

Bundesarbeits-
gemeinschaft der
Seniorenorganisationen



bagso

Position Paper

The future of help and care at home

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Summary of key aspects

In the face of demographic change, providing for people in need of help and care is a major challenge for society. BAGSO believes that in order to make care viable for the future, it is also – and above all – necessary to improve the framework conditions for outpatient care.

Preventing the need for care and maintaining good health

Health promotion and prevention are the best ways to tackle the need for care and to avoid or slow down its progression. Creating health-promoting conditions and providing nationwide services that promote a healthy lifestyle are crucial to this end. These must be accessible in the different living environments of older persons and also for people with limited mobility.

As one form of outreach assistance, preventive home visits are particularly suitable for identifying older people's need for help at an early stage and for organising appropriate support. They should be offered all across Germany.

Creating the conditions for people to remain in their own home

The help and care needs of persons cared for in their own homes are manifold and, in addition to specific medical and long-term care, can include domestic support as well as services for organising everyday life and social activities. The various forms of support – family, neighbourhood, voluntary and professional – must be harmonized to form an individual welfare mix.

Providing comprehensive medical care

Especially when long-term care is required and additional difficulties are incurred, older persons have a special need for treatment and care. BAGSO therefore calls for the creation of a comprehensive range of community-based mobile, outpatient and day-care geriatric treatment and rehabilitation services as well as high-quality care provision by general practitioners in older adults' proximity.

Further developing long-term care insurance benefits

BAGSO calls for a systematic dynamic adjustment and more flexible long-term care insurance benefits, which would better meet the different needs, as well as a capping of co-payments. In order to tackle the complex problems of so-called "24-hour care", which is mostly provided by Eastern European care assistants, BAGSO urgently calls for legal initiatives targeting this form of care.

Supporting and relieving family caregivers

Caring relatives are indispensable. They must be supported and relieved – taking into account their needs and wishes. BAGSO therefore calls for their right to individual counselling, as well as support in establishing mixed care arrangements and low-threshold offers for health promotion and prevention.

Employers are called upon to contribute to a better work-care balance and to offer appropriate conditions for family caregivers who wish to return to their jobs. BAGSO calls for the introduction of a compensation

benefit for those who give up their work, similar to the parental allowance.

Strengthening municipalities and equipping them for their tasks

Municipalities play a special role in designing future-proof support and long-term care structures. They have to create health-promoting framework conditions and coordinate the various service providers that are active in the respective settings.

To be able to perform these tasks, municipalities must be adequately equipped. This also includes a stronger voice in social and long-term care planning pursuant to the German Social Security Codes (*SGB V and SGB XI*) as well as a legal framework to strengthen municipal ageing policy.

Ensuring sufficient staff in outpatient care

In recent years, the working conditions in outpatient care have increasingly forced care workers to shift to the inpatient sector. Recruitment and retention of staff in outpatient care must therefore receive much greater attention. In addition to a staffing assessment procedure similar to the one developed for the inpatient sector, BAGSO calls for the swift implementation of the measures agreed upon under the "Concerted Action on Long-Term Care" scheme (*Konzertierte Aktion Pflege, KAP*).

Further developing and modernising care structures

Due to demographic and social developments, but also given the diversification of lifestyles and forms of care, the provision of care will require an increasingly differentiated approach. BAGSO therefore calls for the further development of outpatient care to be adapted to the various user groups and their different needs. In this context, special attention must be paid to the situation of people with dementia and their relatives. New, cross-sectoral forms of housing and care must be promoted and the potential of digitalisation exploited more effectively.

Introduction

In the face of current demographic developments, providing for people who are reliant on help and care is a major social challenge. The risk of becoming dependent on care increases significantly with age. To date, those in need of care have mainly been cared for by their children, the baby boomer generation. With the ageing of these large cohorts, however, an increased need for care is becoming apparent, while at the same time the number of potential caregivers in the following generations is decreasing. In future, it will be crucial to ensure that those in need of care can live a self-determined life in dignity, despite their increasing numbers, declining family resources and the shortage of skilled workforce.

“The statutory long-term care insurance with its benefits shall serve to promote home care and to support the willingness of relatives and neighbours to provide care, enabling those in need of care to remain in their home environment for as long as possible.” (Art. 3 of the German Social Security Code (*SGB XI*). In spite of this principle of “outpatient care before inpatient care”, discussions on the further development of the long-term care insurance have so far focused on inpatient care¹.

When it comes to making the overall care system fit for the future, outpatient care and people cared for in their home² by relatives and other caregivers must be given greater attention and support.

About 80 % of persons in need of care are currently cared for at home and for the most part almost exclusively by family members. There are also “care and help mixes” where relatives receive support and relief from third parties. This may include outpatient care services, professional and informal help in the home or caregivers within the context of so-called “24-hour care”. However, care at home also has limits. These can be rooted in the severity of care needs, the caregiver’s capabilities or other circumstances. For many relatives, care is associated with considerable strain. In general, home care has a negative impact on their health, on family and social relationships and employment. This entails the risk of a breakdown in home care and a change to a nursing home that is not desired by those involved. In quite a few cases, people in need of care and/or their relatives are reluctant to seek help from third parties or from outpatient services. The reason may be that they do not want to let “strangers” into their homes or that they are ashamed of not being able to cope with the situation on their own. They cannot manage to accept

¹ With the Second Care Support Act (*Pflegestärkungsgesetz, PSG II*), the legislator commissioned a Quality Committee for Long-Term Care to fundamentally revise the entire quality assessment. This revision has been completed for inpatient care. It is still pending for the outpatient sector.

² In this position paper, the term “in one’s home/at home” shall refer to home-based care. It also includes new forms of housing where outpatient assistance is provided, e.g. assisted living. Of course, inpatient facilities also represent the home of older people and those in need of care. In-patient care, however, requires a specific examination.

help from third parties to relieve their burden and take the opportunity to stabilize the care situation. Excessive demands must not lead to family caregivers suffering damage to their health and making them the care recipients of tomorrow.

On the whole, the framework conditions for home care must be improved. In the view of BAGSO, the following must be taken into account:

- that the different forms of care requirements and individual family and household situations bring with them distinct requirements,
- that people in need of care are individuals with, among other things, different social, cultural, ethnic, or religious backgrounds, sexual orientations, or gender identities, which call for diversity-sensitive approaches,
- that regulations should be open for different – also new – forms of living and not cause mismanagement,
- that the conditions for good health and high individual quality of life in older age are largely defined locally, in the communities and their living environments, also in the case of multimorbidity and need for long-term care,
- and that throughout Germany, in rural or structurally weak regions as well, support must be available and be accessible close to home.

With this position paper, BAGSO demands:³

1. Preventing the need for care and maintaining good health

Health promotion and prevention are the best ways to counteract the need for care, to prevent or slow down the progression of diseases and to restore lost abilities. The potentials of health promotion and prevention can be activated even in older age, with impaired health and need of care. Measures that promote healthy lifestyles, a balanced diet, regular physical activity and promote social participation, can make a significant contribution to ensuring the best possible health and the most self-reliant lifestyle possible, even for people in need of care. It is important that health-promoting conditions are created and that older people receive the support they need to cope with everyday life.

In order to reach older people and those in need of help and care, there is a greater need for easily accessible offers and – instead of temporary projects – sustainable (long-term) structures. This is particularly true since the results of health promotion and prevention measures are often not immediately visible. The aim must be to provide a comprehensive range of health-promoting, preventive and rehabilitative services close to home – even in rural areas. Outreach services must be available for people with limited mobility.



³ In this context, we draw in part on the BAGSO position paper on the further development of care from 2014 (cf. www.bagso.de) and take the demands mentioned therein even further.

2. Offering preventive home visits

Early help in coping with everyday life in older age – and be it only by providing household assistance – can help stabilise situations and prevent the need for care. The promotion of preventive home visits announced in the coalition agreement of 2018 is to be introduced in all municipalities as a voluntary offer for senior citizens, financed from funds of the Preventive Health Care Act. The positive effects of this form of outreach assistance have now been proven in numerous model projects and confirmed by many years of experience in other countries.⁴ Most of these offers are geared at older people aged 70 or 80 years and over.⁵

Key findings from these evaluations suggest that preventive home visits can help to identify the need for assistance in good time, to assert entitlements to social insurance or social welfare benefits, to build up support networks and to provide counselling, e.g. on adapted housing. By means of a comprehensive assistance plan, which accounts for physical, psychological and social aspects and whose implementation is monitored, a longer stay in the present home can be facilitated. This can also reduce care-related costs.

Preventive home visits can also provide low-threshold access to target groups that are difficult to reach and often have a special need for support. For example, letters from the municipality as well as targeted public relations work and advertising in places such as doctors' offices, pharmacies and supermarkets have proven to be an easy way of approaching older persons.

In order to increase the success of preventive home visits, it is recommended to identify specific target groups, to consider locally varying prevention needs and to link to already existing structures (e.g. through cooperation with long-term care centres). Furthermore, the qualification of the professionals employed contributes significantly to the success of such home visits. These are mostly experienced and specially trained care professionals.

3. Creating the conditions for people to remain in their own home

Most people would like to be able to stay in their own homes as they get older. In addition to ensuring specific medical and long-term care tailored to their individual needs, persons in need of care also increasingly require household-related support. With suitable tools and methods, which are used for example in the context

⁴ In particular, the implementation of preventive home visits in Rhineland-Palatinate ("Community Nurse Plus" project) serves as a model for other federal states (cf. <https://msagd.rlp.de/de/unsere-themen/aeltere-menschen/gemeindeschwesterplus/>). Similar projects have been or are being implemented in Hamburg and Radevormwald. International models come from Denmark and the Netherlands ("Kitchen Table Conversations").

⁵ A flexible design can prove to be beneficial. For example, the "Community Nurse Plus" project was initially aimed at people over 80 years of age, but also opened up to younger seniors who proactively approached the community nurses.

of a preventive home visit, the individual treatment, care and support needs can be determined and appropriate measures initiated. In this respect, it is important to take a holistic view that focuses on the individual in his or her specific life situation.

In order to safeguard self-determination and participation, access to services aimed at organising everyday life and social activities is also necessary. This includes, for example, household-related services, information and advice on adapted housing (including for people without care needs), the use of mobility aids and technical or digital aids (e.g. home emergency call systems) and support for activities outside the home (e.g. accompaniment for walks, sports and cultural events, visits to the doctor). In addition, affordable housing, a lively neighbourhood, social integration, and a barrier-free living environment with easily accessible shopping facilities for daily needs are important.

Essentially, the aim is to combine different forms of support – family, neighbourhood, voluntary, professional – into a “welfare mix” that is individually coordinated with the older person. Often, there is a lack of simple household help or only short-term or one-off assistance is needed. However, the ability to stay in one’s own home should not be made more difficult or even dependent on this. Such help should be organised on a voluntary or commercial basis (against payment), depending on the effort involved.

4. Providing comprehensive medical care

Older persons have special treatment and care requirements, especially if they are in need of care and face additional difficulties, such as incontinence, impairment of the locomotor system or pain. BAGSO has therefore called for the creation of a comprehensive range of community-based mobile, outpatient and day-care geriatric treatment and rehabilitation services as well as high-quality care provision by general practitioners in the proximity of their home.⁶

The legally anchored principle of “rehabilitation before care” has not been sufficiently implemented so far. However, this is of particular importance because rehabilitation is also and especially intended to promote self-determined participation. The main reasons for this deficit are an inadequate supply structure and the lack of identification of the rehabilitation needs of older persons and persons in need of care. In addition to the expansion of outpatient and, in particular, mobile rehabilitation, those responsible in the health care system, i.e. in contracted medical care, in hospital discharge management, in nursing assessments and in outpatient and inpatient care, must pay greater attention to the need for rehabilitation. Their awareness of this must be cultivated and they must receive further training in this field.

6 See BAGSO position paper on strengthening and further developing geriatric care (www.bagso.de).

Even at the end of life, most people want to be cared for at home. Therefore, it is also necessary to expand outpatient and day-care hospice and palliative care services throughout Germany. This also includes access to specialised outpatient palliative care services (*Spezialisierte Ambulante Palliativversorgung, SAPV*), to enable persons to remain at home even if they have extensive long-term care needs.

In the same way as for older people without care needs, oral health is of great importance for the general health and individual quality of life of cared for persons as well. Therefore, people in need of care are entitled to benefits for the prevention of dental diseases. BAGSO calls for the further development of dental care structures tailored to the needs of target groups, including persons in need of care. Conditions must be created to ensure that immobile patients can be visited and treated at home, that nursing staff have basic knowledge about dental and oral health and that dentists are trained and further educated in the treatment of persons in need of care. Care and dentistry must also be more closely connected. It should be examined whether the possibility should be opened up for care services (individually or jointly) to conclude cooperation agreements with dental practices to improve dental care for people in need of care, comparable to the regulation in Art. 119b of the German Social Security Code (*SGB V*).

5. Further developing long-term care insurance benefits

The statutory long-term care insurance system lacks a regular dynamic adjustment of benefits. The debate about the funding of long-term care costs and the constant increase in co-payments is usually only held in connection with inpatient care. Rising costs are, however, also problematic in outpatient care. The capped reimbursement of costs for private and professional care services in the home by long-term care insurance funds can lead to an undersupply for those in need of care when help is not claimed because it has to be paid for by the patients themselves. A number of measures already adopted and planned to improve the situation in long-term care will most likely lead to further cost increases and thus to an increase in co-payments.⁷ BAGSO therefore demands a regular dynamic adjustment of benefits and a limit on co-payments for outpatient care as well.

In addition, there is a need for more flexible benefits. This can help to further relieve the burden on family caregivers and to improve outpatient care for those in need of care. BAGSO therefore welcomes the proposal made by the Federal Government's Representative for Long-Term Care to combine the benefits for preventive care, short-term care and the relief amount into one budget. In this way, the relieving effect

⁷ These include measures adopted within the Concerted Action on Long-Term Care scheme (KAP), such as the improvement of working conditions and the (re-)recruitment of care personnel, as well as measures for adequate remuneration (German Law for Better Wages in Nursing, 2019). It can be assumed that further measures will follow in the near future, e.g. nationwide collective agreements and a uniform staff assessment procedure.

of benefits could be increased by allowing family caregivers to decide for themselves which benefits best meet their individual needs. Furthermore, the merging of health insurance and long-term care insurance should be examined from the point of view of possible benefits for the provision of services for those in need of care.

The so-called “24-hour care” provided by foreign, mostly Eastern European care assistants is a particular challenge in Germany. In principal, BAGSO welcomes the proposal of the Federal Ministry of Health to allocate one part of the in-kind care benefits to this care service. However, such a measure cannot solve the complex problems associated with this form of care, such as the ability of care households to finance it, ensuring adequate working conditions and appropriate remuneration.

6. Supporting and relieving family caregivers

Family caregivers are indispensable in providing care for those in need. More than two-thirds of cared for persons living at home are currently cared for by family caregivers alone. In many cases, remaining in one’s own home depends on the extent to which it is possible to support and relieve the burden on caring relatives, taking into account their needs and wishes. In view of the great importance of home care, there is a need for offers that take into account their living conditions and autonomy, as well as an extended concept of care that focuses

not only on the person in need of care, but also on the entire family. Consequently, family caregivers must be considered more strongly as a “caregiving authority” and their role be given more attention and support. The threat of overload, which can lead to health risks, the abandonment of an independent life and disadvantages at work, which can in turn be the cause of neglect and risk of violence against the person in need of care, must be prevented. BAGSO demands that relatives be granted their own right to counselling and support in all matters of care and that their individual needs are taken into account.

Furthermore, family caregivers should be given more support in finding the relief options that are suitable for them and in setting up mixed care arrangements. This presupposes that corresponding offers and structures, e.g. possibilities for hourly care, domestic help and stand-by services, are also available nationwide. BAGSO demands that the consultation on the various relief offers is pooled and therefore supports the call for a “Care Pilot”.⁸

Special attention must be given to the health of family caregivers. This requires specific low-threshold and target group-oriented health promotion, prevention and rehabilitation offers, including relaxation classes, sports, back training, exchange of experience in self-help groups and discussion groups. These offers must be linked to the possibility of participation by the cared for person or must ensure their

⁸ The Federal Government’s Representative for Long-Term Care therefore calls for the introduction of a “Care Co-Pilot” for early counselling and support of care households (cf. Concept Care Co-Pilot).

care. The long-term care insurance funds are called upon to do more to promote the use of the care-related courses they offer for relatives, which could also take place in the home of the person in need of care upon request.

7. Reconciling care and work

In spite of the numerous improvements in recent years, it is still a challenge for caring relatives – the majority of whom are women – to remain gainfully employed in addition to their so-called “care work”. Therefore, among other things, the establishment and expansion of structures, such as short-term and part-time care places, is necessary, which can be accessed flexibly by caring and working relatives.

The decision to take on the care of a relative is frequently accompanied by a long-term absence or complete withdrawal from work, entailing financial losses and ultimately an increased risk of poverty. BAGSO demands that in such cases, home care is recognised as gainful employment and compensated accordingly. To this end, the introduction of a compensation benefit similar to the parental allowance is deemed necessary.⁹

Returning to work is often only possible with negative implications, e.g. because the care work did not leave time for necessary qualifications. Employers and trade unions are called upon to develop appropriate

return-to-work arrangements and to contribute to a better reconciliation of care and work, e.g. by offering flexible working hours and working from home.

8. Strengthening the role of municipalities

The promotion of health is to be understood as an overall political goal (“health in all policies”) and as a task for society as a whole, to which the Federal Government, the federal states and the municipalities, the social insurance funds and civil society must jointly contribute. As stated in the Seventh Government Report on Older People, the municipalities play a central role in the design of sustainable support and long-term care structures.

The municipality serves as an overarching living environment, pooling health promotion, prevention and rehabilitation services offered by different stakeholders (e.g. health insurance funds, welfare and social organisations, multi-generation houses, senior citizens’ offices) in various settings. Municipalities must have the duty to create framework conditions that promote health and quality of life and strengthen the available resources of the individual. This includes the design of activating and socially supportive environments, the reduction of barriers and health burdens as well as the promotion of civic engagement, social integration and participation.

⁹ The Independent Advisory Board on Work-Care Reconciliation recommends a wage replacement benefit similar to parental allowance for up to 36 months. It is supposed to replace the current loan that is granted within the framework of long-term and family care periods (cf. Independent Advisory Board on Work-Care Reconciliation).

In addition, municipalities have the task of a coordinating body that provides a platform for the cooperation of different service providers and service suppliers and supports civil society in developing voluntary and honorary engagement (“caring communities”). The aim must be to enable a smooth integration of different forms of assistance to ensure that every care household has access to a needs-based, efficient and coordinated welfare mix.

Such assistance must provide low-threshold access and has to be adequately equipped. This calls for social space-oriented, small-scale, target group-oriented and integrated (cross-sectoral) social planning that aims at enabling user-oriented, tailor-made care and support arrangements. This can only be achieved at the municipal level.

Successful municipal policy for older persons presupposes opportunities for participation. In many places, older people already participate in advisory bodies such as senior citizens’ advisory councils or representations. In the view of BAGSO, appropriate regulations must be put in place to ensure that the council and the municipal administration take up proposals and suggestions put forward by senior citizens’ representatives.

9. Equipping municipalities for their tasks

Many municipalities already provide considerable support by preparing

appropriate social and care plans, providing assistance themselves or enabling, promoting or coordinating assistance from third parties. However, they often reach their technical, personnel and financial limits. In addition, they are prevented from developing a comprehensive social and care structure that would also integrate the supply and care structures, because the long-term care insurance funds are not bound to the municipal social and care plans.

Cooperation between social insurance and municipalities is needed. As already expressed in previous statements¹⁰, BAGSO therefore calls for a mandatory consideration of the social and care planning of the municipalities to be stipulated in the German Social Code (*SGB V*) when approving care facilities. The health insurance funds are called upon to open up more than before to prevention in the living environments of older people. Health insurance funds and municipalities must approach each other and act together.

Municipalities can only fully meet the tasks outlined above – as proposed in the Seventh Government Report on Older People – if there is a legal framework to strengthen municipal senior citizens’ policies and if the necessary financial resources are guaranteed. Otherwise, the differing ability of municipalities to act will prevent the goal of creating equal living conditions across the Federal Republic of Germany, as called for



¹⁰ Cf. BAGSO statement on the 7th Government Report on Older People relating to Care and shared responsibility in the municipality by building and securing sustainable communities (www.bagso.de).

in Article 72 of the German Basic Law. BAGSO therefore urges the Federal Government and the federal states to enact appropriate legislation relating to the welfare structures for older people (*Altenhilfestrukturgesetz*).

10. Ensuring sufficient staff in outpatient care

The dedication of relatives and volunteers in long-term care cannot be appreciated highly enough. Yet there is a need for qualified caregivers, especially to relieve the strain on caring relatives. Especially where care arrangements with shared responsibility cannot be established, professional support must continue to step in.

Outpatient care is different from inpatient care, as it is a form of partial care that is determined by the wishes and financial resources of the persons in need of care and their caregiving relatives, especially in terms of the extent and scope of care they are willing and able to provide themselves and the parts that are to be provided by (professional) caregivers. Depending on the situation of the cared for persons and their relatives, outpatient care is a (possibly daily) process of negotiation.

In recent years, the working conditions in outpatient care have increasingly forced (qualified) care workers to migrate to the inpatient sector. The declining availability of staff is contrasted by the increasing support

need of those in need of care living at home and a pluralisation of needs. Hence, it is not uncommon for care services to react by refusing requests, reducing services, downsizing care services and terminating contracts at short notice. The professional public warns of a threat to the provision of care. The recruitment and retention of staff in the outpatient sector must therefore receive much greater attention. A staff assessment procedure for the outpatient sector is demanded, as it has been developed for the inpatient sector.¹¹

The Concerted Action on Nursing (*KAP*) scheme has reached a number of agreements on staff recruitment and retention. The first implementation report shows that initial successes have been achieved in improving working conditions, including a uniform minimum wage from July 2021. BAGSO demands that further measures (e.g. extended care powers for care workers, digitalisation of care) be implemented and evaluated quickly. BAGSO also considers the conclusion of nationwide collective labour agreements to be urgent.

11. Further developing and modernising care structures

In the future, too, the home will continue to be the place where people prefer to be cared for. At the same time, due to demographic and social developments, but also the pluralisation of forms of living and

¹¹ Cf. Development and testing of a scientifically based procedure for the uniform assessment of staffing requirements in care facilities according to qualitative and quantitative standards pursuant to Art. 113c SGB XI (PeBeM), p. 336 ff.

care in recent years, it must be assumed that care will require increasing differentiation. Since the long-term care insurance came into force, capacities have also been expanded in outpatient care and the infrastructure has been improved. What has not happened, however, is a differentiation of services that can meet different needs. As a result of demographic developments, however, the incidence of illness and the needs have changed. People with very different biographies and health conditions need to be cared for, e.g. dementia patients, chronically ill people in the late stages of disease, people with complex and/or technology-intensive care needs, older people living alone, older people with disabilities. With their narrow service profile with uniformly describable services, outpatient services can only inadequately meet the existing needs. Therefore, BAGSO calls for a further development of outpatient care adapted to the different user groups and their different needs.

Specific challenges arise with regard to increasing old age and the growing number of persons with dementia. They are part of our society, and in many cases can live and be cared for at home. This requires suitable support structures where relevant actors such as municipalities, institutions, service providers, associations and citizens work together. With the network office "Local Alliances for People with Dementia", BAGSO therefore supports the establishment and expansion of local support networks and

their supraregional networking throughout Germany.¹² As self-help organisations, the German Alzheimer's Association and its member societies have been offering advice and support to people with dementia and their relatives at the local level for decades.¹³

Finally, new, cross-sectoral forms of housing and care must be promoted that allow flexible addition of services without the need to move. Such hybrid concepts, which facilitate transitions between outpatient and inpatient care or completely dissolve their strict separation, seem to be particularly suitable for better meeting individual needs and integrating different forms of support.

With a view to the future, it is also crucial to make more effective use of the potential of digitalisation and to integrate corresponding technologies into care work in a meaningful way. In particular, assistance technologies for (self-)care, digital and home communication and security technologies ("smart home") can contribute to increasing the security and quality of care and should be available to those in need of care via the aid catalogues pursuant to SGB V and SGB XI. In professional care, the use of digital technologies can make communication and administrative processes more efficient. Care services and other service providers must therefore be trained and supported in connecting to the technical infrastructure and in acquiring digital skills.

¹² Cf. www.netzwerkstelle-demenz.de

¹³ Cf. www.deutsche-alzheimer.de

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BAGSO – The voice of older people

BAGSO, the German National Association of Senior Citizens' Organisations, represents the interests of older generations in Germany.

It stands up for active, healthy and self-determined ageing in social security. BAGSO is an umbrella organisation of about 120 civil society organisations that are run by or work for older people.

In a colourful and diverse society, BAGSO promotes a differentiated image of old age. This includes both the various opportunities arising from longer lives as well as times of vulnerability and the need for care.

BAGSO calls on politicians, society and businesses to offer conditions that allow for a good and dignified life in older age – in Germany, Europe and worldwide.

At the United Nations, BAGSO is actively involved in the development of a UN Convention for Older People. BAGSO is also a member of the Global Alliance for the Rights of Older People (GAROP), an international alliance of over 200 civil society organisations that advocates for the rights of older people. BAGSO's Secretariat for International Policy on Ageing provides information on current international developments in ageing policy and contributes the interests of civil society to international processes.