



Prof. Dr. Gerhard Naegele

Institute of Gerontology at TU Technical University
of Dortmund/Germany

Extending working lives and the challenge of caring – The German case

Fifth FLARE summer school

24 – 27 August 2015, Radisson Blue Seaside Hotel, Helsinki, Finland

Contents

Reconciliation of work and care for older family members (with support of Prof. Dr. Monika Reichert, TU Technical University of Dortmund)

Extending working lives of older care workers – Experiences from the German long-term residential care-sector

in Germany rising number of people being in need of care

2008 - 2,25 mio.

2015 – 2.63 mio.

2020 - 2,8 mio.

2040 - 3,4 mio.

Source: Deutsche Bank 2009

Prognosen zur Pflegebedürftigkeit

Zahl der Pflegebedürftigen, in Millionen

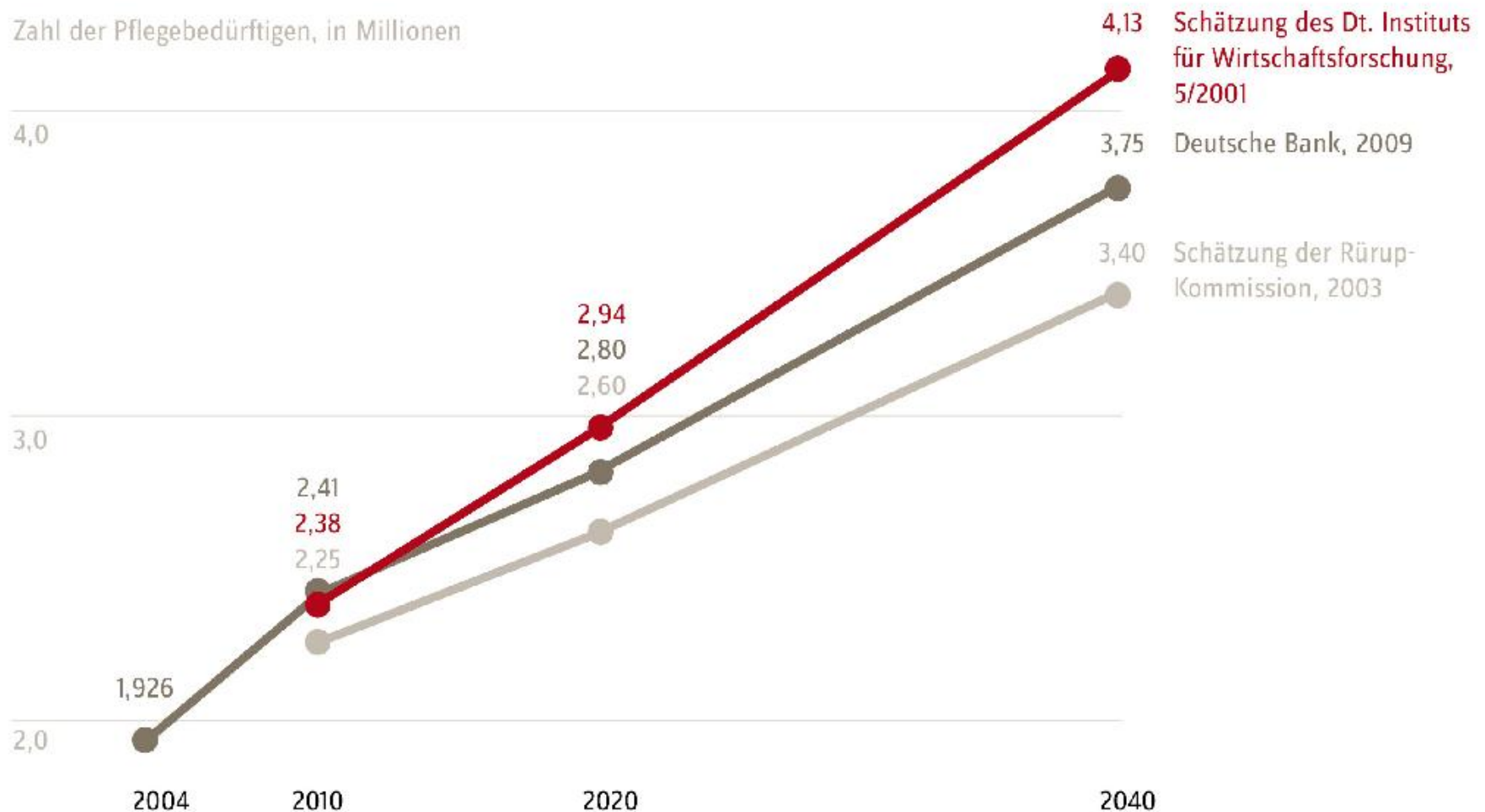
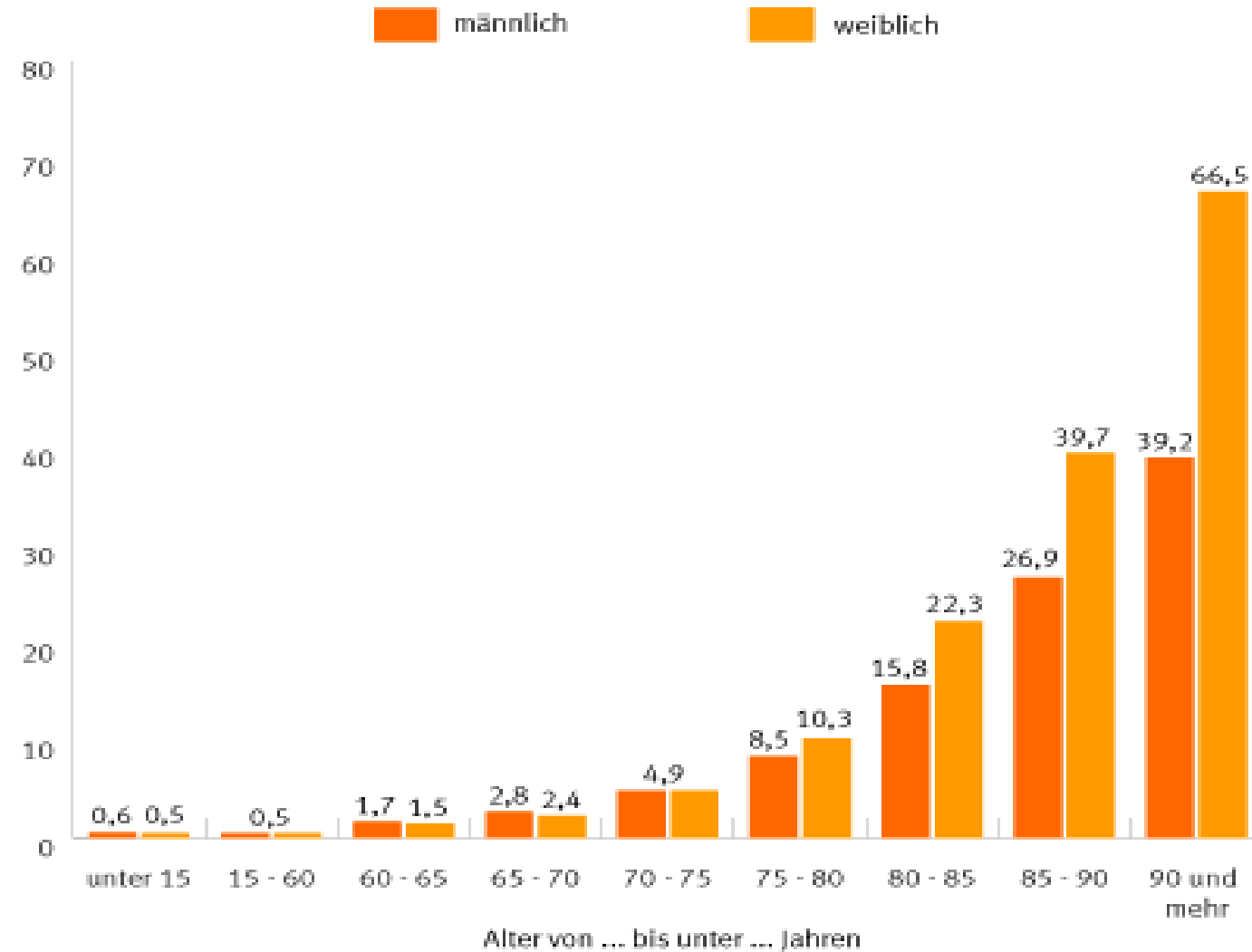




Schaubild zum STATmagazin im November 2008

Pflegequoten 2005 nach Alter und Geschlecht

in %



© Statistische Ämter des Bundes und der Länder

Pflegequoten nach Alter und Geschlecht

Where are Germany's older persons with need of long-term care being cared ? (2013/14)

2.63 million persons in total

thereof in home-based care

1,87 mio. (71%), cared ...

thereof in residential care

760.000 (30%), cared

solely by relatives:

1,25 mio.

with the
support of
professional
nursing services
620.000

by 12,300
ambulatory
nursing services
with 291,000
employees

in 12,400 homes for the
elderly with 661,000
employees

Some features of private home long-term-care provision

§ Currently 2.5 mio. mainly older people need long-term care (80 % 80 +)

§ Currently 71 % are cared at home, 29 % in residential care-settings

§ Home-based care

Ø More than 70 % mainly cared by family members (children, partners)

Ø Home-care mainly (72 %) women care (wives and daughters) (87 % are in the working age between 20 and 64; 40 – 54: 33 %, 55 – 64: 26 %; highest care rate in the age group 50 – 69)

• „Family is the biggest care service in Germany“

Ø The willingness to act as private caregiver is increasingly bound to efficient (professionell/formal) supportive infrastructural preconditions, which are lacking in many cases (particularly true for working carers)

Ø Rising importance of additional migrant care work in German families

Ø Need to work longer due to higher statutory retirement age

Demographic pressure on/structural changes in living arrangements and household-structures particularly of the very old in Germany

- § Demographic pressure also on family structures of older persons
- § The dominant care-culture in Germany is/used to be home care by (female) family members
- § However traditional family model loosing dominance particularly in middle and higher social classes
- Ø but is still dominant in lower social classes and in rural areas
- § Rising (need of) labour force participation of women
- § Rising workplace mobility of family members
- § Rising singularisation of (very) old age
- § Rising numbers of two-person-households (of two very old)
- § Singularisation often does not allow qualitative home care
- § Consequently increase in institutional care

**Reconciliation of work and
care for older family members
(with support of Prof. Dr.
Monika Reichert, TU Technical
University of Dortmund)**

Working carers in Germany I

- § 60 % of the private prime carers are able to work
- Ø Out of these
 - ü 48 % full time, 34 % part time (15 – 30 hours/week), 19 % marginally
- § Out of all private carers, aged 40 – 64, more than 30 % at the same time have to look after children, very often living in the same households („sandwich generation“) (between 20 % - 50 %)
- § Working carers mainly higher qualified/working in higher positions
- § When starting home care, work has been (estimations)
 - ü fully continued (51 %), reduced (34 %), completely stopped (15 %)
- § Reasons to reconcile work and care
 - ü financial reasons (86 %), to maintain vocational qualifications, (60 %), social contacts (57), to maintain one`s lifestyle (55 %)
 - ü 65 % work to get distance from the everyday caring life (compensation)₁₀

Working carers in Germany II

§ Experience problems in private life

- ∅ Lower individual well-being (stress, overloads, too little support ...)
- ∅ Less leisure time and less time for individual recovery
- ∅ Reduced social contacts within and outside families

§ Experience problems/disadvantages in occupational life

- ∅ Reductions in vocational performance
- ∅ Fragmented employment careers
- ∅ Reduced employment careers
- ∅ Problems with co-workers and managers
- ∅ Financial losses, for example due to unpaid time off, reduced working time, part time jobs/and or early retirement
- ∅ Reduced pension entitlements

Working carers in Europe (selection of empirical data)

- § 12 % of the EU population are care receivers
- § 6 % of the EU population in the working age have private care obligations (mainly (older) family members)
- Ø Out of these 5 % have to reconcile work and care (11 mio. persons)
- § Strong differences between EU member states
- Ø Depends on national caring policies/infrastructural differences
- § Private home care mainly women care (daughters, daughters in law, wifes/partners)
- § Prime carers in average between 50 and 64 years old
- § Vast majority of European prime private carers unsatisfied

Negative consequences for the companies with staff members who cannot reconcile work and care

- § Higher staff absenteeism rates
- § Higher number of staff ill
- § Lower staff productivity due to stress and health related problems
- § Higher rates of using company resources (e.g. Telefon, Internet)
- § Less staff work satisfaction and less staff working morale
- § Early loss of qualifed staff
- § Additional costs to recruit new staff members

Interim socio-political conclusions

- § All these reasons make organisational changes and higher flexibility, fulfilling the needs of workforce and employees simultaneously, necessary
- § Thus a positive impact upon both individual workers and the costs/success of companies can be expected
- § The issue of the reconciliation of work and family life respectively work and care, has emerged as a core concern of EU policy, national governments and collective bargaining
- § Prime responsibility (next to public policies) is seen on the side of the employers and/or social partners

Main reasons for a reconciliation of work and care/family life

- § An increasing ageing of societies combined with rising number of older people being in need of care
- § Changes in the family structures
- § Globalisation of the economy
- § Withdrawal /no answers of the welfare state with regard to care aspects in some EU member states
- § Labour shortage and labour demand in the wake of demographic change
- § Increase in female employment
- § The renewed EU-targets for increased labour participation
- § The realization of equal opportunities
- § To reduce social exclusion, pension losses and poverty risks among EU citizens

Reconciliation of work and family life could

- § resolve the dilemma of increasing the labour market participation of women
- § improve the quality of life and the living and working conditions of European citizens
- § help soften the impact of Europe's ageing population upon its social protection provision
- § guard against social exclusion, particularly in disadvantaged areas

Measures and policies I

Flexible or Customized Work Arrangements

- § Informal or occasional flexibility
- § Part-time work and job sharing
- § Phased retirement
- § Compressed schedule
- § Flex time
- § Working time accounts
- § Telecommuting, home office, flex place

Paid or Unpaid Time Off

- § Family leave/care leave (in Germany care leave law since 2012/15)
- § Medical or emergency leave
- § Sabbaticals

Measures and policies II

§ Access to Information

- § Distribution of educational materials
- § Resource library, possibly online
- § Workplace caregiver fairs
- § Workplace caregiver workshops and support groups
- § Elder-care counseling and referral
- § Elder-care counseling through employee

§ Direct Service Programs

- § Geriatric case or care management
- § On-site adult-care center
- § Near-site adult-care center
- § Community resource development

§ Financial assistance

- § Subsidized care and voucher

Benefits for the employers

- § Improved recruitment and retention
- § Less absenteeism and sick leave
- § Time savings
- § Avoidance of health related problems
- § Higher productivity
- § Reduced labour turn over
- § Better corporate image
- § Costs savings

Benefits for employees

- § Higher job satisfaction;
- § More flexible work time patterns;
- § Better career and skill development;
- § Less stress
- §

Some important research questions I

- § What are the main drivers that motivate organisations to adopt work–life friendly policies?
- § Can all employers – big and small – offer flexible working arrangements or other ‘work-life friendly’ policies to their employees?
- § How can we introduce work–life friendly policies for men and in predominantly male workplaces?
- § What integrated work–life models are available and what are the pros and cons of the different models (employee assistance services, work/life services, equality plans, gender mainstreaming, etc.)?
- § How do we calculate the return on the investment/cost effectiveness of work–life balance programmes seen from the perspective of the individual, company, social partners and society?

Some important research questions II

- § At a time of shrinking economic resources and with the objective of full employment, how can we achieve the best balance between work and the care of elderly and other dependent persons and the need to support families to have and bring up children?
- § Who is going to provide care in the future? Is the extended family still an option in view of the way European society is evolving?
- § How to fund care? What measures are needed to support care of the sick and elderly? Should we use private or public resources?
- § How can the social partners support work and care-giving?
- § What can be done to improve the present situation? And what is done in practice?
- § Which good practices can be found in EU member states ?

Extending working lives of older care workers – Experiences from the German long-term residential care- sector

Some features long-term-care provision in residential care

§ Currently 70 % are cared at home, 30 % in residential care-settings

Ø Residential care

Ø strongly influenced by demographic and social change

Ø Inhabitants represent a „negative selection of old age“ (e.g. very old, no family members, more than $\frac{3}{4}$ with dementia (prime reason to enter residential care), depression, short periods of staying, many dying)

Ø Shrinking and ageing of both the overall workforce as well as the professional long-term-care-workforce

Ø In average a short period of duration of work in professional care jobs

Ø In a mid-term perspective high rates of early retirement to be expected

Ø Significant shortage in native junior staff in nearly all lines of business, but particularly in the health and care sector

Ø Need to work longer due to higher statutory retirement age

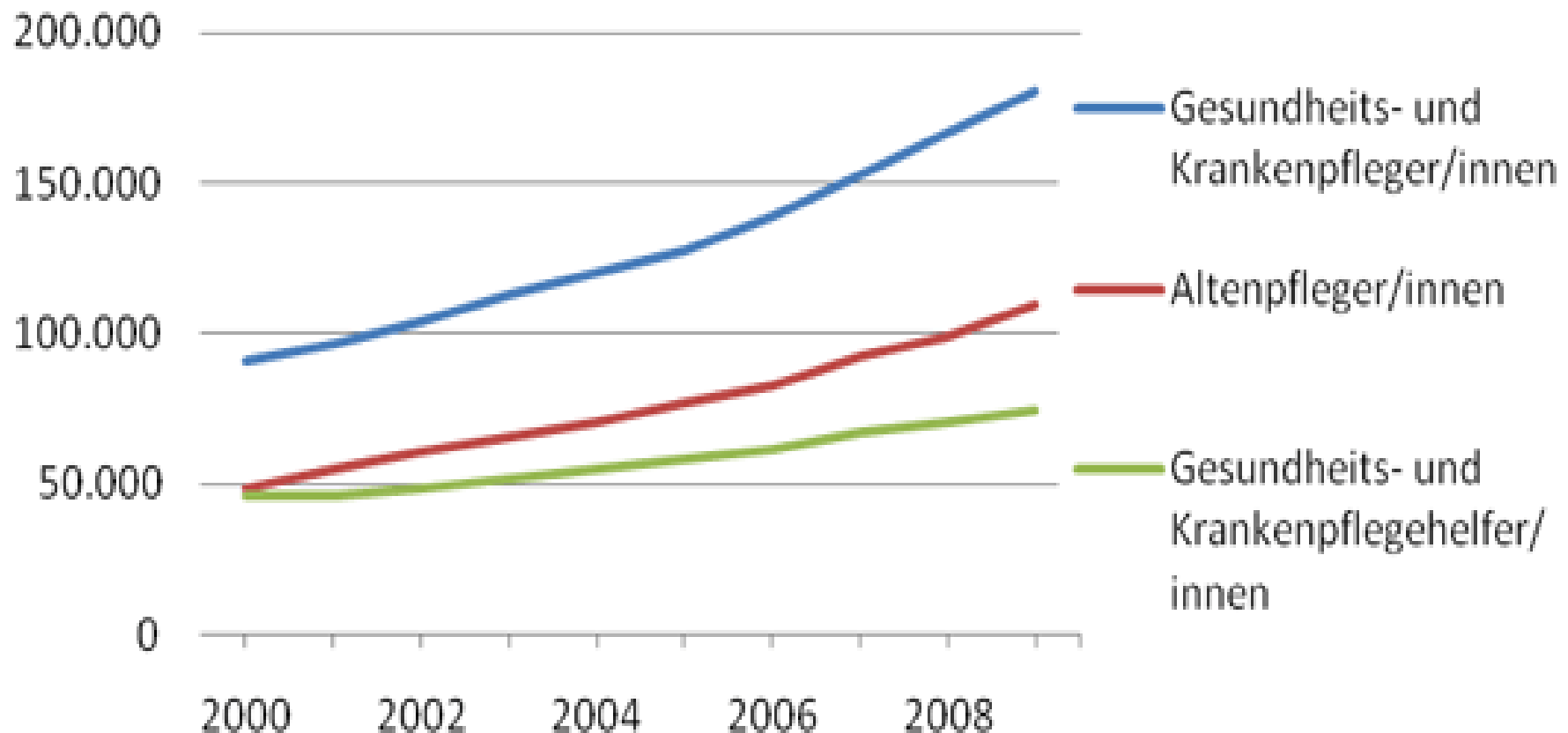
Features of working conditions in Germany`s residential care

- § High share of women (more than 80 %)
- Ø Double burden, difficulties to reconcile work and family, many interruptions
- Ø High share of part-time work (among women nearly 50 %)
- § Higher perceived work-intensity and/or time-pressure
- § Declining degree of autonomy in work
- § Increase in activities outside one`s subject area (e.g. administrative work)
- § Unfavourable working time schedules (e.g. shift-work)
- § Change in the structure of clients (e.g. very old, dementia, depression, final care)
- Ø Increase in difficulties to communicate with vulnerable clients
- § High degree of physical and psychological work loads
- § Negative image of the care sector, low societal recognition, low payment
- § Conflicts between own work ethics and economic constraints on employers side
- § Increase in numbers of staff ill
- § Increase in risk of early disablement and/or early exit due to health reasons
- Ø 2009: 35 % of all pensions in the care sector were due to early disability
- § Increase in doubts to reach the official retirement age in work



Beschäftigte Pflegekräfte ab 50 Jahre

Jahre 2000 - 2009



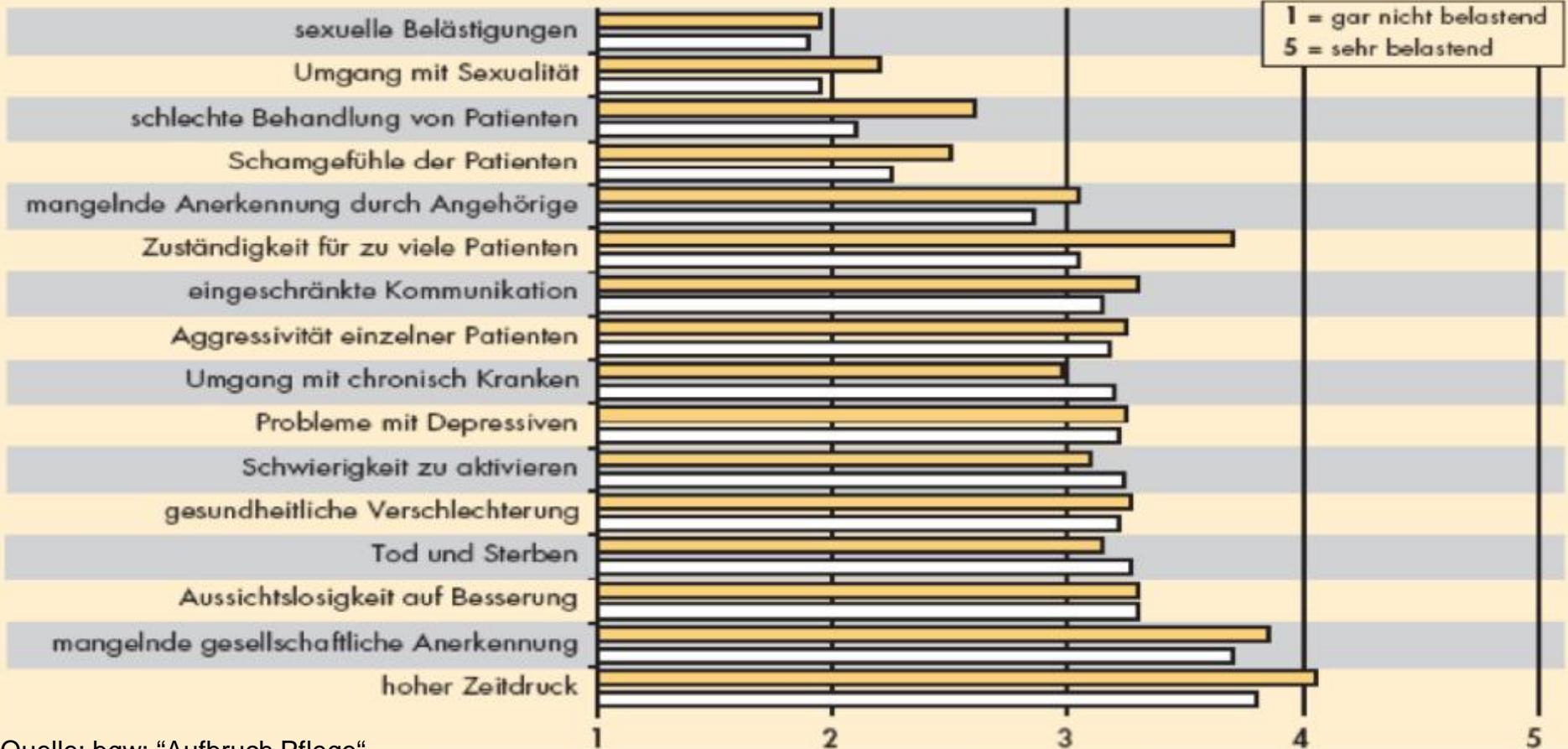
Quelle: www.gbe-bund.de; Gesundheitspersonalrechnung: gestaltbare Tabelle

Erlebte Arbeitsbelastungen in der ambulanten Pflege sowie in der stationären Altenpflege

Stationäre Altenpflege

Ambulante Pflege

1 = gar nicht belastend
5 = sehr belastend



Quelle: bgw: "Aufbruch Pflege"

http://www.bgw-online.de/internet/generator/Inhalt/OnlineInhalt/Medientypen/bgw_20themen/TSAP11_Aufbruch_Pflege_Moderne_Praevention_fuer_Altenpflegekraefte_Bericht.property=pdfDownload.pdf

Consequences (1)

- § National agency for labor (Bundesagentur für Arbeit) states in 2011:
 - Ø An additional labor demand in the overall professional health and long-term care sector until 2030
 - Ø About 325.000 fulltimers are needed, among them about 150.000 qualified carers

- § *1. Measures to raise the labour supply in the long-term-care sectors*
 - Ø To intensify education (junior staff), further training and re-skilling (e.g. unemployed, other job-seekers, second careers, hidden reserve)
 - Ø To extend the volume of working time (more full-time-jobs, less part-time jobs)
 - Ø To intensify migration of care-workers (particularly from India, China and the Philippines)
 - Ø To extend the duration of working lives

Consequences (2)

§ 2. *Measures to intensify the workability of an ageing workforce/older carers*

- Ø Corporate age management
- Ø Life-cycle oriented personnel policies
- Ø Life-long-learning

What is corporate „age/ageing management“ ?

„Consideration of age-related factors affecting both white and blue collar employees in the daily management, design, and organization of individual work tasks, as well as the work environment, so that everybody, regardless of age, feels empowered in reaching both personal and corporate goals „(Ilmarinen 2008).

Usually it is distinguished between *age-* and *ageing-*management

- § *Age-*management aims at measures to support workers being already old
- § *Ageing-*management can be characterised as preventive, is focussing on the later phases of working life courses („to prevent remote damages on later stages of working lives, to allow workers to stay old in their jobs „in dignity“)

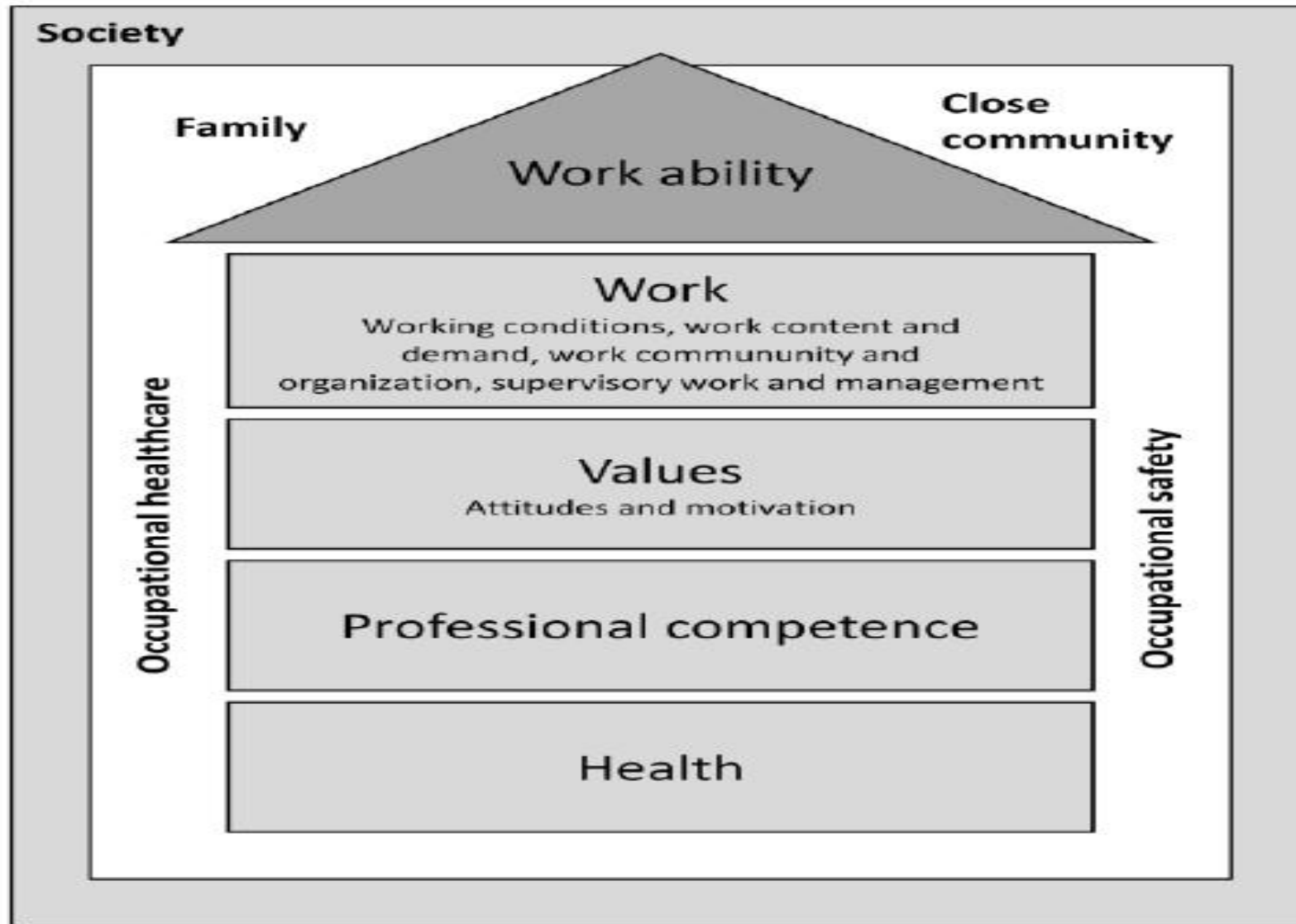
Corporate age- and ageing management – points of departure

- § To reduce work loads
- § To secure health
- § To secure skills
- § To keep motivation stable
- § Work-life-balance
- § To retain and/or to promote workability

Key fields of action

- § Work organisation, work design, ergonomics
- § Change of activities, change of work loads, job rotation
- § Work in intergenerational teams
- § Career planning, planning of future vocational development
- § Organisation of working time, including working time over the life course
- § Life-long-learning and knowledge management
- § Health management, health promotion, health risk structure analysis
- § Corporate leadership, images of older workers, age-discrimination

Abbildung 37: Das Haus der Arbeitsfähigkeit



Quelle: Ilmarinen 2005, S. 133

Core recommendations of the 6th Federal report on senior citizens in Germany (2010)

- § Corporate age-/ageing-management as a tool to invest into the workability and employability of an ageing workforce
- § Extension of collective demographic bargaining
- § To introduce and to extend *life-cycle oriented personnel policies*
- § “A lifecycle-oriented personnel policy means a human resources management system that is strategically adapted to the needs of employees in the course of their work cycles and lifecycles and “covers all stages of life from choice of occupation to retirement
- § Necessary is a total different view of employment biography and not a view exclusively on older worker/chronological age)”

What is „lifecycle oriented personnel policy“ ?

“A lifecycle-oriented personnel policy means a human resources management system that is strategically adapted to the needs of employees in the course of their work cycles and lifecycles and covers all stages of life from choice of occupation to retirement ... It is true that such a lifecycle-oriented human resources management system cannot altogether dispense with – at least approximate – age limits

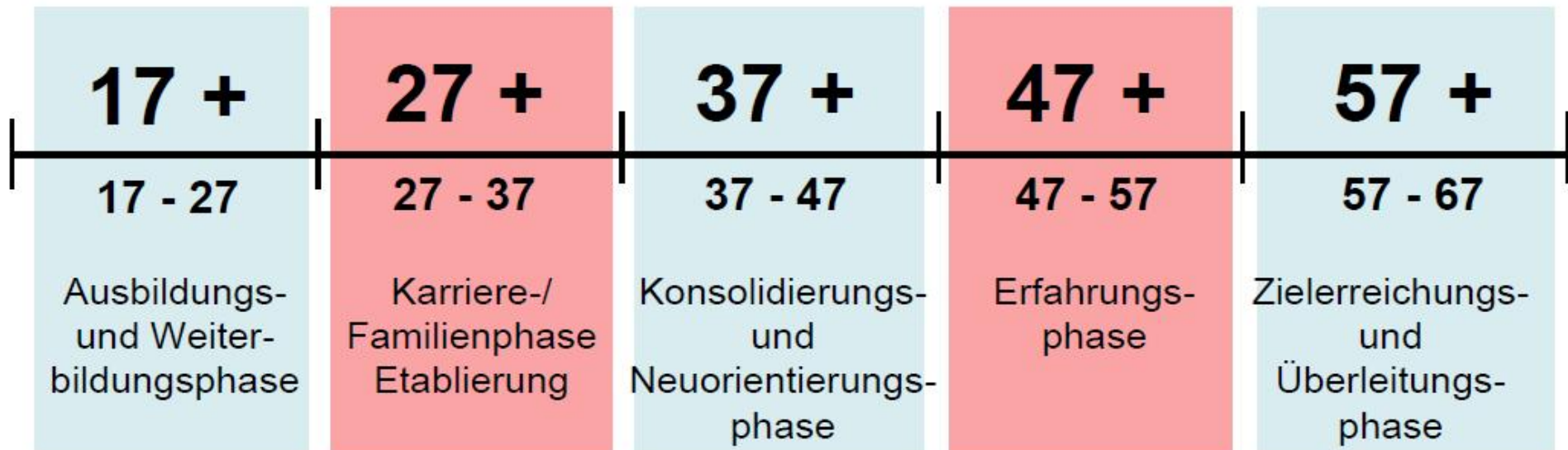
Such systems make it easier to avoid rigid and consequently counter-productive categorisation according to the chronological age, which can also hardly be justified by scientific facts, and instead adapt human resources policy measures more closely to the individual occupational cycles and lifecycles of the employees, which, by the way, have recently become much more variable”

5 worker`s life cycles relevant for corporate „lifecycle oriented personnel policies“

- § Occupational lifecycle (from choice of occupation to retirement)
- § Corporate lifecycle (relating to the time from joining to leaving a company)
- § Job-related lifecycle (from taking up to leaving a position)
- § Family lifecycle (from parenting to care-giving to parents/dependants)
- § Biosocial lifecycle (orientation on “age-related” changes in performance)

Source: 6th Federal report on senior citizens in Germany 2010

Corporate life-cycle according to the private life-cycle – a German example coming from the LTC sector



Core instruments of a corporate „lifecycle oriented personnel policy“

- § Training and encouragement of young talents
- § Permanent career development
- § Promotion of mobility
- § Promotion and protection of skills
- § Lifelong learning
- § Reorganizing working time over the life course according to lifecycle-bound needs
- Ø Promotion of reconciling work and family (including eldercare)
- § Knowledge transfer and creating a „knowledge culture“
- § Preventive health promotion and protection
- § Creating a new culture and new models of images of age

Good-practice in German care-related age/ageing management

(1)

- §To analyse age-structure of the staff
- §To analyse health-risk structures
- §To reduce mental loads
- §To offer professional psychologic advice in situations of crisis/burn-out
- §Job-rotation, change of activities as tool to reduce work-loads
- §Corporate health circles, „health meetings“ among staff
- §Corporate health promotion, gymnastics, sports, nutrition etc.
- §Work redesign aiming at promotion of individual resources
- §To outsource subtasks outside one`s subject area
- §To establish intergenerational working teams
- §Enlargement of work autonomy and/or responsibility
- §To avoid contradicitory requirements

Good-practice in German care-related age/ageing management (2)

- §To adapt working time according to private needs
- §To introduce working time accounts
- §To offer attractive full-time jobs to part-time jobbers
- §To plan „second careers“
- §Participation of staff when shaping the service schedule
- §To talk with staff in the case of returning from longer breaks due to illness
- §Coaching, Supervision
- §To create a climate and/or culture of recognition of performance
- §To promote generativity (e.g. mentors, tandems)
- §„Demographically sensitive“ change in the style of leadership
- §To participate staff as „experts in their own matters“

Thank you for your attention!

Prof. Dr. Gerhard Naegele
Institute of Gerontology at TU Dortmund
Evinger Platz 13
44339 Dortmund
Germany
fon +49 (0) 231 - 72 84 88 – 10
fax +49 (0) 231 - 72 84 88 – 55
web www.ffg.uni-dortmund.de