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

Care and Shared Responsibility in the Municipal Community

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Dear Reader,

The Seventh Report on the Elderly is a political report: It shows what part municipal communities can and should play in shaping life in old age. It describes the sometimes marked differences between municipal communities and regions, and analyses the consequences for life in old age. Furthermore, it points to social inequalities among the elderly as a group.

In its recommendations, the Commission for the Seventh Report on the Elderly calls upon the Federal Government and the Länder to strengthen municipal communities and to counteract social inequality. It argues for greater cooperation and integration across the policy areas of special importance to elderly people (such as health, care, housing and mobility).

The Seventh Report on the Elderly has been the subject of numerous conferences, congresses and workshops since its publication in November 2016. Many municipal communities and welfare, church, political and senior citizens' organisations have already deliberated on its messages and recommendations. I would like to see the Seventh Report on the Elderly continue to generate such great interest and provide ongoing stimulus for debate.

The present publication summarises the issues, arguments and recommendations contained in the Seventh Report on the Elderly. I hope that you will find it useful and that it gives impetus for shaping community life in old age.

Prof. Dr. Andreas Kruse
Chairman of the Commission for the Seventh Report on the Elderly


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Why a Report on the Elderly focusing on care and shared responsibility in the municipal community?

As people age, their action radius tends to shrink and life increasingly centres around where they live. This makes the place where they have their homes and spend their lives even more important for the elderly than for younger people. 'Home' means a person's own four walls. Around that space called home are the local surroundings where a person is out and about, shops to meet their daily needs, makes use of a wide variety of local services and pursues leisure activities. Elderly people are often involved in the local community, provide care and assume shared responsibilities. The provision of support, care and nursing for the elderly and infirm is largely tied to the home environment.

Social participation and quality of life in old age are thus determined not only by arrangements that apply uniformly throughout the country (such as the social insurance system), but also to a substantial degree by local infrastructure and social networks around where people live. One of the key issues in this connection is how to ensure that people in need of assistance receive provision and support.

Almost everywhere in Germany – with some regional variation – the proportion of the population aged over 65 and, most of all, over 80 is growing. This means increasing numbers of elderly people in need of nursing care as well as increasing numbers of dementia sufferers. At the same time, families are increasingly restricted in their ability to provide nursing care. For diverse reasons, it is becoming less and less the norm for nursing care and support to be provided within the family. This situation is compounded by an emerging skills shortage in professional nursing care.

One response may lie in developing, promoting and shaping local structures for reciprocal care and support. Other people can relieve the burden on family carers. Neighbours, friends and volunteers can help ensure that people in need of support and nursing care are able to enjoy good quality of life at home. Older people especially tend to take responsibility in this regard and help others. A judicious combination of informal support and volunteering with family nursing care and

professional services makes it possible to provide a wide range of different forms of (mutual) support.

Municipalities have special responsibility when it comes to shaping care and support structures. They have the task of enabling and shaping the interaction of family, neighbourhood and civil society resources with professional services. A municipality's scope for action heavily depends on its economic situation. Many communities are severely constrained by a combination of falling tax revenues and rising social expenditure. The ageing society, internal migration and changing family structures also create new challenges for many municipal communities when it comes to shaping the living conditions of elderly people.
The Commission for the Seventh Report on the Elderly was therefore asked by the Federal Government to identify in its report the local preconditions for social participation and quality of life in old age, and how and under what conditions municipal communities and local government can establish and shape structures for care and shared responsibility.

The eleven-member Commission commenced work at the end of 2012. During the report's preparation, the Commission members took part in numerous thematic events and organised a number of hearings, workshops and conferences. At these events, individual thoughts and proposals were presented by the Commission members and discussed with professionals and interested members of the public. The Commission presented its report to the Federal Minister for Family Affairs, Senior Citizens, Women and Youth, Manuela Schwesig, on 6 October 2015.


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The Commission's guiding principles

The Commission for the Seventh Report on the Elderly prepared the Report on the basis of four guiding principles: These guiding principles form the central thread for the Commission's analyses, lines of argument and recommendations.

A diversified view of old age

The Seventh Report on the Elderly addresses elderly people not solely as people who receive care and support, but also as people who care for and support others. This multifaceted view of old age corresponds to a central demand of the Sixth Report on the Elderly (published in 2010). The Sixth Report concluded that images of ageing in society must both reflect the potential and the vulnerability of old age while recognising, and tolerating, the ambivalences of old age. Older women especially assume a large share of the work of caring for other elderly people in the family and the neighbourhood, and also for children and community life. As a rule, people of all ages are found in the role of both giving and receiving care, although there is a shift in weighting over the course of people's lives. Even very old people with considerable support and nursing care needs share in the lives and concerns of others.

The Seventh Report on the Elderly gives special prominence to the diversity of old age. Far from 'old age' being a uniform condition, people's situations continue to diversify. Social inequalities between different groups among the elderly relate among other things to financial resources, education, housing conditions, social networks and health. Any appraisal of care arrangements for and involving elderly people must take into account the diversity of their circumstances and associated varying needs.

Social participation for the elderly

Social participation is a basic prerequisite for a dignified existence. Promoting and maintaining inclusion and participation must therefore be a fundamental goal of policies with and for the elderly. Social participation presupposes that people are able to move around in the public arena, that others are able to reach them, that they maintain social contacts and interact with others, and that they take part in cultural life. However, participation is often difficult for the very elderly due to physical and possibly also cognitive impairments. Health and nursing care, as well as the design of public

spaces and housing conditions, must therefore be also geared towards promoting and securing participation for elderly people with such impairments. This necessitates integrated approaches in the action areas mentioned.

Age alone is not the deciding factor in social participation. Inequality in access opportunities across the elderly population also plays a part. Notable factors preventing elderly people from participating in society include poverty, low formal education levels, poor health and, among immigrants, experience of discrimination.

When it comes to participation in decision and negotiation processes, those who in the course of their lives have had the least opportunity to express their needs and gain experience with such processes are least likely to be able to articulate their own interests. Because of this, institutions of the state have a duty to enable people with poor material and social resources to take part in decision and negotiation processes. The success of participative approaches and measures to promote involvement must be measured against how well they reach previously disadvantaged people.

Intergenerational approaches

Many of the suggestions and measures developed in the Seventh Report on the Elderly relate to all age groups and not just to the elderly. If it is customary in a neighbourhood for people to interact and support each other, then this benefits young families just as much as it does older people. For adult children – who may live elsewhere – it is a help to know that their parents in need of support are well provided for because the necessary structures are there in the community. Improvements in health care, better accessibility in housing and public spaces, promotion of volunteering, well-developed service infrastructure and good public transport raise the quality of life for all population groups regardless of age or circumstances.

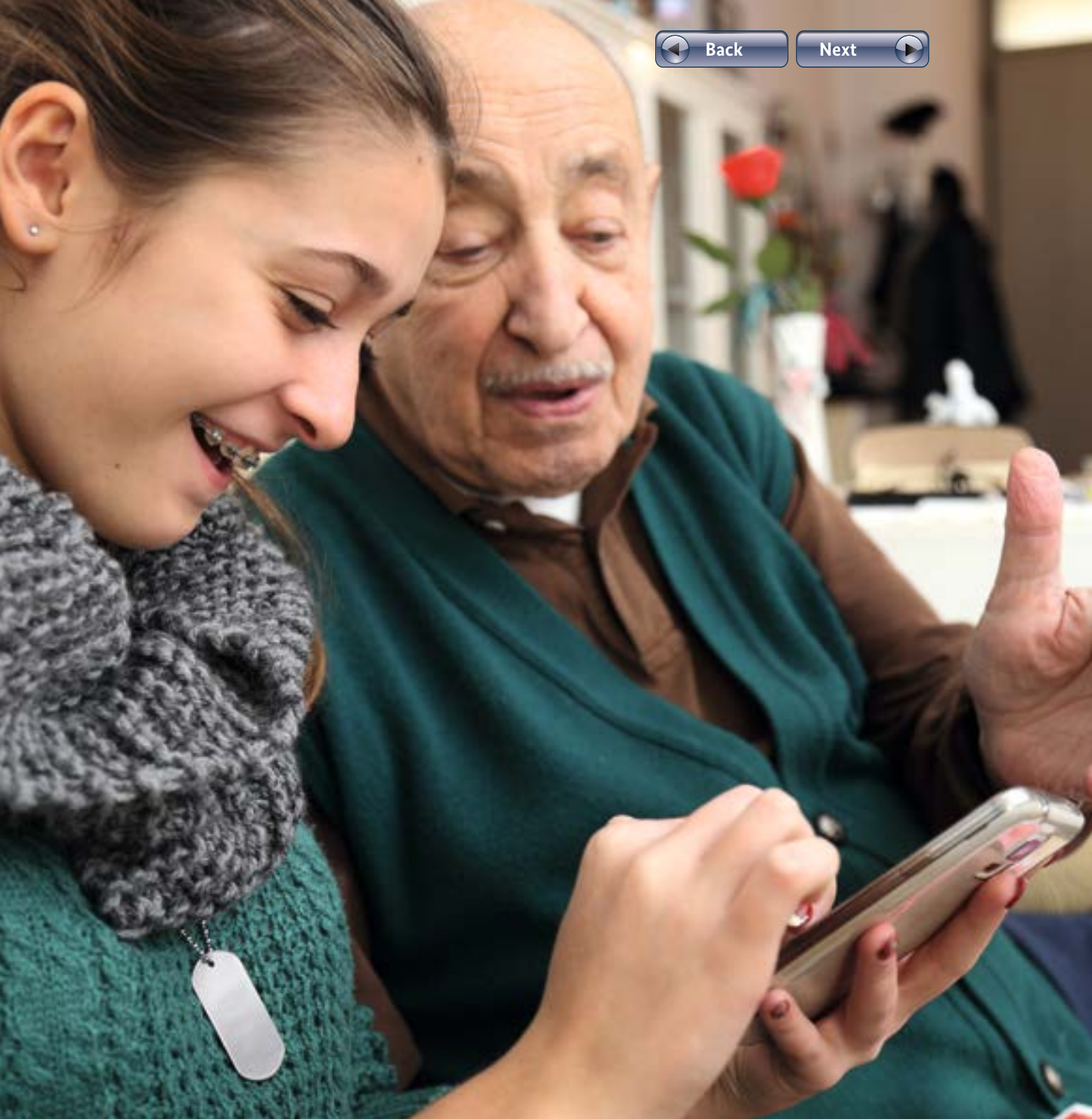
The needs of younger people thus coincide in many ways with the needs of older people – but not in everything. The focus on elderly people must not be allowed to result in the needs of younger people being neglected. Nor may age groups be played off against each other. The Commission aspires in the Seventh Report on the Elderly to outline elements of policies with and for older people that are embedded in an intergenerational policy of care and shared responsibility and can be construed as part of an intergenerational policy on demographic change.

Gender equality

Care and support structures can only be established and strengthened to lasting effect if success is achieved at reducing social inequalities between women and men in this area. Most care work – both inside and outside the family – is done by women

and is unpaid. There is a connection between this and the fact that women are more likely than men to have insecure (temporary, part-time or marginal) employment. Conversely, men are more likely to work longer hours than women and more often earn higher incomes. In short, women perform more unpaid and low-pay work while men work longer for better pay and do less unpaid work, including care. As a result, women tend to be materially less well placed than men. This inequality is particularly evident in old age: women are significantly more likely to suffer old-age poverty than men. Gender differences also result from the fact that women are more likely than men to live alone in old age because of their higher life expectancy and because of the still prevalent age structure of woman-man couples. Women are consequently more likely than men to have no access to help at home if they are unable to cope on their own. In effect, therefore, single elderly women with limited material resources and small social networks tend most of all to need support and help in local care structures. At the same time, it is mostly women who are actively involved in such care structures.

The Commission for the Seventh Report on the Elderly advocates an equal division of care responsibilities between women and men. Assuming care and support responsibilities must become a matter of course for men, too. Women and men alike must be able to reconcile care work and employment in all sectors of the economy. The law and policy programmes must counteract the career and provisioning disadvantages faced by women and men when assuming care responsibilities.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Fundamental considerations

Enquiring into the role of municipal communities and local governance in promoting and strengthening care structures gives rise to a number of fundamental considerations that the Commission for the Seventh Report on the Elderly has addressed in detail. Firstly, these relate to conceptual considerations with regard to essential public services and the subsidiarity principle. Secondly, the Commission reached a decision to give prominence to social inequality and disparities among regions and municipalities.

Towards a new understanding of essential public services

Under the constitutional principle of the social state and on account of their right to self-administration, municipalities have special responsibility for securing and shaping essential public services. 'Essential public services' relate to the responsibility of government for ensuring universal provision with public goods and services at socially acceptable prices and adequate accessibility. Federal, Länder and municipal law work in concert to this end. The Commission for the Seventh Report on the Elderly considers that sociospatial inequality and the diversity of life plans and circumstances call for a new understanding of essential public services. These should not only be construed as the provision of goods and services with which people are supplied as passive recipients. Instead, essential public services should be directed at making possible quality of life with independence and self-determination, and enabling people to participate in and also play a part in shaping social life under their own responsibility and in shared responsibility with others. This empowerment approach makes express allowance for social inequalities and limitations and for differing individual and group needs and requirements.

With regard to elderly people, essential public services have the purpose of promoting quality of life and social participation in old age. This is the purpose to be met by goods and services provided in this regard. The Commission therefore does not consider it appropriate to make general stipulations on and standardise essential public services. How essential public services are implemented should instead follow from intended aims and outcomes. This also means that essential public services cannot be secured via minimum standards. Instead, what matters is the structure and organisation of

sociospatial conditions. Decisions as to the prioritisation and implementation of the various sectors of essential public services must therefore be made in a democratically legitimated negotiation process between civil society, the legislature and administrative government.

If essential public services are to be geared to intended outcomes, then interdependencies between policy areas (such as care, health, social infrastructure and mobility) must be taken into account when planning measures related to such services. Instead of treating individual components in isolation, municipalities must view essential public services in the aggregate and with regard to their overall impact on people's quality of life.

Given the increasing complexity of the various social action areas and altered governance structures, it is appropriate for more and more essential public services to be provided by multiple players acting in concert. Ideally, the municipality, businesses, non-statutory welfare organisations and the public should work together to this end for the good of the community. Enabling the shared 'production' of quality of life by involving relevant players and organising their interaction is a municipal responsibility. Alongside conventional administrative responsibilities, municipal management must be additionally geared to coordinating, activating and empowering. The Federal Government and the Länder need to provide the corresponding legal, organisational and financial framework. They must promote an updated understanding of local government action and strengthen municipal responsibility in general and with regard to securing essential public services in particular.

New subsidiarity

The Seventh Report on the Elderly centres around the question of how to promote and strengthen the self-organisational and caring abilities of 'small networks' – the family, neighbours, acquaintances and volunteers. In this context, the Commission examined the organising principle of subsidiarity. The classical notion of subsidiarity based on concentric circles postulates that needs should be met where they arise, thus enabling care provision to be geared to people's actual needs and requirements. This classical notion of subsidiarity needs to be updated, however, and adapted to the conditions of our postmodern society.

The subsidiarity principle as construed by the Commission for the Seventh Report on the Elderly must not be equated with a rolling back of the state. The state has the task of creating, maintaining and promoting the conditions for the effective shaping and exercise of responsibility in small networks. State institutions must provide the resources that enable smaller social units and individuals to assume individual responsibility in the first place. A modern notion of subsidiarity thus assigns a major role to the state.

An updated notion of subsidiarity must have due regard to the complexity of social structures, interests and motives of all involved in the respective policy areas

– the Federal Government, the Länder, municipal authorities, non-statutory welfare organisations, private-sector service providers, professional workers, and primary and secondary social networks. This relates not only to nursing care, but also to the policy areas of health, housing, mobility and volunteering.

The working relationship between the state and non-statutory welfare associations is currently undergoing radical change in Germany. The architecture of Germany's social systems needs to be realigned and an updated subsidiarity principle can provide guidance in the process. This takes in current discourse about new forms of negotiation and decision making between levels and sectors, characterised by collaboration, pooling of resources and new combinations of different forms of self-help and outside help. Subsidiarity must also be construed and interpreted in a gender-equitable approach, because when speaking of the great importance of small networks for care it often goes unmentioned that the majority of unpaid care is provided by women. As a result of this arrangement, women are materially less well-placed than men. An updated notion of subsidiarity will only have legitimacy if it helps reduce this inequality. It must become a matter of course for women and men to be in paid employment and assume care responsibilities to equal extents, and for work and care to be easily reconciled.

An updated understanding of subsidiarity must also take social inequalities into account. Self-organisation, self-help and the ability to assume responsibility also depend on the resources available to the individual or the group concerned.

Inequalities in an ageing society

Large parts of the ageing population today have sufficient financial, health and social resources to live a self-determined life. However, a substantial and growing proportion of older women and men suffer economic and social disadvantage as well as related impairments to their health, significantly restricting their scope for social participation and self-realisation. The Seventh Report on the Elderly presents in detail the characteristics of and trends in social inequality and takes them into account in considerations on the conditions and requirements for local care structures. It emerges that different social groups have different degrees of access to social participation, health and nursing provision, and volunteering. Low socioeconomic status often goes hand in hand with poor health, lower life expectancy, and smaller and less resilient social networks.

Low incomes in particular can severely restrict elderly people's scope for self-determination. The Seventh Report on the Elderly therefore places a focus on poverty in old age as a major form of social inequality and warns of a rise in old-age poverty in the years and decades ahead. Low earners with

substantial phases of underemployment and unemployment, people with immigrant backgrounds, single women and the chronically ill often have low incomes in old age. Decreasing physical and psychological resilience and increasing restrictions in old age lead to a situation of enhanced vulnerability among economically and socially disadvantaged people. The Commission calls on the Federal Government, the Länder and municipalities to counteract growing old-age poverty and its effects.

As well as by 'vertical' characteristics of social inequality such as income, education and professional status, elderly people's opportunities for participation and access to health and nursing care are also affected by 'horizontal' differences such as gender, ethnicity, disability and sexual orientation. Disadvantaged groups must have an equal chance of their care needs being recognised under statutory long-term care insurance and must also be guaranteed needs-based access to health care. This relates most of all to elderly women, the growing numbers of elderly migrants, older people with physical or intellectual disabilities, and elderly people in same-sex partnerships. Federal, Länder and municipal strategies on demographic change must counteract the effects of social inequalities in terms of socioeconomic status, gender, ethnicity, degree of disability or sexual orientation.

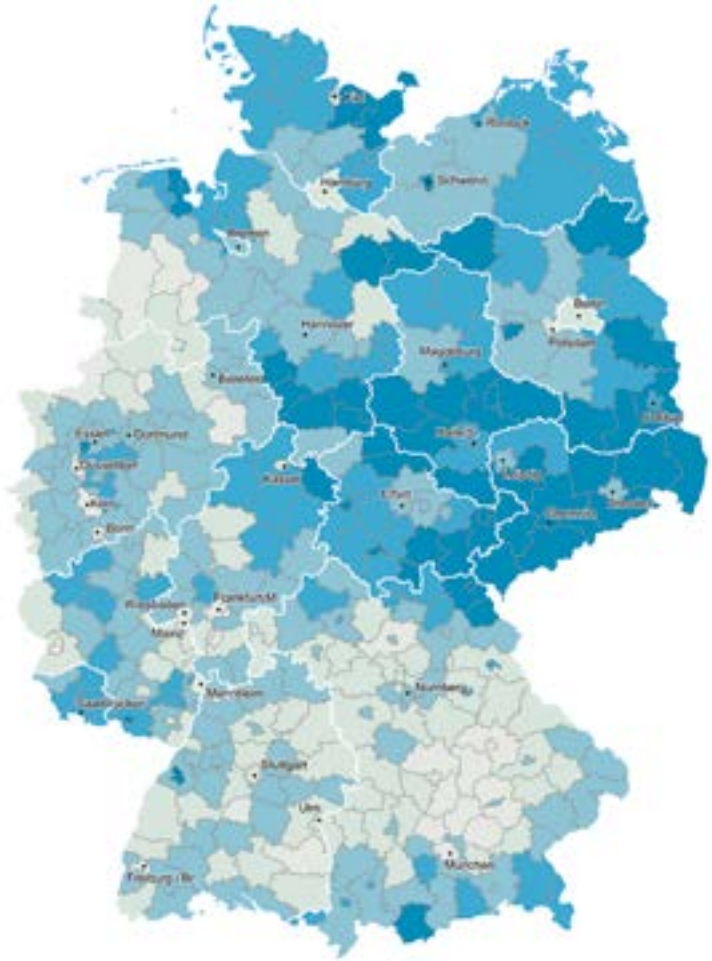
Essential public services that recognise local structures and networks as the basis of participation and quality of life for ageing people must ensure that all elderly people have access to suitable support structures. Measures to improve quality of life for the elderly (and participative decision making processes involving the elderly) must be measured most of all against their ability also to reach socially disadvantaged elderly people.

Regional disparities

Local government generally has various options for shaping, promoting and strengthening structures of care and shared responsibility. Any analysis of these options must take into account the large differences between regions, municipal communities and neighbourhoods. The scope for local government action depends to a large degree on the financial situation of the municipality concerned. Many municipalities face an extremely tight financial situation that, in some cases, is compounded by demographic and social change. Some are so heavily in debt that they are unable to achieve budgetary consolidation unaided. For some, it is no longer possible to deliver adequate levels of essential public services. In this context, the Commission for the Seventh Report on the Elderly urgently calls for the legal basis to be established for municipal authorities to be provided with substantially more Federal and Länder support. Municipalities in Germany differ not only in their financial situation, but also with regard to other economic, social and

demographic characteristics. For example, the percentage of elderly people (aged 65 and older) varies across administrative districts, towns and cities. In the Seventh Report on the Elderly, regions are classified into categories and compared with regard to demographic trends, changes in demand for nursing care, changes in poverty indicators, health care and nursing care infrastructure, the housing market, and cultural and technical infrastructure. This brings out the specific differences among regions and municipal communities. The indications are that these regional differences will tend to become greater rather than smaller. Steps must therefore be taken to prevent the situation of economically deprived regions from further deteriorating.

Regional differences affect municipalities' policy-making and action choices and also have an impact on the living conditions and circumstances of their population. The analyses in the Seventh Report on the Elderly show that the region an elderly individual lives in, regardless of individual circumstances, has an effect on health, subjective wellbeing, social integration and volunteering. This means that how a person grows old does not only depend on their individual situation, but also on where they grow old. Elderly people in economically deprived regions are doubly affected by regional inequality: Firstly, they live in a region that, thanks to the mutual reinforcing effects of structural weakness and population ageing, have little scope for voluntarily providing infrastructure and services over and above their mandatory responsibilities.



Proportion of elderly people (aged 65 and older) in the population (%)

- Less than 18
- 18 and less than 20
- 20 and less than 22
- 22 and less than 24
- 24 or greater

Figures relate to administrative districts (Kreise) and towns and cities independent of administrative districts (kreisfreie Städte)

Period: 2013

Data source: Updated Federal and Länder population data; Eurostat Regio database (as of 1 January each year)

Secondly, elderly people in structurally weaker regions, because they tend to have poorer health, have greater individual support needs while also having less access to social support outside of the family than elderly people in structurally stronger regions.

The Commission for the Seventh Report on the Elderly has taken the differences between municipalities in Germany into account in its analyses and when formulating its recommendations. The differing situations faced by municipal communities require correspondingly different policy responses.

The Commission recommends that the Federal Government and the Länder should develop strategies for structurally weak regions and municipalities. The potential for self-help, neighbourhood assistance and volunteering is low in such regions and municipalities, and therefore requires special public support and funding.

Central action areas of integrated local governance

In the course of the appraisal of care and shared responsibility in the municipal community, it emerged that participation and quality of life in old age are primarily shaped by choices made in the three policy areas of health care: nursing care, and housing and the living environment. These three policy areas are therefore addressed in detail in the Seventh Report on the Elderly.

Health care: preventive and local

Health care in the understanding of the Commission for the Seventh Report on the Elderly comprises far more than medical care and the treatment of illnesses. It is also about opening up opportunities for participation and enabling people to live with responsibility for their own selves and shared responsibility for others through to old age. Accordingly, in addition to curative medical care, the Seventh Report on the Elderly also examines the fields of health promotion, prevention, rehabilitation and palliative care – including with a view to improving patient orientation. The report asks how best to secure needs-based, local inpatient and outpatient care at municipal level. In this context, the Commission for the Seventh Report on the Elderly looks at networking and collaboration among stakeholders, discusses innovative cross-sectoral structures, identifies false incentives and inter-agency interface problems, and recommends that municipalities should be given greater powers of control in this regard. The Report also examines existing and potentially growing provision deficits in structurally weak rural regions.

Municipal involvement in securing provision

Municipalities need to be able to secure effective local provision that includes general practitioners, specialists and inpatient hospital care and supports the autonomy and participation of elderly people. To make allowance for regional differences, the Commission for the Seventh Report on the Elderly recommends that health care should be regionalised, with enhanced municipal responsibility and greater inter-municipal cooperation. For a systematic improvement in practice-based care, consideration should be given to transferring the responsibility for safeguarding care provision to municipalities; at minimum, shared responsibility with municipal involvement should be enshrined in law. Municipalities should work together in partnership with the regional associations of statutory health insurance-accredited physicians and with statutory health insurance funds and need to be given the necessary powers for the purpose. Health care planning areas should be reduced in size to make better allowance for local differences.

Establishment of local health centres with integrated health care delivery

The current health care system, featuring general practitioners and specialist practices on the one hand and hospital care on the other, needs to be further improved to enable greater cooperation and integrated health care delivery. Important aspects here include cross-sectoral requirements planning, integrated health care services, and improved collaboration between physicians with other health and social professions. The Commission for the Seventh Report on the Elderly considers the model of medical service centres (Medizinische Versorgungszentren) to be successful in this connection. These should be primarily located in areas with large-scale health care needs. The rollout of local health centres is linked to new regional responsibility for municipalities that should be progressively established.

Incentives for medical practitioners in structurally weak rural regions

It is increasingly difficult to find medical practitioners to take up vacant practices in structurally weak rural regions. To address this, firstly, new organisation forms need to be developed in health care that, among other things, encourage cooperation between health professions. The Commission for the Seventh Report on the Elderly considers it necessary to significantly increase the scope for delegating and substituting parts of the work of medical practitioners. Secondly, municipalities and rural districts especially need to be given greater influence over requirements planning and over where medical professions choose to practice. Options include giving incentives in the form of investment and income subsidies, or support in the search for a suitable location to open a practice, for living accommodation and childcare. Working conditions for medical practitioners should also be improved in qualitative terms, for example with family-friendly working hours in medical service centres. Consideration should be given to easing entry requirements for studying medicine in return for a commitment to practice for a certain length of time in a rural region after qualifying.

Counteracting the economisation of medicine

Notwithstanding the need for cost-efficiency in health care, it is necessary to counteract the ongoing economisation of medicine, including with a view to the treatment and rehabilitation of elderly people. The Commission considers that sufficient financial resources must be allocated within the health system in such a way that medically adequate treatment of all patients is ensured. The current diagnosis-related group (DRG) reimbursement and funding system for inpatient care and the resulting health care provision in hospitals fail to meet the needs and requirements of elderly people in many ways. Furthermore, decisions on rehabilitative and

palliative care for elderly people are not infrequently seen to be primarily based on economic considerations. The Commission for the Seventh Report on the Elderly underscores that overt or covert rationing poses the risk of violating patients' fundamental rights and human dignity.

Expanding prevention, rehabilitation and palliative care

The Commission for the Seventh Report on the Elderly considers that far too little focus has so far been placed on prevention in Germany when it

comes to maintaining people's independence, autonomy and participation far into old age. The same goes for rehabilitation. In view of the significantly greater risk of chronic illness and infirmity in old age, the Commission recommends that greater weight should be given in the context of health care provision to the various components of rehabilitation (mobile, non-residential and residential) and palliative care (outpatient and inpatient). With regard to responsibility for rehabilitation, false incentives and inter-agency interface problems could be reduced, for example, by integrating statutory long-term care insurance into the mechanisms under Book IX of the Social Code (Rehabilitation and Participation of Persons with Disabilities) and treating it as an additional rehabilitation funder. The procedure for approving rehabilitation should be simplified and mobile rehabilitation strengthened.

Strengthening setting-oriented health promotion and primary prevention

Health promotion and prevention must be made more setting-oriented. This can be best achieved through closer cooperation between education institutions, sports facilities, non-residential rehabilitation facilities, social services and nursing

care services, general practitioners and the target groups themselves in order to develop and implement health promotion and prevention strategies that are practically oriented and tailored to the circumstances and lifestyles of specific target groups. The emphasis on the setting approach is important here; this approach has already been adopted in Germany – with express inclusion of residential nursing homes – in the new Prevention Act (Präventionsgesetz). The Commission for the Seventh Report on the Elderly additionally recommends the establishment of regional health and nursing care conferences. Municipalities should perform a coordinating role here.

When municipalities invest in preventive health care and thus reduce expenditure on curative medical treatment, it is currently not the municipalities but health and long-term care insurance funds that benefit from the savings. The arrangements should be modified so that the stakeholders that stand to benefit financially from a healthy population also pay a share of the cost of preventive health care.

Making allowance for differing circumstances and provision needs

Sufficient allowance must be made in medical provision for the fact that elderly people are a very heterogeneous group, both with regard to individual lifestyles, potential and risks and also with regard to circumstances and cultural milieus. Geriatric expertise should also be made a standard requirement in inpatient and outpatient care. Both of these aspects are important for the diagnosis and treatment process, and also for accessibility to the medical provision system and for communication with patients. Acquiring the skills involved in providing person-oriented, situationally and culturally sensitive care together with geriatric expertise should be a standard feature of medical training.

The complex way in which medical conditions, symptoms and functional impairments present themselves in old age requires greater patient involvement, both in the development of medical standards and guidelines and in the setting and implementation of individual treatment and rehabilitation goals.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Care under shared responsibility

More than two-thirds of people dependent on nursing care in Germany are cared for at home. This corresponds to approximately 1.86 million people. The majority (about 1.25 million) are looked after exclusively by family, with about 616,000 jointly cared for by family and paid carers. It is most people's wish to be looked after at home and by family members should they become reliant on assistance and nursing care. For various reasons, however, being cared for by the family is less and less frequently a matter of course:

- with demographic changes, the number of adult children who can care for their parents is shrinking;
- increasing mobility across society means that it is increasingly rare for other family members to live in the same place as relatives who need care;
- for the increasing number of people who live alone, being cared for by a partner is not an option;
- a growing proportion of family carers are in paid employment, which increasingly raises issues of reconciling work with nursing care.

Caring for a relative is often physically and psychologically stressful for carers. This burden must be relieved by systematically spreading care responsibilities across multiple shoulders. In the same connection, it is time to question the unequal distribution of family care work between women and men. Unpaid care is mostly provided by women, as a corollary of which women are less likely to work full-time and more likely to be in part-time and/or insecure employment. As a result, women are materially less well-placed on average than men. The unequal division of care responsibilities thus perpetuates social inequality. There is a similarly uneven apportionment of responsibilities for care between social strata: people with higher socioeconomic status are less likely to provide nursing care for relatives than people with lower socioeconomic status.

Expanding residential nursing care does not present a solution or a way forward; neither does the now widespread and often illegal practice of employing Central and Eastern European home helps and carers. What is needed is a new concept of nursing care and, building on that, a radical reorganisation of provision structures. The Commission for the

Seventh Report on the Elderly has developed ideas and proposals for this purpose. In particular, it calls for a systematic, nationwide strengthening of mixed nursing care arrangements. The Seventh Report on the Elderly also contributes to the debate on the relationship between well-defined professional care and situational informal care.

Participation-oriented care

While welcoming the revised definition of 'need for care' ('Pflegebedürftigkeit') in German law, the Commission for the Seventh Report on the Elderly notes that statutory long-term care insurance still does not take a holistic view of a person's support and assistance needs. The Commission considers that the main purpose of care is to secure self-determination and participation. The Commission places nursing care in the broader context of care in general. This highlights the human relationship, attendance and comfort-related facets of care, brings out the importance of the setting approach, and underscores that care is directed towards wellbeing and quality of life.

Structuring mixed nursing care arrangements

To ensure good care today and in the future with prevailing social and demographic change, the Commission for the Seventh Report on the Elderly considers that care at home in mixed nursing care arrangements must become standard practice throughout society. In keeping with the model of shared responsibility for nursing care, a mixed nursing care arrangement is one where care by family members and neighbours dovetails with the work of volunteer and professional carers.

Nursing care at home in mixed nursing care arrangements is already common. More than half of family carers share nursing care responsibilities with other family members. In many cases, friends and neighbours provide help in supporting and caring for the elderly. It is now a matter of systematically promoting such mixed nursing care arrangements: they need to be given stability where they already exist and need to be made possible elsewhere. People dependent on support who lack family and have small social networks must also have the opportunity to receive support and care in mixed nursing care arrangements. Where this is not possible, professional support must continue to be provided. And in all of this, it is necessary to encourage a fair sharing of care responsibilities between women and men.

The notion of mixed nursing care arrangements is closely linked to the understanding of care activities developed in the Seventh Report on the Elderly. Care activities can be provided not only by professional carers, but also by family, friends,

neighbours and volunteers. General care and nursing care are not regarded as existing side by side; instead, it is important that all involved – professional and family carers, friends, neighbours and volunteers alike – should conceive of nursing care as also encompassing the broader aspects of caring and looking after a person. For professional carers, a holistic notion of nursing care is a matter of course – although this does not mean that they should be responsible for all care activities.

As measures to promote mixed nursing care arrangements, the Commission for the Seventh Report on the Elderly recommends expanding semi-residential care, creating more advice and counselling provision, establishing case management and introducing personal budgets. To make it easier for family members to assume nursing care responsibilities, more work must be done to improve the reconciliation of care and employment, to promote the role of men in providing care in the family, and to reduce the negative impact of providing care on social security. Professional carers could be given the task of establishing, supporting, coordinating and stabilising suitable nursing care arrangements; this would require a change in the occupational profile.

Equal sharing of informal care responsibilities between women and men

Any examination of subsidiarity-based care structures must consider the societal division of responsibilities between women and men. Both professional and informal nursing care and support are predominately provided by women. The connotation of (unpaid) informal care as being a 'typically female' task and the resulting structurally ingrained societal division of responsibilities between women and men contributes towards the lower employment rate among women than among men. As a result, women are materially less well placed in various ways than men. Equal sharing of informal care responsibilities between the sexes is consequently a special concern of the Commission for the Seventh Report on the Elderly. The Commission's call for a cultural change towards more nursing care at home in mixed nursing care arrangements is inseparable from the call for a more even allocation of care responsibilities between women and men. Policymakers are called upon to create better incentives in this regard. It must become the norm for both women and men to assume care responsibilities and also for them to be able to reconcile care with demanding employment.

Strengthening the role of regions and municipalities in attracting people to geriatric nursing

There is growing demand for workers both in long-term – primarily geriatric – care and in elderly assistance. A major labour shortage is forecast for the decades ahead – although with large regional variation. Concerted education and labour market policy measures along with a suitable legal framework at Federal and Länder level are needed to attract people to and retain them in nursing care and home help occupations. Job opportunities, working conditions and pay must be improved so that women and men opt for such occupations. A broad-based occupational groups approach with good horizontal and vertical permeability can be helpful in attracting and retraining employees.

Giving municipalities the tools and powers to manage and shape care at local level

The concept of care formulated in the Seventh Report on the Elderly places great importance on subsidiarity: support and care needs should be met where they arise. This makes for care that is better geared to the needs of the individual. Mixed care structures must therefore be established close to where people live and in line with local conditions. The Seventh Report on the Elderly explores how municipalities can be

strengthened with regard to their role in nursing care and the circumstances in which they can help establish local care structures. In this way, the Report also contributes to the debate on strengthening municipalities in nursing care.

The Commission for the Seventh Report on the Elderly considers that municipalities should be the lead agencies in coordinating care and case management. They should establish local advice and case management structures. The Commission therefore recommends that, among other things, care and case management responsibilities should be transferred to municipalities from long-term care insurance funds. Use should be made here of the wealth of experience available in Länder that have regional and municipal coordinating, planning, and care and case management infrastructures.

The Commission stresses the need for and the potential offered by local, mixed care structures. It has dedicated extensive discussion to the concept of the caring community. The Commission does not advocate making the 'caring community' a binding goal or elevating it to the status of a state programme. However, it regards the 'caring community' as an expression of the idea of the 'solidarity-based community' inferred from the constitutional principle of the social state and hence as an interesting conceptual approach that can usefully add to the civil discourse.

The Commission considers that the onward development of statutory long-term care insurance including the additions to the benefits and services provided will require additional funding. This must also benefit municipal responsibilities in the areas of nursing care and of promoting family and civic engagement in support of care. For this reason and in the interests of equitable funding, the Commission recommends rapid and impartial appraisal of the idea of 'long-term care insurance for all'.

From housing policy to integrated policy on the living environment

For elderly people even more than for young people, life centres spatially around the home. As people age, their action radius shrinks and, on average, they spend more time in their own four walls. Like health and nursing care, housing, too, is examined in the Seventh Report on the Elderly from the perspective of participation. The Report identifies the options for local government to shape the housing situation of elderly people in such a way as to foster their social participation and enable them to live a self-determined life into old age. Since Germany's first federalism reform, housing policy has been a matter for the Länder, whose policies are primarily directed at providing sufficient living space. For the places where people actually live to be designed around participation objectives, however, municipal policymakers especially must look at housing and the living environment together and make full use of the options available to them.

The Commission for the Seventh Report on the Elderly considers that policy on the living environment directed at the objective of participation for the elderly requires coordinated action across multiple policy areas. The policy areas considered by the Commission in this connection are housing market policy, promotion of adapted and accessible housing, promotion of technical assistance systems, securing mobility and spatial accessibility, and promotion of neighbourly relations. The last of these policy areas is particularly important with regard to establishing and securing local care structures.

Securing the supply of affordable housing

The sociospatial polarisation of residential locations as a result of major changes in income structure combined with rising rents and house prices must be counteracted with suitable instruments of housing policy. Depending on the local starting situation, this requires a mix of different housing market policy instruments, such as 'preservation statutes' to maintain the composition of the local residential population, or the 'socially equitable land use' model where affordable housing and related

stipulations are attached to planning permission for large developments. The Federal Government, Länder and municipalities should seek to revive social housing promotion. Another option consists of purchasing existing properties that are subject to exclusive letting to social housing-entitled tenants.

There are huge differences between local housing markets. Municipalities must therefore formulate specific strategies taking into account the characteristics of local areas in order to provide sufficient volumes of adequate and hence also adapted and accessible housing, including for elderly people with low incomes. This requires ongoing, local-scale monitoring of the housing market and the formulation of municipal housing supply strategies. The various different arms of municipal administration should work together to this end, and municipalities should also seek to cooperate with the housing sector and with private owners.

Generating an adequate supply of age-appropriate housing

Most people would like to spend as much of their old age as possible living in their own four walls. Making this possible for people who are dependent on support and nursing care requires a diverse supply of housing choices for the elderly. This can be achieved both by refurbishment and conversion of the existing housing stock and with newly built housing. Municipalities can make use here of the scope available to them with regard to planning permission and capital investment grants. The various different types of housing available must also be made more visible and accessible. More should be done to support and encourage residential mobility in old age. It needs to be made easier for elderly people, as they become increasingly infirm, to move into more suitable accommodation within their accustomed local surroundings.

The Commission for the Seventh Report on the Elderly calls upon the institutions of the state to create incentives for elderly people and the housing sector to invest in adapted and accessible housing and to recognise the potential offered by technical assistance systems. The Federal Government and the Länder should expand their funding programmes for age-appropriate housing conversion and make the programmes permanent while making adequate provision everywhere for the housing needs of elderly people with low incomes. Greater prominence should be given to structural adaptation in programmes targeting the modernisation of existing housing. Specific subsidies (e.g. based on income) for specific conversion measures are far better suited than low-interest loans as they provide a means of encouraging private owners and tenants with middle incomes to tackle conversions. More advice

should be provided on the forms, possibilities and importance of age-appropriate housing modifications.

All elderly people should be able to have access to technical assistance systems. A lack of standards has to be addressed and system interoperability needs to be ensured before such systems can come into widespread use. This requires cooperation between system manufacturers and vendors. The Commission for the Seventh Report on the Elderly identifies two preconditions for widespread installation of assistance systems: Firstly, in consultation with the various relevant stakeholders, viable business and financing models need to be developed in order to lower the costs for private households; secondly, assistance systems need to be designed so that elderly people are willing and able to use them every day. Suitable technical assistance systems should be incorporated into benefits law for reimbursement by health and long-term care insurance funds, and should be assigned higher reimbursement levels as assistive products in the official list of reimbursable care aids.

Formulation of municipal mobility strategies

Social participation for elderly people requires mobility and spatial accessibility. Mobility can be improved and safeguarded for elderly people by applying the concept of interlocking mobility chains: combining different modes of transport and mobility services – starting with what is locally available – to minimise waits and changes on any given journey. An important facet for elderly people here is accessibility across the immediate surroundings between the doorstep and the next nearest means of transportation. The Commission for the Seventh Report on the Elderly recommends that municipalities, in consultation with other relevant stakeholders, should formulate local mobility strategies or develop local mobility management for elderly people. Elements of a mobility strategy for elderly people can include adapting existing services such as buses to the needs of elderly people (for example by modifying seating or driving patterns) and installing digital information screens (with information such as arrivals, departures, roadworks and bus stop relocations).

Looking at mobility and spatial accessibility from a social participation perspective also brings into focus the motives and opportunities for mobility. Places of encounter – local shops, services and

leisure facilities – provide elderly people with a reason to 'get out', be mobile and interact socially.

Shaping social spaces and promoting neighbourly relations

Social relations among neighbours are a crucial factor in the development of local structures of care and shared responsibility. For some time, mutual help and support in the neighbourhood has been seen alongside support and nursing care within the family as a key element of a new and holistic system of nursing care provision. The Commission for the Seventh Report on the Elderly therefore examined at length in its report what local government can do to promote mutual help and support among neighbours. With a view to informal neighbourhood relations, municipalities have the important task of shaping public spaces in neighbourhoods, urban districts, villages and housing developments so as to facilitate and encourage encounter, interaction and contact among residents. This includes creating and maintaining decentralised and locally well distributed retail and leisure infrastructure, because such infrastructure also provides places of encounter. Municipalities can also participate in various ways in initiating and

promoting formally organised neighbourhood assistance.

Projects to shape social spaces must be developed and implemented with the involvement of community residents. Such involvement in project development and implementation is in itself an expression of social participation. When planning participatory procedures, allowance must be made for the fact that on account of education, origin, health or lacking experience, some social groups are not accustomed to articulating their interests in public. By taking account of people's different situations, ways must be found to allow all social groups to voice their concerns and interests. Participation must also be bona fide with people being given a true say. The outcome of participative processes cannot be planned in advance and must be left open.

The role of municipalities in integrated policy on the living environment

The Commission for the Seventh Report on the Elderly proposes that policy on the living environment must be understood and shaped in a holistic approach. It should be understood as a municipal policy area in co-production with the various relevant stakeholders. Strategies need to be formulated that span multiple action areas (outcome-oriented, cross-sectoral planning). In the determination of requirements, in planning and in the implementation of adopted measures, various departments within the municipal administration should cooperate and work together with local stakeholders, municipal, church and private-sector providers of social services, the housing sector, non-statutory welfare organisations and residents. Alongside their own activities, municipalities increasingly also have the task of mobilising stakeholders, forging networks, launching and mediating new forms of collaboration, managing projects with a wide variety of different partners, and orchestrating the intersecting policy areas involved in integrated policy on the living environment. They need to be equipped with resources and powers to this end.


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Local governance in an ageing society

The Report concludes by bringing together the issues and arguments covered in an outline of integrated local governance with and for the elderly. This outline centres around three considerations or demands spelled out in various contexts in different parts of the report:

- Municipalities should be given a strengthened role in the various sectors and policy areas. Municipalities are generally responsible for all matters of the local community. This universal responsibility, however, is constrained by the fact that certain sectors are subject, to an increasing extent, to central regulation. In health care and long-term care especially, municipalities are relegated to a side role and their scope for action is currently limited. Planning in these two sectors therefore takes little account of the local level. Municipalities should be given greater influence in shaping relevant structures to make health and nursing care policy more 'local'.

- A cross-cutting, cross-sectoral approach needs to be developed for policy with and for elderly people. There are few interconnections between policy areas that affect health care, long-term care, housing and the living environment and there is very little coordination between the respective policy approaches and funding programmes. Overcoming this segmentation would make it easier to resolve problems and drive forward necessary developments in health care, nursing care and housing.

- Municipal and local policy strategies and approaches must take account of the unequal circumstances of different groups of elderly people and accordingly of the resources that they have or are lacking. Such strategies and approaches can help secure and maintain quality of life, local belonging and participation for all groups while counteracting the effects of old-age deprivation and poverty.

Collaboration and networking

Collaboration, networking and coordination – and the role that municipalities can play in collaborations, networks and coordination processes – are central

topics of the Seventh Report on the Elderly. Two dimensions of collaboration and networking are distinguished here: firstly, coordination between the various levels of the state in the federal system, meaning between the Federal Government, the Länder, regional authorities and municipalities. It is important to note in this connection that even the municipal level involves complex and interconnected negotiation and coordination between administrative districts, towns and communities within them, inter-municipal cooperations, joint service boards and municipal associations. Coordination between these levels requires vertical, multilevel networks. Secondly, issues relating to demographic change and greater life expectancies call for cross-cutting policy approaches. Networks cutting across policy areas and sectors could help overcome segmental divides. For example, sustainable and effective policies for and with elderly people make it necessary to better integrate regional and urban planning, neighbourhood development, social planning and planning for the elderly.

The role of municipalities in complex stakeholder networks

Health, nursing care and housing in particular are policy areas where local governance plays out in complex vertical and horizontal stakeholder networks. Municipalities are unable here to set policy objectives autonomously or make implementing decisions on their own. A more promising approach is where objectives for local governance as regards the elderly are negotiated and agreed using cooperative processes in cross-sectoral, multilevel networks. Implementation of the measures adopted also requires collaboration and teamwork between the relevant stakeholders. Municipalities face a special challenge in this connection. They must be capable of giving impetus for change and creating the enabling conditions for stakeholders to come together, of reflecting the stakeholders' respective interests and motivations for action, of creating incentives for collaboration, and of fostering and mediating relationships between stakeholders. Municipalities are called on to develop the skills needed to serve this role. Legislative initiatives by Federal Government and the Länder must be assessed in all instances to determine whether they promote or impede cooperation, networking, negotiation and the overcoming of segmental divisions.

Strengthening of the municipal action level

The Commission for the Seventh Report on the Elderly calls in general for municipalities to be given greater influence in shaping essential public services infrastructure, notably in health care and long-term care. This can be achieved with

mandatory consultation and cooperation arrangements. Municipalities should be given greater coordinating responsibilities in planning procedures. Key instruments relating to infrastructure development, planning, sociospatial development and the management of assistance should also be located at municipal level and secured in terms of both powers and funding. Municipalities must be supported in promoting local care arrangements in collaboration with civil society stakeholders.

In keeping with the 'new subsidiarity' concept, municipalities may only be assigned responsibilities and tasks if at the same time they are given the necessary powers, policy instruments and financial resources to deliver them. Municipalities should be given greater financial room for manoeuvre with a Federal Government and Länder essential public services programme. One possibility would be for funding to be provided in the overhaul of the Solidarity Pact II renewal programme, with a new joint task covering essential public services for structurally weak municipal communities. Municipalities must also stand to benefit financially from their investment in sustainable care structures.

Outline legislation to strengthen policies for and with elderly people

The Commission for the Seventh Report on the Elderly advocates that the main analysis and recommendations elaborated in the Seventh Report on the Elderly should be brought together in a new conceptual framework for policies for and with elderly people. This conceptual framework should:

- have the primary aim of safeguarding participation and belonging for elderly people;
- be characterised by an understanding of local governance in which the emphasis is on negotiated decisions and on collaboration and networking among different stakeholders;
- aspire to and allow for participation by and an active role for elderly people;
- be geared towards overcoming segmental divisions between policy areas and promoting interconnections between various social action areas and sectors (such as health, nursing care, housing, volunteering, etc.).
- take into account the construction and operation of cooperative federalism.

This policy approach should be given concrete form in an outline act to strengthen policies for and with elderly people. Such an act could draw upon Section 71 [Assistance for the Elderly] of Book XII of the Social Code (SGB XII). The municipal responsibilities described in Section 71 SGB XII should be revised, however, in wording, structure and consistency. Specifically, municipalities should be given significantly greater responsibility for planning and infrastructure development. They should be given a coordinating role that is enshrined in law. From planning and integrating neighbourhood and village management through to care and case management, cross-cutting structures need to be created that ensure an effective and efficient support system for elderly people based on the principles of welfare pluralism.

The Commission for the Seventh Report on the Elderly calls upon the Federal Government to examine and clarify the division of powers as a precondition for such a legislative initiative. This would favour the development of the necessary cross-cutting and cross-sectoral conceptual framework for old-age and generational policy while outlining the legislative basis for implementation of the recommendations developed in the Seventh Report on the Elderly.

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The German Government Reports on the Elderly go back to a resolution of the German Bundestag in 1994. This instructed the Federal Government to prepare a report on the situation of elderly people in Germany once in every electoral term. The reports are compiled by independent commissions composed of experts from various disciplines. The following reports have been published to date:

1993: First Report on the Elderly: 'The Life Situation of Older People in Germany'
1998: Second Report on the Elderly: 'The Housing and Living Environment in Old Age'
2001: Third Report on the Elderly: 'Old Age and Society'
2002: Fourth Report on the Elderly: 'Risks, Quality of Life and Service Provision for the Very Old – with a Special Focus on Dementia'
2005: Fifth Report on the Elderly: 'The Potentials of Old Age in the Economy and Society – Older People's Contribution to Generational Solidarity'
2010: Sixth Report on the Elderly: 'Images of Ageing in Society'
2016: Seventh Report on the Elderly: 'Care and Shared Responsibility in the Municipal Community: Building and Securing Sustainable Communities'

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If you have any questions or require further information on the Government Reports on the Elderly, please contact the Office of the German Government Reports on the Elderly:

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