad
3. Notes on the political discussion in Germany

Home care, personal and domestic services for older people

- Much overlapping between parts of care at home and domestic services and housekeeping assistance (shopping, cooking, doing the laundry, cleaning) ...
- But institutionally at least two pillars: home care and domestic services (not only for the elderly)

4

Who renders personal services?

- Personal services are rendered in a field situated between the conflicting priorities of the market, the state, the black economy (informal sector, neighbourly help...), one's own work and the third sector
- Significance of intra-familial services declining in Europe; some reasons:
 1. Demographic Change: smaller families, fewer children
 2. A trend towards higher qualifications and more gainful employment on the part of women
 3. More geographical mobility
- The fewer services (can be) are rendered within the households, the more important external service providers of all kinds become

5

External personal services' special characteristics

- ***Special cost-sensitivity and competitive situation:***
 1. Labour costs central cost factor, influence prices from the users' point of view
 2. Potential earnings (and other working conditions) from the providers' point of view
- ***Major factors: costs and quality***
 1. Wage differentials: wage agreements, minimum wages, benefits
 2. Ancillary labour costs and taxes
 3. Training and professionalization as important quality and acceptance factors

6

Current situation in Germany - Care

1. Various organisational forms of professional care – care in the household aside
2. A growing share of atypical forms of employment (part-time, mini-jobs, temporary employment, moonlighting) and small wages (about 70% of full-time care-givers earn less than € 2.000 gross a month), partly informal employment (migrants)
3. Mainly financed by social insurance and taxes (basic financial security at old age) – nonetheless there are funding shortages, ancillary labour costs problem
4. Chronic shortage of skilled workers, especially through too small number of trained staff and a high staff turnover, premature abandonment of the profession – main reason: unattractive working conditions

7

Current situation in Germany – domestic services

- Still undeveloped potential of non-gratuitous, especially pooled activities
- Competition with black economy (> 90%)
- Current and earlier pilot projects show central challenges:
 1. Informal labour cost differential
 2. Market's lack of transparency
 3. Lack of acceptance (quality and professionalism, trust)
 4. Mini-job vs. part-time/full-time

8

Potential of a systematic development of domestic services

1. Quality of life, household relief
2. Advantages of specialisation and professionalisation
3. Better labour market integration, especially of women, by longer working hours and a higher employment quota
= also to keep skilled staff
4. Worker potentials, positive impact on professional development, pay, social security
5. Some services provide employment opportunities for people who would otherwise find it difficult to get a job
6. Potential positive impact on public budgets through services in the formal sector

The situation abroad

Possible solutions to the problems:

- Reduction of the informal labour cost differential
- Establishment of a market with dependable service providers in the formal sector
- Overcoming lack of acceptance (quality and professionalism, trust)
- Pooling of activities and working hours
- A better mobilisation of transfer recipients (activation) increases the self-financing level

10

Three stylised models of the organisation of family support services

	Anglo-Saxon liberal model	Scandinavian model	Continental model
Minimum wages and benefits	Low	High	High
Taxes and contributions	Low	High	High
Public sector	Small	Large	Medium
Organisation and rendering of domestic services	Market	State	Household/black economy (or publically subsidised)
Examples	US, UK	DK, SE	DE, FR, BE, AT

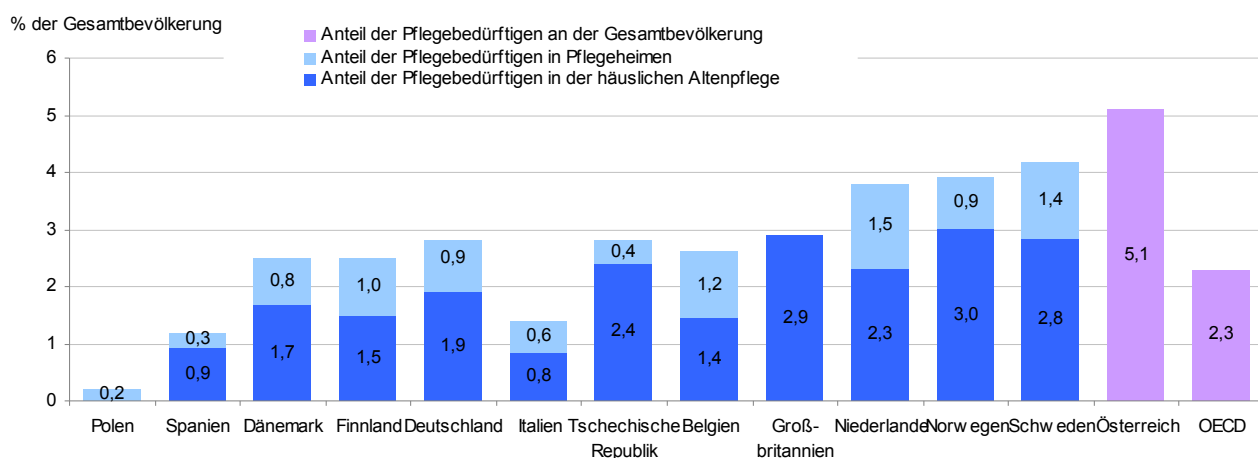
11

The Continent

- In countries with high taxes and contributions and comparatively high minimum wages and basic security benefits, formal sector domestic services show a real cost problem
- Direct employment in private households only of minor importance
- A major development of domestic services in the formal sector only if much subsidised and organisationally supported by the state – or in flexible fringe areas of the labour market

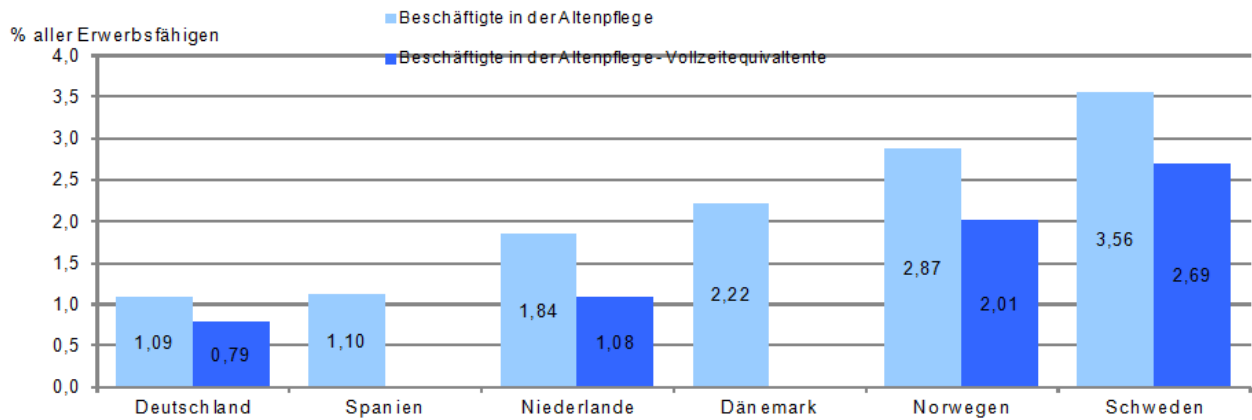
12

Some care data: Care-dependent people in Europe



Source: OECD (2011), own representation

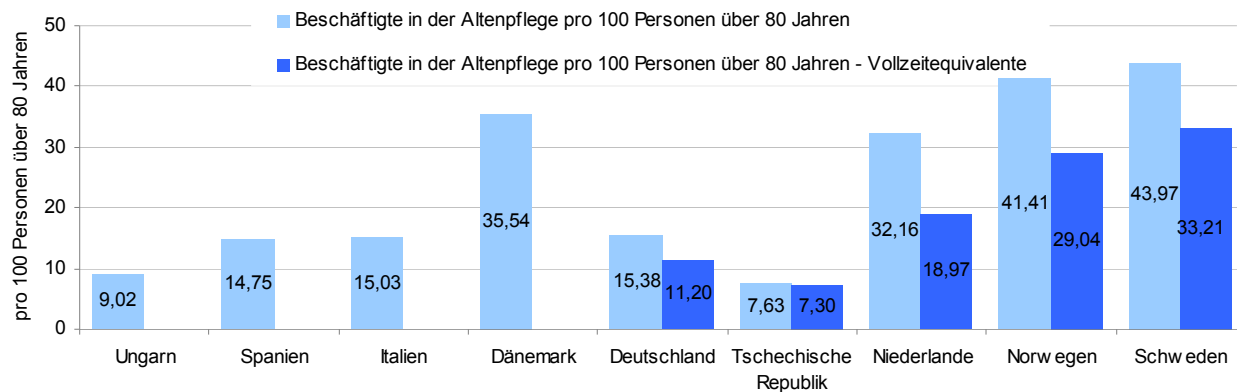
Care employees in Europe



Source: OECD (2011), own representation

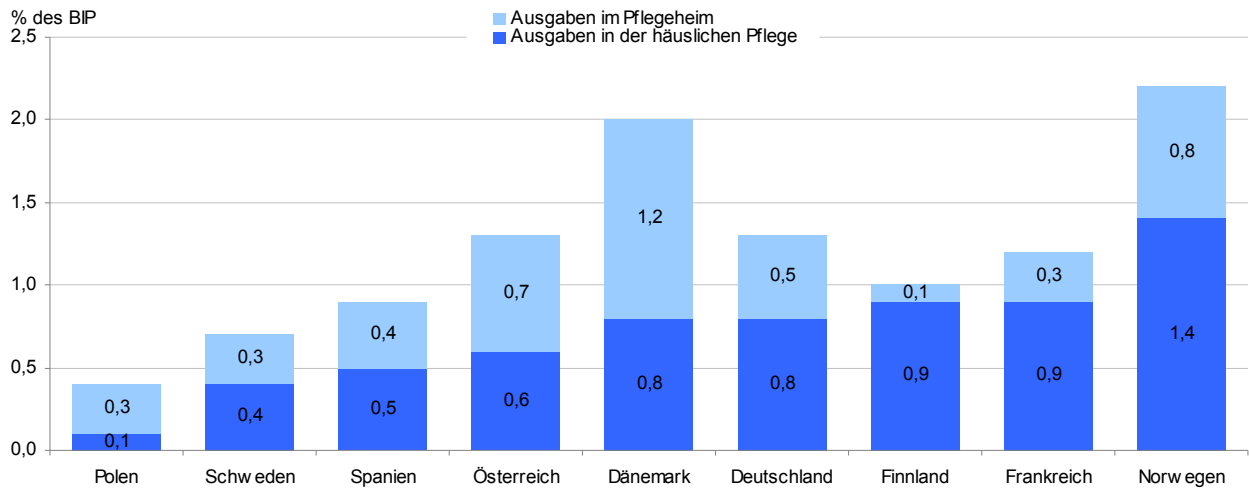
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Care staff, compared with number of 80+ people in Europe



Source: OECD (2011), own representation

Care expenditure in Europe



Source: OECD (2011), own representation

A comparison of care systems: Denmark I

- 16.8% of the Danish people are 65 +
- 4.8% receive home care, 9.5% are in facilities
- The Danish care system is a universal system
- Parliament lays down general principles
- The main objective: to be able to live at home
- Nursing home as a second step only
- Entitled people (at various dependency levels) receive cash benefits to pay for the required help – care-givers



A comparison of care systems: Denmark II

- Financing:
- National budget total, annual, large by comparison with other countries – and with an above-average number of staff
- Local authorities are responsible, governmental grants, local taxes and compensatory payments by other municipalities
- Municipal and (since 2003) private care providers
- Private providers have to meet quality standards and, in part, gear their prices to municipal standards
- National minimum requirements and training courses for care-givers (18 months of training)
- Family care rather rare, attendance allowance possible



A comparison of care systems: UK I

- 15.8% older than 65
- (Devolved) countries England, Wales, Scotland and Northern Ireland, manage their care system separately
- Facilities: old people's homes, nursing homes, long term hospitals
- Care services rendered by voluntary organisations, municipalities, health offices, private providers possible
- Largely private providers, some old people's homes run by the local authorities
- Dependency: Criteria and budget matters at municipal level



A comparison of care systems: UK II

- Financing largely by the people themselves, a huge part also by the public for care and care services
- Municipalities get fixed care budget, decide themselves on distribution
- Budget: national and local taxes + care contributions
- Family care: about 5.5 milion care-givers, attendance allowance: tax-free, not means-tested, possible for a fixed or flexible period, also on top of other benefits
- Care-givers subject to national quality standards, median earnings: minimum wage



A comparison of care systems: France

- 16.9% over 65
- Mostly institutional care (70% of the care expenditure)
- Mainly covered by health insurance fund, including medical care in home or institutional care
- “Allocation Personnalisée d’Autonomie” (APA): Benefits on top of health insurance support, above all financial support of everyday activities
- 15% of the people above 40 years of age have a private care insurance, personal old-age provision also widespread

A comparison of care systems: Poland

- 13.5 % over 65
- Family care is the rule (80%), regional organisation + responsibility
- Dependency: standardised assessment
- Attendance allowance: for care-dependent people who do not receive a pension
- Nursing supplement: dependent pensioners
- Both independent of income, no concurrence

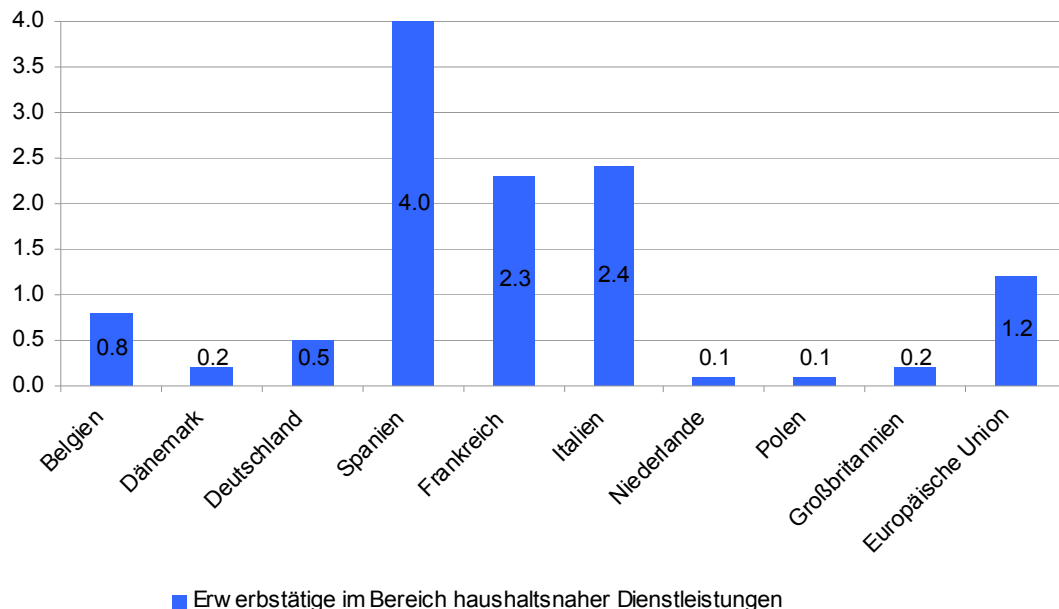
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A comparison of care systems: Poland

- Domestic services: regional responsibility, income-related
- Financing: public (taxes, regional social budget) and private (co-payment, family)
 - Health services: insurance
 - Social support: general taxes
 - Public nursing homes: maximum co-payment 70% of the monthly income
- Family care: tax relief for costs incurred by caring for relatives or nursing allowance if job was given up

A European comparison of employees in private households

% aller Erwerbstätigen



24

Domestic services in France (I)

- Objective: Establishment of a domestic services market by cutting back red tape and promoting potential users
- CESU ("Cheque Emploi Service Universel") reformed in 2006, issued by banks and private clearing companies
- Cheque to pay domestic helps + registration and debiting of social insurance contributions
- 50 % tax-deductible up to € 12,000 p.a. (+ €1,500 per child or old person, € 20,000 for disabled people); raised to € 15,000 for new users in 2009, for low incomes tax credit of € 1,500 at max.
- Promoted activities broadly defined, including care, child care
- National agency and local offices as contacts for users

25

Domestic services in France (II)

- Particularity: "CESU préfinancé" ► employers, municipalities, social insurance funds can have cheques issued and funded for households (for companies social insurance contribution free up to € 1,830 per employer and year and deductible at 25 % or € 500 p.a. at max)
- Scope: currently ca. 1.5 mn households as users; almost 500,000 service providers (>400,000 employees of private providers) and 17,000 sponsors for CESU préfinancé; older studies show a huge subsidy requirement
- Establishment of providers in the formal sector and professionalisation of the market; training and continuing training, wage agreements...
- After introduction of the CESU system, informal labour saw a decline

26

Belgium (I)

- Three main objectives:
 1. Stimulation of domestic services supply and demand
 2. Fighting the black economy
 3. Plus integration of long-term unemployed and low-skilled workers
- Service cheques ("titres services") since 2004, multiple promotion
 1. € 20.8 cheque available at € 7.5 - balance funded by the state
 2. Acquisition of service cheques by registered households with an additional income tax reduction (also as a credit) of 30 % (€ 5.25 instead of € 7.5 for an hour, € 2,510 p.a. at max);
 3. As a rule, € 750 p.a. at max per household (€2,000 for disabled, single parents), young self-employed mothers get 105 cheques for free

Belgium (II)

- Accessible to all residents in Belgium
- In contrast to France, limited in amount and scope (cleaning, doing the laundry and ironing, cooking, shopping, transportation of not too mobile people; no child care, no services for businesses)
- Hard-copy and electronic cheques; settlement by clearing centre
- Cashed in at state-approved providers (for-profit or non-profit)
- Services rendered by these providers' staff

Belgium (III)

- Staff:
 1. People who receive unemployment benefit or other welfare benefits
 2. Other staff
- Up to three months with a temporary contract of employment, from month 4 with the same employer permanent contract of at least 10 hours/week (13 hours for people who receive afore-mentioned benefits)



Belgium (IV)

- Use in 2009
 1. About 800,000 registered users, 665,000 thereof active, is 8 % of the population (11% of the 35-45 age group, 9% of the 65+)
 2. 78.7 service cheques = 115 per user on average (about 2 a week)
 3. 2,500 registered companies, 2,300 thereof active; average number of staff: 58
 4. ca. 89,000 employees at the year's end; ca. 120,000 in the course of the year (ca. ¼ for the first time)
 5. On average about 650 cheques processed per employee and year



Staff structure

- About 120,000 employees in the course of the year 2009
- 98% women
- About 60% part-time (50%), 30% short part-time; 10% full-time; on average: 20 hours a week
- About half previously unemployed, 80 % thereof for more than a year; 16% previously in a public job creation schemes
- People with a migration background and low-skilled workers overrepresented
- The bulk with a permanent contract of employment, rather stable employer-employee relationships, not too many changes of employer
- About a third takes up another (more attractive) job
- Average earnings about € 9.6 an hour
- About 20% receive continuing education

Belgium (V)

Fiscal impact (2009), p.a.

- Tax break costs: € 1.2 billion
- Additional social contributions: € 200 million
- Additional tax revenue: € 80 million
- Welfare benefits saved: € 210 million
- Net expenditure: € 730 million
- Costs per employee (net): ca. € 6,000 = € 500 per month
- Plus: 8% of the employees stated they had worked in that sector prior to the introduction of the subsidy; 3 % had been illicit workers; one user out of six said he had previously used informal labour

Sweden

- Tax breaks for the use of domestic services for private households since 2007, for employers since 2008
- Deductible are 50 % of the expenditure up to € 10,900 p.a.
- Registered and taxable providers are recognised
- 2009 simplified settlement: users only pay 50%; tax break utilised by service provider directly
- ca. 100,000 users (excluding renovation); funded to an amount of ca. € 200 million (2009/10), ca. 7,000 employees

Denmark: “Homeservice”

- “Homeservice” since 1994/95: generous promotion of household-related services for families to an amount of, at first, 50 % of the labour costs; in 2004 limited to pensioner households, to cleaning and top amount per company reduced, 2007: € 8.7 an hour
- About 2000, ca. 10% of the Danish households were using the “Homeservice”, annual subsidy of about € 276 p.a. (90% public providers, 10% private)
- Decline of “Homeservice” services: number of registered providers halved, decline of customers and staff by about 80 %
- In 2006, gross costs of € 11 million (1/6 of the amount in 2000, net costs about 25%), about € 15,000 gross per full-time job

34

Personal services between professionalisation and casualisation

- Services rendered anyway – the question is by whom and how
- Gross costs / net earnings – quality ratio decides if domestic services are rendered in the market
- Appropriate minimum requirements needed for
 1. Working conditions and pay
 2. Quality and qualification
- Can only work if adequately financed (by various sources) and informal labour incentives are cut back

35

Conclusion (I)

- Subsidising users and/or providers is effective and necessary on a permanent basis if the formal sector is to be developed a few notches above the black economy level ...
- ... But also means to give a good reason for subsidising a select sector
- Public authorities will not really be able to attain a full self-financing
- Co-financing by companies an important element for a development of the market (and a reduction of informal labour), also appropriate with a view to mobilising skilled workers

36

Conclusion (II)

- Mini-jobs show advantages of tax and contributions relief and a simplified settlement but also mean a fragmentation of the jobs, make other business models more difficult
- Advantages of a pooling of activities (on the part of the customers) and working hours (on the part of the staff) are only realised by service agencies – also more and better professionalisation and qualification efforts

37

Components of a domestic services development strategy

- Stable, transparent and simple basic conditions ► domestic services as a natural and dependable service
 1. Doing away with mini-jobs, while first learning from them
 2. Cheques or vouchers for a more simple admin
 3. Promotion of users
 4. Mobilisation of employers as sponsors
 5. Service agencies or private providers with certificates and quality standards
 6. Activation and qualification of the target-group of transfer recipients full-time

38

Further development in the care sector

- Shortage of skilled workers and short job lives can only be fought by upgrading care and better working conditions
- High-quality care given by a sufficient number of skilled workers can only be attained if the financing is put on a new footing, also including a decoupling of the labour factor – costs something at any rate

39

Institute for the Study of Labor



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<http://www.iza.org>

2.6 Workshop 1 – General Public Framework Provided by the State



Bundesministerium
für Familie, Senioren, Frauen
und Jugend



Deutscher Verein
für öffentliche
und private Fürsorge e.V.



15. September 2011

Workshop 1

Staatliche Rahmenbedingungen

Marianne Skov Iversen, National Board of Senior Services, Senior Citizen Services

Valentina Hlebec, Universität Ljubljana

Anni Vilkkö, National Institute for Health and Welfare

Moderation:

Christopher Gess, Rambøll Management Consulting GmbH



Beobachtungsstelle für
gesellschaftspolitische
Entwicklungen in Europa



Anni Vilkkö, Valentina Hlebec



Marianne Skov Iversen, Christopher Gess

2.6.1 Marianne Skov Iversen (DK)



Elderly care services in Denmark – opportunities and challenges

Marianne Skov Iversen,
National Board of Social Services, Denmark



Values and principles: Danish senior policy



- A universal system
- Services and benefits financed through public taxes
- Services generally free of charge
- Decentralized system of care-services
- Centralized pension system

Responsibility and structure



- The Danish Parliament determines the overall principles applying to senior citizens in Denmark.
- Municipalities set the general standards of help.
- Delivery of home care or care in residential accommodation
- All decisions regarding care services to elderly people have to be taken as individual and concrete decisions by the municipality.

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Home care – fundamental principles



- Allow elderly people to stay in their own homes as long as possible
- Prevent the citizen from further loss of physical and mental health
- All help has to be given in accordance with a “*help to self-help*” principle

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Home service



Households where

- at least one person is >65
- or early retired
- and has received home services with subsidization between 1 Januar 2009 and 31 August 2011

can get subsidization of 30 % of the costs - max 850 Euro pr year by the same company

E.g.

- Cleaning of the house (bath room, hoovering, washing floors)
- Dishes when in connection to cleaning of the house
- Dry cleaning of carpets, curtains etc.

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Quality standards



- Express local political goals and level of service to citizens
- The basis for the delivery of care
- Transparency of the connection between the politically decided level of service, the individual ruling on help and the services delivered
- Securing the rule of law
- Management tool
- The municipal council has to ensure coherence between the level of services and the allocated resources

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

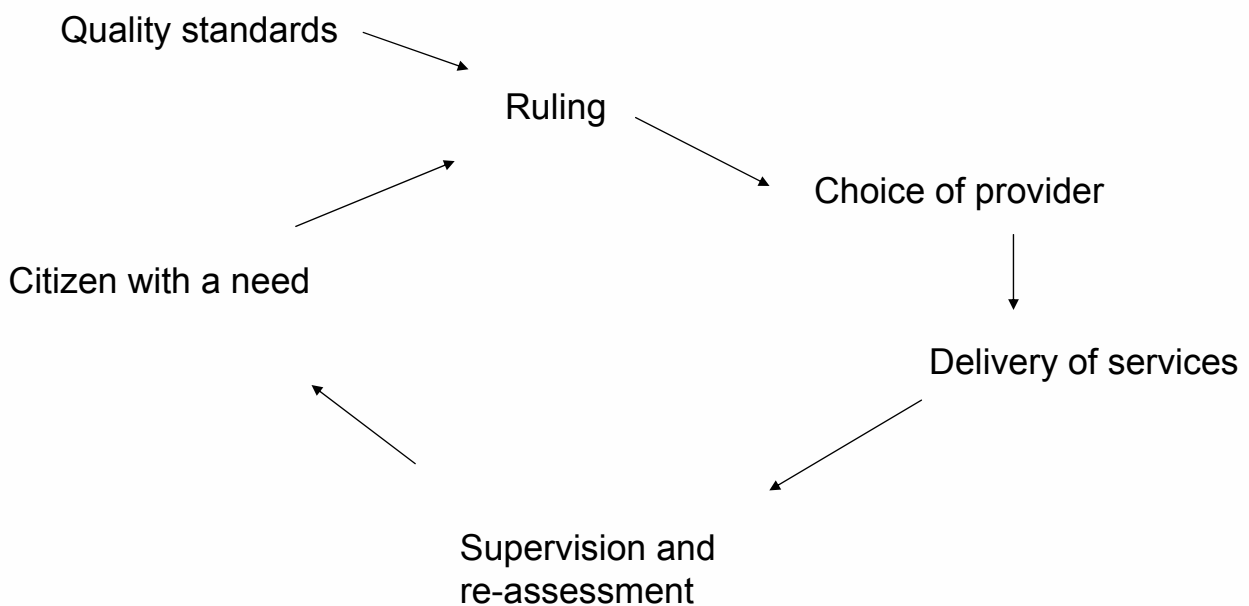
The free choice reform



- The freedom to choose between different providers
 - Dismantle the municipality's monopoly in providing services
 - Make the services more efficient through competition
 - Strengthen management and financial reporting
 - Comparability between municipalities
 - The option of swapping services
 - Competition on quality and/or price
-
- Effect: Increased transparency and clear separation between the level of authority and the level of provider

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Free choice



SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

I. Future challenges



The double demographic challenge:

- The aging population – the number of citizens above 80 years of age increases from 224.000 persons in 2007 to 450.000 persons in 2040

and

- 25% of employees in the public sector will retire over the next 10 years - risk of future competence gap

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Demography



Year	Numbers of 18-64 years old	Index 18-64 years old 2009 = 100	Numbers of 65 years old and more	Index 65 years old and more 2009 = 100
2009	3.418.750	100	875.496	100
2014	3.377.697	99	1.027.900	117
2019	3.369.987	99	1.138.990	130
2024	3.347.714	98	1.245.674	142
2029	3.308.284	97	1.348.284	154
2034	3.231.040	95	1.460.520	167
2039	3.196.312	94	1.518.142	173
2044	3.198.254	94	1.537.507	176
2049	3.244.537	95	1.503.457	172

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Facts concerning help for elderly



	2001	2002	2003	2004	2005	2006	2007	2008
Number of care-receivers	201.258	203.268	203.169	200.047	203.261	206.886	206.631	221.318

Number of people receiving home-care services (Source: Statistics Denmark)

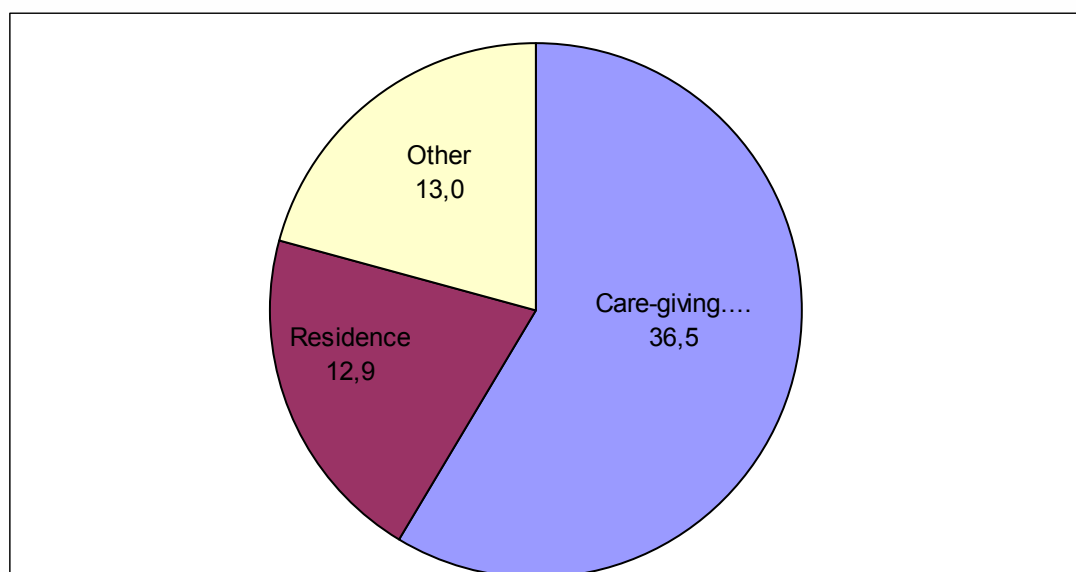
Between 1.0 and 1.1 mill. care hours are delivered every week to 23 pct. of all citizens > 65

18 % of citizens > 65 receive home care

5 % of citizens > 65 live in residential accommodation

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

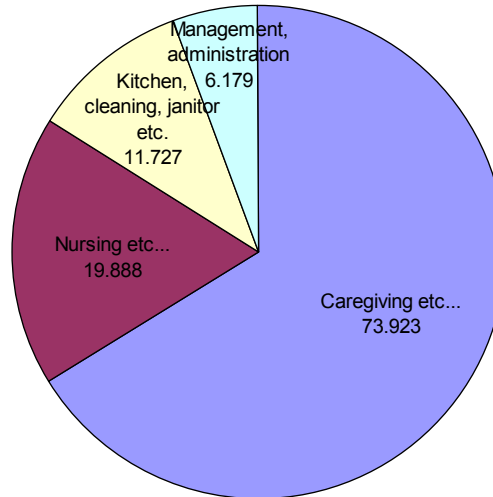
Facts on home care services



Costs of elderly (+ handicap) services in bill. DKK
(Source: Statistics Denmark and Ministry of Social Affairs)

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Facts on employees in home care services



Number of employees (full-time) in elderly (+ handicap) services
(Source: Statistics Denmark)

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

II. Future challenges



- **Changing health profile:** Rising number of people with 'welfare' diseases – type 2-diabetics, heart diseases, muscle-skeleton diseases, pulmonary disease, cancer, depression and rising absolute number of people with dementia
- **More responsibility for treatment sliding from hospitals to municipalities** – more elderly people, more welfare diseases, improved possibility and thus also demand for treatment, early discharge
- **Rising demand for care** – more elderly people in absolute numbers, more complexity in care needs, more ethnic elderly people

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Solution: Stay manager in your life throughout ageing!



- Shift in paradigm – from compensating care to "everyday rehabilitation", prevention and health promotion
- Making the "help to self-help" principle the overall principle of all elderly care services
- Important not to take away skills and competences of the elderly when delivering care



SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Gains of "everyday rehabilitation"



- 26 weeks training of "new" clients:
 - 49 % became self-reliant
 - 33 % receive less home care than they would have been offered in the old system
 - 18 % receive the same quantity of home care
- Improved quality of life of the elderly
- The potential savings on a national basis are EUR 44.184.000 per year equivalent to 920 full-time jobs



SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

As a human being.....



"I told my daughter that the first time we were allowed to put potatoes and sauce on our plates ourselves, I felt more like a human being....when I can decide instead of just eating the food on the plate in front of me."

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Solution: Assisting technology



- User-oriented technology matching the needs of the citizens, e.g. a "robot hoover", douch toilet
- Improved quality of life and self-reliance
- From "cold" to "warm" hands – more care services for the same quantity of resources
- Saving resources, better working environment
- Potential for Danish business
- The good business case: A demonstration project on ceiling lifts in nursing homes in Denmark showed a potential saving of 859 full-time jobs equivalent to 101.200.000 Euro, if implemented at national scale

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

Technology – recommendations



- Technology should be part of a solution – ethics!
- Technology should be developed in partnership in order to make sure that it meets the needs of the target group, has the technical qualifications and is easy to use
- Technology should make sense
- Technology should consider both the citizen perspective and the resource perspective and thus contribute to the major future challenges of the welfare state

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

The role of civil society



- Civil society an important and potentially major resource
- Important to have clear understanding of division and responsibilities
- tasks of civil society and core tasks of the welfare state
- Important to have a framework for collaboration between civil society and municipality
- We are moving boundaries in Denmark

SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT



SERVICESTYRELSEN – SOCIAL KNOWLEDGE FOR MUTUAL BENEFIT

2.6.2 Valentina Hlebec (SL)

Presentation prepared for Eldercare Services in Europe – Home Care, Family Support and Domestic Services for Older People, Berlin 15. – 16. 9. 2011

Home care in Slovenia – Shared responsibilities of individuals, families, municipality and state

Valentina Hlebec (valentina.hlebec@fdv.uni-lj.si)

University of Ljubljana, Faculty of Social Sciences

Overview

1. About Slovenia
2. Origins of Slovenian welfare system and care system
3. Who are the pensioners
4. Services and rights (Definition, Entrance to service, Funding, Data)
5. Services and rights
 - a. Informal home care (Leave of absence for family member, Family attendant, Personal assistant)
 - b. Home social care
 - c. Home medical care
 - d. Cash benefits and allowances (Income support for pensioners, The assistance and attendance allowance, Financial social assistance, Exempts from payments of the services)
 - e. Institutional care
6. Users' perspective
7. Conclusions

1. About Slovenia

- Small CEE country with about 2mil inhabitants on 20.000km²
- 16.4% 65+;
- Mean age 41.1 (M - 39.7; F - 43.0)
- Ageing index 118.0
- Total fertility rate 1.53
- Life expectancy M - 75.8; F – 82.3

SURS – Statistrical Portait of Slovenia in EU 2010; SURS – Slovenia in Figures 2010: 15-20.

2. Origins of Slovenian welfare system and care system

The Slovenian welfare system today is the outcome of a series of gradual changes in the last 20 years.

Its origins can be traced to the 1950s and the development of the Yugoslav welfare system (see Kolarič, 1990 and 1992; Kolarič et al., 2009), based on the compulsory payment of contributions by employees and enterprises to cover risks of income loss (including old age) and all contributions for education, childcare, care for older people etc.

Components:

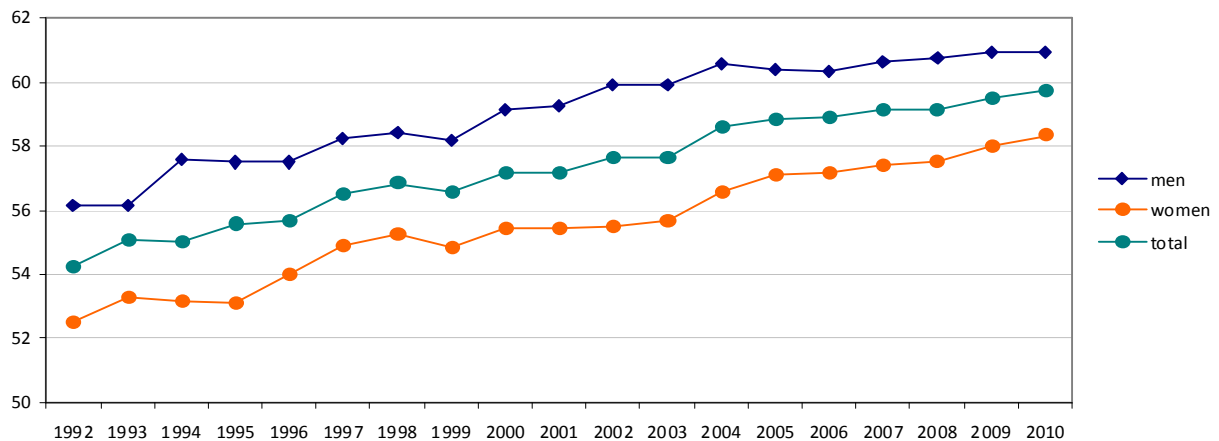
- **The public sector** (a well developed and regionally dispersed network of public (state) institutions with formally organised professional services - homes for the care of older and community nursing),
- **The informal sector** (largely based on strong value orientations, normative expectations and emotional closeness within family and informal networks) was ignored by the state and therefore not supported by policy measures,
- **The “gray” sector** (employees in public institutions and organisations who were offering services for direct (illegal) payment).

Major development in the quantity and quality of new services during the last 20 years is in the area of **home care**.

Family members (partner and children) have legal obligation to provide (also financially) for dependent partner or parent.

3. Who are the pensioners

Average age of new pension beneficiaries (without survivors and widower's pensioners) under general and special regulations, by years, situation in December



Sources: The Pension and Disability Insurance Institute of Slovenia, 2007, 2010, 2011

Net pensions and income support for pensioners

Average net pensions with income support for pensioners in €, and recipients of income support for pensioners 12/2010

	Number	Mean	Number	Mean
Old-age pension	376.665	625	14.014	88
Disability pension	90.641	500	14.702	81
Survivor's pension	92.927	430	18.019	107
Total	560.233	577	46.735	93

Source: The Pension and Disability Insurance Institute of Slovenia, 2011

<http://www.zpiz.si/wps/wcm/connect/zpiz+internet/zpiz/prvastran/ozavarovanju/statisticnipodatki/statisticni+pregled+2010-12>

<http://www.zpiz.si/wps/wcm/connect/zpiz+internet/zpiz/prvastran/ozavarovanju/statisticnipodatki/statisticni+pregled+2011-07>

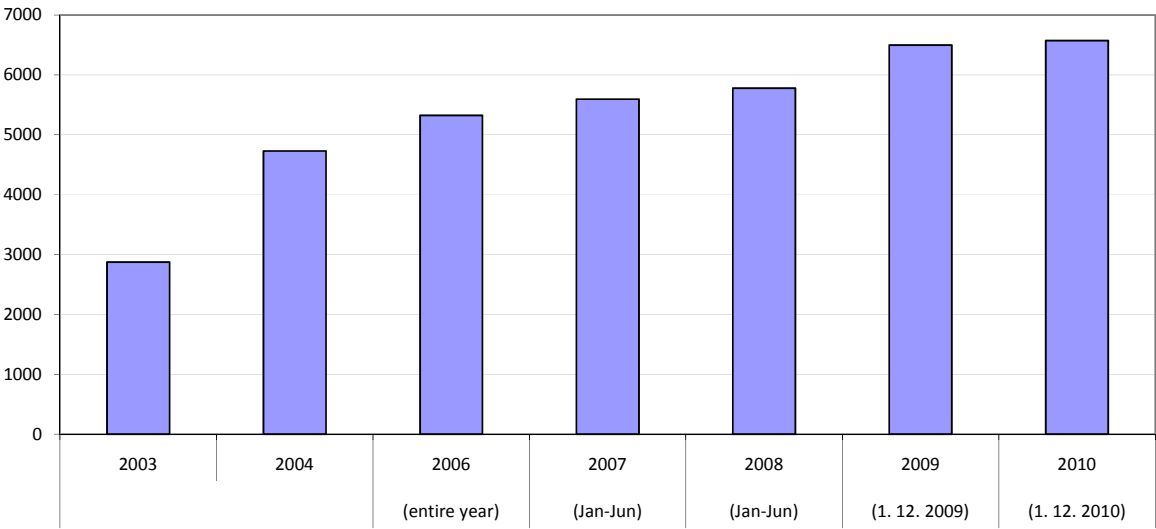
4. Home care

- Leave of absence for family member
- Family attendant
- Personal assistant

5. Home social care

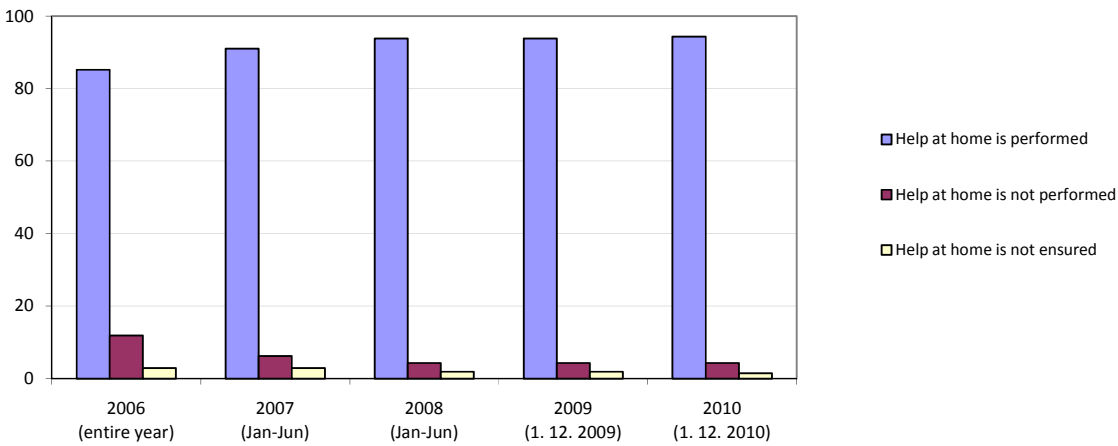
- A new service, developed in first half of 1990s.
- The number of users is increasing from 2875 in 2003 to 6575 in 2010.
- Average price paid by user varies considerably across municipalities (was 4.42 EUR on average in 2010).
- In 2008 the difference in price between private (4.99EUR) and public (4.15EUR) providers was considerable.
- In 2010 65% of the costs were covered by municipalities, 22% by users and 13% by central state budget (active employment policy).

Number of users of help at home, 2006-2010



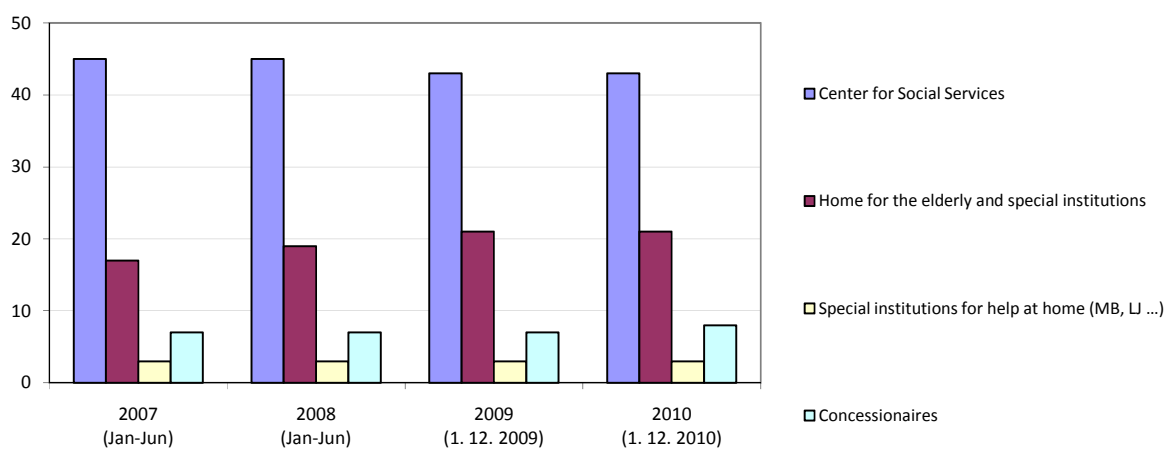
Source: Nagode, Jakob Krejan, Smolej (2010): IZVAJANJE POMOČI NA DOMU. Analiza stanja v letu 2010. Končno poročilo (Home care. Analysis of 2010 data. Final report). Social Protection Institute of RS.; Hlebec 2010; Nagode 2010.

Municipalities and help at home, in percent



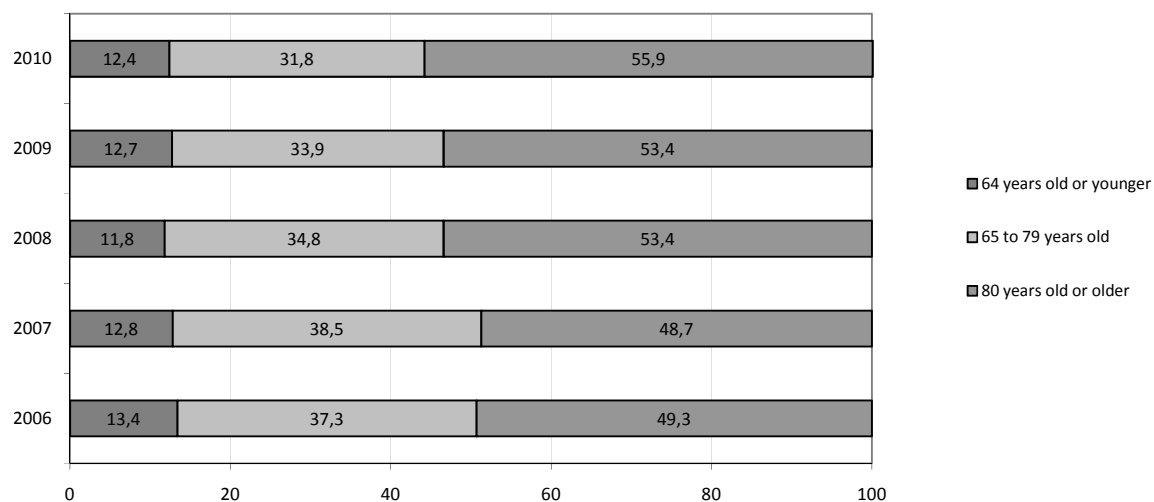
Source: Nagode, Jakob Krejan, Smolej (2010): IZVAJANJE POMOČI NA DOMU. Analiza stanja v letu 2010. Končno poročilo (Home care. Analysis of 2010 data. Final report). Social Protection Institute of RS.

Providers of help at home regarding the status, in n



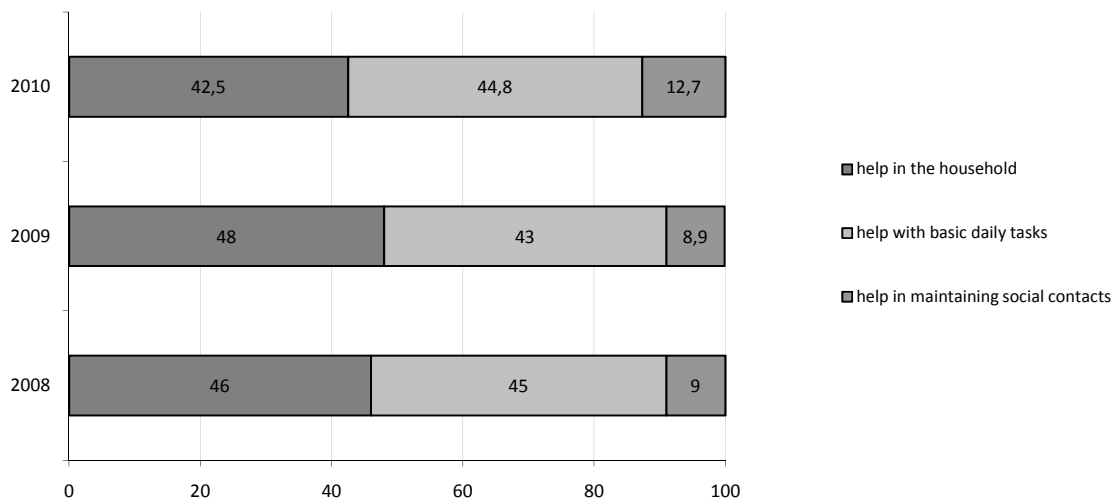
Source: Nagode, Jakob Krejan, Smolej (2010): IZVAJANJE POMOČI NA DOMU. Analiza stanja v letu 2010. Končno poročilo (Home care. Analysis of 2010 data. Final report). Social Protection Institute of RS.

The age of users, in percent



Source: Nagode, Jakob Krejan, Smolej (2010): IZVAJANJE POMOČI NA DOMU. Analiza stanja v letu 2010. Končno poročilo (Home care. Analysis of 2010 data. Final report). Social Protection Institute of RS.

The structure of help at home by content, in percent

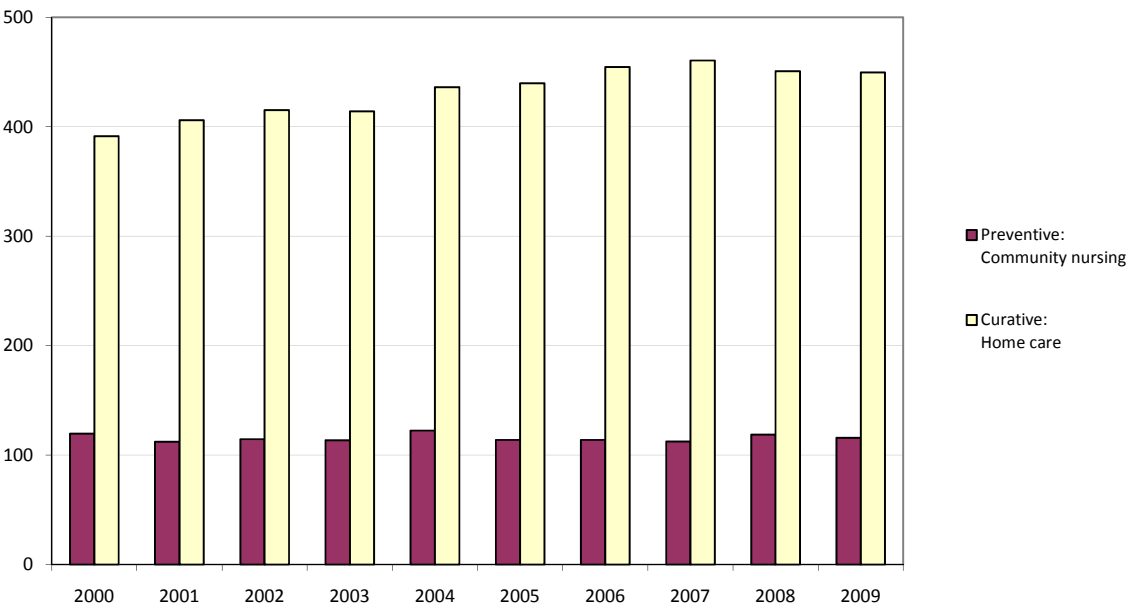


Source: Nagode, Jakob Krejan, Smolej (2010): IZVAJANJE POMOČI NA DOMU. Analiza stanja v letu 2010. Končno poročilo (Home care. Analysis of 2010 data. Final report). Social Protection Institute of RS.

6. Home medical care

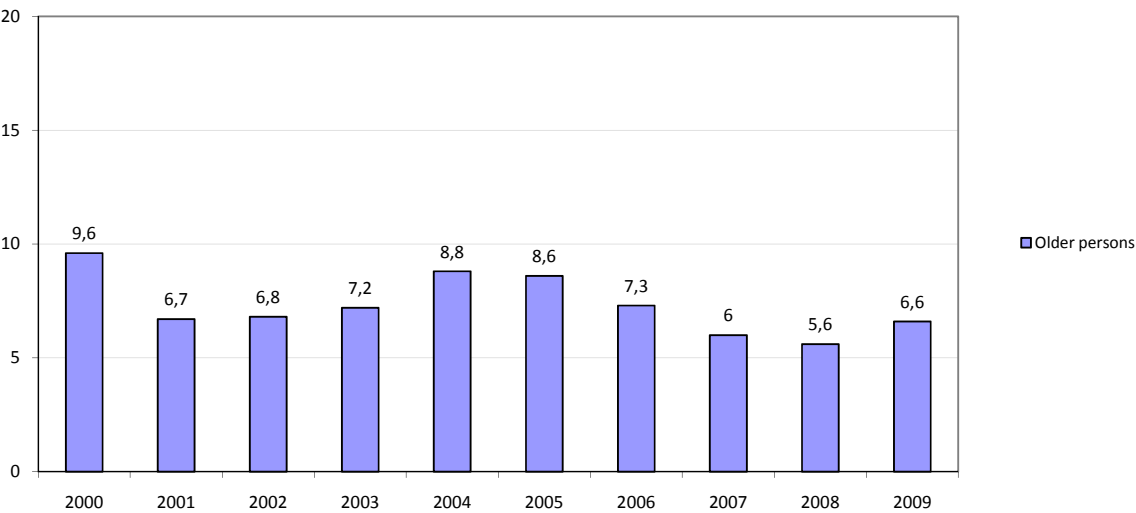
- The community nursing and home care is carried out in two areas:
 - home care and
 - programmed health education in a larger community.
- The needs tested service (as much as needed), provided 24/7.
- Organized as independent organizational unit within primary health care and provided by nurses.
- In 2009 there were 1.154.737 preventive and curative visits, 20% were community nursing and 80% home care related visits.

Preventive and curative home visits by community nursing staff (n/1000)



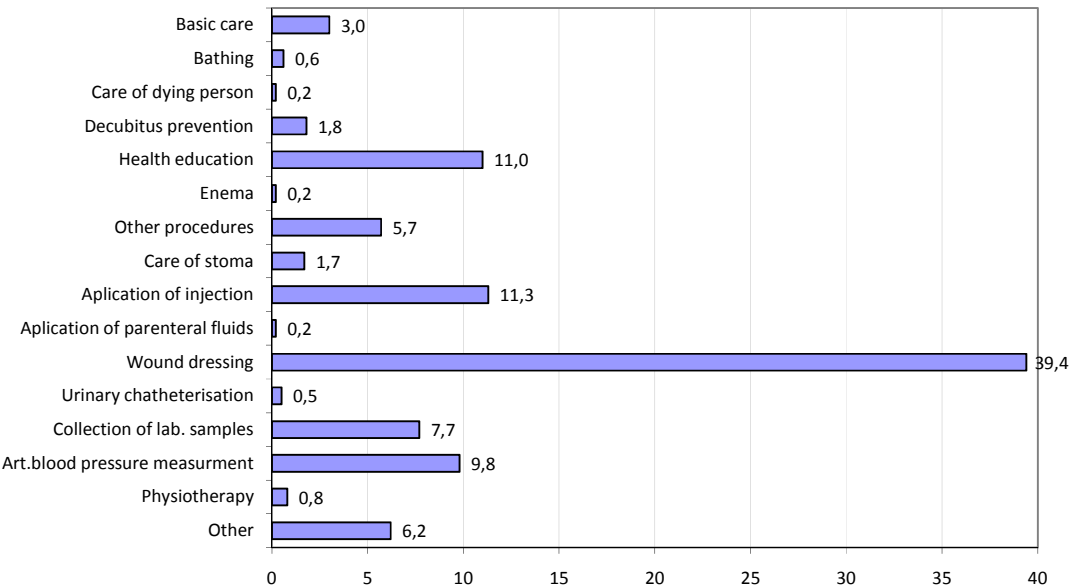
Source: Statistical yearbook of health care (2000-2009)

Preventive home visits by community nursing staff, older persons (%)



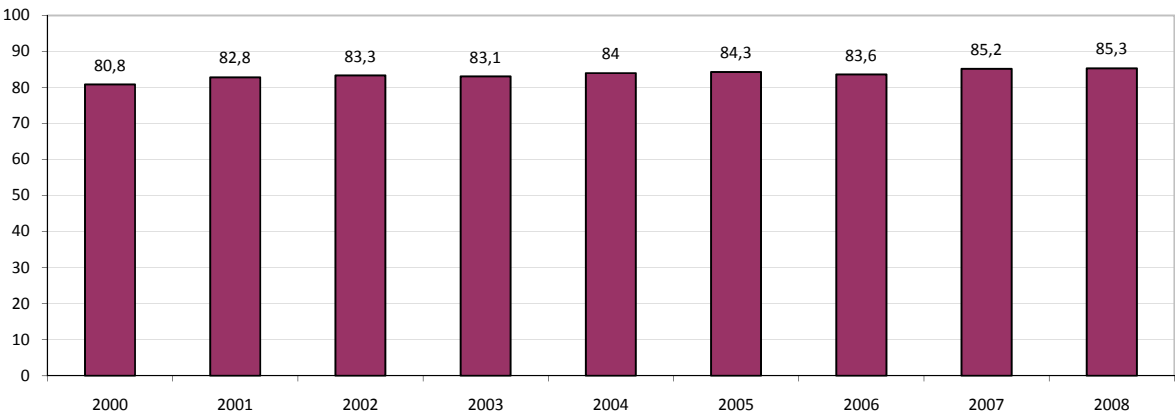
Source: Statistical yearbook of health care (2000-2009)

CATEGORIES OF HEALTH SERVICES DURING HOME VISITS, 2009 (%)



Source: Statistical yearbook of health care (2000-2009)

Percentage of people aged 60+ among the first curative visits by community nurses in Slovenia



Source: Statistical yearbook of health care (2000-2009)

7. Cash benefits and allowances

- Income support for pensioners
- The assistance and attendance allowance
- Financial social assistance
- Exempts from payments of the services

8. Institutional care

- Four categories (from mobile applicants needing mostly monitoring and eligible to max 15 minutes of medical care – category 1 to totally dependent people needing 24 hours individual supervision – category 4) – category 1 - 28%, 19%, 47%, category 4 - 6%.
- Average price paid per month regardless of the category in 2011 (in two beds room) 544EUR (516 – public, 657 – private).
- **Categorization is performed by Team of professionals (head nurse, social worker, manager) in the home for the elderly.**

Old people's homes

	Old people's homes	Number of residents	% of Women
2009	83	16,192 (3.235 private)	74.5

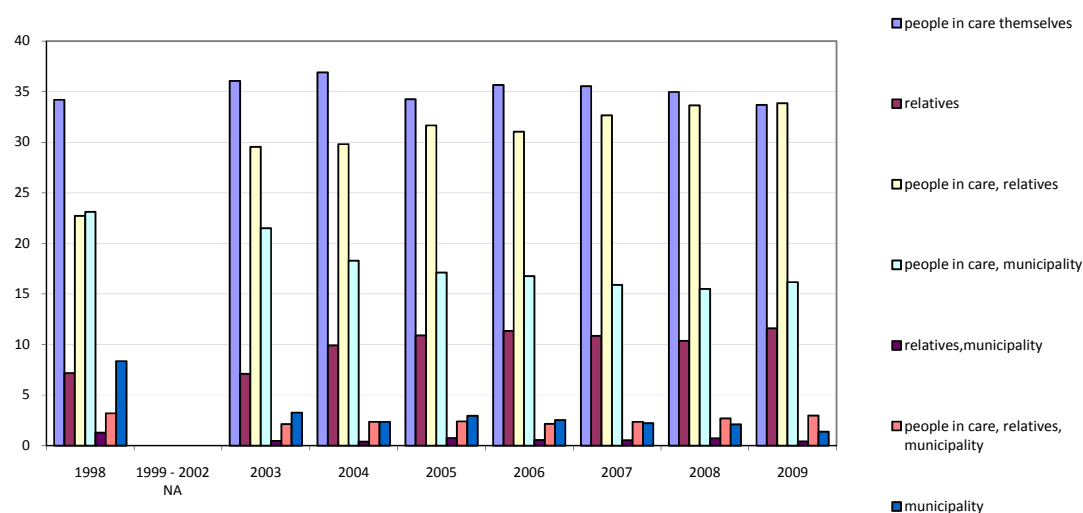
http://www.stat.si/novica_prikazi.aspx?ID=3435

Public/private institutions

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Private (licensed)	5	5	11	11	14	18	18	28	28	34
Public	58	58	58	59	60	60	60	56	55	55

Sources: Dremelj et al., 2009: 98; Skupnost socialnih zavodov Slovenije, 2007: 16 and 2007: 24-31. <http://www.ssz-slo.si/slo/main.asp?id=2361E17F>

People in care by mode of payment for care, in percent



Source: Statistični urad Republike Slovenije (2010).

http://pxweb.stat.si/pxweb/Dialog/varval.asp?ma=1262305S&ti=&path=../Database/Dem_soc/12_socialna_zascita/02_soc_varstvo/12623-socio-DOM/&lang=2

9. Users' perspective

- Many services and rights
- Information not available in one place
- Different entry points
- Long procedures
- Some services universal and financed by state budget while others available only for payment
- Large regional differences
- Large differences across municipalities
- Freedom of choice?

10. Conclusions

- The system of LTC is evolving (however, currently very fragmented and perhaps not so efficient)
- Poor access to services owing to fragmentation of services, different entry points and long procedures
- Lack of data – only official reports available as secondary data (Statistical yearbooks and reports at Institute for Social Protection)
- Lack of data base with data about different services at one place
- Lack of harmonization (services organized at different level and therefore data collected at different level – unit of observation?)
- No systematic data about users and about users perspectives (satisfaction with services, subjective assessments of needs)
- No systematic and official standards of quality of services

2.6.3 Anni Vilkkö (FI)



NATIONAL INSTITUTE FOR HEALTH AND WELFARE
Anni Vilkkö

**Support for informal care
- shared responsibility between local
municipalities and informal carers**

01/09/2011

Anni Vilkkö

1

National Framework for High-Quality Services for Older People. Finland 2008.



Ministry of Social Affairs and Health
publications 2008:5
ISSN 1236-2050
ISBN 978-952-00-2529-8 (pb), ISBN
978-952-00-2530-4 (PDF)

Framework concerns itself with services used regularly by older people such as

- home care
- **support for informal care**
- sheltered housing
- sheltered housing with 24-hour assistance
- residential homes
- long-term care
- also acting to promote the health and welfare of older people

NATIONAL INSTITUTE FOR HEALTH AND WELFARE

01/09/2011

Anni Vilkkö

2

National Framework for High-Quality Services for Older People. Finland 2008.

The national targets to be reached by 2012 (% of 75+):

- 91- 92 % live at home independently or using appropriate health and welfare services granted by assessing their overall needs
- 13-14 % receive regular home care
- **5- 6 % receive informal care support**
- 5- 6 % live in sheltered housing with 24-hour assistance
- 3 % live in old people's homes or are in long-term care in health centre hospitals.

NATIONAL INSTITUTE FOR HEALTH AND WELFARE

01/09/2011

Anni Vilkkö

3

Support for Informal Care in Finland

- Statutory social service (The Act on Support for Informal Care 937/2005)
- Can be granted if a person needs care at home because of reduced capability, illness or disability
- Consists of
 - Necessary services to support care recipient and caregiver
 - Care allowance and 3 days leave/month for caregiver
- Commission agreement is made between caregiver and the municipality (not employment)
- Minimum fee from the 1st of January 2010 is
 - 347,41 euro/month
 - 694,83 euro/month during transitional period when heavy caring is needed
- 65+ 23 474 (2009)

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01/09/2011

Anni Vilkkio

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Service Structure for Older People 1995-2009

Clients, % 75+	1995	2001	2005	2008	2009	Targets of National Framework by 2012
Regular home care	13,8	12,1	11,5	11,2	11,4 (11,9 2010)	13-14
Support for informal care	2,7	3,2	3,7	4,1	4,1	5-6
Sheltered housing with 24-hour assistance	-	2,2	3,4	4,6	5,1	5-6
Residential home	6,5	5,1	4,3	3,8	3,5	3
Long-term care at health centre wards	3,7	3,0	2,5	2,1		

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5

RAI-steps for social workers –project - the expressed need for support for informal care (n= 181)

Research question:

Are there some distinguishing characteristics in life situations and needs of older persons applying for support for informal care, compared to those applying for other services?

Data:

- a sample of older persons (N= 502), living in Southern Finland (Helsinki and Vantaa), who applied for social services in 2008-2009
→ those who expressed their need for support for informal care (N=181)
- all were assessed using Resident Assessment Instrument (RAI), accompanied by questions about psycho-social circumstances and capabilities in home environment

Source: Anni Vilkkio & Reija Heinola & Harriet Finne-Soveri & Maarit Rautio & Tarja Helameri & Arja Peiponen. The National Institute for Health and Welfare and The City of Helsinki

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RAI-steps for social workers – project - the expressed need for support for informal care (n= 181)

Profile:

- A great majority were married and received care from their spouses (70 %)
- Sex distribution was significantly more even, compared to those applying for other services who were predominantly women
- They had a more sustainable socio-economic situation
- Their ability in almost all IADL activities and ADL activities were substantially lower than in the other group
- Their cognitive disability was an essential reason for applying for support for family care (compared to other group)
- The burden of caring was evident in 28 % of caregivers

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RAI-steps for social workers – project - the expressed need for support for informal care (n= 181)

- Services:
- a great majority (72 %) of the family carers, applying for support for informal care, entered into a care contract and received caregiver's fee (financial support),
but
- the families were given substantially less support services at home (practical support, social services etc.) than those who did not apply for informal care support



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8

RAI-steps for social workers – project - the expressed need for support for informal care (n= 181)

Discussion:

- A more sustainable socio-economic situation and marital status were empowering and safety creating resources for the care receivers
- However, the burden of caring was evident in 28 % of caregivers (e. g. compared to those about 12 % getting regular home care, RAI home care –data 2009)
- We have a good reason to ask
 - whether official system for support has recognized well enough the needs of family carers in actual care situations as well as their needs for preventive support?
 - are the support services available to caring for at home that what families, caregivers and care receivers need?



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9

2.7 Workshop 2 – Companies

2.7.1 Cornelia Upmeier (DE)



Workshop 2: Companies in Germany

Cornelia Upmeier, DIHK

International conference, 15 September 2011

Eldercare Services in Europe –

Home Care, Family Support and Domestic Services for Older People



Madeleine Starr, Regina Held, Cornelia Upmeier, Karsten Gareis



Basic conditions

General:

- Act on part-time work and temporary contracts of employment (Gesetz über Teilzeitarbeit und befristete Arbeitsverträge; TzBfG)

Care-related laws:

- Care time act (Pflegezeitgesetz; PflegeZG)
 - Short unavailability (up to 10 days)
 - Longer care leave (up to 6 months)
- new: family care leave



Corporate level:

- Company agreements
- Individual solutions

Chart 2 Cornelia Upmeier

Image: pixelio/Gerd Altmann



Companies and care

Share of companies with experience with staff who care for relatives:



Source: Institut für Demoskopie Allensbach (2010):
Vereinbarkeit von Pflege und Beruf – Einstellung der Verantwortlichen in Wirtschaftsunternehmen, on behalf of BMFSFJ.

Response:

35% of the German companies have taken measures within the care sector (2009)

Source: Unternehmensbarometer 2009, BMFSFJ.

Chart 3 Cornelia Upmeier



Care: What do companies do in general?

Working hours

- Short leave (special leave)
- Flexible working hours (flexitime, time accounts, ...)
- Part-time models

Organisation / place

- Teleworking
- Job-sharing

Care service / Short term care

Domestic services

Chart 4 Cornelia Upmeier



Companies, colleagues, care



Chart 5 Cornelia Upmeier

Image: from left to right: pixelio: Rainer Sturm/Gerd Altmann/Franz Mairinger/Jutta Wieland

What do companies do specifically?

Ford

- Care tables: An organised exchange of experiences by care-giving relatives

Corporate services for care-giving relatives



perbit

- Wheelchairs to borrow



Chart 6 Cornelia Upmeier

Image: from left to right: pixelio: Albrecht E. Arnold/Gaby Stein

What do companies do specifically?



Unternehmensverbund in Frankfurt

- Seminars on care

Corporate services for care-giving relatives

VDMA

- Info hotline: first point of call and organisational support



Chart 7 Cornelia Upmeier

Image: pixelio/Rainer Sturm

What do companies do specifically?

Siemens Real Estate

- Information on the Intranet



Corporate services for care-giving relatives



A Brand Like a Friend

Henkel AG & Co. KGaA

- Social Services dept. provides counselling

Chart 8 Cornelia Upmeier

Image: from left to right: Henkel/Siemens Real Estate

What do companies do specifically?



DIHK

- Laundry service

Corporate services for care-giving relatives

B.Braun Melsungen

- Cash machine
- Take-away food from the lunchroom



Chart 9 Cornelia Upmeier

Image: from left to right: pixelio: H. Siepmann/Gerd Altmann

What do companies do specifically?

Weleda

- Baker visits the company



Corporate services for care-giving relatives



PFALZWERKE

Pfalzwerke AG

- e.g. facilitation of domestic helps

Chart 10 Cornelia Upmeier

Image: from left to right: Pfalzwerke/Weleda

Any questions?



Contact

Cornelia Upmeier

“Leiterin des Referats Vereinbarkeit Familie und Beruf,
Chancengleichheit, Sonderprojekte“

Bereich Kommunikation, Gesellschaftspolitik
DIHK - Deutscher Industrie- und Handelskammertag e.V.
Breite Straße 29, 10178 Berlin, Germany

Phone (030) 20308 1621
Fax (030) 20308 5 1621
upmeier.cornelia@dihk.de
www.dihk.de

Chart 11 Cornelia Upmeier

2.7.2 Madeleine Starr (UK)



Supporting Working Carers: a Win:Win situation

Madeleine Starr
Head of Innovation
Carers UK

CARERS UK
the voice of carers



The demographic imperative

The **demographic 'timebomb'** has gone off

How we manage **care and caring** is as great
a **global challenge** as **climate change**

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the voice of carers





Who cares?

We *all* care or *will have to* care

- The bulk of care has *always* been provided within *relationships and families*
- By 2050 globally *three times* more people of *working age* will be looking after *2 billion* ageing family members
- *More people* are *living longer*, and *at home*, with *disability and illness*

Which means...

- *More people needing care* and *more people* needing to *provide* that *care*

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Who works?

We *all* work or *will have to* work (and *work longer* too!)

- By *2060* there will be only *2 people working* for each *1 in retirement*, compared to 4 to 1 today
- European - and many other global - economies will need a *shrinking workforce* to work longer to meet *growing care and pensions bills* - at a point when many of them will be *sandwiched between caring roles*
- *Choosing* between work and care will *not be an option* for individuals or the economy

Which means...

- *More support* needed to *combine work with care*

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The impact of caring on work

- In the UK **1 in 7** employees in **any workplace** is a **carer**
- **1 in 5** carers **gives up work** to care, resulting in
 - **financial disadvantage** and **poverty in retirement** for individuals
 - **Lost knowledge** and **experience** in the labour market
- There is evidence that carers are **working below their potential**, with many
 - reducing their working hours
 - not accessing professional development and training
 - facing limited opportunities for promotion
 - taking low paid part-time jobs

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What does this mean?

- We **cannot afford** for this to be the **impact of caring** on our societies or our economies
- How we **manage care and caring** is an issue of economic sustainability as much as an issue of social cohesion
- To go forward we need
 - **good employment practices**
 - **good services** that support **families**

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UK employment rights for carers

- Right to **emergency leave** to care for dependants
- Right to **request flexible working** for parents of disabled children up to the age of 18
- Right to **request flexible working** for carers of adult dependants
- **Equality Act**
 - Protects people at work **associated with a disabled person** and by definition **with an older person** from discrimination
 - Extends that protection to **goods and services**

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UK National Carers Strategy *

- Supporting people with caring responsibilities to **identify themselves** at an early stage, **recognising** the value of their **contribution** and involving them in **designing local care provision** and in **planning individual care packages**
- Enabling those with caring responsibilities to **fulfil** their **educational** and **employment potential**
- **Personalised support** both for carers and those they support, enabling them to have a **family and community life**
- Supporting carers to remain **mentally and physically well**

** Recognised, valued and supported: next steps for the Carers Strategy, 2010*

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Carers in work

Government commitment to:

- An **awareness campaign** for employers and employees to promote the right to request flexible working
- Producing with input from business a **good practice guide** for all employers on the **business benefits** of **supporting working carers**
- A consultation on **extending** the right to request **flexible working to all employees**

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Carers returning to work

Government commitment to:

- A **Care Partnership Manager** in every Jobcentre Plus (employment service) district to:
 - Ensure carers receive targeted return to work support
 - Ensure carers are aware of care services that are available in their local area
- **Training** for Jobcentre Plus advisers
- Funding for **replacement care** for carers participating in **approved training**
- Promoting the provision of **return to work support** through not-for-profit organisations
- Promoting more **flexible learning opportunities** to be made available to carers

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The business response

Employers for Carers

Membership forum designed to

- Provide a **practical service** to employers seeking to develop carer friendly workplace policies and practices
- Identify and promote the **business benefits** of supporting carers in the workplace
- Influence **employment policy and practice** to **create a culture** which supports carers in and into work
- **Leadership Group** committed to working with Government to **inform policy** and **influence practice**
- Supported by the specialist knowledge of **Carers UK**

CARERS UK
the voice of carers



What it offers

- **Awareness and understanding** – help with activities and publicity within the workplace
- **Specific carers' policies** – reviewing, implementing and embedding
- **Employee support networks** – establishing or maintaining virtual and/or face to face support
- **Information, advice and guidance for employees** – including signposting to external sources of information and help
- **Information, advice and guidance for managers**
 - model policies, practice examples, guidance, top tips
 - Equality Act and carer awareness training
 - signposting to external sources of help

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What it achieves

Bottom line benefits

- improved **recruitment** and **retention**
- improved **productivity** as a result of **reduced stress**
- reduced **absenteeism**
- increased **engagement** and **loyalty** as a result of **improved morale**
- improved **equal opportunities** and **management of diversity**, including meeting the needs of a diverse customer base
- improved **corporate values** in *doing the right thing*

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What is the role of services?

- **Services** that **support family life** – from childcare to homecare to adult care – are as **critical** to juggling work and care as workplace support
- **Families** and **employers** have a **right to expect** an **infrastructure of support** for care which:
 - sustains **care within families and relationships**
 - engages **service providers** across all sectors
 - embraces **workplace/employer** support
 - involves **all infrastructure** – housing, transport, leisure

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EfC's policy leadership

Employers for Carers Leadership Group

- Committed to working with Government to:
 - deliver on the **National Strategy for Carers**
 - engage in the debate on **care and support services**
- Memorandum of Understanding
 - signed with **six Government departments**, also signatories to the National Strategy for Carers
- **International forum** for employers

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Key policy issues

- **Finding care and support services** can be challenging and time consuming for families
 - local authorities, providers **and** employers have a role in providing information or signposting carers to information on services
- **Caring at a distance** – whether it is in the same town, in another part of the country, or in another country – is a growing issue
 - research has found that distance carers are more likely to give up work, as a result of **stress**
- **Technology will be critical** in supporting carers in and outside the workplace
 - existing and new technologies have the potential to **transform** care and support services, and **transform** working lives

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Carers UK

Websites:

www.carersuk.org

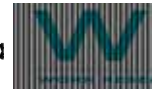
www.employersforcarers.org

madeleine.starr@carersuk.org

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2.7.3 Karsten Gareis (EU)



Company initiatives for a better reconciliation of work and care

Results of a number of case studies from select European countries

Karsten Gareis, empirica, Bonn

*Eldercare Services in Europe
15.-16. September 2011, Berlin*

My speech



- 1 The study's background
- 2 Methods
- 3 Types of company initiatives for a better reconciliation of work and care
- 4 *Lessons Learned* – The most important findings

2



1

The study's background

3

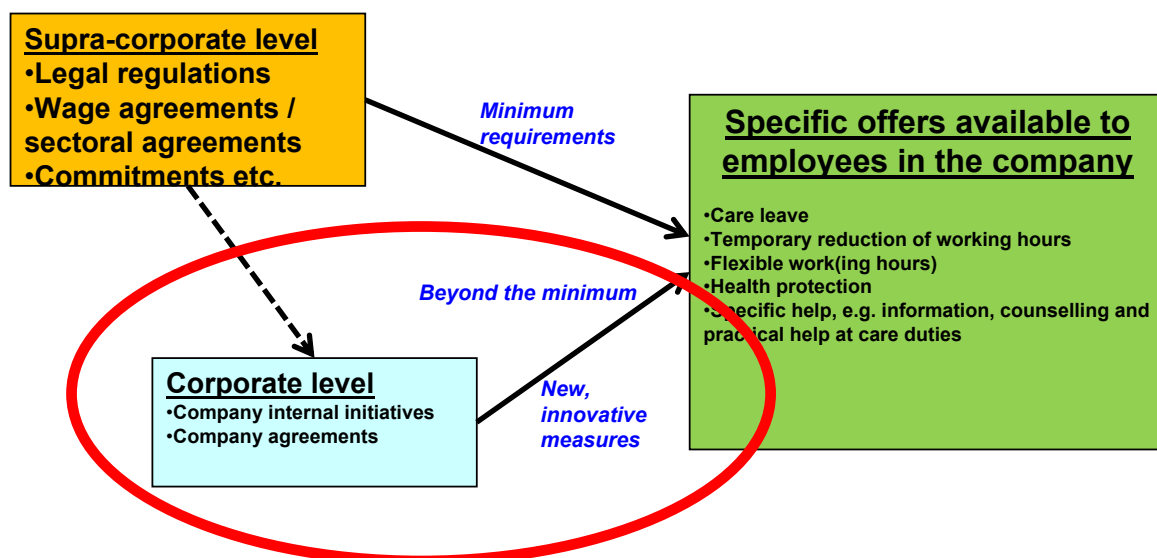
Background

- Politics, science and advocacy groups have hitherto mostly focused upon “full-time caregivers”:
 - Necessity of an effective support of care-giving relatives to make their job easier.
 - A focus upon care-givers’ well-being.
- Employers do only consider the *Work-Life-Balance* in terms of **parenthood**:
 - BUT: Demographic trends mean that care is getting more important.
 - Many countries try to reduce the proportion of people in senior citizens home.

➔ A reconciliation of work and care has to be tackled now to a much larger extent

4

Development of initiatives



5

2

Methods

6

The study

- **Subject**
 - Initiatives by companies = measures taken at the company level, i.e. here organisations of all kinds (private, public sector, NGOs)
 - Measures explicitly addressing care-giving relatives...
 - ... But not always formal programmes
- **Scope**
 - A total of 50 case studies
 - From 11 countries: Belgium, Germany, Finland, France, Ireland, Netherlands, Austria, Poland, Portugal, Slovenia, UK
- **Sources of information**
 - Interviews with company representatives (mostly the competent HR managers Diversity Managers, Work-Life-Balance officers)
 - Interviews with work council/staff council (when possible)

7



3

Types of company initiatives

Types of company initiatives



Type of measure	
Objective	
Allow for	Flexibility & Flexicurity (work-related offers) Specific assistance and general measures (care-related offers)
Allow (to)	
Allow L	

Leave rules and reduction of working hours



- Various variants
 - Care leave for a longer period or a few days / weeks;
 - Care leave in emergencies (unplanned, for a few days);
 - Part-time work with a standard working week (temporary);
 - Part-time work with weekly changing working hours (term-time work).
- Companies go beyond what the law stipulates:
 - Care may include care for people not being “close relatives”;
 - Longer or more flexible leave rules;
 - Time accounts, “saving” hours for a later leave.
- Avoiding a negative impact of the leave / reduction:
 - Staying in touch with the employer on a regular basis;
 - Effective support for a return to the job;
 - Measures to avoid structural disadvantages suffered by those concerned;
 - Reduction of losses of income.

10

Flexible work(ing hours)



- Flexible working hours (e.g. flexitime)
 - Working hours commensurate with personal requirements;
 - Specific support given at the group level.
- Tele-working
 - Working from home (or other places) on certain days;
 - Made possible by Remote Access & Virtual Office technologies;
 - Requires superiors' capability to manage staff without permanent direct contact.
- Accessibility at work
 - Spontaneous work interruptions allowed;
 - Care-giving during working hours allowed;
 - Accessibility at work, e.g. private use of the phone and internet for care-giving tasks allowed.
 - “Grannycam“ etc. → use of modern communication channels

11

Awareness raising and capacity building (I)



- Awareness raising
 - Many practical approaches;
 - Practical experiences gained by people concerned in the company (in management in particular) are very suitable for awareness efforts.
- Capacity building among management and staff
 - One needs the capacity to identify and adequately respond to the requirements of care-givers among one's staff;
 - Guidelines and standardised process have proven to be very effective.
- Staff surveys
 - Surveys of all the staff to estimate the existence and extent of care responsibilities among them;
 - Surveys of care-giving relatives among the staff to estimate their experiences, needs and preferences.

12

Awareness raising and capacity building (II)



- Auditing family-friendliness
 - Some EU Member States have national systems for auditing the family-friendliness of companies;
 - A reconciliation of employment and family care is now an integral part of some audits (Germany, Austria)
 - Employers use audit certificate to recruit staff (*War for Talent*)



13

Specific support



- Information / counselling
 - Facilitation of information (e.g. on care-related services in the region);
 - Specific advice on practical issues;
 - Advice from psychologists
- Facilitation services
 - Facilitation of care-related services.
- Material help
 - Company insurance;
 - Loans, grants etc.;
 - Bridging advances on salary / wages.
- Support for the networking of people concerned
- Direct provision of care services
 - Use of the company's own facilities and services;
 - Fixed contracts with service providers whose services can be used by the staff;
 - Cooperation with third parties, e.g. other employers (synergic effects).

14



4

Lessons Learned – The most important findings

15

What have we learned?



- Many companies support their staff with work or care-related measures.
- Most effective is a combination of pertinent guidelines *and* specific individual assistance.
- A regional networking to use synergic effects and for a better marketing of the region.
- The realisation that effective measures help both sides (employer and employee) is (still) long in coming.
- Not much sympathy yet with care-giving relatives' needs (a taboo).
- The objective must be to avoid long leaves or to allow a fast return to the job.
- Men have to be approached in a targeted fashion.
- You need endurance, but companies have to become active now...

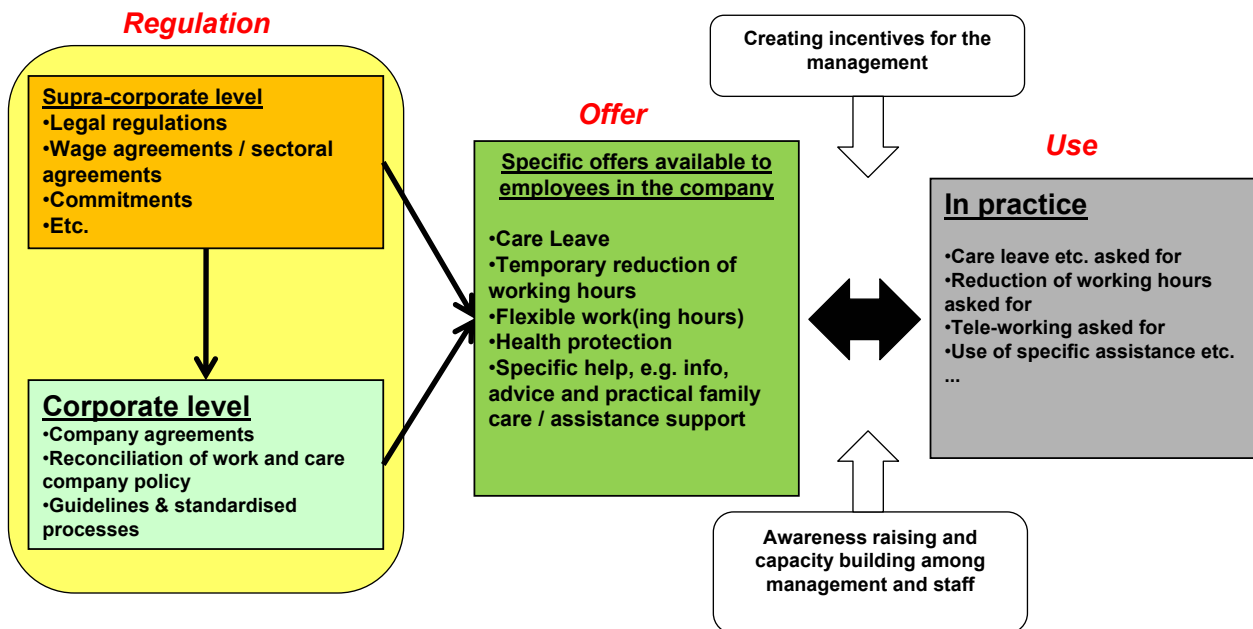
16

The most important person for reconciliation of work and care



17

The most important person for reconciliation of work and care



18

Many thanks for your interest!



The study's authors:

- [Kevin Cullen] k.cullen@wrc-research.ie
- [Karsten Gareis] karsten.gareis@empirica.com

Final reports (in English) :

- www.eurofound.europa.eu/publications/htmlfiles/ef1062.htm
- www.eurofound.europa.eu/

Case study data base (in English):

- www.eurofound.europa.eu/help/casestudies.htm

19

2.8 Workshop 3 – Service Providers / Service Users



Bundesministerium
für Familie, Senioren, Frauen
und Jugend



Deutscher Verein
für öffentliche
und private Fürsorge e.V.



15. September 2011

Workshop 3

Dienstleistungserbringer / Dienstleistungsempfänger

Jürgen Griesbeck, pme Familienservice

Marie Beatrice Levaux, Fédération des Particuliers Employers de France

Heike Nordmann, Verbraucherzentrale Nordrhein Westfalen

Moderation:

Brigitte Bührlen, WIR! Stiftung pflegender Angehöriger



Beobachtungsstelle für
gesellschaftspolitische
Entwicklungen in Europa



Brigitte Bührlen, Jürgen Griesbeck, Marie Beatrice Levaux

2.8.1 Jürgen Griesbeck (DE)



Reconciliation of work and care

Nationwide support for working relatives by
pme Familienservice GmbH

Eldercare Services in Europe –
Home Care, Family Support and Domestic Services for
Older People,
Berlin, 15th / 16th September 201

juergen.griesbeck@familienservice.de

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Agenda

- Familienservice GmbH – Product development Homecare / Eldercare
- Particularities, contents, target group Homecare / Eldercare
- The request pattern in the past
- Status quo
- Perspectives, opportunities

Familienservice – the company



- 1992: foundation of “Kinderbüro” (children’s bureau) on behalf of BMW AG
- Nationwide expansion
- 1998: Change to pme Familienservice GmbH
- Permanent service expansion
- 1996 Start Homecare/Eldercare
- Largest Work-Life provider in Germany

Familienservice services 2011



Services on four pillars

pme Familienservice:

Care for children and care-dependent people, care hotline

pme Assistance:

Life coaching, diet, exercise, 24 h hotline

pme Lernwelten:

Day-care places close to the company, back-up support, children's hotel, holiday programmes, school

pme Wissenswerte:

Academy for staff management and staff, conferences

1000 employees, 30 locations in Germany, Austria, Switzerland and the Czech Republic

Our Website

Familien  Service
Partner für MitarbeiterEntwicklung

Zur Anzeige wird der QuickTime™
"Quicktimevideo"-
Codec benötigt.

Care-dependency in the family, basic considerations: How can relatives...

Familien  Service
Partner für MitarbeiterEntwicklung

- ... Feel safe at home
 - ... Get in touch in an emergency
 - ... Stay autonomous and protect their privacy
 - ... Reduce the accident risk at home and outdoors
 - ... Use the health insurance and care insurance's benefits and services
 - ... Know about and use public services
 - ... Prepare their patient care in time, apply for severely handicapped pass
- **Advice and facilitation of a customised solution**

Advice services, e.g.



- Patient care (all kinds of powers of attorney)
- Maintenance council: severely handicapped pass
- Municipalities: basic security
- Statutory health insurance
- Statutory care insurance (since 1995, reform 2008)
- (Government aid (BVO): for civil servants in particular)
- Municipalities: welfare
- Municipalities: (superordinate) personal budget
- Tax deductibility
- Forms of employment: domestic services
- Private provision (complementary insurance)
- Reduction-of-earnings-capacity-benefits, retirement, inheriting and bequeathing

Facilitation services, e.g.



- Living arrangements (accommodation in return for assistance, assisted living)
- Nursing aids, home adjustment, AAL
- Personal support (champion, domestic help, counsellor, voluntary driver, eastern European family care, gardener etc. (standards!))
- Special services (meals on wheels, emergency bell, delivery services)
- Use of out-patient services (basic care, basic treatment)
- Facilitation of in-patient care (day care, short term care, full inpatient care, (outpatient) rehab)
- Special assistance: moving companies, holiday replacements, grave maintenance etc.

Counselling, application, correspondence, research

Competence / service / pre-conditions / application procedure / care planning

Health insurance	care insurance	Pension system	Pension office	Basic security	Welfare
Senior citizens' counsellor/voluntary engagement	Outpatient services	Day care	Assisted living	Nursing home	Protected living
Patient care	Home adjustment	Forms of employment	Tax deductibility	Pension	Handicapped care
Homecare/eldercare domestic help/family care funded by health insurance/own funds	Holiday replacement	Transportation	Addictions	Care for people with dementia	Short term care

Change in advice practice: Individual case management

- Originally, mostly about not having a clear conscience when older people were cared for by external services
- Now, people with requests are better informed and very demanding
- Now, financial considerations are at the forefront. Much interest in co-financing by funds, forms of employment and tax breaks
- Also much more interest in creative solutions
- More account has to be taken of senior citizens' own competence, low-threshold support starts earlier
- Parents' care dependency sensitises people with regard to their own old age (powers of attorney, complementary insurances, networks)
- Human resources staff's interest in relieving care-giving relatives (speeches, seminars)

New forms of advice: e.g. the Siemens pilot project: Support on three pillars!



- **Siemens AG: Eldercare: Portal to help people to help themselves**



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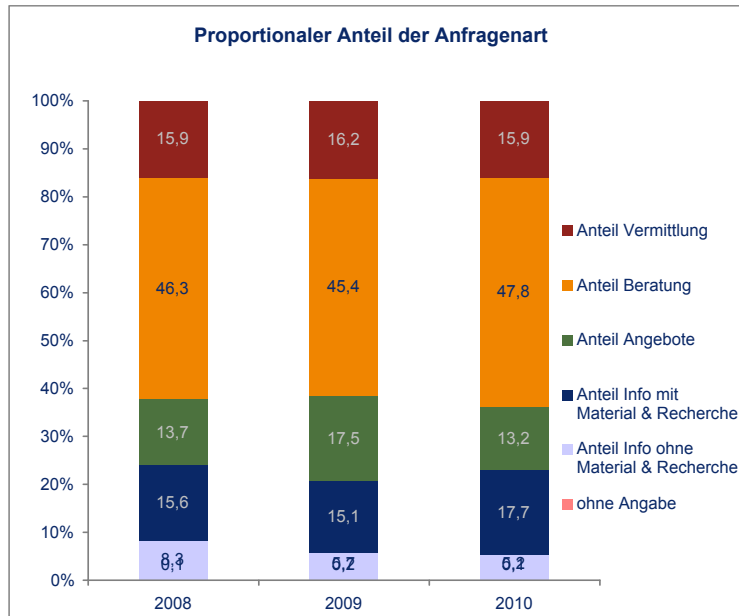
Individual case management



- Documentation: Minutes sent to customer after all advice sessions
- Evaluation: Status – invitation to events
- Innovation: Independent development of the product, following the necessities of the demographic change
- Events: Events on old age, care, old age provision all year round, also company intern
- Particularity:
 - Service for all Homecare/Eldercare customers: AAL
 - Opportunity to have technical devices developed that make outpatient care safer and easier
 - Service for Munich-based customers: Free helpers via MAW, citizens' work, establishing volunteering

Homecare/Eldercare Munich

Familien Service
Partner für MitarbeiterEntwicklung



Tendency:

Increase in the number of professional counselling sessions

Complex, multiple facilitation in outpatient care

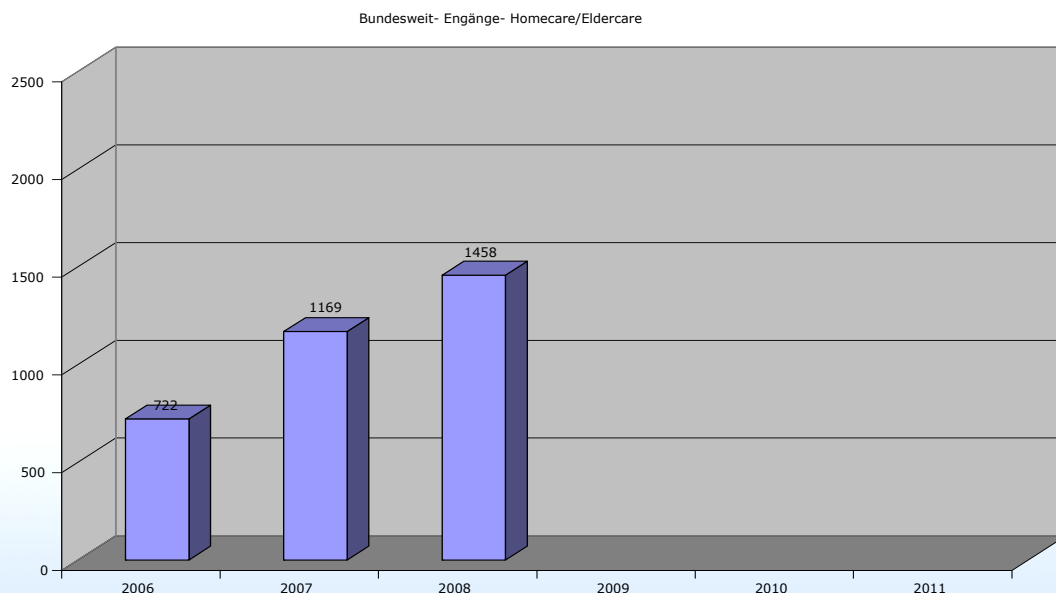
Much customer satisfaction

Munich 3.91 out of 4 points

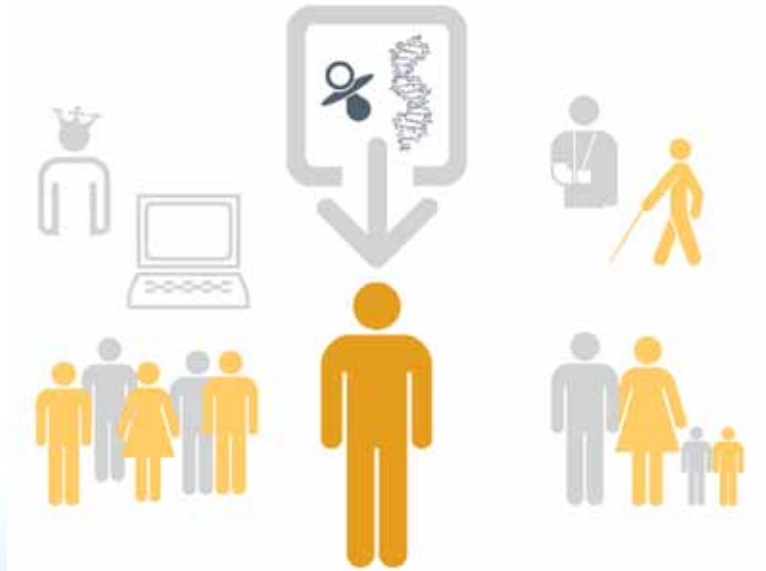
Would surveyed again use FS for Homecare/Eldercare?
(nationwide): 89.5 %

Homecare/Eldercare figures nationwide 2008

Familien Service
Partner für MitarbeiterEntwicklung



Homecare/Eldercare counselling's future



Many thanks for your attention!

2.8.2 Marie Beatrice Levaux (FR)

FAMILY EMPLOYMENT IN FRANCE AND IN EUROPE

Opting for a reliable and responsible approach to support older people.

Marie Béatrice Levaux, President of FEPEM

1

15 SEPTEMBER 2011

MARIE BEATRICE LEVAUX - ELDERCARE SERVICES IN EUROPE



A. INTRODUCTION:

THE IMPORTANCE OF FAMILY EMPLOYMENT FOR EUROPEAN SOCIETIES

2

15 SEPTEMBER 2011

MARIE BEATRICE LEVAUX - ELDERCARE SERVICES IN EUROPE



FAMILY EMPLOYMENT IS A LOGICAL ANSWER TO CURRENT SOCIAL AND POLITICAL CHALLENGES

- Economic, social and employment crisis,
- Demographic challenges and the ageing of our societies.

The sector of Family employment can play a major role:

- Respond to the **growing demand** of family services,
- Contribute to **gender equality, intergenerational solidarity** and **social inclusion**,
- **Creating jobs** and **stimulating the economy**.

Potential of **20 million** family employees in Europe by 2020, helping more than **40 million** European citizens, most of them older persons.

B.

FEPEM and the FRENCH MODEL OF FAMILY EMPLOYMENT

FEPEM: THE LEADING REPRESENTATIVE OF FAMILY EMPLOYMENT IN FRANCE

Representative organisation and committed social partner for about **3,6 million employers**, with more than **1,7 million employees** in France.

- covering more than **86%** of all « personal services » (services à la personne) in France,
- nearly **11 billion €** per year annual turn-over → represents an important and growing economic sector.

A leading **source of political and social propositions**, committed to social cohesion and citizens' societal responsibility.

Creating a vision for the sector of Family employment

- Institute FEPEM (IFEFF) → creating innovative vocational training schemes,
- FEPEM Observatory → research and technical expertise.

European commitment in order to structure the sector on a European level.

5

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PARTICULARITIES OF FAMILY EMPLOYMENT IN FRANCE

Structural reforms and development of the sector since 2005, based on 3 pillars:

- **Solvency:** fiscal and social measures lowering the cost of employment ,
- **Simplification:** CESU ("Universal Service Job Cheque", a means of paying and declaring employees),
- **Professionalization:**
 - ↳ funding professional training in the sector,
 - ↳ development and promotion of the specific professions and skills.

Civil society commitment and a sector-based **social dialogue**.

Predominance of “direct employment” (nearly 90% of all services).

6

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C.

THE POLITICAL DEBATE ABOUT
ELDERCARE AND DEPENDENCY
IN FRANCE

7

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THE POLITICAL DEBATE ABOUT ELDERCARE AND
DEPENDENCY

Importance of family and direct employment for eldercare:

- More than the half of all household employers are older than 60 years,
- It is possible to use direct employment, also for older and depend persons.

Political project of the French Government to reform Eldercare and Dependency in 2012.

- Public consultations and civil society mobilisation.

8

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THE POLITICAL DEBATE ABOUT ELDERCARE AND DEPENDENCY

The contribution of FEPEM to the debate is based on 3 basic principles (also valid for other European countries):

- **Liberty of choice** for the families
 - ↳ most people want to be free in the choice of carers,
 - ↳ flexible and responsible models are needed.
- **Quality of services**
 - ↳ the important role of the carers,
 - ↳ development of the “proxy system” of family employment insures high quality standards.
- **Responsibility**
 - ↳ strengthening direct employment reduces the cost of caring.

D.

THE NEED FOR A EUROPEAN VISION ON FAMILY EMPLOYMENT

THE NEED FOR A EUROPEAN VISION ON FAMILY EMPLOYMENT

European societies face similar problems related to eldercare, reconciliation of family and work life, job creation, social cohesion:

- **Developing employment perspectives** for employees out of the traditional work frameworks,
- **Encouraging the social and digital inclusion** of disadvantaged or vulnerable populations,
- **Helping families** assume their new economic and societal roles.

11

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THE NEED FOR A EUROPEAN VISION ON FAMILY EMPLOYMENT

European initiative of FEPEM, in cooperation with European Institutions (European Commission, Parliament, CESE)

Creation of the EUROPEAN FEDERATION OF FAMILY EMPLOYMENT

in order to:

- Help the family employment sector **emerge at the political level** as a force for social development in Europe,
- **Confront the socio-economic challenges**, included in the Europe 2020 strategy, by way of an innovative family policy,
- Participate in the orientation of **employment, social cohesion** and the development of the **digital society** European policies.

12

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THANK YOU FOR YOUR ATTENTION

13

15 SEPTEMBER 2011

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2.8.3 Heike Nordmann (DE)



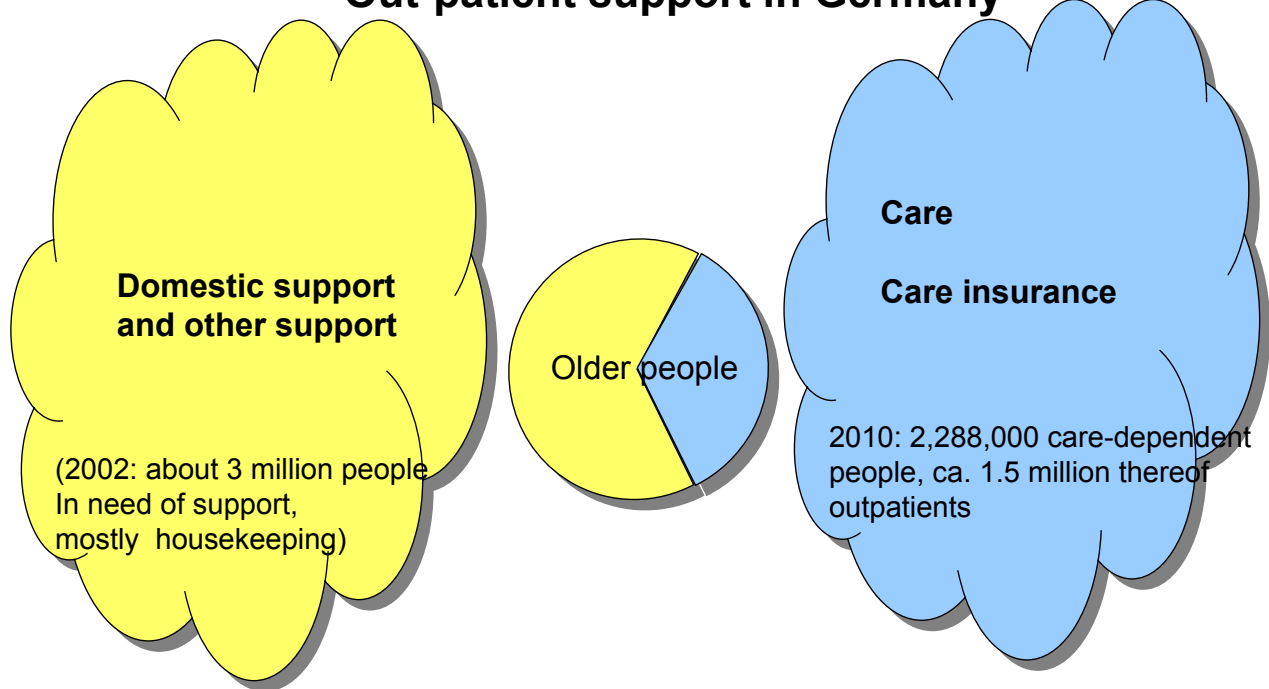
verbraucherzentrale *Nordrhein-Westfalen*

Domestic services for older people

Basic conditions, quality criteria, NRW data base

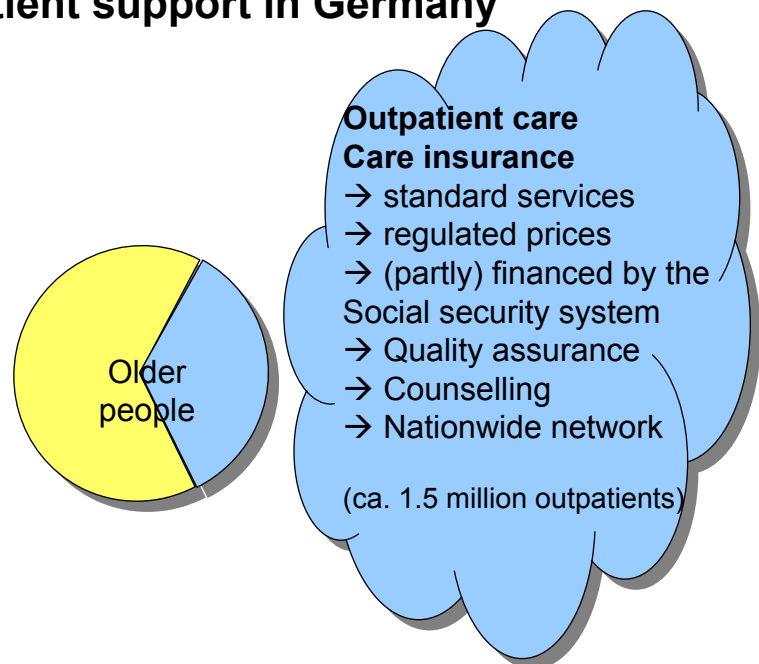
Berlin, 15. September 2011

Out-patient support in Germany



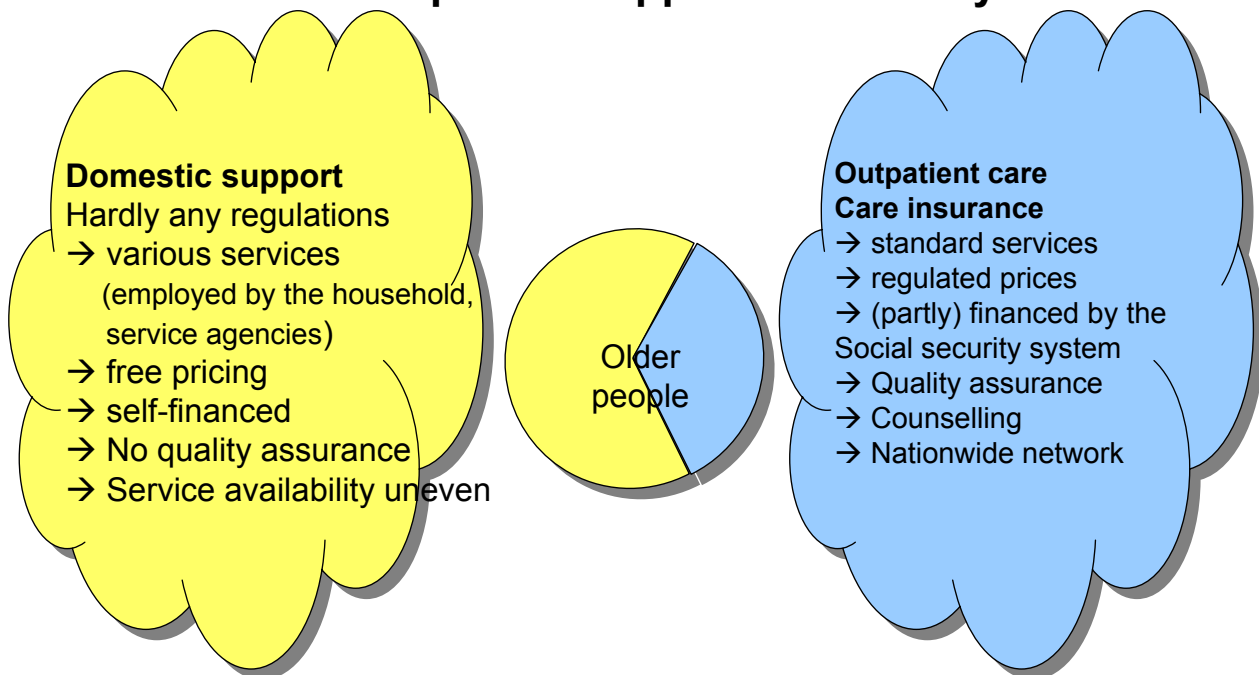
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Out-patient support in Germany



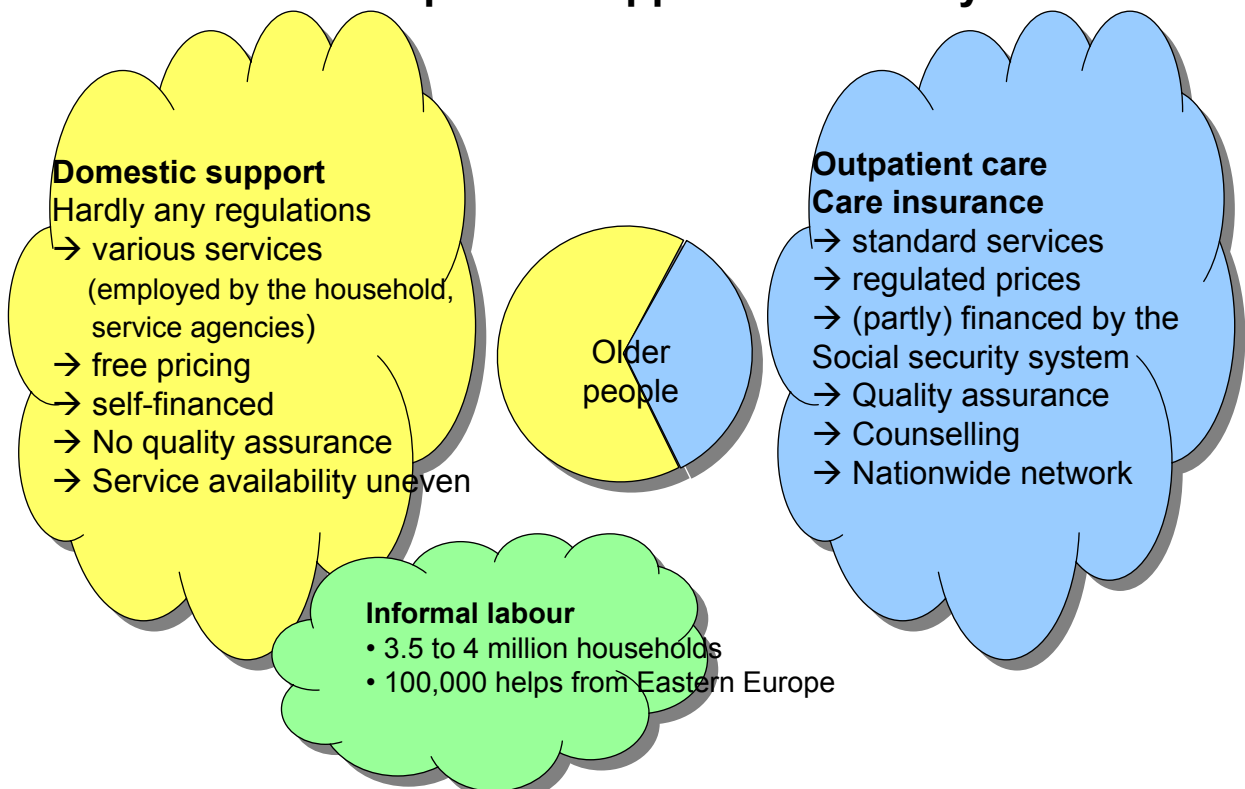
3

Out-patient support in Germany



4

Out-patient support in Germany



5

Consulting experiences

- Care and accommodation advice by the “Verbraucherzentrale” (consumer advice centre)
- “Target-group-orientated consumer work for and with senior citizens” project (Zielgruppenorientierte Verbraucherarbeit für und mit Senioren)
 - most people want to live in their familiar surroundings in old age, too
 - hardly any alternatives to care or assisted living in facilities known
 - Domestic services in one’s own flat are hardly used or known

6

Domestic services project

Definition: Domestic services

Services directly connected with activities in private households.

Not: personal services
facilitation of services

- Cleaning, cleaning windows
- Preparation of meals
- Washing, ironing etc.
- Janitorial services (weekly cleaning, winter services, bringing out the bins)
- Small technical services
- Gardening
- Delivery jobs (meals, laundry, buying)

7

Experiences gained in the project

- There is not *the* senior citizen.
- Domestic services are something very private.
- The price is important, but not the most decisive criterion.
- Informal labour is of major importance.
- Deficit orientation instead of a “comfort offer” means to a lack of acceptance.

8

Important factors from a user's point of view

- Many services out of one hand
- Service providers' designated contacts for queries, complaints etc.
- Good availability
- A transparent price (by time, type of service)
- A detailed preliminary discussion to identify needs
- Clear arrangements, but not necessarily contracted
- More information on (reliable) services

9

Staff are the decisive quality factor

Professional qualification

Training, continual training, working independently

Social skills

Communicative skills, flexibility, reliability, helpfulness, service mentality, consideration of customer wishes

Appearance

Comportment, sympathy, punctuality, friendliness

→ **Conclusion: “It’s just a small cleaning job” won’t do.**

Requirements profile of service providers I

Organisation of the service

- Non-committal first meeting
- Designated staff for customer
- Service provided if staff unavailable
- Punctuality, no cancellations

Staff

- Independent and proper work
- Good manners and a customer-orientated comportment
- Trained in dealing with older people
- Flexibility: catering to / fulfilling customer’s wishes in situ
- Language skills: German or customer’s native language

Requirements profile of service providers II

Prices / invoice

- A quotation for the customer
- Written announcement of price increases 4 weeks in advance
- Monthly invoicing, after the service has been rendered
- No advance payment, except vouchers

Contract

- In case of regular services: a written contract
- Contents: type, scope, frequency, special wishes from the customer and costs of the services
- Contract specifies contact to file complaints with
- Short termination period for customer

Quality assurance

- Customer satisfaction surveyed after first deployment (only if service to be rendered regularly)
- “Verbraucherzentrale” for complaints and mediation

12

Commitment and complaints

Data base admission

- **A commitment** to meet the quality standards
- Service provider's mediation consent
- Proof of incorporation or so
→ **Plausibility check** + activation by “Verbraucherzentrale”
! No quality audit

Complaints office

Consumers phone it, contact it on the Net, via the advice bureau

- 1. Clarification process involving provider and customer
- 2. Re-working
- 3. Deletion from data base

13

www.vz-nrw.de/haushaltshilfen

verbraucherzentrale Nordrhein-Westfalen

Haushaltshilfen

Service für Haus und Garten

Sie befinden sich hier: Startseite > Haushalt > Garten > Haushaltshilfen

Haushaltshilfen

Service für Haus und Garten

Fenster putzen, Gardinen aufhängen, Hecke schneiden, Gehweg kehren - wer diese und andere Tätigkeiten in Haus, Hof und Garten nicht selbst erledigen möchte, kann Andere für sich arbeiten lassen. Professionelle Dienstleister für Haus und Garten erleichtern den Alltag - aber nur wenn Qualität und Service stimmen.

Die Verbraucherzentrale NRW hat Qualitätskriterien entwickelt, die zeigen, ob ein Dienstleister kundenorientiert arbeitet. In Form einer **Checkliste** bieten sie eine Orientierung sowohl für interessierte Kundinnen und Kunden als auch für Dienstleister, die ihren Service auf den Prüfstand stellen wollen. Dienstleister, die das Anforderungsprofil erfüllen, erhalten **hier** die Möglichkeit, sich über diese Seiten auf die Einhaltung der Qualitätskriterien zu verpflichten.

Die Kunden haushaltsnaher Dienste sind längst nicht mehr nur ältere und kranke Menschen. Viele schätzen diesen Service, weil er zeitliche Entlastung bietet, ungeliebte Aufgaben abnimmt und somit die Lebensqualität steigert. Richtig eingesetzt können Haushaltshilfen aber auch den Einzug in ein Altenheim vermeiden. Gerade alleinstehende Menschen müssen oft ihre Wohnung aufgeben, weil sie grundlegende Dinge des Haushalts wie Einkaufen, Kochen, Putzen und Waschen nicht mehr allein bewältigen können. Dabei können Profis helfen, das Leben in den eigenen vier Wänden über einen langen Zeitraum sicherzustellen und das oft zu günstigeren Preisen als im Heim. In unserer **Datenbank** haben Sie die Möglichkeit, nach einem Dienstleister in Ihrer Nähe zu suchen.

Wir wollen dazu beitragen, dass Dienstleister kundenorientierten Service anbieten. Außerdem geben wir nützliche Tipps, z.B. zu Steuerbefreiungen und Planungshilfen für

Schrift: größer | Standard | kleiner

Beratungsstellen

hier finden Sie alle Beratungsstellen der Verbraucherzentrale Nordrhein-Westfalen

Ratgeber zum Thema:

Hilfen im Alltag

7,90 EURO
152 Seiten

Zum Ratgeber-Shop

Aktuelle Ergebnisse der Stiftung Warentest

Pflegeangebotsversicherung
Die besten Tarife für privaten Zusatzschutz

14

verbraucherzentrale Nordrhein-Westfalen : Anmeldung Dienstleistungen - Mozilla Firefox

Zur Startseite vz-nrw.de

gefördert von:
Ministerium für Generationen, Familie, Frauen und Integration des Landes Nordrhein-Westfalen

Die Datenbank richtet sich in erster Linie an Dienstleister, die für Kunden in Nordrhein-Westfalen zur Verfügung stehen. Vermittlungsagenturen, die lediglich den Kontakt zu in- und ausländischen Firmen, Selbstständigen oder Arbeitssuchenden herstellen, sind ausdrücklich vom Verfahren ausgeschlossen.

Angebotsdaten

Dienstleistungenc:

In der Wohnung:

- ☐ Wohnungsreinigung
- ☐ Fenster putzen
- ☐ Essen zubereiten im Haushalt
- ☐ Wäschepflege im Haushalt
- ☐ Hausmeisterdienste (Gehwoche Winterdienst)
- ☐ Gartenarbeit
- ☐ Kleinstreparaturen
- ☐ Tierbetreuung
- ☐ Hausnotruf

Lieferdienste:

- ☐ Essenslieferung
- ☐ Wäschdienst (Hol-/Bringservice)
- ☐ Einkaufen
- ☐ Begleit- und Fahrdienst
- ☐ Sonstiges

Größe:

- ☐ bis zu 2 Mitarbeiter
- ☐ 3 - 20 Mitarbeiter
- ☐ mehr als 20 Mitarbeiter

Preise:

- ☐ Abrechnung nach Zeit
- ☐ Pauschalpreise

Ratgeber zum Thema:

Hilfen im Alltag

7,90 EURO
152 Seiten

Zum Ratgeber-Shop

Aktuelle Ergebnisse der Stiftung Warentest

Doppelte Haushaltsführung
Wiedersohn am Wochenende

Haushaltshilfen
Geschenk vom Finanzamt

Hilfe im Haushalt
Klare Sache

Beratungsangebote

- ☐ Verbrauchertelefon
- ☐ E-Mailberatung

15

The screenshot shows a web browser window with the URL <http://www.vz-nrw.de/UNIQ127132528823181/lnk275512A?action=uebersichtWelcheStadt=&TI=&SE>. The page title is 'Verbraucherzentrale Nordrhein-Westfalen : Datenbank Dienstleistungen - Mozilla Firefox'. The main content area displays search results for 'Haushaltsnahe Dienstleistungen'. It shows a list of providers, including 'HKA Hausliche Kranken- und Altenpflege' with contact details: 32584 Löhne - Schlierholzstraße 9, Tel.: 05732 3545 - Fax: 05732 3565, E-Mail: hka-loehne@teleos-web.de, Homepage: <http://www.hka-loehne.de>. The services listed include 'in der Wohnung' (Wohnungsreinigung, Essen zubereiten im Haushalt, Wäschepflege im Haushalt) and 'Lieferdienste' (Wäschedienst (Hot-Bringservice), Einkaufen, Sonstiges (Biegedienst)). The page also features a sidebar with navigation links like 'Anmeldung Dienstleistungen', 'Datenbank Dienstleistungen', and 'Landkarte Dienstleistungen'. The bottom of the page shows a Windows taskbar with various application icons.

16

Domestic services data base

Experiences gained until August 2011

- 375 registered service providers (ca. 500 services in all districts/towns in North Rhine - Westphalia)
- 4 complaints (contracts, staff changes, unreliability)
- Data base accessed 600 to 1,100 a month
- Ongoing “advertising” among users and providers necessary (events, media)

17

Thanks you very much for your attention!

Kontakt

Heike Nordmann

Verbraucherzentrale NRW e.V.

Mintropstr. 27, 40215 Düsseldorf

Tel.: 0211/3809-204, Fax: -357

E-Mail: heike.nordmann@vz-nrw.de

www.vz-nrw.de/haushaltshilfen

A project's findings, funded by NRW's Ministry of
Generations, Family Affairs etc. (Ministerium für
Generationen, Familie, Frauen und Integration)

2.9 Workshop 4 – Central Points / Networks of Service Providers



Bundesministerium
für Familie, Senioren, Frauen
und Jugend



Deutscher Verein
für öffentliche
und private Fürsorge e.V.



16. September 2011

Workshop 4

Zentrale Anlaufstellen / Dienstleisternetzwerke

Kai Pagenkopf, Neumann Consult / Handwerkskammer Münster

und Mechthild Konerding, Zauberfrau Münster

Hannie Burcksen, Lekker Leven

Peter Raeymaekers, Flanders' Care

Moderation:

Sven Hallscheidt, Deutscher Industrie- und Handelskammertag



Beobachtungsstelle für
gesellschaftspolitische
Entwicklungen in Europa



*Peter Raeymaekers, Hanni Burcksen, Mechthild Konerding, Kai Pagenkopf,
Sven Hallscheidt*

2.9.1 Kai Pagenkopf & Mechthild Konerding (DE)



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Stadt- und Regionalentwicklung | Design für Alle

**HANDWERKSKAMMER
MÜNSTER HWK**

Central Points / Networks of Service Providers

Examples:

“Wohnen im Wandel” & “ServiceWelten”
(changes in housing & service worlds)

Eldercare Services in Europe –
Home Care, Family Support and Domestic Services for Older
People
Berlin, 16.09.2011

Dr Kai Pagenkopf

Dr. Kai Pagenkopf - Eldercare Services in Europa – 16.09.2011

1

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The objectives

- To live autonomously at home for as long as possible
- More comfort of living for the generation 50+
- Safe and functional environment for families
- Reconciliation of work and family life

⇒ Customised housing adjustment

⇒ Network of manual and personal/domestic services

Dr. Kai Pagenkopf - Eldercare Services in Europa – 16.09.2011

2

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The challenges

1. No awareness of the problems among customers – accessibility is not “sexy”!
⇒ Information and activation of consumers, apartment owners and tenants
2. Providers’ insufficient knowledge of the market
⇒ Development of market opportunities for craftsmen, planners and service providers
3. No matching
⇒ Bringing together local supply and demand



The projects

Wohnen im Wandel



- INTERREG Project Germany - Netherlands
- HWK Münster
- Partners from NRW, Lower Saxony and the Netherlands

ServiceWelten Pilotcluster ConFM



- NRW-EU Objective 2 programme
- HWK Münster, INFA-ISFM e.V.
- A network of strategic and operative partners from Westphalia



Wohnen im Wandel: The topics



- Strategy concepts and strategies
- Market opportunities in the housing industry
- Transfer of technology & knowledge
- "Matching"
- Cross-border cooperation within the EUREGIO





Wohnen im Wandel: The tools



- Customer information system
www.wohnen-im-wandel.de
 - Housing information centres
 - Handcraft / domestic services
 - Supporting of accessible new buildings or reconstruction
 - Planning assistance, building regulations, DIN standards



Wohnen im Wandel: The tools



- Company data base
 - “Matching”
 - Being found as a qualified company

Betriebsdatenbank

In 3 Schritten zum richtigen Betrieb: [komplette Anleitung](#) - Alle Betriebe besitzen einschlägige Zertifikate / Referenzen -

[1. Häkchen setzen](#) [2. Liste sortieren](#) [3. Details ansehen](#)

☒ anklicken, um alle anzuzeigen

Räume:

- ☐ Eingang, Flur, Treppe
☐ Wohn- & Essraum
☐ Schlafraum
☐ Balkon & Terrasse
☐ Küche
☐ Bad & WC
☐ Keller & Lagerraum
☐ Außenbereich & Garten

Arbeitsbereiche:

- ☐ Haustechnik
☐ Wände & Decken
☐ Möbel & Einbauten
☐ Pflegeplatz in der Wohnung
☐ Wasser, Heizung, Klima
☐ Böden
☐ Türen, Fenster, Treppen
☐ Planung & Koordinierung

Ergebnis: 48 Einträge (alle)

[Finden](#)

Name:	Branche:	PLZ:	Ort:
Bad & Konzept GmbH	Sanitär, Elektro, Fliesen	46414	Rhede
Maager Haustechnik GmbH	Sanitär, Heizung, Klima	48165	Münster
Lanvermann GmbH & Co. KG	Sanitär, Heizung, Klima	46325	Borken
Elektro Bors	Elektro	46397	Bocholt
Tierhilarai Warner Rahlmann	Tierhilar	48144	Altentranna



Wohnen im Wandel: The tools



- Qualification measure
“Fachplaner für barrierefreies und komfortables Wohnen“
(planner specialised on accessible and comfortable housing)
- Travelling exhibitions and trade fairs
- Support of company cooperations
- Development of
“Business Cases“ &
“Good Practices“



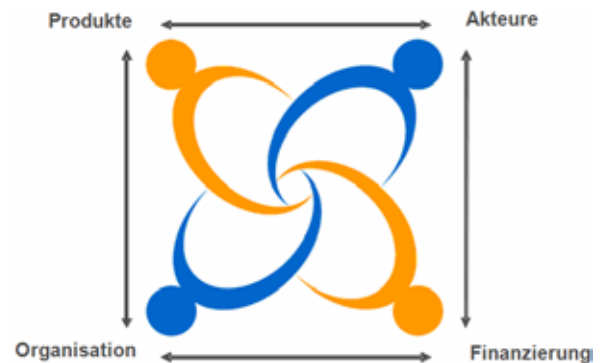


ServiceWelten: The topics



Focus on the companies

1. Market generation & protection
2. Sustainable financing
3. Training & qualification
4. Cooperation & networking
5. Marketing & PR



ServiceWelten: The tools



- Market generation & protection
 - Small-scale market research
 - Regional central points
 - Quality assurance
- Financing
 - Research & development
 - Cooperation with financial services
- Training & qualification
- Awareness raising and qualification measures



ServiceWelten: The tools



- Networking of craftsmen and service providers
 - Cooperation matching
 - Cooperation atlas
 - Cooperation coaching
- Marketing & PR
 - Attention-getting activities
 - Special and information events
 - Marketing structures
 - Building brands



ServiceWelten: The tools



- Sustainable structure: ServiceWelten e.V.
- Advantages for the network:
 - Member retention
 - Financing and planning reliability
- Advantages for the members:
 - Use of the association's logo (trademark)
 - To be found on www.service-welten.net
 - Members' network meeting
 - Expertly supported cooperation building
 - Support of small-scale market monitoring
 - Participation in the information service





For further information:



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Phone: +49 - 251 - 52 03 328
Email: frank.kuehn-gerhard@hwk-muenster.de
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Heidi Bülow
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Email: heidi.buelow@hwk-muenster.de
<http://www.wohnen-im-wandel.de>



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Thank you for your attention!



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info@neumann-consult.com



We do what we can

Zauberfrau household management

September 2011



From an idea to reality

Mechthild Konerding

Mother of three | furrier | pastry chef | management expert | Foundation Zauberfrau 1996





Magically successful

1996 - 2011

Bertelsmann Stiftung | first branches | franchise



At home, but not alone

Customised support for senior citizens

We do what we can!





Every beginning is easy

What we do first? We listen!

We do what we can!



Together!

Help from the best hands – cooking | cleaning | buying | counselling | escorting | supporting ...

We do what we can!





Wonderful prospects

More quality of life – on a personal, friendly and reliable basis

We do what we can!



This far – and much further ...

Zauberfrau household management

We do what we can!





Many thanks for your attention!

Zauberfrau household management

We do what we can!

2.9.2 Hannie Burcksen (NL)



The Netherlands in figures



- Population: 16.5 million
- Households: 7.4 million
- 65+: 2.6 million (15.6% of total)
- 600,000 people over 65 receive home care
- 100,000 people over 65 live in a care home
- 50,000 people over 65 live in a nursing home
- 1,700 care and nursing homes in the Netherlands



Future trends

- 2010: 2.6 million over 65 (15.6%)
- 2030: 3.4 million
- 2040: 4.6 million (25.6%)
- 2050: 10% of the population will be over 80

Policy of government and desire of the elderly:
live independently at home as long as possible



Who is LekkerLeven?

- Intermediary for every conceivable service 24/7
- For young people (time), for the elderly (security)
- More than 200,000 services a year
- Satisfaction rating of 8.2
- Staff of more than 50
- 2,000 companies / 3,000 private persons as service providers



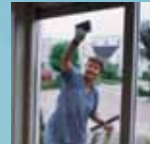
5 most used services:

1. Residential services
2. Household help
3. Gardener
4. Hairdressing/Pedicure
5. Guidance



History

- Private initiative set up in June 1996
- Goal: single service point for the elderly
- Launch with government subsidies
- In 2000 shareholders
- Growth through group clients
- Almost 30 client groups under their own brand



LekkerLeven is a traditional services agent (intermediary)





Networks to which client is referred

- AWBZ (Exceptional Medical Expenses Act), WMO (Social Support Act), health insurance
- Existing facilities
- Volunteer organisations
- Network of client groups
- Private persons as service providers
- Professional service providers

LekkerLeven divides the service providers that it acts as agent for into two groups

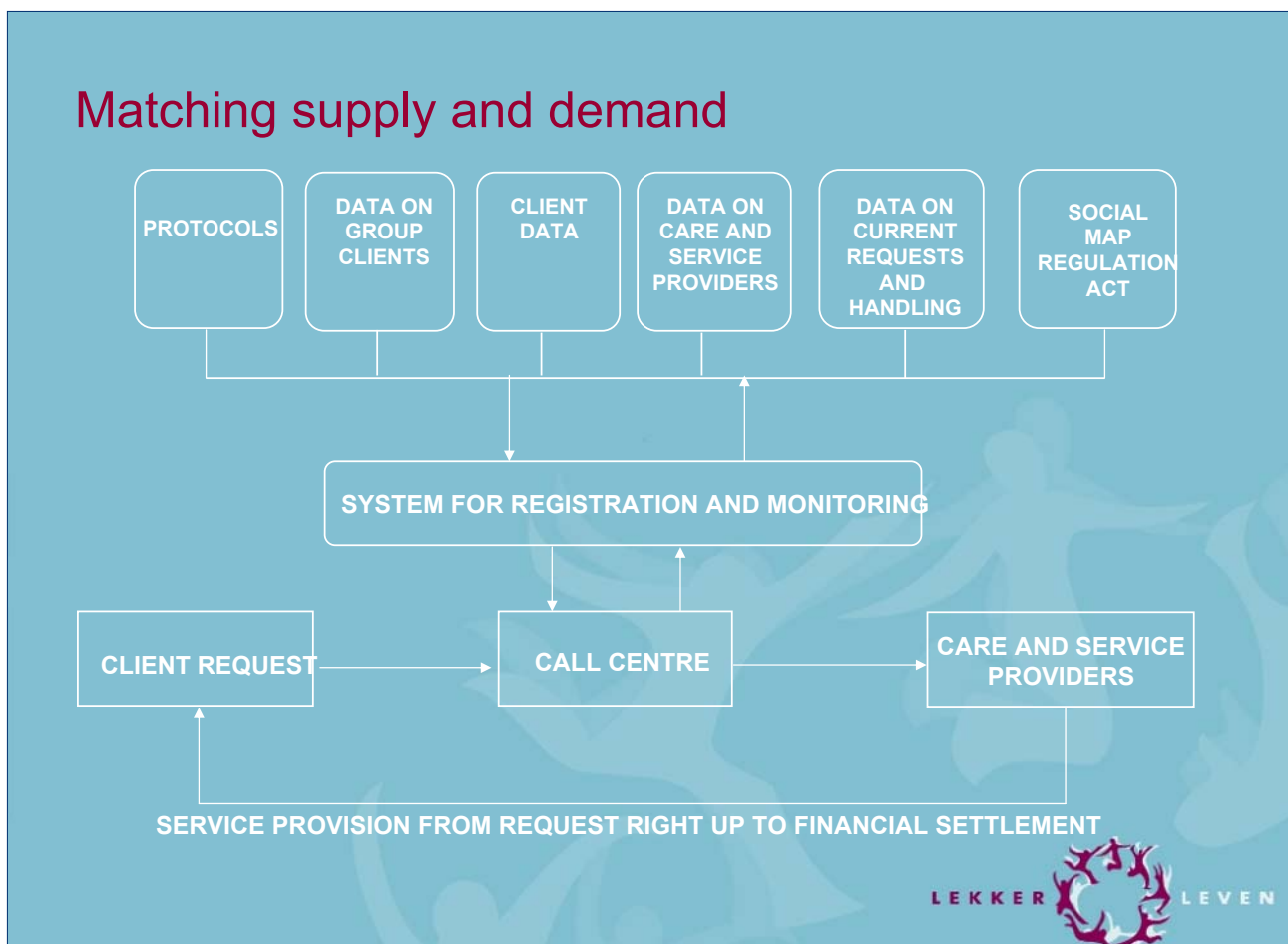
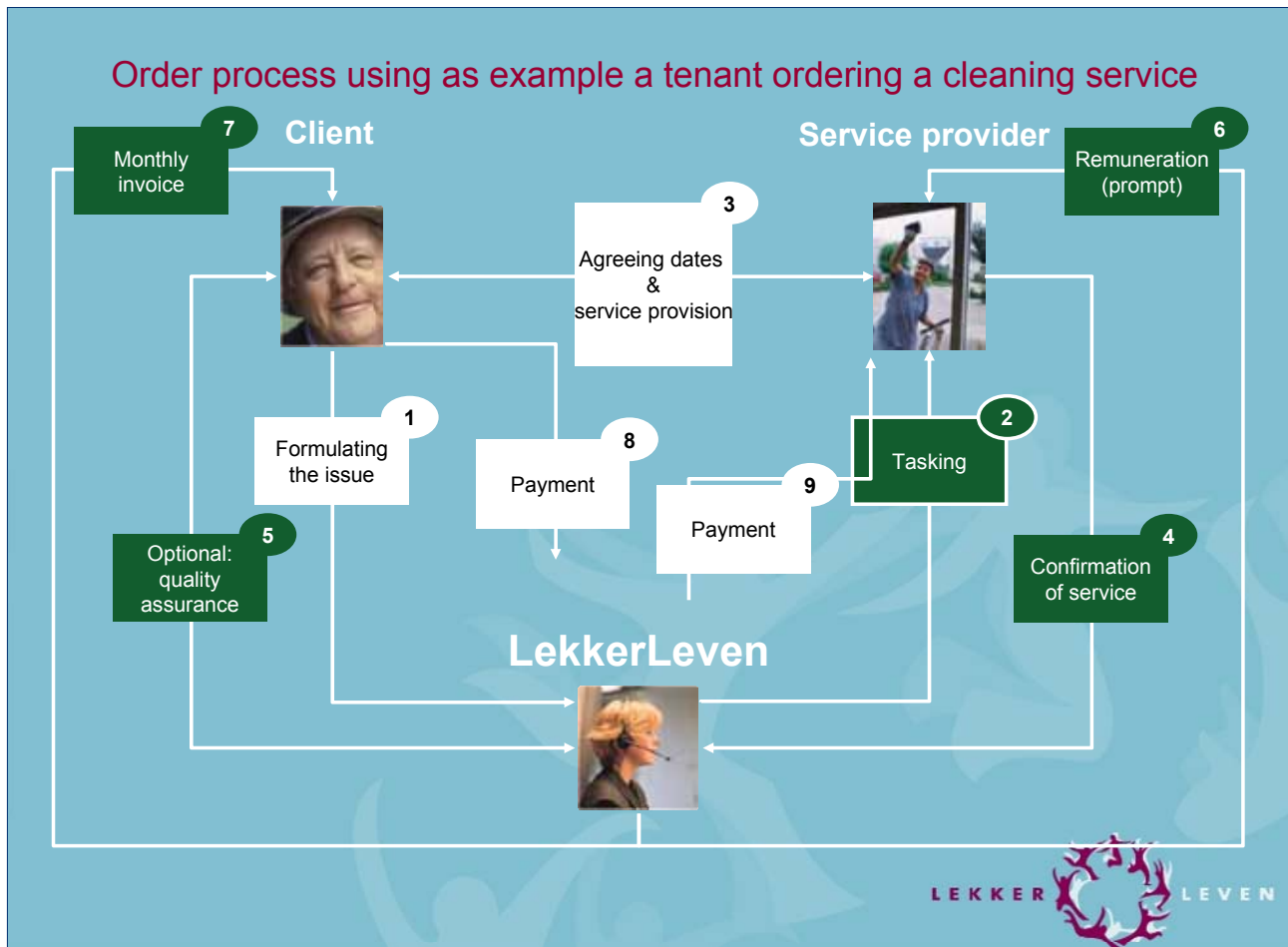
- Private persons as service providers
 - Around 2,500 private persons as service providers
 - Private individuals, including students, housewives, ...
 - Every person is subjected to a home visit before signing a contract (quality assurance)
- Professional service providers
 - Around 1,200 companies as service providers
 - Small and medium enterprises
 - Mostly local



How we go to work

- 24-hour: tel. + website + desk
- Analyse questions
- Provide information on options: various networks
- Arrange, guide, monitor
- Quality and price guarantee
- Check on satisfaction
- Invoices



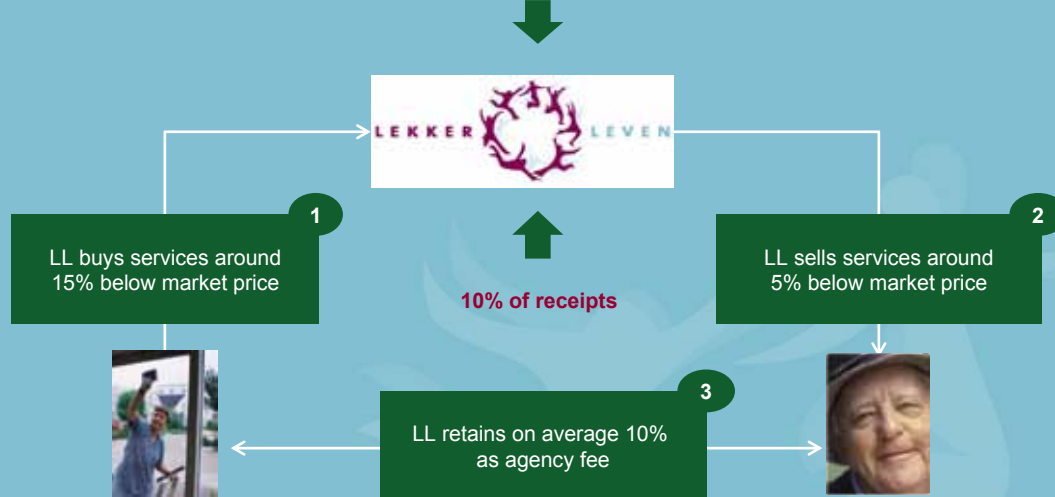


Revenue model

Revenue source 1: Memberships

- Group clients purchase memberships for their clients (around 2.1 million members)
- Membership costs between 1 and 15 euros per person/year, depending on the group client

90% of receipts (incl. taking over Service Hotline)



Revenue source 2: Agency activities



Advantages for:

Private clients

- Discount on ordering (usually around 5% below market price)
- Quality of service (LekkerLeven evaluates all service providers)
- Monthly invoice
- Care warranty (LekkerLeven finds a replacement when a service provider fails)

Service providers

- Client access & utilisation
- Outsourcing accounts/invoicing
- Financial guarantee, LekkerLeven pays promptly



Added value for group clients

- Working for a brand/customised work per client group
- Focus on core business instead of 'job on the side'
- Combine forces
- Independent
- Monitoring execution
- Satisfaction check
- Invoicing
- Private persons as service providers



What are the experiences?

- In the event that
- 'Can't do it alone'/'reliable' and 'ease'/'time'
- Marketing and communication
- Integration of own service provision
- Familiarity and personal contact
- Customer relations, satisfaction and recruitment





2.9.3 Peter Raeymaekers (BE)



Networks of collaboration for an ageing society

Peter Raeymaekers
Coordinator Flanders' Care

Berlin, September 16th, 2011



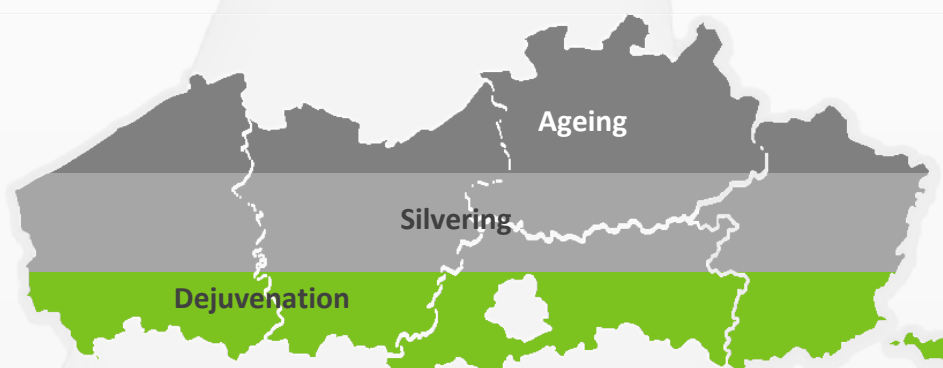
Flanders



- >6 mio inhabitants
- Per 1.000:
 - 5,07 hospital beds
 - 1,92 GP
 - 2,3 specialists

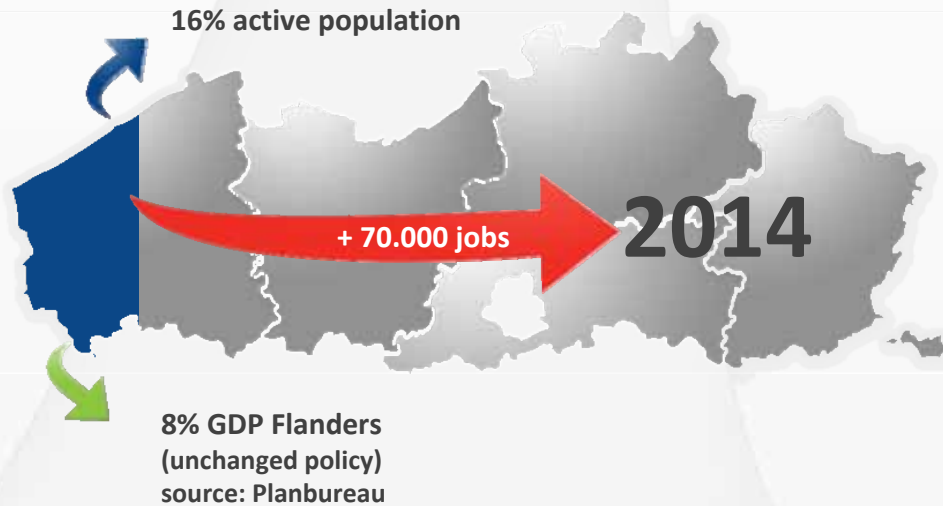


Care: a societal challenge





Care: large economic impact



Tomorrow's patient

Maarten's Journey

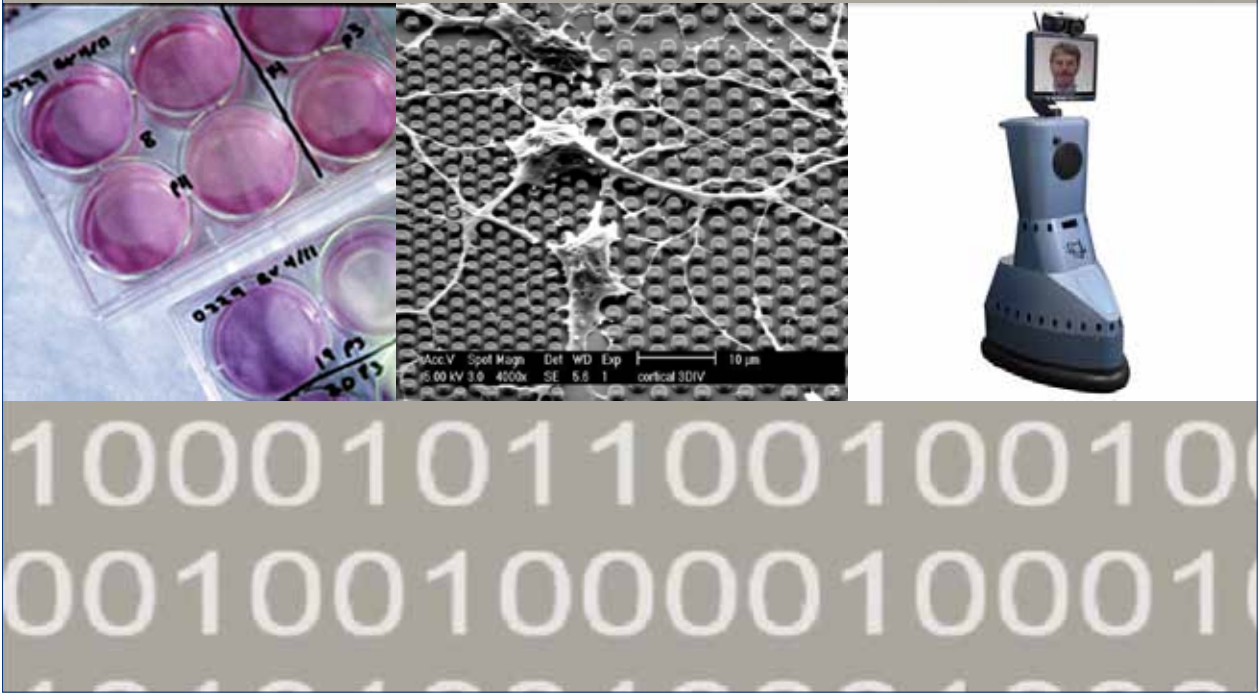
Chronicles while on an unexpected new path



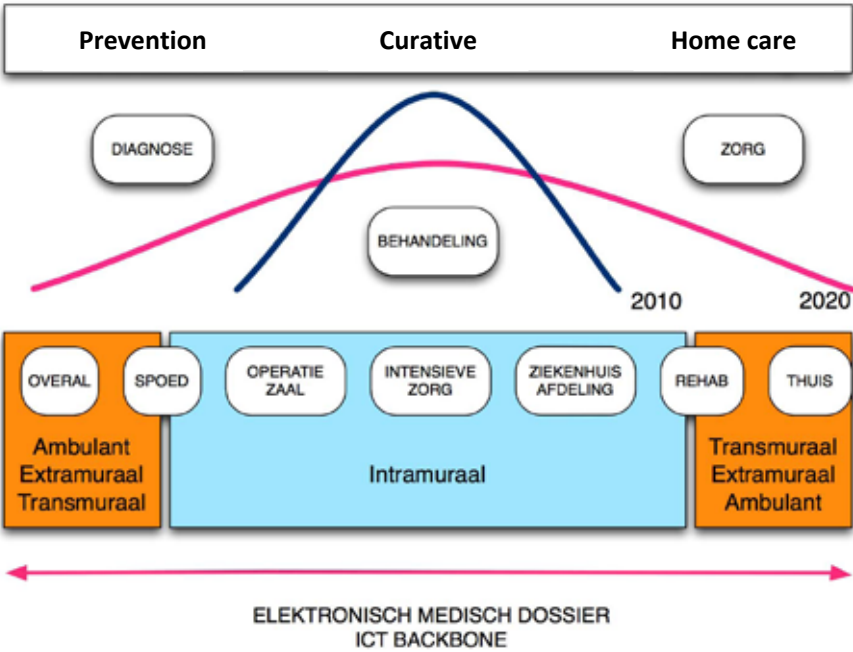
<http://maartensjourney.com/>



Tomorrow's possibilities

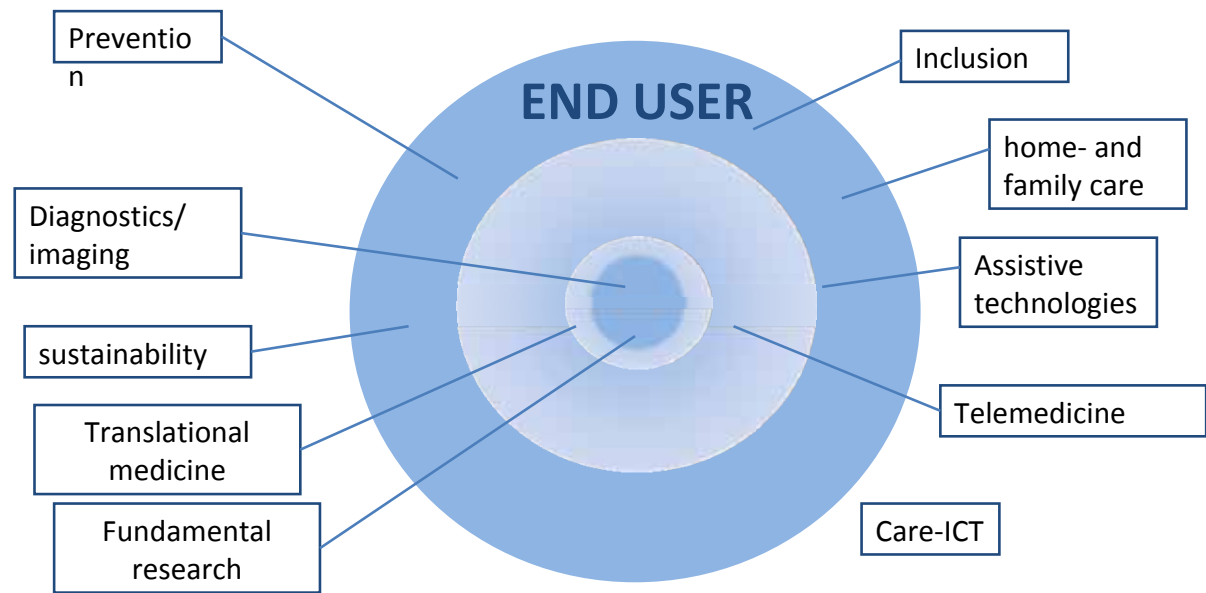


Evolution of Care

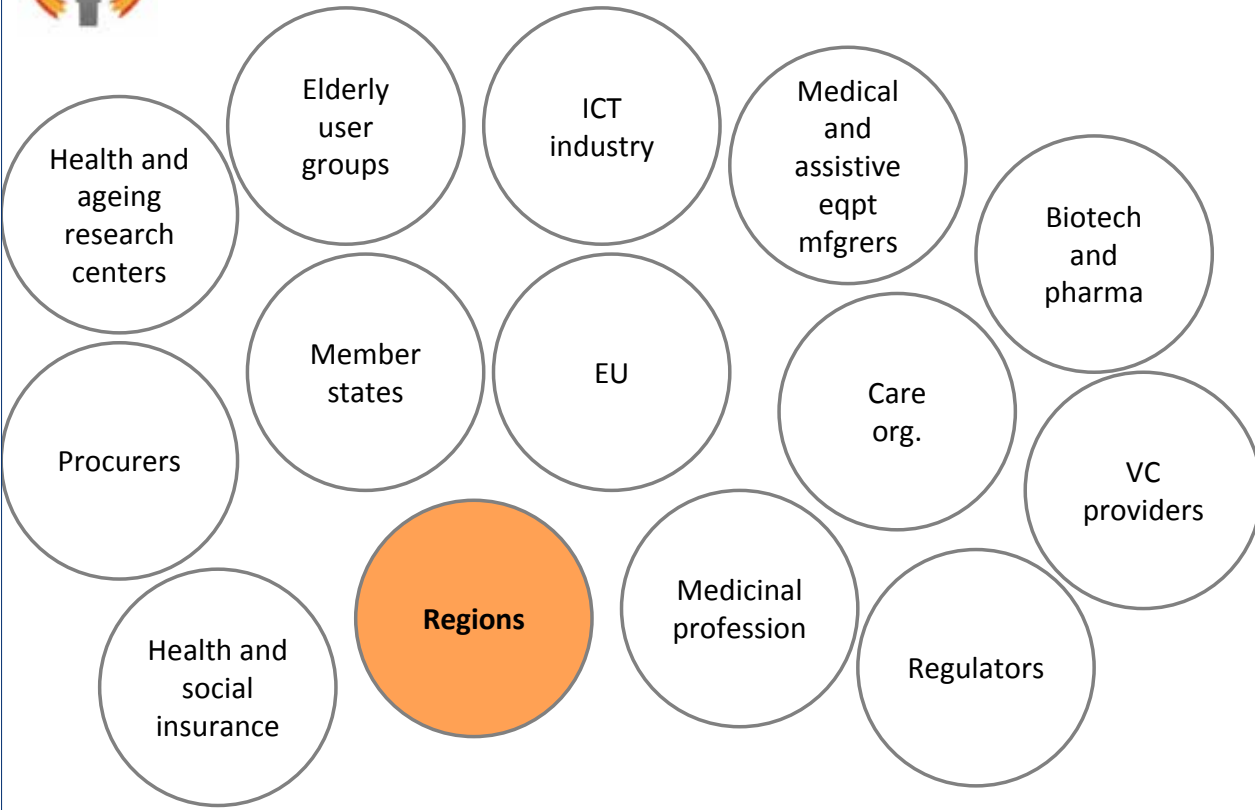




Themes for the future



International Context





Regional initiatives



- Intra-region
 - e.g. Flanders' Care
- Inter-region
 - CORAL: Community of Regions for Assisted Living
 - CASA: Consortium for Assisted Solution Adoption
 - EUREGHA: European Regional and Local Health Authorities
 - ERRIN: European Regions Research & Innovation Network



Flanders' Care mission statement

To measurably improve the **quality of care** through **innovation** and **responsible entrepreneurship**

www.flanders-care.be



Approach

- **Maximum stakeholder input**
- via Care Renewal Platform
- Using **existing policy instruments**
- Developing new policy measures
- In a consistent way
- Over the **whole innovation cycle**

Knowledge inst.

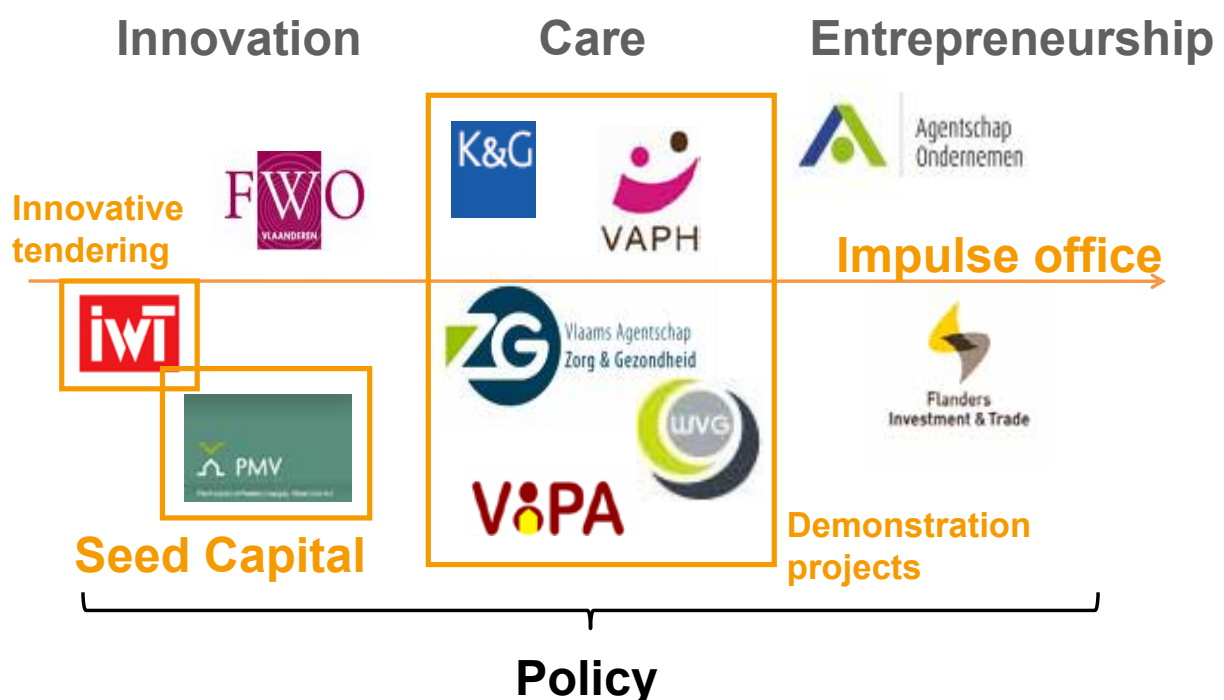
Industry



Care inst.



Policy instruments: finding synergies!





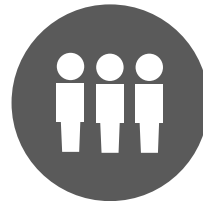
Covering the whole innovation cycle



RESEARCH &
DEVELOPMENT



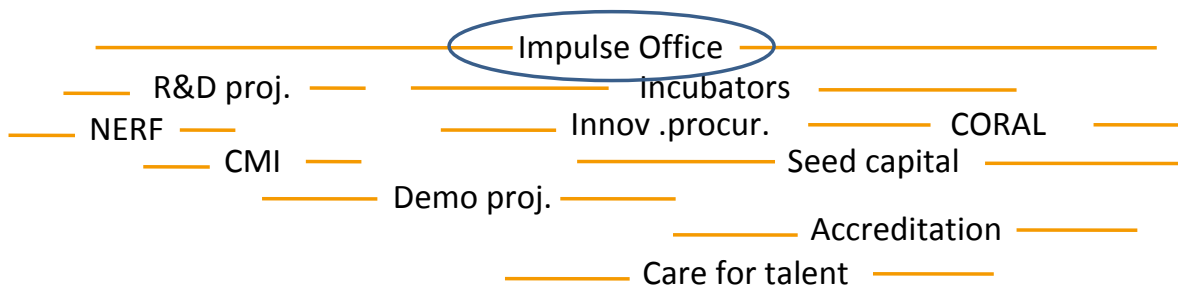
DEMONSTRATION



IMPLEMENTATION



INTERNATIONAL
VALORIZATION



Impulse office Flanders' Care

“Bridging the Gap”

- Inform and stimulate stakeholders
- Guidance:
 - Guide initiatives through the different government instruments of policy domains:
 - Welfare, Public Health and Family Affairs (WVG, VIPA, ...)
 - Economy, Science and Innovation (EWI: IWT, AO, PMV,...)
 - Flanders International (VI: FIT, VAIS,...)
- Brokerage:
 - Direct towards the most optimal government instrument for optimal use and exploitation
- Customized service
- Current: 2FTE

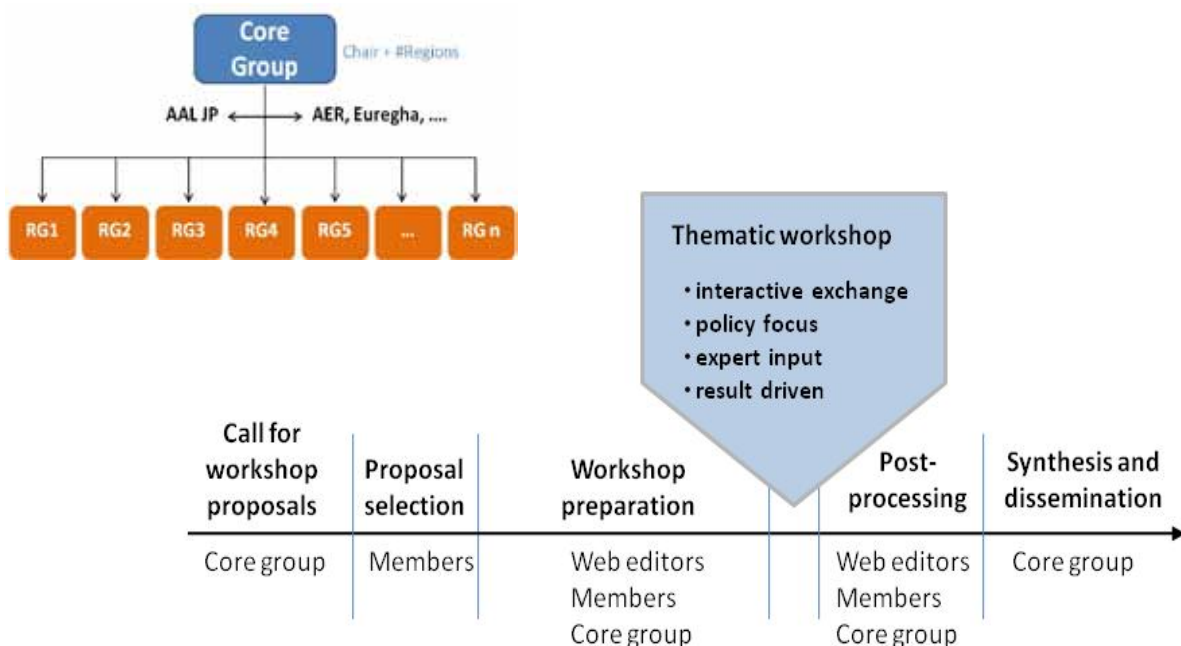


CORAL: Community of Regions for Assisted Living

- European network of regions active in AAL
- Focus: Policy development in the field of Assisted Living
- Activities:
 - Information exchange on policy measures
 - Collaboration between regions
 - Advising the EU decision makers
 - Benchmarking between regions
- AAL Forum, Lecce, Sept 2011



Community structure and workflow





CASA: Consortium for Assistive Solution Adoption

- Interreg IV-C proposal
- Project budget: >3 mio euro
- Period: from 01/2011 to 12/2014
- But made to last
- Partners:
 - Noord-Brabant
 - Kent
 - Veneto
 - Friuli Venezia Giulia
 - Scotland
 - South-Denmark
 - Catalonia
 - Andalusia
 - Timis
 - Wielkopolska
 - East-Sweden
 - Halland
 - Flemish Community

2.9.3 Peter Raeymaekers (BE)



CASA activities

- Study visits
 - Large scale deployment of assisted technology solutions.
 - Social Interaction
 - Monitoring, safety and self-management
 - Healthy lifestyle and rehabilitation ICT
 - Informal care
 - Telemedicine evaluation model
 - Mobility and liveability
 - Integrated regional policy, business and knowledge development
 - Chronic diseases
 - User driven innovation in public/private partnership



CASA activities (ctd.)

- Transfer Task Force
 - Regional mapping and cross-regional SWOT
 - Prepare transfer of good practises
- Deployment of policy inter-regional pilots
 - Social innovation
 - Integrated regional policy, business and knowledge development
 - Large scale deployment
- Knowledge Transfer Conferences
- International conference in Brussels in 2014



Flanders' Care

Innovation and Entrepreneurship in Care

More information:

Peter Raeymaekers
Coordinator Flanders' Care

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1030 Brussels - Belgium
www.flanderscare.be

Tel. +32 478 405 221
peter.raeymaekers@wvg.vlaanderen.be



Departement Welzijn,
Volksgezondheid & Gezin
Samen bouwen aan België en zorg

2.10 Workshop 5 – Support Schemes / Vouchers



Bundesministerium
für Familie, Senioren, Frauen
und Jugend



Deutscher Verein
für öffentliche
und private Fürsorge e.V.



16. September 2011

Workshop 5

Fördermodelle / Gutscheine

Antoine Dumurgier, Edenred

Jean-François Lebrun, Europäische Kommission

Greger Bengtsson, Sveriges Kommuner och Landsting

Moderation:

Dominik Enste, Institut der Deutschen Wirtschaft Köln



Beobachtungsstelle für
gesellschaftspolitische
Entwicklungen in Europa



Dominik Enste, Antoine Dumurgier, Greger Bengtsson, Jean-François Lebrun

2.10.1 Antoine Dumurgier (FR)



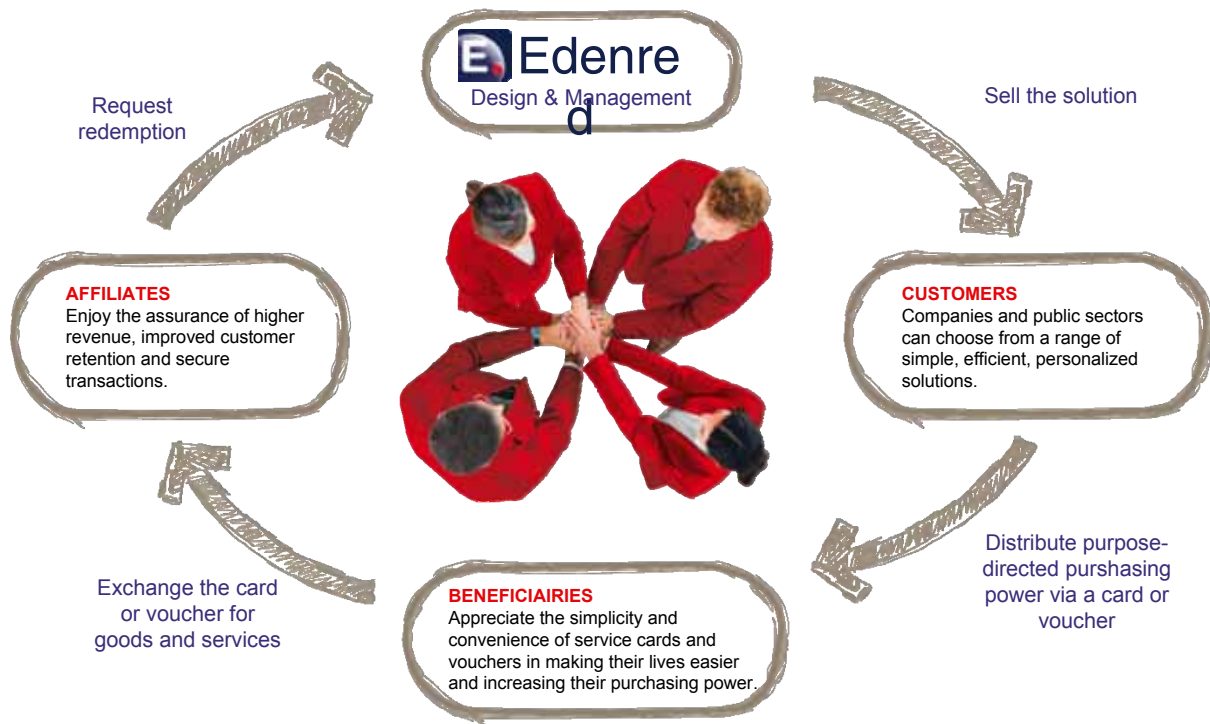
➞ 16 septembre 2011

Eldercare services : a French example of tools to ensure efficiency of public policies

Who is Edenred?

- Edenred who invented the Ticket Restaurant® meal voucher designs and delivers solutions that make employees' lives easier and improve the efficiency of organizations.
- By ensuring that allocated funds are used specifically as intended, these solutions enable companies to more effectively manage their:
 - Employee benefits
 - Expense management process
 - Incentive and rewards programs.
- The group also supports public institutions in managing their :
 - Social public programs.

All Edenred vouchers / cards work along the same principles



French eldercare services snapshot

- France has a long tradition to subsidize dependant people to help them stay home as long as possible
- These subsidies have evolved over time, and the latest version, introduced in 2002, is called "Allocation Personnalisée d'Autonomie" (APA)
- APA is managed by French 100 "Départements" (administrative entities) and distributed to over 1.100.000 people, of which 700.000 stay home
- APA cost in 2010 is about 5.4 Bn€, of which around 4 Bn€ for home stay
- APA cost is growing year after year, due to increasing number of eligible people and to inflation. In the same time, "Départements" resources are flat due to economic crisis and various fiscal reforms



Therefore, "Départements" are looking for ways to improve efficiency of this expense, without decreasing quality of service for subsidized people.

CESU voucher has been created for two different uses

- CESU (“Chèque Emploi Service Universel”) voucher has been created by law in 2005 (“loi Borloo”)
- It is a voucher dedicated to homecare services, as well as childcare services
- 3 types of services can be paid with them :
 - Homecare : housecleaning, houseworks, ...
 - Childcare : at home, maternal assistant, nursery, ...
 - Dependant/disabled: life auxiliary, ...
- This voucher is distributed for two very different uses:
 - “HR” CESU: **direct assistance for employees**
 - Financed by public and private companies to help their staff live better
 - “Social” CESU : **a means of distributing social benefits**
 - Financed by local authorities to help dependant or disabled citizens stay home as long as possible

Prepaid CESU voucher market has a strong growth since its inception in 2006

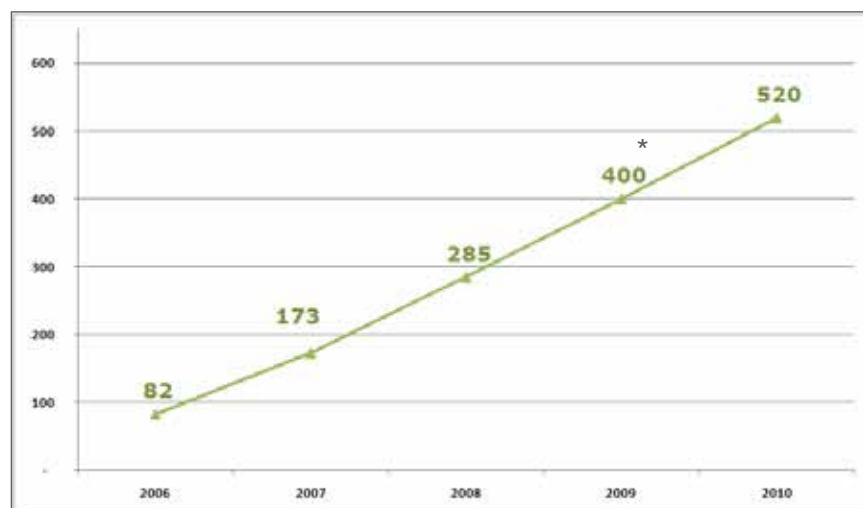
→ €520m in issue volume at end-2010

- More than €100m per year since launch
- About 50/50 between CESU RH and CESU Social

Annual growth rate: 30%

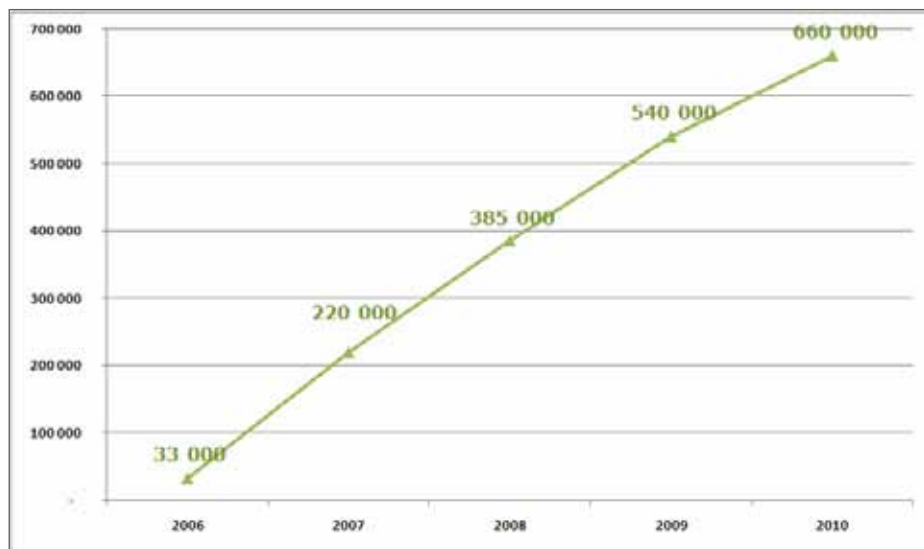
Issue volume in €m

* Excl. CESU Relance

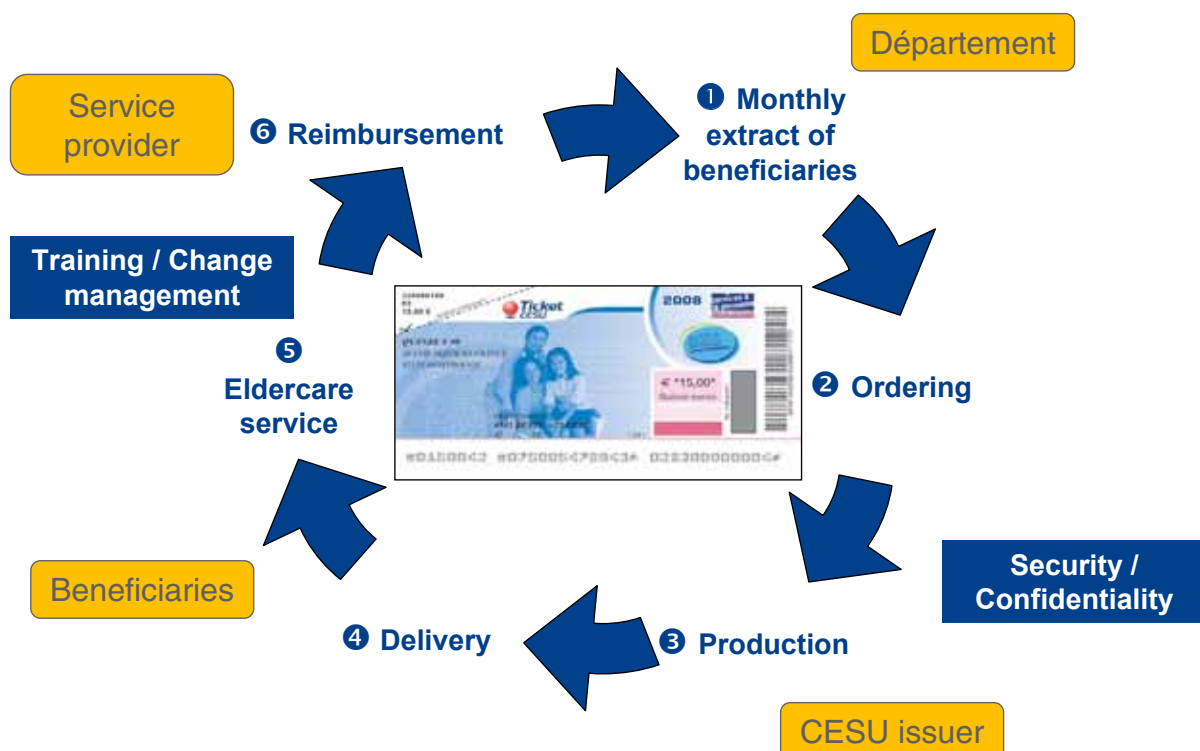


Thanks to its strong growth, CESU has become quite common after a few years

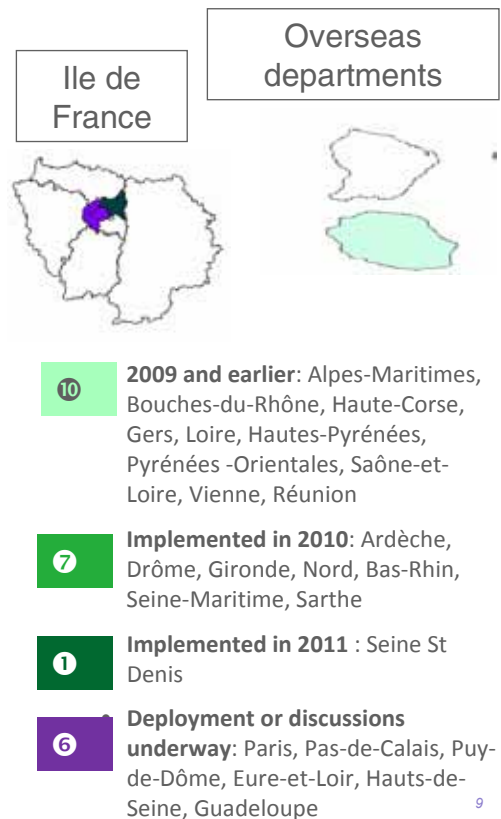
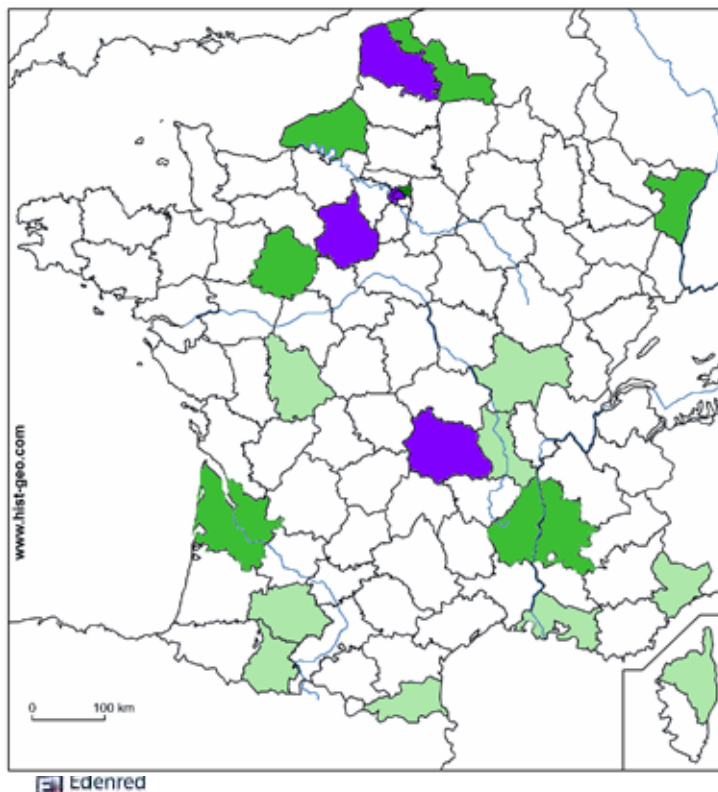
→ 660,000 beneficiaries at end-2010



CESU Social : how does it work?



CESU vouchers : 18 Departments onboard and 6 in the pipeline



As a conclusion, CESU social is a simple and effective way to manage eldercare subsidies

- At a time of widespread budget cuts, the CESU Social represents an effective tool for optimizing public assistance spending.
- There is no cost for the Government. There just need a law that creates the voucher and defines voucher emission conditions
- “Départements” deciding to put in place CESU social proceed to a competitive tender to select a CESU issuer. Issuing fees typically range from 1% to 2% of issue volume, to be compared with 10-15% savings.

“If the CESU Social was adopted by all French departments, Départements could save between €300 and €500 million per year, without decreasing quality of service for beneficiaries”

Telegestion is a service created to ensure effectiveness of eldercare services

- “Telegestion” (tele-management?) is an IT system based on :
 - An Interactive Voice Response (IVR), to register hours provided by social workers
 - A database, in which all these hours are stored and can be modified
 - Several websites, to provide access to these data and allow for invoicing
- Telegestion is currently used by 7 French Départements for dependant and disabled people subsidies, and 8 more Départements are in the process of deploying it
- Telegestion is also a tool that helps eldercare service providers to better manage their employees, for instance by suppressing the need for presence sheets and giving them planning alerts



Source: Business Force Conseil survey – April 2010

11

Telegestion : how does it work?

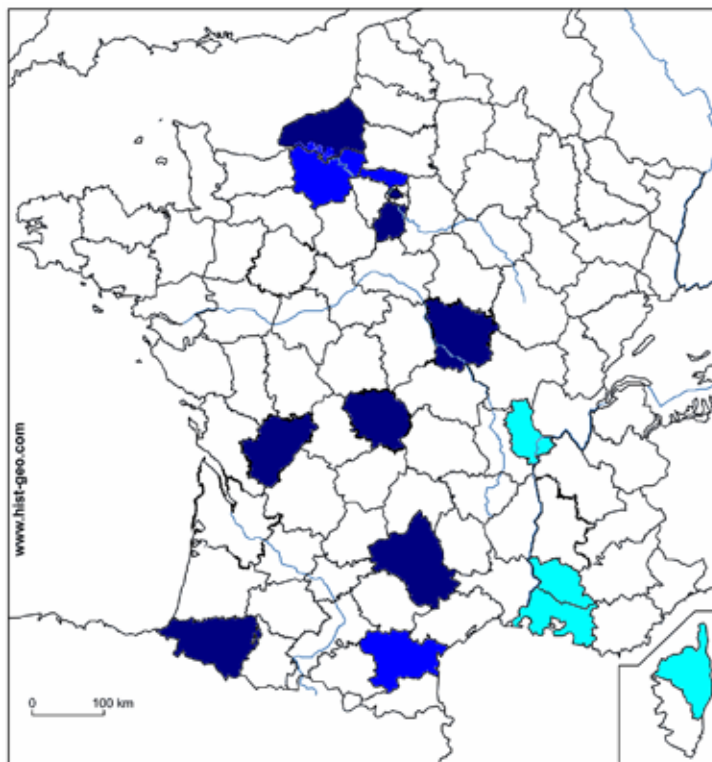
- The Departement extracts monthly its beneficiaries list, as well as number of hours due per person. This list is sent to the telegestion operator
- Social workers employed by eldercare service providers register themselves when they arrive and they depart, through the beneficiary fixed line (toll-free call)
- These data are registered in a database, managed by the telegestion operator. They are called “raw data”
- Service providers access these data through a web site, and can modify part of them (for instance if a social worker forgot one call). Number of modifications allowed is limited by the Département
- Once all service providers finished their modifications, the Département will validate the data through a web site.
- At last, the Telegestion IT system generates invoices, so that service providers can be paid by the Departement



Source: Business Force Conseil survey – April 2010

12

Télégestion : 7 departments onboard and 8 in the pipeline



Ile de
France



2009 or earlier: Bouches-du-Rhône, Haute-Corse, Vaucluse, Rhône



Implemented in 2010 / 2011: Aude, Eure, Val d'Oise



Deployment or discussions underway: Pyrénées-Atlantiques, Essonne, Paris, Nièvre, Creuse, Aveyron, Seine-Maritime, Charente

13

Edenred

CESU and “telegestion” are two tools to ensure efficiency of public spending for eldercare services

→ The CESU voucher enables French Départements to:

- Ensure proper use of disbursed public funds
- Enhance understanding of public assistance programs and improve visibility of the financing organization
- Reduce their budgets by **10 to 15%**

→ For the APA allowance, the 10 French departments using CESU vouchers in 2009 received **nearly €20m** in refunds from issuers in 2010 (source APECESU)

→ “Telegestion” enables:

- Départements to check APA efficiency by only paying for the number of hours worked, and simplifying administrative and management tasks
- Eldercare services managers to have access to a more effective management and quality control system

→ For the Départements using “telegestion”, the cost reduction is estimated at **15-20%** (Source: Report on departmental finances submitted by Pierre Jamet)

Edenred

14

APPENDIX

Définition du CESU préfinancé : Les textes réglementaires

LOI N°2005-841 DU 26 JUILLET 2005

Le CESU permet de payer aussi bien un emploi direct, un prestataire ou un mandataire :

- ⇒ Un prestataire de services à la personne ou organisme agréé : il peut s'agir d'une entreprise privée, d'une association ou d'une structure de garde d'enfant publique (crèche municipale)
- ⇒ Une structure mandataire agréée : elle est chargée par le particulier employeur d'effectuer l'ensemble des formalités sociales (établissement du contrat de travail et des bulletins de paie ; calcul et déclaration des cotisations sociales correspondantes).
- ⇒ L'emploi-direct : il s'agit d'un intervenant à domicile ou d'une assistante maternelle en dehors du domicile. Le particulier est alors l'employeur ;

Définition du CESU préfinancé : Les textes règlementaires

DECRET N° 2005-1698 DU 29 DECEMBRE 2005 modifié par le décret 2007-854 du 14 mai 2007

21 services à la personne éligibles au CESU préfinancé.

 Enfance	 Habitat	 Dépendance
• Garde d'enfants à domicile et hors domicile : • crèche, halte-garderie, • assistant(e) maternel(le), • jardin d'enfants, • garderie périscolaire, • garde à domicile (individuelle ou partagée), • garde occasionnelle (baby-sitting) • Soutien scolaire à domicile ou cours à domicile. • Accompagnement des enfants dans leurs déplacements	• Entretien de la maison et travaux ménagers (ménage, repassage)... • Petits travaux de jardinage y compris les travaux de débroussaillage. • Petit bricolage dit "hommes toutes mains". • Assistance informatique et Internet à domicile. • Maintenance, entretien et vigilance temporaire à domicile, de la résidence principale ou secondaire. • Assistance administrative à domicile. • Collecte et livraison à domicile de linge repassé • Livraison et préparation des repas à domicile, y compris le temps passé aux commissions • Livraison de courses à domicile	• Assistance à domicile des seniors. • Assistance des personnes handicapées. • Garde des personnes malades à l'exception des soins. • Accompagnement des personnes âgées ou handicapées dans leurs déplacements en dehors de leur domicile • Activités d'interprète en langue des signes, de technicien de l'écrit et de codeur en langage parlé complété. • Soins et promenades d'animaux de compagnie. • Soins esthétiques à domicile. • Aide à la mobilité et accompagnement hors du domicile • Conduite du véhicule personnel des personnes dépendantes

In 2009, France Government decided to distribute 350 M€ of subsidies for care services to more than 1.5 million households

➤ **More than 1.5 million households eligible:**

- 690,000 people eligible for the APA
- 630,000 families eligible for childcare assistance
- 165,000 families with a disabled child
- Unemployed people who need childcare while they look for a job or undertake training

➤ **Amount: €200 per family (up to €600 for people registered with the National Unemployment Agency)**

➤ **Timeline: Most of these funds had been distributed over 2 months, by June 30, 2009.**

2.10.2 Jean-François Lebrun (EU)

Workshop 5

Support Schemes / Vouchers

Domestic services – Needs / Opportunities / Challenges

Berlin 16th September 2011

Jean-François Lebrun

STATE OF PLAY : Some facts and figures

Personal and domestic services (EU27 2010)

Official workers	5.4 millions	Eurostat NACE 96-97
Undeclared workers	17,5 millions (10 to 25 millions)	ILO + eurobarometer
« Family workers »	+/- 150 millions (FTE)	OECD + own calculation

= Main « economic » sector ?

The whole economy is based on the externalisation / specialisation.

And here ?

4 main supplies

Family supply	cost = +/- net salary = 10-15€ = opportunity cost
Undeclared supply	cost = 10-12€ = close to the net salary
Official workers	cost without public support = labour cost + some limited other costs = 20-25€ Few users cost with public support = 0€ to 10-12€ Different systems (supply or demand – specific publics - ...)

Is it possible to develop the « family supply » ?

I have some doubts.

Raw demonstration (very raw)

	2009	2050	
Total population	492	450	
Population 15-64	331	279	
Employment rate	65%	75%	27%
Employment	215	209	75
Population 0-14 & +65	161	205	
Time available 15-64	2028h	1501h	
	12h30	7h20	12h30

Active = 3,5h
Inactive = 11h

Impossible in the same conditions

Is it possible to develop the « undeclared supply » ?

Without problem.

There is any limit.

Ex: with the « Badanti » in Italy where immigrant women coming from eastern countries caring for old people and children.

Formal supply

Without support?

Limited in line with the price but realistic for people with high incomes

with support?

Help to suppliers (public, private,...)

No market

Help to users

Fiscal deductibility

Reduction of the labour cost (the price = net salary)

Market

A political debate / the reality is a mix of solutions

An example of tool used to support the demand: the service-voucher

An interesting tool

Why ?

- Flexible and easy to use,
- Simplify administrative procedures
- Allow a constant follow-up of the distribution
- Develop responsibility of the beneficiaries
- and favour development of local business activities

Interesting experiences (ex: in France and Belgium)

Challenges

Cost for the public authorities

Support must be close to
the difference between the labour cost and the net salary

But we must also take into account:

- unemployment reduction
- better reconciliation between working and family lifes
- other reduction of costs

Quality – Productivity

Importance of the vocational training

Importance of ICT

Cultural changes (ex: You buy a service or you buy hours of service)

Stability of the support

Necessity for the operators to develop a business model

+

Necessity of the coordination between public authorities

2.10.3 Greger Bengtsson (SE)

Social services in Sweden

- 290 municipalities
- 2500 – 850 000 inhabitants, average 15 000
- Person in need is by law entitled to help
- Municipality is responsible for social services
- Taxes finance 95%, 5 % fee from user
- Municipality (social services officer) makes need assessment and decide level of help
- Individual can appeal against decision in court
- 85% of social services is in-house

The act on free choice systems

Alternative to Public Procurement Act

January 1 2009

Local authorities decide if they want to implement free choice in social services



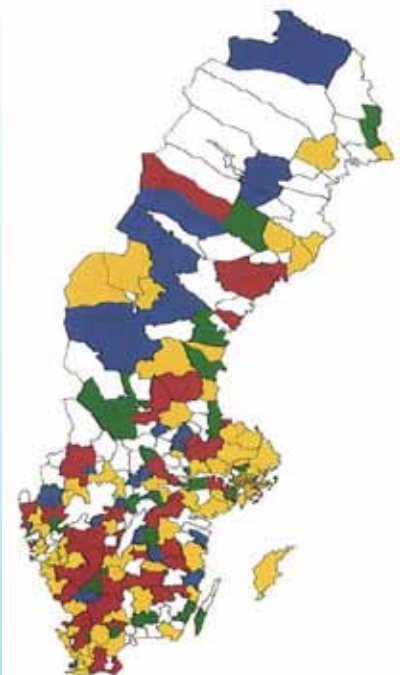
- Individual choose between approved suppliers
- Authority decides conditions for suppliers
- Same conditions for all
- Same level of economic compensation
- Authority must sign a contract with all suppliers who fulfil conditions
- No limitation of the number of contractors
- No deadline for application, the system is continuously running



- Civil law contract
- Mandatory demands: fulfil the demands in Swedish legislation
- Voluntary demands: Quality, level of education etc
- Authority has to provide a no-choice alternative
- Authority responsible for information, monitoring and follow –up
- Authority are responsible that the citizen receive the services that they are entitle to



Free choice in Swedish municipalities



- Not interested (78)
- Implemented the system (88)
- Decided to implement the system (69)
- No decision (27)
- Decided not to implement (28)



Services with free choice

- Home help
- Home care
- Nursing homes
- Day care for elderly
- Day care for disabled
- Relief services in the home
- Short stay away from home
- Escort service
- Daily activities
- Family counseling
- Occupational rehabilitation
- Primary care
- Hip replacement
- More....



Experiences

- Free choice in homehelp most common
- Focus on quality and follow up
- Helps(?) authorities calculate their own costs
- Level of compensation
- Competitive neutrality
- Development of in-house services
- System for small companies
- Politically still a "hot" issue



Tax reduction for housework

- 50% of labourcosts
- Housecleaning
- Gardenwork
- Childcare
- Black to white
- Combine familylife with work
- Individual pays 50% - company get 50% from Tax Agency
- 300 000 used the service 2010
- Average 400 € per year

2.11 Workshop 6 – Information and Communication Technologies as an Innovative Instrument



Deutscher Verein
für öffentliche
und private Fürsorge e.V.



16. September 2011

Workshop 6 Informations- und Kommunikationstechnologien als innovatives Instrument

Susanne Duus, Public Welfare Technology-Foundation

Axel Sigmund, VDI/VDE Innovation + Technik GmbH

Cristina Rodríguez-Porrero Miret, Instituto de Mayores y
Servicios Sociales

Moderation:

Sibylle Meyer, SIBIS – Institut für Sozialforschung



Beobachtungsstelle für
gesellschaftspolitische
Entwicklungen in Europa



Cristina Rodríguez-Porrero Miret



Axel Sigmund

2.11.1 Susanne Duus (DK)



The Danish PWT Fund

– strategic investments in public welfare technology

Information and Communication Technology as an innovative instrument – Danish experiences

Eldercare Services in Europe

–
Home Care, Family Support and Domestic Services for Older People

Susanne Duus, chief adviser
Ministry of Finance

1



What is the PWT Fund?

- Looking for intelligent solutions

The PWT Fund – test and diffuse new assistive technologies and reorganisation of service delivery processes in the public sector

The Danish Ministry of Finance allocates 400 mill. Euro in 2009-16.

So far: funding of over 70 projects in all areas of the welfare state (100 mill. Euros)

2



Three levels of government responsible for eldercare and health in Denmark

- State: framework and infrastructure
- 5 regions: Health (hospitals, private GP's)
- 98 Municipalities: Eldercare, nursing homes and health prevention

3



Telemedical treatment of foot and leg ulcers

- Cross-sector cooperation: Nurse and doctor
- Better treatment of patients
- Nurses: Skill development
- The doctor only sees the very complicated cases

Danish Minister of Finance, Claus Hjort Frederiksen and Neelie Kroes, Vice President for the European Commission and responsible for the digital agenda. AAL Forum 2010 in Odense (Sept. 2010)



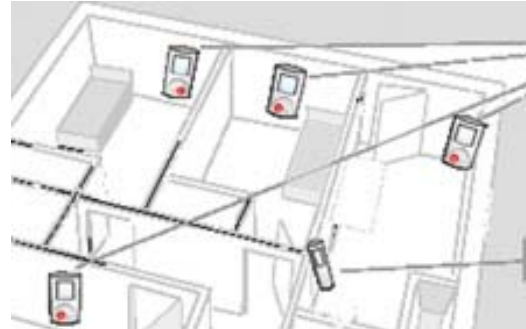
4



Sensor technology: Safety and self reliance

KEY ADVANTAGES

- Routine calls eliminated
- Increased response time in case of accidents
- 24-7 security for the citizen
- Self-determination for the citizen



5



Online Care: Computer, touch-screen and webcam connected to the user's TV



6



Online Care



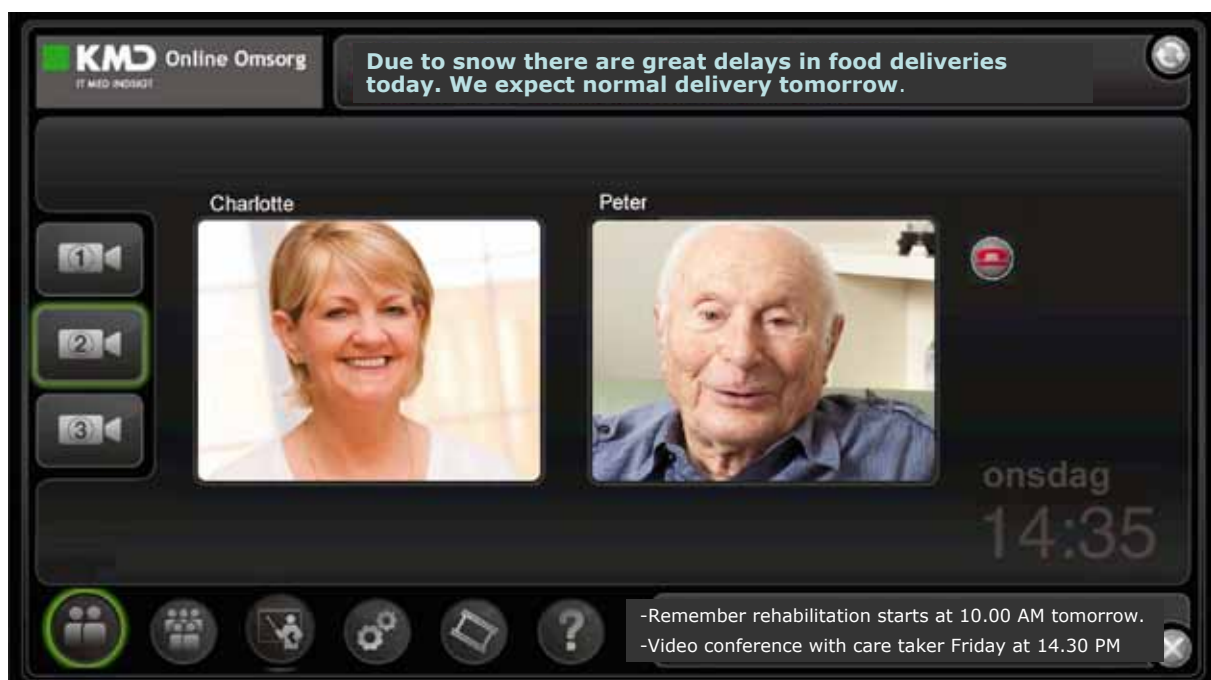
KEY BENEFITS

- Easy access to municipal caretakers, family and friends
- Advice, information and reminders
- Rehabilitation

7



Online care



(Mock-up)

8



Home monitoring of citizens with chronic diseases

- Eldercare: Cross-sector properties
- Information stakeholders: Hospitals, GPs and municipalities need to see the same data
- Tele-monitoring: Largest project to date



9



Barriers in the Danish context

- Cross-sector burden-sharing and change therein - all stakeholders must sign in
- Business case in cross-sector perspective is difficult
- Economic incentives need to work in the right direction
- Clinical tests

10



Advantages in the Danish context

- Small country – the main agents are public
- Tradition for 3 sectors to cooperate on it-projects, standards and infrastructure. Willingness to build more.
- Relatively well-established infrastructural components
- More in pipeline
- Crisis and budget restrictions – municipalities are willing to deliver care and service in a different way

11

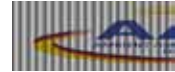


Key learning points

- Proprietary solution are abundant – need for generic solutions and infrastructure
- Need for common and adapted workflows between sectors
- Strong focus on implementation
- End users benefit
- Public employees benefit

12

2.11.2 Axel Sigmund (DE)



Overview of Funded Projects with Eldercare Services

Axel Sigmund

National Contact Point Germany (AAL-JP)

VDI/VDE Innovation+Technik GmbH Berlin



The meaning of „Ambient Assisted Living - AAL“?

Situation

- Future social changes in our society, especially ageing and continuous individualisation cause new needs of technical systems in regard to orientation, support and help

„Ambient Assisted Living“ (AAL)

- AAL includes concepts, products and services for improvement of the interaction between technical and social systems. Objective is to enhance the quality of life for elder persons
- There is no mention of ‚products for seniors‘ but products that incorporate the wishes and needs of seniors (design for all)

AAL Technologies

- All technological fields/ options helping to solve AAL-challenges are relevant for AAL. Selection according to user and market requirements.
- For applications standard technologies should be used as most as possible.
- Interdisciplinary co-operations as well as system integration are important.
- Frequently various technological options exist to offer the required functionalities (window cleaning robot vs. nanocoating).
- Benefits of available devices are to be used in an integrative manner.
- Often simple solutions with a reduced flexibility are preferred (AAL does not necessarily imply High-Tech).
- Despite the possibility of integration, solutions have to work without the network on their own (e. g. in case of network breakdown or power blackout).

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AAL Technologies – not this way



■ (Printed in Helsingin Sanomat 18.10. 1996 in a news story

■ reporting on the 2nd Int'l Conference on Gerontechnology)

■ © Risto Karlsson

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AAL Funding Programmes – Germany

National

- Altersgerechte Assistenzsysteme für ein gesundes und unabhängiges Leben – AAL
- Development of possibilities of continuing education and additional skills in the field of AAL – QuAALi
- Mobility – Seamless chains of mobility
- Assisted Care – Call open until end of September

European

- AAL Joint Programme
 - 2008 – 2013, total volume ~ 600 M€ of which 50% public funding, 50% private funding
 - Member state driven programme – 20 EU and 3 non-EU countries
 - EC participation based on article 169 of the EC treaty

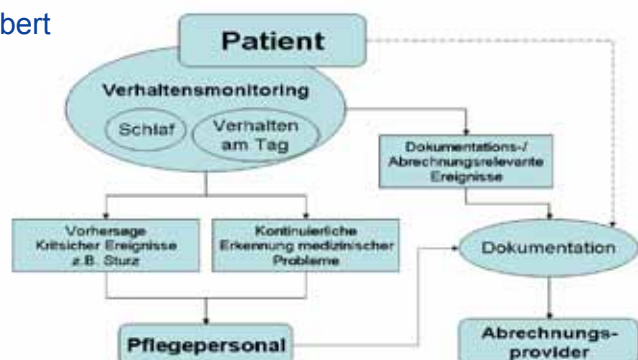
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Project SAMDY

Early warning system for care services when changes in health or potential situations of danger; relief of the care personnel of non-care activities such as documentation and account

- Sozialwerk St. Georg e.V., Gelsenkirchen (coordination)
- Fraunhofer IMS, Duisburg
- Scemtec Automation GmbH, Velbert
- Klinikum Duisburg, Duisburg
- inHaus GmbH, Duisburg
- akquinet AG, Hamburg



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Project PAALiativ

As good as possible medical and care supply of patients at home; house communication platform for a network of the incorporated partners (e.g. family members, social services)

- Johanniter-Unfall-Hilfe e.V. Berne (coordination)
- OncoScience Studien GmbH, Oldenburg
- Palliativzentrum in der Ev. Krankenhausstiftung
- Pius-Hospital Oldenburg
- DiscVision GmbH, Paderborn
- OFFIS e.V., Oldenburg
- Ipac Institut für Palliative Care e.V., Oldenburg



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Project aal@home

Intelligent emergency call combined with telemonitoring; Sensors (Ultra-WideBand) with 8 meters range; Vital signs like breathing rate and heart rate and positioning; Communication system for carers, caretakers and health professionals

- Paritätischer e.V., Lüneburg (coordination)
- Klinikum Lüneburg
- telmed GmbH, Koblenz
- Panasonic Electronic, Lüneburg
- Kieback & Peter GmbH, Berlin
- Uni Lüneburg
- TU Ilmenau
- Universität Kassel

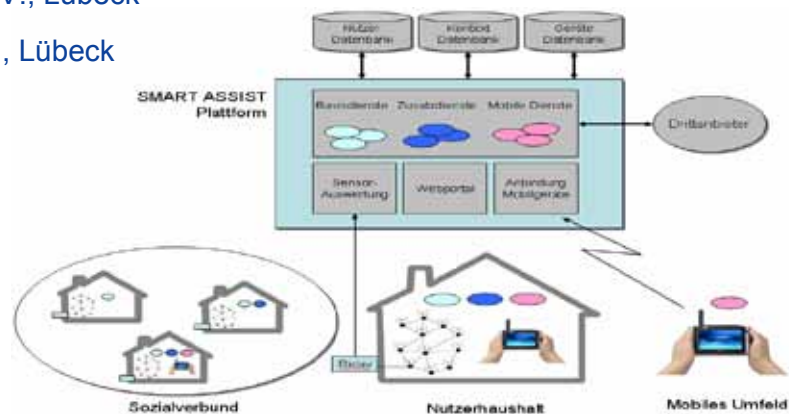


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Project SmartAssist

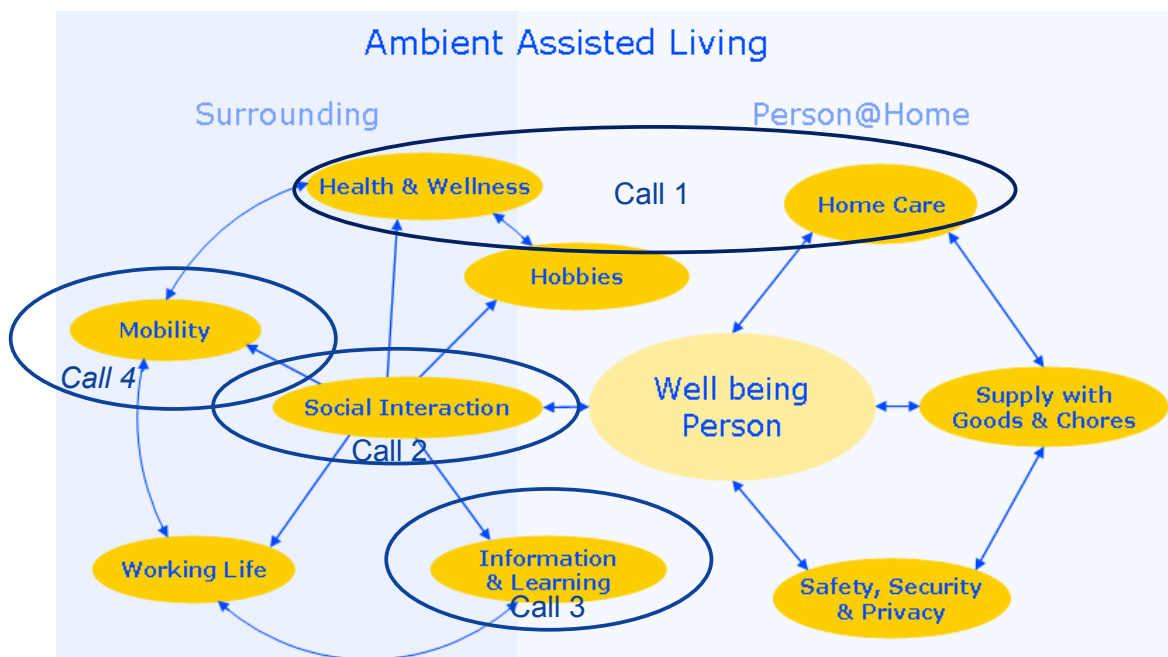
Detection of daily activities; Use of indirect sensors/smart home technologies; combination of telecare and other services with open platform; coordinator is a security company

- Lübecker Wachunternehmen, Lübeck (coordination)
- Vorwerker Heime e.V., Lübeck
- Coalesenses GmbH, Lübeck
- Universität Lübeck



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AAL Joint Programme – Topics



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AAL Joint Programme: Some Project Examples 1

ALADDIN

- A technology platform for the **A**ssisted living of **D**ementia **e**lderly **I**ndividuals and their caretakers

AGNES

- User-Sensitive Home-based Systems for Successful Ageing in a Networked Society

CCE

- Connected Care for Elderly Persons Suffering from Dementia

HELP

- Home-based Empowered Living for Parkinson's Disease Patients

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AAL Joint Programme: Some Project Examples 2

HERA

- Home sERVICES for specialised elderly Assisted living

PAMAP

- Physical Activity Monitoring for Aging People

REMOTE

- Remote health and social care for independent living of isolated elderly with chronic conditions

ROSETTA

- Guidance and Awareness Services for Independent Living

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Supporting projects – secondary research

- Area of conflict between the possibility of a helpful technological assistance and the risks of electronic „paternalism“ or „incapacitation“
- Necessity to deepen considerations of ethnical, social, ergonomic, data privacy, judicial and economic aspects
- In secondary research the aim is, that technical excellent solutions will be developed without causing controversies in society.
- Adjusted to their needs the projects are to be supported with necessary additional information („Coaching“).

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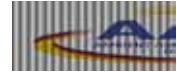
AAL Kongress

- 24.-25.01.2012 the 5th German National AAL-Congress (organised by BMBF and VDE)
- Topics
 - Work – Care – Technology
Practical examples of technical solutions and their applications in the field of work and care.
 - Participation - Mobility
Solutions of improvement of social participation and mobility for the elderly.
 - Future Topics
Innovative ideas and technical design studies for tomorrow.
 - Technical Research
Insights of technical research of today.



■ 14

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National Contact Point AAL-JP

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2.11.3 Cristina Rodríguez-Porrero Miret (ES)



Eldercare Services in Europe Berlin, 16.09.2011

Workshop 6:

Information and Communication

Technology as an Innovative Instrument

Cristina Rodríguez-Porrero

**CEAPAT-IMSERSO- Ministry of Health,
Social Policy and Equality**



Older Persons in Spain

Report 2008 Observatory of Older Persons Spain

Year 2010

persons aged 65 and + **17%**

persons aged 80 and + **5%**

Year 2060

persons aged 65 and + **30%**

persons aged 80 and + **13%**

Personal Autonomy and Dependency

Survey of Disability, Personal Autonomy and Dependency situations. EDAD 2008 (National Institute of Statistics)



3,8 million persons with disabilities (8,5% of the spanish population).

2,8 million persons have difficulties in everyday activities.

The importance of disabilities grows in older persons.



CEAPAT-IMERSO

National Reference Centre for Personal
Autonomy and Assistive Technology,
from National Institute for Older Persons
and Social Affairs: IMERSO,
Ministry of Health, Social Policy and
Equality, SPAIN

CEAPAT-IMERSO





CEAPAT's Mission:

to work for the rights of persons with disabilities and older persons by means of universal accessibility, assistive technologies, and design for all.



CEAPAT's activities

- Information and advice on ICT and accessibility
- Collaboration for the development of accessible ICT
- Standardization works
- R&D
- Publications
- Catalogues
- Specialized Library
- Exhibition
- National & international projects

Spanish Catalogue of Assitive Products and Technologies

www.ceapat.es



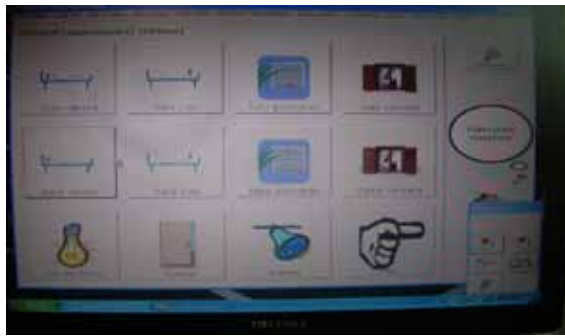
www.eastin.info

International Alliance of Assistive Technology Information Providers

www.ati-alliance.net

Exhibition ICT





ICT at home



ICT for localization

SIMAP

www.simapglobal.com

COLUMBA

www.medicalmobile.com

CARD

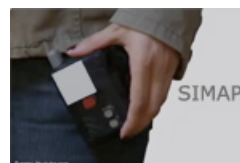
www.alares.es

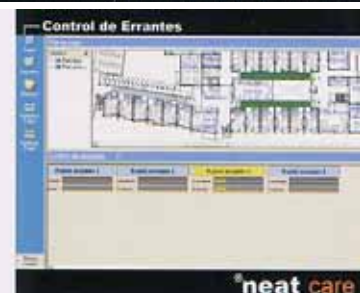
KERUVE

www.keruve.com

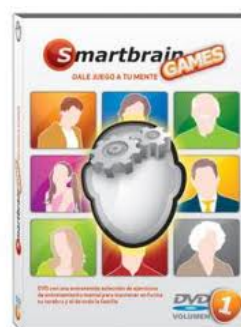
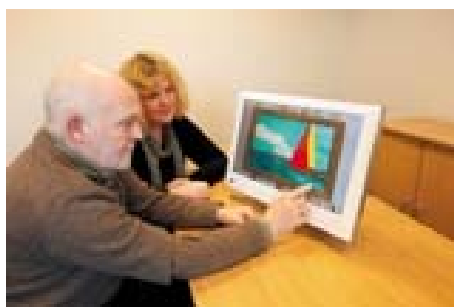
www.movistar.com/accesibleparatodos

www.vodafone.es/accesible





Cognitive stimulation programmes





Personal Adaptable Communicator

Apple, Iphone , Ipod. Ipad.
Free software



ICT and Persons with Parkinson



ICT Platform for the
maintenance of cognitive
capacities for persons
with Parkinson





Electronic games entertainment and virtual reality



eVIA

Physical, cognitive and memory rehabilitation.
Training in activities.



TELPES Project Vodafone Foundation

Telecare for deaf persons





paSOS Project, to the Universalization of Mobile Telecare assistance Services



Users protocols



Alarm Center



www.pasosproject.org

Innovation in Support Services



e Health

Follow up

Promotion
of activities



Social
Participation

Video Support

Information



Support for daily activities

Platas Project: Platform for social support



Fundación
Vodafone
España



PLAN
AVANZA



Rural Areas



Training and emotional support for
ageing at home

Bank of popular knowledge



“Near to you” Initiative

Bank of Memories



Legal framework in Spain

Act 51/2003

on equal opportunities,
non discrimination and universal
accessibility



Principles:

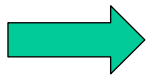
Independent living
Normalization
Universal Accessibility
Design for all
Civil Dialogue
Mainstreaming



Legal framework in Spain

Act 39/2006

On the promotion of personal autonomy
and care for dependent persons



Integrated national system
to address globally
the situations of persons
in vulnerable situations



ICT and ageing

Universalization

Specific needs and situations

Rights, freedom of choice, active ageing

Ageing as market and innovation opportunities

Design for all ages



Thank you very much



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3 Editorial information

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