

## **German National Association of Senior Citizens' Organisations Statement on Long-Term and Palliative Care**

In Germany, ambulatory home care and residential long-term care, short-term care, interim replacement care, day care centres, and a limited amount of overnight care are available. The German Social Code („Sozialgesetzbuch“) serves as the legal framework which makes provisions for financing. In addition, the German Charter of Rights for People in Need of Long Term care and Assistance is a significant self-imposed obligation for service providers. However, in Germany there is **no adequate overall concept for long-term care. Inside the health and care system there are numerous barriers** which also might apply to other countries.

1. Depending on whether the recipients get ambulatory or residential care, varying amenities are available to them. Not everybody has the same access to benefits. Because of its complexity the health and care system remains unclear for many recipients. Therefore, **independent and outreaching counselling bureaus** are needed.
2. Most care-dependent people stay at home and are cared for by family members. Their situation must be improved. The care-giving relatives need **more support** and should not bear the **increasing financial risk of long-term care**.
3. Where appropriate, long-term and health care should be covered by **one comprehensive insurance**.
4. The **accessible range of services** must be identical for ambulatory home care / community care and residential long-term care.
5. These services must be **accessible everywhere** and recipients should have the **freedom of choice** for any form of care.

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6. There should be sufficient **qualified personnel and well informed and trained informal carers**. Therefore, the care professions should be made more attractive (qualification, remuneration, working conditions). We need a qualification campaign including new training schemes and academic qualifications.
7. During **training** for health-care and medical professions and unpaid volunteers, active engagement in the discussion on the **human-rights conventions** should be a permanent part of the curriculum, so that sensitivity to diversity needs can develop in all areas of life.
8. In case of abuse and violations **new forms of interventions** are needed – in parallel with the overall legal system. **Complaints bureaus and independent counselling** should be accessible to every person in need.
9. Special provision must be made for conflict management (e.g. by mediators) and for advice in cases involving violence or neglect.
10. We must achieve a dense **network of hospice and palliative care** at home, in hospital, in the nursing home, and in the hospice. Hospice and palliative care must be implemented at a **locally accessible level** everywhere.
11. In terms of a human rights approach the principles of a **subject-oriented** long-term and palliative care should be translated into practice, e.g. in terms of respecting cultural, religious, sexual and gender identities.
12. In sum, we need an international legal instrument to guarantee older adults' **right to long-term and palliative care** worldwide. Concerned individuals should be aware of and have access to all options of ambulatory and residential services in long-term and palliative care – regardless of settings and financing aspects.