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Demographie konkret – Pflege kommunal gestalten

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Abstract

Background

Against the background of demographic change, German policy-makers and society at large face major challenges when it comes to ensuring the country's elderly receive the nursing care they need. The number of people requiring care is growing rapidly; at the same time, the ability of families to provide care will continue to diminish over the long term. A significant increase in professional nursing and home care will be needed as a result. The principle of giving priority to non-institutional options over institutional care will be a key factor in ensuring the future viability of Germany's system of care provision. In addition, the vast majority of those requiring assistance, and their families, prefer care to be provided at home as opposed to in an institutional facility.

While there has been no significant increase in support nationally for the non-institutional versus the institutional sector since the year 1999, considerable differences now exist among Germany's districts in terms of the level of home- and community-based services offered there and how those services have developed in recent years. Until now, non-institutional care has been the subject of little research. Preliminary statistical analysis shows, however, that the differences are dependent only to a small degree on socio-demographic factors such as the care recipient's age, marital status or household income.

The goal of this explorative study is to identify the factors responsible for district-level differences in institutional and non-institutional care and to show which approaches can contribute to promoting non-institutional care in Germany's districts. At the same time, it must be noted that as a result of the centralization of management structures at the federal and state levels, Germany's districts have little ability to influence the situation directly.

Methodology

Based on a comparison of local-level care statistics and other relevant socio-demographic data, 6 urban districts and 10 rural districts from throughout Germany were chosen to participate in the study. Two test groups were created consisting of municipalities with nursing-care structures that favor non-institutional approaches. These were contrasted with two control groups made up of municipalities whose nursing care structure was largely institutionally based.

Local care structures and networks in these municipalities were analyzed in exploratory case studies. Research was carried out to review the relevant data and literature, and guided interviews were conducted with key participants in each of the local care markets. The study's authors conducted a total of 200 interviews with 247 people in the 16 districts. In addition to local government employees, the interviewees included, in particular, departmental heads in the area of social affairs, select home-care service providers and nursing homes, representatives of local volunteer associations, personnel at the main counseling and nursing-care support centers, regional representatives of nursing-care insurance providers and staff at community housing associations, as well as social service managers and specialists in geriatrics and gerontological psychiatry at local hospitals.

Key findings

Within the framework of this comparative study, four key governance approaches were identified for promoting non-institutional care for the elderly at the local level. These approaches were much more prevalent in the "non-institutional" districts examined in the study than in the districts in the control group, which had a stronger focus on institutional care.

(1) Building effective networks

Extensive, active networks that bring together local actors are a key tool for promoting non-institutional structures for care provision. Success factors for building effective networks include, in particular, open and inclusive opportunities for participation, joint formulation of basic goals, creation of issue-specific working groups with clear mandates, active coordination by local government authorities and a pronounced willingness to participate on the part of nonprofit organizations.

(2) Active inclusion of local-level administrators in shaping care

Despite difficult background conditions resulting from the limited possibilities that Germany's districts have for managing care directly and/or hierarchically, one strategic factor identified as critical for promoting non-institutional structures is active participation on the part of local public administrators and support from social-affairs policymakers in shaping resources for elder care. In addition to the coordination of networks, effective measures here include the initiation of participatory care planning and the support and promotion of volunteer home-visit organizations and neighborhood assistance groups, which provide crucial support in many municipalities. In order to take on this role effectively, local administrators require a minimum level of personnel who have been explicitly tasked with coordinating and planning.

(3) Advising local investors and providers

Advisory services for local investors and providers can play a key role in increasing the level of non-institutional care available in the community. These services have been actively used in many

of the communities examined in the study to reinforce the idea that non-institutional options should be given priority over institutional care in the local market. A central aspect here is close coordination among the many relevant administrative departments. Some districts were thus able to prevent the establishment of unwanted additional institutional facilities. Innovative non-institutional organizations, such as those providing new types of housing, can be given crucial support through proactive advisory services that target investors and providers.

(4) Providing adult day care to relieve family members

Adult day care can provide relief for family caregivers, thereby stabilizing caregiving arrangements and delaying entry into a nursing home. Throughout Germany, operating adult day-care facilities in an economically efficient manner is seen as a major challenge. In a number of communities examined in the study, local authorities provided key support for increasing the number of day-care facilities by interpreting legal requirements in a way that made it possible to offer more services. Important synergies arise when a provider combines the operation of an adult day-care facility with home-care services. Some nonprofit organizations have even made the strategic decision to begin offering all the »links« in the chain of non-institutional and care-related services.

Other findings

In a few districts, other approaches have played a key role in promoting structures for non-institutional care. They include comprehensive home-based services for people with dementia and their families, effective advisory and case-management structures, the inclusion of specialists for geriatrics and gerontologi-

cal psychiatry in local care-provision markets, optimization of discharge management at hospitals and ensuring a high degree of innovative thinking within the local market for non-institutional care.

In terms of Germany's nursing-care insurance providers, most of whom operate supraregionally, there was little willingness to get involved in local markets for care provision and little networking with local care-related actors. This was true in all of the districts examined in the study, with only a few exceptions.

Summary and outlook

Despite the centralization of management responsibility on the federal and state level described above, the present study shows that local-level actors do indeed have various options available to them for promoting non-institutional care. Different instruments of governance to achieving this goal and the related success factors have been identified as a result. Furthermore local-level authorities have a key role to play as initiators and facilitators of local care-management processes.

In light of the study's explorative nature, additional research would be necessary to test the causal relationships between the utilised instruments of governance and the actual development of care-provision structures.

Due to demographic change, the relevant actors currently have a window of 10 to 15 years to develop sustainable care-provision structures in Germany. The identified instruments of governance offer local actors the possibility of moving forward now, despite the limited resources Germany's municipalities have to manage care directly. To that extent, local actors must be supported by the relevant actors on the national and state levels.

The study's findings have a number of implications for the reform process currently taking place as part of the legislation designed to improve elderly care in Germany. The authors recommend taking advantage of the political momentum and findings from Germany's National-State Working Group on Increasing the Role of local governance in long-term care, so that local actors can be given a more active part in Germany's national long-term care insurance legislation (SGB XI) and in state-level legislation pertaining to care. In addition to the working group's recommendations for promoting the use of optional tools – regional care conferences and local-level planning of care structures – financial incentives in particular should be emphasized for creating and expanding planning and coordinating resources within local-level authorities. This would enable additional local authorities to realize in a more comprehensive manner their central role as facilitators and coordinators initiating and supporting local care-management processes.