



First Report of the German Independent Advisory Board on Work-Care Reconciliation

June 2019

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Summary: Findings and Recommendations for Action

The fact that German society is ageing in the wake of demographic change has tangible effects: along with the growing number of people in need of long-term care, there is simultaneously a drop in those potentially available to provide the care they need. Relatives of people in need of long-term care are faced with the challenge of reconciling family, care and work, while employers have to weigh their own operational requirements against employees' care-related responsibilities and needs.

Against this backdrop, the Caregiver Leave Act (Pflegezeitgesetz, or PflegeZG) and the Family Caregiver Leave Act (Familienpflegezeitgesetz, or FPfZG) underwent significant reform and enhancement with the entry into force on 1 January 2015 of the Act to Improve Reconciliation of Family, Care and Work – for example with the introduction of a carer's grant (Pflegeunterstützungsgeld) and a legal entitlement to family caregiver leave (Familienpflegezeit).

In accordance with the 2015 Act, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) appointed the Independent Advisory Board on Work-Care Reconciliation (Unabhängiger Beirat für die Vereinbarkeit von Pflege und Beruf). Section 14 (2) of the Family Caregiver Leave Act (FPfZG) sets out the Board's responsibilities and tasks: the Advisory Board deals with issues concerning work-care reconciliation, monitors implementation of relevant laws and advises on their impact and effects. In its first period of tenure, the Board focused its advice on the further development of the legal framework, options for financial support and working time sovereignty. It also dealt with issues relating to improving support services, expanding advisory services in a transparent manner and ways to use digital and technical products to reduce the burden in providing care.

With this report, the Board sets out its position on the current situation regarding reconciliation of work and care by presenting the key outcomes of its consultations, pointing out options for further development and formulating concrete recommendations for action.

The Advisory Board's key findings

When commencing its work, the Board defined several key, cross-cutting issues which form the basis for the joint work and recommendations for action:

- Care is seen as a societal responsibility.
- All decisions made either for or against providing care for a close relative are to be respected.
- Carers are to be supported in such a way that they do not need to temporarily or permanently leave their jobs.
- The Board is in favour of measures to promote gender equality in reconciling work and care.

- Operational feasibility is taken into account.
- The special circumstances faced by self-employed persons are taken into account.
- As a matter of principle, the recommendations for action may not fall short of prevailing statutory provisions and rights.

The Advisory Board's work focused on the question of the framework conditions needed to ensure that the provision of care for persons in need of long-term care can be well combined with gainful employment. Assuming responsibility for providing care in the home must not result in a situation where the family member providing that care has to give up their job or can only care for the person in need of care for a limited period of time and incur huge financial losses in the process. Home-based care, like child care, is the responsibility of society as a whole. This is why, (temporary) compensation must be provided for loss of income incurred when caring for a close relative in need of long-term care. Initiatives and arrangements are urgently needed to make the provision of care possible in given periods of time without the carer being disadvantaged because they have either reduced their working hours or given up their job completely.

The existing arrangements under federal law are not being taken up to the extent expected; this applies in particular to the loans available to bridge periods of caregiver leave or family caregiver leave.¹ By extending options to release employees from work and by introducing wage compensation benefit for family carers (similar to parental allowance), the financial situation of those carers could be stabilised to avoid them having to give up their jobs. At the same time, incentives could be created to reconcile work and care using various partnership models – also to promote financial independence for women, who currently assume most of the responsibility in caring for close relatives. Incentives should also be created to encourage more men to participate in the provision of care. The work release options on offer must allow flexible take-up, since a person's need for care is rarely something that can be planned.

With an eye to these issues and considerations, the Board set out its key recommendations for action. Not all recommendations have the full support of all Board members.²

Key recommendations for action³

The Advisory Board recommends that work-care reconciliation be improved for both women and men,⁴ especially by means of the following measures:

¹ See also take-up of provisions under PflegeZG and FPfZG in Section 3.5

² Under Section 8 (Decision-making) of the Board's Rules of Procedure, decisions concerning the report to be presented to BMFSFJ and the action recommendations require the agreement of two-thirds of the 21 members.

³ Minority vote by the German Employers Association (BDA): Employers do not fully support the recommendations for action. Employers have themselves recognised work-care reconciliation as an important issue. According to the Unternehmensmonitor Familienfreundlichkeit (Monitor of Corporate Family Friendliness) (commissioned by BMFSFJ), almost 96% of companies offer their employees flexible models for working hours and work organisation. There is thus no need to expand statutory leave or part-time entitlements and their financial support. In particular, employers do not support the first three of the following recommendations for action. Company programmes, which go beyond the current legal provisions, must remain voluntary and take operational feasibility into account. The Federal Association of Municipal Employers' Associations and the Association of Municipal Employers' Associations concur with the BDA's minority vote.

⁴ The aim of this recommendation is that more men than is currently the case take up care work and that the structural disadvantages faced by women be abolished. Under no circumstances should people be excluded who cannot or do not wish to be assigned to one or other gender or to both genders.

1. Introduction of a wage compensation benefit similar to parental allowance for up to 36 months, replacing the provision of a loan as a means of financial support.
2. Increase the period of partial release from work to 36 months, with a minimum working week of 15 hours on average. This entitlement applies on a once-only basis for all people who work to enable them to care for one and the same close relative in need of long-term care. The maximum six-month period of full-time release from work that can be taken within the 36-month maximum period of release applies irrespective of the size of the establishment in which the person works.⁵
3. Extending the provision on short-term absence from work (Arbeitsverhinderung – Section 2 PflegeZG) and financing of it to include a carer's grant (Pflegeunterstützungsgeld) for up to 10 days per year.
4. Combining the Caregiver Leave Act and the Family Caregiver Leave Act into a single act.
5. Improving and expanding the infrastructure in the professional long-term care sector.
6. Family carer support programmes which are easily and readily accessible, flexible and reliable.

⁵ Minority vote of the Association of Private Health Insurers (Verband der Privaten Krankenversicherung e.V.): Without threshold limits, this could put pressure on small companies and that is not the aim.

1. Introduction

The issue of work-care reconciliation plays an ever-greater role. This is largely due to demographic change and the associated increase in the number of people in need of long-term care. According to figures published by the Federal Statistical Office, in 2017 approximately 3.4 million people were in need of long-term care as defined in Book XI of Germany's Social Code. Around three-quarters of all people in need of long-term care (2.59 million) were cared for in the home – of these 1.76 million were cared for solely by a family member.⁶ Many family carers also go to work. The share of primary carers of employable age – between 16 and 64 – has continued to rise and stood at 64 percent in 2016.^{7 8} The need for job mobility has increased the geographical distance between family members.⁹

With the Caregiver Leave Act and the Family Caregiver Leave Act, provisions are in place to improve work-care reconciliation. The main reforms in 2015 were the introduction of a carer's grant for a short-term absence from work of up to 10 days, the legal entitlement to family caregiver leave and other forms of work release. A completely new provision offered financial support for employees in the form of interest-free loans.¹⁰ In addition, Section 14 (1) FPfZG regulated the appointment of the Independent Advisory Board on Work-Care Reconciliation by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ).

The Board looked at the topic of work-care reconciliation in some considerable depth, formed thematic working groups, invited expert opinions, initiated expert reports and commissioned these on behalf of BMFSFJ.¹¹ In addition, the Board members attended numerous conferences, workshops and similar events, viewed and analysed current specialist literature, and worked with BMFSFJ to conduct surveys and organise workshops.

In its work, the Board focused on the following topics: the situation for family carers, legal provisions, more equitable division of care work between women and men, wage compensation benefits, working hours, information and advice, family carers' needs, work-care reconciliation at company level, care and support in the event of health impairments, technical aids for improved reconciliation of work and care, going to work while caring for a close relative at home, work-care reconciliation in other countries, and distance caregiving.

This report presents the work carried out by the Board, setting out its findings and the knowledge gained on the issues outlined above. It also contains recommendations for action which the Board derived from the key findings arising from the consultations held.

The following sections describe the current situation in respect of the various topics addressed. Section 2 gives an overview of work-care reconciliation, especially from

⁶ See Statistisches Bundesamt 2018b, p.8

⁷ See TNS Infratest Sozialforschung 2017, s. 58f

⁸ See Tesch-Römer, Hagen 2017, p.21

⁹ For more about distance caregiving see Section 2.2.6

¹⁰ For more about the legal provisions see Section 3

¹¹ See the Annex for a list of studies (Section 6.3)

the perspective of those who work while providing care in the home. Section 3 looks at the relevant legal provisions and their take-up to date. Section 4 outlines various support programmes for family carers who work. Each of these sections sets out the main areas of conflict, the problems identified and the knowledge gained, summarises these and lists recommendations for action derived from them. Section 5 contains a comprehensive list of the Board's recommendations and decisions.

Mandate and framework

The Independent Advisory Board on Work-Care Reconciliation was appointed by BMFSFJ and commenced its work at the inaugural meeting held on 25 September 2015. As its main responsibility and task, the Board monitors implementation of relevant legal provisions (particularly those of the Caregiver Leave Act and the Family Caregiver Leave Act) and advises on their impact and effects. Once every four years, for the first time on 1 June 2019, the Board presents a report to BMFSFJ as provided for under Section 14 (3) FPfZG and can use that report to submit its recommendations for action. In accordance with Section 8 of the Board's Rules of Operation, Board decisions require a majority vote of the members in attendance at a given meeting. Decisions concerning the report to be presented to BMFSFJ as well as any action recommendations require the agreement of two-thirds of the Board's 21 members. The Board is supported by a secretariat which is located at the Federal Office of Family Affairs and Civil Society Functions (BAFzA).

Board members

The Board has 21 members.¹² The Chair is held by Professor Christel Bienstein and the Deputy Chair by Professor Andreas Hoff. In accordance with Section 8 (4) FPfZG, the Board comprises six representatives from relevant sectoral interest associations and two representatives each from the unions, employers, welfare associations and senior citizens organisations, as well as one representative each from the statutory and private long-term care insurance funds. The Board's members also include two academics specialised in work-care reconciliation research, a representative from the Conference of Ministers for Youth and Family Affairs and from the Conference of Ministers for Labour and Social Affairs, and one from the local authority associations. Appointments to the Board must ensure gender parity. The period of tenure is five years.

Thematic working groups

Three thematic working groups were set up, each with seven members.¹³ The recommendations made by the working groups were discussed in Board meetings and flowed into both the recommendations for action and the decisions contained in this report. The topics assigned to each of the working groups were as follows:

Working Group 1: The situation for family carers who work and monitoring of the Caregiver Leave Act and the Family Caregiver Leave Act

The members of this working group focused in particular on improving the overall situation for family carers who work. They collated and analysed a wide range of

¹² See the Annex for a list of Board members (Section 6.1)

¹³ See the Annex for a list of working groups and their respective members (Section 6.2)

facts and figures. Various perspectives, such as the different family member groups and specific care circumstances, were taken into account.

Working Group 2: Wage compensation benefits and working time sovereignty

This working group focused on improving both time-management and the financial situation for family carers who work. The members took an in-depth look at related data, carers' wishes and needs in respect of managing their time to enable better reconciliation of work and care, as well as the financial situation of family carers who work. Ideas and models for use in enhancing existing provisions were discussed at length.

In April 2018, the Board combined working groups 1 and 2 into a new working group which in June 2018 developed three models for better reconciliation of work and care. In each of the models, for each person in need of long-term care, several employees are entitled to be released from work and receive financial support. The models are based, among other things, on the idea that loans should be replaced by a state-financed allowance which is transparent in structure and paid in a timely manner. They also include the option for time taken away from work to be divided among several people per close relative in need of long-term care. New rules are to be evaluated on a regular basis. The gender perspective must be taken into account to promote a more gender-equitable division of work when caring for a relative at home.¹⁴ Operational feasibility must also be taken into account, and family carers'/employees' working capacity/skills (training level) and personal health must be maintained.

The models discussed were as follows:

- **Budget model**
With this model, a given time budget is allocated that can be used up flexibly and as needed in cases where working hours are reduced by at least five hours per week and the working week amounts to 15 hours on average. The time budget allocated amounts to half the employee's working hours per week over the past three years. Financial support is provided in the form of a fixed amount (e.g. €500 tax-free) per month.¹⁵
- **Tax-funded wage compensation benefit**
This model provides for work release for a period of up to 36 months. Working hours must be reduced by at least five hours per week and the employee must work at least 15 hours per week.¹⁶ Within the partial release period of 36 months, an employee may be released from work completely for a period of six months. A wage compensation benefit similar to parental allowance should be paid.
- **Fixed amount model**

¹⁴ For more on gender-equitable promotion of work-care reconciliation see also Recommendation No. 8 in the scientific study published by INTERVAL 2018, p.14. For greater participation by fathers, partners and sons, see the justification for draft legislation, BT-Drs. 18/3124, p. 25.

¹⁵ A flexible budget model of 120 days with wage compensation benefit for care work was proposed, for example, in the Second Gender Equality Report of the Federal Government (2018a, p. 169).

¹⁶ For more on the wage compensation benefit, see the proposal by the Bundesarbeitsgemeinschaft der Seniorenorganisationen (2018), INTERVAL 2018, p. 13 and p. 126; with regard to the expert interviews, see also Weusthoff 2014, p. 17.

Under this model, a fixed amount for (partial) release of up to 36 months should be provided, of which, for example, €300 is paid for a maximum of six months either for full release or a working week of less than 15 hours. Where employees reduce their working hours by at least five hours per week and work at least 15 hours per week, an amount of, for example, €150 is paid.

Working Group 3: Information and (independent) advice for family carers who work

This working group tackled the options for information and advice for family carers who work. Here, they focused on the question as to where, for example, information and advice can be obtained irrespective of the health insurance fund to which the person requiring that service belongs. The group looked at the existing information and advisory services in Germany, their take-up and family carers' wishes and needs. The focus here was on further developing and improving the informational and advisory structure to benefit family carers who work.

2. Work-Care Reconciliation: The current situation

The German long-term care system is primarily based on people in need of long-term care being cared for in their homes by family members (with financial support from their long-term care insurance fund). This meets both the wishes of most people in need of long-term care^{17 18} and the principles laid down in Book XI of the German Social Code (SGB) (Section 3 SGB XI gives priority to non-residential over residential care, with it being provided primarily in the home). In the wake of demographic change, the number of people needing long-term care will continue to rise and with it the demand for carers (see Section 3.1). At the same time, having as many people as possible in, ideally, full-time work (including employable caregivers) benefits society overall. This is why many policy measures have long aimed to increase employment, especially of women, both to promote financial independence among women and cover the demographic change-related costs incurred by social insurance funds.^{19 20} Given the need for skilled employees, employers are also reliant on high employment rates and in small and medium-sized businesses in particular, long periods of absence or resignations can have far-reaching impacts and effects.

There is a clear conflict of interest between the desire for high employment rates and wanting to give people who work time to care for dependent relatives. It is also evident that under these conditions, reconciling work with caring for a close relative poses a great organisational as well as an emotional challenge for those concerned. Achieving better reconciliation of work and family life and providing support for family carers are thus central demands which people in Germany are placing on policymakers today.²¹ With the reform of the Caregiver Leave Act and the Family Caregiver Leave Act on 1 January 2015, the legislature responded to the growing societal importance of reconciling work and care.²²

The Advisory Board concludes that to ensure the provision of care for a growing number of people in need of long-term care on the one hand, while promoting and enabling employment (especially of women) on the other, support for people who work and care for dependent relatives must be improved – both in respect of their situation at home and their situation at work. If the statutory provisions are to really make it easier to reconcile work and care, they must suit the real-life situations of those concerned. And they must be implemented by employers.²³ The following thus addresses the situation for people in need of long-term care and, not least, for family carers providing home-based care.

¹⁷ See for example Hajek et al. 2018A, Hajek et al. 2018b.

¹⁸ See Kuhlmeier et al. 2010.

¹⁹ See Suhr, Naumann, 2016. p. 217f.

²⁰ See Dressel, Wanger 2010.

²¹ See Institut für Demoskopie Allensbach 2013, p. 6.

²² See Suhr, Naumann 2016, p. 217.

²³ See also Kienbaum 2018, Pfahl et al. 2018, Prognos 2018, Reichert 2012.

2.1. People in need of long-term care

As defined in Section 14 of Book XI of the Social Code, people in need of long-term care are those whose independence or abilities are restricted for health-related reasons and are thus reliant on help from others in order to meet their needs. The need for long-term care must be enduring (expected to last for at least six months) and must be of at least the severity stipulated in Section 15 of Book XI of the Social Code (SGB XI). A care grade must thus have been assigned to them.

Reference to this definition is also found in the Caregiver Leave Act (Section 7 (4)) and in the Family Caregiver Act (Section 2 (3) FPfZG in conjunction with Section 7 (4) PflegeZG). As the Advisory Board monitors both pieces of legislation, the definition of need of long-term care has been adopted for this report. Where people in need of long-term care are mentioned throughout this report, in all cases it means persons to whom (at least) a care grade (previously a care level) has been assigned and who receive assistance from the long-term care insurance fund.²⁴ A need for long-term care thus means that a person requires help in order to lead an independent life.

2.1.1. Figures and forecast

More than 3.4 million people are in need of long-term care as defined in Book XI of the Social Code (SGB XI) (as of December 2017).²⁵ Most of these people (76 percent or 2.59 million) are cared for at home. Of the 2.59 million people cared for at home, 1.76 million (68 percent) receive care allowance only, meaning they were usually cared for by family members alone. For 830,000 people in need of long-term care (32 percent), care was provided by both relatives and a care service or by a care service alone.²⁶ Most of those in need of long-term care at home have care grade 2 (1.39 million) or 3 (0.76 million). Together, this corresponds to about 83 percent of all persons cared for at home.²⁷ Compared with the figures in 2015, the proportion of children in need of long-term care rose by 41.4 percent, to 113,854 children under the age of 15.²⁸ Almost without exception, children in need of long-term care are cared for on a non-residential basis – usually by their mothers.²⁹

The forecasts for the number of people in need of long-term care assume a steady (significant) increase. The Federal Institute for Population Research (BiB) expects that in 2060, about 4.8 million people will be in need of long-term care.³⁰ The Federal Ministry of Health (BMG) expects as many as 5.9 million people to be in need of long-term care in 2050 (only those covered by the statutory long-term care insurance funds; figures for private mandatory long-term care insurance are not included).³¹

²⁴ As most empirical studies are based on data collected prior to 2017, the terms care level or care grade are used in relation to the date a study was published.

²⁵ See Statistisches Bundesamt 2018b, p. 8. Current statistics from the Federal Ministry of Health (BMG) (2019b, p. 1) indicate higher numbers, with the total number of claimants at 3.89 million (Source: Geschäftsstatistik der Pflegekassen zum 31.12.2018 and Geschäftsstatistik der privaten Pflege-Pflichtversicherung zum 31.12.2017).

²⁶ See Statistisches Bundesamt 2018b, p. 8.

²⁷ See Statistisches Bundesamt 2018b, p. 18.

²⁸ See Statistisches Bundesamt 2018b, p. 19.

²⁹ See Kofahl et al. 2017, p. 25.

³⁰ See Bundesinstitut für Bevölkerungsforschung, 2017.

³¹ See Bundesministerium für Gesundheit 2019b, p. 15.

2.1.2. Determinants of the risk of needing long-term care

Taking a closer look at the group of people in need of long-term care, several clear trends are evident:

The vast majority of people in need of long-term care are aged 65 or older.³² The risk of needing long-term care increases if, with increasing age, people suffer from several chronic illnesses (multimorbidity).³³

A large number of people in need of long-term care are women (62.9 percent).³⁴ From around the age of 80, significantly more women require long-term care than men. This can be explained by women's longevity,³⁵ the differing health-related developments over the course of their lives and the fact that elderly women tend to live alone.³⁶ When a need for long-term care arises, there is a more urgent need to apply for assistance (and thus obtain help from relatives or care professionals). By way of contrast, elderly men in need of long-term care are often cared for by their wives and no assistance is applied for to begin with.

Social factors also influence the risk of needing long-term care. For example, using data provided by SOEP, Unger et al. (2015) were able to determine that the risk of needing long-term care can be clearly linked to a person's income. The risk of persons with low incomes was significantly higher than that of those with higher incomes,³⁷ with income closely linked to education level.³⁸

2.1.3. Duration of long-term care

Available data on the duration of care in Germany is inadequate, as official care statistics only contain data sources relating to specific points in time and provide no information regarding the length of time care is given or received. Only few survey-based studies have been published and these do not offer comparable results due to the different types of data, definitions and methodologies used. This is due to the fact that the studies focus on different traits and characteristics. The data can vary greatly depending on whether age restrictions are applied and to which age groups (for example, only persons aged 60 and over, or no age restrictions at all), and whether only persons who are cared for at home or also those living in an institution are included in the study. The definition of the need for long-term care used in the various studies also plays an important role.

As this report defines the need for long-term care according to Book XI of the Social Code (SGB) and gives priority to those in need of long-term care who are cared for at home by relatives alone or in conjunction with or solely by mobile care services, data is taken from the study published by Müller, Unger and Rothgang in 2010, which evaluates health insurance fund data on a longitudinal basis (over time).

³² See Statistisches Bundesamt 2018b, p. 19.

³³ For more on poor provision of rehabilitation services for people in need of long-term term see also Janßen, Köhler 2018.

³⁴ See Statistisches Bundesamt 2018b, p. 18.

³⁵ See Rothgang, Müller, 2018, p. 108.

³⁶ See Statistisches Bundesamt 2018b, p. 9.

³⁷ See Unger, giersiepen, Windzio 2015.

³⁸ See for example Lejeune, Romeo-Gordo, Simonsen 2017.

Accordingly, the average duration of home-based care provided to persons in need of long-term care aged 60 and over is 2.1 years for men and 2.9 years for women. Where no age restriction is applied, the average need for long-term care is 3.0 years for men and 3.9 years for women.^{39 40}

2.2. Family carers who work

The following gives an overview of available knowledge on family carers who work. Section 3 compares that knowledge with the prevailing statutory provisions to show where these can be further developed and improved.

2.2.1. Definition

The Advisory Board's definition of family carers who work takes in a range of different elements and is based on the legal provisions currently in place:

Thus, in accordance with Section 7 (1) of the Caregiver Leave Act (PflegeZG), people who work are persons who are employed by an employer (employees), who are in vocational training or have employee-like status.⁴¹

The Advisory Board defines close relatives/ family members as defined in Section 7 (3) of the Caregiver Leave Act: parents and step-parents (stepmother and stepfather), parents in law, grandparents, spouses, life partners, partners living in a marriage-like or life-partner-like household, siblings' spouses and spouses' siblings, siblings' life partners and life partners' siblings.

Family members also include children, adoptive children and foster children, as well as children, a spouse's adoptive or foster children, those of life partners and parents in law, and grandchildren.

The Board defines a "carer" as a person who cares for a person in need of long-term care at home. It is irrelevant whether the carer is the primary carer, a secondary carer who supports the primary or with whom the care work is shared, or whether the care is provided on-site or from a distance.⁴²

2.2.2. Carer numbers

The number of people involved in the care of a given person is not documented. Although there are still gaps in the data available on the situation regarding family

³⁹ See Müller, Unger, Rothgang 2010, p. 235.

⁴⁰ Relatives often provide care before an application for a care grade is submitted. A study published in 2005 (see Schneekloth, Wahl 2005, p. 73, 229) shows that in Germany, family members care for their close relatives for an average 8.2 years from the time the need for care first occurs.

⁴¹ Self-employed persons are not covered by Section 7 (1) of the Caregiver Leave Act. For civil servants, the prevailing federal and Länder-level regulations for civil servants apply. However, as civil service regulations are based on the Caregiver Leave Act and the Family Caregiver Leave Act, and the proportion of self-employed persons amounts to around 10 percent of employed people overall (see Statistisches Bundesamt 2018a, p. 355), the vast majority of all employed persons can claim assistance under both of these acts.

⁴² The Board is aware that the responsibilities and tasks of family carers do not fall away if the relative in need of long-term care is receiving institutional care (for example, in a residential care home or a hospice), but for comparison purposes and given the ongoing process in improving the Caregiver Leave Act and the Family Caregiver Leave Act, this narrow definition is nonetheless used.

carers who work,⁴³ the following figures, data and characteristics of family carers who work are provided to give a better insight into the reality of their everyday lives.⁴⁴

Overall, the proportion of family carers who work (aged 16 to 64) amounts to around six percent of the population.⁴⁵ According to projections, this corresponds to between four and five million people in Germany.⁴⁶ If the number of carers is subtracted from the number of employees subject to mandatory social insurance, this results – assuming the same percentage shares – in approximately 1.6 to 1.9 million carers and employees subject to mandatory social insurance contributions.⁴⁷ Prognos estimates (2017) that there are about 2.37 million family carers of working age.⁴⁸ In addition, there are also self-employed people, students, children and adolescents who must reconcile care with work, school or vocational training.

People in need of care in their own homes are mainly cared for by one or more carers (in around 93 percent of cases). Approximately one third of those in need of nursing care are looked after by one person, 28 percent say they are cared for by two people and 31 percent say they are cared for by three or more people.⁴⁹

2.2.3. Time spent providing care

The cited studies all use differing definitions and this gives rise to differing data regarding care-related time. For example, one study shows that more than half (52 percent) of caregivers who work spend more than an hour per day caring for dependent relatives. In households where people in need of care and carers live together, a great deal of time is spent providing care – 76 percent spend more than an hour per day on care.⁵⁰ About 45 percent of primary carers care for or look after the person in need of long-term care for between one and three hours a day, while just under 20 percent of primary carers spend at least seven hours a day providing care.⁵¹ On average, 13.3 hours a week are spent in the provision of informal care.⁵²

Engstler and Tesch-Römer (2017) come to similar conclusions. Their respondents said they spend an average 17.9 hours per week on care and support, although there is substantial variation. The carers described in this study as “marginal caregivers” (up to ten hours per week) provide care for an average 4.7 hours per week, are often single, tend to have higher academic qualifications and work longer hours. “Frequent caregivers” (from ten hours per week) provide care for an average of about 34.6 hours per week: here, the proportion of women is higher, as is the average age. They spend more time on housework (there is more housework to cope with

⁴³ See Suhr, Naumann 2016, p. 218.

⁴⁴ It must, however, be remembered that most empirical studies on work-care reconciliation use different definitions of long-term care. In most cases, the definition of a need for long-term care is that contained in Section 7 (4) of the Caregiver Leave Act (PflegeZG).

⁴⁵ See Geyer 2016, p. 27.

⁴⁶ See for example Wetzstein, Rommel, Lange 2015, p. 8; Rothgang et al., 2017, p. 143.

⁴⁷ The total number of employees subject to mandatory social insurance is 32,165 million (see Statistisches Bundesamt 2018a, p. 371).

⁴⁸ See Prognos (2017, p. 3. In a DGB survey, one in eleven employees (9 percent) say they care for a person in need of long-term care. See Institut DGB-Index Gute Arbeit 2018, p. 2.

⁴⁹ See TNS Infratest Sozialforschung 2017, p. 53.

⁵⁰ See Geyer, 2016, p. 30

⁵¹ See Schwinger, Tsiasioti, Klauber 2016, p. 191.

⁵² See Institut DGB-Index Gute Arbeit, 2018, p. 3.

due, for example, to frequent changes of clothes/bedding used by the person in need of care and little help received or available from the person in need of care – approximately 1.5 hours more per day for support and housework, but excluding nursing care). Those who provide a lot of care are often not (or no longer) employed; of those who still work, more than half work part-time.⁵³

The average amount of time required to care for a person in need of long-term care is even higher. According to a study by Hielscher et al., the average amount of home-based care required for people in need of long-term care – be it provided by family carers who work, mobile care services or with others – is about 62.8 hours a week. This corresponds to about nine hours per day. Most of the care is provided by the primary caregivers (49.3 hours) and other family members (5.3 hours) – together they provide around 90.4 percent of the care and assistance, and thus account for the majority of the time required in the provision of home-based care for those in need of long-term care.⁵⁴

2.2.4. Distribution of caregiving responsibilities by age and gender

Looking at the working population, people aged between 45 and 64 are most likely to take care of close relatives, with the probability of providing care rising continuously with increasing age.⁵⁵ Overall, 65 percent of all primary carers of working age (aged between 16 and 64) are employed.⁵⁶ Of employees aged between 50 and 59, 13 percent have care responsibilities, while the same applies to 18 percent of employees aged 60 and over.⁵⁷ Since women's and older workers' participation in the labour force has risen the most in recent decades, it is precisely in this age group that work-care reconciliation plays an increasingly important role.⁵⁸

The fact that women's and men's participation in the provision of care is still unequally distributed plays a key role.⁵⁹ Two thirds of primary carers (1.65 million) are women.⁶⁰ Even if no distinction is made between primary carers and other carers, in 57 percent of caregiver households women are more likely than men to provide the care needed. The type of care provided also differs. Time-intensive care is largely provided by women.⁶¹ Women tend to reduce their weekly working hours more to accommodate caregiver work, both in cases where the level of effort is low and in those where care activities are more involved. Men, on the other hand, tend to withdraw from the labour market altogether where considerable caregiver effort is concerned.⁶² One possible explanation could be the difference in labour market participation between women and men – women still tend to work part-time and take up flexible working time models, often in the services sector, while their share of

⁵³ See Engstler, Tesch-Römer 2017, 231ff.

⁵⁴ See Hielscher et al. 2017, p. 74.

⁵⁵ See Geyer 2016, p. 27.

⁵⁶ See TNS Infratest Sozialforschung, 2017, p. 59.

⁵⁷ See Institut DGB-Index Gute Arbeit, 2018, p. 2.

⁵⁸ See Geyer 2016, p. 28.

⁵⁹ Reference is made here to the Gender Care Gap. The indicator documents the relative difference between the amount of time spent each day by women and men in performing unpaid work; currently 52 percent. This means that women spend 87 minutes per day more in providing care. See Bundesregierung 2018a, p. 96.

⁶⁰ See Rothgang, Müller 2018, p. 113.

⁶¹ See Geyer 2016, p. 27.

⁶² See Geyer 2016, p. 39f.

management positions is lower.⁶³ And women earn less than men on average (21%).⁶⁴ Thus, in many cases, the personal decision to take on care work within the family is an economic one which leads to a division of labour: women with the (mostly) lower income take responsibility for providing care, possibly reducing their working hours further, while their partner remains employed full-time.⁶⁵ Of female primary carers, 33 percent work part-time (or on an hourly basis), but only 22 percent of male primary carers do the same.⁶⁶ The proportion of men providing care increases with age as men usually care for their wives in old age. In addition, the comparatively lower number of women caregivers aged 75 and over results from the fact that they tend to be widowed and no longer have a partner (in need of care).⁶⁷

A special situation arises where middle-aged women are concerned. Around one in two women of middle age has children who still live at home or are in education or vocational training, and also look after their parents or parents-in-law – however, only a small proportion of these women are in an intensive caregiver situation and are thus in what is known as a ‘sandwich’ position. In most cases, caring for parents or parents-in-law follows on from caring for children. Although this rarely results in dual burdens, the time spent on care-related activities grows, as does the amount of time in which they may well work less or not at all,⁶⁸ thus contributing significantly to the pension gap of currently 53% percent between men and women and underlining the need for caregiving to be seen as the responsibility of society as a whole.⁶⁹ Caregivers who care for a relative of working age are especially affected.

2.2.5. Effects of caring for dependent relatives

Caring for dependent relatives can affect caregivers in very different ways. If family carers have a good relationship with the person in need of care and a positive attitude towards their responsibility for providing care, it can have a facilitating effect. This also applies if the caregiver feels physically fit.⁷⁰ And where family carers receive support from others, it can strongly influence whether they feel burdened or relieved.⁷¹

Despite this, more than three quarters of primary caregivers feel heavily or very heavily⁷² burdened by having to provide care and have a worse subjective state of health compared to the overall population.⁷³ About 13 percent rate their quality of life as poor to very poor.⁷⁴ The risk of stress increases with the feeling of being left alone and helpless. This clearly relates to a lack of willingness to help as well as unreliability on the part of people in the immediate surroundings, and less on the number of people available to provide support.⁷⁵ The incentive to provide care can

⁶³ See Geyer 2016, p. 40.

⁶⁴ See Statistisches Bundesamt 2019.

⁶⁵ See Geyer, 2016, p. 40.

⁶⁶ See Schwinger, Tsiasioti, Klauber 2016, p. 195.

⁶⁷ See Hobler et al. 2017, p. 22.

⁶⁸ See Institut für Demoskopie Allensbach 2015, p. 92ff.

⁶⁹ See Wagner, Klenner, Sopp 2017, p. 1.

⁷⁰ See Pinquart 2016, p. 64f.

⁷¹ See Rothgang, Müller 2018, p. 118.

⁷² See TNS Infratest Sozialforschung 2017, p. 62ff.

⁷³ See Bestmann, Wüstholtz, Verheyen 2014, p. 15.

⁷⁴ See Rothgang, Müller 2018, p. 161.

⁷⁵ See Rothgang, Müller 2018, p. 152.

also be a burden. Apart from love and emotional ties, perceived obligation and personal circumstances also play important roles. External circumstances are at least a reason for three quarters of respondents to take on the provision of care – almost half of those surveyed say that the costs of both non-residential and residential care are too high, and in more than half of cases the person in need of long-term care does not want to be cared for by someone else.⁷⁶

However, the duration of care itself does not seem to be a key stress factor.⁷⁷ But the time spent providing care does play a role. The more time spent on providing care, support and supervision, the less time a caregiver has to attend to their own needs and to rest. And in cases where stress levels are high as a result of providing care, healthcare support (e.g. visits to the doctor) is not taken up due to lack of time. This failure to look after their own health and needs only increases the caregiver's feeling of being burdened and stressed, thus lessening their quality of life.⁷⁸ On the whole, it can be said that three groups are especially heavily burdened. The first group are caregivers who care for people suffering from dementia.⁷⁹ The second includes parents who care for a child in need of long-term care.⁸⁰ As these are complex care situations, the Advisory Board intends to address the issue of long-term care for children and adolescents in its next working period. The third group includes caregivers who provide care not just for their primary relative in need of care, but for others as well. These include other people in need of long-term care or caring for children. In a survey, about one quarter of the caregivers questioned stated that they also spend at least one hour per day looking after either their own children or other people in need of long-term care.⁸¹

As a result, caring for dependent relatives can place a heavy burden on carers and have a negative impact on their state of health. It was thus all the more important for the Board to identify the links between the health, working hours and caregiving burden of family carers who work so they could assess the need for reduced working hours or take up of statutory caregiver leave provisions. BMFSFJ has commissioned a study on this particular subject. It is intended on the one hand to illustrate and evaluate available national and international literature on the subject and on the other to determine the extent to which an analysis of existing data (especially that held by health insurance funds) may be possible for use in future research projects.⁸²

The Institut für europäische Gesundheits- und Sozialwirtschaft (Institute for the European Healthcare and Social Welfare Sectors, or IEGUS) concludes that although some studies on the subject exist, only two address the central issue of the relationship between health, working time and the burden of providing care. Geyer's study published in 2014 is unable to indicate any link between working time, the amount of care given and a caregiver's level of life satisfaction.⁸³ In their analysis, however, Eberl et al. (2017) show that the effect the time spent providing care has on a caregiver's health becomes more positive when working hours increase. This is

⁷⁶ See Rothgang, Müller 2018, p. 122f.

⁷⁷ See Pinquart 2016 p. 63.

⁷⁸ See Rothgang, Müller 2018, p. 175.

⁷⁹ See Bestmann, Wüstholtz, Verheyen 2014, p. 16.

⁸⁰ See Kofahl et al. 2017, p. 29ff.

⁸¹ See Rothgang, Müller 2018, p. 125.

⁸² See IEGUS 2018.

⁸³ See Geyer, Schulz 2014.

explained by the fact that going to work can help counteract the burden of providing long-term care.⁸⁴ The IEGUS study comes to the conclusion that the current situation regarding the availability of studies is inadequate and that more research is urgently needed. This is especially highlighted by the fact that hardly any routinely collated data is used, for example from the health insurance funds, and that for the most part own data is collected in the form of surveys on dedicated focus areas. This is why some related studies present a heterogeneous picture and do not allow action-guiding conclusions to be drawn. When analysing access to available data, IEGUS found that the routine data held by health insurance funds allow the health data of family carers who work and the care-related data of their dependent relatives in need of long-term care to be analysed and linked. But in doing so, data protection requirements would have to be met. According to IEGUS, this could be made possible by extending the reporting obligation under Section 44 of Book XI of the Social Code to include the family carer's health insurance fund. In addition, it should be clarified whether this kind of extension is both feasible and meaningful for all concerned. Until then, routine data could be collected in a mixed-method approach in combination with health insurance fund surveys of family carers who work in order to obtain better data to aid future decisions.

2.2.6. Special care circumstances: Distance caregiving

Growing demands for job mobility and changing family forms have led to a situation where carers often live some distance away from their relatives in need of help and care.

According to a survey conducted by the Barmer health insurance fund in 2018, while two-thirds of all primary caregivers live in the same household as the person for whom they care and one-sixth live in the same building or can walk to the home of the person in need of care, all other primary caregivers (around 17 percent) live further away.⁸⁵ Schneekloth, Geiss and Pupeter (2017) have observed a trend whereby fewer and fewer primary caregivers live with the person for whom they provide care.⁸⁶ Family carers who work and who live further away from their relatives in need of care have to divide their time between (at least) three locations – their own homes, that of the person for whom they provide care and their place of work.⁸⁷ The data used in the study indicates that a not insignificant (growing) number of people who work also provide care for relatives from a distance.

The related study commissioned by BMFSFJ for the Advisory Board's use came to the conclusion that there is a remarkable gap in research on the subject of distance caregiving and that the existing literature comes primarily from the Anglo-American sphere. It is thus difficult to determine how often family carers provide help and care due to the different definitions used (for example, of care or the distances involved).⁸⁸

⁸⁴ See Eberl, Lang, Seebaß 2017.

⁸⁵ See Röthgang, Müller 2018, p. 118.

⁸⁶ See TNS Infratest, Sozialforschung 2017, p. 55.

⁸⁷ See Geyer, 2016, p. 29.

⁸⁸ See Franke et al. 2018, p. 3.

In distance caregiving, areas of responsibility are often assumed for which physical presence is not entirely necessary. In such cases, distance caregivers provide organisational, coordinating and administrative support. They provide encouragement, help with decision-making, inform and arrange things from a distance. The potential for distance caregiving is improved through the use of technical aids and applications. For example, digital alarms can be used to remind people to take medication and schedule appointments. Video calls, e-mails, digital diaries and online consultation hours with doctors can improve communication, while telemonitoring, motion detectors, tracking devices and fall detection systems can be used to raise the alarm in emergency situations, and collaboration tools can help caregivers network and better coordinate care.⁸⁹

But no matter how far away they live, distance caregivers are often involved in localised care as well.⁹⁰ This can be done at weekends, for example, when care and support can be given on-site.

Providing care over long distances can quickly become a problem, however, if, for example, a caregiver receives a call to say that their mother or father is unable to find their key and are locked out of their home. A similar situation occurs if the person in need of long-term care fails to answer the telephone at the agreed time and the carer is uncertain as to whether something has happened, or if the person in need of care suddenly becomes seriously ill, needs an operation or is discharged from hospital earlier than planned.

Distance caregiving often places severe mental and physical demands on carers (such as stress, exhaustion, helplessness and feelings of guilt for not being there).⁹¹ But distance caregivers also face greater financial burdens than their local counterparts.⁹² Failure to reconcile work and distance caregiving can be seen, for example, in increased absences from work, reduced productivity at work, forced reorganisation of working hours and loss of income due to a reduction in working hours or periods of caregiver leave.⁹³

Available literature offers various strategies for improved reconciliation of distance caregiving and work. These include planning and crisis management and, in particular, drawing on third-party support.⁹⁴ Many large companies already operate policies for good business practice which also benefit distance caregivers, such as flexible working arrangements and mobile working (if necessary, even at the home of a care-dependent relative who lives further away).⁹⁵ While good business practice models are also used to help distance caregivers, distance caregiving is rarely addressed as a phenomenon in its own right and there is a lack of both practical experience and scientific evaluation as a result.

On the whole, it can be said that distance caregiving refers in particular (but not only) to organisational, coordinating and administrative support and thus to

⁸⁹ See Otto et al. 2017, p. 143.

⁹⁰ See Franke et al. 2018, p. 25.

⁹¹ See Franke et al. 2018, p. 30ff.

⁹² See Franke et al. 2018, p. 27ff.

⁹³ See Franke et al. 2018, p. 30ff.

⁹⁴ See Franke et al. 2018, p. 36ff.

⁹⁵ See Keinbaum 2018 and Franke et al. 2018, p. 43f.

arranging care. Strategies are thus needed in the home environment and in private networks. These include early acquisition of information, crisis management and the involvement of local stakeholders. And it is also important for family carers to ensure that despite their care-related responsibilities, they achieve a balanced routine, take time to rest and relax, and develop or define strategies for communication.⁹⁶

This also shows that social and political perceptions call for a new, broader understanding of “care” and that it should be closely linked to the recognition and appreciation of care. In its traditional sense, care is often understood as the provision of physical help, thus excluding distance caregiving.⁹⁷ Greater problematisation of the topic is desirable, especially in science, research and policymaking, but also, for example, with regard to digital transformation.⁹⁸

2.2.7. Special care circumstances: Long-term care provided by children and adolescents

Another special care situation is where children and adolescents look after relatives in need of long-term care.⁹⁹ This caregiver group was also discussed in the Advisory Board’s meetings.

According to a survey conducted by the Centre for Quality in Care (ZQP), around 230,000 children and adolescents in Germany provide substantial and regular care for family members.¹⁰⁰ In the final report on “Die Situation von Kindern und Jugendlichen als pflegende Angehörige” (The Situation for Children and Adolescents as Family Carers) published by the Federal Ministry of Health (BMG), it can be seen that according to extrapolations from surveys, Germany has greater numbers of caregiving children and adolescents (in the 10 to 19 age group) than is generally assumed.¹⁰¹

Children and adolescents who care for close relatives in need of long-term care do not perceive themselves as carers. They take care of family members as a matter of course. They often worry a lot about their relatives who need help and care, have too little free time outside of attending school and providing care, are physically strained and have no one to talk to about their situation. This is why children and adolescents who are caregivers need special support. The first support programmes for caregiving children and adolescents are already in place. The BMFSFJ-funded project “Pausentaste – Wer anderen hilft, braucht manchmal selber Hilfe. Das Angebot für Kinder und Jugendliche, die sich um ihre Familie kümmern“ (Press Pause – Those who help others sometimes need help themselves. A programme for children and adolescents who care for family members) was launched on 1 January 2018. Press Pause offers a low-threshold counselling service to support young caregivers country-wide and is designed to help them take breaks, reflect and take advantage of

⁹⁶ See Franke et al. 2018, p. 35ff.

⁹⁷ See Franke et al. 2018, p. 106.

⁹⁸ See Franke et al. 2018, p. 3. Also on this subject, see the soon-to-be published work of Hegedüs, Otto, Kramer.

⁹⁹ See, for example, Zentrum für Quality in der Pflege 2016a and 2017.

¹⁰⁰ See Lux, Eggert 2017, p. 14.

¹⁰¹ See Bundesministerium für Gesundheit (2018), p. 14.

offers of help or to talk about their situation – including anonymously.¹⁰² Although the programme is primarily aimed at caregiving children and adolescents, teachers, mobile care services, social services in schools and clinics, youth organisations and the general public are also to be made aware of the issue and sensitised to related topics.

It is becoming increasingly clear that the issue of caregiving children and adolescents is a social one to which society and policymakers must give greater attention. The known problems which occur between the various books of the German Social Code must be reviewed and discussed in order to relieve the burden on children and adolescents who provide family-based care.¹⁰³ The Advisory Board has thus decided to focus on this specific issue in the next reporting period.

2.2.8. Interim summary

The findings outlined on the situation regarding family carers who work give an overview of the different problems and issues the Board addressed. These include the sometimes considerable amount of time spent in providing care, which is still mainly provided by women and can be a heavy burden. But special care situations such as distance caregiving or the assumption of caregiver responsibilities by children and adolescents can also lead to problems for those involved. Before listing the Board's recommendations for action to improve the situation, the following sub-sections illustrate how work-care reconciliation has been arranged in Germany to date and the factors that play a central role. To complete the list, the key findings of an international comparison of the various work-care reconciliation approaches are also set out.

2.3. Reconciling work and care

First and foremost, in the reconciliation of work and care, time is a valuable resource. Both the care and support provided and the family carer's gainful employment require time, and in many cases these have to be reconciled at very short notice. This can lead to problems in managing available time. For example, the vast majority of people who work and provide care say they have difficulties dividing their time.¹⁰⁴ This is a problem experienced by a large number of family carers who work. The reason is that more than half of primary caregivers of working age work either full-time or part-time, and one-tenth are marginally employed.¹⁰⁵

In addition to caregivers, employers and society as a whole also benefit from efficient work-care reconciliation arrangements. Employment secures income and pensions. Employers benefit from the fact that they can retain experienced employees while keeping the costs of recruitment and induction low. Society benefits from the fact

¹⁰² The services include the project website www.pausentaste.de, a helpline and advice via e-mail. A chat feature is also planned.

¹⁰³ See, for example, Kofahl et al. 2017, p. 30 and Bundesministerium für Gesundheit (2018) p. 8.

¹⁰⁴ See Institut DGB-Index Gute Arbeit 2018, p. 1.

¹⁰⁵ See TNS Infratest Sozialforschung 2017, p. 58: Some 28 percent in full-time and 26 percent in part-time work. See also Schwinger, Tsiasioti, Klauber 2016, p. 193: Some 30.1 percent of primary caregivers work full-time and 32.5 percent part-time or on an hourly basis.

that caregivers who work pay taxes and do not burden the social insurance funds in any way.¹⁰⁶

This highlights the importance of work-care reconciliation measures, both for caregivers and for employers. The Advisory Board thus gave particular attention to this issue. In addition to the studies already mentioned, further studies were commissioned on behalf of BMFSFJ and made available to Board members. Experts were also invited to attend several Board meetings, where the issue was discussed with the aim of finding ways and measures to ensure that caregivers are able to retain their jobs.

2.3.1. Allocating time to work and care

The Advisory Board was initially interested in determining the extent to which assuming caregiver responsibilities conflicts with a caregiver's job in terms of time. On behalf of BMFSFJ, the German Economic Institute (IW Köln) conducted a special evaluation of the Socio-Economic Panel (SOEP) study and the European Working Condition Survey (EWCS). Here, a distinction was made between women and men as well as between managerial and non-managerial employees. The findings of this summary report show that men and women are involved in the provision of care to varying degrees – there are more women than men providing care. While the men surveyed rarely reduce their working hours, women caregivers do.¹⁰⁷

Looking at managerial and non-managerial employees (in Germany), it can be seen that on average, both spend a similar amount of time providing care. Taking only working days into account, it can be seen that managers tend only to slightly reduce the amount of work they do in order to provide care, whereas non-managerial employees tend to reduce their working hours far more. As a result, managers spend more time working and providing care, meaning that they reduce the amount of time they have for themselves and for relaxation and rest.¹⁰⁸ This could be the reason why, according to EWCS data, managers in the EU are less likely to say they “can easily or very easily reconcile their work and family commitments”.¹⁰⁹ Managers also state that for them, working part-time is not an option in reconciling work and care.¹¹⁰

On the whole, the study shows that managerial and non-managerial employees – especially women employees – who assume caregiving responsibilities face greater challenges when trying to manage their daily routines and are thus presumably in a state of constant conflict when deciding how to divide their time.¹¹¹ This could be the case, for example, if working hours are lost and if work has to be put aside for a brief period of time or is interrupted by care-related telephone calls. In many cases this can lead to anxiety regarding job security, while absences can have a negative impact on careers, in some cases accompanied by a lack of understanding on the part of managers and coworkers.¹¹²

¹⁰⁶ See Yeandle 2017, p. 40

¹⁰⁷ See Institut der deutschen Wirtschaft Köln 2017a, p. 48.

¹⁰⁸ See Institut der deutschen Wirtschaft Köln 2017a, p. 6.

¹⁰⁹ See Institut der deutschen Wirtschaft Köln 2017a, p. 5.

¹¹⁰ See Institut der deutschen Wirtschaft Köln 2017a, p. 5.

¹¹¹ See Institut der deutschen Wirtschaft Köln 2017a, p. 48.

¹¹² See Naumann, Teubner, Eggert, p. 76.

Thus, assuming caregiving responsibilities often leads to changes in the caregiver's employment situation. Other studies also show that working hours are often reduced to accommodate caregiving, although the decision to reduce the number of hours worked usually depends on the severity of the need for long-term care. Also, many primary caregivers who work have to give up their jobs completely in order to provide care.¹¹³ What is especially evident here, is that more family members reduce their working hours when they are suddenly confronted with a need to provide care than when they are able to gradually adjust to the new situation.¹¹⁴

2.3.2. Working hours – desires and problems faced

Studies on desired working hours provide an inconsistent picture. On the one hand, they show that when compared with employees who are not caregivers, more employees with dependent relatives in need of long-term care would like to be able to reduce their working hours for a temporary period of time. They are thus far more dissatisfied with the number of hours they currently work.¹¹⁵ Engstler and Tesch-Römer (2017) also state that almost two-thirds of all caregivers want to work a different number of hours than is currently the case. According to the study, around 36 percent of caregivers who provide an intensive amount of care and 45 percent who provide less-intensive care would like to reduce their working hours and are thus similar in terms of numbers to employees who do not provide care. But by way of contrast, 28 percent of caregivers would like to work longer hours.¹¹⁶

These varying desires and needs can be due to a number of reasons. It may be that respondents have already reduced their working hours in order to provide care or have left their jobs completely,¹¹⁷ or that the desire for longer working hours is related to the desire/need for increased income. A study commissioned by BMFSFJ shows that for financial reasons, caregivers are often less able to reduce their working hours when compared with other groups.¹¹⁸ In many cases, people with relatives in need of long-term care want definite working hours (start and end times) than do parents of small children. This is explained by the fact that coping with the demands of children is different to coping with the demands of relatives in need of long-term care.¹¹⁹ However, wanting to work fixed hours is also linked to the age of workers with dependents in need of long-term care. This is especially the case for women over 55 (irrespective of whether they are family carers). They prefer clearly defined and more rigid working hours.¹²⁰ This means that caregivers are more able to reduce their (fixed) working hours temporarily as needed, but are less able to cope with flexible working hour arrangements offered by employers (such as weekend and shift work).¹²¹

The study comes to the conclusion that employees with relatives in need of long-term care are significantly less satisfied with their working hours than other

¹¹³ See TNS Infratest Sozialforschung 2017, p. 60.

¹¹⁴ See Bestmann et al. 2014, p. 15.

¹¹⁵ See Allmendinger 2018, p. 2 and 15.

¹¹⁶ See Engstler, tesch-Römer 2017, p. 236.

¹¹⁷ See Geyer 2016, p. 34.

¹¹⁸ See Allmendinger 2018, p. 12f.

¹¹⁹ See Allmendinger 2018, p. 15.

¹²⁰ See Allmendinger 2018, p. 15.

¹²¹ See Allmendinger 2018, p. 15f.

employees and feel more pressured for time. This is particularly evident in the comparison of women with relatives in need of long-term care and women with children under 14 – the mothers are significantly more satisfied with their working hours. This can be explained by significantly reduced working hours, which in the long term has negative consequences for their future careers.¹²²

According to respondents, flexible working time models, teleworking and working from home as well as individual or customised agreements can lead to better work-care reconciliation.¹²³ Irrespective of the number of hours worked, when it comes to how long, how often and where they work, caregivers would like access to different work time models.

2.3.3. Socio-economic factors and long-term care

However, whether and to what extent women take on a caregiver role also depends on their employment biography. Although women who provide a relatively small amount of care (up to ten hours a week) sometimes switch from full-time to part-time work, the likelihood that they will give up their jobs completely does not increase. This group of women are mostly better educated or qualified, and have higher household incomes than women with no caregiving responsibilities.¹²⁴ Women who provide a lot of care (and who thus reduce their working hours significantly or give up their jobs completely) tend to have less work experience, lower incomes and poorer education.¹²⁵ This group has the greatest need when it comes to old-age provision.

According to a study by Geyer (2015), people in need of long-term care have fewer assets on average than those who are not in need of long-term care. They also incur higher costs for medicines and care services. In addition, the income of family carers often drops when they reduce their working hours to provide long-term care.¹²⁶ Looking at the overall picture, Rothgang and Müller (2018) state that many of those in need of long-term care are affected by or are at risk of poverty – 32 percent of those in need of long-term care live on net household incomes of less than €1,000 per month.¹²⁷

It is precisely under these conditions that it can be assumed that family carers will also bear a portion of the cost so that the costs incurred in the receipt of non-residential or residential care do not have to be borne solely by those in need of long-term care. Family carers also reduce their working hours or give up the jobs completely (see Section 2.3.1). The financial situation for primary caregivers is thus even worse than that of those in need of long-term care and can be seen as critical in that 44 percent of primary caregivers (and thus an even larger proportion than those in need of long-term care) have a household income of less than €1,000 per month.¹²⁸

¹²² See Allmendinger 2018, p. 17f.

¹²³ See Naumann, Teubner, Eggert 2016, p. 80.

¹²⁴ See Kelle, 2018.

¹²⁵ See Kelle 2018, and also Geyer, 2016, 34f.

¹²⁶ See Geyer 2015, p. 323.

¹²⁷ See Rothgang, Müller 2018, p. 110.

¹²⁸ See Rothgang, Müller 2018, p. 116 f.

A special situation arises where people with dementia are concerned. If their dementia is more advanced, family carers must be available more or less around the clock. In such cases, the number of family carers who work is especially low. Around one in five caregivers has given up their job while caring for a relative with dementia.¹²⁹

But apart from financial reasons, there may also be other reasons for remaining in gainful employment. For caregivers, psychosocial issues also play an important role. These include, for example, taking time off from providing home-based care, maintaining their professional skills, nurturing social contacts and retaining their familiar lifestyles.¹³⁰ Pinquart (2016) points to scientific studies according to which holding down a job while providing long-term care can also have a liberating and stabilising effect. They state, for example, that caregivers are able to use their abilities and skills, find distraction from worries and concerns, feel useful and competent in the workplace, and ultimately feel financially secure.¹³¹

2.3.4. Family-friendly companies increasingly important

Employers say they are very aware of the importance of a family-friendly working environment for employees with relatives in need of long-term care. Employers' commitment to supporting employees with caregiving responsibilities has increased over the past three years. There has also been a slight increase in awareness of the statutory provisions on family caregiver leave and caregiver leave, including in almost half of companies with workforces below the stipulated numbers of employees.¹³²

The issue of family friendliness is also important for employees. According to a special evaluation by the German Economic Institute (IW-Köln) of its own Unternehmensmonitor Familienfreundlichkeit (Monitor of Corporate Family Friendliness) report, the topic is important for around nine out of ten employees with caregiving responsibilities. And corporate culture is perceived similarly by employees with and without dependents in need of long-term care, irrespective of how the company views and implements family friendliness. This illustrates how reconciliation of work and care is taken for granted and whether opportunities for career advancement and development exist irrespective of whether an employee has family-related obligations.¹³³

It is also evident that where human resources policy measures are offered to make both working hours and the place of work more flexible, there is a link between greater job satisfaction among employees and the company's family-friendly measures. Job satisfaction among employees with relatives in need of care is only positively influenced by certain forms of flexibilisation, such as sabbaticals or trust-based working hour arrangements. Offering flexible working arrangements,

¹²⁹ See Schäufele, Köhler, Hendlmeier 2016, p. 49.

¹³⁰ See Naumann, Teubner, Eggert 2016, p. 77f.

¹³¹ See Pinquart 2016, p. 66ff. There is also evidence that prevailing research comes to contradictory results. On average, family carers suffer more stress than family members who do not provide care, and this is largely a result of the conflict arising from attempts to reconcile work and care, and from caring for relatives with behavioural problems.

¹³² See Institut der deutschen Wirtschaft Köln 2017b, p. 15.

¹³³ See Institut der Deutschen Wirtschaft Köln 2017b, p. 5.

teleworking or mobile working makes an employer more attractive. Job satisfaction among caregivers is significantly higher if their employer provides specific provisions for employees with caregiving responsibilities. Companies whose operations rely strongly on digitalisation attach greater importance to the topic of family friendly policies for employees with relatives in need of long-term care than companies that rely less-strongly on digitalisation. They also offer significantly more targeted support, such as partial release from work, career breaks or sabbaticals, and placement assistance.¹³⁴

2.3.5. Company policies to promote work–care reconciliation

As the previous section has shown, the working environment and the opportunities available for reconciling work and care are of particular importance to family carers.¹³⁵ And they are equally important to employers, as they too feel the health-related impacts of poor work-care reconciliation arrangements. Schneider et al. (2011) estimate the consequential operational costs incurred by German companies as a result of poor or non-existent work-care reconciliation measures at around €19 billion – €8.06 billion of which are accounted for by employees with relatives in need of long-term care. They also point out that these costs could be significantly reduced through efforts to create working conditions and working hours that recognise employees' needs in providing long-term care.¹³⁶

But then the issue of reconciling work and care can pose considerable challenges for employers when having to cover regular or spontaneous absences from work. Where long-term absences from work are involved, replacement staff can be found who have the necessary qualifications and skills. But if the job in question can only be advertised as a part-time position and only for a limited period of time, it can be far more difficult to find suitable staff. In many cases, short-term absences can only be covered by means of internal restructuring and the smaller the company, the more difficult it is. The end result could be the burden of having to work overtime for the remaining employees.

There are numerous measures in place to support the employees concerned.¹³⁷ But there appear to be few targeted policies that focus specifically on reconciling work and care (and if they exist, they are more likely to be found in larger companies).¹³⁸ To look at this issue in even greater depth, BMFSFJ commissioned various studies for use by the Advisory Board. Particular focus was placed on existing provisions for family carers, and the extent to which they were known and taken up in companies large and small. Additionally, the studies were designed to assess both employees' and employers' needs in order to improve work-care reconciliation for all.

¹³⁴ See Institut der Deutschen Wirtschaft Köln 2017b, p. 5.

¹³⁵ This also affects the self-employed. At four percent, the share of caregiving self-employed persons is equal to the share of caregivers in the working population overall, but only in cases where the time spent providing care amounts to less than an hour. Otherwise the ratio is halved (see Geyer 2016, p. 36.).

¹³⁶ See Schneider, Heinze, Hering, 2011, p. 1, 55.

¹³⁷ On promoting outpatient and inpatient measures in care facilities and in turn promote work-care reconciliation, see the related policies of the National Association of Statutory Health Insurance Funds, see GKV-Sptizenverband 2018.

¹³⁸ See Kümmerling, Bäcker 2011, p. 74f.

This thematic area was analysed in a study in which 254 human resources managers were surveyed in companies with 200 or more employees.¹³⁹ Respondents stated that most companies attach great importance to reconciliation of family, care and work. Numerous measures to enable work-care reconciliation are in place, most of them allowing employees to change their working hours or reduce the number of hours they work. This is made possible, for example, by offering flexible working hours, flexitime, individual agreements or part-time work. Many employers also offer workplace flexibility, mainly via teleworking or allowing employees to work from home. Measures that go beyond prevailing legal provisions include work release options in the form of sabbaticals¹⁴⁰ and unpaid leave, and also customised advisory and information services, and help in arranging long-term care.¹⁴¹

The study conducted by Kienbaum (2018) also shows that information on existing arrangements for family carers is usually only provided on request. Employees often have to take the initiative and adopt a pro-active approach. Employers state that policies for family carers are better known among managers (than among employees). On the whole, most companies believe that their policies are adequate and are not lacking in any way.

However, where gaps are identified in the policies in place, employers say that in the main concrete options are either missing or could be further enhanced, such as appointing dedicated contact persons within the company.¹⁴²

Most companies surveyed expect that in the future, demand for policy measures to aid work-care reconciliation will increase. In addition, the companies surveyed stated that work-care reconciliation should be placed on an equal footing with reconciling family and work, especially with regard to financial support.¹⁴³

As the situation in small businesses differs from that in the larger companies looked at so far, it is also useful to review the findings of two studies on work-care reconciliation in small businesses. One is a Prognos AG (2018) study commissioned by BMFSFJ which looks at the situation in small businesses primarily from the employers' perspective.¹⁴⁴ The other is a study also commissioned by BMFSFJ (SowiTra 2018) which gave caregiving employees the chance to be heard.¹⁴⁵ Small businesses are those with a maximum of 25 employees.¹⁴⁶ According to the Prognos AG study, 13 percent of small businesses have caregiving employees on their staff.¹⁴⁷ Those employees are highly dependent on personalised agreements, because the legal entitlement to take caregiver leave in the form of complete or partial release from work (under the Caregiver Leave Act or the Family Caregiver Leave Act) only applies to companies with more than 15 or 25 employees, respectively. The only exception is the provision for a 10-day "short-term absence from work" under

¹³⁹ See Kienbaum 2018, p. 6.

¹⁴⁰ A sabbatical or a sabbatical year is offered as part of a working time model to allow longer periods of special leave.

¹⁴¹ See Kienbaum 2018, p. 10f.

¹⁴² See Kienbaum 2018, p. 19.

¹⁴³ See Kienbaum 2018, p. 20.

¹⁴⁴ See Prognos 2018.

¹⁴⁵ See SowiTra 2018.

¹⁴⁶ See Prognos 2018, p. 2; SowiTra 2018, p. 10.

¹⁴⁷ See Prognos 2018, p. 3.

Section 2 of the Caregiver Leave Act (PflegeZG), which can be used by all caregiving employees.¹⁴⁸

For most family carers surveyed in small businesses, continuing their career is of huge importance.¹⁴⁹ They usually want to do all they can to avoid having to give up their jobs completely, even if they have to (significantly) reduce their working hours in certain phases because of the care situation – female respondents in particular stress the importance of their careers in maintaining their own identity.¹⁵⁰ Plus, respondents prefer to remain connected with their jobs and their workplace during the caregiving phase.¹⁵¹ To make this possible, other job-related adjustments are made in addition to reducing their working hours. These include, reorganising how they work and the type of work they do (for example, no shift/weekend work or business trips, and working from home).¹⁵² The study by Prognos AG shows that a wide range of measures are also conceivable in smaller businesses to help employees who care for a close relative at home. The following measures have proven to be particularly successful:¹⁵³ flexible workloads, later start to the working day and individually-agreed start times, individually-agreed working week arrangements (especially for part-time work), longer lunch breaks, more (short) breaks over the course of the working day, days off granted at short notice, preferential consideration when making up the duty roster, longer planning horizons when planning who works when (duty roster), and the right to leave the workplace spontaneously should an emergency arise.

In addition, the SowiTra survey shows that most caregiving employees are poorly informed about their legal entitlements and that little information is provided at company level.¹⁵⁴ On the whole, respondents felt that the amount of red tape involved in relation to providing long-term care was especially high.¹⁵⁵

Companies often lack information on the legal provisions in place and the state assistance available to promote work-care reconciliation.¹⁵⁶ They frequently offer employees support to help them reconcile family and work, and that could also be used to improve reconciliation of work and care. However, specific provision for caregiving employees, such as training courses, brochures and flyers, is rare.¹⁵⁷ This highlights the need for much better counselling and advice, and easier access to tailored information.

¹⁴⁸ See SowiTra 2018, p. 42.

¹⁴⁹ See SowiTra 2018, p. 13ff.

¹⁵⁰ See SowiTra 2018, p. 14.

¹⁵¹ See SowiTra 2018, p. 15.

¹⁵² See SowiTra 2018, p. 34.

¹⁵³ See SowiTra 2018, p. 60ff.

¹⁵⁴ See SowiTra 2018, p. 42.

¹⁵⁵ See SowiTra 2018, p. 45.

¹⁵⁶ See Prognos 2018, p. 8.

¹⁵⁷ See Prognos 2018, p. 11.

2.4. International work-care reconciliation schemes

In its work, the Advisory Board also considered the care situation in other countries around the world.¹⁵⁸ Many face the same or similar challenges: an ageing population, people's desire to grow old in their own homes, shorter hospital stays, more women going to work, childless women and small households.¹⁵⁹ In addition, between 70 and 90 percent of family carers are women.¹⁶⁰

Looking at the situation in the various countries, Yeandle (2017), for example, provides an overview of the conceptual frameworks for reconciling work and care. This was discussed in detail at the Advisory Board's third meeting (see Figure 1).

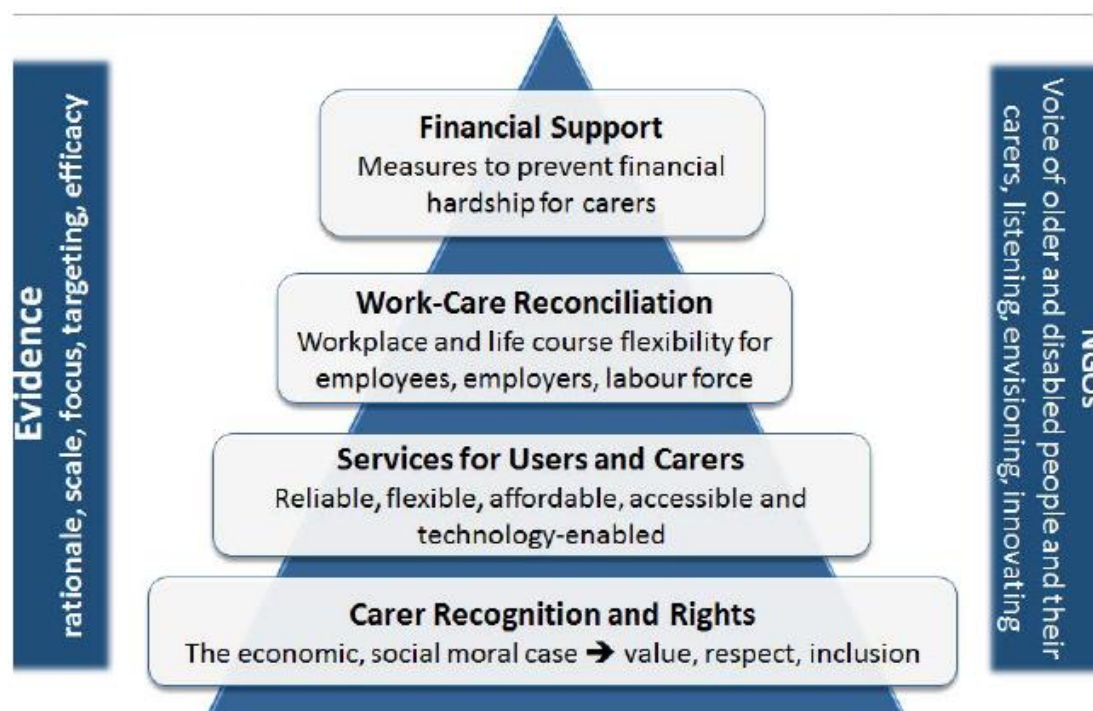


Figure 1: Model to achieve sustainable, holistic support for family carers who work¹⁶¹

When comparing the policy approaches in the various countries, it also becomes clear, however, that there is no uniform definition for Europe – for example with regard to caregiver numbers.¹⁶² In some cases, older people are included, while in others people with disabilities and in yet others children¹⁶³ are also taken into account, although work release for parents of children with disabilities is generally offered in all countries in Europe. These same differences can also be found in respect of 'caregiver leave', meaning taking time away from work to provide care.¹⁶⁴ There are, however, also differences with regard to the question of whether

¹⁵⁸ For more on work-care reconciliation in Europe, see for example Glendinning 2018; Bouget, Spasova, Vanhercke 2016 and also the BMFSFJ-commissioned study by Yeandle (2017). A comparison was drawn between Australia, Canada, Finland, France, Japan, New Zealand and the United Kingdom.

¹⁵⁹ See Yeandle 2017, p. 2ff.

¹⁶⁰ See Bouget, Saraceno, Spasova 2017, p. 155.

¹⁶¹ See Yeandle 2017, p. 3.

¹⁶² This is also evident in the countries covered by Yeandle's study. See Yeandle 2017, p. 2.

¹⁶³ For example, Glendinning 2018; regarding categorisation of countries into five groups, see Bouget, Saraceno, Spasova 2017, p. 155, 162 ff., although expenditure on care and the role of the family were also taken into account.

¹⁶⁴ One exception is Slovakia; see Bouget, Saraceno, Spasova 2017, p. 155, 167.

caregivers need to live in the same household as the person receiving care, whether the claimant must have paid social security contributions for a certain period of time, the issue of the severity of the need for assistance or long-term care, the question of a legal entitlement against the employer and the duration of and financial assistance provided during caregiver leave. If financial support is granted, this often amounts to 70 to 80 percent of the caregiver's earnings prior to taking caregiver leave.¹⁶⁵

2.4.1. Legal provisions

Statutory measures aimed at improving work-care reconciliation – according, for example, to the Yeandle study (2017) for the countries it examined – include:

- Work release or caregiver leave models (paid, unpaid, with varying contributions to costs [employer, employee, state, family] and duration [short-term, emergency leave, long-term])
- Flexible working time arrangements (same number of hours, but different time and location [flexitime] or reduced working hours, in some cases with state-provided wage compensation benefit or assistance covered by insurance funds)¹⁶⁶
- Job security or return-to-work guarantee for short-term and longer-term absences
- Pension and unemployment insurance coverage (no reductions in/continued payment of social insurance benefits during periods of reduced working hours)¹⁶⁷

No country has implemented a 'full package' to date.¹⁶⁸

2.4.2. Similarities with statutory provisions in Germany

On closer inspection, it can be seen that in some countries, provisions are in place which permit a comparison with the provisions of Germany's Caregiver Leave Act and Family Caregiver Leave Act. Certain of these caused the Advisory Board to discuss specific statutory provisions in more detail within the working groups and gather ideas for potential solutions from other legal systems.

For example, Austria offers work release to enable care for dependent relatives (caregiver leave and part-time caregiver leave); however, these are designed as bridging measures – there is no legal entitlement.¹⁶⁹ The Austrian model is not designed to “enable long-term work-care reconciliation [...]”. No one should have to leave their job for a longer period in order to provide care. In the first instance, this would be unreasonable towards employers. Plus, it is feared that this would have a

¹⁶⁵ See Bouget, Saraceno, Spasova 2017, p. 167, with examples from the EU member states.

¹⁶⁶ On the right to request flexible working hours in Scotland, see Reinschmidt 2017, p. 83, 84.

¹⁶⁷ See Yeandle 2017, p. 4, 39; a presentation is also contained in Reinschmidt 2017. For a comparison of the provisions in various countries: Hoyer, Reich 2016; see also the overview prepared following the KOM peer review (in conjunction with BMFSFJ) – the documents can be viewed at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&newsId=9173&furtherNews=yes>; and for more on Yeandle see also Reinschmidt 2017, p. 12.

¹⁶⁸ See Reinschmidt 2017, p. 12.

¹⁶⁹ See Reich, Reinschmidt, Hoyer 2017, p. 31; different in Spain, see p. 46.

negative impact on the number of women in work.¹⁷⁰ Where a financial benefit is granted for the period of caregiver leave, it is linked to the person in need of long-term care, as with the care allowance in Austria, and is only granted to the person who provides the most care and assistance.¹⁷¹ In Belgium, financial support is granted according to the time account model, with the basic payment amounting to €500.45.¹⁷² In Ireland, carer's leave, which is granted for a minimum of 13 weeks and a maximum of 104 weeks per person in need of long-term care, can be interrupted providing that the employee returns to work for a period of at least six weeks and the subsequent period of leave is required for the same person in need of long-term care. If an employee cares for two close relatives in need of long-term care at the same time, the carer's leave doubles to 208 weeks.¹⁷³ A leave period of three months to care for a dying relative can be found in French law and can be extended once for a further three months.¹⁷⁴ Employees receive an expenses allowance during their period of leave.¹⁷⁵ Looking at the distribution of care responsibilities among family members, it can be seen that in Belgium, the status of family carers is regulated by law to the extent that the carer must be of legal age and have established a relationship of trust with the person in need of long-term care or must be emotionally attached to them or live close by. Several people may also apply for recognition as a primary caregiver (*aidant proche*); the consent of the person in need of long-term care must be renewed annually.¹⁷⁶ Notice periods,¹⁷⁷ a small business clause as well as protection against dismissal¹⁷⁸ can also be found in Belgium.¹⁷⁹

In her study, Yeandle (2017) points out that many of the measures in place have been modified or adapted within a few years of their introduction. It is also notable that there is little evidence to suggest that the measures taken to reconcile work and care were systematically evaluated after their introduction to determine their possible effect or see how caregivers experience them in different situations.¹⁸⁰ The study also concludes, however, that there is evidence to suggest that legislation in different countries is converging, since the parameters of ageing population, family size, living arrangements and women's participation in the labour force are largely moving in the same direction. Technology supports workplace flexibility as well as trends in both healthcare and long-term care, including ageing at home. Living with chronic illnesses or disabilities at home and shortening hospital stays are also common trends.¹⁸¹

¹⁷⁰ Reinschmidt 2017, p. 14, presentation slides by Walter Neubauer on the example of Austria see p. 63 ff., see also Hoyer, Reich, forms of caregiver leave and financial benefits for home-based care in EU member states, 2016, p. 33ff.

¹⁷¹ See Reich, Reinschmidt, Hoyer 2017, p. 33 and 36.

¹⁷² See Reinschmidt 2017, p. 16, 72, 76.

¹⁷³ See Reinschmidt 2017, p. 16, 72, 76.

¹⁷⁴ See Reich, Reinschmidt, Hoyer 2017, p. 24. On family carer leave for dying relatives and part-time work for family carers caring for dying relatives in Austria, see p. 34.

¹⁷⁵ See Reich, Reinschmidt, Hoyer 2017, p. 19.

¹⁷⁶ See, for example, Reich, Reinschmidt, Hoyer, 2017, p. 3 and p. 15 (on cohabitants in France).

¹⁷⁷ On Ireland, see Reich, Reinschmidt, Hoyer 2017, p. 24.

¹⁷⁸ On protection against termination for cause in Austria see also Reich, Reinschmidt, Hoyer 2017, p. 33.

¹⁷⁹ See Reich, Reinschmidt, Hoyer 2017, p. 7f. (on the time account model); on *cong  de proche aidant* in France also Reich, Hoyer 2016, p. 17.

¹⁸⁰ For a comprehensive approach regarding family carers who work, see also Bouget, Sarceno, Spasova 2017, p. 155, 175: "With regard to caregivers in employment, suitably organised long-term community- and home-based care services are needed to support dependent persons and their carers, together with flexible and paid leave arrangements, flexible work arrangements and credits for social security contributions."

¹⁸¹ See Bouget, Sarceno, Spasova 2017, p. 155.

2.4.3. Family carers' needs

A special evaluation of a study by COFACE Families Europe,¹⁸² which also confirms that most carers are women and are aged between 45 and 64,¹⁸³ allows conclusions to be drawn on the needs of family carers, including in a European comparison. It can also be seen that the vast majority of carers receive no financial support while providing care. If financial support is given, only few recipients consider it sufficient. There is also evidence that providing care can result in health-related issues for the carer.

The family carers surveyed thus call for policymakers to provide assistance such as free respite for carers, financial support or paid leave and improved social recognition.¹⁸⁴

A comparison with other (EU) countries shows that carers surveyed in Germany are somewhat more satisfied with the statutory provisions on caregiver leave schemes than those in other countries in Europe. Financial problems were cited slightly more frequently and the burden on personal health was slightly above the European average. The need for caregiving to be respected and valued was cited slightly more frequently when compared with other countries.¹⁸⁵

2.4.4. Advisory services in European comparison

Information and advice also contribute to better work-care reconciliation and can relieve the burden on family carers. For example, the European Charter for Family Carers also stipulates that family carers should be informed of their rights and obligations.¹⁸⁶ Advice can cover financial benefits, care support, training, housing issues and much more.¹⁸⁷

A comparison of advisory services in Sweden, Austria, France and Scotland shows that carers in all four countries are supported by a wide range of information, advisory and training services.¹⁸⁸ However, those services are widely scattered and fragmented across the various policy levels and stakeholders. One of the services on offer is "Care Information Scotland" (CIS), an online platform launched by the Scottish government in 2010 which offers help and advice by telephone or via chat. CIS also combines touch points with information on local services and provisions, which is passed on as needed.¹⁸⁹ In Sweden, an online platform with a chat function helps older people who care for their partner to regain their identity and step out of

¹⁸² COFACE Families Europe is an organisation comprising 58 organisations from 23 EU member states, see also <http://www.coface-eu.org/about-2/members/>.

¹⁸³ COFACE Families Europe 2017 and COFACE Families Europe 2018, non-representative special evaluation for Germany commissioned by BMFSFJ.

¹⁸⁴ See Reinschmidt 2017, p. 11.

¹⁸⁵ See COFACE Families Europe (2017), p. 3. The authors conclude that: "Consequently, in order to ensure a sustainable solution for family carers in Germany, policymakers need to take family carers' recommendations seriously: provide access to community-based services, ensure financial support and social security, change administrative procedures, raise awareness, provide measures for reconciliation and prevent health problems for family carers.", see COFACE Families Europe (2017), p. 4.

¹⁸⁶ See also E.D.E. 2010, and also Article 5 (of the German) Charter on Long-Term Care, available at: https://www.wege-zur-pflege.de/fileadmin/daten/Pflege_Charta/charta-der-rechte-englisch-data.pdf.

¹⁸⁷ See, for example, the advisory services offered by the care helpline and the online portal [wege-zur-pflege.de](http://www.wege-zur-pflege.de).

¹⁸⁸ See Merkle 2018 (summary).

¹⁸⁹ See Merkle 2018, p. 5.

the shadow of the person in need of long-term care. Serving as a touch point in the Midlothian and Edinburgh regions, “Voice of Carers Across Lothian” (VOCAL)¹⁹⁰ offers individual advice and also help in developing a support plan.¹⁹¹ In Sweden, there are “family counsellors” in 80 percent of the country’s 290 municipalities. They visit carers at home and advise them on existing services and municipal programmes.¹⁹² In Austria, home visits by nurses to recipients of care allowance are also worthy of note.

The home visit serves to provide information, advice and support to care allowance recipients and/or family carers.¹⁹³ In France, worthy of mention are the local touch points for elderly people in need of care and their families (“Centre Local d'Information et de Coordination gérontologique” (CLIC)), which provide advice on all kinds of services at local level.¹⁹⁴ There appears, however, to be a lack of innovative and useful services online.¹⁹⁵

Civil society organisations, public authorities and self-help organisations play an important role in providing advice.¹⁹⁶ In Scotland and Sweden, where care is seen primarily as a state responsibility,¹⁹⁷ municipalities are required to provide advice and support for carers.¹⁹⁸ Self-help organisations and charities dominate training and education.¹⁹⁹

Centralised, comprehensive networking and coordination structures are largely lacking, bringing Merkle to the following conclusion: “Due to the fragmentation and the multitude of arrangements, it is difficult for carers to find their way around the services landscape. However, given the existence of parallel structures, there is potential to save costs. One of the key challenges faced is thus to connect the existing offers”.²⁰⁰

2.4.5. Situation for caregiving children and adolescents

Although the situation for caregiving children and adolescents is not a central component of this report and is proposed as a subject for future discussion in the forthcoming working period, the Advisory Board also addressed related and comparable aspects in this area. A study by the Observatory for Sociopolitical Developments in Europe (BEO), for example, has shown that many experts cite public relations work as especially important. The aim is not only to reach the caregiving children and adolescents, but also to raise awareness to the issue – both in society in general and among those concerned – by using, among others, the following instruments and measures: advertising in local public transport and on the

¹⁹⁰ See Reinschmidt 2017, p. 21 (Andréasson).

¹⁹¹ See Merkle 2018, p. 6.

¹⁹² See Merkle 2018, p. 9, 11.

¹⁹³ See Merkle 2018, p. 12, 14f. On house visits, see also Reinschmidt 2017, p. 22, 91ff. (Schrack).

¹⁹⁴ See Merkle 2018, p. 19.

¹⁹⁵ See Merkle 2018, p. 21.

¹⁹⁶ See Merkle 2018.

¹⁹⁷ On the efforts to better involve welfare organisations in the provision of social services, Merkle 2018, p. 8 with additional references.

¹⁹⁸ On Sweden, see Merkle 2018, p. 9; Reinschmidt 2017, p. 20ff. (Andréasson), who points to the fact that these often take place during the day; this is why more and more municipalities are offering advice via Skype.

¹⁹⁹ See Merkle 2018, p. 21.

²⁰⁰ See Merkle 2018, p. 22, with reference to the Zentrum für Qualität in der Pflege 2016b.

radio, campaigns in schools, teaching materials and modules for schools and nurse training. Media channels such as Instagram and Facebook are also used.²⁰¹ Online support services must also be well-connected and collaborate with local services – for example, local advisory services and those available online could each advertise the other's programmes.²⁰²

2.4.6. EU Directive on Work–Life Balance for Parents and Carers

The aim of the Directive is to improve work-life balance for parents and carers throughout the European Union (EU). Specifically, the Directive is intended to ensure fairer division of care responsibilities between women and men, and to promote participation in the labour market, especially for women. Germany, along with the majority of EU member states, approved the Work-Life Balance Directive in February 2019. The European Parliament then approved the Directive in early April 2019. Its final adoption is scheduled for June 2019. As part of the Work-Life Balance Directive, the EU member states and the European Parliament have agreed on five days a year for care, the right of parents and carers to request flexible working arrangements, and better protection against dismissal for parents and carers.²⁰³

2.4.7. Summary and outlook

Exact comparisons are difficult due to the different situations involving and/or definitions of care. Differences also arise in respect of the legal framework, but there are also similarities, leading to suggestions which the Board incorporated into its discussions on improving work-care reconciliation provisions. Periods away from work are short or long-term, paid or unpaid, and there are flexible working time arrangements, be it in terms of location, time or scope. There is also the aspect of job security/right of return, and the assumption of social security contributions. From a comparative law perspective, centralised and country-wide networking and coordination structures are sorely lacking. In respect of caregiving children and adolescents, it is proposed that local advisory services and online services should (better) promote each other's programmes.

The studies have shown that the measures should be adapted to the respective situation and the conditions in the respective country, and build on one another. According to Yeandle (2017), comprehensive and sustainable support for carers can be achieved across countries. In particular, this includes the following four points which should be considered and introduced as part of an holistic, integrated approach:²⁰⁴

- Financial support: measures should be introduced to prevent financial hardship for carers.
- Reconciliation of work and care: this includes flexibility both in working arrangements and in biographies for employees and employers.

²⁰¹ See Merkle 2017, p. 7.

²⁰² See Merkle 2017, p. 8.

²⁰³ Documents and details of the process are available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52017PC0253> and <https://www.consilium.europa.eu/en/policies/work-life-balance/>.

²⁰⁴ See Yeandle 2017, p. 2f.

- Services for people in need of long-term care and for caregivers: these must be reliable, flexible, affordable, easily accessible and technology-based.
- The basis is provided by the policy framework for the recognition and rights of carers. Their financial, social and moral situation should be recognised and improved. This also enhances recognition, respect and inclusion for people in need of long-term care.

On the whole, it would appear that in the countries covered by the studies, little consideration is given to comprehensive, care-friendly restructuring of the respective systems and measures. Instead, changes are being introduced piecemeal across the board. The Advisory Board thus regards the conceptual framework proposed by Yeandle (2017) as constructive for both the debate on and the introduction of new measures for the reconciliation of work and care in Germany. The Board agrees that the aim, focus and scope of all such measures should be clearly defined and justified, and their effectiveness assessed. Also, systematic evaluation of statutory provisions on work-care reconciliation should be carried out on a regular basis. The measures should be devised with the involvement of representatives of those affected as well as all relevant stakeholders, and with related innovations being taken into account. Bearing this in mind, the Advisory Board discussed the introduction of a national care plan and a national competence centre for family-based care.

2.5. Summary and recommendations for action

In Germany, support and care for people in need of long-term care is mainly provided by family members. A growing number of family carers also go to work. Many are currently unable to reconcile work and care. To enable better work-care reconciliation, social and financial conditions must be improved. To ensure that this happens, the Advisory Board has drawn up a set of demands for further development of the support system in the form of recommendations for policy action.

The Advisory Board recommends that care provided by family members be given more recognition and respect.

The provision of care for people in need of long-term care would be inconceivable without family carers. They form the backbone of care provision in Germany. In 2016, value added in home-based care amounted to around €37 billion.²⁰⁵ As early as in 2006, around 3.2 million full-time nurses would have been needed to replace home-based care with formal care provision.²⁰⁶ That figure is likely to be significantly higher today. Home care must thus be better recognised and valued, and receive better support.

The Advisory Board recommends introducing a carer's right to healthcare support.

Family carers have to cope with a combination of work and family demands. This puts their mental and physical health at risk. All support services, especially

²⁰⁵ See AOK Bundesverband and WidO – Wissenschaftliches Institut der AOK 2016, p. 20.

²⁰⁶ See Schneider 2006.

preventive measures designed to promote family carers' health and wellbeing, must be accessible at low-threshold level.²⁰⁷ Under the Prevention Act (July 2015) and in the National Prevention Strategy, family carers are not explicitly named but are subsumed under general prevention programmes. Family carers are also included in the National Prevention Conference goals and objectives. But even more attention could be paid to this target group. Maintaining the labour force, people's ability to work and also family carers' health must be promoted and supported.²⁰⁸

The Advisory Board recommends simplifying care-related application processes and forms to make them more user-friendly.

Family carers would like to see a less bureaucratic application process.²⁰⁹ This is despite the fact that when sending out application forms, both the statutory long-term care insurance funds and the private insurance companies offering private mandatory long-term care insurance point out the availability of long-term care advisory services under Section 7a of Book XI of the Social Code (SGB XI). This enables timely advice on the assistance provided by the long-term care insurance funds, and on provisions for work-care reconciliation, and applicants can also receive help in filling out forms and submitting their applications. But even so, the personal experience of various members of the Advisory Board shows that during advisory sessions, family carers repeatedly state that multi-page applications can be an obstacle after an exhausting day of providing care (one exception being the application for first-time benefits from the long-term care insurance fund, which can be made informally). And where an application poses difficult and complex questions, this only acts as a deterrent. In many cases, it can lead to urgently needed assistance being applied for too late or not at all.

An assessment must thus be made as to how the scope of applications and the number and length of forms can be reduced. In addition, the language used must be simple and easy to understand. This would also benefit family carers who are not native German speakers. And in the future, it should also be possible to submit applications online.

In any new legislation on work-care reconciliation, care must be given to ensure that the application forms to be submitted are as simple and as user-friendly as possible.

The Advisory Board recommends improving work-care reconciliation for both women and men, and abolishing negative incentives in social and taxation law.

Men and women must be able to perform home-based care work without facing significant consequences where their working lives are concerned. Equality is needed in the provision of care. To this end, men must be supported to enable them to take

²⁰⁷ The National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) points to the fact that as a target group with special needs, family carers are included in its guidelines on preventive healthcare (Leitfaden Prävention) (https://www.gkv-spitzenverband.de/media/dokumente/presse/publikationen/Leitfaden_Praevention_2018_barrierefrei.pdf).

²⁰⁸ On preventive healthcare in long-term care see also the information from the Centre for Quality in Care (ZQP): <https://www.pflege-praevention.de/>.

²⁰⁹ See Rothgang, Müller 2018, p 187f.

on more responsibility for providing care. Women need conditions which offer them scope for gainful employment that gives them financial security while providing care.

It is the declared goal of the Federal Government to strive for equal division of responsibility between family and work.²¹⁰ This is a prerequisite in implementing the underlying principle of Germany's Second Gender Equality Report, which is to create equal opportunities for women and men to ensure that equality between women and men as defined in the German Basic Law actually becomes reality in people's lives. The Gender Equality Report promotes the establishment of the work-care reconciliation model, which enables all people, depending on their requirements, to provide home-based care in addition to going to work. And in doing so, they must be able to reconcile work and care at any given time.²¹¹ This is why the expert evaluation accompanying the Second Gender Equality Report expressly recommends that the problems currently faced in the division of responsibility for work and care be addressed and that arranging the provision of care should not be seen solely as a private matter.²¹²

Incentives in social and taxation law often promote a gender-specific division of labour, in which women are more likely than men to reduce their working hours (sometimes significantly) in order to provide care – and with negative long-term consequences, both for their participation in working life and in securing financial independence into old age.²¹³

The Advisory Board recommends that employers take a more pro-active approach in work-care reconciliation.

Employers must attach importance to work-care reconciliation. Many companies support their employees in their attempts to reconcile caregiving responsibilities with work commitments. This is reflected in collective bargaining agreements, company agreements²¹⁴ and individual case-by-case solutions, which often go beyond prevailing statutory provision. There is, however, also a need for employers to take a more pro-active approach.

Gainful employment and caring for a dependent relative can be reconciled in various ways. The key to successful work-care reconciliation is taking an open approach in finding the best possible way to accommodate the varying interests and needs. Operational feasibility is of central importance. An open corporate culture, including

²¹⁰ Bundesregierung 2018b, p. 62.

²¹¹ Bundesregierung 2018b, p. 16.

²¹² Bundesregierung 2018b, p. 16.

²¹³ Minority vote AGF: The AGF supports the demand for work-care reconciliation to be improved for both women and men. Policy assessments differ regarding the extent to which there is a need for change in social and taxation law. The AGF proposes performing a separate assessment to ascertain whether and how changes in taxation and social law influence work-care reconciliation. The balance between equality objectives and the right of families to decide how they arrange care must be taken into account.

²¹⁴ On works agreements, see for example Reuyß 2017; Maschke, Zurholt 2013; company agreements on home-based care, Daimler Wörth 2011; Muster-BV zur Vereinbarkeit Beruf und Familie im klassischen Sinne, auch als Blaupause für die Vereinbarkeitsregelungen zur Pflege, sample works agreements on family-work reconciliation (work-life balance), and as a template for work-care reconciliation, available at: <http://www.igbce-schwedt.de/content/downloads/1.3%20Betriebsvereinbarung%20-%20Vereinbarkeit.pdf>

on the issue of reconciling work and care, ensures that those involved can work together to find solutions that meet the needs of all.

3. Statutory provisions on the reconciliation of work and care

In the following, the findings from the previous section – especially those on the current situation for those involved in family-based care – are compared with prevailing statutory provisions. It is also shown where these can be easily linked to work-care reconciliation, and how they can be further developed and improved.

The basis for the statutory provisions on work-care reconciliation was created in 2008 with the Caregiver Leave Act (PflegerZG) as part of the reform of the German Long-term Care Insurance Act (Gesetz zur strukturellen Weiterentwicklung der Pflegeversicherung, or Pflege-Weiterentwicklungsgesetz). The aim of the reform was to strengthen non-residential care, especially that provided by family carers.²¹⁵ To help achieve this goal, the first-ever provisions were introduced allowing employees to be released from work to enable them to better reconcile work and home-based care.²¹⁶

In addition, the provisions for better reconciliation of work and care were expanded by means of the Family Caregiver Leave Act (FPfZG), which entered into force in 2012. While the Caregiver Leave Act created a legal entitlement to short-term absence from work and to caregiver leave, family caregiver leave was introduced in the form of a voluntary agreement between employer and employee. The lack of a legal entitlement to family caregiver leave and the amount of red tape involved in obtaining agreement on its provision have been repeatedly criticised.

The Act to Improve Reconciliation of Family, Care and Work interlinked and enhanced the Caregiver Leave Act and the Family Caregiver Leave Act, as provided for in the coalition agreement for the 8th legislative period.²¹⁷ With the provisions that came into force on 1 January 2015, such as the introduction of a carer's grant and the creation of a legal entitlement to family caregiver leave as well as additional work release options, the legislature responded to key concerns of family carers regarding the need for greater flexibility and financial security in reconciling work and care. Section 14 of the Family Caregiver Leave Act also provides for legislation governing the Independent Advisory Board on Work-Care Reconciliation, which BMFSFJ called into being in September 2015.²¹⁸

The Act to Strengthen Long-Term Care (PpSG), which came into force on 1 January 2019, also provides for measures to improve reconciliation of family, care and work for nursing care professionals.^{219 220}

²¹⁵ On priority given to home-based care, see for example Gutzler 2017.

²¹⁶ BT-Drs. 16/7439 v. 07.12.2007 (draft legislation), p. 90. On care in times of demographic change, see Schwanenflügel 2018, p. 114ff.

²¹⁷ BGBl. I 2014, p. 2462. On the "new" provisions, see also Stüben, Schwanenflügel 2015, p. 577ff.; Stüben 2015, p. 97ff.

²¹⁸ The provisions are largely seen as a "step in the right direction", see pars pro toto INTERVAL 2018, P. 119.

²¹⁹ In particular, reference must be made here to Section 8 (7) SGB XI. Accordingly, in the years 2019 to 2024, up to €100 million will be made available annually from the compensation fund for measures to improve reconciliation family, work and care. Residential and non-residential nursing facilities are eligible to apply. This includes individual and community care services that are geared to the special working hours of nursing staff, as well as training and further training to strengthen reconciliation of family and work. The provision in Section 8 (7) SGB XI aims to make the nursing profession more attractive by means of targeted support for nursing care professionals. It

This section thus outlines and evaluates the provisions contained in the various laws. It also compares the Caregiver Leave Act and the Family Caregiver Leave Act, and looks at actual take-up of the various provisions they contain.

3.1. Work release and short-term absence from work under the Caregiver Leave Act

Both the Caregiver Leave Act and the Family Caregiver Leave Act pursue the goal of improving opportunities for people who work to better reconcile work commitments with providing family-based care (see Section 1 in each of the acts). The legal entitlements provided under the Caregiver Leave Act are intended to enable employees to respond quickly to unforeseeable, acute care situations involving a close relative and make it possible for them to provide home-based care for longer periods of time. The aim is to avoid them having to give up their jobs completely in order to provide care.

The provision on short-term absence from work entitles employees who are suddenly faced with a care situation to stay away from work for up to ten working days as needed so they can arrange care for a close relative in need of acute long-term care or to ensure the provision of care during that time (Section 2 I PflegeZG).²²¹ An anticipated need of long-term care suffices (Section 7 (4) 4, second sentence PflegeZG). A period of notice is not provided for, nor does a small business clause apply which makes such employers exempt. An acute care situation exists if a need for care arises suddenly and unexpectedly or changes.²²² Take-up of short-term absence from work is not limited to just one period of ten days.²²³

An employee does not have to take the ten days in succession: several employees who as family members look after a person in need of long-term care can divide the ten working days between them.²²⁴ If the above conditions are met and the family member wishes to exercise their right, they must inform their employer of their intended absence without delay, stating the reason and expected duration. The employer's consent is not required, however. At the employer's request, a doctor's note verifying the need for long-term care and the necessity of a short-term absence from work must be submitted in accordance with Section 2 (2) of the Caregiver Leave Act (PflegeZG).²²⁵

enables nursing staff to better balance their work commitments with their family life, especially when it comes to caring for children or relatives in need of long-term care. In agreement with the Association of Private Health Insurers (Verband der privaten Krankenversicherung e. V.), the National Association of Statutory Long-Term Care Insurance Funds (Spitzenverband Bund der Pflegekassen) has issued guidelines governing the prerequisites, objectives, content and implementation of support as well as the procedure for allocating support funds by a long-term care insurance fund. The guidelines came into force on 2 May 2019.

²²⁰ Issues concerning reconciliation of family, work and care were also taken up by WG 2 on Concerted Action in Long-Term Care, see: <https://www.bundesgesundheitsministerium.de/konzertierte-aktion-pflege.html>.

²²¹ On subsidiarity in the entitlement to care support allowance, see also INTERVAL 2018, P. 108 with further references, and Karb 2015, p. 427ff.

²²² Following a Federal Labour Court (BAG) judgement of 15.11.2011, a care situation is only acute if it arises suddenly, meaning unexpectedly and unannounced. Only in such cases does the family member have a legally recognisable need to stay away from work without notifying their employer in advance. On acute need of care, see Kossens 2016, p. 38.

²²³ See also Kossens 2016, p. 37.

²²⁴ See BT-Drs. 18/3449, p. 13 with further references. On the scope of short-term absence from work for part-time employees, see also INTERVAL 2018, P. 107 with further references.

²²⁵ With regard to submitting a doctor's note, see INTERVAL 2018, p. 107 with further references.

The employer is only required to continue the employee's pay for the period of the short-term absence from work where such an obligation arises under other statutory provisions or based on the terms of an agreement. Since 1 January 2015, employees have been entitled to claim a wage compensation benefit – in the form of carer's grant (Section 44a of Book XI of the Social Code (SGB XI)). This is paid for a person in need of long-term care for up to ten working days.

According to Section 3 of the Caregiver Leave Act, employees must be completely or partially released from work for up to six months if they provide home-based care for a close relative in need of long-term care (caregiver leave). Those wanting to take caregiver leave must notify their employer in writing at least ten working days in advance, stating the period in question and the extent to which they intend to be absent from work. In cases of partial release, the desired working hours must also be stated.

The entitlement does not exist against employers with 15 or fewer employees (Section 3 (1) second sentence of the Caregiver Leave Act – small business clause). If a short period of caregiver leave is taken to begin with, it can be subsequently extended up to the maximum duration with the employer's consent. Caregiver leave may not be interrupted, however. Repeated use of shorter periods of caregiver leave to care for one and the same family member is not allowed.²²⁶

In addition, complete or partial release from work under the Caregiver Leave Act can also be claimed to care for under-age family members in need of long-term care, including outside the home,²²⁷ and to accompany them in the final phase of life (up to three months). Care of a dying relative can also take place outside the home, such as in a hospice; the existence of a need for long-term care is not a prerequisite. The case must, however, involve an illness which is progressive and has already reached a very advanced stage in which a cure can be ruled out and palliative medical care is necessary and can only be expected to provide limited life expectancy of weeks or months (Section 3 (6) first sentence of the Caregiver Leave Act). Employees must provide their employer with proof of the situation by means of a doctor's note (Section 3 (6) second sentence of the Caregiver Leave Act).

3.2. Work release and short-term absence from work under the Family Caregiver Leave Act

The Family Caregiver Leave Act (FPfZG) is intended to further improve the options for work-care reconciliation by extending the legal entitlement to be released from work.

Under Section 2 of the Family Caregiver Leave Act, employees may be released from work for a maximum 24 months if they provide home-based care for a close relative in need of long-term care (family caregiver leave). Release from work is also possible

²²⁶ See Federal Labour Court (BAG), 15.11.2011, Az.: 9 AZR 348/10, which states that caregiver leave is a one-time legal entitlement. The entitlement expires the first time caregiver leave is taken, including when the period of caregiver leave taken is less than the maximum entitlement of six months.

²²⁷ See also BT-Drs. 18/3449, p. 12.

to provide care outside the home for under-age relatives in need of care (for example, in an institution).

The minimum number of hours worked must amount to an annual average of at least 15 hours per week (Section 2 (1) second and third sentences FPfZG). An employee wanting to take family caregiver leave must notify their employer in writing no later than eight weeks prior to the desired start date, stating the period of leave required and the number of hours to be worked during that time (Section 2a (1) first sentence FPfZG). Employers and employees must reach a written agreement on the reduction in and scheduling of working hours. Here, the employer must comply with the wishes of the employee unless urgent operational reasons dictate otherwise (Section 2a (2) FPfZG).

The entitlement to family caregiver leave does not apply in the case of employers with 25 or fewer employees (small business clause).²²⁸ Entitlement is based on a headcount, which also includes part-time employees.²²⁹ It also takes account of the need to avoid placing too great a burden on small and medium-sized businesses, as finding replacement staff for the duration of family caregiver leave would pose a considerable challenge for employers of this size. In small businesses, voluntary agreements on caregiver leave or family caregiver leave are possible, however.²³⁰

The period of caregiver leave and family caregiver leave may not exceed 24 months per close relative in need of long-term care (total duration Section 4 (1) fourth sentence PflegeZG, Section 2 (2) FPfZG).²³¹ If, for example, a six-month partial or complete release from work has already been taken under the Caregiver Leave Act, the caregiver employee can only claim partial release for a further 18 months. As a general rule, the periods of leave must follow immediately on from one another (the only exception being accompaniment in the final phase of life).

3.3. Definitions and similar provisions in the two Acts

After this detailed description of two of the most important provisions of the Caregiver Leave Act (PflegeZG) and the Family Caregiver Leave Act (FPfZG), the following briefly compares the two laws and outlines common definitions and terms.

The terms used in the Caregiver Leave Act and the Family Caregiver Leave Act are standardised in Section 7 of the Caregiver Leave Act (PflegeZG) because Section 2 (3) of the Family Caregiver Leave Act (FPfZG) provides that Sections 5 to 8 of PflegeZG apply accordingly. Other provisions, such as the small business clause, are contained in both laws, but are applied in different ways.

The Act on Improved Reconciliation of Family, Care and Work for Civil Servants of the Federal Government, and Members of the Armed Forces and Amending other Provisions contained in Government Service Law essentially transferred the

²²⁸ See the critique on raising of the threshold during the legislative process, for example, in Karb 2015, p. 427, 443.

²²⁹ See Kossens 2016, p. 145. On the differing thresholds and the increase in the Family Caregiver Leave Act to avoid placing too heavy a burden on small and medium-sized employees, see also INTERVAL 2018, p. 114.

²³⁰ See BT-DR. 18/3449, p. 12.

²³¹ See the critique on including accompaniment in the final phase of life in the overall duration and the option for “sequential caregiver leave”, see Thüsung, Pötters 2015, p. 181 (184).

provisions of the Caregiver Leave Act and the Family Caregiver Leave Act to these groups of individuals and with the same effect.²³²

Employees

Both laws are based on the concept of the employee. Under Section 7 (1) of the Caregiver Leave Act, this includes employees who are employed during vocational training and persons who are to be regarded as persons similar to employees because of their lack of financial independence; these also include those who work from home/perform piece-work at home and their peers.²³³

Close relative/family member in need of long-term care/home-based care

Under the Caregiver Leave Act or the Family Caregiver Leave Act, employees are entitled to be released from work if they provide home-based care for a close relative/family member in need of long-term care. Employees must prove the need for care by submitting a certificate from the long-term care insurance fund or the Health Insurance Medical Service (MDK); in the case of persons in need of long-term care who are insured with a private mandatory long-term care insurance fund, corresponding proof must be provided (Section 3 (2) PflegeZG, Section 2a (4) FPfZG). Under Section 7 (4) of the Caregiver Leave Act, a person is in need of long-term care if they fulfil the requirements of Sections 14 and 15 of Book XI of the Social Code (SGB XI), meaning that they must have been assigned a care grade, whereby care grade 1 suffices.²³⁴ For the provision on short-term absence from work in an acute care situation, an anticipated need for long-term care suffices (Section 7 (4) PflegeZG). It is not necessary for the employee to provide care of a close relative by themselves. The care provided can be shared with one or more persons, including with a mobile care service.²³⁵

Close relatives/family members

The term “close relatives” or “family members” was broadened under the Act on Improved Reconciliation of Family, Care and Work, but remained limited to relatives. The list contained in the Act is thus exhaustive. Close relatives or family members are defined in Section 7 (3) of the Caregiver Leave Act (PflegeZG):

- Grandparents, parents, parents-in-law, step-parents
- Spouses, life partners, partners living in a marriage-like or life-partner-like household, siblings, siblings’ spouses and spouses’ siblings, siblings’ life-partners and life-partners’ siblings.
- Children adoptive and foster children, spouses’ or partners’ children, adoptive and foster children, children-in-law and grandchildren.

²³² BGBl. 2016, 2362 ff. See Section 15 (3) of the draft of a 26th BAFöG Amendment Act (BT-Drs. 19/8749; previously Higher Administrative Court of Saarland, decision of 06.07.2018 - Ref. 2 A 583/17 - juris, according to which the care and support of close relatives can only be considered as a serious reason for an extension of the maximum funding period in exceptional cases). Self-employed persons must be taken into account if a wage replacement benefit similar to parental allowance is introduced.

²³³ See Kossens 2016, p. 130 ff. on persons similar to employees, and critical of their inclusion in the employee concept INTERVAL 2018, p. 105; the concept of employer is defined in Section 7 (2) PflegeZG.

²³⁴ See Koppenfels-Spies 2016, work-care reconciliation, at 221.

²³⁵ See Kossens 2016, p. 62f.

Notification periods

With the exception of short-term absence from work, the notification periods for work release are subject to different provisions: a notice period of ten working days (Section 3 (3) first sentence PflegeZG) applies for caregiver leave. An eight-week notice period applies for family caregiver leave (Section 2a (1) first sentence FPfZG). If an employee decides to change from caregiver leave to family caregiver leave or would like to follow a period of family caregiver leave with a period of caregiver leave, a three-month or eight-week notice period applies (Section 3 (3) fifth sentence PflegeZG, Section 2a (1) fifth sentence, second half-sentence FPfZG or Section 3 (3) sixth sentence PflegeZG, Section 2a (1) sixth sentence FPfZG).²³⁶

Small business clause

As a general rule, the Caregiver Leave Act provides no entitlement to work release for employees who work for employers with 15 or fewer employees (Section 3 (1) second sentence PflegeZG). However, under Section 2 (1) fourth sentence of the Family Caregiver Leave Act (FPfZG) the threshold for work release is usually 25 or less and for employees in vocational training only.²³⁷

Duration, extension and termination of work release

The duration of caregiver leave is six months; the same applies to work release under the Caregiver Leave Act (PflegeZG) for the care of under-age relatives in need of long-term care, including outside the home. Work release to accompany a close relative in the final phase of life can be claimed for a maximum of three months. Under the Family Caregiver Leave Act (FPfZG), family caregiver leave as well as partial work release to provide care outside the home for under-age relatives in need of care can be claimed for up to 24 months. Caregiver leave/family caregiver leave taken for a shorter period can be extended up to the maximum allowable period of time if the employer agrees (Section 4 (1) second sentence PflegeZG, Section 2a (3) first sentence FPfZG). An extension up to the maximum allowable period can be claimed if, for an important reason, a planned change of caregiver cannot take place (Section 4 (1) third sentence PflegeZG, Section 2a (3) second sentence FPfZG). The period of caregiver leave or family caregiver leave ends four weeks from the time the change in circumstances occurs if the close relative is no longer in need of care or if the provision of home-based care for the close relative becomes impossible or unreasonable. In all other cases, the period of caregiver leave/family caregiver leave taken can only be terminated prematurely if the employer agrees (Section 4 (2) third sentence PflegeZG, Section 2a (5) FPfZG).

Protection against dismissal and imperative nature

From the time an employee announces their intention, an employer may not terminate the employment relationship until the end of the short-term absence from work or the period of caregiver leave, and no later than twelve weeks before the announced commencement date (Section 5 (1) PflegeZG). While this takes account of the legitimate interests of the employer, it also protects the employee against dismissal for a reasonable period of time.²³⁸ In certain cases, the highest state authority responsible for occupational health and safety, or the authority designated

²³⁶ On the complexities and “awkwardness” of the provisions see also INTERVAL 2018, P. 116.

²³⁷ See BT-Drs. 18/3157 (draft legislation) and BT-Drs. 18/3449, p. 3 (final recommendation).

²³⁸ See BT-Drs. 18/3449, p. 12.

by it, may, due to exceptional circumstances, declare a dismissal permissible (Section 5 (2) first sentence PflegeZG). Deviation from statutory provisions to the detriment of an employee is prohibited (Section 8 PflegeZG).

3.4. Financial support for family carers: Carer's grant and provision of loans

In addition to the provisions under the Caregiver Leave Act and the Family Caregiver Leave Act regarding taking time off and work release for family carers who work, the provisions on the availability of financial support also play an important role. In the following, these are briefly touched on to give an overview of actual take-up of time off work, work release and financial assistance.

Employees can receive a carer's grant as a wage compensation benefit for the period of short-term absence from work (Section 2 (3) second sentence PflegeZG, Section 44a III SGB XI); for the amount paid, Section 45 (2) sentences three and five SGB V (sickness benefit in the case of a sick child) applies accordingly. For a person in need of long-term care, carer's grant is paid for a total of up to ten working days, even if several employees assert the claim in accordance with Section 2 (1) of the Caregiver Leave Act (PflegeZG).²³⁹ Upon application, which must be submitted without delay, carer's grant is granted by the long-term insurance fund or the insurance company of the close relative in need of long-term care. There is no entitlement to carer's grant if or as long as an entitlement exists to continuation of pay by the employer or an entitlement exists to sickness or injury benefit due to a child falling ill or having an accident under Section 45 of Book V of the Social Code (SGB V) or Section 45 (4) of Book VII of the Social Code (SGB VII).

For the duration of work release under the Caregiver Leave Act (PfZG) or the Family Caregiver Leave Act (FPfZG), employees can apply for an interest-free loan from the Federal Office of Family Affairs and Civil Society Functions (BAFzA) under Section 3 of the Family Caregiver Leave Act to cushion the loss of income during the period of leave. The loan is paid out in monthly instalments and also repaid in instalments (Section 6 (1) first sentence FPfZG). As a general rule, the loan amounts to half of the net income lost while providing care (Section 3 (2) 2 FPfZG).²⁴⁰ A limit is, however, placed on the amount under Section 3 (4) of the Family Caregiver Leave Act, whereby for leave taken under Section 3 of the Caregiver Leave Act (PflegeZG), the amount of the monthly loan instalment is limited to the amount to be granted for an average working week of 15 hours during family caregiver leave. To enable calculation of loan instalments, a family caregiver leave calculator is available as an online tool on the "Wege zur Pflege" ("Paths to Long-term Care") website.²⁴¹ If desired, the full amount need not be paid out; a lower amount can also be chosen, but must amount to at least €50 per month (Section 3 (5) FPfZG). Repayment of the loan (in instalments) starts in the month after which a period of work release ends (Section 6 (2) first sentence FPfZG). Section 7 of the Family Caregiver Leave Act contains a hardship provision which provides for deferment of loan repayment or the granting of a partial loan if home-based care continues.

²³⁹ See BT-Drs. 18/3449, p. 4 (final recommendation)

²⁴⁰ On calculating loans, see also BT-Drs. 18/3124, page 40 f.

²⁴¹ See <https://www.wege-zur-pflege.de/familienpflegezeit/rechner.html>.

3.5. Take-up of options for time off work and financial support/benefits

To be able to properly assess the situation for family carers who work, there is a need not only for an overview of the relevant laws and the assistance they provide, but also for information on actual take-up of options to take time off work under the Caregiver Leave Act and the Family Caregiver Leave Act, and of the financial support available in the form of carer's grant and loans. The related findings are set out below.

Take-up of work release under the Caregiver Leave Act and the Family Caregiver Leave Act

As there are no reporting requirements for short-term absences from work or for work releases under the Caregiver Leave Act and the Family Caregiver Leave Act, there are no official figures available on the extent to which these are actually taken up. In 2017, the terms "caregiver leave" and "family caregiver leave" were included for the first time in the micro-census questionnaire. After assessing the results, the Federal Statistical Office estimates the total number of people who took caregiver leave or family caregiver leave in 2017 at approximately 82,000.²⁴²

Take-up of carer's grant and short-term absence from work

Take-up of carer's grant amounts to between 9,000 and 13,000 recipients per year.²⁴³ In 2015, around €3.5 million from statutory long-term care insurance funds flowed into financing the carer's grant under the provisions of Section 44a of Book XI of the Social Code (SGB XI).²⁴⁴ Thus, take-up of short-term absence from work is assumed to be higher: in the scientific study conducted by INTERVAL, for example, it became clear that only around half of those who took advantage of a short-term absence from work also applied for a carer's grant.²⁴⁵

Take-up of loans

Looking at take-up of financial support for employees in the form of interest-free loans, figures published by BAFzA show that 1,093 applications have so far been submitted to the Federal Office of Family Affairs and Civil Society Functions (BAFzA), and that 867 have been approved.²⁴⁶ This means that take-up was far below the expectations set out in the draft legislation.²⁴⁷ During their periods of release from work, respondents in INTERVAL's scientific study financed 70.7 percent of their living expenses from their income from work, 55.3 percent from a relative's carer's grant, 46.3 percent from savings, 28.5 percent from the relative's pension and 16.3 percent from the earned income of other family members.²⁴⁸

²⁴² For further results, see <https://www.wege-zur-pflege.de/aktuelles.html> or the study commissioned by the Hans Böckler Foundation and conducted by Hielscher et al., 2017, p. 93; on use of alternative options such as part-time work under legislation on part-time employment (TzBfG) and other provisions agreed with employers, see INTERVAL2018, p. 41 and on programmes offered by employers.

²⁴³ In the draft legislation, annual take-up of less than 200,000 individuals was assumed (BT-Drs. 18/3124, p. 3).

²⁴⁴ See Sechster Bericht der Bundesregierung (2016) über die Entwicklung der Pflegeversicherung und den Stand der pflegerischen Versorgung in der Bundesrepublik Deutschland, p. 56.

²⁴⁵ On further findings regarding the duration and frequency of take-up, see *ibid.* p. 40f.

²⁴⁶ On the loans see also INTERVAL 2018, p. 54 ff.

²⁴⁷ See BT-DRS 18/3124, p. 29.

²⁴⁸ See INTERVAL 2018, p. 62.

A survey conducted by TNS Emnid – now Kantar Emnid – has also shown that only 39 percent of those surveyed consider the provision of state support which allows caregivers to make use of a special caregiver loan to be helpful, while 52 percent say it is “not helpful”. The frequency of negative responses increases with respondents’ age.²⁴⁹

3.6. Summary and recommendations for action

The Advisory Board recognises that the Federal Government has already taken and introduced measures to improve work-care reconciliation. This applies in particular to the introduction of an entitlement to family caregiver leave and carer’s grant.

However, the Advisory Board is in favour of further enhancement of the Caregiver Leave Act and the Family Caregiver Leave Act. This applies both to the period of leave allowed and the provision of better financial security. The current loan should be replaced as soon as possible by a wage compensation benefit similar to parental allowance. The Conference of Ministers and Senators for Labour and Social Affairs of the Länder (ASMK) has passed similar resolutions.²⁵⁰ The Confederation of German Employers’ Associations (BDA) does not support the recommendations for action contained in paragraphs 1 to 3 below.

1. Financial support

The Advisory Board recommends:

- **Replacing the loan with a wage compensation benefit for family caregivers who work.**
- **Introducing the wage compensation benefit similar to parental allowance.**
- **Introducing a one-time, tax-financed wage compensation benefit for up to 36 months per person in need of long-term care**
- **Allowing several people to be entitled to financial assistance, either in parallel or in sequence.**
- **Structuring this financial support in a transparent manner and paying it out in a timely manner.**
- **Providing an entitlement to wage compensation benefit as of care grade 2.**

²⁴⁹ See also the finding of the scientific study by INTERVAL 2018, p. 11 and p. 45, whereby the vast majority of people say greater financial support from the state is important, including the use of tax revenue.

²⁵⁰ Among the fundamental changes urgently considered necessary are a simplified legal situation, simplified procedures, an improved legal entitlement to time off as well as wage compensation benefit in the expansion and merging of the Caregiver Leave Act and the Family Caregiver Leave Act, flexibilisation of entitlement periods, better financial security. Conference of Ministers and Senators for Labour and Social Affairs of the Länder 2018, p. 17.

To improve work-care reconciliation for family carers who work, the Board recommends the provision of situational financial support.

Financial difficulties are a reason why people decide not to reduce their working hours and not to participate in providing care.²⁵¹ In a survey conducted on behalf of BMFSFJ to identify measures that are particularly important in supporting family carers who work, “financial support and security” is most frequently cited by respondents. Also, a large majority are in favour of state-provided financial support.²⁵²

The loans are thus to be replaced by state-provided, tax-financed support for family carers who work and converted into a wage compensation benefit similar to parental allowance.²⁵³ This is to be paid once for up to 36 months per person in need of long-term care. Receipt of the benefit over a longer period of time makes it possible to also cover longer periods of care and promotes the division of care between several individuals – especially against the backdrop that the carer must work at least 15 hours per week for most of the period in which care is provided. An increase in financial incentives is also expected to increase the proportion of men providing care.²⁵⁴ As the need for long-term care grows (from care grade 2 onwards), the support provided by family carers usually becomes more time-intensive. From this point on, wage compensation benefit may also be claimed for up to 36 months.

Transparent structures and timely granting of applications offer more targeted support in reconciling work and care.²⁵⁵

The introduction of tax-funded, state-provided support would also help compensate for the imbalance between reconciling family and work, where parental allowance is paid, and reconciling care and work, where no comparable benefit exists.

²⁵¹ See INTERVAL 2018, P. 33.

²⁵² The recommendation in the scientific study by INTERVAL (2018) is also aimed at financial support for care-related career breaks and the conversion of the loan into a non-repayable care support benefit (a grant) to compensate for income lost (p. 13).

²⁵³ Minority vote by the AGF: The AGF welcomes the introduction of a caregiver leave period of 36 months. With regard to financial compensation, the AGF sees a need for clarification in the wording “similar to parental allowance” and “wage compensation benefit”. The AGF states that the financial compensation should be in the form of a lump sum and not a percentage of salary/wage, as the formulations “similar to parental allowance” and “wage compensation benefit” may imply. The AGF indeed recognises the need for better gender-equitable distribution of care work, but with regard to the equality policy objective, doubts the analogous effect between parental allowance and long-term care wage compensation benefit in mobilising men for care work. Instead, the AGF considers the socio-political redistributive effect in favour of persons with low incomes in financing work-care reconciliation to be more efficient and, in this case, more significant, with financial compensation paid out as a lump sum in an appropriate amount.

²⁵⁴ See INTERVAL 2018, p. 142, where it is pointed out that consideration could be given to granting the full amount only if at least two relatives reduce their work hours to provide care.

²⁵⁵ Minority vote by the BDA: The BDA has doubts regarding repayment of the loan. The real reasons as to why the loan provision was rarely used are unknown. An increase in benefits of this kind could provide incentives to claim considerably more time away from work. This would lead to a significant burden on employer. Financing via a “lost grant” would ultimately burden employers twice: financially via tax co-financing and operationally via the organisational implementation of the – presumably increasing – periods of work release. The Federal Association of Municipal Employers’ Associations and the Association of Municipal Employers’ Associations support the minority vote of the BDA.

2. Recommendations on work release and short-term absence from work

The Advisory Board recommends:

- Enabling partial work release where an average of 15 hours per week is worked during the 36-month period.
- Granting this entitlement once for all employed persons to enable them to care for one and the same family member.
- Grant an entitlement to six months' complete release from work or a working week of less than 15 hours.
- Make care grade 2 a minimum requirement in granting the above.
- Guarantee flexible take-up of the options for work release.
- Set no employee threshold for complete release from work.²⁵⁶

To avoid the carer changing to a permanent part-time position or giving up their job completely, the total duration of work release is extended to 36 months.²⁵⁷ On average, people in need of long-term care need about three years' support from the time they are found to be in need of long-term care. It should be noted that family members often provide support even before the need for long-term care is determined and that there are care periods that last significantly longer than three years.²⁵⁸

²⁵⁶ Minority vote by the BDA: The BDA does not support the recommendation for action. Thresholds are a generally recognised instrument under labour law to protect small and medium-sized enterprises from excessive burdens that could ultimately jeopardise their existence to the detriment of employees. The more partial and temporary downtime a company has to cope with, the more power it draws from its core business to generate profits and maintain jobs. There is no comparability with the BEEG, which does not provide for a threshold value for complete release from work. In contrast to elderly persons in need of long-term care, newborns in particular cannot normally be placed in the care of others. The Federal Association of Municipal Employers' Associations and the Association of Municipal Employers' Associations support the minority vote of the BDA.

²⁵⁷ See also INTERVAL 2018, p. 13, 74 and 135 on an extension of the maximum limit for family caregiver leave, pointing out that an increase to 30 months, for example, would already be long enough for almost 60 percent of care situations. If, on the other hand, the maximum duration is sufficient for, for example, around two-thirds of the care situations, the maximum duration would have to be increased to 36 months.

²⁵⁸ Minority vote by the BDA: The BDA rejects an extension of the existing statutory provisions on work release and their flexible use. It is also the wrong approach in view of the current labour market situation. In addition to the entitlement to six months' complete release and 24 months' partial release caregiver leave and family caregiver leave, a further statutory part-time entitlement ('Brückenteilzeit', meaning a 'bridge' period of part-time employment between periods of full-time employment), only came into force on 1 January 2019. But irrespective of this, the contracting parties can choose from a wide range of practical solutions for needs-based reconciliation of work and care. A division of the statutory leave entitlements into different periods of time would pose excessive organisational and bureaucratic challenges for employers. Each individual case requires a reorganisation of available personnel. In many cases, new employees must be hired to allow an existing employee to reduce their working hours temporarily. In many sectors, it is almost impossible to find suitably qualified replacement staff for a limited period only or for part-time positions. Placing an additional burden on the remaining employees, e.g. in the form of overtime, can rarely be avoided. The greater the number of employees being released from work, the greater the employer's need for personnel planning, and the more costly and hopeless the chances of finding replacement staff in order to absorb the respective downtime operationally. The Federal Association of Municipal Employers' Associations and the Association of Municipal Employers' Associations support the minority vote of the BDA.

The main desire of family carers is to be able to stay in their jobs while providing home-based care. Thus, from care grade 2 onwards, family carers can face tough demands in terms of time management and their ability to reconcile work and care. It should thus be possible for them to continue working, but they should be afforded flexibility regarding the number of hours they work. Retaining an average working week of 15 hours and receiving wage compensation benefit means the chance of financial independence for family carers who work. If, when providing care, a temporary situation arises where the amount of care can no longer be reconciled with going to work, the carer can take up to six months' leave. This provision enables their subsequent return to work.

The Advisory Board recommends:

- **Extending the provision on short-term absence from work (Section 2 of the Caregiver Leave Act) and providing a carer's grant for up to ten working days per year.**
- **Making it possible for employees to make multiple use of the short-term absence from work provision to care for a close relative, provided that the legal requirements are met.**
- **Making the provision for short-term absence from work of up to ten working days available in cases of sudden death and providing wage compensation benefit for the period in question.**

The provision for short-term absence from work applies in the event of an acute care situation in which support for the person in need of care must be provided as a matter of urgency. Clear and realistic provisions should thus apply to this especially stressful situation. Thus, the possibility of take-up on multiple occasions should be expressly standardised by law.²⁵⁹ A guarantee of carer's grant for up to ten working days per year would provide the financial security needed to ensure multiple take-up of the provision.²⁶⁰

In addition to an acute case of long-term care, the provision on short-term absence from work should also apply in cases of sudden or unexpected death, as in some cases it may not be possible to observe a notice period of ten working days to care for a dying relative in the final phase of life (Section 3 (6) third sentence in conjunction with Section 3 (3) first sentence PflegeZG).

The Advisory Board recommends that the law specify both the period during which the employer must respond to a request for a reduction in working

²⁵⁹ See INTERVAL 2018, p. 107 with further references.

²⁶⁰ Minority vote by the German Employers Association (BDA): The BDA rejects annual financing or multiple financing within a given year as an acute case of need for long-term care only occurs once per relative in need of long-term care. An expansion of the financing provision must not promote misuse of the provision for short-term absence from work. Multiple use of the ten day-absence to care for a relative in need of care would pose an organisational challenge for small businesses because there is currently no small business clause containing a threshold in place for this provision. The Federal Association of Municipal Employers' Associations and the Association of Municipal Employers' Associations concur with the BDA's minority vote.

hours in cases of partial release from work and the legal consequences if the employer fails to respond.

Neither the Caregiver Leave Act nor the Family Caregiver Leave Act state the period of time in which an employer must respond to an employee's request for reduced working hours by way of a partial release from work, nor do they explain the legal consequences if the employer fails to respond. This can lead to considerable legal uncertainty on the part of employees. The Board thus recommends that these ambiguities be clarified by law.²⁶¹

3. Recommendations for action on the term close relatives/family members

The Advisory Board recommends:

- **Expanding the term close relatives/family members to include aunts and uncles, nieces and nephews, and children of life-partner households and unmarried couples.**
- **Expanding the entitlement to people with especially close ties to a person in need of long-term care.**

Although it is usually close relatives/family members such as spouses and life partners, parents, parents-in-law and children who are cared for, other relatives account for 11.6 percent of care provided.²⁶² Also, approximately four percent of people who provide home-based care are not family members.²⁶³ And given today's changing family structures, the Advisory Board recommends looking at how entitlement can be extended to people with especially close ties to the person in need of long-term care. This includes, for example, more distant relatives, but also flatmates, friends and neighbours.^{264 265}

4. Recommendations regarding simplifying the legal basis

The Advisory Board recommends:

- **Combining the Caregiver Leave Act and the Family Caregiver Leave Act into a single piece of legislation.**

²⁶¹ See also INTERVAL 2018, P. 112 f. with further references.

²⁶² See Schwinger, Tsiasioti, Klauber 2016, p. 192. On the relationships between the affected groups and their relatives/family members, see also the scientific study by INTERVAL 2018, p. 26.

²⁶³ According to Schwinger, Tsiasioti, Klauber 2016, p. 192, the figure is 4.4 percent.

²⁶⁴ The parliamentary party BÜNDNIS 90/DIE GRÜNEN have already called for an extension to friends or neighbours, BT-Drs. 18/3449, p. 11; on the legal situation in other European states, see for example Reich, Reinschmidt, Hoyer 2016.

²⁶⁵ Minority vote by the German Employers Association (BDA): For reasons of the above-mentioned burdens associated with work release, the BDA rejects any expansion of the group of eligible persons under the Caregiver Leave Act and the Family Caregiver Leave Act: It would lead to a further increase in the number of requests for work release.

- **Harmonising and simplifying the provisions and wording in the course of merging the two acts.**

Due to being laid down in two separate acts, the statutory provisions contained in the Caregiver Leave Act and the Family Caregiver Leave Act are unnecessarily complex and difficult to understand for those unfamiliar with legal terms and texts. When it comes to achieving better reconciliation of work and care, a clear majority of people in Germany say combining the existing provisions into a single law, making them more transparent and allowing more flexible application of them to accommodate specific long-term care situations are particularly important.²⁶⁶

The Advisory Board criticises this coexistence of two laws on reconciling work and care, and urgently recommends that they be combined into a single law under the leadership of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ).²⁶⁷

5. General recommendations on further development of the Caregiver Leave Act and the Family Caregiver Leave Act

The Advisory Board recommends:

- **Avoiding the creation of ‘false incentives’ that could lead to carers giving up their jobs and instead creating provisions which promote the division of care between several individuals.**
- **Regular review of those provisions.**

With its recommendations for action on further development of the Caregiver Leave Act and the Family Caregiver Leave Act, the Advisory Board aims to further improve work-care reconciliation. All proposed new legal provisions are intended to help provide additional support to caregivers during the period of home-based care, irrespective of whether they take a temporary break from work or reduce their working hours. Incentives that lead to caregivers giving up their jobs should be avoided. The Board especially aims to promote the role of women in the labour market and prevent the risk of poverty in old age. Sharing of care among several individuals is also to be better promoted. And to ensure ongoing improvement in the reconciliation of work and care, both statutory provisions and their take-up should be subject to regular evaluation.

²⁶⁶ See INTERVAL 2018, p 48 and also p. 47; in favour also Karb 2015, p. 427.

²⁶⁷ Also recommended in the scientific study, INTERVAL 2018, p. 13, and in Thüsing, BT-Ausschuss FSFJ, Ausschussdrucksache 18(13)30f., p. 8.

4. Support for family carers (who work)

There are various provisions in place to support family carers. These include information and advisory services, long-term care infrastructure, and digital and technical aids. The Advisory Board has taken an in-depth look at these provisions as it considers them to be extremely important in ensuring successful reconciliation of work and care. In this section, the outcomes of the Board's deliberations are explained, with the topics of information and advice, caring for close relatives/family members, long-term care infrastructure, social insurance and digitalisation addressed in sequence.

4.1. Information and advice

Information and advice can play a major role in arranging the provision of care. Family members who face the decision on whether and how they will care for another person or whether and how they can combine work and care are reliant on the availability of information and advice. Ultimately, 'caring' for a person can involve a number of very different challenges. These range from providing occasional support and accompaniment to providing extensive help in everyday life, performing diverse organisational tasks and providing 24-hour care, for example for people with dementia. If family members reach a joint decision with the person in need of long-term care to care for them in their home, they require a variety of support services in order to do so.²⁶⁸ But only where the different legal options and support provisions are known can they be used as needed. Competent personal and comprehensive advice that provides independent information and clarification about the provisions in place can be helpful and enable people to make the decisions that are 'right' for all concerned.

The Advisory Board has thus addressed the topic of 'advice' by creating a dedicated, thematic working group. Focusing in the first instance on ways of defining information and advice, they agreed on the following: 'information' is understood to mean that knowledge is made available to a person or information is provided on request; in the context of work-care reconciliation, this means, for example, communicating the legal entitlements that exist under the provisions of the Caregiver Leave Act (PflegeZG) and the Family Caregiver Leave Act (FPfZG) and the type of support available for family carers. Advice, on the other hand, goes far beyond the provision of information. 'Advice' aims to improve people's ability to cope with problems and burdens associated with the need for long-term care or with an illness so they can help exercise the rights of those in need of long-term care or those of their family members, and enable access to social welfare support. In many cases, care advice focuses on establishing or stabilising the provision of care and support for those in need of long-term care. This means that the wishes and preferences of those in need of care regarding certain forms of support and housing must be reconciled with those of their family members and the resources available to them. As a result, care advice must always consider family carers' wishes and abilities to support their relatives in need of care. The question of reconciling work

²⁶⁸ On existing support provisions see for example Frey 2019.

and care without overburdening family carers is thus an integral component of quality care advice.²⁶⁹

With regard to the advisory landscape in Germany, the Advisory Board emphasised the diversity of the advisory services on offer. But it criticised the uncertain nature of the care advice infrastructure, the inequitable access routes (city/country, different levels of education, with a migration background and without) and the partially unsecured and temporary financing of tried and tested advice centres. The members of the Advisory Board repeatedly reported from experience of their own that in many cases family members do not know who to turn to and would ideally like to be “taken by the hand” and “led”. A comparison between advisory services in Germany and those of other European countries was also made. The working group on information and advice suggested, for example, that using a uniform name for advice centres could help family members find their way and receive the information and advice they need.

4.1.1. Advice and information services

There are numerous providers of advice and information. Statutory mandates for the provision of advice, especially relating to Book XI of the Social Code (SGB XI), result from Section 7a SGB XI for long-term care insurance funds or private insurance companies providing mandatory long-term care insurance, or from Section 7c (2) SGB XI for care support centres. Added to these are information and advice centres that have no statutory mandate, for example welfare associations, non-profits, self-help organisations, the Federal Ministry of Health (BMG) and the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ).

Statutory entitlement to advice/types of advice

With Section 7a (1) of Book XI of the Social Code (SGB XI) introduced under the German Long-term Care Insurance Act (Pflege-Weiterentwicklungsgesetz), the entitlement to comprehensive advice tailored to the specific care situation was enshrined in national law. All insured persons who receive assistance from the statutory or private long-term care insurance funds or have submitted an application for assistance to a fund and have been officially recognised by that fund as in need of care-related assistance and advice, are entitled to receive free and unbiased advice. The mandate to provide information and advice applies to the statutory long-term care insurance funds, the private insurance companies offering mandatory long-term care insurance (with care advice being provided by a private care advisory agency, compass GmbH), the care support centres and – within the scope of (mandatory) advisory visits in the home (Section 37 SGB XI) – mobile care services.²⁷⁰

Advice on long-term care (Section 7a SGB XI) is intended to strengthen the beneficiary’s self-determination and independence and guarantee care tailored to that person’s specific care situation. It also takes account of the need to relieve the

²⁶⁹ See Schaeffer, Schmidt-Kaehler 2012 and Zentrum für Qualität in der Pflege 2016b, p. 8ff.

²⁷⁰ See Bundesministerium für Gesundheit 2019a, p. 109 f., 121ff.; see also the Sixth Report of the Federal Government (2016) on Long-term Care Insurance and Long-term Care Provision in Germany, p. 162 (see Table 44 for an overview of long-term care support centres).

burden on family members and others involved in the provision of care.²⁷¹ A need for care can often arise suddenly, forcing family members to make hasty decisions. This is why in Section 7b SGB XI, the legislature mandated the statutory long-term care insurance funds and the private insurance companies to appoint a long-term care adviser within two weeks of receiving an application to provide long-term care advice in accordance with Section 7a SGB XI. The long-term care insurance funds can provide the advice themselves, refer applicants to an independent and neutral advisory centre (with which respective agreements are in place) or issue advice vouchers.

To provide advice, care and support for insured persons in their local area, the long-term care insurance funds have set up care support centres in many places on the basis of shared sponsorship with local authorities and federal states. Care advice can be provided, for example, in the offices of the long-term care insurance funds, but can also be provided in the home if needed.²⁷² In the provision of long-term care advice, the need for help and support as well as the results of advice provided in the home are to be systematically documented and assessed. Working with the beneficiaries, an individual care plan is drawn up. Its implementation is then monitored and, where appropriate, modifications are made to accommodate changing needs.

Most people in need of care at home only receive care allowance. To ensure that this group is also adequately cared for and supported, Section 37 (3) of Book XI of the Social Code (SGB XI) provides for mandatory advisory visits at regular intervals which are primarily carried out by authorised care services. The Act to Strengthen Long-Term Care (PpSG), which came into force on 1 January 2019, also improved the situation for people in need of non-residential care with regard to advisory visits under Section 37 (3) SGB XI. Although as a rule, the principle is followed where reports to the long-term care insurance funds and private insurance companies about the outcome of advisory visits require the consent of the person in need of care, the PpSG takes into account the fact that there are situations where further efforts must be made to improve the care situation for the benefit of the person in need of care. If the care adviser comes to the conclusion that a situation exists where additional or other services are needed to ensure that the care provided is of a good level, they must inform the responsible long-term care insurance fund that further advice is deemed necessary, even if the person in need of care has not consented to the submission of a more detailed report. The long-term care insurance fund must then offer advice in accordance with Section 7a SGB XI and, in the event that advice is accepted, discuss any adjustments to the assistance provided with those concerned and initiate their implementation where needed. The information that the care adviser passes to the long-term care insurance fund is limited to indicating the need for further advice. In response, the long-term care insurance fund must in turn offer

²⁷¹ According to Section 7a (1) item 6, information about assistance to relieve the burden on caregivers must also be provided. To an extent, family carers are also partly included if, for example, clarification regarding assistance available under long-term care insurance (Section 7 (2) SGB XI), if long-term care advice is to be given to the family member upon request (Section 7a (3) SGB XI), where long-term care training courses are involved under Section 45 SGB XI or model projects under Section 123 SGB XI.

²⁷² The National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) guidelines on standardised provision of care advice provided under Section 7a SGB XI place priority on advice in the home or in the residential care institution in which the person resides, thus stressing the order of priority in providing advice.

corresponding advice. Personal data concerning the care situation may not be transmitted as consent has not been received.

Also, Section 45 of Book XI of the Social Code (SGB XI) provides for nursing care training for family carers. The provision imposes an additional responsibility on the long-term care insurance funds in that they are required to hold nursing care courses to familiarise practicing and potential volunteer carers with the duties involved in providing nursing care. The provision contained in Section 45 SGB XI is a further measure designed to strengthen home-based care. The long-term care insurance funds must conduct these training courses free of charge for family members and other persons interested in providing care as volunteers. The idea is to give them the skills they need to provide care independently. At the request of the caregiver and of the person in need of care, the training courses can also be held in the home of the person in need of long-term care.

Other information and advisory services

Although the requirement to provide advice was enshrined in national law with the Act to Strengthen Long-Term Care (PpSG), there was already a great need for advice even before this was done. Over the years, a large number of advice centres and models have been created and developed which vary greatly in terms of their staffing, time, spatial and financial resources as well as the qualifications of the advisers themselves. The advice centres are run by organisations such as welfare associations, local authorities, non-profits and self-help organisations. Many companies also provide information, e.g. on the availability of 'care guides' and similar initiatives.²⁷³ Most advice centres offer one-on-one advice tailored to individual needs either in person, by telephone or online. There is also a wealth of information available in the form of brochures and websites as well as from information centres. While this broad-based provision has proven its worth, the advisory landscape can still be confusing for 'outsiders'. The services have different designations, are often not searchable online and are not linked with one another via networks. Family members are more likely to come across these advice services by chance or because someone has recommended them. The advice centres could, however, also serve as facilitators to inform people about the various ways of reconciling work and care.²⁷⁴

When it comes to statutory provisions for the reconciliation of work and care, the services offered by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ)²⁷⁵ and the Federal Ministry of Health (BMG)²⁷⁶ play an especially important role. For example, the BMFSFJ care helpline launched in 2011 (the website www.wege-zur-pflege.de – paths to long-term care – was launched shortly afterwards) is aimed at all those affected by and involved in long-term care,

²⁷³ See for example the care training guide of an initiative in Hesse (Qualifizierung zum Pflege-Guide der hessischen Initiative): <http://www.berufundpflege.hessen.de/pflege-guide> or the long-term care guide for employers available online at: <https://www.aok-business.de/nordost/tools-service/seminare/wegweiserwegweiserin-fuer-pflege-im-betrieb/>.

²⁷⁴ See other advice services in Frey 2019, p. 35ff.

²⁷⁵ See for example www.wege-zur-pflege.de, www.wegweiser-demenz.de, especially the Alzheimer helpline, as well as www.perspektive-wiedereinstieg.de and www.pausentaste.de for caregiving children and adolescents.

²⁷⁶ <https://www.bundesgesundheitsministerium.de/themen/pflege.html>. Also the BMAS helpline on disability; information on living wills, power of attorney, patient decrees and related brochures is available from BMJV. See for example <https://www.bmjv.de/SharedDocs/Publikationen/DE/Patientenverfuegung.html>.

meaning those in need of long-term care and those in their personal sphere, family carers, care sector service providers, employers of family carers and advice centres. The service covers information and referral on the topics covered on the website, such as advice on work release under the Caregiver Leave Act (PflegeZG) and the Family Caregiver Leave Act (FPfZG), short-term absence from work, providing end-of-life support and carer's grant. It also provides information on local-level assistance and options to relieve the burden on carers. In addition, information can be provided on more general issues such as living and housing in old age, entitlement to social assistance (SGB XI) and the Charter of Rights for People in Need of Long-term Care and Support. As set out in the coalition agreement of 2013, a further measure was introduced where advice is now also provided in the case of acute and stressful situations, and that a 'guide function' be performed in providing related services offered at both federal and state level. Where necessary, advice is provided confidentially and anonymously.

4.1.2. Take-up of information and advice

Although many primary caregivers are familiar with and make use of the advisory services offered by the long-term care insurance funds and by mobile care services and care support centres, many other advice and information services that are available remain unknown.²⁷⁷ In cases where no advice has been sought, the argument often used by people in need of long-term care or by their family members is that they already know enough about the care situation or have obtained information from other sources. But in some cases, the care situation means that family members simply have no time to actually seek advice.²⁷⁸

When it comes to the availability of support to relieve the burden of providing care, in a survey conducted in 2017 one in two respondents said they believed they were well informed about support options such as taking time away from work or reducing working hours, while 40 percent explicitly reported gaps in knowledge and 11 percent were unable or unwilling to say how well or how poorly informed they were.²⁷⁹ In another study, some 80 percent of respondents say they are more or less or completely familiar with the provisions of the Caregiver Leave Act (PflegeZG) and the Family Caregiver Leave Act (FPfZG), but did not know the key features when asked. A similar picture emerges among human resources managers in companies, who describe themselves as rather poorly informed.²⁸⁰

Where advice was requested, it was more likely to take place at the known official touch points. According to Rothgang and Müller (2018), the most frequently used advisory services are those provided by mobile care services and the long-term care insurance funds. In addition, around 25 percent of primary caregivers obtain information on the internet, while around one in five seek advice from a care support centre.²⁸¹

²⁷⁷ See Rothgang, Müller 2018, p. 141f.

²⁷⁸ TNS Infratest Sozialforschung 2017, p. 151f.

²⁷⁹ See Kantar EMNID 2017, Bevölkerungsbefragung zum Thema Vereinbarkeit von Pflege und Beruf commissioned by BMFSFJ, Ergebnisbericht Welle 7.

²⁸⁰ See INTERVAL 2018, P. 11.

²⁸¹ See Rothgang, Müller 2018, 141f.

There is evidence of an increase in the number of people seeking advice whenever new legislation is introduced. For example, the website www.wege-zur-pflege.de (paths to long-term care) has recorded a huge increase in the number of hits since 1 January 2015 (up to as many as 66,830 hits per month).²⁸² Calls for advice from the BMFSFJ care helpline were also more frequent.

4.1.3. Summary and recommendations for action

The members of the Advisory Board agree that family carers should be well informed about all of the services and the types of support they are entitled to. Individual advice should also be provided where problems arise. However, the opportunities to obtain information and advice are still not sufficiently well-known and are not being used to the extent they should. Family members report time and again that they are referred from one place to the next – a situation they find nerve-racking and stressful. Nonetheless, the Advisory Board believes that competent and individually-tailored advice can help people to better cope with their care situation and reconcile work and care commitments more easily.

The Board has drawn up the following recommendations for action.

The Advisory Board recommends that family carers be informed and advised at an early stage and in a way that is transparent, neutral and supportive.

The Advisory Board would like to see advisory services made more public and transparent so that family members know who to contact when a need for long-term care occurs. This is the only way they can receive help and support at an early stage. Advice must be neutral and independent of third-party interests in order to build trust. Providing care is a complex issue and often poses a long-term challenge. It thus makes sense to make support available over a longer period of time and – if desired – to take a ‘case management’ approach. The Board also discussed the possibility of providing a legal entitlement to long-term care advice for family members under the Social Code to supplement the provision under Section 7a (2) of Book XI of the Social Code (SGB XI).²⁸³

The Advisory Board recommends that care advice be accessible, locally available, individual, culturally sensitive and promote reconciliation of work and care.

The Advisory Board is committed to ensuring that, irrespective of where family carers live, their level of education or their cultural background, they receive good-quality advice that is in line with the statutory provisions in place.

This means that advisory services should be available locally and be easily accessible using public transport. Those providing advice should also be able to respond to cultural differences and offer advice and information in multiple foreign languages.

²⁸² Statistische Auswertung, BMFSFJ online and social media, dated January 2019, p. 3.

²⁸³ Under Section 7a (2), p. 1 SGB XI, upon request by an entitled individual (under (1) p. 1.) the care advice may be provided to their family members or others or with them involved.

As many family carers complain about lack of time and flexibility due to the dual task of providing care and going to work, advisory centres should also create an outreach advisory service.

In addition, the Council recommends making the wide range of advisory services more widely known to the general public and linking them with one another. It is also in favour of providing institutional support for qualitatively proven advisory services.

The Advisory Board recommends that the general public should continuously be made aware of the existing provisions for reconciling work and care, and of the associated advisory services – and that the services provided be disabled-accessible, multilingual and gender-sensitive.

The many provisions for and ways of reconciling work and care, and also the available advisory services, should be better promoted through the publication of easy-to-understand brochures and use of new media. Public awareness campaigns could also be useful, for example, to ensure that equal recognition of child care and long-term care responsibilities becomes embedded in peoples' minds in both the medium and longer term, thus improving social acceptance and understanding for family carers who work.²⁸⁴

The Advisory Board recommends that care advice provided under Section 7a of Book XI of the Social Code (SGB XI) guarantee interlinked and comprehensive advice. This provision must be further developed and strengthened. Care support centres should thus be suitably equipped in terms of quality, available information and advice, and staff.

People in need of long-term care and their family members would prefer to have only one person assigned to accompany and support them in the provision of long-term care, meaning without the time-consuming and nerve-racking process of being passed from person to person or place to place. Care advice provided in accordance with Section 7a SGB XI must therefore guarantee interlinked and comprehensive advice for all. Family members should be fully informed about locally available support. And to meet their needs, care support centres must be suitably equipped in terms of quality, available information and advice, and staff. It is also recommended that care support centres and other advisory centres base their services on science-based advice standards and have them evaluated in accordance with the principles established at Länder level.²⁸⁵ This enables them to guarantee a high quality of advice and to improve the advice they give as part of an ongoing process.

To make them more recognisable, the Advisory Board discussed (without agreeing a recommendation for action) the issue of care support centres agreeing on a uniform

²⁸⁴ See Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen 2014, p. 150f.

²⁸⁵ Under Section 7a (9) SGB XI, once every three years the National Association of Long-Term Care Insurance Funds (Spitzenverband Bund der Pflegekassen) submits a report to BMG – the first is due on 30 June 2020 – on the experience gained and further development of long-term care advice services and infrastructure in accordance with paragraphs 1 to 4, 7 and 9, Section 7b (1) and (2), and Section 7c, their implementation, results and effects in care households as well as the further development of advisory infrastructure under Section 37 (3) to (8).

care support centre logo to make it easier for people seeking advice to find them. The Board also discussed the recommendation that care support centres should increasingly fulfil their mandate to network and cooperate with one another. This is the only way they can provide family members with comprehensive information about suitable services and support. At the same time, they can use networking activities to increase awareness to the services they provide.

The Advisory Board recommends expanding the BMFSFJ care helpline service and making it more widely known. The Board also recommends ongoing evaluation of the helpline service itself.

Among the existing services, the Advisory Board has highlighted the BMFSFJ care helpline as an especially important service because of its nationwide referral feature (guide function), especially regarding questions concerning the law on reconciliation of family, work and care, and prevailing long-term care provisions, and as a touch point in crisis situations. The Advisory Board recommends increasing awareness of the care helpline and expanding the range of services offered.

In addition, the Board hopes that continuous evaluation of the service will provide better feedback on carers' specific (advice) needs and that these will be taken into account in future legislation.

In the light of increasing digitalisation, the Advisory Board recommends developing solutions to make quality-assured information (and advice centres) easy to find online.

There is a need for greater linking of services online and thus for an infrastructure that makes it easier for people to find the information and services they need.

For caregivers, online support services are often a gateway to the world and should thus be further developed and enhanced.

The "in.kontakt" app is one example of how self-help can be offered by and for family carers independent of time and place. With the app developed for mobile phones and tablets, family carers join public and closed groups to discuss various topics or network at regional level to share their experiences and concerns.²⁸⁶

Another example is the online psychological counselling service, Catania, which offers family carers individual support and psychological accompaniment online if they feel emotionally burdened by having to provide day-to-day care. The aim is to provide family carers with the emotional support they need and thus prevent domestic violence.²⁸⁷

²⁸⁶ The "in.kontakt" app was developed by "wir pflegen e.v." as part of an online project, "Online Selbsthilfe Initiativen für pflegende Angehörige (OSHI-PA)". The project is funded by the Federal Ministry of Health and the statutory health insurance fund, Techniker Krankenkasse NRW. For more information, see: <https://www.wir-pflegen.net/projekte/oshi/>.

²⁸⁷ The online portal pflegen-und-leben.de launched in 2011 offers psychological advice to relieve carers' mental or emotional burden in providing care.

(Online) training courses and workshops for company managers, for advisers in different advice centres, for staff in hospitals, long-term care, rehabilitation and convalescence institutions and for other target groups could also increase awareness of work-care reconciliation-related measures and entitlements.²⁸⁸

4.2. Long-term care infrastructure and support

The lack of local care infrastructures and the absence of support services for family carers may be one of the reasons why family members give up their jobs to be able to provide care. Reconciliation of work and care therefore also depends on the availability and quality of suitable local level services.

Since the severity of the need for care and the living conditions of family carers differ greatly, diverse services are needed so that those in need of care as well as their family members can find the support they need. Although there are already different support services for persons in need of care which involve accompaniment, supervision and nursing care, these are not yet available country-wide, are not entirely suitable in some cases or fail to meet with acceptance among the target group. For example, it is very difficult for people with dementia to have different people providing their care. Relationship-based care, meaning where trust can be built by always having the same two or three carers present, is more likely to be accepted.

The Advisory Board is thus committed to ensuring that care infrastructure is further expanded, developed and improved.²⁸⁹ All family carers should be able to access suitable services close to their homes.

Non-residential care

Non-residential care services are an essential form of support for family carers. However, the range of services varies greatly country-wide. While good care exists in Germany's city states (Berlin, Hamburg, etc.), services available at regional (Länder) level differ greatly, especially in rural areas.²⁹⁰ This huge difference alone leads to significant bottlenecks in the provision of care and these have already led to long-term care services being unable to take on new patients until a place becomes free.

Providing care for cognitively impaired people as well as those with especially technology-intensive needs is also problematic. In most cases, they are unable to manage with carers attending to them just three times a day. Family carers who work find themselves in an extremely difficult situation as there is a gap between the time they have available to provide care and the amount of care offered by mobile care services. They are often forced to give up their jobs or to hire a domestic help who lives with the person in need of long-term care. This can lead to conflict on various levels.²⁹¹

²⁸⁸ See Institut DGB-Index Gute Arbeit 2018, p. 4.

²⁸⁹ The dedicated campaign "Aktion Pflege" also addresses this issue:
<https://www.bundesgesundheitsministerium.de/konzertierte-aktion-pflege.html>.

²⁹⁰ See Rothgang, Müller 2018, p. 76.

²⁹¹ To develop and expand the range of care and home-help services better than has been the case in the past, the Act on Earlier Medical Appointments and Better Long-Term Care (Appointment Scheduling Service and Care Act (TSVG)), which came into force on 11 May 2019, provides for the introduction of care services as licensed service providers in the statutory long-term care insurance system in addition to non-residential care services. These care

Day-time and night-time care

Day-time and night-time care takes the form of partial-residential care and supplements home-based care. It serves to relieve the burden on family carers and thus to strengthen non-residential care. It can be of particular help to family carers who work because it enables them to keep their jobs. According to care statistics (as of 15 December 2017), 103,554 people in need of long-term care used day-time care and only 35 persons in need of long-term care used night-time care.²⁹² Both supply of and demand for day-time care places have risen sharply in recent years.²⁹³ Services offering night-time care are rare.²⁹⁴

Short-term care

Short-term care services enable people in need of long-term care to be transferred to residential care for a period of up to eight weeks. This relieves the burden on family carers, can aid the transition between hospital and returning home or bridge a period to allow alterations to be made to a patient's home.

At the end of 2017, around 25,900 people in need of long-term care made use of short-term care.²⁹⁵ In 2017, 1,205 residential nursing homes (out of 14,480) in Germany offered short-term care – although the services on offer differed considerably from one another. In most cases, those short-term care services are integrated into senior citizens' residences; only 173 services were offered in dedicated short-term care institutions.²⁹⁶

Stand-in and respite care

In contrast to short-term care, stand-in and respite care is provided in the patient's home. Reasons for stand-in/respite care are absence of the caregiver due to illness, holidays or other reasons. Stand-in and respite care can be provided by a mobile care service and by other caregivers. It can be provided on a daily or hourly basis.

In 2017, 161,445 people in Germany took advantage of hourly stand-in/respite care, most in care grades 2 and 3 (68 percent).²⁹⁷

Support assistance

With the Second Act to Strengthen Long-Term Care (Pflegestärkungsgesetz), care allowance and support allowance were converted into a single carer's grant. This carer's grant can now be used by all people in need of long-term care who have been assigned a long-term care grade and live in their own homes. The allowance of €125 per month is used to care for the person in need of long-term care or to relieve the burden on family carers (for example in the form of care services, every-day support

services are mobile care services that provide support in the home and help manage the home under the direction of a responsible specialist who does not have to be a nurse. The same applies to the staff to be deployed. This approach makes it possible to place the care of those in need of long-term care on a broader professional and thus also broader staffing basis. This provides a valuable resource and helps solve the shortage of specialist staff in non-residential care.

²⁹² See Statistisches Bundesamt 2018b, p. 34.

²⁹³ See Statistisches Bundesamt 2018b, p. 34.

²⁹⁴ See Statistisches Bundesamt 2018b, p. 34.

²⁹⁵ See Statistisches Bundesamt 2018b, p. 34.

²⁹⁶ See Statistisches Bundesamt 2018b, p. 34.

²⁹⁷ See Gesundheitsberichterstattung des Bundes 2019a.

services such as shopping, cleaning, visits to the doctor, etc., with pro rata amounts for day-time and night-time care).

Although take-up of support assistance is rapidly increasing, it is still not used to the extent it could be – partly because it is not well known and partly because the corresponding services are not available in the area concerned. The availability of support assistance should be made more widely known.

Voluntary support

Voluntary work is very widespread in Germany.²⁹⁸ More than 24 million people – one in three – are involved in various voluntary activities,²⁹⁹ many of them in the provision of care.

In the provision of care advice under Section 7a of Book XI of the Social Code (XI), reference is made to offers of support in everyday life. However, voluntary support can only supplement and not replace reliable long-term support. An assessment would be needed as to the approaches already available and those that can be developed to make full use of the vast potential offered by many citizens wanting to work in voluntary care.

Long-term care institutions and shared housing

Due to the significant increase in the need for long-term care, for example because of the accompanying symptoms of the growing number of people suffering from dementia,³⁰⁰ family members often feel overburdened and unable to continue to provide home-based care. The decision to have a relative move into a residential nursing home or into shared housing with mobile nursing care is a challenging one for family carers, for example due to frequent feelings of guilt and/or the feeling of having failed.

In 2017, there were 11,241 institutions providing residential care.³⁰¹ There is, however, likely to be a further increase in the number of people in need of long-term care who require full-time residential nursing care or 24-hour accommodation. This means that longer waiting times are to be expected and that accommodation close to home cannot always be arranged. In addition, family carers complain about the shortage of nursing staff in residential care homes and the constant flow of new contact persons resulting from the high numbers of part-time nursing staff (full-time employment rate is 29 percent).³⁰² In addition, the benefits provided by long-term care insurance cover less than half of the costs incurred. This places a significant financial burden on the person in need of long-term care or on their family members.

This often leads to attempts to care for a relative at home for as long as possible – a decision that can lead to the carer giving up their job and harming their own health as a result.

²⁹⁸ Often also described as social engagement.

²⁹⁹ See Bundesministerium für Familie, Senioren, Frauen und Jugend 2017, p. 7.

³⁰⁰ An estimated 1.7 million people suffer from dementia, see Deutsche Alzheimer Gesellschaft (undated), p. 1.

³⁰¹ See Gesundheitsberichterstattung des Bundes 2019b.

³⁰² See Rothgang, Müller 2018, Band 12.

4.3. Social security for family carers

With Germany's solidarity-based social insurance system, family carers are covered by pension, unemployment and accident insurance. Employees who are released from work for a temporary period are subject to mandatory social insurance and retain their coverage across all areas of social insurance provision. In the case of complete release from work, the employee no longer works for pay. In the statutory health and long-term care insurance system, in addition to free family insurance, provision is made either for voluntary insurance or mandatory insurance under Section 5 (1) No. 13 of Book V of the Social Code (SGB V) and Section 20 (1) No. 12 of Book XI of the Social Code (SGB XI).

4.3.1. Pension insurance

The statutory or private long-term care insurance fund pays mandatory contributions to a carer's pension insurance fund for the period in which they care for one or more people in need of long-term care with at least care grade 2 in their home free of charge for at least ten hours per week, usually spread over at least two days per week, and are not gainfully employed for more than 30 hours per week as a rule.³⁰³ The care work performed is deemed unpaid if the carer does not receive remuneration for the care work in an amount which exceeds the amount of care allowance for a corresponding amount of care.³⁰⁴

To calculate the pension insurance contributions to be paid by the statutory or private long-term care insurance fund, the care allowance is valued at a specific amount which corresponds to a (notional) earned income in the same amount and serves as the basis for calculating pension entitlements (assessment basis). The amount depends on the care grade of the person being cared for and on the scope of care involved. This is measured by the type of care required and whether the person in need of long-term care only receives the carer's grant, only care benefits in kind (mobile care), or a combination of both. Family carers can obtain further information from their pension insurance fund advisers.³⁰⁵

In cases where a caregiver cares for several people in need of long-term care (their father and mother, for example), the legally stipulated ten hours per week are also reached by adding up all time spent providing care. If several people share the provision of care (such as siblings in multiple carer situations), the insurance contributions must be split according to the percentage of care determined by the Health Insurance Medical Service (MDK) in relation to the total care effort per person in need of long-term care (Section 166 (2) second sentence SGB VI).

As in the case of health insurance, 80 percent of the current income lost during the absence or release from work is used as the basis for calculating the contribution while receiving the carer's grant (Section 166 (1) No. 2f SGB VI). The contribution to be paid on the carer's grant received is paid as 50 percent by the insured person and

³⁰³ Section 3 first sentence No. 1a and third sentence SGB VI.

³⁰⁴ Section 3 (2) SGB VI.

³⁰⁵ See also Deutsche Rentenversicherung 2018.

50 percent by the long-term care insurance fund of the person in need of long-term care.³⁰⁶

To receive an old-age pension entitlement in relation to the provision of long-term care, contributions must have been paid into the carer's pension account for at least five years. If the contribution period is less than five years, mandatory contributions from gainful employment, child rearing and home-based care can be increased by paying voluntary contributions into the fund.³⁰⁷

4.3.2. Occupational accident insurance

According to the provisions of Book VII of the Social Code (SGB VII), carers are insured under statutory occupational accident insurance (Section 2 (1) No. 17 SGB VII). The prerequisite is that the person in need of long-term care has at least care grade 2 and receives care for at least ten hours per week, usually spread over a minimum of two days per week.³⁰⁸

Long-term care activities are insured in the areas stipulated under Section 14 (2) of Book XI of the Social Code (SGB XI) along with help in the home under Section 18 (5a) third sentence No. 2 SGB XI. That means that the carer is insured for the areas of mobility (putting to bed, repositioning/turning in bed, getting around the home, climbing stairs), cognitive and communicative abilities (local and temporal orientation, conversation), behaviour and psychologically difficult situations (physical and verbal aggression), self-care (washing, dressing and undressing), coping with and independent handling of illness-related or therapy-induced requirements and burdens (medicines, wound care), and organisation of the daily routine. If a carer suffers an accident during one of the above activities, they are entitled to medical care. This includes initial care at the scene of the accident, medical treatment, provision of medicines, dressings, remedies and aids, home-based care and treatment in hospitals and rehabilitation facilities. Insurance contributions are paid by the municipal-level accident insurance funds (Section 129 (1) No. 7 SGB VII).

4.3.3. Unemployment insurance

The long-term care period is counted as an insurance period for unemployment insurance purposes. Contributions to unemployment insurance are paid by the statutory or private long-term care insurance funds to maintain entitlement to unemployment benefit during a period of care.

Here again, the prerequisite is that the carer regularly takes care of a person in need of long-term care with at least care grade 2 in their home for at least ten hours a week unpaid, usually spread over at least two days a week. A further requirement is that the caregiver was subject to mandatory insurance immediately prior to the start of the care activity or was entitled to ongoing wage compensation benefit in accordance with Book III of the Social Code (SGB III).

³⁰⁶ Section 170 (1) No. 2 e) SGB VI.

³⁰⁷ Sections 7, 167, 171 SGB VI.

³⁰⁸ See also DGUV (undated).

Income subject to mandatory contributions is deemed to be pay in the amount of 50 percent of the monthly reference figure (Section 345 No. 8 SGB III), the reference being the average pay of all insured persons in the previous year. When receiving the carer's grant, 80 percent of the current income is taken as the contribution basis (Section 345 No. 6b SGB III), 50 percent of which is paid to the Federal Employment Agency by the insured person and 50 percent by the respective insurance fund (Section 347 No. 6b SGB III).

Thus, if family carers give up their jobs because of the need to provide care, they are entitled to receive unemployment benefit when the period of care ends. They may thus apply for unemployment benefit or assistance to promote employment (such as further training).³⁰⁹

4.3.4. Health insurance and long-term care insurance

Even if the carer is completely released from work, their health and long-term care insurance cover is maintained during the period of long-term care if they are subject to family insurance during the period in question. If this option is not available and there is no possibility of mandatory insurance, the caregiver must voluntarily take out further insurance with a statutory health insurance fund. In this case, the assessment of the contribution is based on Section 240 of Book V of the Social Code (SGB V); as a rule, the minimum contribution will have to be paid (2019: approximately €160 per month). Long-term care insurance is also automatically linked to health insurance. Upon application, the long-term care insurance fund pays a subsidy to the statutory health insurance fund towards the contribution to health and long-term care insurance for all care grades up to the amount of the minimum contributions to be paid by people who are voluntarily insured with a statutory health (Section 240 (1) first sentence of SGB V) and long-term care insurance fund (Section 57 (4)). This may not exceed the actual amount of the contributions (Section 44a (1) sentences 1-3 SGB XI). Any private health and long-term care insurance fund cover normally remains intact during the period of care. Upon application, the statutory long-term care insurance fund or the private long-term care insurance company of the person in need of long-term care also subsidises the contribution to health and long-term care insurance up to the amount of the minimum contribution for all care grades, as in the case of those insured with a statutory insurance fund.

In the event of a short-term absence from work (maximum ten days), membership in the statutory health insurance fund remains intact (Section 192 (1) No. 2 SGB V) during the period in which the carer's grant is paid. A total of 80 percent of the current income lost during the short-term absence is considered to be income subject to contributions (Section 232b (1) SGB V). Calculation of contributions is also based on statutory and other pension benefits (Section 226 (1) Nos. 2 and 3 SGB V), but no more than the extent to which contributions were due immediately prior to receipt of the carer's grant (Section 232b (2) SGB V). Contributions to the statutory long-term care insurance fund are not required when receiving the carer's grant (Section 56 (5) SGB XI). In all cases, the contributions paid from the carer's grant to the statutory health insurance fund are to be borne half each, meaning that the insured person

³⁰⁹ See Frey 2019, p. 63.

bears 50 percent of the costs and the other half is borne by the long-term care insurance fund, the private insurance fund or the civil service insurance fund (Section 249c SGB V). For the duration of the benefit, privately insured recipients of the carer's grant receive, upon application, subsidies towards health insurance from the long-term care fund providing the carer's grant or from the private insurance company concerned (Section 44a (4) SGB XI).

4.4. Long-term care and digitalisation

Digitalisation means that all areas of society are increasingly connected with one another by digital means. In November 2016, the Federal Ministry for Labour and Social Affairs (BMAS) presented the White Paper "Working 4.0" on the future of work in the digital world. The paper takes an in-depth look at the associated changes in the labour market and sets out recommendations for action.³¹⁰ The Advisory Board also addressed the question of how the world of work is changing and, in particular, how assistive technologies can facilitate reconciliation of work and care.

The special evaluation of the 2016 "Unternehmensmonitor Familienfreundlichkeit" (Monitor of Corporate Family Friendliness) report conducted by the German Economic Institute (IW Köln) on behalf of BMFSFJ and in conjunction with the Advisory Board came to the conclusion that for around nine out of ten employees with relatives in need of long-term care, family friendliness is an important factor in the world of work.³¹¹ It was also found that companies with a relatively strong digital structure and approach (known as industry 4.0 companies) attach greater importance to family friendliness for employees with relatives in need of long-term care than companies that rely far less on digitalisation. Industry 4.0 companies also offer significantly more temporary absence or work release, time off/sabbaticals and placement assistance than specific support policies or programmes. A relatively large proportion of employees with care responsibilities also believe that work-care reconciliation issues can be resolved more easily in the course of digitalisation.³¹²

A further study by the Fraunhofer Institute for Industrial Engineering (Fraunhofer IAO) shows that in the future changes will largely occur in respect of work location, working hours and work content. Work will become more mobile, working hours will be agreed individually and exchange with colleagues and customers will be either be reduced in scope or be virtualised. Potential for work-care reconciliation thus lies in the planning of appointments (place and time) and the creation of duty rosters and assignment plans. In addition, specific activities could increasingly be transferred to similarly qualified employees. The study not only points out that activities will change in terms of their significance and that new reconciliation potential will result from increasing agility and flexibility, but also that managing mobile working and working outside traditional boundaries will become more

³¹⁰ See <https://www.bmas.de/DE/Service/Medien/Publikationen/a883-weissbuch.html>.

³¹¹ See Institut der Deutschen Wirtschaft 2017b, p. 5 ff.

³¹² Building on this expertise, an innovation circle initiated by BMFSFJ and the Network Office Success Factor Family on the topic of "Reconciling Care and Work in an Industry 4.0 Working World" took place on 21 March 2017. Reconciliation of work and care and the role of "Assistive Technologies Supporting Informal Care" (e.g. the presentation by Prof. Klein) were also the subject of the European Commission Peer Review (in conjunction with BMFSFJ) in September 2018 – further information under: <http://ec.europa.eu/social/main.jsp?langId=en&catId=1024&newsId=9173&furtherNews=yes>. See also Klein et al. 2018 on the subject of robotics.

important, and that smart technology can support people in coping with everyday life.³¹³

On 6 July 2017, in conjunction with the Advisory Board secretariat, BMFSFJ held a day-long workshop on the topic of work-care reconciliation and digital transformation (Die Vereinbarkeit von Pflege und Beruf in Zeiten des digitalen Wandels). Among other things, participants were asked about the current situation from the employer perspective, the potential offered by digital transformation was addressed (mobile working, job sharing, etc.), the need for action discussed and open issues were raised.

Assistive technologies are one way of improving work-care reconciliation.³¹⁴ The Advisory Board addressed this in some detail in its third meeting on 25 April 2017. The reasons for using assistive technologies are many. They include, among other things, maintaining and enhancing quality of life, healthcare, mobility and independence, life satisfaction and personal well-being. Social contact with others can also be maintained, while loneliness in old age can be countered.³¹⁵ Areas for use include support in the home (safety and comfort), the ability to act on one's own initiative and the ability to communicate and interact with others. In view of the diversity of products available, research findings on issues of acceptance for and the benefits of technology are needed, including an evaluation of technology with regard to social concerns.³¹⁶ The various categories are outlined below.

Ambient environmental control and safety systems

These include the control of lighting, heating, electric shutters, doors and windows, smart systems, sensors in doors and windows or oven and stove-top monitors which cut off automatically to safeguard against overheating. This can provide relief in terms of time and physical effort, minimise worry concerning safety and, as in the case of sensors for taps, prevent excessive utility bills.

Assistive technologies and mobility aids

These take the form of vacuuming and mopping robots for cleaning the house, full-body washing stations and toilets with intimate care functions, memory aids (medication, food, drink), aids to help with getting up out of chairs, and special care beds (repositioning/turning patients). These can reduce additional stress, memory aids provide relief in terms of time and effort, and mobility aids give physical relief.

Information and entertainment systems

This includes advice, training and support via web-based information portals, video telephones and chat systems on user-friendly interfaces as well as multimedia applications which enable contact and communication, such as in distance caregiving, along with access to more information and entertainment, thus helping to relieve the burden on carers.

³¹³ See Fraunhofer Institut 2018; this also addressed the issues of corporate culture and the role of social norms.

³¹⁴ See also Knauth et al. 2017; on assistive technologies see also Wahl, Jokisch 2016; Schulz et al. 2015.

³¹⁵ On loneliness in old age and BMFSFJ engagement (2019b).

³¹⁶ On acceptance of assistive technologies see Künemeund 2016.

Healthcare technology

Telemonitoring of health-related data along with smart mattresses (pressure sores/ulcers) enable remote or self-monitoring of vital data and can help relieve the burden on family carers in terms of mental strain and time.

Smart emergency call systems and activity monitors

Emergency buttons on chains or wristbands, fall bracelets and sensor mats/sensor flooring can provide physical relief by detecting falls and enabling an alarm to be raised.

Location systems

Location detectors, especially for people with a tendency to run away/get lost or to help find missing items (keys, spectacles, etc.) provide relief in terms of time saved and worry reduced.

4.5. Summary and recommendations for action

1. Care infrastructure

There is a wide range of support services available for family carers. While the legislature has introduced significant improvements over the past five years, there is still room for improvement when it comes to reconciling work and care in both the shorter and longer term.

The Advisory Board recommends:

- **Improving and expanding the infrastructure in professional long-term care.**
- **Making the support services for family carers easy to find, quickly accessible and flexible in use.**

With the aim of improving work-care reconciliation for family carers and preventing them having to give up their jobs completely, the Advisory Board agrees that the professional care infrastructure must be further improved. This includes the need for support services to be tailored to the situation of the person in need of long-term care and of the family carer(s), and be (regionally) available and accessible. There is thus an urgent need for action to provide the support structures needed.³¹⁷

Support services must be easily and quickly accessible. On the one hand, they must be flexible enough to make it possible to reconcile work and care. On the other, it would be helpful if additional knowledge were available regarding actual needs and the lack of take-up of existing support provisions.

³¹⁷ See *Konzertierte Aktion Pflege* (Concerted Action Care campaign), Working Groups 2 and 3, who took an in-depth look at expanding the structures needed to support people in need of long-term care and their family members. Online at: <https://www.bundesgesundheitsministerium.de/konzertierte-aktion-pflege.html>.

The Advisory Board recommends needs-driven state subsidies to promote take-up of household-related services and thereby relieve the burden on family carers who work.

Family carers need state-provided infrastructure to ensure they have sufficient time for work and care. The Board believes that financing subsidies for take-up of household-related services for family carers, as announced in the coalition agreement (19th legislative period), is a suitable measure in this regard. The ability to reconcile work and care without constantly being on the brink of exhaustion can be facilitated by the provision of professional help in the home.

2. Social security

The Advisory Board recommends preventing family carers from being disadvantaged as regards old-age provision because they make use of care-related partial or complete release from work.

When it comes to long-term care, Germany's solidarity-based system only covers the needs of family carers to a limited extent. More should be done in this respect.

A partial or complete reduction in working hours results in lower contributions to pension insurance. The existing provisions on pension insurance for caregivers hardly compensate for the resulting lower pension entitlements: most people in need of long-term care who are cared for at home are in care grade 2 or care grade 3. Currently, pension insurance contributions of €8.31 (care grade 2) or €13.23 (care grade 3) are paid for one year of home-based care in these care grades. However, these contributions are only paid for family carers in the stated amount if they receive a carer's grant (see Section 4.3.1). Care-related breaks from work and reductions in working hours can thus lead to considerable financial disadvantages in retirement age.

The Advisory Board believes, however, that family carers who work should not be placed in a worse position in terms of old-age provision if they take partial or complete release from work in order to provide care. Solutions should thus be found to ensure corresponding compensation under pension law.

3. Digitalisation

The Advisory Board notes that assistive technologies are not yet sufficiently anchored in people's minds. There are still differences between use of conventional technology and use of new technologies. The technology used must also afford greater safety. And priority should be given to the benefit a technology provides. Physical security and protection of personal privacy must also be taken into account. Knowledge gaps should be closed, especially in matters concerning reconciliation of work and care.

But improved work-care reconciliation can only be achieved in conjunction with other approaches. Another important step involves the integration of technologies

into the social assistance and support networks without which technological solutions alone appear to be of little help.³¹⁸

The Advisory Board recommends:

- **Focusing use of assistive technologies on the needs of users, their right to self-determination and the principle of human dignity.**
- **Focusing digitalisation/technologisation on data protection, data security and protection of the rights of those whose data is used.**
- **Offering assistive technologies and digitally-supported care in line with the needs of people in need of long-term care and of their family members.**
- **Using assistive technology not to replace but to supplement carer-provided assistance and support.**

Assistive technologies are designed to support users with health and/or age-related impairments and people with disabilities, both in the home and in everyday life. Development of digital support systems can significantly reduce the burden on family carers and professional carers alike. The growing importance of digital assistance in the future care of the elderly is reflected not least in the Federal Government's Eighth Report on the Elderly: Older People and Digitalisation ("Ältere Menschen und Digitalisierung"), which is currently being prepared.³¹⁹

Production and development of digital technology is only rarely geared to the actual needs of those who will use it (family carers and people in need of care) and instead to what is technically feasible and technologically innovative. It is also developed from the standpoint that those affected are exclusively passive people in need of help rather than one that adopts a resource-oriented approach that requires existing (technical) skills and thus enables users to play a more active role in using digital technology. Accordingly, it is recommended that those in need of long-term care and their family members be actively involved in the development and design of digital assistance and communication systems. However, of central interest in the work of the Advisory Board was and is the potential offered by digital technology to support family carers who work. Although assistive technologies are now available which can be used to improve work-care reconciliation, they are rarely explicitly designated for the purpose and instead address a broader target group. Nearly all age-appropriate assistive technologies that provide some form of relief for those in need of long-term care also relieve carers by reducing the dual burden of going to work and providing care – a device that can be used to enable the person in need of care to

³¹⁸ Issues relating to digitalisation were addressed by Working Group 3 in the Concerted Action Care (Konzertierte Aktion Pflege) campaign: <https://www.bmfsfj.de/bmfsfj/aktuelles/presse/pressemitteilungen/konzertierte-aktion-pflege--gemeinsame-initiative-zur-staerkung-der-pflege-in-deutschland/127038>.

³¹⁹ See Bundesministerium für Familie, Senioren, Frauen und Jugend 2018.

lead a more independent life takes the tension out of the care situation, easing patient-carer relations as a result.³²⁰

The Advisory Board recommends:

- **Providing neutral, free, user-oriented advice on assistive technologies/technical aids from the outset.**
- **Providing needs-based instruction/demonstration in the use of assistive technology as often as is needed by the user or users involved.**

Digitalisation and assistive technologies can be of great benefit in reconciling work and care. It should be noted, however, that due to the diversity of potential care situations and patient-carer constellations, recommending general products for improved reconciliation of work and care is almost impossible. In fact in some cases the concrete needs and existing limitations of the person in need of long-term care (symptoms and illness, financial situation, technical experience) as well as the family carer's profile (employment sector, full-time versus part-time work, duration of care provision, support networks) must also be examined. In all cases, a detailed needs analysis should be carried out from the start.³²¹ This calls for up-front, user-oriented advice – advice which could be provided, for example, by existing consumer protection organisations. The Advisory Board advocates this being provided by a neutral body free of charge and considers consumer protection information as a good source of initial advice. Since using new technology might pose difficult in some cases, initial instruction should be given with follow-up demonstrations as often as users require.

The acceptance and ultimately the effectiveness of digital solutions in reconciling work and care could be greatly increased if they were geared less to the very latest in technological advancement and more to users' familiarity with known technologies – ideally combined with the benefits of the most recently available technology.

The Advisory Board recommends adding assistive technologies that comply with statutory requirements to the list of (nursing) aids kept by the health and long-term care insurance funds.

The market for assistive technologies varies to some extent; costs for emergency call systems in particular have so far been borne by the long-term care insurance funds. If further options for technical support were to be included in the list of (nursing) aids kept by the health and long-term care insurance funds, it would promote their rapid distribution, greater use and acceptance.

³²⁰ See Knauthe et al. 2017.

³²¹ See Knauthe et al. 2017.

- **The Advisory Board recommends that the right to mobile working and to work from home be enshrined in national law.³²²**

A report by the Federal Institute for Occupational Safety and Health (BAuA) states that: Those who are able to organise their paid work flexibly in terms of location and time gain autonomy and at the same time reduce the risk of work-family conflict, provided that the extent of work done at home is limited, does not take place at untypical times and can be planned.³²³ Nonetheless, the proportion of dependent employees who take up the option to work from home has declined in Germany, but has risen in other countries in Europe.

According to the Federal Statistical Office, 61 percent of companies equip some of their employees with mobile internet access via a portable device (such as a smartphone or tablet).³²⁴ For 40 percent of employees their jobs allowed them to work from home and while two-thirds would like to take advantage of that opportunity, only 12 percent of employees actually work from home, either predominantly or partially.³²⁵

In this context, Hammermann and Stettes (2017) point out that the potential for mobile forms of working has not yet been exhausted. A large proportion of employees continue to work exclusively on the employer's site. This could change as a result of ongoing digitalisation. It is conceivable that in the future, mobile devices could make employees more mobile, even in jobs that are largely analogue. In the end, however, it depends on the employees themselves whether and to what extent they make use of the options for flexible working. In a study it was found that when compared with other company measures to promote work-care reconciliation, mobile working ranks towards the bottom of the list.³²⁶ And when it comes to human resources policy, mobile forms of work pose a new set of challenges in shaping knowledge management in companies and fostering workforce cohesion.³²⁷

It should also be noted, however, that while mobile working relieves the burden for employees with family responsibilities, it also carries the risk of cementing the gender-specific division of labour in care work. It has been shown that primarily, fathers use the option to work from home and decide their own working hours to be able to work significantly longer. Mothers with similar arrangements also work longer, but also invest significantly more time in caring for their children.³²⁸

³²² Minority vote BDA: The BDA rejects a legal right to mobile working or working from home. It is the employer's responsibility to determine the time and place of work. Employees' interests are already protected by the fact that the employer has to exercise their right of instruction having applied "reasonable discretion". In particular, the existing legal provisions on occupational health and safety diametrically oppose the right to work from home. Compared with other company support measures, mobile working is considered to be significantly less helpful in reconciling work and care. Only 14% of those surveyed in the SowiTra study (2018, p. 54, 56) state that mobile working would be helpful. Wherever it is possible at company level, employees are already able to work from home or on the move to aid reconciliation of family, work and care. The important thing is still to find a solution for the individual case concerned.

³²³ See Bundesanstalt für Arbeitsschutz und Arbeitsmedizin 2018.

³²⁴ See https://www.destatis.de/DE/Presse/Pressemitteilungen/2016/12/PD16_443_52911.html.

³²⁵ See Brenke 2016.

³²⁶ See SowiTra 2018, p. 54, 56.

³²⁷ See Hammermann, Stettes 2017, p. 19 f.

³²⁸ See Lott 2019.

Demands for the right to mobile or flexible working or telework are becoming more frequent.³²⁹ For example, at the 71st German Lawyers' Congress it was stated that the possibilities offered by digitalisation in terms of flexibility as to where and when employees work should be provided as rights. For example, an employee should be granted the right to telework for work that can be performed remotely, unless there are operational reasons that dictate otherwise. However, the employee should only have the right to set up a telework workspace if they regularly work from home.³³⁰ The experience gained in other countries could be taken into account when designing the right to mobile or flexible working arrangements. One example comes in the form of the legal entitlement of employees in the Netherlands, which has been in force for several years.³³¹

A study by the German Economic Institute (IW Köln) shows that employees with relatives in need of long-term care take up the option for mobile working far more frequently (at least on occasion), but the fact that they do so has no influence on their level of job satisfaction. Mobile working alone does not seem to improve employees' ability to reconcile work and care to any great extent. This is despite the fact that a relatively large proportion of employees with care responsibilities believe that issues surrounding work-care reconciliation can be resolved more easily in the course of digitalisation.³³²

³²⁹ On the right to work from home, see for example the demands of the DGB: <https://www.zeit.de/wirtschaft/2018-04/homeoffice-arbeitnehmer-recht-dgb-annelie-buntenbach>.

³³⁰ See for example the hypotheses on the expert report by Prof. Dr. Rüdiger Krause at the 71st German Lawyers' Congress 2016, p. 15: https://www.djt.de/fileadmin/downloads/71/71_Thesen_web.pdf.

³³¹ See also Hammermann, Stettes 2017, p. 8; especially on the situation in the Netherlands and the law on flexible working arrangements, see Reinschmidt 2017, p. 17ff and 78ff, on the situation in Scotland see Reinschmidt 2017, p. 83f.

³³² See the IW Köln study commissioned by BMFSFJ on "Vereinbarkeit von Beruf und Pflege – Sonderauswertung des Unternehmensmonitors Familienfreundlichkeit 2016 auf der Basis des IW-Personalpanels 2015 und der IW-Beschäftigtenbefragung. On the subject to working from home, see Deutsches Institut für Wirtschaftsforschung Wochenbericht 2016, p. 95 ff.; on flexible work arrangements (time and place) see Bundesanstalt für Arbeitsschutz und Arbeitsmedizin 2018.

5. Decisions and recommendations for action at a glance

The various measures are accompanied by societal dialogue in which all stakeholders, people in need of long-term care, caregivers and the general public are involved. Public awareness of the current situation for family carers who work and their specific needs must be improved. The same applies with regard to awareness of advisory and support services as well as the statutory provisions in place. Those statutory provisions must be subject to regular review.

Key issues addressed (decisions reached) by the Independent Advisory Board

- Long-term care is seen as a societal responsibility.
- All decisions made either for or against providing care for a close relative are to be respected.
- Carers are to be supported in such a way that they do not need to temporarily or permanently leave their jobs.
- The Board is in favour of measures to promote gender equality in reconciling work and care.
- Operational feasibility is taken into account.
- The special circumstances faced by self-employed persons are taken into account.
- As a matter of principle, the recommendations for action may not fall short of prevailing statutory requirements and rights.

Recommendations for action put forward by the Advisory Board

Improving the overall situation for family carers who work:

- The Advisory Board recommends that care provided by family members be given more recognition and respect.
- The Advisory Board recommends introducing a carer's right to healthcare support.
- The Advisory Board recommends simplifying care-related application processes and forms to make them more user-friendly.
- The Advisory Board recommends improving work-care reconciliation for both women and men, and abolishing negative incentives in social and taxation law.
- The Advisory Board recommends that employers take a more pro-active approach in work-care reconciliation.

Providing financial support

- The Advisory Board recommends replacing the loan with a wage compensation benefit for family carers who work.
- The Advisory Board recommends introducing the wage compensation benefit similar to parental allowance.
- The Advisory Board recommends introducing a one-time, tax-financed wage compensation benefit for up to 36 months per person in need of long-term care.
- The Advisory Board recommends allowing several people to be entitled to financial assistance, either in parallel or in sequence.
- The Advisory Board recommends structuring this financial support in a transparent way and paying it out in a timely manner.
- The Advisory Board recommends providing an entitlement to wage compensation benefit as of care grade 2.

Release from work

- The Advisory Board recommends enabling partial work release where an average of 15 hours per week is worked during the 36-month period.
- The Advisory Board recommends granting this entitlement once for all employed persons to enable them to care for one and the same family member.
- The Advisory Board recommends granting an entitlement to six months' complete release from work or a working week of less than 15 hours.
- The Advisory Board recommends making care grade 2 a minimum requirement in granting the above.
- The Advisory Board recommends guaranteeing flexible take-up of the options for work release.
- The Advisory Board recommends setting no employee threshold for complete release from work.
- The Advisory Board recommends extending the provision on short-term absence from work (Section 2 of the Caregiver Leave Act) and providing carer's grant for up to ten working days per year.
- The Advisory Board recommends making it possible for employees to make multiple use of the short-term absence from work provision to care for a close relative, provided that the legal requirements are met.
- The Advisory Board recommends making the provision for short-term absence from work of up to ten working days available in cases of sudden and unexpected death and providing wage compensation benefit for the period in question.

The Advisory Board recommends that the law specify both the period during which the employer must respond to a request for a reduction in working hours in cases of partial release from work and the legal consequences if the employer fails to respond.

Definition of close relatives/family members

- The Advisory Board recommends extending the term close relatives/family members to include aunts and uncles, nieces and nephews, and children of life-partner households and unmarried couples.
- The Advisory Board recommends extending the entitlement to people with especially close ties to a person in need of long-term care.

Simplifying the legal basis

- The Advisory Board recommends combining the Caregiver Leave Act and the Family Caregiver Leave Act into a single piece of legislation.
- The Advisory Board recommends harmonising and simplifying the provisions and wording in the course of merging the two acts.

Further development of the Caregiver Leave Act and the Family Caregiver Leave Act

- The Advisory Board recommends avoiding the creation of ‘false incentives’ that could lead to carers giving up their jobs and instead creating provisions which promote the division of care between several individuals.
- The Advisory Board recommends regular evaluation of those provisions.

Information and advice

- The Advisory Board recommends that family carers be informed and advised at an early stage and in a way that is transparent, neutral and supportive.
- The Advisory Board recommends that care advice be accessible, locally available, individual, culturally sensitive and promote reconciliation of work and care.
- The Advisory Board recommends that the general public should continuously be made aware of the existing provisions for reconciling work and care, and of the associated advisory services – and that the services provided be disabled-accessible, multilingual and gender-sensitive.
- The Advisory Board recommends that care advice provided under Section 7a of Book XI of the Social Code (SGB XI) guarantees interlinked and comprehensive advice. This provision must be further developed and strengthened. Care support centres should thus be suitably equipped in terms of quality, available information and advice, and staff.
- The Advisory Board recommends expanding the BMFSFJ care helpline service and making it more widely known.

- The Advisory Board recommends ongoing evaluation of the helpline service itself.
- The Advisory Board recommends – in the light of increasing digitalisation – developing solutions to make quality-assured information (and advice centres) easy to find online.

Long-term care infrastructure

- The Advisory Board recommends improving and expanding the infrastructure in professional long-term care.
- The Advisory Board recommends making the support services for family carers easy to find, quickly accessible and flexible in use.
- The Advisory Board recommends needs-driven state subsidies to promote take-up of household-related services and thereby relieve the burden on family carers who work.

Social security

- The Advisory Board recommends preventing family carers from being disadvantaged as regards old-age provision because they make use of care-related partial or complete release from work.

Digitalisation

- The Advisory Board recommends focusing use of assistive technologies/aids on the needs of users, their right to self-determination and the principle of human dignity.
- The Advisory Board recommends focusing digitalisation/technologisation on data protection, data security and protection of the rights of those whose data is used.
- The Advisory Board recommends offering assistive technologies and digitally-supported care in line with the needs of people in need of long-term care and of their family members.
- The Advisory Board recommends using assistive technology not to replace but to supplement carer-provided assistance and support.
- The Advisory Board recommends providing neutral, free, user-oriented advice on assistive technologies/technical aids from the outset.
- The Advisory Board recommends providing needs-based instruction/demonstration in the use of assistive technology as often as is needed by the user or users involved.
- The Advisory Board recommends adding assistive technologies that comply with statutory requirements to the list of (nursing) aids kept by the health and long-term care insurance funds.
- The Advisory Board recommends that the right to mobile working and to working from home be enshrined in national law.

6. Annexes

6.1. Members of the Advisory Board

Current members and the organisations they represent:

1. Chair: Professor Christel Bienstein (Witten/Herdecke University)
2. Deputy Chair: Professor Dr. Andreas Hoff (Zittau/Görlitz University of Applied Sciences)
3. Andreas Besche (Verband der Privaten Krankenversicherung e.V. / Association of Private Health Insurers)
Deputy: Anne Kristina Vieweg
4. Brigitte Bührlen (Wir! Stiftung pflegender Angehöriger)
Deputy: Dr. Eckart Bührlen
5. Manfred Carrier (Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege / Federal Association of Non-statutory Welfare – BAGFW)
Deputy: Ulrike Gebelein
6. Donald Ilte (Arbeits- und Sozialministerkonferenz / Conference of Ministers for Labour and Social Affairs of the Länder – ASMK)
Deputy: Cornelia Lange
7. Susanne Kahl-Passoth (Deutscher Frauenrat / National Council of German Women’s Organizations)
Deputy: Antje Asmus
8. Monika Kaus (Deutsche Alzheimer Gesellschaft e.V. / German Alzheimer Association)
Deputy: Helga Schneider-Schelte
9. Gernot Kiefer (GKV-Spitzenverband / National Association of Statutory Health Insurance Funds)
Deputy: Sonja Heitmann
10. Uwe Lübking (Bundesvereinigung kommunaler Spitzenverbände / Association of German Cities)
Deputy: Dr. Kay Ruge
11. Silke Niewohner (wir pflegen e.V./Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V. / German National Association Senior Citizens’ Organisations – BAGSO)
Deputy: Christian Pälme
12. Kerstin Plack (BDA – Die Arbeitgeber / Confederation of German Employers’ Associations)
Deputy: Anja Klie

13. Dr. Simone Real (Sozialverband Deutschland e.V. (SoVD)/Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V. / German National Association Senior Citizens' Organisations – BAGSO)
Deputy: Dr. Lena Dorin
14. Dirk Reidelbach (Vereinigung der kommunalen Arbeitgeberverbände / Association of Municipal Employers' Associations)
Deputy: Carola Kiefer
15. Christel Riemann-Hanewinckel (Arbeitsgemeinschaft der deutschen Familienorganisationen e.V. / Working Group of German Family Organisations – AGF)
Deputy: Sven Iversen
16. Martin Rosowski (Bundesforum Männer e.V. / Federal Forum Men – Interest Association for Boys, Men and Fathers)
Deputy: Dr. Dag Schölper
17. Dr. Anja Schneider (Deutscher Hospiz- und PalliativVerband e.V. / Association of German Hospice and Palliative Care Organisations)
18. Bernd Seiwert (Jugend- und Familienministerkonferenz / Conference of Ministers for Youth and Family Affairs)
Deputy: Heike Schmalhofer
19. Ulrich Silberbach (dbb Beamtenbund und Tarifunion / German Civil Service Federation)
Deputy: Jan-Oliver Krzywanek
20. Jana Teske (Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege / Federal Association of Non-statutory Welfare – BAGFW)
Deputy: Heidrun Biedermann
21. Anja Weusthoff (Deutscher Gewerkschaftsbund / German Trade Union Confederation – DGB)
Deputies: Dunja Langer und Heike Lehmann

6.2. Members of the Working Groups

Working Group 1 – The situation for family carers who work

Meetings held

1st Meeting: 18.07.2017

2nd Meeting: 05.10.2017

3rd Meeting: 14.03.2018

4th Meeting: 26.06.2018

5th Meeting 12.09.2018

Members

1. Martin Rosowski (Spokesperson) (Bundesforum Männer / Federal Forum Men – Interest Association for Boys, Men and Fathers)

Deputy: Dr. Dag Schölper

2. Brigitte Bührlen (Wir! Stiftung pflegender Angehöriger)

Deputy: Dr. Eckart Bührlen

3. Professor. Christel Bienstein (Witten/Herdecke University, Zittau/Görlitz University of Applied Sciences)

Deputy: Professor Andreas Hoff

4. Susanne Kahl-Passoth (Deutscher Frauenrat / National Council of German Women's Organisations)

Deputy: Anna-Maria Mette

5. Dr. Anja Schneider (Deutscher Hospiz- und PalliativVerband e.V. / Association of German Hospice and Palliative Care Organisations)

6. Ulrich Silberbach (dbb Beamtenbund und Tarifunion) (German Civil Service Federation)

Deputy: Jan-Oliver Krzywanek

7. Bernd Seiwert (Jugend- und Familienministerkonferenz / Conference of Ministers for Youth and Family Affairs)

Deputy: Heike Schmalhofer

Working Group 2 – Wage compensation benefit and working time sovereignty

Meetings

1st Meeting: 13.06.2017

2nd Meeting: 20.09.2017

3rd Meeting: 31.01.2018

4th Meeting: 11.04.2018

5th Meeting: 26.06.2018

6th Meeting: 12.09.2018

Members

1. Jana Teske (Spokesperson) (Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege / Federal Association of Non-statutory Welfare – BAGFW)

Deputy: Heidrun Biedermann

2. Professor Andreas Hoff (Witten/Herdecke University, Zittau/Görlitz University of Applied Sciences)

Deputy: Professor Christel Bienstein

3. Donald Ilte (Arbeits- und Sozialministerkonferenz / Conference of Ministers for Labour and Social Affairs of the Länder – ASMK)

Deputy: Cornelia Lange

4. Gernot Kiefer (GKV-Spitzenverband / National Association of Statutory Health Insurance Funds)

Deputies: Dr. Monika Kücking and Sonja Heitmann

5. Kerstin Plack (BDA – Die Arbeitgeber / Confederation of German Employers' Associations)

Deputy: Anja Klie

6. Dirk Reidelbach (Vereinigung der kommunalen Arbeitgeberverbände / Association of Municipal Employers' Associations)

Deputy: Carola Kiefer

7. Anja Weusthoff (Deutscher Gewerkschaftsbund – DGB / German Trade Union Confederation)

Deputy: Heike Lehmann

Working Group 3 – Information and Advice

Meetings

1st Meeting: 05.07.2017

2nd Meeting: 20.12.2017

3rd Meeting: 13.02.2018

4th Meeting: 25.09.2018

Members

1. Uwe Lübking (Spokesperson) (Bundesvereinigung kommunaler Spitzenverbände / Association of German Cities)

Deputies: Dr. Kay Ruge and Ursula Krickl

2. Andreas Besche (Verband der Privaten Krankenversicherung / Association of Private Health Insurers)

Deputy: Anne Kristina Vieweg

3. Manfred Carrier (Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege / Federal Association of Non-statutory Welfare – BAGFW)

Deputy: Ulrike Gebelein

4. Monika Kaus (Deutsche Alzheimer Gesellschaft e.V. / German Alzheimer Association)

Deputy: Helga Schneider-Schelte

5. Silke Niewohner (wir pflegen e.V./Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V. / German National Association Senior Citizens' Organisations – BAGSO)

Deputy: Christian Pälme

6. Dr. Simone Real
(Sozialverband Deutschland e.V. - SoVD/Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V. / German National Association Senior Citizens' Organisations - BAGSO)
Deputy: Dr. Lena Dorin

7. Christel Riemann-Hanewinkel (Arbeitsgemeinschaft der deutschen Familienorganisationen e.V. / Working Group of German Family Associations - AGF)
Deputy: Sven Iversen

6.3. Overview of BMFSFJ-provided studies

Allmendinger, J. (2018): Die Vereinbarkeit von Beruf und Pflege: Ergebnisse der Beschäftigtenbefragung der IG Metall 2017. Kurzgutachten für das Bundesministerium für Familie, Senioren, Frauen und Jugend (unpublished).

COFACE Families Europe (Ed.) (2017): What do family carers want? COFACE Families Europe Study. Study on the needs and challenges of family carers in Germany.

Franke, A.; Kramer, B.; Weber, M.; Rosenfeld, N. (2018): Vereinbarkeit von Beruf und Pflege bei Pflege auf Distanz. Expertise im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend (unpublished).

Fraunhofer-Institut für Arbeitswirtschaft und Organisation (IAO) (undated): Kategorisierung von Arbeit als Basis für neue Konzepte zur Vereinbarkeit von Beruf und Pflege für das Bundesministerium für Familie, Senioren, Frauen und Jugend (unpublished).

IEGUS - Institut für europäische Gesundheits- und Sozialwirtschaft GmbH (Eds.) (2018): Gesundheitliche Situation von pflegenden Beschäftigten. Studie im Auftrag des Ministeriums für Familie, Senioren, Frauen und Jugend (unpublished).

Institut der deutschen Wirtschaft Köln (2017): Vereinbarkeit von Beruf und Pflege für Beschäftigte und Führungskräfte sowie für Frauen und Männer. Sonderauswertung des European Working Conditions Survey (EWCS) und des Sozio-oekonomischen Panels (SOEP). Kurzgutachten im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend (unpublished).

Institut der deutschen Wirtschaft (2017): Vereinbarkeit von Beruf und Pflege. Sonderauswertung des Unternehmensmonitors Familienfreundlichkeit 2016 auf Basis des IW-Personalpanels 2015 und der IW-Beschäftigtenbefragung. Kurzgutachten für das Bundesministerium für Familie, Senioren, Frauen und Jugend (unpublished).

INTERVAL (2018): Abschlussbericht zur Untersuchung der Regelungen des Pflegezeitgesetzes und des Familienpflegezeitgesetzes in der seit 1. Januar 2015 geltenden Fassung unter Einbeziehung der kurzzeitigen Arbeitsverhinderung und des Pflegeunterstützungsgeldes (unpublished).

Kienbaum Consultants (2018): Studie zur Vereinbarkeit von Pflege und Beruf in großen Betrieben (ab 200 Beschäftigte) (unpublished).

Knauth, K.; Pottharst, B.; Schertfeger, D.; Hoff, A. (2017): Technische Assistenzsysteme zur Vereinbarkeit von häuslicher Pflege und Erwerbstätigkeit. Expertise im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend (unpublished).

Merkle, M. (2018): Beratungsangebote für pflegende Angehörige in Europa. Arbeitspapier Nr. 18. Ed.: Beobachtungsstelle für gesellschaftspolitische Entwicklungen in Europa.

Prognos (2017): Gesamtgesellschaftliche Effekte einer guten Vereinbarkeit von Pflege und Beruf. Auftraggeber BMFSFJ (unpublished).

Prognos (2018): Angebote für pflegende Angehörige in kleinen Betrieben. Ergebnisse einer repräsentativen Studie (unpublished).

Reich, N.; Reinschmidt, L.; Hoyer, S. (2017): (Wie) Kann häusliche Pflege im Angehörigenkreis aufgeteilt werden? Freistellungen und finanzielle Leistungen für die häusliche Pflege in ausgewählten europäischen Staaten. Eds.: Beobachtungsstelle für gesellschaftspolitische Entwicklungen in Europa.

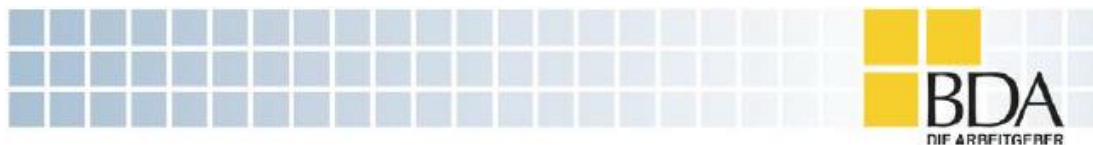
Reinschmidt, L. (2017): Zwischen Arbeit und familiärer Pflegeverantwortung. So fördern europäische Staaten die Vereinbarkeit von Pflege und Beruf. 4. und 5. September 2017, Berlin. Dokumentation.

SowiTra (2018): Pflege in Kleinbetrieben. Die Vereinbarkeit von Pflege und Beruf aus Sicht von Beschäftigten in kleinen Unternehmen. Gefördert durch das Bundesministerium für Familie, Senioren, Frauen und Jugend (unpublished).

Tesch-Römer, C.; Hagen, Ch. (2018): Ausgewählte Aspekte zur informellen häuslichen Pflege in Deutschland. DZA Fact Sheet.

Yeandle, S. (2017): Work-care reconciliation policy: Legislation in policy context in eight countries.

6.4. Minority vote



Strengthening employer-provided solutions for the reconciliation of work and care

Minority vote on the First Report of the Advisory Board on Work-Care Reconciliation

May 2019

Summary

Employers have themselves recognised work-care reconciliation as an important issue. According to the “Unternehmensmonitor Familienfreundlichkeit” (Monitor of Corporate Family Friendliness) – commissioned by BMFSFJ – almost 96 percent of companies offer their employees flexible models for working hours and work organisation. There is thus no need to expand statutory work release/leave or part-time entitlements and their financial support. Company programmes which go beyond the current statutory provisions must remain voluntary and take operational feasibility into account.

Long-term care is an important topic for society as a whole. Employers are committed to work-care reconciliation that goes beyond existing statutory provision. To operate successfully in the global market, employers are reliant on motivated, trained employees and well-rehearsed teams. They want to and must attract and retain well-qualified people, including those with care responsibilities. For this reason, a large number of companies offer in-house arrangements and tailored solutions.

In many cases, time off work and greater flexibility are achieved by means of working time accounts, which are now offered by more than one third of companies that employ more than half of the German workforce overall and which are thus an indispensable component of family-friendly human resources policy. Employers often offer the possibility of reduced working hours beyond statutory part-time entitlements, in some cases with financial support. In addition, working from home or flexitime offers employees a high degree of flexibility within the scope of what their employer can provide. Companies also offer measures as part of their health management policies and programmes. There is thus no need to extend legal entitlements or finance work release or care-related leave.

1. On specific recommendations

1. Extending the entitlement to work release to up to 36 months results in a new set of challenges

The BDA rejects any extension of the existing statutory entitlement to work release or leave. In addition to the entitlement to six months' complete release from work and 24 months' partial release under the Caregiver Leave Act and the Family Caregiver Leave Act, a further statutory part-time entitlement only came into force on 1 January 2019, according to which employees of employers with more than 45 employees can reduce their working hours for between one and five years without providing proof of a special situation or need. Along with 'bridge' periods of part-time employment between periods of full-time employment, a right was introduced allowing employees to express their wish to change their work location or the number of hours they work. Despite this, in everyday practice the parties find a variety of solutions to reconcile work and care in specific cases. In this way, employers support their employees and their well-rehearsed teams, and take their needs into account. Given the current situation on the labour market, extending the duration of work release/leave entitlements is the wrong way to go.

2. Retaining thresholds in cases of complete release from work

Thresholds are a generally recognised instrument under labour law to protect small and medium-sized enterprises from excessive burdens that could ultimately jeopardise their existence to the detriment of employees. The more partial and temporary downtime a company has to cope with, the more power it draws from its core business to generate profits and secure jobs. The thresholds should thus be aligned to those contained in the Family Caregiver Leave Act. There is no comparability with the BEEG, which does not provide for a threshold value for complete release from work. In contrast to elderly persons in need of long-term care, newborns in particular cannot normally be placed in the care of others.

3. Reasonable provisions already in place for short-term care-related absence from work

Short-term absence from work is a unilateral entitlement to work release which is limited to acute care cases. The current statutory requirements for work release must remain in place. The BDA rejects annual financing or multiple financing within a given year as an acute case of need for long-term care only usually occurs once per relative in need of long-term care (according to the legal justification contained in BT-Drs. 16/7439, p. 91). An expansion of the financing provision must not promote misuse of the provision for short-term absence from work. Multiple use of the ten day-absence to care for a relative in need of care would pose an organisational challenge for small businesses because there is currently no small business clause containing a threshold in place for this provision.

4. Division of entitlements to work release flawed

A division of the statutory leave entitlements into different periods of time would pose excessive organisational and bureaucratic challenges for employers. Each individual case requires a reorganisation of available personnel. In many cases, new employees must be hired to allow an existing employee to reduce their working hours temporarily. In many sectors, it is almost impossible to find suitably qualified replacement staff for a limited period only or for part-time positions. Placing an additional burden on the remaining employees, e.g. in the form of overtime, can rarely be avoided. The greater the number of employees being released from work, the greater the employer's need for personnel planning, and the more costly and hopeless the chances of finding replacement staff in order to absorb the respective downtime operationally.

5. Prevent an increase in benefits

The BDA has reservations about replacing the loan with a financial subsidy. The real reasons as to why the loan provision has rarely been used since 2015 are unknown. An increase in benefits of this kind could provide incentives to claim considerably more time away from work. The greater the number of caregiver employees being released from work, the greater the employer's need for personnel planning, and the more costly and hopeless the chances of finding replacement staff in order to absorb the respective downtime. Financing via a 'lost grant' would ultimately burden employers twice: financially via tax co-financing and operationally via the organisational implementation of the – presumably increasing – periods of work release.

6. Entitlement to mobile working and working from home flawed

The BDA rejects a legal right to mobile working or working from home. It is the employer's responsibility to determine the time and place of work. Employees' interests are already protected by the fact that the employer has to exercise their right of instruction having applied 'reasonable discretion'. In particular, the existing legal provisions on occupational health and safety diametrically oppose the right to work from home. Wherever it is possible at company level, employees are already able to work from home or on the move to aid reconciliation of family, work and care. The important thing is still to find a solution for the individual case concerned.

7. Expanding the group of entitled persons counterproductive

For the reasons stated, the BDA rejects any expansion of the group of eligible persons under the Caregiver Leave Act and the Family Caregiver Leave Act: It would lead to a further increase in the number of requests for work release.

II. On the report

The following considerations and practical examples should be addressed in the report: according to the "Unternehmensmonitor Familienfreundlichkeit" (Monitor of Corporate Family Friendliness) (commissioned by the Federal Ministry for Family Affairs), almost 96 percent of companies operate flexible models for working hours and work organisation. This commitment is equally evident in large companies and small family businesses. Their individual resilience and operational feasibility are decisive in each case. With numerous initiatives and activities, the BDA is committed to work-care reconciliation by means of family-conscious human resources policy. This includes initiatives such as "Frauenförderung im Unternehmen" (Promotion of Women in Business) and "Erfolgsfaktor Familie" (Success Factor Family).

In many cases, time off work and greater flexibility are achieved by means of working time accounts, which are now offered by more than one third of companies that employ more than half of the German workforce overall and which are thus an indispensable component of family-friendly human resources policy. In models of trust-based working time or working time sovereignty, employees take responsibility for organising their contractually-owed working hours. Employers often offer the possibility of reduced working hours beyond statutory part-time entitlements, in some cases with financial support. In addition, mobile working or flexitime offers employees a high degree of flexibility within the scope of what their employer is able to provide. Companies also offer measures as part of their health management policies and programmes. In addition to numerous other policies and programmes, the following illustrate some of the measures implemented so far:

- In the M&E industry, 90 percent of employees work in companies that offer additional family-work reconciliation measures along with flexible working time models. By mutual agreement, individual solutions can be found to suit everyday working life. More than 40 percent of M&E companies offer long-term working accounts for work release/sabbaticals. As early as 2017 – before the introduction of the

entitlement to 'bridge' periods of part-time employment between periods of full-time employment on 1 January 2019 – 90 percent of companies in the M&E industry offered their employees the chance to reduce their working hours temporarily. In addition, two-thirds of M&E companies offer mobile working or working from home (survey on working hours in the metalworking industry 2017). In the M&E industry association landscape, current statutory provisions are supplemented by the collective bargaining option for employees with children or relatives in need of care to apply for eight days' leave in place of the collectively agreed additional pay (T-ZUG (A)).

- Employees at SAP Germany can work part-time for a limited period of between one month and three years.
- NNE Pharmaplan offers its employees the option of reducing their working hours to 80 percent for up to three months (in cases of hardship even up to six months) with full pay.
- DZ Bank AG has introduced "family periods" in which meetings and other work-related events are not scheduled to allow planning of binding family-related appointments during work time. These help to avoid conflicts of interest to the detriment of employees. Like many other employers, DZ Bank AG also cooperates with external service providers who help employees find au pair or nursing staff free of charge.
- In some cases even employees' partners are supported by a programme for 'dual career couples'. Bosch and Adidas, for example, help their employees' partners to find employment within the corporate group or in cooperating companies.
- Employees at Trumpf GmbH can save up to 1,000 hours as credits which they can use in blocks to take time away from work for rest and recuperation. This enables longer periods of time away from work. The credits can be used for periods of further training as well as for time providing care for sick relatives.
- Odenwaller GmbH also supports its employees. When a site manager was suddenly confronted with the need to care for a relative, employer and employee found a solution which meant that the site manager was not forced to reduce his working hours. Instead, he worked from home two days a week. He can be with the person in need of care and, if necessary, can provide distance support and then return to work after the break without having to travel long distances.
- An employee from a garden maintenance department who works outdoors also encountered problems in reconciling work and care. He and his sister share responsibility for their mother's care. He switched to part-time work, working Mondays and Tuesdays one week and Mondays to Wednesdays the next, thus enabling him to provide care and work.

Further examples can be found in the following brochures on collective bargaining policy for family-conscious working hours:

[https://arbeitgeber.de/www/arbeitgeber.nsf/res/9CFBC83F2C7E89B9C1257B2C0034ADDC/\\$file/Tarifpolitik_fuer_Familienbewusste_Arbeitszeiten.pdf](https://arbeitgeber.de/www/arbeitgeber.nsf/res/9CFBC83F2C7E89B9C1257B2C0034ADDC/$file/Tarifpolitik_fuer_Familienbewusste_Arbeitszeiten.pdf)), "Vereinbarkeit von Familie und Beruf – Praxisbeispiele aus der Wirtschaft" (Work-Care Reconciliation – Best-practice Examples from Industry): [https://arbeitgeber.de/www/arbeitgeber.nsf/res/57B095F497D2E6BAC1257B90002C8413/\\$file/Vereinbarkeit-Familie-und-Beruf.pdf](https://arbeitgeber.de/www/arbeitgeber.nsf/res/57B095F497D2E6BAC1257B90002C8413/$file/Vereinbarkeit-Familie-und-Beruf.pdf) and "Flexible Arbeitszeiten Vereinbarkeit Familie und Beruf im GaLaBau" (Flexible Working Arrangements for Work-Care Reconciliation in Gardening and Landscape Management): <http://www.galabau.de/flexible-arbeitszeiten-vereinbarkeit-familie-beruf-im-galabau.pdf>)

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List of Abbreviations

AGF	Arbeitsgemeinschaft der deutschen Familienorganisationen (Association of German Family Organisations)
ASMK	Konferenz der Ministerinnen und Minister, Senatorinnen und Senatoren für Arbeit und Soziales (Conference of Ministers and Senators for Labour and Social Affairs)
Aufl.	Auflage (Edition)
BAFzA	Bundesamt für Familie und zivilgesellschaftliche Aufgaben (Federal Office of Family Affairs and Civil Society Functions - BFzA)
BAG	Bundesarbeitsgericht (Federal Labour Court)
BAGE	Sammlung der Entscheidungen vom Bundesarbeitsgericht (Decisions of the Federal Labour Court)
BAGFW	Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege (Federal Association of Non-statutory Welfare)
BAGSO	Bundesarbeitsgemeinschaft der Seniorenorganisationen e.V. (German National Association Senior Citizens' Organisations)
BDA	Bundesvereinigung der Deutschen Arbeitgeberverbände (Confederation of German Employers' Associations - BDA)
BEEG	Bundeselterngeld- und Elternzeitgesetz (Federal Parental Allowance and Parental Leave Act)
BGB	Bürgerliches Gesetzbuch (Social Code)
BMAS	Bundesministerium für Arbeit und Soziales (Federal Ministry for Labour and Social Affairs)
BMG	Bundesministerium für Gesundheit (Federal Ministry of Health)
BMFSFJ	Bundesministerium für Familie, Senioren, Frauen und Jugend (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth)
BMJV	Bundesministerium für Justiz und Verbraucherschutz (Federal Ministry of Justice and Consumer Protection)
BT-Drs.	Bundestagsdrucksache (Bundestag document)
ca.	circa
DAIzG	Deutsche Alzheimer Gesellschaft e.V. (German Alzheimer Society)
dbb	Beamtenbund und Tarifunion (German Civil Service Federation)
DGUV	Deutsche Gesetzliche Unfallversicherung e.V. (German Statutory Occupational Accident Insurance)
DGB	Deutscher Gewerkschaftsbund (German Trade Union Confederation)
DHPV	Deutscher Hospiz- und Palliativ Verband e.V. (German Association of Hospice and Palliative Care Organisations)
Ed./Eds.	Publisher(s)
et al.	and others
etc.	et cetera
EU	European Union
EU-SILC	European Union Statistics on Income and Living Conditions
EWCS	European Working Conditions Survey
f./ff.	following
FPfZG	Familienpflegezeitgesetz (Family Caregiver Leave Act)

gem.	Gemäß (in accordance with)
ggf.	gegebenenfalls (where appropriate)
GmbH	Gesellschaft mit beschränkter Haftung (private limited company)
ibid	ibidem (same reference)
IEGUS	Institut für europäische Gesundheits- und Sozialwirtschaft (Institute for European Healthcare and Social Economy Sectors)
IW	Institut der Deutschen Wirtschaft (German Economic Institute)
JFMK	Jugend- und Familienministerkonferenz (Conference of Ministers for Youth and Family Affairs)
MDK	Medizinischer Dienst der Krankenversicherung (Health Insurance Medical Service)
PflegeZG	Pflegezeitgesetz (Caregiver Leave Act)
PpSG	Pflegepersonal-Stärkungsgesetz (Act to Strengthen Long-Term Care)
SGB	Sozialgesetzbuch (Book of the Social Code)
SOEP	Sozio-oekonomisches Panel (Socio-Economic Panel)
SoVD	Sozialverband Deutschland e.V. (a socio-political advocacy association)
TzBfG	Teilzeit- und Befristungsgesetz (Act on Part-time Work and Fixed-Term Employment)
ZQP	Zentrum für Qualität in der Pflege (Centre for Quality in Care)

Literature

Allmendinger, J. (2018): Die Vereinbarkeit von Beruf und Pflege: Ergebnisse der Beschäftigtenbefragung der IG Metall 2017. Kurzgutachten für das Bundesministerium für Familie, Senioren, Frauen und Jugend (unpublished).

AOK Bundesverband und WiDO - Wissenschaftliches Institut der AOK (2016): Pflege-Report 2016. Die Pflegenden im Fokus. Online at: https://aok-bv.de/imperia/md/aokbv/presse/pressemitteilungen/archiv/2016/pressemappe_pk_pflege_rep_2016_komplett.pdf.

Becker, R.; Kortendiek, B. (Eds.) (2010): Handbuch Frauen- und Geschlechterforschung. Wiesbaden.

Bestmann, B.; Wüstholtz, E.; Verheyen, F. (2014): Pflegen: Belastung und sozialer Zusammenhalt. Eine Befragung zur Situation von pflegenden Angehörigen. WINEG Wissen Nr. 04, Hamburg.

Bouget, D.; Spasova, S.; Vanhercke, B. (Eds.) (2017): Work-life balance measures for persons of working age with dependent relatives in Europe. A study of national policies. European Commission, Brussels. Online at: <https://publications.europa.eu/en/publication-detail/-/publication/ef6ed9fd-9a96-11e6-9bca-01aa75ed71a1/language-en>.

Bouget, D.; Saraceno, C.; Spasova, S. (2017): Towards new work-life balance policies for those caring for dependent relatives? In: B. Vanhercke, S. Sabato, D. Bouget (Eds.), Social Policy in the European Union: state of play 2017. European Trade Union Institute (ETUI) and European Social Observatory (OSE), Brussels, p. 155-179.

Brenke, K. (2016): Home Office. Möglichkeiten werden bei Weitem nicht ausgeschöpft. Deutsches Institut für Wirtschaftsforschung. Online at: https://www.diw.de/documents/publikationen/73/diw_01.c.526038.de/16-5-1.pdf.

Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (2018): Orts- und zeitflexibles Arbeiten: Gesundheitliche Chancen und Risiken. Dortmund/Berlin/Dresden.

Bundesarbeitsgemeinschaft der Seniorenorganisationen (2018): BAGSO- Pressemitteilung 7/2018. Zum Tag der älteren Generation: BAGSO fordert Pflegezeit nach dem Modell der Elternzeit. Online at: https://www.bagso.de/fileadmin/Aktuell/PM/2018/BAGSO_PM_7_2018_Tag_aeltere_Generation.pdf.

Bundesinstitut für Bevölkerungsforschung (2017): Anzahl der Pflegebedürftigen steigt vor allem bei den Hochbetagten. Online at: http://www.demografieportal.de/SharedDocs/Informieren/DE/ZahlenFakten/Pflegebeduerftige_Anzahl.html.

Bundesministerium für Arbeit und Soziales (2017): Weißbuch Arbeiten 4.0. Online at: https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Publikationen/a883-weissbuch.pdf?sessionid=D508E6ED37AD87073C64C73A61D46C3D?__blob=publicationFile&v=9.

Bundesministerium für Familie, Senioren, Frauen und Jugend (2017): Zweiter Bericht über die Entwicklung des bürgerschaftlichen Engagements in der Bundesrepublik Deutschland. Schwerpunktthema: „Demografischer Wandel und bürgerschaftliches Engagement: Der Beitrag des Engagements zur lokalen Entwicklung“. Online at: <https://www.bmfsfj.de/blob/115658/1080633f687d3f9c462a0432401c09d7/zweiter-engagementbericht---bundestagsdrucksache-data.pdf>.

Bundesministerium für Familie, Senioren, Frauen und Jugend (2018): Achte Altersberichtscommission nimmt Arbeit auf. Aktuelle Meldung vom 23.08.2018. Online at: <https://www.bmfsfj.de/bmfsfj/achte-altersberichtscommission-nimmt-arbeit-auf/127818>.

Bundesministerium für Familie, Senioren, Frauen und Jugend (2019a): Ausbildungsoffensive Pflege (2019-2023). Online at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/K/Konzertierte_Aktion_Pflege/Vereinbarungstext_KAP.pdf.

Bundesministerium für Familie, Senioren, Frauen und Jugend (2019b): Gesellschaftliche Teilhabe. Einsamkeit im Alter. Online at: <https://www.bmfsfj.de/bmfsfj/themen/aeltere-menschen/aktiv-im-alter/einsamkeit-im-alter/einsamkeit-im-alter/135712>.

Bundesministerium für Gesundheit (2018): Abschlussbericht zum Projekt „Die Situation von Kindern und Jugendlichen als pflegende Angehörige“. Online at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Pflege/Berichte/Abschlussbericht_KinderundJugendlichepflegAngeh.pdf.

Bundesministerium für Gesundheit (2019a): Ratgeber Pflege. Alles, was Sie zum Thema Pflege wissen sollten. Online at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Pflege/Broschueren/Ratgeber_Pflege_Juli_2019.pdf.

Bundesministerium für Gesundheit (2019b): Zahlen und Fakten zur Pflegeversicherung. Online at: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/Downloads/Statistiken/Pflegeversicherung/Zahlen_und_Fakten/Zahlen-u-Fakten-zur-Pflegeversicherung_2019.pdf.

Bundesregierung (2016): Sechster Bericht der Bundesregierung über die Entwicklung der Pflegeversicherung und den Stand der pflegerischen Versorgung in der Bundesrepublik Deutschland. Online at: <http://dip21.bundestag.de/dip21/btd/18/107/1810707.pdf>.

Bundesregierung (2018a): Zweiter Gleichstellungsbericht der Bundesregierung. Online at: <https://www.gleichstellungsbericht.de/zweiter-gleichstellungsbericht.pdf>.

Bundesregierung (2018b): Zusammenfassung. Zweiter Gleichstellungsbericht der Bundesregierung. Online at: <https://www.bmfsfj.de/blob/122398/9f7c1606b5c59e2da966456f1e069270/zweiter-gleichstellungsbericht-der-bundesregierung-eine-zusammenfassung-data.pdf>.

COFACE Families Europe (2017): Who cares? Study on the challenges and needs of family carers in Europe. Online at: http://www.coface-eu.org/wp-content/uploads/2017/11/COFACE-Families-Europe_Study-Family-Carers.pdf.

COFACE Families Europe (2018): What do family carers want? COFACE Families Europe Study. Study on the needs and challenges of family carers in Germany. Brussels (unpublished).

Deutsche Alzheimer Gesellschaft (undated): Die Häufigkeit von Demenzerkrankungen. Online at: http://www.deutsche-alzheimer.de/fileadmin/alz/pdf/factsheets/infoblatt1_haeufigkeit_demenzerkrankungen_dalzg.pdf

Deutsche Rentenversicherung (2018): Rente für Pflegepersonen: Ihr Einsatz lohnt sich. Online at: https://www.deutscherentenversicherung.de/SharedDocs/Downloads/DE/Broschueren/national/rente_fuer_pflegepersonen.html.

Deutsches Institut für Wirtschaftsforschung (2016): Home Office. In: DIW Wochenbericht 83 (5). Online at: https://www.diw.de/documents/publikationen/73/diw_01.c.526036.de/16-5.pdf.

DGUV (undated): Unfallversicherung bei häuslicher Pflege. Online at: <https://publikationen.dguv.de/dguv/pdf/10002/12222.pdf>.

Dressel, K.; Wanger, S. (2010): Erwerbsarbeit. In: R. Becker, B. Kortendiek (Eds.), Handbuch Frauen- und Geschlechterforschung. Wiesbaden, p. 489–498.

Eberl, A.; Lang, S.; Seebaß, K. (2017): The Impact of Informal Care and Employment on the Mental Health of the Caregiver. In: Sozialer Fortschritt. 66. Jahrgang, p. 77–96.

Engstler, H.; Tesch-Römer., C. (2017): Zeitverwendung von Erwachsenen, die ein Haushaltsmitglied pflegen. In: Wie die Zeit vergeht: Analysen zur Zeitverwendung 2012/2013 in Deutschland. Beiträge zur Ergebniskonferenz der Zeitverwendungserhebung 2012/2013 am 5./6. Oktober 2016 in Wiesbaden, p. 229–244. Online at: https://www.ssoar.info/ssoar/bitstream/handle/document/53514/ssoar-2017-engstler_et_al-Zeitverwendung_von_Erwachsenen_die_ein.pdf?sequence=1.

E.D.E. (European Association for Directors and Providers of Long-Term Care Services for the Elderly) (2010): European Charta of rights and responsibilities of older people in need of long-term care or assistance. Online at: https://www.age-platform.eu/sites/default/files/22495_guide_accompagnement_EN_low.pdf.

Europäische Kommission (2017): Konsultationspapier. Zweite Phase der Anhörung der Sozialpartner auf europäischer Ebene gemäß Artikel 154 AEUV über die

möglichen Maßnahmen zur Bewältigung der Herausforderungen hinsichtlich der Vereinbarkeit von Beruf und Privatleben für erwerbstätige Eltern und pflegende Angehörige. Brussels.

Franke, A.; Kramer, B.; Weber, M.; Rosenfeld, N. (2018): Vereinbarkeit von Beruf und Pflege bei Pflege auf Distanz. Expertise im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend (unpublished).

Fraunhofer-Institut für Arbeitswirtschaft und Organisation (IAO) (undated): Kategorisierung von Arbeit als Basis für neue Konzepte zur Vereinbarkeit von Beruf und Pflege für das Bundesministerium für Familie, Senioren, Frauen und Jugend (unpublished).

Frey, C. (2019): Pflege zu Hause. Was Angehörige wissen müssen. Verbraucherzentrale (Ed.), Kempten.

Gesundheitsberichterstattung des Bundes (2019a): Leistungsempfängerinnen und -empfänger von Leistungen der sozialen Pflegeversicherung im Jahresdurchschnitt. Gliederungsmerkmale: Jahre, Deutschland, Pflegegrad, Leistungsart. Online at: http://www.gbe-bund.de/oowa921-install/servlet/oowa/aw92/dboowasys921.xwdevkit/xwd_init?gbe.isgbetol/xs_start_neu/&p_aid=i&p_aid=20425973&nummer=71&p_sprache=D&p_indsp=-&p_aid=73529322.

Gesundheitsberichterstattung des Bundes (2019b): Pflegeheime (Anzahl). Gliederungsmerkmale: Jahre, Deutschland, Pflegeangebot, Träger, Kapazitätsgrößenklassen. Online at: http://www.gbe-bund.de/oowa921-install/servlet/oowa/aw92/dboowasys921.xwdevkit/xwd_init?gbe.isgbetol/xs_start_neu/&p_aid=3&p_aid=82579874&nummer=397&p_sprache=D&p_indsp=-&p_aid=59721965#SOURCES.

Geyer, J. (2015): Einkommen und Vermögen der Pflegehaushalte in Deutschland. In: DIW Wochenbericht, 82 (14/15), p. 323–329.

Geyer, J. (2016): Informell Pflegende in der deutschen Erwerbsbevölkerung: Soziodemografie, Pflegesituation und Erwerbsverhalten. In: Zentrum für Qualität in der Pflege (Ed.), ZQP-Themenreport: Vereinbarkeit von Beruf und Pflege, p. 24–43.

Geyer, J.; Schulz, E. (2014): Who cares? Die Bedeutung der informellen Pflege durch Erwerbstätige in Deutschland. In: DIW Wochenbericht 81 (14), p. 294–301.

Geyer, J.; Korfhage, T.; Schulz, E. (2016): Andere Länder, andere Wege: Pflege im internationalen Vergleich. In: G+S Gesundheits- und Sozialpolitik. Zeitschrift für das gesamte Gesundheitswesen, 70 (1), p. 52–58.

GKV-Spitzenverband (2019): Richtlinie nach § 8 Abs. 7 SGB XI zur Förderung von Maßnahmen ambulanter und stationärer Pflegeeinrichtungen zur Vereinbarkeit von Pflege, Familie und Beruf. Online at: https://www.gkv-spitzenverband.de/media/dokumente/pflegeversicherung/richtlinien__vereinbarungen__formulare/finanzierungs_foerderungsmassnahmen/2019_05_02_Pflege_RiLi_8Abs7_SGBXI_Vereinbarkeit.pdf.

Glendinning, C. (2018): Combining paid work and family care: the impacts of leave and other measures to improve work-life balance. Vortrag im Rahmen der Peer Review der KOM in Kooperation mit BMFSFJ am 24./25.09.2018 in Berlin. Online at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=1024&newsId=9173&furtherNews=yes&preview=cHJldkVtcGxQb3J0YWwhMjAxMjAyMTVwcmV2aWV3>.

Gutzler, S. (2017): § 3 SGB XI Vorrang der häuslichen Pflege. In: R. Schlegel; T. Voelzke, jurisPK-SGB XI.

Hajek, A.; Lehnert, T.; Wegener, A.; Riedel-Heller, S.; König, H. (2018a): Informelles Pflegepotenzial bei Älteren in Deutschland. Ergebnisse einer bevölkerungsrepräsentativen Befragung. In: Zeitschrift für Gerontologie und Geriatrie, (6), p. 1-7.

Hajek, A.; Lehnert, T.; Wegener, A.; Riedel-Heller, S.; König, H. (2018b): Langzeitpräferenzen der Älteren in Deutschland. Ergebnisse einer bevölkerungsrepräsentativen Umfrage. In: Gesundheitswesen 2018, 80 (08/09), p. 685-692.

Hammermann, A.; Stettes, O. (2017): Mobiles Arbeiten in Deutschland und Europa. Eine Auswertung auf Basis der European Working conditions Survey 2015. Institut der Deutschen Wirtschaft Köln. IW-Trends 3.2017. Online at: https://www.iwkoeln.de/fileadmin/publikationen/2017/356407/IW-Trends_3_2017_Mobiles_Arbeiten.pdf.

Hegedüs, A.; Otto, U.; Kramer, B. (in publication): Sich aus der Ferne vor Ort als pflegender Angehöriger gut einbringen – mit Technik für Distance Caregivers.

Hielscher, V.; Ischebeck, M.; Kirchen-Peters, S.; Nock, L. (2017): Pflege in den eigenen vier Wänden: Zeitaufwand und Kosten. Pflegebedürftige und ihre Angehörigen geben Auskunft. Hans-Böckler-Stiftung, Study Nr. 363. Düsseldorf. Online at: https://www.boeckler.de/pdf/p_study_hbs_363.pdf.

Hobler, D.; Klenner, Ch.; Pfahl, S.; Sopp, P.; Wagner, A. (2017): Wer leistet unbezahlte Arbeit? Hausarbeit, Kindererziehung und Pflege im Geschlechtervergleich. Aktuelle Auswertungen aus dem WSI GenderDatenPortal. WSI Report Nr. 35. April 2017. Online at: https://www.boeckler.de/pdf/p_wsi_report_35_2017.pdf.

Hoyer, S.; Reich, N. (2016): Freistellungen und finanzielle Leistungen zur häuslichen Pflege in europäischen Mitgliedstaaten. Online at: <https://www.beobachtungsstelle-gesellschaftspolitik.de/>.

IEGUS – Institut für europäische Gesundheits- und Sozialwirtschaft GmbH (Ed.) (2018): Gesundheitliche Situation von pflegenden Beschäftigten. Studie im Auftrag des Ministeriums für Familie, Senioren, Frauen und Jugend (unpublished).

Institut der deutschen Wirtschaft Köln (2017a): Vereinbarkeit von Beruf und Pflege für Beschäftigte und Führungskräfte sowie für Frauen und Männer. Sonderauswertung des European Working Conditions Survey (EWCS) und des Sozio-oekonomischen Panels (SOEP). Kurzgutachten im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend (unpublished).

Institut der deutschen Wirtschaft Köln (2017b): Vereinbarkeit von Beruf und Pflege. Sonderauswertung des Unternehmensmonitors Familienfreundlichkeit 2016 auf der Basis des IW-Personalpanels 2015 und der IW-Beschäftigtenbefragung. Kurzgutachten für das Bundesministerium für Familie, Senioren, Frauen und Jugend (unpublished).

Institut DGB-Index Gute Arbeit (2018): Berufstätige mit Pflegeverantwortung. Zur Vereinbarkeit von Arbeit und Pflege. Online at: <https://index-gute-arbeit.dgb.de/veroeffentlichungen/kompakt/++co++bf2674ba-0a6a-11e8-bcc4-52540088cada>.

Institut für Demoskopie Allensbach (2013): Monitor Familienleben 2013. Online at: https://www.ifd-allensbach.de/fileadmin/IfD/sonstige_pdfs/7887_Monitor_Familienleben_2013.pdf.

Institut für Demoskopie Allensbach (2015): Frauen der Sandwich Generation: Zwischen Kinderbetreuung und Unterstützung der Eltern. Online at: https://www.ifd-allensbach.de/fileadmin/IfD/sonstige_pdfs/BdF_Studie_Sandwich.pdf.

INTERVAL (2018): Abschlussbericht zur Untersuchung der Regelungen des Pflegezeitgesetzes und des Familienpflegezeitgesetzes in der seit 1. Januar 2015 geltenden Fassung unter Einbeziehung der kurzzeitigen Arbeitsverhinderung und des Pflegeunterstützungsgeldes (unpublished).

Jacobs, K.; Kuhlmeier, A.; Greß, S.; Klauber, J.; Schwinger, A. (Eds.) (2016): Pflegereport 2016. Schwerpunkt: Die Pflegenden im Fokus. Stuttgart.

Janßen, H.; Köhler, L. (2018): Ermittlung des allgemeinen Rehabilitationsbedarfs und Evaluation mobiler geriatrischer Rehabilitation in stationären Pflegeeinrichtungen und der Kurzzeitpflege. Abschlussbericht für das Bundesministerium für Gesundheit. Online at: <https://www.bundesgesundheitsministerium.de/service/publikationen/pflege/details.html?bmg%5Bpubid%5D=3271>.

Kantar EMNID (2017): Bevölkerungsbefragung zum Thema Vereinbarkeit von Pflege und Beruf im Auftrag des BMFSFJ, Ergebnisbericht Welle 7/2017, unpublished.

Karb, S. (2015): Das Pflegezeit- und Familienpflegezeitgesetz 2015. In: Zeitschrift für Tarif-, Arbeits- und Sozialrecht des öffentlichen Dienstes (8), p. 427-438.

Kelle, N. (2018): Combining employment and care-giving: how differing care intensities influence employment patterns among middle-aged women in Germany. In: Ageing & Society, p. 1-19.

Kienbaum Consultants (2018): Studie zur Vereinbarkeit von Pflege und Beruf in großen Betrieben (ab 200 Beschäftigte) (unpublished).

Klein, B.; Graf, B.; Schlömer, I.; Roßberg, H.; Röhrich, K.; Baumgarten, S. (2018): Robotik in der Gesundheitswirtschaft. Einsatzfelder und Potenziale. Stiftung Münch. Heidelberg.

- Knauth, K.; Pottharst, B.; Schertfeger, D.; Hoff, A. (2017): Technische Assistenzsysteme zur Vereinbarkeit von häuslicher Pflege und Erwerbstätigkeit. Expertise im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend (unpublished).
- Kofahl, C.; Matzke, O.; Bade Verdugo, P.; Lüdecke, D. (2017). Pflegebedürftigkeit von Kindern und Jugendlichen und ihre Bedeutung für die Familien. In: K. Jacobs; A. Kuhlmeier; S. Greß; J. Klauber; A. Schwinger (Eds.), Pflege-Report 2017. Schwerpunkt: Die Versorgung der Pflegebedürftigen, Stuttgart, p. 25–38.
- Konferenz der Minister und Ministerinnen, Senatoren und Senatorinnen für Arbeit und Soziales der Länder (2018): Ergebnisprotokoll der 95. Konferenz. Online at: https://asmkintern.rlp.de/fileadmin/asmkintern/Beschluesse/Beschluesse_95_AS_MK_Extern/Externes_Ergebnisprotokoll_ASMK_2018.pdf.
- Koppenfels-Spies, von, K. (2016): Angehörigenpflege und Beschäftigung, Familienpflegezeit und Pflegezeit. München.
- Kossens, M. (2016): Pflegezeitgesetz und Familienpflegezeitgesetz. Basiskommentar. 3., überarb. und aktualisierte Aufl. Frankfurt am Main.
- Kuhlmeier, A.; Dräger, D.; Winter, M.; Beikirch, E. (2010): COMPASS – Versichertenbefragung zu Erwartungen und Wünschen an eine qualitativ gute Pflege. In: Informationsdienst Altersfragen 37(4), Deutsches Zentrum für Altersfragen (Eds.), p. 4–11.
- Künemund, H. (2016): Wovon hängt die Nutzung technischer Assistenzsysteme ab? Expertise zum Siebten Altenbericht der Bundesregierung. Online at: https://www.siebter-altenbericht.de/fileadmin/altenbericht/pdf/Expertise_Kuenemund.pdf.
- Kümmerling, A.; Bäcker, G. (2011): Carers@work – zwischen Pflege und Beruf. Betriebliche Maßnahmen zur Verbesserung der Vereinbarkeit von Erwerbstätigkeit und Pflegeverpflichtung. Universität Duisburg-Essen. Online at: http://www.carersatwork.tu-dortmund.de/download/CarersAtWork_final_June_2012.pdf.
- Lejeune, C.; Romeo Gordo, L.; Simonsen, J. (2017): Einkommen und Armut in Deutschland: Objektive Einkommenssituation und deren subjektive Bewertung. In: K. Mahne, J. K. Wolff, J. Simonsen, C. Tesch-Römer (Eds.), Altern im Wandel: Zwei Jahrzehnte Deutscher Alterssurvey (DEAS), p. 97–110.
- Lott, Y. (2019): Weniger Arbeit, mehr Freizeit? Wofür Mütter und Väter flexible Arbeitszeitarrangements nutzen. In: WSI-report Nr. 47. Online at: https://www.boeckler.de/pdf/p_wsi_report_47_2019.pdf.
- Lux, K.; Eggert, S. (2017): ZQP-Analyse Erfahrungen von Jugendlichen mit Pflegebedürftigkeit in der Familie. In: ZQP Report, Junge Pflegende, p. 14–25.
- Marburger, H. (2016): Rechte pflegender Angehöriger. Regensburg.

Maschke, M.; Zurholt, G. (2013): Chancengleich und familienfreundlich. Analyse und Handlungsempfehlungen Betriebs- und Dienstvereinbarungen. Hans-Böckler-Stiftung. Online at:
https://www.boeckler.de/pdf/mbf_bvd_chancengleich_und_familienfreundlich.pdf.

Merkle, M. (2017). Pflegende Kinder und Jugendliche. Unterstützungsmaßnahmen in Österreich, dem Vereinigten Königreich und Irland. Beobachtungsstelle für gesellschaftspolitische Entwicklungen in Europa. Online at:
<https://www.beobachtungsstelle-gesellschaftspolitik.de/>.

Merkle, M. (2018): Beratungsangebote für pflegende Angehörige in Europa. Beobachtungsstelle für gesellschaftspolitische Entwicklungen in Europa. Online at:
<https://www.beobachtungsstelle-gesellschaftspolitik.de/schwerpunktthemen/seniorenpolitikundpflege>

Müller, R.; Unger, R.; Rothgang, H. (2010): Wie lange Angehörige zu Hause gepflegt werden. Reicht eine zweijährige Familienpflegezeit für Arbeitnehmer? In: Soziale Sicherheit, (6-7), p. 230–237.

Naumann, D.; Teubner, C.; Eggert, S. (2016): ZPQ-Bevölkerungsbefragung „Vereinbarkeit von Pflege und Beruf“. In: Zentrum für Qualität in der Pflege (Eds.), ZQP-Themenreport: Vereinbarkeit von Beruf und Pflege. Berlin, p. 73–86.

Otto, U.; Bischofberger, I.; Hegedüs, A.; Kramer, B.; Holten, von, K.; Franke, A. (2017): Wenn pflegende Angehörige weiter entfernt leben. Technik eröffnet Chancen für Distance Caregiving, ist aber nicht schon die Lösung. In: G. Kempter, I. Hämmerle (Eds.), Umgebungsunterstütztes Leben. Beiträge zum Usability Day XV, 22. Juni 2017, Lengerich, p. 140–148.

Pinquart, M. (2016): Belastungs- und Entlastungsfaktoren pflegender Angehöriger. Die Bedeutung der Erwerbstätigkeit. In: Zentrum für Qualität in der Pflege (Ed.), ZQP-Themenreport: Vereinbarkeit von Beruf und Pflege, p. 60–73.

Prognos (2017): Gesamtwirtschaftliche Effekte einer guten Vereinbarkeit von Pflege und Beruf. Berlin: Im Auftrag des BMFSFJ (unpublished).

Prognos (2018): Angebote für pflegende Angehörige in kleinen Betrieben. Ergebnisse einer repräsentativen Studie. Berlin: Im Auftrag des BMFSFJ (unpublished).

Reich, N.; Hoyer, S. (2016): Freistellungen und finanzielle Leistungen zur häuslichen Pflege in europäischen Mitgliedsstaaten. Beobachtungsstelle für gesellschaftspolitische Entwicklungen in Europa. Online at:
https://www.beobachtungsstelle-gesellschaftspolitik.de/uploads/tx_aebgppublications/2016_Uebersicht_Freistellungen_haeusliche_Pflege_DE.pdf.

Reich, N.; Reinschmidt, L.; Hoyer, S. (2017): (Wie) Kann häusliche Pflege im Angehörigenkreis aufgeteilt werden? Freistellungen und finanzielle Leistungen für die häusliche Pflege in ausgewählten europäischen Staaten. Beobachtungsstelle für

gesellschaftspolitische Entwicklungen in Europa. Online at:
<https://www.beobachtungsstelle-gesellschaftspolitik.de/veroeffentlichungen/>.

Reichert, M. (2012): Vereinbarkeit von Erwerbstätigkeit und Pflege – eine Bestandsaufnahme. In: R. Bispinck, G. Bosch, K. Hofe-mann, G. Naegele (Eds.), Sozialpolitik und Sozialstaat, Wiesbaden, p. 323–333.

Reinschmidt, L. (2017): Dokumentation: Zwischen Arbeit und familiärer Pflegeverantwortung. So fördern europäische Staaten die Vereinbarkeit von Pflege und Beruf. Beobachtungsstelle für gesellschaftspolitische Entwicklungen in Europa. Online at: https://www.wege-zur-pflege.de/fileadmin/daten/Beirat/Dokumentation_Zwischen_Arbeit....pdf.

Reuyß, S. (2017): Freistellungen zur Pflege und Betreuung. Kurzauswertungen Betriebs- und Dienstvereinbarungen Hans-Böckler-Stiftung. Online at: https://www.boeckler.de/pdf/mbf_bvd_pflegefreistellung_3.pdf.

Rothgang, H.; Müller, R. (2018): BARMER Pflegereport 2018. Schriftenreihe zur Gesundheitsanalyse, Band 12. Berlin.

Rothgang, H.; Müller, R.; Runte, R.; Unger, R. (2017): BARMER Pflegereport 2017. Schriftenreihe zur Gesundheitsanalyse, Band 5. Siegburg.

Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen (2014): Bedarfsgerechte Versorgung. Perspektiven für ländliche Regionen und ausgewählte Leistungsbereiche. Online at: https://www.svr-gesundheit.de/fileadmin/user_upload/Aktuelles/2014/SVR-Gutachten_2014_Kurzfassung_01.pdf.

Schaeffer, D.; Schmidt-Kaehler, S. (Eds.) (2012): Lehrbuch Patientenberatung. Bern.

Schäufele, M.; Köhler, L.; Hendlmeier, I. (2016): Erwerbstätigkeit und Pflege von Menschen mit Demenz: Ergebnisse einer bundesweiten Repräsentativstudie. In: Zentrum für Qualität in der Pflege (Eds.), ZQP-Themenreport, Vereinbarkeit von Beruf und Pflege, p. 44–59.

Schneekloth, U.; Wahl, H. W. (Eds.) (2005): Möglichkeiten und Grenzen selbständiger Lebensführung in privaten Haushalten (MuG III). Repräsentativbefunde und Vertiefungsstudien zu häuslichen Pflegearrangements, Demenz und professionellen Versorgungsangeboten. Integrierter Abschlussbericht im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend. Online at: <https://www.bmfsfj.de/blob/79306/eac099e1655fa73eb5866d5b33b7e998/selbststaendigkeit-im-alter-kurzfassung-data.pdf>.

Schneider, U. (2006): Informelle Pflege aus ökonomischer Sicht. In: Zeitschrift für Sozialforum, 52 (4), p. 493–520.

Schneider, H.; Heinze, J.; Hering, D. (2011): Betriebliche Folgekosten mangelnder Vereinbarkeit von Beruf und Pflege. Expertise im Rahmen des Projekts Carers@Work. Zwischen Beruf und Pflege: Konflikt oder Chance?. Berlin:

Westfälische Wilhelms-Universität Münster/Steinbeis-Hochschule (Eds.). Online at: http://www.carersatwork.tu-dortmund.de/download/Expertise_final.pdf.

Schulz, R.; Wahl, H.; Matthews, J.; De Vito Dabbs, A.; Beach, S.; Czaja, S. (2015): Advancing the Aging and Technology Agenda in Gerontology. In: *The Gerontologist*, 55 (5), p. 724–734.

Schwanenflügel, von, M. (2018): Pflege im demografischen Wandel. In: *Zeitschrift für Rechtspolitik*. p. 114–117.

Schwinger, A.; Tsiasioti, C.; Klauber J. (2016): Unterstützungsbedarf in der informellen Pflege – eine Befragung pflegender Angehöriger. In: K. Jacobs, A. Kuhlmeiy, S. Greß, J. Klauber, A. Schwinger (Eds.), *Pflege-Report 2016, Schwerpunkt: Die Pflegenden im Fokus*. Stuttgart, S. 189–216.

SowiTra (2018): Projektbericht: Pflege in Kleinbetrieben. Die Vereinbarkeit von Pflege und Beruf aus Sicht von Beschäftigten in kleinen Unternehmen. Gefördert durch das BMFSFJ (unpublished).

Statistisches Bundesamt (2018a): Statistisches Jahrbuch 2018. Fachserie 13. Arbeitsmarkt. Online at: https://www.destatis.de/DE/Themen/Querschnitt/Jahrbuch/jb-arbeitsmarkt.pdf?__blob=publicationFile&v=7.

Statistisches Bundesamt (2018b): *Pflegestatistik 2017. Pflege im Rahmen der Pflegeversicherung*. Wiesbaden.

Statistisches Bundesamt (2019): Pressemitteilung Nr. 098 vom 14. März 2019. Online at: https://www.destatis.de/DE/Presse/Pressemitteilungen/2019/03/PD19_098_621.html.

Stüben, C. (2015): Die Weiterentwicklung des Familienpflegezeitgesetzes - für eine bessere Vereinbarkeit von Familie und Beruf. In: *Nachrichtendienst des Deutschen Vereins für öffentliche und private Fürsorge*, p. 97–99.

Stüben, C.; Schwanenflügel, von, M. (2015): Die rechtliche Stärkung der Vereinbarkeit von Familie, Pflege und Beruf. In: *Neue Juristische Wochenschrift*, p. 577–580.

Suhr, R.; Naumann, D. (2016): Vereinbarkeit von Beruf und Pflege. Rahmenbedingungen und Bedarfslagen. In: K. Jacobs, A. Kuhlmeiy, S. Greß, J. Klauber, A. Schwinger (Eds.), *Pflegereport 2016, Schwerpunkt: Die Pflegenden im Fokus*. Stuttgart, p. 217–228.

Tesch-Römer, C.; Hagen, C. (2018) DZA Fact Sheet: Ausgewählte Aspekte zur informellen häuslichen Pflege in Deutschland. Deutsches Zentrum für Altersfragen (Eds.). Online at: https://www.dza.de/fileadmin/dza/pdf/factsheets/FactSheet_Inform_haeusl_Pflege.pdf.

Thüsing, G.; Pötters, S. (2015) Das Gesetz zur besseren Vereinbarkeit von Familie, Pflege und Beruf. In: Betriebs-Berater, (4), p. 181–185.

TNS Infratest Sozialforschung (2017): Studie zur Wirkung des Pflege-Neuausrichtungsgesetzes (PNG) und des ersten Pflegestärkungsgesetzes (PSG I).

Online at:

https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Pflege/Berichte/Abschlussbericht_Evaluation_PNG_PSG_I.pdf.

Unger, R.; Giersiepen, K.; Windzio, M. (2015): Pflegebedürftigkeit im Lebensverlauf. Der Einfluss von Familienmitgliedern und Freunden als Versorgungsstrukturen auf die funktionale Gesundheit und Pflegebedürftigkeit im häuslichen Umfeld. In: K. Hank, M. Kreyenfeld (Eds.), Social Demography. Forschung an der Schnittstelle von Soziologie und Demographie, Sonderheft 55 der Kölner Zeitschrift für Soziologie und Sozialpsychologie. Opladen, Wiesbaden, p. 193–215.

Vanhercke, B; Sabato, S; Bouget, D. (2017), Social Policy in the European Union: state of play 2017. European Trade Union Institute (ETUI) and European Social Observatory (OSE), Brüssel.

Wagner, A.; Klenner, C.; Sopp, P. (2017): Alterseinkommen von Frauen und Männern. Neue Auswertungen aus dem WSI GenderDaten Portal. Online at:

https://www.boeckler.de/pdf/p_wsi_report_38_2017.pdf

Wahl, H.-W.; Jokisch, M. (2016): Gero-Technologie: Ein Positionspapier der Deutschen Gesellschaft für Gerontologie und Geriatrie DGGG e.V. Online at:

https://www.dggg-online.de/fileadmin/user_upload/201607_Positionspapier_Alter-und-Technik_DGGG.pdf.

Wetzstein, M.; Rommel, A.; Lange, C. (2015): Pflegende Angehörige. Deutschlands größter Pflegedienst (Robert Koch-Institut, Ed.), GBE kompakt 6(3), Berlin. Online at

http://www.gbe-bund.de/pdf/GBE_kompakt_03_2015_pflegende_angehoerige.pdf.

Weusthoff, A. (2014): Wortprotokoll der 22. Sitzung des Ausschusses FSFJ (public hearing) held on 24.11.2014. Online at:

<https://www.bundestag.de/resource/blob/348522/59da22367dd4003507c35bd4ce1a19e2/wortprotokoll-data.pdf>.

Yeandle, S. (2017): Work-care reconciliation policy: Legislation in policy context in eight countries. Report prepared for the German Bundesministerium für Familie, Senioren, Frauen und Jugend. Online at: <http://circle.group.shef.ac.uk/wp-content/uploads/2018/11/yeandle-WCR-v2.pdf>.

Zentrum für Qualität in der Pflege (Ed.) (2016a): Erfahrungen von Jugendlichen mit Pflegebedürftigkeit in der Familie. ZQP-Analyse. Online at:

<https://www.zqp.de/wp-content/uploads/Analyse-jugendliche-Pflegende-2.pdf>.

Zentrum für Qualität in der Pflege (Ed.) (2016b): Qualitätsrahmen für Beratung in der Pflege. Online at: https://www.zqp.de/wp-content/uploads/Qualitaetsrahmen_Beratung_Pflege.pdf.

Zentrum für Qualität in der Pflege (Ed.) (2016c): Vereinbarkeit von Beruf und Pflege. ZQP-Themenreport. Berlin.

Zentrum für Qualität in der Pflege (Ed.) (2017): Report Junge Pflegende. Online at: https://www.zqp.de/wp-content/uploads/ZQP_2017_Report_JungePflegernde.pdf.

Zentrum für Qualität in der Pflege (Ed.) (2018): ZQP-Befragung. Perspektive informell Pflegenden auf ihre Pflegesituation. Online at https://www.zqp.de/wp-content/uploads/ZQP_Analyse_Pflegereform.pdf.

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