

# Ageing policies – access to services in different Member States

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## Annex III - Country Study on Germany





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### **Abstract**

The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Germany. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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## LIST OF ABBREVIATIONS

<b>BAFzA</b>	Bundesamt für Familie und zivilgesellschaftliche Aufgaben (Federal Office of Family Affairs and Civil Society Functions)
<b>BAGSO</b>	Bundesarbeitsgemeinschaft der Seniorenorganisationen e.V.
<b>BaS</b>	Bundesarbeitsgemeinschaft Seniorenbüros e.V.
<b>BMBF</b>	Bundesministerium für Bildung und Forschung
<b>BMFSFJ</b>	The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth
<b>BMG</b>	Bundesministerium für Gesundheit (German Ministry of Health)
<b>BPB</b>	Bundeszentrale für politische Bildung (Federal Agency for Civic Education)
<b>BZgA</b>	Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education)
<b>COVID-19</b>	Coronavirus disease 2019
<b>DAK</b>	Deutsche Angestellten-Krankenkasse (German Employees' Health Insurance)
<b>DESTATIS</b>	Statistisches Bundesamt Deutschland (German Federal Statistical Office)
<b>EMPL</b>	European Parliament's Committee on Employment and Social Affairs
<b>EESC</b>	European Economic and Social Committee
<b>ESF</b>	European Social Fund
<b>EU</b>	European Union
<b>GDP</b>	Gross Domestic Product
<b>IAB</b>	Institut für Arbeitsmarkt- und Berufsforschung (Institute for employment research)
<b>ICU</b>	Intensive Care Unit
<b>IGES</b>	Institut für Gesundheits- und Sozialforschung (Institute for Health and Social Research)
<b>IPReG</b>	Intensive Care and Rehabilitation Strengthening Act
<b>IT</b>	Information technology

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<b>KfW</b>	Kreditanstalt für Wiederaufbau
<b>LBE</b>	Landesnetzwerk für Bürgerschaftliches Engagement (State network for civic engagement)
<b>MDK</b>	Medizinische Dienst der Krankenversicherung (Medical Service)
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organisation
<b>PP</b>	Percentage points
<b>PNG</b>	Pflege-Neuausrichtungs-Gesetz (Care Reorientation Act)
<b>RKI</b>	Robert Koch-Institut
<b>SES</b>	Senior Experten Service (senior expert service)
<b>SGB</b>	Sozialgesetzbuch (Germany: social legislation, books of the Social Code)
<b>SHI</b>	Statutory Health Insurance
<b>TEMPiS-Project</b>	Telemedizinisches Projekt zur integrierten Schlaganfallversorgung in der Region Südostbayern (telemedical project for integrated stroke care in the region of Southeast Bavaria)
<b>UN</b>	United Nations
<b>UNECE</b>	United Nations Economic Commission for Europe

## EXECUTIVE SUMMARY

This report offers an overview of the most recent developments regarding ageing policies and access to services by older people in Germany. As the other country reports, it focusses on following six areas - active ageing, economic participation, social participation, health care, long-term care, and supportive environments (housing, transportation, and financial independence) – and provides some final recommendations for the EU-level. The impact of COVID-19 has been considered where appropriate and data available.

In the area of **active ageing**, it offers an overview and analysis of current government policies and measures, as well as identifying some best practice. It presents the ongoing activities and policies of in the area of active ageing as well as draw backs due to COVID-19. The German National Plan of Action is based on the "2nd UN World Ageing Plan" and the UNECE Regional Implementation Strategy "Challenges and Opportunities of Ageing Societies". It forms the basis for implementation of activities, programmes, and projects in this area. Several regional as well as national platforms offer opportunities for engagement and active participation of stakeholders in the area of active ageing to implement the Ageing plan and translate it into action.

In the section of for **economic participation**, the report looks at the current situation and identified supportive policies and regulations that are in place. It looks further at the pressing subject of poverty in old age. It identifies measures taken to increase the employability and workability of older workers, as well as participation in lifelong learning initiatives. And finally examines the impact of COVID-19 on the labour market for old-age people.

**Social participation** is examined by looking at the different options that old people have and use as well as differences between urban and rural areas and looks at progress of social participation of older people in Germany over the recent years. Most recent policy developments and best practice projects and programmes are introduced. This section further identifies the lack of local/regional/state/national quality monitoring of activities in social participation. The section also identifies the need for more research to assess social participation by degree of impairment in people above 60. Finally, the impact of COVID-19 and remediate measures are examined.

**Health care and well-being** are analysed for old people and further needs and areas for improvements are identified. Differences between urban and rural areas are looked at wherever data were available and option for long-term care are examined. The section also looks at affordability and access to health promotion services, and for people above 65 years of age, major trends, and the immense increasing costs of **long-term care**. It further looks at diverse options for long-term care in Germany, including accessibility and co-financing mechanisms. Finally, the impact of COVID-19 is analysed.

In the last section, the role of **supportive environments** is presented looking at housing, transportation, and financial independence, looking at disparities between urban and rural areas wherever possible. Trends in housing are shown for home care as well as for inpatient residential forms of living are presented. Several best practice projects are presented. Further, financial independence with differentiation between sex and region is examined as well as risk for poverty in old age.

## 1. INTRODUCTION

The European Parliament's committee on Employment and Social Affairs (EMPL) has requested a study on the subject of "Ageing policies - Access to services in different Member States" with the aim to provide members of the committee with a comparative analysis identifying good practices on ageing policies as regards access to services in Member States, looking into challenges this presents, and reflecting on policy actions that could be pursued at EU level. This report is focusing on the most recent developments in Germany. As all country reports of this study, the report focusses on following six areas - active ageing, economic participation, social participation, health care, long-term care, and supportive environments (housing, transportation and financial independence) – and provides some final recommendations for the EU-level. Consequences and changes due to COVID-19 have been identified and analysed wherever possible. Methods used for the study are literature review and analysis as well as a semi structured questionnaire with the following key informants: Mrs Silke Leicht, deputy manager of BAGSO, and Lisa Marcella Schmidt, Head of Department Health, Participation and Care, Paritätische Gesamtverband (The Paritätische). "The Paritätische" is one of the six welfare associations in Germany. According to its website<sup>1</sup>, it is the umbrella organisation of over 10,000 independent organisations, facilities, and groups in the social and health sector. BAGSO is the Federal Working Group of Senior Citizens' Organisations e.V., an umbrella organisation with 125 member organisations from seniors' work.

In the lifelong process of ageing, not only nature but society decides whether "good" ageing can succeed. It is considered sufficiently proven that social and behavioural factors have a much more pronounced influence on development opportunities in old age than genetic-biological dispositions. Therefore, good ageing is influenced by politics, economy, society, and community (Hilbert et al., 2020).

At the end of 2020, there were an estimated 83.2 million people in Germany. Due to lower net immigration and an increased number of deaths with probably slightly fewer births than in the previous year, the population has not increased for the first time since 2011. In previous years, the population had only grown due to immigration. Without immigration, the German population would have decreased since 1972, as more people have died than were born every year since then (Destatis, 2021). Results of the population extrapolation show that the number of older people aged 65 and over has increased significantly from 12 million in 1991 to 18 million in 2019. Since younger birth cohorts also show decreasing numbers of people, the over 65-year-olds also make up an ever-larger proportion of the total population overtime. It rose from 15% in 1991 to 22 % in 2019 (Destatis, 2020). The group of the very old above 85 years of age is particularly fast growing. Their number rose from 1.2 million in 1991 to a total of 2.4 million in 2019. It has thus doubled and, viewed in relative terms, has grown significantly faster than that of the older people aged 65 and over (+ 50 %). The below Table shows life expectancy per sex group in Germany:

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<sup>1</sup> Der Paritätische Wohlfahrtsverband, available at: <https://www.der-paritaetische.de/verband/>.

Table 1: Life expectancy per sex group in Germany

Sex and completed age	2002/04	2003/05	2004/06	2005/07	2006/08	2007/09	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16	2015/17	2016/18	2017/19
male																
0 years	75.89	76.21	76.64	76.89	77.17	77.33	77.51	77.72	77.72	77.9	78.13	78.18	78.31	78.36	78.48	78.63
20 years	56.55	56.85	57.24	57.49	57.74	57.9	58.05	58.25	58.24	58.41	58.61	58.66	58.79	58.83	58.96	59.1
40 years	37.37	37.63	37.98	38.2	38.44	38.59	38.73	38.93	38.92	39.06	39.24	39.29	39.42	39.45	39.56	39.69
60 years	20.05	20.27	20.58	20.75	20.93	21.04	21.16	21.31	21.28	21.38	21.51	21.52	21.62	21.62	21.69	21.77
65 years	16.26	16.47	16.77	16.93	17.11	17.22	17.33	17.48	17.46	17.55	17.69	17.71	17.81	17.8	17.87	17.94
80 years	7.24	7.35	7.51	7.56	7.65	7.67	7.71	7.77	7.68	7.7	7.79	7.81	7.91	7.92	8	8.08
female																
0 years	81.55	81.78	82.08	82.25	82.4	82.53	82.59	82.73	82.8	82.88	83.05	83.06	83.2	83.18	83.27	83.36
20 years	62.07	62.28	62.56	62.72	62.85	62.97	63.03	63.16	63.22	63.29	63.45	63.46	63.61	63.6	63.67	63.75
40 years	42.46	42.66	42.92	43.08	43.2	43.32	43.37	43.5	43.57	43.63	43.77	43.79	43.93	43.92	43.99	44.07
60 years	24.08	24.25	24.49	24.61	24.71	24.81	24.85	24.96	25.03	25.07	25.19	25.19	25.32	25.28	25.34	25.39
65 years	19.77	19.94	20.18	20.31	20.41	20.52	20.56	20.68	20.74	20.79	20.9	20.9	21.03	21	21.06	21.11
80 years	8.64	8.72	8.87	8.92	8.97	9.04	9.06	9.13	9.17	9.2	9.29	9.3	9.43	9.42	9.5	9.56

Source: Statistisches Bundesamt (Destatis), 2021 | Stand: 05.07.2021 / 10:29:24.

The German statistical Institute DESTATIS defines older people from age 65 and the very old from age 85 years onwards (Destatis, 2020). But in Germany, there is no generally binding legal definition of the terms "senior" (Deutscher Bundestag, 2008).

Due to the rising number of older people, not only in Germany but all over Europe, government policies and guidelines, as well as the whole social security and health systems are currently undergoing changes and reforms to respond to the increasing number of retirees and the altered demand for health services linked to this demographic shift (Schulz et al., 2004). Several reforms in the area of active ageing took place over the recent years in Germany to address these demands.

## 2. ACTIVE AGING IN NATIONAL POLICY

The Government of Germany is committed to the Second UN World Ageing Plan (MIPAA) and its implementation through the 10 commitments of the 56 member states covered by the United Nations Economic Commission for Europe (UNECE). This is seen as a milestone for the major key stakeholders, such as the older people, politicians, and all those involved in this field of work. In 2007, the government of Germany developed a National Plan of Action based on the Second UN World Ageing Plan and the UNECE Regional Implementation Strategy "Challenges and Opportunities of Ageing Societies", to implement the Ageing plan and translate it into action (Seib, 2017).

The German government is very active in the field of active ageing of which a number of activities and measures can be seen as best practices. A number of communication platforms have been set up such as e.g. the "German Seniors' Day" (Deutscher Seniorentag), that will take place in 2021 already for the 13<sup>th</sup> time. It is scheduled every three years with around 15,000 participants and many prominent and distinguished guests - each time in a different federal state. Participants are, among others, high level politicians such as the federal president and/or federal chancellor, research organisations, representatives of NGOs, CSOs, and welfare organisations, associations from the social, church, and political sectors, trade unions, senior citizens' representatives, consumer associations, self-help organisations, educational institutions, initiatives, networks, and working groups. The forum is used by politicians, associations, and society to discuss current issues of senior citizens' work and policy (BAGSO, 2020). Therefore, the process of adapting policy guidelines and regulations can be seen as a participatory process with stakeholders from all levels.

Several projects and strategies related to ageing and active ageing were set up and are still being implemented at national, regional, or local level, such as (The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2020):

- the National Dementia Strategy – by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth in cooperation with the Federal Ministry of Health, the civil society, the states, welfare service associations and research institutions;
  - aims to help people with dementia and their families through a network of support to ease the burden of living with dementia;
- the project "Digitaler Engel - sicher, praktisch, hilfsbereit" (Digital Angel - secure, useful, helpful) and the service point "Digitalisierung und Bildung für ältere Menschen" (Digitalisation and Education for Senior Citizens) – by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth;
  - aims to promote active participation of old people in society and to enable them to live self-determined lives in an increasingly digitalised society;
  - since November 2019 (not during COVID-19) a bus with a mobile team of advisers - "Digitale Engel" (Digital Angels) went through Germany for digitalisation of the older people for the same task;
- the German government's programmes and projects on "Wohnen im Alter" (Living in Old Age);
  - these programmes and projects focus on shared housing, age-appropriate conversions of housing, ambient-assisted living, local support and advisory services and neighbourhood support schemes;
  - they also support the availability of social services and improve living conditions to facilitate remaining in one's own home;

- special guidelines for companies called: "Exploiting potential - the 50plus customer group, A benefit for companies and older customers" published by the government;
- consultation of/with Non-statutory Welfare Organisations and Senior Citizens' Organisations, such as independent welfare organisations, and old citizens' organisations operating under the patronage of BAGSO - Bundesarbeitsgemeinschaft der Senioren-Organisationen E.D. (the German National Association of Senior Citizens' Organisations).

BAGSO (German National Association of Senior Citizens' Organisations), represents the interests of older people in Germany. It promotes "active, self-determined and healthy ageing in social security" and is in steady exchange with the German government. BAGSO is an umbrella organisation of about 120 civil society organisations aiming at the target group of older people (BAGSO, 2021). It is involved in several projects, is deeply involved in advocacy for the rights of older people, and has consultative status in the Economic and Social Council of the United Nations (UN). It further provides a representative in the European Economic and Social Committee (EESC). BAGSO is involved in several working groups at national and even international level for advocacy and policy advice and development and is participating in regular publications to actual themes of interest concerning the older people.

In the active ageing index 2020 (UNECE, 2020), Germany is on rank 8, but with big differences measured in the individual sectors employment rank 3, social participation rank 22, independent living arrangements rank 9, and Capacity and enabling environment for active ageing rank 4.

Germany, similarly to other EU countries, is assessed in the active ageing index at national level. In 2016, a pilot study of applying the active ageing index at local level (Bauknecht et al., 2016) was implemented based on secondary data. Despite lack of data, an active ageing index was created at the German district level (NUTS 3) and the resulting report published in 2017. It was concluded that the implementation of an active ageing index is possible but needs some adjustments in form of expansion of the database and change of some indicator and should be accompanied by a stronger focus on locally relevant areas of activity (Bauknecht et al., 2017).

## 2.1. Impact of COVID-19

COVID-19 did have and still has an impact on active ageing, due to the countrywide lockdowns in 2020 and 2021, with contact restrictions: most voluntary activities, as well as cultural and leisure activities were cancelled and most day-structuring infrastructures such as day care were closed. The contact restrictions affected the older people in long-term care institutions seriously with visits not being allowed over a long period of time, funerals being restricted to few participants only, and cultural/leisure activities in these institutions being cancelled.

However, alternatives were identified and introduced, mainly in form of IT services, such as for example online cultural events, online church services, online medical consultations, and online/video chats with families/friends. Limitations are given through the limited access of and knowledge of IT/mobile phones by seniors, especially those above the age of 80. According to a survey on the utilisation of technical devices by the older people in 2020 (Tenzer, 2020), only 54 % used a desktop computer, 42 % a laptop, and only 41 % a mobile smart phone.

Access to internet is decreasing with age. Whereas in the age group 60-72 still around 80 % had access to the internet, this decreased in the age group 73-78 years to around 64.4 % and in the age group 79-84 years to 39.4 % (Huxhold und Otte, 2019). Therefore only actions combining increase of knowledge in the age group from 70 years onwards together with the installation of rapid internet connection and advise on and/or purchase of internet capable devices such as desktop/laptop/smart

phone will increase access to the internet on the long run. Especially those without access to IT (most of whom are 70 and older) experienced disadvantages during the COVID-19 lock-down. The "eighth age report on older people and digitisation" of the Federal Ministry for Family, Seniors, Women and Youth (BMFfJ) (BMFSFJ, 2020), makes several recommendations to enable all older people to access and use digital technologies (including financial support). This can be seen as an advantage of the current COVID crisis, as otherwise these recommendations would probably not have been advanced.

In hospitals and long-term care institutions, the older people are assisted by the health staff in organising video calls and chats as well as viewing online cultural events. But for those living alone, contact with their families and friends remained rare and use of IT hardly feasible.

The draft German Recovery and Resilience Plan (Bundesfinanzministerium, 2020) does not specifically address the older people but includes several measures for the benefit of older age groups. As for example:

- the introduction of a digital pensions overview so that citizens can obtain information on their pensions (statutory, company and private pensions);
- strengthening of a pandemic- resilient healthcare system mainly through introduction and expansion of IT/telemedicine services; and
- reducing "disincentives to work more hours, including the high tax wedge, in particular for low-wage and second earners. Take measures to safeguard the long-term sustainability of the pension system, while preserving adequacy".

A number of key stakeholders, such as the "German Association for Public and Private Welfare" are currently collecting evidence for lessons learned and best practices as well as policy recommendations from the COVID outbreak through the organisation of workshops and online meetings.

The authors could not identify any countrywide indicators or monitoring and evaluation system for systematically measuring cost effectiveness in the area of active ageing. This was confirmed by the interviewee Mrs. Schmidt from "the Paritätische".

### 3. ASSESSMENT OF ACCESS TO SERVICES FOR OLDER PEOPLE

Over 90 % of all citizens in Germany have social insurance, whether they are young or old. Several laws regulate care for older people in Germany such as the following three books of the Social Code (SGB for short) - Book Five (statutory health insurance), Eleven (social long-term care insurance) and Twelve (social assistance), that become particularly important as so-called cost carriers for people in need of care, because the risk of getting sick or in need of care increases with age (Flöer, C., 2021). Additionally, the SGB VI covers the statutory pension insurance. The social long-term care insurance only applies to those who are also covered by statutory health insurance. For those with private health insurance, their private long-term care insurance provides the same benefits as the social long-term care insurance. To benefit from long-term care insurance, insured persons must first apply for a degree of care from the care fund that must be officially recognised by the medical service (also known under the abbreviation MDK) or for those with private insurance by MEDICPROOF GmbH for privately insured. Further, SGB XII covers social assistance for the very poor people that do not have sufficient income for living to assure basic security in old age.

Further, several more laws are in place to support the ageing population such as for example:

- Several reforms have been launched, in form of "Strengthening" and "Structural" Acts over the past few years to improve quality in all areas of care;
- Care Improvement Act (Pflegestärkungsgesetz) I, II, and III;
- The Hospice and Palliative Care Act; and
- Care Reorientation Act (Pflege-Neuausrichtungsgesetz (PNG), 2013).

Even though the majority of people are covered by social insurance and have good access to health care and social services, there is a wide gap between urban and rural areas that are further explained in the below text in chapter 3.3.

#### 3.1. Economic participation

The situation of older people in the labour market has changed significantly in recent years. The labour employment rate of 60-64 year olds increased more than in any other age category: it has increased from 39 % (2009) to 62 % (2019) and decreased to 60.3 % in 2020. But even beyond the retirement age, the proportion of people in employment has more than doubled between 2009 and 2020.

According to the most recent ageing index of 2020 (UNECE, 2020), Germany being on rank 3 of the EU 28 countries, can be considered as best practice, being above average in the employment index of the older people in all age groups, with the biggest difference to the EU 28 mean in the age groups men 60-64 years of age: 65.4 % (EU 28 mean 50.3 %) and women 60-64 years of age: 55.4 % (EU 28 mean 36.7 %).

Table 2: Employment of people from age 55 onwards in Germany

Employment age group	Employment rate in %	EU 28 mean in %
Total		
Employment total 55-59 years of age	80.8 %	EU 28 mean 71.4 %
Employment total 60-64 years of age	60.3 %	EU 28 mean 43.3 %
Employment total 65-69 years of age	17 %	EU 28 mean 14.2 %
Employment total 70-74 years of age	7.7 %	EU 28 mean 6.6 %
Men		
Employment total 55-59 years of age	84.9 %	EU 28 mean 76.9 %
Employment total 60-64 years of age	65.4 %	EU 28 mean 50.3 %
Employment total 65-69 years of age	21 %	EU 28 mean 18 %
Employment total 70-74 years of age	10.4 %	EU 28 mean 8.9 %
Women		
Employment total 55-59 years of age	76.6 %	EU 28 mean 66 %
Employment total 60-64 years of age	55.4 %	EU 28 mean 36.7 %
Employment total 65-69 years of age	13.2 %	EU 28 mean 10.8 %
Employment total 70-74 years of age	5.3 %	EU 28 mean 4.7 %

Source: UNECE, 2020.

At the same time, at European level and in Germany, further discussion, and research on how the model of active ageing should be reflected in (professional and academic) training, further education, and in training in relevant gerontology-related professions is needed.

### 3.1.1. Mechanism to stimulate labour market activity of people in pre-retirement age and older

The German government has created a number of incentives for those who consider further employment after retirement age as well as discouraging measures for those who want to retire before retirement age. The latter get 0.3 % less pension for every month worked less, up to 14.4 %. For those not immediately claiming pension after the standard retirement age, pension will increase 6 % for each year without claiming pension. Further the continued contribution of the pension fund increases the pension additionally (the Government of Germany 2018). The German Pension Insurance Association (DRV) calculated an additional year of work without drawing a pension increases the later pension of an average earner by about EUR 107 per month.

Another retirement option is regulated by the Flexi Pension Act (Flexirentengesetz), which has been in force since 1 January 2017. People at the retirement age can get a share of their pension and continue work (in agreement with the employer). Due to continued contributions, their pension will rise.

Table 3: Share of persons at risk of poverty in %, measured at the federal median as well as the regional median (West/East), 2019

	Basis: medium income <sup>1</sup> countrywide (federal level)			Basis: medium income <sup>1</sup> at regional level		
	Western Germany					
	Men	Women		Men	Women	
	total	14.6		16.2	15.5	17.3
	18- < 25 years of age	22.9		25.7	24.0	26.9
	25- < 50 years of age	13.1		13.9	13.8	14.8
	50- < 65 years of age	10.4		11.8	11.0	12.7
	65 years of age and above	13.7		18.2	14.8	19.7
	Eastern Germany					
	Men	Women		Men	Women	
	total	17.7		18.1	13.9	13.8
	18- < 25 years of age	34.2		34.6	29.2	29.3
	25- < 50 years of age	16.3		17.8	13.2	13.8
	50- < 65 years of age	15.7		15.5	12.8	122
	65 years of age and above	13.0		14.4	8.7	9.8
	<sup>1</sup> To calculate the mean income, the median (central value) is used. All persons are sorted in ascending order according to their weighted income. The median is the income value of the person who divides the population into exactly two halves. That is, one half has a higher weighted income, the other half a lower weighted income. 60 percent of this median value represents the at-risk-of-poverty line.					

Source: Bundeszentrale für politische Bildung, 2020, *Federal Statistical Office: Microcensus*, License: Creative Commons by-nc-nd/3.0/de. Available at: [www.bpb.de](http://www.bpb.de).

A study/policy brief released by the Germany-based Bertelsmann Foundation in 2019 (Schiller, 2019): sees, despite the positive development in the labour market in Germany, a significant risk of increase in old-age poverty by the end of the 2030s. The author discusses options to address this risk and short-term effective and targeted reform measures such as the "basic pension" (introduced from 01.01.2021) or an extended basic security provision. The basic pension grants, after 45 years of full-time work at the statutory minimum wage, around EUR 960 per month instead of current average EUR 660.

A main problem with the basic pension is seen in the fact that full basic pension supplement is only available from 35 years of work (420 months).

To overcome the risk of poverty in old age, over the past years, several pension schemes have been introduced additionally to the government social insurance pension, such as "Riester pension" in 2001 for mandatory insured and civil servants, and Rürup pension scheme in 2005 especially for the self-employed without statutory protection. Riester contracts are promoted through state subsidies and tax advantages. Riester pension is titled after the former Federal Minister for Labour and Social Affairs Walter Riester, under whom the Riester pension scheme was developed as part of the 2000/01 pension reform. The Rürup pension scheme is also called basic pension and goes back to the economist Bert Rürup. Similar to Riester, it is also promoted through state subsidies and tax advantages.

Nevertheless, seeing the statistics and increasing risk of old age poverty in the coming years, more preventive measures are needed to prevent old age poverty such as better integration of long-term unemployed in the labour market, better work conditions of single parents, and less tax for low-wage earners, although these measures will only show effects on medium and long-term, therefore short-term measures are necessary.

### 3.1.2. Impact of COVID-19 on the labour market

Results of a high-frequency survey implemented by IAB (Institute for Labour Market and Employment Research of the Federal Employment Agency) called "Establishments during the COVID-19-crisis" (Bellmann, L. et al., 2021) indicate that "... the COVID-19 pandemic had an impact on businesses along various dimensions."

Responses given in the first survey beginning of August show that companies were not only faced with higher costs due to hygiene requirements (21 % were severely affected). They also had difficulties in sourcing goods and services from abroad (16 % severely affected) or on the domestic market (14 % severely affected). Many companies also experienced logistical difficulties in selling products on the domestic market (15 % severely affected) or on foreign markets (10 % severely affected). Staff absences due to illness, quarantine or care duties as well as permanent closures (of parts) of companies occurred less frequently.

According to IAB (Westermeier, C., 2021), the unemployment rate among the older people is rising only slowly. Most of the employment relationships of people after reaching the standard retirement age are those of marginal employment (also called mini-jobs, where employees are allowed to earn up to 450 EUR/month and do not have to pay social security contributions) receiving low pension and wish employment after retirement age to secure their standard of living. However, many older mini jobbers who lost their jobs during the crisis are probably not included based on the fact that data are mainly collected of employees before retirement age. In Germany, people from 60 years onwards are considered at risk group for COVID-19 and are often employed in sectors with customer contact. Therefore, for them it was especially risky and difficult to implement the COVID security measures. Further, due to the lock down(s), most shops closed and people with mini jobs were the first to go despite immediate financial support of the government to affected enterprises.

The draft German Recovery and Resilience Plan does not specifically focus on older people, but on promotion of the future labour market opportunities especially for young people.

However, the German government decided on economic stimulus packages 1-3 of a total of EUR 130 billion to fight the impact of COVID-19. Among others, the federal government has raised the additional income limit applicable for the 2020 calendar year from EUR 6,300 to EUR 44,590 to facilitate continued work or resumption of employment after retirement. Annual income up to this amount therefore does not lead to a reduction in an early retirement pension. From 2021, the previous additional income limit of EUR 6,300 per calendar year will apply again (Bundesministerium für Arbeit und Soziales, 2021).

At this time in June 2021 still within the pandemic and just in the phase after the lockdown, full impact of COVID-19 on old age citizens economic participation as well as impact of measures taken by the government still have to be evaluated.

## 3.2. Social participation

According to the most recent ageing index 2020 (with data from 2016) (UNECE, 2020), Germany ranks only 18 of the EU 28 and needs therefore to strengthen efforts and initiatives. When comparing gender

groups, the differences between participation of men and women becomes even more apparent. In social participation of men, Germany ranks 14 in the middle, but in the social participation of women, it is among the last countries on rank 22. But one must consider the social engagement in activities that bring the most benefit for the older people. Engaging in political and voluntary activities is seen by the author as the most important engagement in social participation, since it is not linked to any obligation (such as caring for relatives), but only for their own benefit. Often, the elderly must engage in assisting their own children in caring for grandchildren, or less often, to care for their own children or partner/parent(s), even though they wish more independence and freedom for themselves (focus group discussion). Therefore the question comes up in how far the older people benefit from engaging in these activities or whether, by increasing these activities, they would "lose time" to participate in activities that they would prefer (voluntary, political participation). A summary of the social participation index in Germany can be seen in the Table below.

Table 4: Social participation index Germany, summary

Activity	Participation in %	EU 28 mean in %
Total		
Voluntary activities	11.8 %	EU 28 mean 8.4 %
Caring for children, grandchildren	17.9 %	EU 28 mean 26 %
Care to older adults	9.7 %	EU 28 mean 18.5 %
Political participation	27.9 %	EU 28 mean 18.6 %
Men		
Voluntary activities	12.3 %	EU 28 mean 9 %
Caring for children, grandchildren	17.5 %	EU 28 mean 24.7 %
Care to older adults	10.4 %	EU 28 mean 16.3 %
Political participation	33.7 %	EU 28 mean 20.9 %
Women		
Voluntary activities	11.3 %	EU 28 mean 7.9 %
Caring for children, grandchildren	18.3 %	EU 28 mean 27 %
Care to older adults	9 %	EU 28 mean 20.4 %
Political participation	22.8 %	EU 28 mean 16.6 %

Source: UNECE, 2020.

However, the authors did not find any local/regional/state/national quality monitoring of activities in social participation. This was confirmed by Mrs. Schmidt of the "Paritätische".

The German Volunteer Survey (Simonson et al., 2020) has been reporting every five years since 1999 on the development of voluntary and voluntary work in Germany. The last one from 2019 showed that the proportion of volunteers has increased in all age groups since 1999. However, the extent of the increase differs between age groups. The increase is particularly pronounced among the 65-year-olds and older, in this age category the commitment rate rose from 18.0 % in 1999 to 31.2 % in 2019 and among 50 to 64-year-olds 40.6 %. For the first time in 2019 there was no statistically significant gender difference in the volunteering rate (women: 39.2 %; men: 40.2 %). This is due to the fact that the proportion of women volunteering has risen faster than the proportion of men doing voluntary work.

More than two thirds of this commitment take place within the framework of clubs and associations or the church. However, the authors did not find any detailed data on type of organisations and engagement options available and accessible by urban, rural and region. The authors also did not find concrete data on the satisfaction of old age volunteers on their voluntary work or whether they would prefer another voluntary work that is not available or accessible to them. Further, no data were found on the percentage of old age people not only by age group and sex, but also by the degree of impairment (care degrees), showing in how far physically or mentally impaired old age people are having access to voluntary engagements and are willing to do so. When it came to the reasons that, from the respondents' point of view, prevent voluntary engagement, time-related reasons topped the list with 76 %, followed by professional and family reasons (51 % and 32 %, respectively). Around every third respondent did not want to make any commitments. However, due to COVID-19, many of volunteer activities were put on hold and impact has not yet been measured.

### 3.2.1. Particular programmes and projects

Several initiatives to foster social participation of the older people are running under the federal but also the regional government as well as under the various welfare institutions and NGOs.

In 1992, the Federal Ministry for Family, Seniors, Women and Youth (BMFSFJ) established the "Bundesaltenplan" (national plan for the older people) to support projects that help older people in society to lead an independent life with equal rights (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2021) that is still running and its guidelines were last updated in February 2009.

A few inspiring initiatives are mentioned in the following text:

The new federal model programme of the European Social Fund (ESF) "Strengthening the Participation of Older People - Ways out of Loneliness and Social Isolation in Old Age" (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2020) aims to strengthen the social participation of older people above 60 years of age for the first time with funding from the European Union (EU) and is running from 01.10.2020 to 30.09.2022. It is the first ESF programme of its kind to prevent and combat loneliness and social isolation in old age and to strengthen financial security in old age.

This model programme is also intended to initiate the development of specialist structures for social work with older people and lonely and/or socially isolated people on site. Implementing agencies are foreseen to be non-profit organisations that belong to one of the six umbrella organisations of the independent welfare organisation in Germany, as well as other non-profit organisations. They are to be financially supported in trying out and documenting appropriate approaches in cooperation with the local labour administration, the municipality, and other partners (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2020).

Another example is the government Programme "Multi-generational Centre" with around 540 multi-generational centres where people meet and engage in a wide range of activities in close cooperation with local stakeholders including the local administration. Synergies between the generations grow and nurture independence, promote social participation and inclusion, and enhance social cohesion.

With the project "Digitaler Engel - sicher, praktisch, hilfsbereit" (Digital Angel - secure, useful, helpful) and the service point "Digitalisierung und Bildung für ältere Menschen" (Digitalisation and Education for Senior Citizens), the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth plans to enhance active social participation of the older people and thereby to support them leading self-determined lives in an increasingly digitalised society. "Digital Angels" have travelled through Germany since November 2019, but had to stop during the corona pandemic. The "Digital Angels" visit places commonly frequented by older people, such as for example the market square and plan to arrive in

over 450 locations.

Another project to increase digital inclusion of the older people is the "Train the Trainer - Qualification of Digital Topic Champions for Older People in North Rhine-Westphalia", to help older people use the Internet, social networks, and smartphones safely. As part of the project, older people are trained and then help other older people to be digitally there and to be able to participate. This is to ensure that all age groups in our society participate in the digital transformation and that no one is left behind (Der Paritätische Kreis Höxter, 2021).

The project Silbernetz (Silver Net) was established in Berlin was established in 2017 to fight loneliness in old age. Since it is pilot test in 2017 in Berlin, it is now reachable for the older people (all above 60 years of age) of the whole of Germany. People can call the line for free and talk regularly with their Silver Net friends to find their way out of isolation and loneliness (Silbernetz, 2021).

At the beginning of the 1990s, the first senior citizens' offices were set up as part of a model programme by the Federal Ministry for Family, Seniors, Women and Youth. Currently, there are around 300 in Germany under the Bundesarbeitsgemeinschaft Seniorenbüros e.V. (BaS), the umbrella organisation for senior citizen's offices. These senior citizen's offices promote civic engagement among older people with the aim of active and good ageing and the participation of all people in life in the community. They promote self-determined living and life in old age, provide help and help shape social planning in the community (Landesnetzwerk für Bürgerschaftliches Engagement (LBE), 2020).

Another well-established organisation is the Foundation of German Industry for International Cooperation, in short, the SES (senior expert service) that works all around the world. Its aim is to share knowledge and experience of retired volunteers (but also others that take some time off their work) in order to improve other people's future prospects (Senior Experten Service, 2021).

Apart from these specific nation-wide projects and initiatives, the welfare organisations, and NGOs as well as churches offer networks and services for the older people in almost every village in Germany, such as regular joint tea times, sports groups, voyages with carers for those in need of assistance, and many more. They further organise regular home visits for those not wishing or being able to participate in external events. Mrs. Schmidt of "the Paritätische" sees the welfare organisations as *bridge to practice* due to the fact that they are established at local, regional, state, and national levels with contacts to all levels and are especially helpful to municipalities in establishing contacts with beneficiaries and target groups.

The state pension insurance automatically provides all pensioners with a pension ID card from July 2018. The new pension identity card is a laminated identity card the size of a cheque card. It will be sent automatically by post together with the pension adjustment notification. Although there is no legal entitlement to benefits, many companies and public or private institutions offer pensioners discounts, for example on sports clubs, theatre tickets, museum tickets, train tickets, swimming pool tickets, ski lifts, public transport tickets for zoos and much more (Aschauer, 2018).

However, without computer and internet, old people are at a disadvantage in social participation, since the computer helps to identify online options for participation in social activities, online-banking, online purchasing etc. Especially during the COVID-19 lock-downs, many options of social participation were only possible via internet due to meeting restrictions. Moreover, registration for COVID vaccinations was a big problem when not being able to register online, because given phone lines were regularly busy. Options for social engagement are also often published in daily newspapers so that older people can select possibilities, but since abonnements for newspapers are quite expensive, especially those with little pension can hardly afford this option.

With growing age, old age people seem to need more time for themselves due to bodily impairments and becoming slower in general and are often less interested in voluntary work. Hobbies seem to be an important factor for the mental well-being of pensioners especially during the COVID-19 crisis, where social contacts were often only possible by phone.

Germany is making progress with old-age people participation in social life. Several government and non-governmental programmes and projects exist to foster social participation in old-age people. More research is needed to assess social participation by degree of impairment in people above 60. The COVID-19 pandemic had a huge impact on social participation due to contact restrictions and closure of most leisure and volunteering facilities. Without ICT equipment or at least smart phones, social participation became hardship to many of them. More awareness raising and public information is recommended to assure that even those without online facilities have access to information on the various engagement options.

### 3.3. Health and well-being

#### 3.3.1. Affordability and access to healthcare services for older people

##### a. Medical services

Coverage of medical services in Germany is quite good. According to Stefan Neumeier (Neumeier 2015), in 2016 around 56 % of the population in rural areas could reach their doctor within 15-minutes' walk, whereas in urban areas around 85 % could do so. Accessibility is therefore related to the settlement density, which is why people in remote rural settlements in Mecklenburg-Vorpommern, Brandenburg and Saxony-Anhalt are particularly affected by long distances to the next doctor. The number of general practitioners is decreasing, both in rural and urban areas, but since rural areas are also worse affected by demographic change this is serious for the older people being increasingly dependent on medical services. Further, many of the doctors practising there are approaching retirement age or have already passed it, because they have difficulties finding successors.

##### b. Particular programmes and projects related to medical services

Several innovative solutions were found in different rural areas, reaching from mobile medical care buses that come to villages on a regular basis, to specific incentives for young doctors when going to rural areas and delegation of tasks to non-medical practitioners. Ideas and projects implemented can be found and added in the database originated from the project "Innovative Health Models" project of the Institute for General Practice of the Goethe University Frankfurt (Innovative Gesundheitsmodelle.de, 2021). The data base seeks to support rural districts and municipalities who are looking for ways to secure health care in their region, to doctors looking for successors, and to other actors from the health sector. The TEMPiS-Project in South-Eastern Bavaria can be considered as best practice. TEMPiS has set itself the goal of improving stroke care in rural regions as well. Regional hospitals without expertise in strokes are connected with stroke units in larger cities via 2-way video conferencing and CT/MRI image transmission to integrate all validated forms of therapy for stroke throughout the region against the background of the lack of resources and specialists in rural regions. This way, stroke patients in rural Bavaria can be referred to the nearest hospital and do not have to travel long distances to get to a specialised clinic, saving travel time, which can be lifesaving in an emergency. In the TEMPiS network, more than 10,000 stroke patients are treated every year.

The government also took measures to improve medical care in rural areas. The "Master Plan for Medical Studies 2020" was enacted by the German government end of March 2017 (Bundesministerium für Bildung und Forschung, 2017). It aims to improve physician education through changes in curriculum structure and training content. As a further incentive to settle in rural areas, the

federal states will be able to introduce a so-called rural doctor quota. The states will then be able to award up to 10 % of medical school places in advance to applicants who undertake to work for up to ten years in family doctor care in rural regions that are underserved or threatened by undersupply after completing their studies and further training as a specialist in general medicine. This complements the measures that have already been launched with the Healthcare Strengthening Act, such as targeted financial incentives that associations of SHI-accredited physicians can provide via structural funds for setting up in rural areas.

### c. Nursing care

Currently, there are 2.08 million (73 %) people are receiving nursing care living at home and 783,000 (27 %) in need of care living in old people's home/full institutionalised care homes. Of these, 1.38 million are cared for by relatives, and 692,000 are cared for at home together with/by outpatient care services (Hu Versicherungsvergleich, 2021).

Access to nursing care services to maintain the current basic health care situation of citizens within their home is usually easy for those in need in urban areas, but more difficult to those in rural areas. The shortage of skilled workers is a problem in Germany in all areas of work of nurses, but especially in rural and poor regions. The government is supporting various innovative projects to improve access to care in rural areas. A study by Stefan Neumeier in 2015 (Neumeier, 2015) showed that an outpatient nursing care service travels an average of 5.8 minutes at 50 km/h to reach its clients. Yet, a regionalised view shows that greater distances must be covered, especially in rural areas. Despite this, 94 % of citizens can be reached by an ambulant care service in a maximum of 10 minutes at an average speed of 50 km/h. This corresponds to approx. 95 % of the persons needing care who use outpatient care services according to SGB XI. It is not only specialised companies that present themselves as particularly successful - the association with other service offers such as assisted living units, day care or residential groups also strengthen the outpatient services and enable further growth. A market analysis of nursing care services in Germany shows a steady increase of over the years (Borchert Y., 2020) from 10,800 in 1999 to 12,000 in 2009, there was an increase of 11.11 % in nursing care services offering home based nursing care. Between 2009 and 2019, there was another 27.63 % increase of nursing care services up to 15,316 nursing care services (Neumeier, 2015). Online portals as well as care support points and care guides help to find nursing care services near the patient's home.

A programme seen as best practice is following the Robert Bosch Stiftung GmbH. The Robert Bosch Stiftung GmbH is currently funding the programme "supPORT - On the Way to Patient-Oriented Centres for Primary and Long-Term Care", which is supporting eight initiatives in 4 regions in Germany in rural areas to develop into comprehensive health centres since July 2018. The aim is to introduce local health centres that ensure comprehensive primary care (including nursing care services) for the population in a region and enable better care for chronically ill people from a single source.

Several studies took place in recent years to look at access to healthcare, to identify possible barriers, and to provide evidence to politicians and the wider public for decision making. A study published by Laura Krause et al (Krause et al., 2020) showed that 21.0 % of women aged 50 years and older had to wait for an appointment during the last twelve months, but that the waiting time decreased with age group (50- to 59-year-old women: 29.1 % had to wait for an appointment during the last year, 80 years and older: 14.9 % had to wait for an appointment. Other factors leading to longer waiting times were found to be 1) living in big cities 2) being statutorily insured versus being privately insured.

These findings took place despite that fact that in May 2019, the German government adopted the Appointment Service and Supply Act (TSVG) that seeks to ensure that patients in statutory health insurance get quicker appointments with specialist physicians by expanding the network of

appointment service centres provided by the Associations of Statutory Health Insurance Physician (Bundesministerium für Gesundheit (BMG), 2019).

#### d. Impact of COVID on nursing care services

According to an interview with Silke Leicht from BAGSO, even before the pandemic, there was a great shortage of skilled workers, especially in long-term care. During the pandemic, the staff shortage was even greater because many caregivers became infected or were in quarantine or gave up their jobs altogether due to the heavy workload. In mobile nursing care, COVID-19 also had several effects, such as staff falling ill or having to be in quarantine or even clients cancelling their service contracts out of fear of infection.

#### e. Health promotion

Health promotion activities and services for older people are part of the overall health promotion activities in Germany that have been updated in 2019. On the website of the German Ministry of Health (MoH), specific measures can be found to foster health and prevent diseases in older people. According to the MoH Germany, in the age category of 70- to 74-year-olds 7 % of men and 8 % of women, in the age group of 80- to 84-year-olds already 22 % of men and 30 % of women and among the over 90-year-olds 64 % of men and 81 % of women need care (Bundesministerium für Gesundheit, 2021).

According to the MoH, the Prevention Act of July 2015 provides preventive measures for people in need of care, including health check-ups. The long-term care insurances have been assigned to provide health promotion services in partially and fully inpatient care facilities (Bundesministerium für Gesundheit, 2021). To avoid the onset of the need for long-term care, all appropriate services for prevention as well as for medical and, if necessary, geriatric rehabilitation are to be initiated at an early stage. With the entry into force of the Intensive Care and Rehabilitation Strengthening Act (IPReG) on 29 October 2020, access to geriatric rehabilitation from the contracted doctor's area was eased.

According to one of the interviewees, despite the reforms and new regulations brought up in the past few years, there are still several barriers hindering access for part of the older people to health prevention and promotion services. Services are often offered to the average educated older people population, but not specifically targeted at groups such as poorly educated people, the poor, etc, resulting in the fact that these specific groups are often excluded from services. A more systemic instead of vertical approach is necessary to better reach all groups within the older people and to cover their needs. Better cooperation and coordination between the different actors in this field, such as local, regional, state, and national government with health insurance and welfare organisations and other actors to assure reaching all with targeted interventions.

Further, there is a problem with specific pre-defined narrow-focussed services being financed by the health insurance as part of health prevention and promotion, but not others. E.g., a cross-fit course is paid for, but for those that are not able to swim and would like to learn swimming, a swimming course is not paid for. Here, wider visions would be desirable.

Under COVID-19, it has also been evident that the role of the Federal Centre for Health Education (BZgA) was weak, with several functions being taken over by the RKI (such as awareness raising on preventive measures, etc.). A stronger and effective leadership role taken on by BZgA would have been desirable here.

### 3.3.2. Costs of health care in Germany

Today's universal health care in Germany dates back to Bismarck's Health Insurance Act of 1883, which introduced the world's first social health insurance system. Today, Health insurance in Germany is

provided by statutory health insurance (SHI), consisting of sickness funds (that are competing, not-for-profit, non-governmental health insurance plans), and private health insurance. The contribution rate for all employees is 14.6 % plus additional contribution depending on the individual health insurance, both of which are divided into half to be paid by employee and half to be paid by employer.

Costs of health care are covered by the health insurance apart from certain contributions. Doctors' visits are free of charge, but there are co-payments for medicines and hospitalisation up to a certain amount as can be seen from the below Table.

Table 5: Typical patient co-payments and safety nets

Typical patient co-payments and safety nets			
Service	Fees per visit/ Service	Maximum out-of-pocket costs per year	Safety net
Primary care visit	None		Children and adolescents up to age 18 are exempt from co-payments (except for dentures, orthodontic treatment, and transportation)
Specialist consultation	None		
Hospitalisation (per day or visit), incl. pharmaceuticals	EUR 10.00 per day	Maximum 28 days per year	There is an upper limit for cost sharing: Co-payment maximum of 2 % of a household's annual gross income, or 1 % for people with serious chronic illnesses who attended the recommended consultations or screenings before they became ill.
Prescribed Pharmaceuticals (outpatients)	For covered drugs, the insured pay 10 % or at minimum EUR 5.00, and a maximum of EUR 10.00, or the price of the drug plus the difference between the price and the reference price; no co-payment if the price is 30 % lower than the reference price.		
Prescribed medical devices	EUR 5.00 to EUR 10.00		

Source: Blümel M. and Busse R., 2020, adapted by author.

But certain aids often needed in older age such as glasses, hearing aids and artificial teeth are not fully covered and require co-payments that are quite substantial depending on the model chosen but are tax deductible. Private insurances are existing for all of these and cover either co-or full payment of these aids, depending on the amount of monthly contribution and length of payment.

According to a survey of insured persons by the National Association of Statutory Health Insurance Physicians 2019 (Bernhard & Langner, 2019), 45 % of the respondents did not have any waiting time at all in 2019, 15 % had to wait for up to 3 days, and 38 % had to wait longer than 3 days. When asked whether there are sufficient general practitioners in their place of living, the following answers were given, depending on size of place of living (see Table 6):

Table 6: Access to general practitioners according to place of living

Place of living	No	Yes, but no problem with it	Yes, and it is a problem to me
< 5000 residents	61 %	28 %	10 % (24 % for specialist doctors)
< 20,000 residents	70 %	18 %	9 % (21 % for specialist doctors)
< 100,000 residents	69 %	18 %	7 % (23 % for specialist doctors)
> 100,000 residents	76 %	9 %	7 % (16 % for specialist doctors)

Source: Bernhard & Langner, 2019.

Even though the problem of not having sufficient general practitioners and specialists in the place of living, higher problems are in small villages as expected, but the differences are not as high as expected.

### 3.3.3. Measures to contain COVID and maintain and improve health and well-being of the older people

Further to contact restrictions, social distancing, distribution of medical and FFP-2 masks free of charge, and promotion of good hygiene behaviour, vaccination for old-age people as priority was introduced right from the beginning with onset of vaccinations.

Various studies have been published on COVID and its impact, but only few looking specifically at old people.

It is well established, that older people who are unable to take part in social events on their own due to physical, mental, or cognitive limitations, are increasingly excluded from the experience of the community and are at higher risk of depression through isolation.

A representative survey done during the first lockdown in April 2020 to see whether the mental health situation of the older people in Germany deteriorated during the COVID pandemic showed that "the mental well-being of the German old age population was largely unaltered during COVID-19 lockdown, suggesting resilience against the challenging pandemic situation" (Röhre et al., 2020).

One study (Horn & Schweppe, 2020) focused on the perspective of old and very old people on the corona perspective with 500 participants between 75 and 100 years of age. Most of them were not afraid to get infected but feared the consequences of an infection with COVID-19. More than 92 % of them applied all recommended hygiene measures. Almost two thirds (62.0 %) of them avoid public places during this time and half (50.8 %) only leave their home for the most essential things, such as shopping or visiting the doctor. A quarter (26.0 %) of those questioned said they had avoided visits to the doctor that would normally have been there to reduce the risk of infection. Nevertheless, 82.2 % of the respondents said that they feel less (57 %) or not at all (25.2 %) restricted by these measures. Most (96 %) found that their health status did not change with the pandemic, but more than half were

missing contacts with friends and/or relatives. However, 91.2 % of the respondents were satisfied with the measures taken by the government to protect them.

With availability of vaccines, residents of nursing homes were placed in the highest category of the vaccination sequence and were offered a vaccination first. As of March 31, 2021, more than 850,000 nursing home residents received a first vaccination and most of them have already received a second vaccination (Willenbrock, J., 2021). Due to prioritising immunisation of all older people (not only those in nursing homes) due to their vulnerability, data of the RKI (RKI, 2021) show that in over 80 % of people > 60 years of age have been vaccinated already once and 54.6 % twice, even though data of 2 federal states were not available per age group (Berlin and Saxony).

Figures from Destatis 2021 show that the age group with highest incidence rate of COVID-19 changed from the older people to middle aged in Germany over the past few months.

### 3.3.4. Quality of care

Quality of care of care services as well as of nursing home is well regulated in Germany through SGB XI and monitored through annually by the MDK or the auditing service of the Association of Private Health Insurance (regular audit) through unannounced visits (Bundesministerium für Gesundheit, 2016).

Guidelines of the RKI on "Prevention and management of COVID-19 in old people's and care facilities and facilities for people with impairments and disabilities" (RKI, 2021) were published in May 2021 and subsequently updated in July to contain spread of COVID-19 and improve quality in these homes.

The results of this systematic literature review up to June 2020 show that there seems to be a general lack of continuous data collection in nursing homes in Germany. Even more, during the pandemic, it was hardly possible to collect data in nursing homes, mandatory documentation requirements were suspended, and visits and monitoring by the Health Insurance Medical Service (MDK) and internal supervision were drastically reduced (RKI, 2020).

The draft German Recovery and Resilience Plan does not specifically address health and well-being of old people in Germany.

Access to health care and nursing care in Germany is quite good and mostly covered by the medical and long-term care insurance. However, differences in access exist between rural and urban areas and even though several programmes and projects have been designed to address these differences, nationwide measures need to be identified and implemented. Impact of COVID-19 on the physical and mental well-being of the older people in Germany has been subject to several studies but needs more long-term measurement and resulting policy recommendations. Quality of care especially in nursing homes, but also in mobile nursing care services have drastically reduced under COVID since mandatory documentation requirements were suspended, monitoring and evaluation was reduced to a minimum and even since before COVID-19, there seems to be general lack of continuous data collection in nursing homes in Germany. Therefore, measure to improve quality not only in nursing homes but also among nursing care services should be priority and guidelines to maintain quality assurance even under extraordinary circumstances such as the COVID pandemic need urgently to be drafted with active participation of nursing community working in these facilities.

## 3.4. Long-term care

Data of Destatis (Destatis, 2021) show a strong increase of people in need of care over the past years, as can be seen from the below Table. This can be related to the ever-ageing population and longer life expectancy. In 2019, 56 % were cared for at home, mainly through relatives, 24 % were cared for by mobile nursing care services, and only 20 % were staying in old people's homes.

Table 7: People in need of care in Germany from 1999 to 2019

Year	People in need of care
1999	2,020,000
2001	2,040,000
2003	2,080,000
2005	2,130,000
2007	2,250,000
2009	2,340,000
2011	2,500,000
2013	2,630,000
2015	2,860,000
2017	3,410,000
2019	4,130,000

Source: Destatis, 2021.

For the long-term care insurance, the contribution rate has been 3.05 % of gross income, and 3.3 % for childless persons since January 2019, also paid half by employer, half by employee (Bundesministerium für Gesundheit, 2021). Those that are insured with a private health insurance also have compulsory private long-term care insurance.

### 3.4.1. Costs of long-term care in Germany

The following Table provides an overview of benefits paid by the long-term care insurance.

Table 8: Overview of benefits paid by the long-term care insurance according to care degree

Care degrees	Cash benefit (outpatient)	Non-cash benefit (outpatient)	Relief amount (outpatient) Earmarked	Benefit amount (full inpatient)
Care degree 1	-	125 EUR	125 EUR	-
Care degree 2	316 EUR	689 EUR	125 EUR	770 EUR
Care degree 3	545 EUR	1,298 EUR	125 EUR	1,262 EUR
Care degree 4	728 EUR	1,612 EUR	125 EUR	1,775 EUR
Care degree 5	901 EUR	1,995 EUR	125 EUR	2,005 EUR

Source: Verein Für soziales Leben e.V., 2020.

At first glance, this appears to be quite high. However especially when looking at full inpatient care in a nursing home, additional considerable out of pocket contributions have to be made. In addition to the costs covered by the long-term care insurance, in patients (and/or relatives) have to cover the daily rate for room and catering, investment costs. In the eastern German federal states, the costs range between EUR 1,080 (Saxony) and EUR 1,430 (Brandenburg). In the Western German federal states, these costs range between EUR 1,755 in Hessen, and EUR 2,516 in North Rhine-Westphalia (DAK Pflegereport, 2019) as can be seen from the below Table.

Table 9: Average co-payments of patients in long term care facilities

Federal state	Ø-Co-payment nursing home =	Own share	+Investment costs	Catering
Baden Württemberg	1,994 EUR	925 EUR	339 EUR	730 EUR
Bavaria	1,868 EUR	849 EUR	367 EUR	652 EUR
Berlin	1,857 EUR	895 EUR	372 EUR	590 EUR
Brandenburg	1,535 EUR	599 EUR	331 EUR	605 EUR
Bremen	1,720 EUR	459 EUR	519 EUR	742 EUR
Germany	1,874 EUR	662 EUR	412 EUR	800 EUR
Hamburg	1,952 EUR	657 EUR	517 EUR	778 EUR
Hessen	1,755 EUR	635 EUR	488 EUR	652 EUR
Mecklenburg Western Pomerania	1,431 EUR	418 EUR	306 EUR	707 EUR
Lower Saxony	1,464 EUR	461 EUR	420 EUR	583 EUR
North Rhine-Westphalia	2,516 EUR	731 EUR	524 EUR	1261 EUR
Rhineland-Palatinate	1,954 EUR	696 EUR	413 EUR	845 EUR
Saarland	2,239 EUR	872 EUR	506 EUR	861 EUR
Saxony	1,203 EUR	340 EUR	312 EUR	551 EUR
Saxony Anhalt	1,256 EUR	409 EUR	289 EUR	558 EUR
Schleswig Holstein	1,757 EUR	411 EUR	490 EUR	856 EUR
Thuringia	1,221 EUR	274 EUR	256 EUR	691 EUR

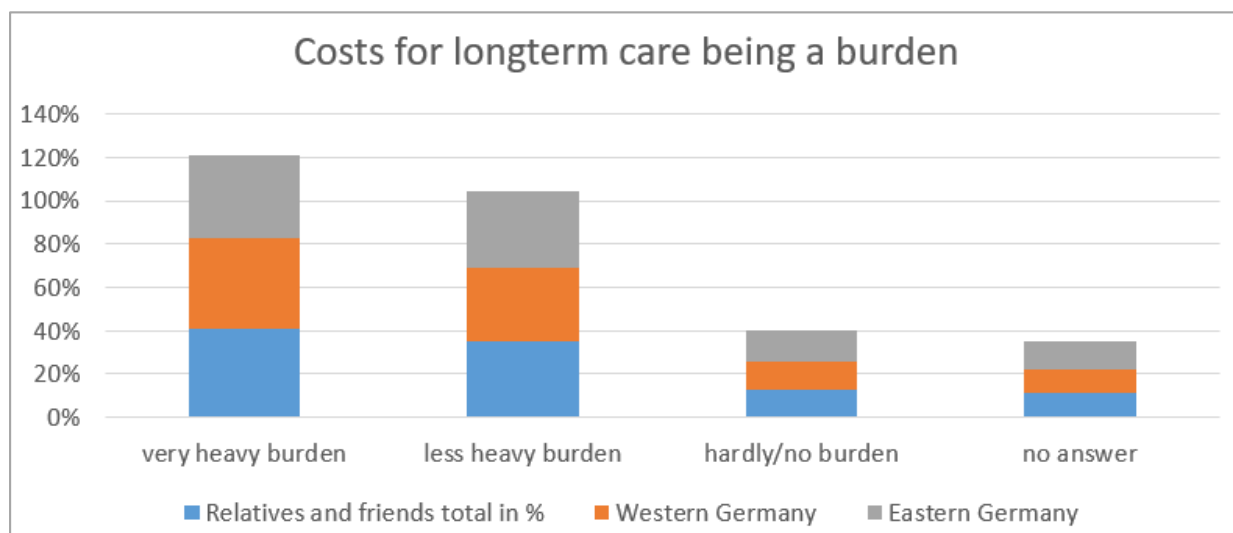
Source: Prof. Dr. Thomas Klie, DAK-Pflegereport 2019, October 2019. Available at:

<https://www.pflegeversicherung-tarif.de/durchschnittliche-pflegekosten>, from DAK-Pflegereport 2019.

The DAK Care report 2019 (DAK Pflegereport, 2019) investigated among others the costs of long-term care for insurance and affected.

A survey with (former) relatives and friends of old people in stationary care were asked how much of a burden the costs of care place for those affected were. In general, 41 % said very heavy, 35 less heavy, 13 % said no burden at all, and 11 % did not answer. Even when looking at differences between Western and former Eastern Germany, only little differences could be observed, as demonstrated in the below graph:

Figure 1: Costs for long-term care being a burden, answers from relatives and friends of old people in need of care



Source: DAK Pflegereport 2019.

Further, more than 69 % with slight differences when looking at rural/urban/Western or Eastern Germany of those in need for nursing care services, felt that the nursing care service had not sufficient time and relatives were forced to take over a lot of their activities.

The government will assist with payments if these cannot be covered according to SGB XII, but only under certain conditions: According to the new "Relief for Dependents Act" that came into force on 01.01.2020, children who are liable to pay maintenance will then only have to pay for the nursing home costs of their parents if their gross income exceeds EUR 100,000 and thus must pay parental maintenance. If the gross income of the person obliged to pay maintenance is below this EUR 100,000, the social welfare office will take over the missing amount if the pension or the assets of the nursing home resident are no longer sufficient (Beier, O., 2020).

Statistics show that in 2019, of 4,127,605 people with care degree 1 to 5, 82 % were cared for at home, either only by relatives (51.3 %) or with the help of assistance in different forms. Only 19.8 % of all with care degree 1 to 5 were staying in nursing homes (Destatis, 2020).

### 3.4.2. Related laws and regulations

The Caregiver Leave Act and the Family Caregiver Leave Act allow employees to take care of close relatives in need of long-term care. Through the Caregiver Leave Act, relatives can take up to ten working days off to organise care for the patient / relative in an acute care situation, or to ensure care during this time. During this time, the relatives receive a care support allowance (Pflegeunterstützungsgeld) for a maximum of ten days.

According to the Family Caregiver Leave Act, workers can take up to six months' leave from work, in whole or in part, to care for a close relative at home (caregiver leave). They are also allowed to apply for an interest-free loan from the Federal Office for Family and Civil Society Affairs (BAFzA) to cushion the loss of income. The entitlement to care leave does not apply to a small employer with 15 or fewer permanent employees.

In addition, employees may be partially released from work for up to 24 months and take out an interest-free loan. But this only applies when working for employer with 25 or more permanent employees. The right to partial leave does not apply when an employer has 25 or fewer regular

employees (excluding employees in vocational education and training).

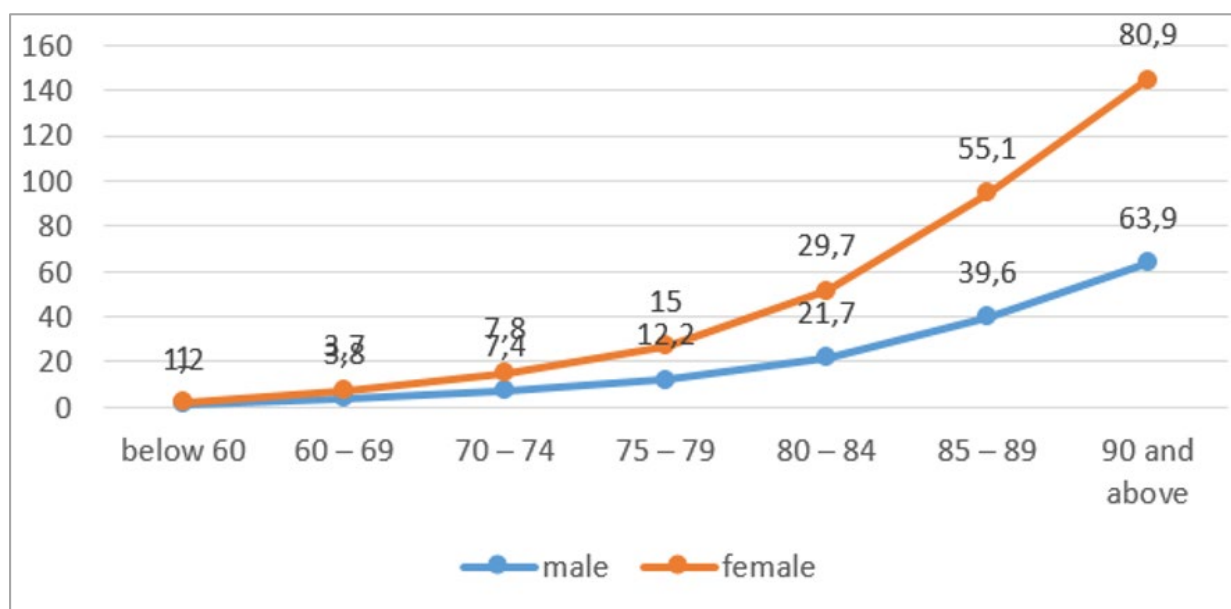
In September 2015, the Unabhängiger Beirat für die Vereinbarkeit von Pflege und Beruf (Independent Advisory Committee for the Reconciliation of Care and Work) that was set up. Its tasks / aims are defined as follows by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth: "...The Committee addresses matters relating to work-life balance, accompanies the implementation of relevant regulations and discusses their effects. Every four years, the Committee submits a report to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which may include recommendations for action...." (The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2020).

The Charter of Rights for People in Need of Long-Term Care and Assistance in Germany and its recommendations for action (2016) provides information in nine languages and seeks "to assist relatives who provide care and to facilitate access to hospice and palliative care". This charter is applicable to all people in need for long-term care, not only the older people. (BAGSO, 2021).

Finally, regular discussions between the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and key stakeholders and experts take place. Key stakeholders include German National Association of BAGSO - Bundesarbeitsgemeinschaft der Seniorenorganisationen e.V. (German National Association of Senior Citizens' Organisations) and Deutsches Institut für Menschenrechte DIMR e.V. (German Institute for Human Rights) (BAGSO, 2021).

Data of Destatis in the Figure below show, that older people in need of care increase as expected with age, but that the care rate increases rapidly from age 80 onwards.

Figure 2: Care quota by age group 2019 Share of the respective population group in %



Source: Destatis, 2021.

#### a. Distribution of and access to long term care facilities in Germany

There are large differences in the structure of providers when looking at individual regions. In urban regions the percentage of non-profit providers is higher than the percentage of private and municipal providers, while at the same time the distribution in rural regions is more in the direction of private providers. Even though the percentage of municipal providers tends to be low in both regions, it is noticeable that they operate by far the largest homes.

Table 10: Distribution of long-term care facilities /nursing homes places according to provider, urban versus rural area 2020

Type of Institution providing care	Urban area - average number of places	Rural area – average number of places
Private	86	66
charitable	87	69
municipal	100	72

Source: pflegemarkt.com GmbH, available at:

<https://www.pflegemarkt.com/2016/10/28/anzahl-und-statistik-der-altenheime-in-deutschland/>.

#### b. Digitalisation

A study (INPUT Consulting gGmbH for DAA-Stiftung Bildung und Beruf, 2017) showed that digitalisation in health care, nursing homes and mobile nursing services exists already to a certain extent, but that further option needs more focussed research, e.g. digitalisation in the training of health care staff, benefits of digitalisation for staff and clients, and others. Options are e.g., digital planning of daily tours in mobile nursing care services, M&E, etc.

#### 3.4.3. Migrant worker providing long term care

According to the study by Kuhlmann et al. 2020, people from Eastern Europe (with the largest groups from Romania, Bulgaria and Poland) comprise the largest group in home care in Germany and account for a significant share in inpatient care.

In 2020, around 15 % of all mandatory socially insured carers working in older people care were foreigners. In the area of health care, the percentage of foreigners was around 9 % (Statistika, 2021). An earlier study of Theobald (2017) showed that in mobile home care services around 11 % of migrants and in the inpatient care 15-23 % of carers are migrants. Their home countries are 65.8 % Russia, Poland, Kazakhstan, and other countries from Eastern Europe, 17.7 % Western Europe, mainly former Yugoslavia, and 16.5 % are from outside Europe (Turkey, Philippines, Korea, etc.). A study done especially with focus on home care (Hielscher H., et al., 2017) showed that in 2017, in around every tenth care household (11 %) a care person from abroad was living temporarily in the household. This is mainly because the number of persons needing care has risen sharply, and the supply gap of trained professionals is currently being closed by these live-in caregivers.

This 24-hours care arrangement was especially used by old persons in need of care with a severe physical condition or/and those with dementia in need for care "around the Watch" as alternative to stationary care. Hielscher et al. assume that around 115,000 to 300,000 migrants are employed in private households. Other number reach up to 600,000. Usually, recruitment agencies take over the recruitment and placement of these workers who take turns every few weeks. Payment for this arrangement is only partly taken over by the LTC insurance and households pay in average around EUR 1,800 per month. However, with the recent Nursing judgement from Germany's highest labour court in Erfurt in June 2021, and the new law on minimum wage, these costs will raise sharply. Minimum wage will raise from 1<sup>st</sup> January 2021: EUR 9.50 per hour to 1<sup>st</sup> July 2022: EUR 10.45 per hour (die Bundesregierung, 2021).

The nursing judgement is based on a lawsuit by a Bulgarian nurse who provided 24-hours to a 96-year-old aged woman between 2015 to 2016 with a 30 working hours/week contract by a Bulgarian organisation. She won the case and will get reimbursement. However, the exact amount of back pay resulting from on-call time is to be re-examined by the Berlin-Brandenburg Regional Labour Court (24h

Pflege-Check, 2021).

Therefore, already before the increase of minimum wage and the nursing care judgement, this arrangement is more used for middle class households who can afford this. A major problem is that often, a clear demarcation between "working hours" and "free time" for these workers hardly take place and often it is expected that they are working around the clock.

The impact of the judgments of highest labour court in Erfurt as well as the still expected judgement of the Berlin-Brandenburg Regional Labour Court still have to be assessed. Completely new arrangements might have to be identified by the German care law as well as foreign institutions providing labour forces for 24-hours care. However, since the market for cheap 24-hours carers in private households is big all over the European market, a unified European strategy and regulation to avoid exploitation of cheap workers is highly recommended.

Some church organisations offer alternatives: "CariFair" from Caritas or "FairCare" from Diakonie Baden-Württemberg. Both organisations advise migrant workers, prepare them for Germany and help with administrative work. Here they are paid according to the tariff agreed, have vacation and free time and are accompanied by the local social stations. However, these alternative concepts do not offer round-the-clock care for people in need of care. Instead, there is a modular system, which consists of home and outpatient care as well as family and neighbourhood help (Schüller, S., 2021). However, under FairCare (FairCare, 2021) for example, the migrant carer received a fixed wage, has 40 hours working time per week, and only does assistant work. For treatment care, an additional mobile nursing care service needs to be hired. Costs with around EUR 2,718- to EUR 2,829- are around EUR 1,000- more expensive than the common migrant carers and offer less service that need to be booked additionally. On the other hand, both, FairCare and CariFair offer fair working conditions for migrant workers.

#### 3.4.4. Impact of the COVID-19 on long-term care

In addition to the information on COVID-19 provided under 3.3, a further study implemented by Halek et al. in 2020 points out the needs to intensifying discussions about urgent changes in health policy in the field of geriatric care due to the fact that the gaps and weaknesses in care (e.g. implementation of hygiene concepts, quarantine, restriction of visitors, social distancing, especially for those with dementia, care for COVID-19 positive clients) resulting from the strong segmentation and economization of the system are becoming more apparent under the pandemic. Both the quantity and the quality of nursing staff are key elements in dealing with the pandemic. According to Halek, implementation of the diverse relevant recommendations for action requires academically trained nursing experts who sustainably manage complex nursing processes.

Finally, the COVID-19 pandemic has revealed one more weakness (in addition to the fact that people prefer to receive care from their family relatives at home) of the practice of nursing homes. (Dant, 2020, p.10): "The high risk of infection to people living in care and nursing homes has been recognised and different bodies across Germany have issued guidance and recommendations." The primary objective of the recommendations is that patients (and staff) with infection (or showing symptoms of infection) should be separated from non-infected patients (and staff). One and the other should be considered in the future organisation of nursing homes; this is especially important in the knowledge that future advents of other pandemics appear to be a real possibility.

Moving into a long-term care facility seems to be the last and most expensive alternative for most older people. Costs are increasing steadily and monthly rate of co-payments that must be paid by the client are far above an average monthly pension, even though financial support can be requested under certain circumstances from the government. More ways for cost containment and alternative solutions

need to be studied and installed since the issue is quite pressing in the ever-ageing German society.

### 3.5. Supportive environments

#### 3.5.1. Housing

Various forms of living exist in Germany for old age people (Seybecke, F., 2021). Staying at home with or without assistance, senior shared apartments with or without nursing care service, or various inpatient residential forms of living.

For those staying at home, various forms of assistance include e.g.:

- care through relatives;
- modification of home to assure age-appropriate living possible, such as e.g. stair lift, barrier-free kitchen, bathroom, etc. These measures can be financed with KfW banking group grants or low-interest loans as part of the "Age-appropriate renovation" programme under BMFSFJ;
- installing a home emergency call system to request help in case of accident or emergency, offered by most welfare organisation; mostly via bracelet button and special phone
- meals on wheels;
- nursing care service; and
- 24-hours nursing care, especially in case of dementia or mobile ICU care.

#### a. Inpatient residential forms of living: Overview

##### *Day-and-night care*

With day-and-night care, those in need of care only spend part of their day in an inpatient facility. Day care takes place during the day and is often used to supplement home care by relatives. The seniors are picked up in the morning by a driver service or brought by the care giver to the day care in the retirement home. Night care is mainly used for people in need of care who do not like to be alone at night or who suffer from a disturbed day-night rhythm.

##### *Short-term and preventive care*

The short-term and preventive care is designed for a foreseeable period, e.g. when a senior is in need of care for a certain period of time, for example as a result of an injury or accident. In this case, the health insurance company will take over the placement in an inpatient care facility for this period. Short-term care is also used in the event of a short-term deterioration in the need for care.

The long-term care insurance will also pay for placement of the old person under certain conditions in case of the absence of the relative due to illness or vacation for a maximum of four weeks per year.

##### *Assisted living*

In assisted living, residents live in their own barrier-free, age-appropriate flat with a care service. This form of housing is primarily suitable for seniors who can still live relatively independently and at the same time want to be sure of receiving quick and reliable help when needed. Moving into an assisted flat has the advantage that various care services are offered in addition to accommodation.

*Old peoples' homes and residences*

Other ways of living that are part of recent trends for the old are for example:

- living abroad and getting care there due to much lower costs of care;
- multi-generation house: an apartment building in which the respective generations have their own apartments, being particularly suitable for families who live together but still want to protect the privacy of all members.

According to a report of the Federal Statistical Office (Statistisches Bundesamt Wiesbaden, 2016), every second senior household in Germany lives in its own four walls, 80 % of them in single-family houses or semi-detached houses, 20 % in owner-occupied flats. Senior households often consist of only one or two people. The average living space per person is therefore above average. They have around 60 square meters available per person, compared to only 40 square meters for younger households. Most people would like to live in their own household even in old age. Only few of them live together with other family members (2014: 7-8 %). However, the situation differs with region. In 2011 in Western Germany, 54 % of the households were in their own flat or house, whereas in Eastern Germany, the share was only 33 %. One explanation for this is that in the German Democratic Republic (GDR), private home ownership was an exception and at the time of German unification in 1990, many of today's senior citizens did not want to or did not have the finance to buy their own property.

Only 4 % (in 2016) of people above the age of 65 years wanted to or could no longer care for themselves and were living in and lived in old people's or nursing homes or other communal facilities. This percentage increases with age: Of people aged 85 and over, about 15 % lived in a home or community facility.

### b. Pilot projects

A number of projects that can be considered as best practice are successfully being implemented, such as for example:

- 1) model programme of BMFSFJ "Life as usual" from October 2020-December 2023 (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2020)<sup>2</sup>. The aim is to use innovative practical projects to show how a self-determined and independent life in a familiar living environment can succeed - even in old age and with impairments. The programme focuses on:
  - digital, technical, and electronic aids;
  - inclusive, communal, and barrier-avoiding housing;
  - mobility and participation.
- 2) the pilot programme "Dying where you live and are at home" from October 2020-December 2023 (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2020)<sup>3</sup>. The aim is to provide impulses for the further development and improvement of inpatient and day-care services in hospice and palliative care to encourage and support people to stay in their own homes at the

<sup>2</sup> "Life as usual", available at: <https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/modellprogramm-leben-wie-gewohnt-startet-161836#:~:text=Das%20Programm%20%22Leben%20wie%20gewohnt,Okttober%202020%20bis%20Dezember%202023.>

<sup>3</sup> "Dying where you live and are at home", available at: <https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/bewerbungsphase-fuer-neues-pilotprogramm-gestartet-161710#:~:text=Von%20Dezember%202020%20bis%20Ende,ambulante%20Wohnformen%20auszubauen%20und%20weiterzuentwickeln.>

end of life and maintain relationships with neighbours, friends and relatives. The programme targets investment and construction projects that have an exemplary concept focuses on the following:

- maintaining self-determination, independence, and quality of life for as long as possible;
- enabling and maintaining social participation even for seriously ill people;
- relieving the burden on relatives who take on the care of older people and seriously ill people.

### 3.5.2. Financial independence

Everybody strives for financial independence, especially in older age. According to the income of the > 65 years of age in Germany is coming to 61 % from the compulsory pension insurance, 22 % company and other old-age pensions, further income 9 %, 7 % private pension, and 1 % state social benefits. Therefore, the majority of older people are well insured. Senior married couples achieve an average monthly net total income from pension benefits and additional income of EUR 2,907, single senior citizens of EUR 1,607 and senior citizens of EUR 1,816. Currently, only around three percent of people above the age of 65 are dependent on basic security in old age, in the new federal states of Eastern Germany, this is only around one percent (Die Bundesregierung, 2020).

However, since a traditional partnership model was often chosen, in which women took on the role of housewives and child-rearing at the beginning of the marriage up to the 1970ties, significant differences in the amount of one's own pension benefits according to gender can be observed. On average, women receive their own retirement benefits that are 49 percent lower than men. In the new federal states the difference at 23 % is significantly smaller than in the old federal states (55 %). The difference between the sexes is also evident in the total income at the age of 1,573 EUR on average for all persons. With an average of 1,910 EUR, men have a significantly higher net income than women, getting 1,305 EURs (Bundesministerium für Arbeit und Soziales, 2020).

70 % of all married couples and 49 % of single people aged 65 and over in Germany live in their own home. While in the old federal states the proportion of married couples who own a house or apartment is 73 %, in the new federal states it is 56 %. Among the single senior citizens in the old federal states, the proportion of those who use their own home is 52 % (Bundesministerium für Arbeit und Soziales, 2020).

### 3.5.3. Poverty in old age

The most recent data published by the Federal Agency for Civic Education in November 2020 on the distribution of poverty among the different age groups within the German population show that in 2019, among the 65-year-olds and above, 13.7 % of the men and 18.2 % of the women were at risk of poverty, showing that the risk for men in this groups was around 1 pp less, but women 2 pp higher than for the total population.

In Eastern Germany, the at-risk-of-poverty rate in 2019 among older people was lower than in Western Germany. Among the 65-year-olds and above 13 % of the men and 14.4 % of the women were at risk of poverty, showing that the risk for men in this groups was around 4.7 pp less, and for women 3.7 pp less than for the total population.

Gender related differences can be seen in the fact that at productive age of the now retirement age groups women often stayed at home and did not contribute to their statutory social insurance. Further, if working and having children, it is mainly the women who work part time and therefore pay less

contributions to the social insurance than men, mainly in full time positions at the same productive age.

However, according to BPB (Bundeszentrale für politische Bildung, 2020), the risk of poverty between 2006 and 2019 increased. In Western Germany, the risk of poverty rate increased by 4.5 pp (from 9.2 % to 13.7 %) among 65-year-olds and older men and among women by 5.8 pp (from 12.4 % to 18.2 %). In Eastern Germany, the at-risk-of-poverty rate of 65-year-olds and older men rose by 7.0 pp (from 6.0 % to 13.0 %) and that of 65-year-olds and older women by 4.5 pp (from 9.9 %) over the same period to 14.4 %).

### 3.5.4. Transportation

Additional to public transportation, further transport services for senior citizens and people in need of care are offered by the welfare organisations and others in Germany and are paid for by the municipalities and local authorities if there is a permanent impairment or similar reason for entitlement. For transportation to medical service (including the COVID-19 vaccination), the general practitioner can issue a "transport voucher" so that the transport service can settle directly with the health insurance company (Pflegehilfe-Senioren, 2021).

According to a study prepared for the Federal Ministry of Transport and Digital Infrastructure in 2018, a total of 13 % of the population is affected by health restrictions. Slightly more than half of them have health impairments that affect mobility. However, these increase with age. The Table below shows the mobility of impaired and not impaired above 60 years of age. It can be observed, that for mobility-impaired seniors without a car, the transport performance (range of movement) is only 43-45 % of the average of all seniors without a car. For mobility-impaired seniors with a car, the transport performance is 63-80 % of the average of all seniors with a car.

Table 11: Transport means of people above 60 years of age

Group of persons all above 60 years	Car in household	Proportion with/without car (%)	Km / person/day	transport mode share of trips				
				On foot (%)	Bicycle (%)	MIV* driver (%)	MIV* passenger (%)	Public transport (%)
All (with and without impairments)	No	17 %	14 km	45	15 %	4 %	9 %	28 %
	Yes	83 %	31 km	23	9 %	50 %	13 %	5
Mobility-impairment through walking impairment	No	29 %	6 km	49 %	15 %	2 %	10 %	23
	Yes	71 %	19 km	20 %	5 %	48 %	21 %	5 %
Mobility-impairment through visual impairment	No	45 %	6 km	53 %	8 %	1 %	18 %	20 %
	Yes	55 %	21 km	30 %	5 %	20 %	37 %	7 %
Mobility-impairment through others	No	26 %	7 km	51 %	10 %	5 %	11 %	22 %
	Yes	74 %	24 km	25 %	7 %	42 %	20 %	6 %

\* Motorised private transport (MIV), e.g. motorised means of transport car, Motorbikes, and mopeds.

Source: Federal Ministry of Transport and Digital Infrastructure, 2018, page 102.

A study by IGES for ADAC 2020 (Gipp et al., 2020) shows with example of Lower Saxony and Brandenburg for rural areas the need for much better public transport services. In about 14 % of the very sparsely populated municipalities, the inhabitants have only one to four public transport connections daily to the nearest middle or upper centre. During school holidays, the offer deteriorates

even further. The result: 70 % of all journeys there are made by car. Only about 5 % are made by public transport. Seeing this and knowing from the above data, the exclusion of old people in social participation is even further restricted, the study recommends to the government of Germany that the share of local public transport in motorised transport could be almost doubled in the coming years with the help of improved services and to ensure more participation outside of conurbations, and to increase climate protection. They recommend uniform and binding mobility standards such as in Switzerland, including a guaranteed local public transport service in every town or city with a population of 500 or more, include demand-responsive services such as on-call buses and call-sharing taxis. These standards would also contribute significantly to realising domestic policy goals of equal provision for urban and rural areas.

Several measures to improve public transportation in rural areas (not specifically for old-age persons) exist, such as those funded with 10.6 Mio EUR by the government of north Rhine Westphalia: "For better public transport: state government strengthens on-demand mobility" in 2020. These projects include e.g. on-demand minibuses.

#### a. Impact of COVID-19 on mobility / transportation

Data of a study from Anke et al. (2021) confirmed that mobility behaviour during the pandemic shifted from public transport to higher utilization of cars, walking and bicycling. "Comparisons of federal states with and without lockdown revealed only punctual differences". Unfortunately, no further subdivision by age group was made. According to Anke et al. (2021), the number of people using public transport for short distances decreased by 11 % during the first quarter of 2020. 58.8 % of the respondents in the survey stated having changed transportation modes since the outbreak of the pandemic, mainly from public transportation to bicycle and walking.

#### b. Best practice projects

Mobisaar in Saarland (Mobisaar, 2021) could be considered as best practice. Mobisaar means mobility for all and aims to facilitate public transportation for mobility impaired persons. It is financed by the Federal Ministry of Education and Research (BMBF). The project brings mobility impaired citizens from door to door free of charge on weekdays and helps them get on and off buses and trains as well as at the ticket machine. It works with both full-time staff and volunteers. Public transport is not part of the German recovery Plan and resilience plan.

## 4. RECOMMENDATIONS FOR THE EU-LEVEL

In recent years, Germany has been undergoing reforms to improve active ageing. Based on the findings, the following can be summarised as recommendations

### 4.1. Active ageing

Over the last decades the general German health care system as well as the long-term care system have undergone major (and frequent) reforms:

- Most of the reforms were a response to the ever-continuing number of older persons; at the same time, they were meant to increase the quality of health care and to accommodate the needs of (family) care givers;
- Some of the initiatives initiated in Germany could serve as best practice for other European countries if they would be adapted to the specific context.

It would be advisable to rethink and discuss and redesign the older people assistance law § 71 of SGB XII mandatory to guarantee benefits for the older people (FR.Schmidt, "the Paritätische").

### 4.2. Economic and labour market participation

Also, for this field, several reforms, including that on the risk of poverty during COVID-19 pandemic, are still ongoing in order to protect citizens from poverty, including the old.

Further discussion and research on how the model of active ageing should be reflected in (professional and academic) training, further education, and in training in relevant gerontology-related professions is needed.

### 4.3. Social participation

The government of Germany has initiated a number of regulations and programmes to increase social participation of people above 60 years of age, some of which could serve as best practice for other European countries such as the new federal model programme of the European Social Fund (ESF) "Strengthening the Participation of Older People - Ways out of Loneliness and Social Isolation in Old Age" that aims to enhance social participation of people above 60 years of age with funding from the European Union (EU) and is running from 01.10.2020 to 30.09.2022.

However, we see the urgency for further research to assess and fully understand social participation in the following areas:

- type of organisations and engagement options available and accessible by urban, rural and region;
- on the satisfaction of old age volunteers with their voluntary work /social engagement or whether they would prefer another voluntary work that is not available or accessible to them;
- on access to voluntary engagements by the degree of impairment (care degrees).

More increased awareness raising, and public information is recommended to assure that even those without online facilities have access to information on the various engagement options.

### 4.4. Health care and well-being

Access to health care and nursing care in Germany is quite good and mostly covered by the medical

and long-term care insurance. However, differences in access exist between rural and urban areas and even though several programmes and projects have been designed to address these differences, nationwide measures need to be identified and implemented. Most pilot projects some of which could be considered best practice, are only being implemented at local level not knowing yet if replicable at national or even European level.

The pandemic showed considerable cuts in quality assurance in nursing homes, but also in mobile care services, caused: 1. by a lack of staff, but 2. also by government measures (e.g. suspension of mandatory documentation requirements), which were certainly well-intentioned, but led to a deterioration in quality of care. Common European guidelines that can be adapted to the national context would certainly provide a base to avoid ad-hoc measures that are well meant but have opposite effect. Further, especially in Germany the profession of nurse needs much more recognition and payment to make the profession more attractive to young people and on the long run close the gap of lack of staff.

Further, in Germany there seems to be general lack of continuous data collection in nursing homes. To be able to produce, assess and analyse not only German but European wide data, common data sets to be collected as well as common indicators should be defined and be used as minimum standard in European 27.

#### **4.5. Long-term care**

Since the above analysis has shown the ever-increasing costs of nursing homes for the individual as well as the fact that a long-term care institution seems to be the last option, other solutions such as the 24-hour care service, mobile nursing services, etc, supported by ICT need to get greater attention.

As a result of the successful lawsuit of a Bulgarian woman in June 2021 providing 24-hour care and asking for payment of overtime in Germany, not only new arrangements in the set-up of provision of 24-care in an affordable way, but a unified European strategy and regulation to avoid exploitation of cheap workers from poorer European countries and from outside the EU is highly recommended.

More research is needed to identify innovative and cost-effective solutions. Further, stakeholder engagement and coordination, especially between the EU governing bodies, national ministries, ILO, and research institutions as well as organisations offering best practice examples is highly recommended.

#### **4.6. Supportive environments**

There are several laws and regulations in place to support housing for the ageing population. As stated before, alternative cost effective and efficient housing options are needed to supply the growing community of pensioners in the long term.

As well researched, the risk of poverty between 2006 and 2019 increased and will increase further in the coming years. Several reforms to address this risk such as the basic pension as the most recent have been set up but will probably not be sufficient. Since the risk of old age poverty is not a risk specific to Germany but world-wide, a European solution with recommendations to each country could foster the installation of protective national measures.

Concerning transportation, several best practice projects exist, but on local level and their duplication on a nationwide or even European wide context is questionable. However, improvements in transportation for old aged especially in rural areas are urgently needed and require often innovative solutions.

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The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Germany. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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